

This document is archived and is maintained for historical, research or recordkeeping purposes only.

Behavioral Health Rehabilitation

PUBLIC COMMENT SUMMARY

ND Medicaid posts updates to ND Medicaid provider and coverage policies for a period of two (2) weeks to allow providers and the public to comment on the policy updates. This is a summary of the comments and responses for the Behavioral Health Rehabilitation policy coverage updates. Similar statements have been combined to avoid duplication of responses.

Thank you for participating in the public comment process.

FEEDBACK AND RESPONSES

1. Recommendation to remove or increase limits on Behavioral Intervention (H2019).

Response: Based on feedback, Behavioral Intervention limits have been increased to 168 units per calendar year. These limits apply to H2019 and can be exceeded with a service authorization showing medical necessity for three months at a time. These limits do not apply to [Autism Applied Behavioral Analysis services](#).

The proposed annual limits are expected to impact less than 2% of members who receive Behavioral Health Rehab services. Based on calendar year 2024, approximately 200 of 11,449 members would have been affected by the new limits.

Services authorizations should be submitted before units are exceeded. Service authorizations are generally processed within 5 business days. If a service authorization is not approved or denied within 5 business days of submission, please reach out to dhsserviceauth@nd.gov for more information.

2. Recommendation to remove or increase limits on all Behavioral Health Rehabilitation services.

Response: In addition to increasing Behavioral Intervention limits, limits on Crisis Intervention have been removed based on public comment feedback.

Behavioral health rehabilitative services are designed to be provided on a short-term basis and in most cases, should not be considered a pattern of long-term care. All service limits may be exceeded with a service authorization showing medical necessity.

3. Recommendation to add Licensed Associate Professional Counselors (LAPCs) to the list of Other Licensed Providers (OLPs).

Response: OLPs in Medicaid must be independently licensed. Because LAPCs must practice under the supervision of an LPC according to [Chapter 43-47](#) of North Dakota Century Code, they cannot be recognized as OLPs.

The same is not true of Licensed Master Social Workers (LMSWs). LMSWs are not required to be supervised by a higher-level practitioner. While LMSWs may not practice independently by operating their own practice, there is nothing in North Dakota Century or Administrative Code that requires them to be supervised. See [ND Board of Social Work Examiners guidance](#).

4. Recommendation to add explicit language around which services Licensed Master Social Workers (LMSWs) can perform and when the supervision of a Licensed Clinical Social Worker is needed.

Response: The policy states that providers must operate within their scope of practice. LMSWs do not require supervision by a Licensed Clinical Social Worker (LCSW). See <https://www.ndbswe.com/regulations/supervision.asp>.

5. Recommendation to refine language in certain service descriptions.

Response: Thank you for your feedback.

6. Recommendation to add documentation requirements for telehealth services.

Response: Telehealth specific requirements are listed in the [Telehealth policy](#).