



North Carolina Utilization Management Guidelines for Medicaid

Subject: Behavioral Health Urgent Care-
In Lieu of Service
Status: Active

Current Effective Date: July 1, 2021
Last Review Date: April 14, 2021

Description

Behavioral Health Urgent Care (BHUC) services includes assessment and diagnosis for mental illness, substance use, and intellectual and developmental disability; planning and referral for future treatment; medication management; outpatient treatment; and short-term follow-up care. This service is an alternative to Emergency hospitalizations, and will support placement for stabilization of condition and ability to return to community. The behavioral health urgent care location must include the ability to initiate the Involuntary Commitment petition via first-level evaluations (Clinician Petition).

Note: Medically Necessity Criteria are derived, in part, from [North Carolina Medicaid Outpatient Behavioral Health Services, Clinical Coverage Policy No. 8-C](#), to support consistent management of Outpatient services.

Clinical Indications

Medically Necessary:

This service does not require prior approval. This service is for members, aged four and older.

Service Guidelines:

All of the following criteria are necessary for admission of a beneficiary to BHUC treatment services:

- a. A Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or any subsequent editions of this reference material diagnosis; **Note:** Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), or any subsequent editions of this reference material, will be referred to as DSM-5 throughout this policy.
- b. The beneficiary presents behavioral, psychological, or biological dysfunction and functional impairment, which are consistent and associated with the DSM-5 diagnosis and an urgent need for services to prevent an inpatient hospitalization;

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- c. The beneficiary presents with an acute onset of one or more of the following:
 - i. Thoughts of suicide or homicide,
 - ii. Psychosis manageable in an outpatient setting,
 - iii. Exhibits moderate violent, aggressive, or disruptive behavior, non-life threatening,
 - iv. Psychosis or moderate thought disorganization;
 - v. Impaired activities of daily living (ADL) related to a BH condition;
- d. The beneficiary is capable of developing skills to manage symptoms, make behavioral changes, and respond favorably to therapeutic interventions; and
- e. There is no evidence to support that alternative interventions would be more effective, based on North Carolina community practice standards (e.g., Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Board of Addiction Medicine).
- f. Use in combination with American Society of Addiction Medicine (ASAM) criteria when appropriate.

Continued Stay Criteria:

The criteria for continued service must meet both “a.” and “b.” below:

- a. Any ONE of the following criteria:
 - 1. The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the beneficiary’s treatment plan;
 - 2. The beneficiary continues to be at risk for relapse based on current clinical assessment, and history: or
 - 3. Tenuous nature of the functional gains;
- b. Any ONE of the following criteria (in addition to “a.”)
 - 1. The beneficiary has achieved current treatment plan goals, and additional goals are indicated as evidenced by documented symptoms; or
 - 2. The beneficiary is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service is expected to be effective in addressing the goals outlined in the treatment plan.



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Discharge Criteria:

Any ONE of the following criteria:

- a. The beneficiary’s level of functioning has improved with respect to the goals outlined in the treatment plan;
- b. The beneficiary or legally responsible person no longer wishes to receive these services; or
- c. The beneficiary, based on presentation and failure to show improvement, despite modifications in the treatment plan, requires a more appropriate best practice or evidence-based treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

Limitations on Coverage:

A voluntary individual is able to stay in this level of care for a maximum length of stay of 23 hours and 59 minutes (23:59). Individuals that meet medical necessity for IVC can be held in observation beyond the 23 hours and 59 minutes under NC 122C-263.2. During this time the individual is continuously being assessed for the need of continued stay or determination that the crisis has been resolved, and the person is able to return independently to the community with follow up services.

Coding			
Procedure Code	Service Description	Rate	Billing Frequency
S9480	BH Urgent Care		Per diem

Discussion/General Information

Eligible Provider Information:

Behavioral Health Urgent Care provider shall:

- a. Meet Medicaid or NC Health Choice qualifications for participation;
- b. Have a current and signed [Department of Health and Human Services \(DHHS\) Provider Administrative Participation Agreement](#); and
- c. Bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.



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In addition to physicians, the following providers may bill for these services. These licensed professionals are required to be currently licensed in North Carolina and directly enrolled in Medicaid (or Prepaid Inpatient Health Plan PIHP) and bill under their own attending Medicaid Provider Numbers. These licensed providers cannot bill “incident to” a physician or any other licensed professional.

- a. Licensed Psychologist (LP)
- b. Licensed Psychological Associate (LPA)
- c. Licensed Professional Counselor (LPC)
- d. Licensed Professional Counselor Associate (LPCA)
- e. Licensed Clinical Social Worker (LCSW)
- f. Licensed Clinical Social Worker Associate (LCSWA)
- g. Licensed Marriage and Family Therapist (LMFT)
- h. Licensed Marriage and Family Therapist Associate
- i. Licensed Clinical Addiction Specialist (LCAS)
- j. Licensed Clinical Addiction Specialist – Associate (LCSA-A)
- k. Licensed Physician Assistant (PA)

Staffing				
Title	Availability	Qualifications	Supervision	Training
Psychiatrist	Available during office hours	Licensed to practice medicine in the State of North Carolina and who has completed a training program in psychiatry accredited by the Accreditation Council for Graduate Medical Education	Per Designated board requirements and other designated agency management	Completed a training program in psychiatry accredited by the Accreditation Council for Graduate Medical Education
Physician	Available during office hours	Licensed to practice medicine in the State of North Carolina	Per Designated board requirements and other	Completed a training program in psychiatry or Emergency



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			designated agency management	Medicine and accredited by the Accreditation Council for Graduate Medical Education
Nurses	Available during office hours	Licensed to practice in the State of North Carolina either as a registered nurse or as a licensed practical nurse	Per Designated board requirements and under overall supervision of the program psychiatrist	Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the Mental Health, Developmental Disabilities and Substance Abuse Services MH/DD/SAS needs of the client as specified in the treatment/ habilitation plan; and <ul style="list-style-type: none"> • Strategies to address safety, intensive supervision, and intensive



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				<p>therapeutic interventions</p> <ul style="list-style-type: none"> • System of Care/Wraparound model • Trauma Informed Care • Crisis de-escalation • Specialty training, based on the youth being placed, to address sexually reactive behaviors, dually diagnosed youth, and other specialty populations <p>(4) Training in infectious diseases and blood borne pathogens. staff members shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques</p>
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				such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction 10A NCAC 27G .0202. PERSONNEL REQUIREMENTS
Therapists	Available during office hours	CCS, LCAS, LCAS-A, and CADC, LCSW, LCSW-A, LCMHC, LCMHCA Certified by North Carolina Substance Abuse Professional Practice Board, the North Carolina Board of Licensed Professional Counselors, or the N.C. Social Work Certification and Licensure Board 10A NCAC 27G .0104. STAFF DEFINITIONS	Per Designated board requirements and under overall supervision of the program psychiatrist	Diagnosis and clinical issues regarding the population served Client Rights Confidentiality/ HIPPA CPR/ First Aid/Seizure Management Approved training on alternatives/ restrictive interventions by a certified instructor prior to being alone with an individual and as appropriate for the individual Protective Devices/Usage as appropriate for the individual



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				<p>Cultural Diversity/ Awareness</p> <p>Child Development</p> <p>Strategies to address safety, intensive supervision, and intensive therapeutic interventions</p> <p>System of Care/Wraparound model</p> <p>Trauma Informed Care</p> <p>Crisis de- escalation</p> <p>Specialty training, based on the youth being placed, to address sexually reactive behaviors, dually diagnosed youth, and other specialty populations</p>
Associate Professionals	Available during office hours	Must meet the requirements specified for Associated Professional status	All Associate Professions (AP) and Paraprofessional level staff must be supervised by a	Same as above

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		<p>according to 10 N.C.A.C 27G 0104</p> <p>(a) graduate of a college or university with a master’s degree in a human service field with less than one year of full-time, post-graduate degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling.</p> <p>(b) A qualified professional shall provide supervision with the population served until the individual meets one year of experience. The</p>	<p>Qualified Professional. Supervision must be provided according to supervision requirements set forth in 10A N.C.A.C. 27G .0203.</p>
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		<p>supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or</p> <p>(b) Graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. A qualified professional shall provide supervision with the population served until the</p>	
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		<p>individual meets two years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or</p> <p>(c) Graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. A qualified professional shall provide supervision</p>	
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		<p>with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or</p> <p>(d) Registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in MH/DD/SAS with the population served. A qualified professional shall provide supervision with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The</p>		
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		parties shall review the plan annually.		
Paraprofessionals	Available during office hours	Must meet the requirements specified for Paraprofessional status according to 10 N.C.A.C 27G.0204 GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a MH/DD/SAS service.	Paraprofessional level providers who meet the requirements for Paraprofessional status according to 10A NCAC 27G.0204 and who have the knowledge, skills, and abilities required by the population and age to be served may deliver the planned regimen of 24-hour evaluation, care and treatment services for beneficiaries under the supervision of an Associate Professional or by a Qualified Professional with the population served.	Same as above
Qualified Professional (QP)	Available during office hours	(a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except	Per Designated board requirements or agency requirements and under overall supervision of the program psychiatrist	Same as above

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		<p>a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in MH/DD/SAS with the population served; or (b) a graduate of a college or university with a master's degree in a human service field and has one year of full-time, pre- or post-graduate degree accumulated MH/DD/SAS experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or (c) a graduate of a college or university with a</p>		
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		<p>bachelor's degree in a human service field and has two years of full-time, pre- or post-bachelor's degree accumulated supervised MH/DD/SAS experience with the population served, or a substance abuse professional who has two years of full-time, pre- or post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or (d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, pre- or post-bachelor's degree accumulated supervised MH/DD/SAS experience with the population served, or a substance abuse professional who has four years</p>		
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		of full-time, pre- or post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.		
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Definitions

None

Acronyms

ASAM: American Society of Addiction Medicine
 BHUC: Behavioral Health Urgent Care
 DSM: Diagnostic and Statistical Manual of Mental Disorder
 ICD: International Classification of Diseases
 IVC: Involuntary Commitment First Evaluations
 NC DHHS: North Carolina Department of Health and Human Services

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. [North Carolina Medicaid Outpatient](#) Behavioral Health Services, Clinical Coverage Policy No. 8-C, Amended Date: January 1, 2021.

Websites for Additional Information

1. North Carolina Department of Health and Human Services.
<https://www.ncdhhs.gov>
2. Substance Abuse and Mental Health Services Administration.
<https://www.samhsa.gov>

History

Status	Date	Action
Draft	4/14/2021	Revised



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Approved	4/22/2021	Approved at Medial Operation Committee (MOC)
