

Alamance-Caswell Local Management Entity
 Integrated Payment & Reporting System (IPRS) Target Population Assignment Worksheet-
 CSMAJ

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| | <p>All individuals will be assessed for service eligibility on the basis of the American Society of Addiction Medicine (ASAM) <i>Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC)</i> (Adult Criteria) incorporated by reference to include subsequent amendments and editions.</p> <p>Substance abuse services shall be provided only by a duly licensed professional within their scope of practice, or by an individual who is a licensed, certified, or registered substance abuse counselor through the North Carolina Substance Abuse Professional Practice Board, and who practices and is supervised in accordance with G.S. 90-113.32, Article 5C, the North Carolina Substance Abuse Professional Practice Act.</p> <p>NC-TOPPS Interviews are required of providers for all substance abuse target population adults and children ages 6 years and above who are receiving any qualifying service, including outpatient only services, for any substance abuse diagnosis.</p> <p>The client's service record shall include the federal substance abuse National Outcomes Measures (NOMs) and Treatment Episode Data Set (TEDS) admission and episode completion (discharge) data elements that are required to be reported by the Local Management Entity to the Division for the Consumer Data Warehouse (CDW). These elements include, but are not limited to, the identification at consumer admission and episode completion (discharge) of the consumer's primary, secondary, and tertiary substance problems, frequency of use, usual route of administration, age of first use, pregnancy status, living arrangements, employment status, arrest status, and social connectedness.</p> <p>Intent is to insure that SA treatment services are paid for by this population group.</p> |
| <p>ICD-9 Diagnosis Ranges</p> | <p>291-29299 3039-30599</p> <p>All clients are required to have a principal or primary diagnosis of a substance-related disorder involving alcohol or other drug(s) in addition to any diagnosed nicotine-related disorder or caffeine-related disorder.</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p> |
| <p>Concurrency Issues</p> | <p>An individual cannot be enrolled in CSCS and any other MH, DD, or SA Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p> |
| <p>Service Array</p> | <p>Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p> |
| <p>Provider Restrictions</p> | <p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p> |
| <p>Funding Sources</p> | <p>Child SA State Crisis 536996003 1590 220 00</p> <p>~~~~~</p> |

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| | <p>For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p> |
| <p>Utilization Management</p> | <p>ASAM Adult Patient Placement Criteria apply to all substance abuse services and levels of care.</p> <p>Each Local Management Entity is responsible for the development and implementation of crisis and emergency services delivery and authorization guidelines to ensure the prompt and efficient implementation of services to eligible “Crisis Services (CS)” consumers. This includes LME approved procedures for the authorization of 24 hour admissions to inpatient hospital, facility based crisis, and 24 hour detoxification programs. The Division recommends that the LME review and authorize Mobile Crisis services after the delivery of the initial 16 units (4 hours) of this service.</p> <p>During regular hours of operation, the Division recommends immediate notification of the LME by the crisis or emergency services provider for all 24 hour emergency admissions. Written notification regarding such emergency admissions is recommended to be provided to the LME within 24 hours in all circumstances.</p> |