

## **Multisystemic Therapy (MST) Medicaid Billable Service**

### **Service Definition and Required Components**

Multisystemic Therapy (MST) is a program designed for youth generally between the ages 7 through 17 who have antisocial, aggressive/violent behaviors, are at risk of out-of-home placement due to delinquency and/or; adjudicated youth returning from out-of-home placement and/or; chronic or violent juvenile offenders, and/or youth with serious emotional disturbances or abusing substances and their families. MST provides an intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. The purpose of this program is to keep youth in the home by delivering an intensive therapy to the family within the home. Services are provided through a team approach to youth and their families. Services include: an initial assessment to identify the focus of the MST intervention; individual therapeutic interventions with the youth and family; peer intervention; case management; and crisis stabilization. Specialized therapeutic and rehabilitative interventions are available to address special areas such as substance abuse, sexual abuse, sex offending, and domestic violence. Services are available in-home, at school, and in other community settings. The duration of MST intervention is three to five (3 to 5) months. MST involves families and other systems such as the school, probation officers, extended families, and community connections.

MST services are delivered in a team approach designed to address the identified needs of children and adolescents with significant behavioral problems who are transitioning from out of home placements or are at risk of out-of-home placement and need intensive interventions to remain stable in the community. This population has access to a variety of interventions twenty four (24/7) hours a day by staff that will maintain contact and intervene as one organizational unit.

This team approach is structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains: adaptive, communication, psychosocial, problem solving, behavior management, etc. The service promotes the family's capacity to monitor and manage the youth's behavior.

A service order for MST must be completed by a physician, licensed psychologist, physician's assistant or nurse practitioner according to their scope of practice prior to or on the day that the services are to be provided.

### **Provider Requirements**

MST services must be delivered by practitioners employed by a mental health/substance abuse provider organization that meets the provider qualification policies, procedures, and standards established by DMH and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the LME. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.

MST providers must have the ability to deliver services in various environments, such as homes, schools, detention centers and jails (state funds only), homeless shelters, street locations, etc.

Organizations that provide MST must provide "first responder" crisis response on a 24/7/365 basis to consumers who are receiving this service

### **Staffing Requirements**

This service model includes at a minimum a master's level QP who is the team supervisor and three (3) QP staff who provide available 24-hour coverage, 7 days per week. Staff is required to participate in MST introductory training and quarterly training on topics directly related to the needs of MST youth and their family on an ongoing basis. All staff on the MST team shall receive a minimum of one (1) hour of group supervision and one (1) hour of telephone consultation per week. MST team member to family ratio shall not exceed one to five (1 to 5) for each member.

### **Service Type/Setting**

MST is a direct and indirect periodic service where the MST worker provides direct intervention and also arranges, coordinates, and monitors services on behalf of the recipient. This service is provided in any location. MST services are provided in a range of community settings such as recipient's home, school, homeless shelters, libraries, etc. MST also includes telephone time with the individual recipient and collateral contact with persons who assist the recipient in meeting their goals specified in their Person Centered Plan.

**Note:** For all services, federal Medicaid regulations will deny Medicaid payment for services delivered to inmates of public correctional institutions or for patients in facilities with more than 16 beds that are classified as Institutions of Mental Diseases.

### **Clinical Requirements**

For registered recipients, a minimum of twelve (12) contacts must occur within the first month. For the second and third months of MST, an average of six (6) contacts per month must occur. It is the expectation that service frequency will be titrated over the last two (2) months.

Units will be billed in fifteen (15) minute increments.

Program services are primarily delivered face-to-face with the consumer and/or their family and in locations outside the agency's facility. The aggregate services that have been delivered by the agency will be assessed annually for each provider agency using the following quality assurance benchmarks:

- A minimum of fifty percent (50%) of the contacts occur face-to-face with the youth and/or family. The remaining units may either be phone or collateral contacts; and
- A minimum of sixty percent (60%) or more of staff time must be spent working outside of the agency's facility, with or on behalf of consumers.

### **Utilization Management**

Authorization by the statewide vendor is required. The amount, duration, and frequency of the service must be included in an individual's Person Centered Plan. The initial authorization for services may not exceed thirty (30) days. Reauthorization will occur within a minimum sixty (60) days thereafter and is so documented in the Person Centered Plan and service record.

If it is a Medicaid covered service, utilization management will be done by the statewide vendor. If it is a non-covered Medicaid service or non-Medicaid client, then the utilization review will be done by the LME.

A maximum of thirty-two (32) units of MST services can be provided in a twenty-four (24) hour period. No more than 480 units of services can be provided to an individual in a three (3) month period unless specific authorization for exceeding this limit is approved.

**Entrance Criteria**

- A. There is an Axis I or II diagnosis present, other than a sole diagnosis of Developmental Disability.

**AND**

- B. The youth should be between the ages of 7 through 17.

**AND**

- C. The youth displays willful behavioral misconduct (e.g., theft, property destruction, assault, truancy or substance use/abuse or juvenile sex offense), when in conjunction with other adjudicated delinquent behaviors

**AND**

- D. The youth is at imminent risk of out-of-home placement or is currently in out-of-home placement due to delinquency and reunification is imminent within thirty (30) days of referral.

**AND**

- E. The youth has a caregiver that is willing to assume long term parenting role and caregiver who is willing to participate with service providers for the duration of the treatment.

**Continued Stay Criteria**

The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the youth's Person Centered Plan or the youth continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Youth continues to exhibit willful behavioral misconduct.

**AND**

- B. There is a reasonable expectation that the youth will continue to make progress in reaching overarching goals identified in MST in the first four (4) weeks.

**OR**

- C. Youth is not making progress; the Person Centered Plan must be modified to identify more effective interventions.

**OR**

- D. Youth is regressing; the Person Centered Plan must be modified to identify more effective interventions.

**Discharge Criteria**

Youth's level of functioning has improved with respect to the goals outlined in the Person Centered Plan, or no longer benefits from this service. The decision should be based on one of the following:

- A. Youth has achieved seventy-five percent (75%) of the Person Centered Plan goals, discharge to a lower level of care is indicated.
- B. Youth is not making progress or is regressing, and all realistic treatment options within this modality have been exhausted.
- C. The youth/family requests discharge and is not imminently dangerous to self or others
- D. The youth requires a higher level of care (i.e., inpatient hospitalization or PRTF).

**Note:** Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.

### **Documentation Requirements**

Minimum standard is a daily full service note that includes the recipient's name, Medicaid identification number, date of service, purpose of contact, describes the provider's intervention, the time spent performing the intervention, the effectiveness of interventions and the signature of the staff providing the service.

### **Expected Outcomes**

The youth has improved in domains such as: adaptive, communication, psychosocial, problem solving and behavior, willful behavioral misconduct has been reduced/eliminated (e.g. theft, property destruction, assault, truancy or substance abuse/use, or juvenile sex offense, when in conjunction with other delinquent behaviors) The family has increased capacity to monitor and manage the youth's behavior; need for out of home placement has been reduced/eliminated.

### **Service Exclusions/Limitations**

An individual can receive MST services from only one MST provider organization at a time.

MST services can not be billed for individuals who are receiving Community Support, Intensive In-Home Services, Day Treatment, Hourly Respite, individual, group or family therapy, SAIOP, living in Level II-IV Child residential, or substance abuse residential placements except as specified below:

**Service Limitation:** CS can be billed for a maximum of 8 units per month in accordance with the person centered plan for individuals who are receiving MST services for the purpose of facilitating transition to the service, admission to the service, meeting with the person as soon as possible upon admission, providing coordination during the provision of service, ensuring that the service provider works directly with the CS profession and discharge planning.

**Note:** For recipients under the age of 21, additional products, services, or procedures may be requested even if they do not appear in the N.C. State Plan or when coverage is limited to those over 21 years of age. Service limitations on scope, amount, or frequency described in the coverage policy may not apply if the product, service, or procedure is medically necessary.