North Dakota Department of Human Services
Interim Health Services Committee
Senator Judy Lee, Chairman
July 27, 2016

Chairman Lee and members of the Health Services Committee, I am Tammy Zachmeier, Utilization Review Administrator in the Medical Services Division for the Department of Human Services (DHS/Department). I appear before you to provide a comparison of the referral requirements for Medicaid reimbursement of the various behavioral health professions, including information regarding the length of time services may be reimbursed. This information is summarized in the following table:

Practitioner	**Referral**	**Length of Service/Limit**
Other Practitioner's in State Plan		
Licensed Psychologists	None	40 visits per year*
LICSW	None	40 visits per year*
LMFT (state plan approved January 1, 2016)	None	40 visits per year*
LPCC (state plan approved January 1, 2016)	None	40 visits per year*
Rehabilitative Services in State Plan**		
Licensed Addiction Counselor, Behavior Modification Specialist, Licensed Social Worker, Licensed Clinical Social Worker, Licensed Occupational Therapist, Certified Occupational Therapy Assistant, Licensed Professional Counselor, Licensed Associate Professional Counselor, Licensed Professional Clinical Counselor, Mental Health Technician	Licensed Practitioner of the Healing Arts	Services to families in crisis and at risk of disruption are limited to no more than six months of services (per occurrence) unless approval is received from the Department of Human Services.

*Limits can be exceeded, based on medical necessity, and if the provider requests and receives prior authorization from the Department.

** The following requirements must be met before Rehabilitative Services can be provided through the Medicaid Program:

1. The recipient must be eligible for the Medicaid Program;
2. The service must be recommended by a practitioner of the healing arts within the scope of their practice under state law by providers affiliated with the Department of Human Services;
3. The recipient must have a mental health or substance abuse disorder, and must have one of the following circumstances:
   a) Be at risk of entering or reentering a mental health facility or hospital; or
   b) Require medication management and consultation to ensure the maintenance of his/her best functioning level.
4. The recipient must be from a family that is in crisis and at risk of major dysfunction that could lead to disruption of the current family makeup or in a family that has experienced a disruption that has resulted in disruption of the family; or

   The recipient is in need of mental health, substance abuse or behavioral intervention and management services that are provided by qualified entities; or

The recipient has recently been released from the State mental facility into a transitional residential setting of not more than 16 beds.

I would be happy to address any questions that you may have.