North Carolina Utilization Management Guideline for Medicaid

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Description

Child-Focused Assertive Community Treatment Team (CF-ACTT) is a team-based, multi-disciplinary approach to serving children in their homes, kinship placements, or Department of Social Services (DSS) foster homes, or the service may begin during transition from a more restrictive residential setting. Like the Assertive Community Treatment Team (ACTT) service for adults, this service uses a community-based team approach to meet the needs of children and youth with serious emotional disturbance (SED). An individual who is appropriate for ACTT does not benefit from receiving services across multiple disconnected providers, and may become at greater risk of hospitalization, homelessness, substance use, victimization, and incarceration.

This service is designed for members ages 10-18 with a primary mental health diagnosis. However, individuals diagnosed with substance use conditions and co-occurring moderate or mild intellectual/developmental disabilities (I/DD) or autism spectrum disorder will be assessed on a case-by-case basis for participation in Child Focused-ACTT.

This service provides: 24/7 Crisis Availability:

- Team availability 24/7.
- Phone response within 15 minutes.
- Face-to-face response within 1–2 hours.
- Clinician or nursing assessment when indicated.
- Psychiatric prescriber available at least by telephone 24/7.

CF-ACTT functions as the primary behavioral health treatment and care-coordination team during enrollment. The CF-ACTT provider is responsible for behavioral health care coordination and coordination with physical health, DSS, schools, juvenile justice, family/natural supports, and other involved systems. Healthy Blue Care Together Care Management remains involved to the extent necessary to address plan-specific responsibilities, prevent gaps in care, and coordinate benefits, but services should not duplicate functions already included in the CF-ACTT bundled rate.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Clinical Indications

CF-ACTT Entrance Criteria: To be eligible for Child-Focused Assertive Community Treatment Team (CF-ACTT) services, the member must meet all the following requirements:

1. Eligibility Requirements

The member must:

- Have NC Medicaid coverage;
- Be enrolled in Healthy Blue Care Together; and
- Be 10 through 18 years of age.

2. Diagnostic Criteria

The member must have a current mental health diagnosis consistent with DSM-5 criteria (or its successor) that supports the need for CF-ACTT services. Treatment must be medically necessary to address the member's identified preventive, diagnostic, therapeutic, and/or rehabilitative needs.

The primary population served by CF-ACTT includes members with serious mental health conditions associated with significant or potentially long-term psychiatric and functional impairment, including:

- Major depressive disorder;
- Psychotic disorder;
- Anxiety disorder;
- Disruptive behavior disorder; and/or
- Bipolar disorder.

Other mental health diagnoses may also qualify when the member's clinical presentation demonstrates significant functional impairment, long-term disability, co-occurring conditions, and/or complex trauma consistent with the need for CF-ACTT.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Members whose primary diagnosis is a substance use disorder (SUD), intellectual/developmental disability (I/DD), traumatic brain injury (TBI), or autism spectrum disorder (ASD) are not the primary population for CF-ACTT. Requests for these members may be considered on a case-by-case basis when the clinical documentation demonstrates that CF-ACTT is medically necessary and appropriate to address the member's co-occurring mental health treatment needs.

3. Functional Impairment Criteria

The member must demonstrate significant functional impairment as evidenced by at least one of the following:

a. Community/Daily Functioning

Significant difficulty consistently performing routine tasks necessary for age-appropriate functioning in the community, including difficulties with:

- Safety skills;
- Self-regulation;
- Basic social interactions; and/or
- Activities of daily living without significant support or assistance from family, caregivers, or other supports.

OR

b. Educational/Vocational Functioning

Significant difficulty maintaining consistent educational or vocational functioning at an age-appropriate or self-sustaining level, as demonstrated by circumstances such as:

- Chronic or significant school attendance difficulties;
- Inability to participate consistently in the educational setting;
- Repeated suspensions;
- Expulsion; and/or
- Other significant impairment in educational or vocational functioning.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Medical Necessity

CF-ACTT admission must be supported by clinical documentation demonstrating that the member's diagnosis, functional impairment, and individual treatment needs require the intensity and scope of CF-ACTT services and that the service is medically necessary and appropriate for the member's identified needs.

Continued Stay Criteria:
Medicaid shall cover a continued stay if the desired outcome or level of functioning for the beneficiary or family has not been restored, improved, or sustained over the time frame outlined in the beneficiary's Primary Care Physician or the beneficiary or family continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains;
AND
One of the following applies:
a. The beneficiary or family has achieved current PCP goals and additional goals are indicated as evidenced by documented symptoms;
b. The beneficiary or family is making satisfactory progress toward meeting goals and there is documentation that supports continuation of this service that will be effective in addressing the goals outlined in the PCP;
c. The beneficiary or family is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the beneficiary's pre-morbid or potential level of functioning, are possible;
d. The beneficiary or family fails to make progress or demonstrates regression in meeting goals through the interventions outlined in the PCP. (In this case, the beneficiary's diagnosis must be reassessed to identify any unrecognized co-occurring disorders, and treatment recommendations should be revised based on the findings); or
e. If the beneficiary is functioning effectively with this service and discharge would otherwise be indicated, the CF-ACT team services must be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn.

The decision must be based on either of the following:
1. The beneficiary has a documented history of regression in the absence of CF-ACT team services, or attempts to titrate team services downward have resulted in regression; or
2. There is an epidemiologically sound expectation that symptoms will persist, and that ongoing outreach treatment interventions are needed to sustain functional gains.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Note: Continued stay requests must include clinical documentation demonstrating care coordination and discharge/transition planning efforts between the CF-ACTT provider and Healthy Blue Care Together Care Manager. Submit documentation to indicate how discharge planning is being coordinated with Healthy Blue Care Together Care Manager.

Discharge Criteria

Beneficiary shall meet at least one of the following:

a. The beneficiary and team determine that CF-ACTT services are no longer needed based on the attainment of goals as identified in the person-centered plan and a less intensive level of care would adequately address current goals;

b. The beneficiary moves out of the catchment area and the CF-ACTT has facilitated the referral to either a new CF-ACTT provider or other appropriate mental health service in the new place of primary private residence and has assisted the beneficiary in the transition process;

c. The beneficiary and, if appropriate, the legally responsible person, choose to withdraw from services and documented attempts by the program to re-engage the beneficiary with the service have not been successful; or

d. The beneficiary and family have not demonstrated significant improvement following reassessment and several adjustments to the treatment plan over at least three months and:

1. Alternative treatment or providers have been identified that are deemed necessary and are expected to result in greater improvement; or
2. The beneficiary's behavior has worsened, such that continued treatment is not anticipated to result in sustainable change; or
3. More intensive levels of care are indicated.

Service Exclusions

The following services may **not** be provided concurrently with CF-ACTT:

a. Individual, Group, or Family Outpatient Services;
b. Outpatient Medication Management;
c. Outpatient Psychiatric Services;
d. Mobile Crisis Management;
e. Intensive In-Home Services*;
f. Child Residential Treatment services–Levels II Program Type through Level IV*;

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)	**Current Effective Date:** 12/01/2026
Status: Active	**Last Review Date:** 09/24/2026

g. Partial Hospitalization;
h. Psychiatric Residential Treatment Facility (PRTF);
i. Day Treatment Services*;
j. Substance Abuse Residential Services;
k. Multisystemic Therapy (MST)*;
l. Substance Abuse Intensive Outpatient Program (SAIOP); or
m. Inpatient hospitalization

CF-ACTT is intended to replace, not supplement, these services during active enrollment.

***30-Day Transition Exception**

CF-ACTT services may be billed for up to 30 calendar days when a beneficiary is transitioning to or from:

- Intensive In Home Services (IIHS)
- Day Treatment
- Child Residential Treatment Levels II Program Type- Level IV
- Multisystemic Therapy (MST)

The transition must be documented in the **Person-Centered Plan**. Concurrent billing beyond 30 days is not permitted.

Child ACTT is intended to be a bundled comprehensive service that meets all treatment needs of the members so other services other than previously referenced during a transition period are excluded from co-occurrence. Inpatient, Facility Based Crisis, and Emergency Department Services can still be accessed as medically necessary for crisis stabilizations.

Utilization Management:

Prior Authorization (PA) is required before starting service; up to 12 weeks initial; 8 weeks concurrent
Unit of Service: 1 unit per week
Anticipated Units of Service per Person: 28 units; 6 months

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Documentation requirements:

1. Prior Authorization Request (PAR)
2. Comprehensive Clinical Assessment (CCA) (plus ASAM if applicable)
3. Person-Centered Plan (PCP)/Treatment Plan
4. Service Order is required and must be written by a Medical Doctor (MD), Doctor of Osteopathic Medicine (OD), Licensed Psychologist, Nurse Practitioner (NP), or Physician Assistant.
5. Continued stay requests must include clinical documentation demonstrating care coordination and discharge/transition planning efforts between CF-ACTT provider and Healthy Blue Care Together Care Manager. Submit documentation to indicate how discharge planning is being coordinated with Healthy Blue Care Together Care Manager.

Treatment Plan: Everyone receiving Child ACTT services is required to have a Person-Centered Plan (PCP) that is fully complete prior to or on the first date of service. The PCP must meet all of the requirements, including an enhanced crisis plan, as outlined in the NC PCP Instruction Manual. The amount, duration, and frequency of the service must be included in the PCP.

Service Documentation: A full-service note that meets the requirements per APSM 45-2 is required for each contact or intervention.

Early Periodic Screening, Diagnosis and Treatment (EPSDT) will be considered as necessary on an individual member basis for Medicaid Beneficiaries under 21 years of age.

EPSDT Special Provision

Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age
42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act] Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:
1) That is unsafe, ineffective, or experimental or investigational.
2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

EPSDT and Prior Approval Requirements
1) If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2) IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the NC Tracks Provider Claims and Billing Assistance Guide, and on the EPSDT provider page. The Web addresses are specified below.

NC Tracks Provider Claims and Billing Assistance Guide: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: http://www.ncdhhs.gov/dma/epsdt/
Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Program Requirements

The Child-Focused ACT Team is the first line (and generally sole provider) of all the behavioral health services that a member needs. Being the single point of responsibility requires a higher frequency and intensity of community-based contacts and a very low member-to-staff ratio.

A member who is appropriate for this service needs assertive engagement to develop motivation for treatment. The member does not benefit from receiving services across multiple, disconnected providers and may be at greater risk of hospitalization, out-of-home placement, substance use, victimization, and juvenile justice involvement.

The team provides person-centered services addressing all the members' behavioral health needs, helping them achieve their personal goals. The team includes the family/caregiver. Services are flexible; teams offer varying levels of care for all members and appropriately adjust service levels given a member's changing needs over time.

Services address needs in multiple life domains, including family life and social relationships, health, housing, substance use, medication support, financial, activities of daily living, educational/vocational, and wellness self management/relapse prevention.

Treatment interventions must include evidence-based treatment with the methodologies appropriate for the current needs of the member:

- Trauma Systems Therapy (underlying organization-wide treatment model)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- Attachment Self-Regulation and Competency (ARC)
- Wellness Recovery Action Plan (WRAP)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Seven Challenges

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

- Other models as determined by youth/family needs

The majority (minimum of 80%) of CF-ACTT services must be provided in the home or other community settings. The team members providing direct interventions to the child and family may vary based on the needs of the individual. The team shall have daily meetings to prioritize activities, share information, and discuss individual members. The team shall be available to respond 24/7 for crisis de-escalation and assessment, inclusive of availability by phone within 15 minutes and face-to-face within one to two hours. The intervention shall include face-to-face assessment by a clinician, or nurse if this is determined to be needed for the individual. The psychiatric prescriber shall be available minimally by phone 24/7 for consultation and treatment recommendations. The team shall continually assess the overall needs of the family to ensure that all necessary treatment and supports are in place. It is expected that members will reduce the amount of time spent in residential settings and become more integrated within their own community.

Service Frequency and Intensity: CF-ACTT is an individualized, flexible service. The frequency and intensity of contacts shall increase or decrease based on the member's current clinical needs, risk of hospitalization or out-of-home placement, progress toward treatment goals, and readiness for step-down. Across the team's active caseload, providers should demonstrate an average of at least **1.5 direct contacts per member per week and at least 60 minutes of direct service per member per week**. Youth experiencing clinical escalation or increased risk of hospitalization or placement should generally receive approximately **three or more direct contacts per week**, as clinically indicated. Members approaching transition to a lower level of care may require fewer contacts, but should receive at least one clinically meaningful direct contact during an active service week unless otherwise documented.

Program Size:
a. Small teams: serve a maximum of 40 beneficiaries, with 1 team member per 8 or fewer beneficiaries (must have at least 5 staff if team is full)
b. Mid-Size Teams: serve a maximum of 63 beneficiaries with 1 team member per 9 or fewer beneficiaries (must have at least 7 staff if team is full)
c. Large teams: serve 75-120 beneficiaries, with 1 team member per 9 or fewer beneficiaries

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

In addition, the following outcomes are anticipated:

a. Increased adherence to treatment/care plan.
b. Vocational/educational gains.
c. Increased stay in their community residence with family or natural supports.
d. Family or natural supports will be more involved/engaged with the youth and their treatment.
e. Increased engagement in positive supportive activities.

Staffing Requirements

CF-ACTT Staffing, Credentialing, Supervision, and Training Requirements

Purpose and Application

This section establishes consolidated staffing, qualification, credentialing, supervision, and training requirements for the CF-ACTT team.

Staffing Overview

Position	Staffing Level	Requirement/Use
Team Leader	1.0 FTE	Required; one individual dedicated to the CF-ACTT team.
Psychiatric Care Provider	0.25 FTE	Mandatory; does not count toward the minimum five-FTE core staffing requirement. Staffing above 0.25 FTE should increase as clinically necessary based on census, acuity, and medication-management needs.
Nursing	1.0 FTE	Required.
Licensed Clinician	1.0 FTE	Required.
Behavioral Specialist	0.5 FTE	May count toward the additional two required FTE

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Position	Staffing Level	Requirement/Use
		for a small team or additional staffing for a mid-sized team.
Case Coordinator	1.0 FTE	May count toward the additional two required FTE for a small team or additional staffing for a mid-sized team.
Family Advocate	0.25-0.5 FTE	May count toward the additional two required FTE for a small team or additional staffing for a mid-sized team.
Peer Specialist - Youth	0.25-0.5 FTE	May count toward the additional two required FTE for a small team or additional staffing for a mid-sized team.
Substance Use Specialist	PRN	May count toward the additional two required FTE for a small team or additional staffing for a mid-sized team.

Requirements Applicable Across Positions

Credentialing and Verification

For licensed staff, the provider must ensure completion of the required credentialing process and maintenance of current licensure. Provider organizations shall complete CAQH and, when applicable, NCTracks, NCID, and NPI requirements and submit the credentialing application. For positions subject to education and experience verification, provider organizations must complete primary-source verification of education and verify experience. Determination of paraprofessional, associate professional, or qualified professional status must comply with applicable agency policies, procedures, and North

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Carolina General Statutes. Providers are responsible for ensuring that staff possess the knowledge, skills, and abilities appropriate to the population and age served.

Supervision

All team members receive ongoing clinical and administrative supervision from team leadership, with the Team Leader serving as the primary clinical supervisor. Supervision is based on staff licensure. Non-licensed staff receive scheduled supervision bi-weekly, individually or in a group format, and no staff member may go without a supervision session during any month.

Position-Specific Qualifications

1. Team Leader

Staffing: 1.0 FTE; one individual dedicated to the CF-ACTT team.
The Team Leader must have at least three years of clinical experience with children with SED and a minimum of two years of post-graduate school experience. The Team Leader must be a licensed mental health professional holding one of the following licenses:

Licensed psychologist
Licensed psychological associate
Licensed clinical social worker
Licensed clinical mental health counselor
Licensed marriage and family therapist
Licensed psychiatric nurse practitioner
Clinical nurse specialist certified as an advanced practice psychiatric clinical nurse specialist

2. Psychiatric Care Provider

Staffing: 0.25 FTE per CF-ACTT team; mandatory and excluded from the minimum five-FTE core staffing requirement.
The psychiatric provider must be board-eligible or certified by the American Board of Psychiatry and Neurology, licensed to practice in North Carolina, and meet the credentialing and qualification requirements specified in NCAC 27G .0104(16).
Psychiatrist: must be a child and adolescent psychiatrist.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Psychiatric nurse practitioner: must be currently licensed as a nurse practitioner in North Carolina, meet 21 NCAC 36.0800 approval and practice-parameter requirements, and have at least three years of full-time experience treating children with SED.
Physician assistant: must be currently licensed as a physician assistant in North Carolina, meet 21 NCAC 32S.0200 requirements, and have at least three years of full-time experience treating children with SED.

3. Nursing

Staffing: Required 1.0 FTE.
A Registered Nurse (RN) or Advanced Practice Registered Nurse (APRN) must have at least one year of experience working with children with SED and a working knowledge of psychiatric medications.

4. Licensed Clinician

Staffing: Required 1.0 FTE.
The Licensed Clinician must have at least one year of experience working with children with SED and must be a licensed mental health professional holding one of the following licenses:

Licensed psychologist
Licensed psychological associate
Licensed clinical social worker
Licensed clinical mental health counselor
Licensed marriage and family therapist
Licensed psychiatric nurse practitioner
Clinical nurse specialist certified as an advanced practice psychiatric clinical nurse specialist
An associate-level licensed professional must be fully licensed within 30 months from the date of hire.

5. Behavioral Specialist

Staffing: 0.5 FTE.
The Behavioral Specialist must qualify as a QP or AP and have at least one year of experience working with children/adolescents with SED.

6. Case Coordinator

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Staffing: 1.0 FTE.
Staff providing case coordination must meet requirements as an associate licensed professional or licensed professional and have at least one year of experience with children with SED. An associate-level licensed professional must be fully licensed within 30 months from the date of hire.

7. Family Advocate
Staffing: 0.25-0.5 FTE.
Each team must include Family Advocate capacity. The individual must have lived experience and a personal recovery story specific to being a caregiver for a child/adolescent with SED, so that the advocate's experience is commensurate with the population served.

8. Peer Specialist - Youth
Staffing: 0.25-0.5 FTE; minimum age 18.
The Peer Specialist must have lived experience and a personal recovery story specific to child/adolescent SED, so that the specialist's experience is commensurate with the population served.

9. Substance Use Specialist
Staffing: PRN.
The team must include substance use expertise when serving youth with a primary substance use disorder (SUD) diagnosis if that expertise is not within the scope of the Team Leader or other clinicians on the team. Individuals providing substance use expertise must meet qualified professional credentials and qualifications under 10A NCAC 27G.0104(19) and hold an applicable designation/credential identified in the source, including:
Certified clinical supervisor
Licensed clinical addiction specialist
Licensed clinical addiction specialist associate
Certified substance abuse counselor

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Training Requirements

The following requirements consolidate the position-specific training expectations in the source. Continuing education required for professional licensure remains applicable.

Position	Required Training
Team Leader	Crisis Response - 3 hrs; Person-Centered Thinking - 12 hrs; Introductory Motivational Interviewing - 13 hrs; System of Care - 11 hrs; Person-Centered Plan Instructional Elements - 3 hrs; Alternatives to Restrictive Interventions - 8 hrs; empirically supported model-of-care training - 50 total hrs, plus modality-specific training; additional 3 hrs aligned with Team Leader expertise; annual model-of-care training.
Psychiatric Care Provider	Person-Centered Thinking - 12 hrs; Alternatives to Restrictive Interventions - 8 hrs. Total: 20 hrs. Continuing education as required for licensure.
Nursing	Alternatives to Restrictive Interventions - 8 hrs; Person-Centered Thinking - 12 hrs. Total: 20 hrs. Continuing education as required for licensure.
Licensed Clinician	Crisis Response - 3 hrs; Person-Centered Thinking - 12 hrs; Introductory Motivational Interviewing - 13 hrs; System of Care - 11 hrs; Person-Centered Planning Instructional Elements - 3 hrs; Alternatives to Restrictive Interventions - 8 hrs; empirically supported model-of-care training - 50 total hrs, plus modality-specific training; additional 3 hrs aligned with expertise; annual model-of-care training; Alternatives to Restrictive Interventions refresher.
Behavioral Specialist	Crisis Response - 3 hrs; Person-Centered Thinking - 12 hrs; Introductory Motivational Interviewing - 13 hrs; System of Care - 11 hrs; Alternatives to Restrictive Interventions - 8 hrs; empirically supported model-of-care training - 47 total hrs, plus modality-specific training; additional 3 hrs aligned with expertise; annual model-of-care training; Alternatives to Restrictive Interventions refresher.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

Position	Required Training
Case Coordinator	Crisis Response - 3 hrs; Person-Centered Thinking - 12 hrs; Introductory Motivational Interviewing - 13 hrs; System of Care - 11 hrs; Person-Centered Planning Instructional Elements - 3 hrs; Alternatives to Restrictive Interventions - 8 hrs; empirically supported model-of-care training - 50 total hrs, plus modality-specific training; additional 3 hrs aligned with expertise; annual model-of-care training; Alternatives to Restrictive Interventions refresher.
Family Advocate	Family Partner 101, provided by NC Families United - 24 hrs; additional 16 hrs of Peer 2 Peer training within six months after hire.
Peer Specialist - Youth	Peer 2 Peer Training, provided by NC Families United - 32 hrs; additional 16 hrs of Peer 2 Peer training within six months after hire.
Substance Use Specialist	Crisis Response - 3 hrs; Person-Centered Thinking - 12 hrs; Introductory Motivational Interviewing - 13 hrs; System of Care - 11 hrs; Person-Centered Planning Instructional Elements - 3 hrs; Alternatives to Restrictive Interventions - 8 hrs; and training in at least one empirically supported model of care. 50 total hours (plus any specific training required for the treatment modality being used by the team) Additional three hours of training that fits with expertise; annual training as required by the model of care and Alternatives to Restrictive Interventions Refresher.

Implementation Notes

- Staffing levels shown above are stated as FTE or PRN requirements as provided in the source material.
- The Psychiatric Care Provider is mandatory but does not count toward the minimum five-FTE core staffing requirement; staffing above 0.25 FTE should increase as clinically necessary based on team census, acuity, and medication-management needs.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

- Behavioral Specialist, Case Coordinator, Family Advocate, Peer Specialist - Youth, and Substance Use Specialist staffing may be used toward the additional two required FTE for a small team or toward additional staffing for a mid-sized team, as applicable.
- Required initial CF-ACTT training shall be completed within 90–120 calendar days of hire or assignment to the team, unless the training is unavailable within that period. Any exception must be documented, and staff may not independently perform functions for which competency has not been established. Alternatives to Restrictive Interventions and crisis/safety training should be completed before independent crisis-response duties are employed.

Coding			
Procedure Code	**Service Description**	**Rate**	**Billing Frequency**
H0040 U5 HA H0040U5 HA TS (Encounter)	Child-Focused Assertive Community Treatment Team (CF-ACTT)	Based on Fee Schedule or Contract	1 unit =1 week

Note: Encounter data is expected to be submitted weekly and documentation should demonstrate an average of at least **1.5 direct contacts per member per week and at least 60 minutes of direct service per member per week**. Youth experiencing clinical escalation or increased risk of hospitalization or placement should generally receive approximately **three or more direct contacts per week**, as clinically indicated. Members approaching transition to a lower level of care may require fewer contacts but should receive at least one clinically meaningful direct contact during an active service week unless otherwise documented.

Discussion/General Information

CF-ACTT services are primarily provided in the community. A fundamental feature of CF-ACTT is that services are delivered in the member/family's natural environment, rather than the member/family going to an office or clinic setting to receive services. Services shall be delivered in various natural environments, such as homes, schools, court, homeless

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

shelters, libraries, street locations, and other community settings. Some supportive coordination activities, such as researching community supports, may be delivered through Child ACTT. Obtaining progress updates from other treatment providers may be done from the provider's office setting.

Whenever appropriate, coordination may occur in the community with the families or during Child and Family Team meetings. All encounter claims shall accurately reflect the setting in which they were provided. Child ACTT also includes telephone time with the member and the member's family or caregivers, as well as collateral contact with people who assist the member in meeting the goals specified in the person-centered plan. Child ACT Team includes participation and ongoing clinical involvement with the Child and Family Team and meetings for the planning, development, implementation, and revision of the member's person-centered plan.

Description of Monitoring Activities

- Quality monitoring through quality-of-care reviews and audits on a quarterly basis
- Compliance monitoring through Risk Management program, Issues Management Program, and vendor oversight monitoring.
- Monitor cost effectiveness by tracking utilization and expenditures.

Acronyms

ILOS: In Lieu of Services
CCP: Clinical Coverage Policy
PCP: Person Centered Plan

Definitions

In Lieu of Services (ILOS): Services or settings that are not covered under the North Carolina Medicaid State Plan but are a medically appropriate, cost-effective alternative to a State Plan covered service.

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

References

Centers for Medicare & Medicaid Services. (n.d.). *In Lieu of Services and Settings (ILOS).* Federal guidance pursuant to 42 C.F.R. § 438.3(e)(2) and 42 C.F.R. § 438.6.NC

NC Medicaid Assertive Community Treatment (ACT) Program Clinical Coverage Policy 8A-1(Amended January 1, 2025)

NC Medicaid/DHHS Clinical Coverage Policy 8A — Enhanced Mental Health and Substance Abuse Services (Amended Jan 1, 2025).

NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C

DMH/DD/SAS Records Management and Documentation Manual 45-2 (RMDM) Items 1 through 12, under Contents of a Service Note, Chapter 7 of the RMDM.

Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act].

Websites for Additional Information

NC Tracks Provider Claims and Billing Assistance Guide:
https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: https://medicaid.ncdhhs.gov/epsdt

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026

Subject: In Lieu of Service (ILOS) Child Focused-Assertive Community Treatment Team (CF-ACTT)

Current Effective Date: 12/01/2026

Status: Active

Last Review Date: 09/24/2026

History		
Status	**Date**	**Action**
Draft	08/18/2026	Revised
Approved	09/24/2026	Approved by the Medical Operation Committee (MOC)

Healthy Blue and Healthy Blue Care Together are Medicaid plans offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.
NC-HB-CDFC-022607-26-GRP6194 October 2026