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**Substance Abuse Comprehensive Outpatient Treatment Program
Medicaid Billable Service**

Level II.5 Partial Hospitalization ASAM Patient Placement Criteria

Service Definition and Required Components

SA **Substance Abuse** Comprehensive Outpatient Treatment (SACOT) Program means a periodic service that is a time-limited, multi-faceted approach treatment service **provided in a licensed facility** for adults who **have substance-related disorders and who** require structure and support to achieve and sustain recovery. **SACOT shall operate at least 20 hours a week and offer a minimum of 4 hours of scheduled services a day, with availability at least 5 days a week and no more than 2 consecutive days between offered services. In order to be eligible for this service, the recipient shall meet, at a minimum, American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC) Level II.5. For this service to be billed, the recipient shall attend at least 4 hours a day. Group counseling services shall be offered each day the program operates. The amount, duration, and frequency of SACOT shall be included in an individual's Person Centered Plan.**

SACOT Program is a service **structured program that**

- **Emphasizes continued abstinence from, or** reduction in use and abuse of substances ~~and/or continued abstinence;~~
- **Identifies** the negative consequences of substance abuse
- **Encourages** development of a social support network and necessary lifestyle changes
- **Promotes** educational skills **and** vocational skills **that** leading to work activity by reducing substance abuse as a barrier to employment
- **Builds** social and interpersonal skills
- **Enhances skills to** improved family functioning
- **Promotes** the understanding of addictive disease
- **Facilitates** ~~and~~ the continued commitment to a recovery and maintenance program

These services are provided during day and evening hours to enable individuals to ~~maintain residence in their community, continue to work or go to school, and to be a part of their family life.~~ **continue to function successfully in all aspects of community life. SACOT includes, but is not limited to,** The following types of services ~~are included in the SACOT Program:~~

- Individual counseling ~~and support;~~
- Group counseling ~~and support;~~
- Family counseling, **psychoeducation, and** training ~~or support;~~
- Biochemical assays **(for example, drug screens)** to identify recent drug use ~~(e.g., urine drug screens);~~
- Strategies for relapse prevention, ~~to include~~ **ing** community and social support systems in treatment;
- **Enhancement of** life skills **required for basic adult functioning and decision making;**
- Crisis contingency planning;
- Disease management; and **recovery skills**
- Treatment support activities that have been adapted or specifically designed for persons with physical disabilities, or persons with co-occurring disorders of **a)** mental illness and substance abuse/dependence or **b)** ~~mental retardation/developmental disability and substance abuse/dependence.~~

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1
2 SACOT programs can be designed for homogenous groups of recipients e.g., individuals being detoxed
3 on an outpatient basis; individuals with chronic relapse issues; pregnant women, and women and their
4 children; individuals with co-occurring MH/SA disorders; individuals with HIV; or individuals with
5 similar cognitive levels of functioning. SACOT includes case management to arrange, link or integrate
6 multiple services as well as assessment and reassessment of the recipient's need for services. SACOT
7 services also inform the recipient about benefits, community resources, and services; assists the recipient
8 in accessing benefits and services; arranges for the recipient to receive benefits and services; and monitors
9 the provision of services. Consumers may be residents of their own home, a substitute home, or a group
10 care setting; however, the SACOT Program must be provided in a setting separate from the consumer's
11 residence.

12 In partnership with the recipient, the SACOT Qualified Professional identified as the person responsible
13 for the Person Centered Plan has ongoing clinical responsibility for developing and revising the Person
14 Centered Plan. SACOT staff members are responsible for implementing and providing ongoing input into
15 the Person Centered Plan.

16
17 The SACOT Qualified Professional provides coordination of movement across levels of care by
18 interacting directly with the person and his or her family and by coordinating discharge planning and
19 community re-entry following hospitalization, residential services, and other levels of care. The SACOT
20 Qualified Professional provides and oversees case management to arrange, link, monitor, and/or integrate
21 multiple services as well as assess and reassess the recipient's need for services (for example, when the
22 recipient experiences a change in life domains).

23
24 The SACOT Qualified Professional shall consult with the recipient, natural supports, and identified
25 providers, include their input in the person-centered planning process, inform all involved stakeholders,
26 and monitor the status of the recipient in relationship to the treatment goals. SACOT staff shall also
27 inform the recipient about benefits, community resources, and services; and assist the recipient in
28 accessing benefits and services. The organization assumes the roles of advocate, broker, coordinator, and
29 monitor of the service delivery system on behalf of the recipient.

30
31 Organizations that provide SACOT services shall provide "first responder" crisis response 24 hours a day,
32 7 days a week, 365 days a year and shall be indicated in the recipient's Person Centered Plan.

33
34 For Medicaid-funded SACOT services, A signed service order for SACOT must shall be completed by a
35 physician, licensed psychologist, physician assistant, or nurse practitioner according to his or her scope of
36 practice and shall be accompanied by other required documentation as outlined elsewhere in this policy
37 (DMA Clinical Coverage Policy 8A, *Enhanced Mental Health and Substance Abuse Services*). Each
38 service order shall be signed and dated by the authorizing professional and shall indicate the date on
39 which the service was ordered. A service order shall be in place prior to or on the day that the services are
40 initially to be provided by a physician, licensed psychologist, physician's assistant or nurse practitioner
41 according to their scope of practice. in order to bill Medicaid for the service. The service order shall be
42 based on an individualized assessment of the recipient's needs. For State-funded services, it is
43 recommended that a service order be completed prior to or on the day that the service is initially provided.

44
45 This service must operate at least 20 hours per week and offer a minimum of 4 hours of scheduled
46 services per day, with availability at least 5 days per week with no more than 2 consecutive days without
47 services available. The recipient must be in attendance for a minimum of four (4) hours per day in order
48 to this for this service. Group counseling services must be offered each day the program operates.
49 Services must be available during both day and evening hours. A SACOT Program may have variable

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lengths of stay and reduce each individual's frequency of attendance as recovery becomes established and the individual can resume more and more usual life obligations. The program conducts random drug screening and uses the results of these tests as part of a comprehensive assessment of participants' progress toward goals and for Person-Centered Planning.

Provider Requirements

SACOT Program ~~must~~ services shall be delivered by practitioners employed by a substance abuse or mental health provider organizations that

- meets the provider qualification policies, procedures, and standards established by ~~DMH/DMA~~;
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations ~~must~~ shall demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). ~~Within three years of enrollment as a provider, the organization must have achieved national accreditation.~~ Additionally, within one year of enrollment as a provider with DMA, the organization shall achieve national accreditation with at least one of the designated accrediting agencies. (Providers who were enrolled prior to July 1, 2008, shall have achieved national accreditation within three years of their enrollment date.) The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina. The organization shall be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the LME. The SACOT provider organization shall comply with all applicable federal and state requirements. This includes but is not limited to DHHS statutes, rules, policies, and Implementation Updates; Medicaid Bulletins; and other published instruction.

Organizations that provide SACOT ~~must~~ shall provide "first responder" crisis response ~~on a 24-hour a day, 7 days a week, 365 basis~~ days a year to recipients ~~who are receiving~~ of this service.

Staffing Requirements

Persons who meet the requirements specified for CCS, CCAS, and CSAC under Article 5C may deliver SACOT Program. ~~The program must be under the clinical supervision of a CCAS or CCS who is on site a minimum of 90% of the hours the service is in operation. Clinical services may also be provided by staff who meet the requirements specified for QP or AP status for Substance Abuse according to 10A NCAC 27G.0104, under the supervision of a CCS. The maximum face-to-face staff-to-client ratio is not more than 10 adult consumers to 1 QP based on an average daily attendance. Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population and age to be served may deliver SACOT Program, under the supervision of CCAS, CSAC or CCS. Paraprofessional level providers may not provide services in lieu of on-site service provision to recipients by a qualified CCS, CCAS or CSAC.~~

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The minimum staffing requirements for SACOT are as follows:

- 1 full-time equivalent (FTE) Certified Clinical Supervisor (CCS) or Licensed Clinical Addictions Specialist (LCAS) who is an active participant in service delivery and provides clinical supervision for the program. No more than two individuals may fill this position.

AND

- 3 additional FTEs who meet the following criteria:
 - 2 FTE Qualified Professionals in substance abuse as set forth in 10A NCAC 27G .0104(18) and
 - 1 FTE Qualified Professional or Associate Professional in substance abuse as set forth in 10A NCAC 27G .0104(18)

Persons who meet the requirements specified for Qualified Professional or Associate Professional status according to 10A NCAC 27G .0104 and who have the knowledge, skills, and abilities required by the population and age to be served may deliver SACOT services. The Qualified Professional or the Associate Professional provides services and supports in all areas of functional domains (adaptive, communication, psychosocial, problem solving, behavior management, etc.) as outlined in the Person Centered Plan.

All SACOT staff shall be supervised by the program supervisor, who shall be a CCS or LCAS. For Associate Professionals, supervision shall be provided according to supervision requirements specified in 10A NCAC 27G .0104 and according to licensure and certification requirements of the appropriate discipline.

The maximum face-to-face recipient-to-staff ratio may not be more than 10 adult recipients to 1 Qualified Professional, based on weekly average attendance.

Each staff member providing SACOT services shall complete a minimum of 20 hours of training specific to the required rehabilitative service activities and all other components of the SACOT service definition—including elements of crisis response, Person-Centered Thinking, and American Society of Addiction Medicine Patient Placement Criteria (ASAM-PPC)—within the first 90 days of beginning delivery of this service. Qualified Professional staff responsible for Person Centered Plan development shall also participate in PCP Instructional Elements training within the same time frame.

Consultation Services

~~Recipients must have ready access to psychiatric assessment and treatment services when warranted by the presence of symptoms indicating a co-occurring non-substance related Axis I or Axis II disorder (e.g. major depression, schizophrenia, borderline personality disorder). These services shall be delivered by a psychiatrist who meet requirements as specified in NCAC 27G.0104. The providers shall be familiar with the SACOT Program treatment plan for each recipient seen in consultation, shall have access to SACOT Program treatment records for the recipient, and shall be able to consult by phone or in person with the CCS, CCAS or CSAC providing SACOT Program services.~~

Service Type and Setting

~~Facility licensed in accordance with TBD.~~

A facility providing SACOT services shall be licensed under 10A NCAC 27G .4500.

SACOT is a direct and indirect, periodic, rehabilitative service in which the SACOT staff provide medically necessary services and interventions that address the diagnostic and clinical needs of the recipient and also arrange, coordinate, and monitor services on behalf of the recipient.

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1 SACOT also includes telephone time with the individual recipient and collateral contact with people who
2 assist the recipient in meeting his or her rehabilitation goals specified in the Person Centered Plan.
3 SACOT includes participation and ongoing clinical involvement in activities and meetings for the
4 planning, development, implementation, and revision of the recipient's Person Centered Plan.

5
6 Organizations that provide SACOT shall provide "first responder" crisis response 24 hours a day, 7 days
7 a week, 365 days a year to recipients of this service.

8
9 For all services, federal Medicaid regulations will deny Medicaid payment for services delivered to
10 inmates of public correctional institutions or to patients in facilities that have more than 16 beds and that
11 are classified as Institutions of Mental Diseases.

12 **Program Requirements**

13 ~~See Service Definition and Required Components.~~

14 This service shall be offered for a minimum of 4 hours of scheduled services a day and shall operate at
15 least 20 hours a week, with availability of at least 5 days a week, in a licensed facility. There shall be no
16 more than 2 consecutive days during which services are not offered. In order to be eligible for this
17 service, the recipient shall meet, at a minimum, American Society of Addiction Medicine Patient
18 Placement Criteria (ASAM-PPC) Level II.5. Services shall be available during both day and evening
19 hours. For this service to be billed, the recipient shall attend at least 4 hours a day. Group counseling
20 services shall be offered each day the program operates. The program conducts random biochemical
21 assays (for example, drug screens) and uses the results of these tests in assessing a participant's progress
22 toward goals and in person-centered planning.

23
24 The program shall be under the clinical supervision of one full-time equivalent CCS or LCAS who is an
25 active participant in service delivery.

26
27 At a minimum, one Qualified Professional shall participate in all individual, group, and family counseling
28 sessions.

29
30 The individual's level of participation, as measured by number of days in attendance in SACOT, is
31 titrated based on progress, successful community involvement, and active engagement in his or her
32 recovery as reflected in the Person Centered Plan. The 4-hour-a-day minimum attendance requirement
33 continues to apply for billing of this service.

34
35 Recipients shall have ready access to psychiatric assessment and treatment services when warranted by
36 the presence of symptoms indicating a co-occurring Axis I or Axis II disorder (such as major depression,
37 schizophrenia, or borderline personality disorder). These services shall be delivered by a psychiatrist who
38 meets requirements as specified in NCAC 27G .0104. With proper consent, the psychiatrist shall have
39 access to the Person Centered Plan and service record for each recipient seen in consultation and shall
40 consult by telephone or in person with the CCS or LCAS providing SACOT services.

41
42 The maximum face-to-face recipient-to-staff ratio may not be more than 10 adult recipients to 1 Qualified
43 Professional, based on average weekly attendance.

44
45 SACOT can be designed for homogenous groups of recipients, such as for individuals receiving
46 outpatient detoxification services, individuals with chronic relapse issues, pregnant women, parenting
47 women, individuals with co-occurring MH/SA disorders, individuals with HIV, or individuals with
48 similar cognitive levels of functioning.

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1
2 Recipients may be residents of their own homes, recovery homes, or group care settings; however,
3 SACOT shall be provided in a setting separate from the recipient's residence.

4
5 Units are billed per diem with a minimum of 4 hours of service a day.

6
7 **Utilization Management**

8 ~~Authorization by the statewide vendor is required. The amount, duration, and frequency of the services~~
9 ~~must be included in an individual's authorized Person Centered Plan. Services may not be recommended~~
10 ~~to occur less frequently than the structured program's requirements set forth in the service description~~
11 ~~above. Utilization review will occur every 30 days. This service is billed with a minimum of four (4)~~
12 ~~hours per day billed in hourly increments~~

13
14 ~~If it is a Medicaid covered service, utilization management will be done by the statewide vendor. If it is a~~
15 ~~non-covered Medicaid service or non-Medicaid client, then the utilization review will be done by the~~
16 ~~LME.~~

17 **Entrance Eligibility Criteria**

18 The recipient is eligible for this service when

- 19 A. There is an Axis I diagnosis of a Substance Abuse substance-related disorder
20 diagnosis present;

21 **AND**

22 B. ~~Level of Care Criteria Level II.5 NC Modified A/ASAM~~

- 23 B. American Society for Addiction Medicine Patient Placement Criteria (ASAM-PPC)
24 Level II.5 are met;

25 **AND**

- 26 C. There is no evidence to support that alternative interventions would be equally or more
27 effective based on accepted North Carolina community practice standards [such as
28 American Society for Addiction Medicine (ASAM), American Psychiatric Association]
29 as available.

30 **Entrance Process**

31 A comprehensive clinical assessment that demonstrates medical necessity shall be completed prior to
32 provision of this service. If a substantially equivalent assessment is available, reflects the current level of
33 functioning, and contains all the required elements as outlined in community practice standards as well as
34 in all applicable federal and state requirements, it may be used as a part of the current comprehensive
35 clinical assessment. Relevant diagnostic information shall be obtained and included in the Person
36 Centered Plan.

37
38 For Medicaid or State funds, no prior authorization is required for the first 60 days of treatment.

39
40 On the first date of service, a completed LME Consumer Admission and Discharge Form shall be
41 submitted to the LME for both Medicaid and State-funded SACOT services.

42
43 The SACOT Qualified Professional identified as the person responsible for the Person Centered Plan has
44 clinical responsibility for developing the Person Centered Plan.

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Continued Stay Service Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's Person Centered Plan, or the recipient continues to be at risk for relapse based on current assessment and history or the tenuous nature of the functional gains; or any one of the following apply:

AND

One of the following applies:

- A. 1. ~~The~~ recipient has achieved initial current Person Centered Plan goals, and ~~continued service at this level is needed to meet additional goals~~ are indicated as evidenced by documented symptoms.
- B. 2. ~~The~~ recipient is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the Person Centered Plan.
- C. 3. ~~The~~ recipient is making some progress, but the PCP (specific interventions) in the Person Centered Plan needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible ~~or can be achieved.~~
4. ~~Recipient is not making progress; the Person Centered Plan must be modified to identify more effective interventions.~~
5. ~~Recipient is regressing; the Person Centered Plan must be modified to identify more effective interventions.~~
- D. The recipient fails to make progress and/or demonstrates regression in meeting goals through the interventions outlined in the Person Centered Plan. The recipient's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and treatment recommendations should be revised based on the findings. This includes consideration of alternative or additional services.

AND

~~Utilization review must be conducted every 30 days and is so documented in the Person Centered Plan and the service record.~~

Discharge Criteria

~~Recipient's level of functioning has improved with respect to the goals outlined in the Person Centered Plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:~~

- ~~1. Recipient has achieved positive life outcomes that support stable and ongoing recovery.~~
- ~~2. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted indicating a need for more intensive services.~~
- ~~3. Recipient/family no longer wishes to receive SACOT services.~~

Any one of the following applies:

- A. The recipient's level of functioning has improved with respect to the goals outlined in the Person Centered Plan, inclusive of a transition plan to step down to a lower level of care.
- B. The recipient has achieved positive life outcomes that support stable and ongoing recovery and is no longer in need of SACOT services.
- C. The recipient is not making progress or is regressing and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services.
- D. The recipient or legally responsible person no longer wishes to receive SACOT services.

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1 E. The recipient, based on presentation and failure to show improvement, despite
2 modifications in the Person Centered Plan, requires a more appropriate best practice
3 treatment modality based on North Carolina community practice standards [for example,
4 National Institute of Drug Abuse, American Society of Addiction Medicine (ASAM),
5 American Psychiatric Association].
6

7 A completed LME Consumer Admission and Discharge Form shall be submitted to the LME.
8

9 Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient,
10 legally responsible person, or both about the recipient's appeal rights in accordance with the
11 Department's recipient notices procedure.

12 **Expected Outcomes**

13 ~~The expected outcome is abstinence. Secondary outcomes (i.e., in *abstinent* patients) include: sustained~~
14 ~~improvement in health and psychosocial functioning, reduction in any psychiatric symptoms (if present),~~
15 ~~reduction in public health and/or safety concerns, and a reduction in the risk of relapse as evidenced by~~
16 ~~improvement in empirically supported modifiable relapse risk factors. For individuals with co-occurring~~
17 ~~MH/SA disorders, improved functioning is the expected outcome.~~

18 The expected clinical outcomes for this service are

19 A. Abstinence

20 **AND**

21 B. Outcomes specific to recommendations in clinical assessments and goals in the
22 recipient's Person Centered Plan, as well as improvements in the major life dimensions
23 (biomedical conditions, emotional/behavioral/cognitive condition, readiness to change,
24 relapse/continued use/continued problem potential, recovery environment), as evidenced
25 by but not limited to the following:

- 26 • Decreased frequency or intensity of crisis and/or relapse episodes
- 27 • Increased coping and social skills that mediate life stresses and promote relapse
28 prevention
- 29 • Engagement in the recovery process
- 30 • Increased community participation (self-help activities; time spent working, going to
31 school, or engaging in appropriate social activities)
- 32 • Increased personal satisfaction and independence
- 33 • Increased ability to live as independently as possible, with natural and social supports
- 34 • Reduced symptomatology
- 35 • Restored personal and community living skills
- 36 • Increased ability to access financial entitlements, housing, work, and social opportunities
37 in the community
- 38 • Increased use of strategies and supportive interventions to maintain a stable living
39 arrangement
- 40 • Decreased criminal justice involvement

41 **Documentation Requirements**

42 Refer to DMA Clinical Coverage Policies and the DMH/DD/SAS *Records Management and*
43 *Documentation Manual* for a complete listing of documentation requirements.
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1 ~~Minimum standard~~ For this service, one of the documentation requirements is a daily full service note for
2 each day contact or intervention (such as group or individual counseling, case management, or crisis
3 response) for each date of SACOT service, written and signed by the person(s) who provided the service,
4 that includes the following:

- 5 • Recipient's name
- 6 • Medicaid identification number
- 7 • Service provided (for example, SACOT)
- 8 • Date of service
- 9 • Place of service
- 10 • Type of contact (face-to-face, telephone call, collateral)
- 11 • Purpose of the contact
- 12 • ~~describes~~ Description of the provider's interventions
- 13 • ~~the~~ Amount of time spent performing the interventions
- 14 • Description of the effectiveness of the interventions
- 15 • ~~and the s~~ Signature and credentials of the staff member(s) providing the service

16
17 A documented discharge plan ~~will~~ shall be discussed with the recipient and included in the service record.

18
19 In addition, a completed LME Consumer Admission and Discharge Form shall be submitted to the LME.

20 **Utilization Management**

21 Services are based upon a finding of medical necessity, shall be directly related to the recipient's
22 diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals specified in the
23 individual's Person Centered Plan. Medical necessity is determined by North Carolina community
24 practice standards as verified by independent Medicaid consultants, or the LME for State-funded services.

25
26 Medically necessary services are authorized in the most cost-efficient mode, as long as the treatment that
27 is made available is similarly efficacious as services requested by the recipient's physician, therapist, or
28 other licensed practitioner. Typically, the medically necessary service shall be generally recognized as an
29 accepted method of medical practice or treatment. Each case is reviewed individually to determine if the
30 requested service meets the criteria outlined under EPSDT.

31
32 For Medicaid, authorization by the Medicaid-approved vendor is required according to published policy.

33
34 For State-funded SACOT services, authorization by the LME is required before the first visit.

35
36 Following the initial 60 days of service, Medicaid or State funds may cover up to 60 days for the initial
37 authorization period, based on the medical necessity documented in the individual's Person Centered Plan
38 with signatures, the authorization request form, and supporting documentation. The authorization request
39 shall be submitted prior to the expiration of the initial 60 days of service according to published policy.

40
41 If continued SACOT services are needed at the end of the initial authorization period, submit the Person
42 Centered Plan and a new request for authorization reflecting the appropriate level of care and service to
43 the Medicaid-approved vendor for Medicaid services, or to the LME for State-funded services. This
44 should occur prior to the expiration of the authorization.

45
46 Units are billed per diem, with a minimum of 4 hours of service a day.

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Service Exclusions and Limitations

An individual may receive SACOT services from only one SACOT provider organization during any active authorization period for this service.

Opioid Treatment can be provided concurrently with SACOT.

SACOT cannot be billed during the same authorization as SA Substance Abuse Intensive Outpatient Program, ~~all any~~ detoxification services levels (with the exception of except Ambulatory Detoxification), or Substance Abuse Non-Medical Community Residential Treatment, or Substance Abuse Medically Monitored Community Residential Treatment.

Service Limitation: To make timely and seamless transitions to and from SACOT or providing coordination during the provision of a service, individuals receiving Community Support or Community Support Team services can be billed may continue to receive the case management component of these services for a maximum of 8 units per month in accordance with the person-centered plan for individuals who are receiving SACOT services for the purpose of facilitating transition to the service, admission to the service, meeting with the person as soon as possible upon admission, providing coordination during the provision of service, ensuring that the service provider works directly with the CS professional and discharge planning, for each 30-day period of the transition to, from, or during SACOT in accordance with the Person Centered Plan. All Community Support or Community Support Team transition activities are performed by the Qualified Professional.

Note: For recipients under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.