

§ 108D-35. Services covered by PHPs.

Capitated PHP contracts shall cover all Medicaid and NC Health Choice services, including physical health services, prescription drugs, long-term services and supports, and behavioral health services for NC Health Choice recipients, except as otherwise provided in this section. The capitated contracts required by this section shall not cover:

- (1) Medicaid services covered by the local management entities/managed care organizations (LME/MCOs) under the combined 1915(b) and (c) waivers shall not be covered under a standard benefit plan, except that all capitated PHP contracts shall cover the following services:
 - a. Inpatient behavioral health services.
 - b. Outpatient behavioral health emergency room services.
 - c. Outpatient behavioral health services provided by direct-enrolled providers.
 - d. Mobile crisis management services.
 - e. Facility-based crisis services for children and adolescents.
 - f. Professional treatment services in a facility-based crisis program.
 - g. Outpatient opioid treatment services.
 - h. Ambulatory detoxification services.
 - i. Nonhospital medical detoxification services.
 - j. Partial hospitalization.
 - k. Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization.
 - l. Research-based intensive behavioral health treatment.
 - m. Diagnostic assessment services.
 - n. Early and Periodic Screening, Diagnosis, and Treatment services.
 - o. Peer support services.
 - p. (For contingency, see editor's note) Behavioral health urgent care services.

In accordance with this subdivision, 1915(b)(3) services shall not be covered under a standard benefit plan.

- (2) Dental services.
- (3) Services provided through the Program of All-Inclusive Care for the Elderly (PACE).
- (4) Services documented in an individualized education program, as defined in G.S. 115C-106.3, or other document described in the Medicaid State Plan, and provided or billed by a local education agency, as defined in G.S. 115C-106.3.
- (5) Services documented in an individualized family service plan under the Individuals with Disabilities Education Act, 20 U.S.C. § 1436, that are provided and billed by a Children's Developmental Services Agency or by a provider contracted with a Children's Developmental Services Agency to provide those services.
- (6) Services for Medicaid program applicants during the period of time prior to eligibility determination.
- (7) The fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses, and ophthalmic frames. (2015-245, s. 4; 2016-121, s. 2(b); 2017-57, s. 11H.17(a); 2017-186, s. 4; 2018-48, s. 1; 2019-81, ss. 12, 14(a); 2021-62, ss. 3.2, 4.9(a); 2021-180, s. 9F.11(c).)