

To: All Providers
From: Dr. Paul Garcia, Vice President of Utilization Management
Date: December, 20 2024
Subject: Mental Health Parity updates, flexibilities ending and authorization changes needed.






This serves as communication on changes to the Behavioral Health (BH)/ Substance Use (SU) benefit plan for January 1, 2025 effective date.

Trillium Health Resources was notified by North Carolina Department of Health and Human Services (NCDHHS) that to be consistent with Mental Health Parity requirements under section V.B.2.i. (v)(b)(7) of the Contract and 42 C.F.R. Part 438 Subpart K, the following Quantitative Treatment Limitations (QTLs) and Non-Quantitative Treatment Limitations (NQTLs) are being removed from Medicaid Direct and Tailored Plan Medicaid Clinical Coverage Policy. The timing aligns with the end of cross over flexibilities.

FOR SERVICES AFFECTED IN PIHP FOR MEDICAID DIRECT MEMBERS- SEE CHART BELOW:

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non-Quantitative Treatment ² Limitation to Be Removed
1.	Ambulatory Detoxification (ASAM Level 1 - WM) ³	8A	🌱 N/A	🌱 Remove initial authorization, reauthorization and utilization management review requirements.
2.	Professional Treatment Services in Facility Based Crisis Program	8A	🌱 Remove limit that the service does not exceed 15 consecutive days. 🌱 Remove limit stating the service cannot exceed a	🌱 Remove the prior approval, initial authorization and reauthorization requirements. 🌱 Remove 7-day pass through.

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non-Quantitative Treatment ² Limitation to Be Removed
			total of 45 days in a 12-month period.	
3.	Multisystemic Therapy (MST)	8A	<ul style="list-style-type: none"> 🌱 Remove the duration is 3 to 5 months. 🌱 Remove limit stating the service may not exceed 480 units of service in a 3-month period. 	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization, reauthorization, and utilization management review requirements.
4.	Medically Supervised or ADATC Detoxification Crisis Stabilization (ASAM Level 3.9-WM)	8A	<ul style="list-style-type: none"> 🌱 Removed limit stating the service cannot exceed a total of 30 days in a 12-month period 	<ul style="list-style-type: none"> 🌱 Removed initial authorization requirements. Removed 8-hour pass-through.
5.	Non-Hospital Medical Detoxification (ASAM Level 3.7-WM)	8A	<ul style="list-style-type: none"> 🌱 Remove limit stating the service cannot exceed a total of 45 days in a 12-month period. 	<ul style="list-style-type: none"> 🌱 Remove initial authorization and reauthorization requirements.
6.	Substance Abuse Medically Monitored Community Residential Treatment (ASAM Level 3.7)	8A	<ul style="list-style-type: none"> 🌱 Remove limit stating the service cannot exceed more than 45 days in a 12-month period. 	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization, reauthorization, and utilization review requirements.
7.	Facility-Based Crisis Service for Children and Adolescents	8A-2	<ul style="list-style-type: none"> 🌱 Remove limit stating the service cannot exceed 45 days in a 12-month period. 	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization and utilization management review requirements.
8.	Child and Adolescent Day Treatment	8A	<ul style="list-style-type: none"> 🌱 N/A 	<ul style="list-style-type: none"> 🌱 Remove Medicaid may cover up to 60 days for the initial






#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non- Quantitative Treatment ² Limitation to Be Removed
				authorization period based on the medical necessity.  Remove Medicaid funded services cover up to 60 days for reauthorization based on the medical necessity
9.	Intensive In-Home Services (IIH)	8A	 Remove that the number of visits per month for the second and third month of the service will be titrated with the expectation of six visits per month.	 Remove prior approval, initial authorization, reauthorization, and utilization management review requirements.
10.	Partial Hospitalization	8A	 N/A	 Remove prior approval, initial authorization, reauthorization and utilization management review requirements.  Remove initial authorization shall not exceed seven calendar days.  Remove statement that reauthorization shall not exceed seven calendar days.
11.	Mobile Crisis Management	8A	 N/A	 Remove concurrent review and utilization management requirements.  Remove 32 unit pass-through.
12.	Psychosocial Rehabilitation	8A	 N/A	 Remove prior approval, initial authorization, reauthorization, and utilization management requirements.

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non- Quantitative Treatment ² Limitation to Be Removed
13.	Residential Treatment Level II Program Type	8D-2	🌱 N/A	🌱 Remove 30-day utilization review requirements.
14.	Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) (ASAM Level 2.5 Partial Hospitalization)	8A	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 60-day pass through 🌱 Remove prior approval, reauthorization and utilization review requirements.
15.	Substance Abuse Intensive Outpatient Program (SAIOP) (ASAM Level 2.1)	8A	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 30-day pass through. 🌱 Remove prior approval, reauthorization and utilization review requirements.
16.	Substance Abuse Non- Medical Community Residential Treatment (ASAM Level 3.5)	8A	🌱 Remove limit stating the service cannot exceed 45 days in a 12-month period.	🌱 Remove prior approval, initial authorization, reauthorization, and utilization review requirements.
17.	Assertive Community Treatment (ACT) Program	8A-1	🌱 N/A	🌱 Remove prior approval, initial authorization, reauthorization, and utilization management requirements.
18.	Diagnostic Assessment	8A-5	🌱 Remove that a beneficiary may receive one diagnostic assessment per year without any additional authorization.	<ul style="list-style-type: none"> 🌱 Remove prior approval and utilization management review requirements. 🌱 Remove language restricting Diagnostic Assessments on the same day as Assertive Community Treatment Team, Intensive In Home,

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non-Quantitative Treatment ² Limitation to Be Removed
				Multisystemic Therapy, and Community Support Team services
19.	Community Support Team (CST)	8A-6	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 36 unit pass-through for the initial 30 days. 🌱 Remove prior approval, initial authorization, reauthorization, and utilization management review requirements.
20.	Ambulatory Withdrawal Management With Extended On-Site Monitoring	8A-8	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 3-day calendar pass-through and prior approval requirement. 🌱 Remove initial authorization, concurrent review and utilization management review requirements.
21.	Opioid Treatment Program Service	8A-9	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 90-day pass through Remove prior approval if pass through has been reached for the fiscal year. 🌱 Remove initial authorization, reauthorization, concurrent review, and utilization management review requirements.
22.	Medically Managed Intensive Inpatient Services (ASAM Level 4)	8B	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 7-day utilization review requirement. 🌱 72 hour pass-through will apply.





#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non-Quantitative Treatment ² Limitation to Be Removed
23.	Medically Managed Intensive Inpatient Withdrawal Management Services (ASAM Level 4-WM)	8B	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 10-day utilization review requirement. 🌱 72 hour pass-through will apply.
24.	Outpatient Behavioral Health Services Provided by Direct- Enrolled Providers	8C	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove authorization requirement. 🌱 Remove 16 unmanaged outpatient visits per fiscal year limit (inclusive of assessment and Psychological Testing codes) for beneficiaries under age 21. 🌱 Remove 8 unmanaged outpatient visits per fiscal year limit (inclusive of assessment and Psychological Testing codes) for beneficiaries ages 21 and over. 🌱 Remove 22 unmanaged Medical Evaluation and Management (E/M) services visits limit for beneficiaries ages 21 and over.
25.	Residential Treatment Level I Family Type	8D-2	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 90-day Utilization Review requirements.
26.	Residential Treatment Level II Family Type	8D-2	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove 30-day Utilization Review requirements.

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non- Quantitative Treatment ² Limitation to Be Removed
27.	Peer Support Services	8G	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove prior approval, initial authorization, and reauthorization, and utilization review requirements. 🗑️ Remove twenty-four (24) unmanaged units once per episode of care per state fiscal year. 🗑️ Remove Medicaid may cover up to 270 units of service (individual and group) for 90 days for the initial authorization period, if medically necessary. 🗑️ Medicaid may cover up to 270 units of service (individual and group) for 90 days for subsequent reauthorization periods, if medical necessary.
28.	1915(i) Individual Placement & Support (IPS) for Mental Health and Substance Abuse	8H-2	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove prior approval, initial authorization, reauthorization, and utilization management requirements. 🗑️ Remove completing authorization requests from Program Assistant activities
29.	1915(i) Individual and Transitional Support (ITS)	8H-3	🗑️ Removed that this service may be provided for up to 60 hours per month for rehabilitation	<ul style="list-style-type: none"> 🗑️ Remove prior approval, initial authorization, reauthorization, and utilization management requirements. 🗑️ Remove Medicaid can cover up to Remove 240 units of service per month. Initial

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ¹ Limitation to Be Removed	Non- Quantitative Treatment ² Limitation to Be Removed
				authorization of services cannot exceed 180-calendar days.  Remove Medicaid may cover up to 240 units of service per month for 90 calendar days for reauthorization periods.
30.	Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21 Population	8I	 N/A	 Remove prior approval requirement.
31.	Mental Health/ Substance Abuse Targeted Case Management	8L	 N/A	 Remove prior approval, initial authorization, and reauthorization requirements.

[Download this Table](#)

FOR SERVICES AFFECTED FOR TAILORED PLAN MEMBERS SEE CHART BELOW:

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non- Quantitative Treatment ³ Limitation to Be Removed
32.	Geropsychiatric Units in Nursing Facilities	2B-2	 N/A effecting	 Remove concurrent review.
33.	Ambulatory Detoxification (ASAM)	8A	 N/A	 Remove initial authorization,

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non-Quantitative Treatment ³ Limitation to Be Removed
	Level 1 - WM)			<ul style="list-style-type: none"> 🌱 reauthorization and utilization management review requirements.
34.	Professional Treatment Services in Facility Based Crisis Program	8A	<ul style="list-style-type: none"> 🌱 Remove limit that the service does not exceed 15 consecutive days. 🌱 Remove limit stating the service cannot exceed a total of 45 days in a 12-month period. 	<ul style="list-style-type: none"> 🌱 Remove the prior approval, initial authorization and reauthorization requirements. 🌱 Remove 7-day pass through.
35.	Multisystemic Therapy (MST)	8A	<ul style="list-style-type: none"> 🌱 Remove the duration is 3 to 5 months. 🌱 Remove limit stating the service may not exceed 480 units of service in a 3-month period. 	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization, reauthorization, and utilization management review requirements.
36.	Medically Supervised or ADATC Detoxification Crisis Stabilization (ASAM Level 3.9-WM)	8A	<ul style="list-style-type: none"> 🌱 Removed limit stating the service cannot exceed a total of 30 days in a 12-month period 	<ul style="list-style-type: none"> 🌱 Removed initial authorization requirements. Removed 8- hours pass- through.
37.	Non-Hospital Medical Detoxification (ASAM Level 3.7- WM)	8A	<ul style="list-style-type: none"> 🌱 Remove limit stating the service 🌱 cannot exceed a total of 45 days in a 12-month period. 	<ul style="list-style-type: none"> 🌱 Remove initial authorization and reauthorization requirements.
38.	Substance Abuse Medically Monitored Community Residential	8A	<ul style="list-style-type: none"> 🌱 Remove limit stating the service cannot exceed more than 45 	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization, reauthorization,

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non- Quantitative Treatment ³ Limitation to Be Removed
	Treatment (ASAM Level 3.7)		days in a 12-month period.	and utilization review requirements.
39.	Facility-Based Crisis Service for Children and Adolescents	8A-2	🗑️ Remove limit stating the service cannot exceed 45 days in a 12-month period.	🗑️ Remove prior approval, initial authorization and utilization management review requirements.
40.	Child and Adolescent Day Treatment	8A	🗑️ N/A	<p>🗑️ Remove Medicaid may cover up to 60 days for the initial authorization period based on the medical necessity.</p> <p>🗑️ Remove Medicaid funded services cover up to 60 days for reauthorization based on the medical necessity</p>
41.	Intensive In-Home Services (IIH)	8A	🗑️ Remove that the number of visits per month for the second and third month of the service will be titrated with the expectation of six visits per month.	🗑️ Remove prior approval, initial authorization, reauthorization, and utilization management review requirements.
42.	Partial Hospitalization	8A	🗑️ N/A	<p>🗑️ Remove initial authorization, reauthorization and utilization management review requirements.</p> <p>🗑️ Remove initial authorization shall not exceed seven calendar days.</p> <p>🗑️ Remove statement that reauthorization shall not exceed seven calendar days.</p>

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non-Quantitative Treatment ³ Limitation to Be Removed
43.	Mobile Crisis Management	8A	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove concurrent review and utilization management requirements. 🗑️ Remove 32 unit pass-through.
44.	Psychosocial Rehabilitation	8A	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove prior approval, initial authorization, reauthorization, and utilization management requirements.
45.	Residential Treatment Level II Program Type	8D-2	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 30-day utilization review requirements.
46.	Substance Abuse Comprehensive Outpatient Treatment Program (SACOT) (ASAM Level 2.5 Partial Hospitalization)	8A	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 60-day pass through 🗑️ Remove prior approval, initial authorization, reauthorization and utilization review requirements.
47.	Substance Abuse Intensive Outpatient Program (SAIOP) (ASAM Level 2.1)	8A	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 30-day pass through 🗑️ Remove prior approval, initial authorization, reauthorization and utilization review requirements.
48.	Substance Abuse Non-Medical Community Residential Treatment (ASAM Level 3.5)	8A	🗑️ Remove limit stating the service cannot exceed 45 days in a 12-month period.	<ul style="list-style-type: none"> 🗑️ Remove initial authorization, reauthorization, and utilization review requirements.
49.	Assertive Community Treatment (ACT) Program	8A-1	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove prior approval, initial authorization, reauthorization, and utilization management requirements.
50.	Diagnostic Assessment	8A-5	🗑️ Remove that a beneficiary may receive one diagnostic	<ul style="list-style-type: none"> 🗑️ Remove prior approval and utilization management review requirements.

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non-Quantitative Treatment ³ Limitation to Be Removed
			assessment per year without any additional authorization.	<ul style="list-style-type: none"> 🗑️ Remove language restricting Diagnostic Assessments on the same day as Assertive Community Treatment Team, Intensive In-Home, Multisystemic Therapy, and Community Support Team services
51.	Community Support Team (CST)	8A-6	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 36 unit pass-through for the initial 30 days. 🗑️ Remove prior approval, initial authorization, reauthorization, and utilization management review requirements.
52.	Ambulatory Withdrawal Management With Extended On-Site Monitoring	8A-8	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 3-day calendar pass-through and prior approval requirement. 🗑️ Remove initial authorization, concurrent review and utilization management review requirements.
53.	Opioid Treatment Program Service	8A-9	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 90 day pass through 🗑️ Remove prior approval if pass through has been reached for the fiscal year. Remove initial authorization, reauthorization, concurrent review, and utilization management review requirements.
54.	Medically Managed Intensive Inpatient Services (ASAM Level 4)	8B	🗑️ N/A	<ul style="list-style-type: none"> 🗑️ Remove 7-day utilization review requirement. 72 hour pass-through will apply.

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non- Quantitative Treatment ³ Limitation to Be Removed
55.	Medically Managed Intensive Inpatient Withdrawal Management Services (ASAM Level 4- WM)	8B	🗑️ N/A	🗑️ Remove 10-day utilization review requirement. 72 hour pass-through will apply.
56.	Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	8C	🗑️ N/A	<p>🗑️ Remove authorization requirement. Remove 16 unmanaged outpatient visits per fiscal year limit (inclusive of assessment and Psychological Testing codes) for beneficiaries under age 21.</p> <p>🗑️ Remove 8 unmanaged outpatient visits per fiscal year limit (inclusive of assessment and Psychological Testing codes) for beneficiaries ages 21 and over.</p> <p>🗑️ Remove 22 unmanaged Medical Evaluation and Management (E/M) services visits limit for beneficiaries ages 21 and over.</p>
57.	Residential Treatment Level I Family Type	8D-2	🗑️ N/A	🗑️ Remove 90-day Utilization Review requirements.
58.	Residential Treatment Level II Family Type	8D-2	🗑️ N/A	🗑️ Remove 30-day Utilization Review requirements.
59.	Peer Support Services	8G	🗑️ N/A	<p>🗑️ Remove prior approval, initial authorization, and reauthorization, and utilization review requirements.</p> <p>🗑️ Remove twenty-four (24) unmanaged units once per</p>

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non- Quantitative Treatment ³ Limitation to Be Removed
				<p>episode of care per state fiscal year.</p> <ul style="list-style-type: none"> 🌱 Remove Medicaid may cover up to 270 units of service (individual and group) for 90 days for the initial authorization period, if medically necessary. 🌱 Medicaid may cover up to 270 units of service (individual and group) for 90 days for subsequent reauthorization periods, if medical necessary.
60.	1915(i) Individual Placement & Support (IPS) for Mental Health and Substance Abuse	8H-2	🌱 N/A	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization, reauthorization, and utilization management requirements. 🌱 Remove completing authorization requests from Program Assistant activities
61.	1915(i) Individual and Transitional Support (ITS)	8H-3	🌱 Removed that this service may be provided for up to 60 hours per month for rehabilitation	<ul style="list-style-type: none"> 🌱 Remove prior approval, initial authorization, reauthorization, and utilization management requirements. 🌱 Remove Medicaid can cover up to Remove 240 units of service per month. Initial authorization of services cannot exceed 180- calendar days. 🌱 Remove Medicaid may cover up to 240 units of service per month for 90 calendar days for reauthorization periods.

#	Covered Service Impacted	Medicaid Direct CCP Number	Quantitative Treatment ² Limitation to Be Removed	Non- Quantitative Treatment ³ Limitation to Be Removed
62.	Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21 Population	8I	🌱 N/A	🌱 Remove prior approval requirement.
63.	Mental Health/ Substance Abuse Targeted Case Management	8L	🌱 Removed that service is limited to one unit per week	🌱 Remove prior approval, initial authorization, and reauthorization requirements.

[Download this Table](#)

FLEXIBILITIES ENDING AND AUTHORIZATIONS NEEDED

Helene Flexibilities have been extended to 2/28/2025 for BH and 6/30/2025 for Innovations.

🌱 [Hurricane Helene Policy Flexibilities Support Providers and Members Dec.12 2024](#)

TP/Consolidation flexibilities extended through 1/31/2025

🌱 [Policy Flexibilities Behavioral Health and Intellectual Developmental Disabilities Tailored Plans](#)

Beginning as early as January, 15 2024 please begin submitting authorization requests for inpatient hospitalizations, PRTF, along with Residential services II, III, IV. An authorization will need to be in place for claims to pay for these services. Child and Adolescent Day Treatment will remain NPA at this time.

See Trillium's posted benefit plan for more information. The new benefit plan will post as soon as the new Clinical Coverage Polices are posted.

Authorizations will not be needed for services affected by mental health parity as noted in charts. Trillium will not be providing authorization notifications for these services. Providers will receive an Unable To Process (UTP) outcome.

Thank you for your attention to this communication. All questions related to this Clinical Communication Bulletin can be sent to UM@TrilliumNC.org. Questions will be responded to as quickly as possible