OVERVIEW: Section 9D.22 of S.L. 2021-180 directs the Division of Health Benefits, Department of Health and Human Services, to develop Medicaid coverage for specified services provided to certain Medicaid beneficiaries in an acute hospital setting. The services must be covered as outpatient services after the beneficiary has been in the care of the hospital for at least 30 hours if the beneficiary is awaiting discharge to a more appropriate setting for the treatment of behavioral health needs. The services to be covered by Medicaid are:

- Treatment of psychiatric and behavioral health conditions and physical health conditions.
- Crisis stabilization and support.
- Monitoring of medical status and medical clearance.
- Nursing services and support.
- Reasonable and appropriate efforts to maintain patient safety.
- Provision of community resource information and psychoeducation.
- Development of a safety plan.
- Coordination to establish a safe discharge or transfer plan.

The services must be covered only for beneficiaries receiving NC Medicaid Direct (i.e., in fee-for-service) or enrolled with a local management entity/managed care organization (LME/MCO) or a tailored plan. For beneficiaries enrolled with an LME/MCO or tailored plan, the LME/MCO will negotiate the payment rate for these services with individual hospitals, but if no agreement is reached, then the rate is the most prevalent semiprivate room rate at the applicable hospital.

The new coverage will be implemented July 1, 2022, subject to federal approval, and it is the intent of the General Assembly that there will be no increase in the capitation rates paid to LME/MCOs for the addition of this coverage.

This section became effective November 18, 2021.