



# Medical Necessity Criteria 2011

## Table of Contents

<u>Section</u>	<u>Page</u>
Day Treatment.....	3
Introduction to Community Based Services (CBS) .....	5
Florida Community Based Services (CBS).....	10
Georgia Community Based Services (CBS) .....	30
Kansas Community Based Services (CBS).....	74
Massachusetts Community Based Services (CBS) .....	83
Texas Community Based Services (CBS).....	111
Medicare Community Based Services (CBS).....	123

## **Day Treatment**

### ***Quality of Care Standards***

*Criteria must be applied for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition and the standards of good medical practice.

#### **I. Admission Criteria (all must be met):**

- A. The individual has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, axes I-V. The individual demonstrates symptoms that require interventions that cannot adequately be provided in a lower level of care.
- B. The individual has a longstanding psychiatric disorder and is experiencing a worsening of symptoms of that disorder (behaviors, mood, psychotic thinking) and there is significant functional impairment.
- C. Traditional mental health services have been attempted (i.e. individual/group/family therapy, medication management) and are inadequate to prevent the functional deterioration.
- D. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope, and duration as well as specific interventions must be documented in the treatment plan and progress notes.
- E. The individual demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy and the appropriate use of community resources.

#### **II. Continued Stay Criteria (all must be met):**

- A. Validated DSM-IV diagnosis which continues to have a broad and persistent negative effect on the individual's functioning.
- B. The treatment plan is regularly updated and documents the individual's functional status changes and documents modifications to the treatment plan in response to changing functional status or lack of progress.
- C. The individual is making progress toward treatment goals as evidenced by a lessening of symptoms and stabilization of functioning but goals of treatment have not yet been achieved.
- D. Discharge planning and coordination is documented.
- E. Services provided are time-limited in nature and tailored to assist in developing autonomy in the least restrictive environment.

#### **III. Discharge Criteria (any one of the criteria is met):**

- A. The individual no longer meets continued stay criteria.

- B. The individual appears able to function and remain stable with diminished intensity of service. The risk of immediate functional deterioration is low.
- C. The individual becomes more acutely symptomatic and requires a higher level of care for stabilization.
- D. The individual fails to make progress toward treatment plan goals and no further progress is expected from this level of care.

## **Introduction to Community Based Services (CBS)**

Cenpatico created its Community Based Services Medical Necessity Criteria for use by the Cenpatico clinical staff and clinician consultants as well as Cenpatico's network of providers in making determinations regarding the appropriateness and the level of mental health and care medically necessary for individuals whose benefits are managed by Cenpatico. Criteria were developed based on state specific service descriptions and usage to ensure consistency in the delivery within each market. These criteria are reviewed and revised annually and have been approved by the Cenpatico Quality Improvement Committee, the corporate oversight committee. Upon receipt of the necessary clinical information including the assessment of the individual's biopsychosocial needs obtained from a face to face evaluation, Cenpatico clinical staff will make a medical necessity determination using these criteria. For mental health inpatient, RTC, PHP, IOP and outpatient counseling, Cenpatico utilizes InterQual criteria. For Chemical Dependency determinations, including ambulatory detoxification, Cenpatico utilizes the American Association of Addiction Medicine (ASAM) criteria except when other criteria are mandated by State law or contract. The medical necessity determinations will be consistent with Cenpatico's clinical practice guidelines and the prevailing standards of care. Cenpatico will communicate the decision to the member, provider, and/or facility.

Cenpatico is dedicated to the principle that behavioral health and substance abuse services should be provided at the least restrictive level of care while ensuring safety, effectiveness, and a focus on recovery and resiliency.

### **Medical Necessity Definition**

Cenpatico reviews mental health and substance abuse treatment for medical necessity. Cenpatico defines medical necessity as:

- Services by a provider to identify or treat an illness that has been diagnosed or suspected. The services are:
- A. consistent with the diagnosis and treatment of a condition and standards of good medical practice and
  - B. required for reasons other than convenience and
  - C. the most appropriate supply or level of service

Medical necessity determinations for admission to the higher levels of care require the intensity of service and severity of need criteria be met. Determinations for continued stay at these levels of care require the continued stay criteria be met.

## **Community Based Services (CBS), Child and Adolescent**

See [State Specific Criteria for Florida, Georgia, Kansas, Massachusetts and Texas](#)

These criteria are to be used in the absence of state/code specific MNC.

### **I. Intensity Guidelines:** (three (3) elements are evaluated):

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

### **II. Admission Guidelines (all must be met)**

1. The child has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, IV diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The child demonstrates imminent risk of out of home placement to a therapeutic setting due to functional impairments clearly linked to a mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one adult member of the child's family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.
7. The child demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

### **III. Continued Stay Guidelines (all must be met)**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the child's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.
3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.

4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

#### **IV. Discharge Criteria**

1. Child no longer meets continued stay criteria.
2. Child has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.

## **Community Based Services (CBS), Adult**

See State Specific Addendum for Florida, Georgia, Kansas, Massachusetts, Texas and Medicare

These criteria are to be used in the absence of state/code specific MNC.

### **I. Intensity Guidelines:** all three (3) elements are evaluated

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

### **II. Admission Guidelines (all must be met)**

1. The member has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, axes I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The member demonstrates an exacerbation of a longstanding psychiatric disorder the symptoms of which (e.g. thought disorder, mood disorder) result in significant functional impairments associated with the mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the member from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one member of the family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.
7. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

### **III. Continued Stay Guidelines (all must be met)**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.



3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria**

1. Member no longer meets continued stay criteria.
2. Member has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.

# Florida Community Based Services (CBS)

## Table of Contents

<u>Section</u>	<u>Page</u>
H2012: Behavioral Health Day Services .....	11
H2012: Behavioral Health Day Services (Ages 24 Months – 5 Years).....	13
H2017: Psychosocial Rehabilitation Services .....	15
T1017: Targeted Case Management (Adult) .....	17
T1017 HA: Targeted Case Management (Child).....	20
T1017 HK: Intensive Case Management Team Services .....	22
H2019 HO/HM/HN: Therapeutic Behavioral Onsite Services (Ages 5 – 21 Years) .....	24
H2019 HO/HM/HN: Therapeutic Behavioral Onsite Services (Ages 0 – 5 Years) .....	27

## **H2012: Behavioral Health Day Services**

### **I. Description of Services**

Designed to enable individuals to function successfully in the community in the least restrictive environment and to restore or enhance ability for personal, social and pre-vocational life management services. The context for this service is broader than that for group counseling, serving more members all at one time with greater variety and clinical objectives. The primary functions are stabilization of the symptoms related to a behavioral health disorder to reduce or eliminate the need for more intensive levels of care; to provide transitional treatment after an acute episode; or to provide a level of therapeutic intensity not possible in a traditional outpatient setting.

Individual and family therapy services must be provided by a master's level practitioner. Therapeutic care services must be provided, at a minimum, by a bachelor's level practitioner under the supervision of a master's level practitioner. Individual or group counseling services delivered as part of a substance abuse day treatment program must, at a minimum, be personally rendered by a substance abuse counselor or certified addictions professional. A licensed practitioner of the healing arts or master's prepared substance abuse professional must be available to provide clinical consultation for both mental health and substance abuse day treatment services during all hours of operation. Services must occur for a minimum of two hours per day, at least one of which must consist of individual, family, or group therapy (may be a combination of these services). Documentation must include at least a weekly summary progress note with exact dates and times of attendance; and a description of the clinical services and the member's response, with a focus on measurable outcomes and overall progress toward treatment goals.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-H must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The service must be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- C. The service must be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs.

- D. The service must be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.
- E. The service must be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
- F. The service must be furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider.
- G. Participation in psychosocial rehabilitation services is not solely for the purpose of satisfying legal requirements for treatment or services.
- H. The service must be provided to a member with an ICD-9-CM diagnosis in the following range: 290 through 298.9, 300 through 301.9, 302.7, 303 through 312.4 and 312.81 through 314.9, 315.3, 315.31, 315.5, 315.8, and 315.9.

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. The member is making adequate progress toward treatment goals as evidenced by a lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.

#### **V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The member has shown an increase in symptom severity and therefore requires services which are beyond the scope of the current treatment option.

## **H2012: Behavioral Health Day Services (Ages 24 Months – 5 Years)**

### **I. Description of Services**

Behavioral Health Day Services are appropriate early childhood therapeutic services for children age 24 months and older who are experiencing emotional problems and who meet the eligibility criteria described below. Services are designed to strengthen individual and family functioning, prevent more restrictive placement of children, and provide an integrated set of interventions to promote behavioral and emotional adjustment. Services must be provided in a therapeutic milieu that allows for a broad range of therapeutic activities designed for the treatment of specific social, emotional, and behavioral problems. For children twenty-four months to five years, services must be provided for a minimum of two hours per day to a maximum of four hours per day (does not have to be continuous). For children twenty-four months through five years, therapeutic activities described in the child's treatment plan must be interwoven throughout the child's scheduled activities, and parent/guardian involvement is necessary. Services may be authorized for less than six months.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-D must be met to satisfy criteria for admission.*

- A. The member must be 24 months of age or older.
- B. There is an ICD-9-CM diagnosis in the following range: 294.8, 294.9, 298.9, 300 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9.
- C. The member scores in at least the moderate impairment range on a behavior and functional rating scale developed for this age group.
- D. A lower level of care would not be sufficient to address the presenting problems of the child.

### **IV. Continued Stay Criteria**

*Criteria A-C must be met to satisfy criteria for continued stay.*

- A. Within at least six months of the original authorization and every six months thereafter, the members of the child's treatment team must provide written documentation that the child continues to meet the admission criteria stated above.

- B. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. Each member must, within 45 days of admission to behavioral health day services, have a written plan containing specific criteria for discharge from behavioral health day services.

**V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The severity of illness requires a higher level of care.

## **H2017: Psychosocial Rehabilitation Services**

### **I. Description of Services**

Combines daily medication use, independent living and social skills training, support to the clients and their families, housing, pre-vocational and transitional employment rehabilitation training, social support and network enhancement, structured activities to diminish tendencies towards isolation and withdrawal and teaching of the member and family about symptom management, medication and treatment options. This service describes activities that are intended to restore a member's skills and abilities essential for independent living. Activities include development and maintenance of necessary daily living skills, food planning and preparation, money management, maintenance of the living environment and training in appropriate use of community services.

These services are designed to assist the member to compensate for or eliminate functional deficits and interpersonal and environmental barriers created by their disabilities, and to restore social skills for independent living and effective life management. Services differ from counseling and therapy in that it concentrates less upon the amelioration of symptoms and more upon restoring functional capabilities. This service may also be used to facilitate cognitive and social skills necessary for functioning in a work environment focusing on maximum recovery and independence. It includes work readiness assessment, job development on behalf of the member, job matching, on the job training, and job support.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-I must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The service must be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.
- C. The service must be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs.
- D. The service must be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.

- E. The service must be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
- F. The service must be furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider.
- G. The service must be provided to a member with an ICD-9-CM diagnosis in the following range: 290 through 298.9, 300 through 301.9, 302.7, 303 through 312.4 and 312.81 through 314.9, 315.3, 315.31, 315.5, 315.8, and 315.9.
- H. The service must be provided to a member who currently exhibits psychiatric, behavioral or cognitive symptoms, addictive behavioral or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, pre-vocational and educational functioning (which is comparable to a GAF score of 50 or below).
- I. Participation in psychosocial rehabilitation services is not solely for the purpose of satisfying legal requirements for treatment or services.

#### **IV. Continued Stay Criteria**

*Criteria A through C must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. The member's treatment goals have not been met and this continued service is resulting in demonstrated improvement in the member's functioning.
- C. The member is making adequate progress toward treatment goals as evidenced by a lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement

#### **V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria and has reached baseline level of functioning.
- B. The severity of illness requires a higher level of care.



## **T1017: Targeted Case Management (Adult)**

### **I. Description of Services**

The purpose of Targeted Case Management services is to assist individuals in gaining access to needed medical, social, education, and other services. The primary goal of mental health targeted case management is to optimize the functioning of members who have complex needs by coordinating the provision of quality treatment and support services in the most efficient and effective manner. Services and service frequency should accurately reflect the individual needs, goals, and abilities of each member.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-J must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Each member must receive an evaluation or assessment, conducted by a licensed mental health practitioner, for diagnostic and treatment planning purposes. For new admissions, the evaluation or assessment by a licensed mental health practitioner for treatment planning purposes must have been completed within the past six months
- B. The member is enrolled in a Department of Children and Families (DCF) mental health target population (18 years and older).
- C. The member has a mental health disability (i.e., severe and persistent mental illness) that requires advocacy for and coordination of services to maintain or improve level of functioning.
- D. The member requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice.
- E. The member lacks a natural support system for accessing needed medical, social, education, and other services.
- F. The member requires ongoing assistance to access or maintain needed care consistently within the service delivery system.
- G. The member has a mental health disability (i.e., severe and persistent mental illness) that, based upon professional judgment, will last for a minimum of one year.
- H. The member is not receiving duplicate case management services from another provider.

- I. Participation in targeted case management services is not solely for the purpose of satisfying legal requirements for treatment or services.
- J. The member meets at least one of the following requirements:
  - 1. Is awaiting admission to, or has been discharged from, a state mental health treatment facility;
  - 2. Has been discharged from a mental health residential treatment facility;
  - 3. Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities within the past 12 months;
  - 4. Is at risk of institutionalization for mental health reasons or is experiencing long-term or acute episodes of mental impairment that may put the member at risk of requiring more intensive services.

**Exception to Admission Criteria:** The following members may receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group:

- A. A member who has been referred by Cenpatico after a denied admission to or discharge from an inpatient psychiatric unit.
- B. A member who has been admitted to an inpatient psychiatric unit.
- C. A member who has been identified by Cenpatico as high-risk.
- D. A member who has relocated from a different DCF district or region and was already receiving mental health targeted case management services.

#### **IV. Continued Stay Criteria**

*Criteria A-C must be met to satisfy criteria for continued stay.*

- A. The member continues to meet admission criteria.
- B. The member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services.
- C. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The severity of illness requires higher level of care.

## **T1017 HA: Targeted Case Management (Child)**

### **I. Description of Services**

The purpose of Targeted Case Management services is to assist individuals in gaining access to needed medical, social, education, and other services. The primary goal of mental health targeted case management is to optimize the functioning of members who have complex needs by coordinating the provision of quality treatment and support services in the most efficient and effective manner. Services and service frequency should accurately reflect the individual needs, goals, and abilities of each member.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-J must be met to satisfy criteria for admission.*

- A. The member is enrolled in a Department of Children and Families (DCF) children's mental health target population (birth through 17 years).
- B. The member has a mental health disability (i.e., serious emotional disturbance) that requires advocacy for and coordination of services to maintain or improve level of functioning.
- C. Each member must receive an evaluation or assessment, conducted by a licensed mental health practitioner, for diagnostic and treatment planning purposes. For new admissions, the evaluation or assessment by a licensed mental health practitioner for treatment planning purposes must have been completed within the past six months.
- D. The member requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice.
- E. The member lacks a natural support system for accessing needed medical, social, education, and other services.
- F. The member requires ongoing assistance to access or maintain needed care consistently within the service delivery system.
- G. The member has a mental health disability (i.e., severe and persistent mental illness) that, based upon professional judgment, will last for a minimum of one year.
- H. The member is in out-of-home placement or at documented risk of out-of-home placement.
- I. The member is not receiving duplicate case management services from another provider.

- J. Participation in targeted case management services is not solely for the purpose of satisfying legal requirements for treatment or services.

**Exception to Eligibility Criteria:** The following members may receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group:

- A. A member who has been referred by Cenpatico after a denied admission to or discharge from an inpatient psychiatric unit.
- B. A member who has been admitted to an inpatient psychiatric unit.
- C. A member who has been identified by Cenpatico as high risk.
- D. A member who has relocated from a different DCF district or region and was already receiving mental health targeted case management services.

#### **IV. Continued Stay Criteria**

*Criteria A-C must be met to satisfy criteria for continued stay.*

- A. The member continues to meet admission criteria.
- B. The member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services.
- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The severity of illness requires a higher level of care.

## **T1017 HK: Intensive Case Management Team Services**

### **I. Description of Services**

The purpose of Intensive Case Management Team Services is to provide team case management to adults with serious and persistent mental illness to assist the recipient to remain in the community and avoid institutional care. Intensive team case managers coordinate needs assessment, services planning, and provide service oversight.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A and either B, C, D, E or F must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The member is enrolled in a Department of Children and Families (DCF) mental health target population (18 years and older).
- C. The member has resided in a state mental health treatment facility for at least six of the past 36 months
- D. The member resides in the community and has had two or more admissions to a state mental health treatment facility in the past 36 months.
- E. The member resides in the community and has had three or more admissions to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities within the past 12 months.
- F. The member resides in the community and, due to a mental illness, exhibits behaviors or symptoms that could result in long-term hospitalization if frequent interventions for an extended period of time were not provided.

**Exception to Admission Criteria:** The following members may receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group:

- A. A member who has been referred by Cenpatico after a denied admission to or discharge from an inpatient psychiatric unit.
- B. A member who has been admitted to an inpatient psychiatric unit.
- C. A member who has been identified by Cenpatico as high-risk.

- D. A member who has relocated from a different DCF district or region and was already receiving mental health targeted case management services.

**IV. Continued Stay Criteria**

*Criteria A-C must be met to satisfy criteria for continued stay.*

- A. The member continues to meet admission criteria.
- B. The member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services.
- C. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The severity of illness requires higher level of care.

## **H2019 HO/HM/HN: Therapeutic Behavioral Onsite Services (Ages 5 to 21 years)**

### **I. Description of Services**

Therapeutic Behavioral On-site Services are designed to assist complex-need members under the age of 21 and their families in an effort to prevent the need for a more intensive, restrictive behavioral health placement. The process must be driven by assessment of the individual needs and strengths of each child and family, and be developed and directed by a treatment team. It is recognized that involvement of the family in the treatment of the child or adolescent is necessary and appropriate. Provision of therapeutic behavioral on-site services with the family must clearly be directed toward meeting the identified treatment needs of the child or adolescent. Services must be provided where the child is living, working, or participating in education activities. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. Services may include therapy, behavior management, and/or therapeutic support. Services may be authorized for less than six months.

Therapy includes: a strength-based, clinical assessment of the mental health, substance abuse, or behavioral disorders in order to evaluate, define, and delineate treatment needs; individual and family therapy as agreed to by the child and family; assessment and engagement of the child or adolescent and family's natural support system to assist in implementation of the treatment plan; and, development, implementation, and monitoring of behavior programming for the child or adolescent. Therapy services must be provided by a master's level practitioner supervised by a licensed practitioner of the healing arts and may not be billed for services provided to a group of members.

Behavior Management includes: an assessment of behavior problems and the functions of these problems and related skill deficits and assets, including identifying primary and other important caregiver skill deficits and assets related to the client's behaviors and the interactions that motivate, maintain or improve behavior; development of an individual behavior plan with measurable goals and objectives; training for caregivers and other involved persons in the implementation of the behavior plan; monitoring of the child and caregiver progress and revision as needed; and, coordination of services on the treatment plan with the treatment team. Behavior Management services must be provided by a certified behavior analyst or certified associate behavioral analyst and a minimum of eight units per month must be provided by a master's level practitioner. Behavior Management services may not be billed for services provided to a group of members.

Support Services must be related to the member's treatment goals and objectives and must include one or more of the following services: one-to-one supervision and intervention with the child or adolescent during therapeutic activities in accordance with the child's treatment plan; skill training of the child or adolescent for restoration of those basic living and social skills necessary to function in the child or adolescent's own environment; or, assistance to the child or adolescent and family in implementing the behavioral goals identified through family counseling and development of the treatment



plan. Support Services must be provided, at a minimum, by a behavioral health technician supervised by a master's level practitioner and, although considered primarily a one-to-one interaction, may be provided in a group setting with a ratio not to exceed four group members to one staff person.

## **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

## **III. Admission Criteria**

*Criterion A or B must be met to satisfy criteria for admission.*

- A. The member must have an ICD-9-CM diagnosis in the following range: 294.8, 294.9, 300 through 305.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, and 312.81 through 314.9 and
  - 1. be enrolled in a special education program for the seriously emotionally disturbed (SED) or the emotionally handicapped or have scored a 60 or below on the Axis V Children's Global Assessment of Functioning Scale within the last 6 months.
- B. The member must have an ICD-9-CM diagnosis of 295 through 298.9 (schizophrenia or other psychotic disorders, major depression or bipolar disorder) or 303.0 through 305.9 (substance abuse); and, prior to receipt of services, a licensed practitioner of the healing arts experienced in the diagnosis of behavioral health disorders must document that:
  - 1. the child or adolescent meets the criteria defined above.
  - 2. there is adequate evidence to indicate that the child or adolescent is at risk for a more intensive, restrictive and costly behavioral health placement.
  - 3. there is adequate evidence to indicate that the child's or adolescent's condition and functional level cannot be improved with a less intensive service such as individual, family, or group therapy.

## **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy criteria for continued stay.*

- A. Within six months of the original determination of eligibility for services and every six months thereafter, the members of the child's treatment team must document that the child continues to meet the eligibility criteria stated above.
- B. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

Within 45 days of admission to therapeutic behavioral on-site services, a plan must be developed with each child or adolescent and family, which contains specific discharge criteria. Discharge is appropriate if, at any time during the course of treatment, the member is found to no longer meet eligibility criteria.

**VI. Clinical Exclusions**

*Criterion A or B must be met to preclude eligibility for the service.*

- A. Members diagnosed with autism, pervasive developmental delay, non-emotional or non-behavioral based developmental disability, or mental retardation.
- B. Members with organic brain disorder (dementia or delirium) or other psychiatric or neurological conditions that have produced a cognitive deficit severe enough to prohibit benefit from program services.

## **H2019 HO/HM/HN: Therapeutic Behavioral Onsite Services (Ages 0 – 5 Years)**

### **I. Description of Services**

Therapeutic Behavioral On-site Services are designed to assist complex-need members under the age of 21 and their families in an effort to prevent the need for a more intensive, restrictive behavioral health placement. The process must be driven by assessment of the individual needs and strengths of each child and family, and be developed and directed by a treatment team. It is recognized that involvement of the family in the treatment of the child or adolescent is necessary and appropriate. Provision of therapeutic behavioral on-site services with the family must clearly be directed toward meeting the identified treatment needs of the child or adolescent. Services must be provided where the child is living, working, or participating in education activities. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. Services may include therapy, behavior management, and/or therapeutic support. Services may be authorized for less than six months.

Therapy includes: a strength-based, clinical assessment of the mental health, substance abuse, or behavioral disorders in order to evaluate, define, and delineate treatment needs; individual and family therapy as agreed to by the child and family; assessment and engagement of the child or adolescent and family's natural support system to assist in implementation of the treatment plan; and, development, implementation, and monitoring of behavior programming for the child or adolescent. Therapy services must be provided by a master's level practitioner supervised by a licensed practitioner of the healing arts and may not be billed for services provided to a group of members.

Behavior Management includes: an assessment of behavior problems and the functions of these problems and related skill deficits and assets, including identifying primary and other important caregiver skill deficits and assets related to the client's behaviors and the interactions that motivate, maintain or improve behavior; development of an individual behavior plan with measurable goals and objectives; training for caregivers and other involved persons in the implementation of the behavior plan; monitoring of the child and caregiver progress and revision as needed; and, coordination of services on the treatment plan with the treatment team. Behavior Management services must be provided by a certified behavior analyst or certified associate behavioral analyst and a minimum of eight units per month must be provided by a master's level practitioner. Behavior Management services may not be billed for services provided to a group of members.

Support Services must be related to the member's treatment goals and objectives and must include one or more of the following services: one-to-one supervision and intervention with the child or adolescent during therapeutic activities in accordance with the child's treatment plan, skill training of the child or adolescent for restoration of those basic living and social skills necessary to function in the child or adolescent's own environment or, assistance to the child or adolescent and family in implementing the behavioral goals identified through family counseling and development of the treatment

plan. Support Services must be provided, at a minimum, by a behavioral health technician supervised by a master's level practitioner and, although considered primarily a one-to-one interaction, may be provided in a group setting with a ratio not to exceed four group members to one staff person.

## **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

## **III. Admission Criteria**

*For children age 0 through 23 months, Criteria A-C must be met to satisfy criteria for admission.*

- A. The member must have an ICD-9-CM diagnosis in one of the following categories: 294.8, 294.9, 298.9, 300 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, or 312.81 through 314.9.
- B. The member must have experienced:
  - 1. trauma such as physical abuse, sexual abuse, severe neglect; witnessed life threatening violence; or death of the caretaker; or
  - 2. failure to thrive (due to emotional or psychosocial causes, not solely medical issues); or
  - 3. atypical development of temperament or behavior that interferes with social interaction and relationship development.
- C. Prior to receipt of services, a physician or other licensed practitioner of the healing arts experienced in the diagnosis of mental health disorders must provide written certification that:
  - 1. the child meets the criteria defined above.
  - 2. there is adequate evidence to indicate that the child is at risk for a more intensive, restrictive and costly mental health placement.
  - 3. there is adequate evidence to indicate the child's condition cannot be improved with less intensive services (e.g., individual/family therapy, group therapy).

*For children age 24 months through 5 years, Criteria A-C must be met to satisfy criteria for admission.*

- A. The member must have an ICD-9 diagnosis in the following range: 294.8, 294.9, 298.9, 300 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, or 312.81 through 314.9.

- B. The member must score in at least the moderate impairment range on a behavior and functional rating scale developed for the specific age group.
- C. Prior to receipt of services, a physician or other licensed practitioner of the healing arts experienced in the diagnosis of mental health disorders must provide written certification that:
  - 1. the child meets the criteria defined above.
  - 2. there is adequate evidence to indicate that the child is at risk for a more intensive, restrictive and costly mental health placement.
  - 3. there is adequate evidence to indicate the child's condition cannot be improved with less intensive services (e.g., individual/family therapy, group therapy).

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy criteria for continued stay.*

- A. Within six months of the original determination of eligibility for services and every six months thereafter, the members of the child's treatment team must document that the child continues to meet the eligibility criteria stated above.
- B. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **V. Discharge Criteria**

Within 45 days of admission, each child must have specific, written discharge criteria. If a reassessment is done any time during the course of treatment and the member is found to no longer meet eligibility criteria, the member must be discharged from therapeutic behavioral on-site services.

# Georgia Community Based Services (CBS)

## Table of Contents

<u>Section</u>	<u>Page</u>
H0031: Mental Health Assessment, by Non-Physician.....	31
H0004: Behavioral Health Counseling and Therapy, Family Counseling .....	33
H0004: Behavioral Health Counseling and Therapy, Group Counseling.....	35
H2015: Community Psychiatric Supportive Treatment, Individual (Child).....	37
H2015: Community Psychiatric Supportive Treatment, Individual (Adult) .....	40
H2010: Comprehensive Medication Services.....	43
H0018: Behavioral Health Short-Term Residential (Child) .....	45
H0018: Behavioral Health Short-Term Residential (Adult).....	47
H0043: Structured Residential Supports (Child) .....	49
H0043: Residential Services, Independent (Adult) .....	51
H0038: Peer Support Services .....	53
H0039: Assertive Community Treatment (ACT) .....	55
H2011: Crisis Intervention Services .....	59
H2012: Day Treatment, Adult Substance Abuse .....	61
H2012: Day Treatment, Psychosocial Rehabilitation.....	64
H2014: Skills Training and Development, Family Training .....	67
H2014: Skills Training and Development, Group Training .....	70
H0036: Intensive Family Intervention .....	72

## **H0031: Mental Health Assessment, by Non-Physician**

### **I. Description of Service**

Children/Families access this service when it has been determined through an initial screening that the member has mental health or addictive disease concerns. The initial Behavioral Health Assessment is required within the first 30 days of service, with ongoing assessments completed as demanded by member need and/or by service policy. The Behavioral Health Assessment process consists of a face-to-face comprehensive clinical assessment with the member, which must include the member's perspective, and should include family/responsible caregiver(s) and others significant in the member's life as well as interviews with collateral agencies/treatment providers/relevant individuals.

The purpose of the Behavioral Health Assessment process is to perform a formalized assessment in order to determine the member's problems, strengths, needs, abilities and preferences, to develop a social (extent of natural supports and community integration) and medical history, to determine functional level and degree of ability versus disability, and to develop or review collateral assessment information. The information gathered should support the determination of a differential diagnosis and assist in screening for/ruling-out potential co-occurring disorders. As indicated, information from medical, nursing, school, nutritional, etc. staff should serve as the basis for the comprehensive assessment and the resulting Individual Resiliency Plan. The entire process should involve the member as a full partner and should include assessment of strengths and resources as identified by the member and his/her family.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-C must be met to satisfy admission criteria.*

- A. The member must have a known or suspected mental illness or substance-related disorder.
- B. Initial screening/intake information indicates a need for further assessment.
- C. It is expected that the member meets Core Customer eligibility.

**IV. Continued Stay Criteria**

*Criterion A must be met to satisfy continued stay criteria.*

- A. The member's situation/functioning has changed in such a way that previous assessments are outdated.

**V. Discharge Criteria**

*Criterion A, B, or C must be met to satisfy criteria for discharge.*

- A. Member no longer meets continued stay criteria.
- B. Member has progressed to the extent CBS are no longer necessary.
- C. Severity of illness requires higher level of care.



## **H0004: Behavioral Health Counseling and Therapy, Family Counseling**

### **I. Description of Service**

A counseling service shown to be successful with identified family populations, diagnoses and service needs, provided by a licensed/credentialed therapist. Services are directed toward achievement of specific goals defined by the member and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan. (Note: Although interventions may involve the family, the focus or primary beneficiary of intervention must always be the member). Family counseling provides systematic interactions between the member, staff and the member's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified consumer/family unit. This may include specific clinical interventions/activities to enhance family roles, relationships, communication and functioning that promote the resiliency of the member/family unit. Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of: cognitive processing skills, healthy coping mechanisms, adaptive behaviors and skills, interpersonal skills, family roles and relationships, and the family's understanding of the person's mental illness and substance-related disorders and methods of intervention.

Best practices such as Multi-systemic Family Therapy, Multidimensional Family Therapy, Behavioral Family Therapy, Functional Family Therapy or others appropriate for the family and issues to be addressed should be utilized in the provision of this service.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-D must be met to satisfy admission criteria.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis must be assigned by a licensed psychologist, physician, or a PA or APRN working in conjunction with a physician with an approved job description or protocol.
- B. The member's level of functioning does not preclude the provision of services in an outpatient milieu.
- C. The member's assessment indicates needs that may be supported by a therapeutic intervention shown to be successful with identified family populations and member's diagnoses.

- D. When this service is not provided by a licensed/credentialed professional there must be complementary therapeutic services provided by licensed/credentialed professionals paired with the provision of H0004.

#### **IV. Continued Stay Criteria**

*Criteria A-C must be met to satisfy continued stay criteria.*

- A. The member continues to meet Admission Criteria as articulated above.
- B. Progress notes document progress relative to goals identified in the Individualized Resiliency Plan, but all treatment/support goals have not yet been achieved.
- C. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **V. Discharge Criteria**

*Criterion A and either B, C, D, or E must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Resiliency Plan have been substantially met.
- C. Member/family requests discharge and member is not in imminent danger of harm to self or others.
- D. Transfer to another service is warranted by change in member's condition.
- E. Member requires more intensive services.

#### **VI. Clinical Exclusions**

*Criteria A, B, C, D, E, or F must be met to preclude eligibility for the service.*

- A. Severity of behavioral health impairment precludes provision of services.
- B. Severity of cognitive impairment precludes provision of services in this level of care.
- C. There is a lack of social support systems such that a more intensive level of service is needed.
- D. There is no outlook for improvement with this particular service.
- E. This service is not intended to supplant other services such as MR/DD Personal and Family Support or any day services where the member may more appropriately receive these services with staff in various community settings.
- F. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a qualifying psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, and traumatic brain injury.

## **H0004: Behavioral Health Counseling and Therapy, Group Counseling**

### **I. Description of Service**

A therapeutic intervention or counseling service shown to be successful with identified populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the member and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan. Services may address goals/issues such as promoting resiliency and the restoration, development, enhancement or maintenance of cognitive skills; healthy coping mechanisms; adaptive behaviors and skills; interpersonal skills; and identifying and resolving personal, social, intrapersonal and interpersonal concerns.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B, C and D must be met to satisfy admission criteria.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis must be assigned by a licensed psychologist, physician, or a PA or APRN working in conjunction with a physician with an approved job description or protocol.
- B. The member's level of functioning does not preclude the provision of services in an outpatient milieu.
- C. The member's resiliency goals that are to be addressed by this service must be conducive to response by a group milieu.
- D. When this service is not provided by a licensed/credentialed professional there must be complementary therapeutic services provided by licensed/credentialed professionals paired with the provision of H0004.

### **IV. Continued Stay Criteria**

*Criteria A, B, and C must be met to satisfy continued stay criteria.*

- A. The member continues to meet admission criteria.
- B. The member demonstrates documented progress relative to goals identified in the Individualized Resiliency Plan, but treatment goals have not yet been achieved.

- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

**V. Discharge Criteria**

*Criterion A and either B, C, D, or E must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Resiliency Plan have been substantially met.
- C. Member/family requests discharge, and the member is not in imminent danger of harm to self or others.
- D. Transfer to another service/level of care is warranted by change in member's condition.
- E. Member requires more intensive services.

**VI. Clinical Exclusions**

*Criteria A, B, C, D or E must be met to preclude eligibility for the service.*

- A. Severity of behavioral health issue precludes provision of services.
- B. Severity of cognitive impairment precludes provision of services in this level of care.
- C. There is a lack of social support systems such that a more intensive level of service is needed.
- D. This service is not intended to supplant other services such as MR/DD Personal and Family Support or any day services where the member may more appropriately receive these services with staff in various community settings.
- E. Member with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, and traumatic brain injury.

## **H2015: Community Psychiatric Supportive Treatment, Individual (Child)**

### **I. Description of Service**

Community Support services consist of rehabilitative, environmental support and resources coordination considered essential to assist a member and family in gaining access to necessary services and in creating environments that promote resiliency and support the emotional and functional growth and development of the member. The service activities of Community Support include the following:

- A. Assistance to the member and family/responsible caregivers in the facilitation and coordination of the Individual Resiliency Plan (IRP) including providing skills support in the member/family's self-articulation of personal goals and objectives
- B. Planning in a proactive manner to assist the member and family in managing or preventing crisis situations
- C. Individualized interventions, which shall have as objectives:
  - 1. Identification, with the member, of strengths which may aid him/her in achieving resilience, as well as barriers that impede the development of skills necessary for age-appropriate functioning in school, with peers, and with family
  - 2. Support to facilitate enhanced natural and age-appropriate supports (including support/assistance with defining what wellness means to the member in order to assist them with resiliency-based goal setting and attainment)
  - 3. Assistance in the development of interpersonal, community coping and functional skills (including adaptation to home, school and healthy social environments);
  - 4. Encouraging the development and eventual succession of natural supports in living, learning, working, and other social environments
  - 5. Assistance in the acquisition of skills for the member to self-recognize emotional triggers and to self-manage behaviors related to the member's identified emotional disturbance
  - 6. Assistance with personal development, school performance, work performance, and functioning in social and family environment through teaching skills/strategies to ameliorate the effect of behavioral health symptoms
  - 7. Assistance in enhancing social and coping skills that ameliorate life stresses resulting from the member's emotional disturbance
  - 8. Service and resource coordination to assist the member and family in gaining access to necessary rehabilitative, medical, social and other services and supports

9. Assistance to member and other supporting natural resources with illness understanding and self-management
10. Any necessary monitoring and follow-up to determine if the services accessed have adequately met the member's needs
11. Identification, with the member/family, of risk indicators related to substance related disorder relapse and strategies to prevent relapse

This service is provided to member in order to promote stability and build towards age-appropriate functioning in their daily environment. Stability is measured by a decreased number of hospitalizations, decreased frequency and duration of crisis episodes and increased and/or stable participation in school and community activities. Supports based on the member's needs are used to promote resiliency while understanding the effects of the emotional disturbance and/or substance use/abuse and to promote functioning at an age-appropriate level. The Community Support staff will serve as the primary coordinator of behavioral health services and will provide linkage to community; general entitlements; and psychiatric, substance use/abuse, medical services, crisis prevention and intervention services.

## **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

## **III. Admission Criteria**

*Criteria A, B, and either C or D must be met to satisfy admission criteria.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis must be assigned by a licensed psychologist, physician, or a PA or APRN working in conjunction with a physician with an approved job description or protocol.
- B. There must be complementary therapeutic services by licensed/credentialed professionals paired with the provision of CSI (individual, group, family, etc.).
- C. The member may need assistance with developing, maintaining, or enhancing social supports or other community coping skills.
- D. The member may need assistance with daily living skills including coordination to gain access to necessary rehabilitative and medical services.

## **IV. Continued Stay Criteria**

*Criteria A, B, and C must be met to satisfy continued stay criteria.*

- A. The member continues to meet admission criteria.

- B. The member demonstrates documented progress or maintenance of community skills relative to goals identified in the Individualized Resiliency Plan.
- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

**V. Discharge Criteria**

*Criterion A and either B, C, or D must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of Individualized Resiliency Plan have been substantially met.
- C. Member/family requests discharge and the member is not imminently in danger of harm to self or others.
- D. Transfer to another service is warranted by change in the member's condition.

**VI. Clinical Exclusions**

*Criterion A or B must be met to preclude eligibility for the service.*

- A. There is a significant lack of community coping skills such that a more intensive service is needed.
- B. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, or traumatic brain injury.

## **H2015: Community Psychiatric Supportive Treatment, Individual (Adult)**

### **I. Description of Service**

Community Support services consist of rehabilitative, environmental support and resources coordination considered essential to assist a member in gaining access to necessary services and in restoring him or herself to the best possible functional level with the greatest degree possible of life quality enhancement, self-efficacy and recovery, illness self-management, and symptom reduction. The service activities of Community Support include the following:

- A. Assistance to the member in the development and coordination of the Individual Recovery Plan (IRP);
- B. Support and intervention in crisis situations
- C. Assistance to the member in the development of advanced directives related to his/her behavioral healthcare
- D. Individualized interventions, which shall have as objectives:
  1. Identification, with member, of strengths which may aid the member in recovery, as well as barriers that impede the development of skills necessary for independent functioning in the community
  2. Support to facilitate recovery (including support/assistance with defining what recovery means to the member in order to assist member with recovery-based goal setting and attainment)
  3. For those who have achieved a level of recovery stability, support to maintain recovery
  4. Assistance in the development of interpersonal, community coping and functional skills (including adaptation to home, work, and other healthy social environments)
  5. Encouraging the development and eventual succession of natural supports in home, workplace and other environments
  6. Assistance in the acquisition of symptom monitoring skills, illness self-management skills, and wellness skills and habits (e.g. symptom management, behavioral management, relapse-prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed) in order to identify and minimize the negative effects of symptoms which interfere with the member's daily living
  7. Assistance with financial management skill development
  8. Assistance with personal development and work performance
  9. Assistance in enhancing social and coping skills that ameliorate life stresses resulting from the member's disability



10. Service and resource coordination to assist the member in learning how to gain access to necessary rehabilitative, medical and other services
11. Assistance to members with illness self-management and wellness promotion as it relates to maintaining employment and other community tenure
12. Any necessary monitoring and follow-up to determine if the services accessed have adequately met the member's needs
13. Identification, with member, of risk indicators related to substance-related disorder relapse and strategies to prevent relapse

This service is provided to members to maintain stability, independence and wellness in their daily community living. Stability is measured by a decreased number of hospitalizations, decreased frequency and duration of crisis episodes, and increased work tenure. Supports based on the member's needs and satisfaction are used to sustain recovery from the effects of mental illness and substance abuse and to increase independent daily functioning and wellness. The Community Support staff will serve as the primary coordinator of behavioral health services and will provide linkage to the community; general entitlements; mental health wellness activities; and psychiatric, addiction, medical, crisis prevention, and intervention services.

## **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

## **III. Admission Criteria**

*Criterion A, B, and either C or D must be met to satisfy admission criteria.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis must be assigned by a licensed psychologist, physician, or a PA or APRN working in conjunction with a physician with an approved job description or protocol.
- B. There must be complementary therapeutic services by licensed/credentialed professionals paired with the provision of CSI (individual, group, family, etc.).
- C. The member may need assistance with developing, maintaining, or enhancing social supports or other community coping skills.
- D. The member may need assistance with daily living skills including coordination to gain access to necessary rehabilitative and medical services.

#### **IV. Continued Stay Criteria**

*Criteria A, B, and C must be met to satisfy continued stay criteria.*

- A. The member continues to meet admission criteria.
- B. The member demonstrates documented progress or maintenance of community skills relative to goals identified in the Individualized Resiliency Plan.
- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

#### **V. Discharge Criteria**

*Criterion A and either B, C, or D must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. The goals of Individualized Resiliency Plan have been substantially met.
- C. The member requests discharge, and the member is not imminently in danger of harm to self or others.
- D. Transfer to another service is warranted by change in the member's condition.

#### **VI. Clinical Exclusions**

*Criterion A or B must be met to preclude eligibility for the service.*

- A. There is a significant lack of community coping skills such that a more intensive service is needed.
- B. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation; autism; organic mental disorder; or, traumatic brain injury.

## **H2010: Comprehensive Medication Services**

### **I. Description of Service**

As reimbursed through this service, medication administration includes the act of introducing a drug (any chemical substance that, when absorbed into the body of a living organism, alters normal bodily function) into the body of another person by any number of routes including, but not limited to the following: oral, nasal, inhalant, intramuscular injection, intravenous, topical, suppository or intraocular. Medication administration requires a physician's order and must be administered by licensed or credentialed medical personnel under the supervision of a physician or registered nurse in accordance with Official Code of Georgia Annotated. This service does not cover the supervision of self-administration of medications. The service must include:

- A. An assessment, by the licensed or credentialed medical personnel administering the medication, of the member's physical, psychological and behavioral status in order to make a recommendation regarding whether to continue the medication and/or its means of administration, and whether to refer the member to the physician for a medication review.
- B. Education to the member and/or family/responsible caregiver(s), by appropriate licensed medical personnel, on the proper administration and monitoring of prescribed medication in accordance with the member's resiliency plan. For members who need opiate maintenance, the Opioid Maintenance service should be requested.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B, C, and D must be met to satisfy admission criteria.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis must be assigned by a licensed psychologist, physician, or a PA or APRN working in conjunction with a physician with an approved job description or protocol.
- B. The member presents symptoms that are likely to respond to pharmacological interventions.
- C. The member has been prescribed medications as a part of the treatment array.
- D. The member/family/responsible caregiver is unable to self-administer/administer prescribed medication due to one or more of the following:

1. Although the member is willing to take the prescribed medication, it is in an injectable form and must be administered by licensed medical personnel
2. Although member is willing to take the prescribed medication, it is a Class A controlled substance which must be stored and dispensed by medical personnel in accordance with state law
3. Administration by licensed/credentialed medical personnel is necessary because an assessment of the member's physical, psychological and behavioral status is required in order to make a determination regarding whether to continue the medication and/or its means of administration and/or whether to refer the member to the physician for a medication review
4. Due to the family/caregiver's lack of capacity there is no responsible party to manage/supervise self-administration of medication (refer member/family for Community Psychiatric Supportive Treatment and/or Family or Group Skills Training Development in order to teach these skills)

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. Admission Guidelines continue to be met.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

#### **V. Discharge Criteria**

*Criteria A, B, or C must be met to satisfy criteria for discharge.*

- A. The medication is no longer needed.
- B. The member is able to self-administer, administer, or supervise self-administration medication.
- C. An adequate continuing care plan has been established.

#### **VI. Clinical Exclusions**

*Criterion A must be met to preclude eligibility for the service.*

- A. This service does not cover the supervision of self-administration of medications. Self-administration of medications can be done by anyone physically and mentally capable of taking or administering medications to himself/herself.

## **H0018: Behavioral Health Short-Term Residential (Child)**

### **I. Description of Service**

This is a residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and/or detoxification services. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization and substance detoxification services on a short-term basis. Specific services may include:

- A. Psychiatric medical assessment
- B. Crisis assessment, support and intervention
- C. Residential Substance Detoxification (ASAM Level III)
- D. Medication administration, management and monitoring
- E. Brief individual, group and/or family counseling
- F. Linkage to other services as needed

Services must be provided in a facility designated and certified by the Division of MHDDAD as an emergency receiving and evaluation facility.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criterion A and either B or C must be met to satisfy admission criteria.*

- A. Treatment at a lower level of care has been attempted or given serious consideration.
- B. The member has a known or suspected illness/disorder in keeping with target populations listed above.
- C. Member is experiencing a severe situational crisis which has significantly compromised safety and/or functioning and one or more of the following:
  - 1. Member presents a substantial risk of harm or risk to self, others, and/or property or is so unable to care for his or her own physical health and safety as to create a life-endangering crisis. Risk may range from mild to imminent
  - 2. Member has insufficient or severely limited resources or skills necessary to cope with the immediate crisis
  - 3. Member demonstrates lack of judgment and/or impulse control and/or cognitive/perceptual abilities to manage the crisis

4. For detoxification services, member meets admission criteria for Residential Substance Detoxification (ASAM Level III)

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.
- B. This service may be utilized at various points in the course of treatment and recovery; however, each intervention is intended to be a discrete time-limited service that stabilizes the member.

#### **V. Discharge Criteria**

*Criteria A, B, or C must be met to satisfy criteria for discharge.*

- A. The Admissions Criteria are no longer met.
- B. The crisis situation is resolved, and an adequate continuing care plan has been established.
- C. Stabilization did not occur within the evaluation period, and the member must be transferred to a higher-intensity service.

#### **VI. Clinical Exclusions**

*Criteria A, B, or C must be met to preclude eligibility for the service.*

- A. The member is not in crisis.
- B. The member does not present a risk of harm to self or others or is able to care for his/her physical health and safety.
- C. The severity of clinical issues precludes provision of services at this level of intensity.

## **H0018: Behavioral Health Short-Term Residential (Adult)**

### **I. Description of Services**

This is a residential alternative to or diversion from inpatient hospitalization, offering psychiatric stabilization and/or detoxification services. The program provides medically monitored residential services for the purpose of providing psychiatric stabilization and substance detoxification services on a short-term basis. Specific services may include:

- A. Psychiatric medical assessment
- B. Crisis assessment, support and intervention
- C. Residential Substance Detoxification (ASAM Level III)
- D. Medication administration, management and monitoring
- E. Brief individual, group and/or family counseling
- F. Linkage to other services as needed

Services must be provided in a facility designated and certified by the Division of MHDDAD as an emergency receiving and evaluation facility.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B, C and either D, E, F, or G must be met to satisfy admission criteria.*

- A. Treatment at a lower level of care has been attempted or given serious consideration.
- B. The member has a known or suspected illness/disorder in keeping with target populations listed above.
- C. The member is experiencing a severe situational crisis which has significantly compromised safety and/or functioning
- D. The member presents a substantial risk of harm to self, others, and/or property or is so unable to care for his or her own physical health and safety as to create a life-endangering crisis. Risk may range from mild to imminent
- E. The member has insufficient or severely limited resources or skills necessary to cope with the immediate crisis
- F. The member demonstrates lack of judgment and/or impulse control and/or cognitive/perceptual abilities to manage the crisis

- G. For detoxification services, member meets admission criteria for Residential Detoxification (ASAM Level III)

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.
- B. This service may be utilized at various points in the member's course of treatment and recovery; however, each intervention is intended to be a discrete time-limited service that stabilizes the member.

#### **V. Discharge Criteria**

*Criterion A, B, or C must be met to satisfy criteria for discharge.*

- A. The member no longer meets admission guidelines requirements.
- B. Crisis situation is resolved, and an adequate continuing care plan has been established.
- C. The member does not stabilize within the evaluation period, and must be transferred to a higher intensity service.

#### **VI. Clinical Exclusions**

*Criterion A, B, or C must be met to preclude eligibility for the service.*

- A. The member is not in crisis.
- B. The member does not present a risk of harm to self or others or is able to care for his or her own physical health and safety.
- C. Severity of clinical issues precludes provision of services at this level of intensity.



## **H0043: Structured Residential Supports (Child)**

### **I. Description of Service**

Structured Residential Supports are comprehensive rehabilitative services to aid member in developing daily living skills, interpersonal skills, and behavior management skills and to enable member to learn about and manage symptoms, aggressively improve functioning and behavior due to SED, substance abuse, and/or co-occurring disorders. This service provides support and assistance to the member and the family to identify, adjust, and manage symptoms, enhance participation in group living and community activities; and, develop positive personal and interpersonal skills and behaviors to meet the member's developmental needs as impacted by his/her behavioral health issues. Services are delivered according to each member's specific needs.

Individual and group activities and programming must consist of services to develop skills in functional areas that interfere with the ability to live in the community; participate in educational activities; develop or maintain social relationships; or participate in social, interpersonal, recreational, or community activities. Rehabilitative services must be provided in a licensed residential setting with no more than 16 individuals and must include supportive counseling, psychotherapy and adjunctive therapy supervision; and recreational, problem solving, and interpersonal skills development. All facilities providing residential rehabilitative supports must be staffed 24 hours a day, 7 days a week.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criterion A and either B, C, D, or E must be met to satisfy admission criteria.*

- A. Member must have symptoms of an SED or a substance-related disorder.
- B. The member's symptoms/behaviors indicate a need for continuous monitoring and supervision by 24-hour staff to ensure safety.
- C. The member/family has insufficient or severely limited skills to maintain an adequate level of functioning, specifically identified deficits in daily living and social skills and/or community/family integration.
- D. The member has adaptive behaviors that significantly strain the family's or current caretaker's ability to adequately respond to the member's needs.
- E. The member has a history of unstable housing due to a behavioral health issue or a history of unstable housing which exacerbates a behavioral health condition.

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. Admission Criteria continue to be met.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

#### **V. Discharge Criteria**

*Criterion A, B, or C must be met to satisfy criteria for discharge.*

- A. The member/family requests discharge.
- B. The member has acquired rehabilitative skills to independently manage his/her own housing.
- C. Transfer to another service is warranted by the change in the member's condition.

#### **VI. Clinical Exclusions**

*Criterion A, B, C, or D must be met to preclude eligibility for the service.*

- A. The severity of identified issues precludes provision of in this service.
- B. Members with the following conditions are excluded from admission unless there is clearly documented evidence of psychiatric condition overlaying the primary diagnosis: mental retardation; autism; organic mental disorder; or, traumatic brain injury.
- C. The member is actively using unauthorized drugs or alcohol (which should not indicate a need for discharge, but for a review of need for more intensive services).
- D. The member can effectively and safely be supported with a lower-intensity service.

## **H0043: Residential Services, Independent (Adult)**

### **I. Description of Service**

Residential Service provides scheduled residential service to a member who requires a low level of residential structure to maintain stable housing, continue with their recovery, and increase self-sufficiency. This residential placement will be of the member's choice and may be fully integrated in the community in a scattered site individual residence. The focus of Residential Service is to view each consumer as the director of his/her own recovery; to promote the value of self-help and peer support; to provide information about mental illness and coping skills; to promote social skills, community resources, and individual advocacy; to promote employment and education to foster self-determination and career advancement; to support each consumer in using community resources to replace the resources of the mental health system no longer needed; to support each consumer to fully integrate into scattered site residential placement or in housing of his or her choice, and to provide necessary supports and assistance to the consumer that further recovery goals, including transportation to appointments and community activities when necessary.

The Goal of Residential Supports is to fully integrate the consumer into an accepting community in the least intrusive environment that promotes housing of his/her choice. The service may include other personal support and skills training activities to assist the consumer in utilizing community resources to replace the resources of the mental health system that are no longer needed. Service may also include medication management assistance where indicated.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B and C must be met to satisfy admission criteria.*

- A. The member must meet target population as indicated above.
- B. The member demonstrates ability to live with minimal supports.
- C. The member states a preference to live independently.

### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. Member continues to benefit from and require minimal community supports.

- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

**V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. Consumer no longer desires service.
- B. Consumer does not demonstrate need for continued community supports.

**VI. Clinical Exclusions**

*Criterion A must be met to preclude eligibility for the service.*

- A. Members with the following conditions are excluded from admission unless there is documented evidence of a psychiatric condition: developmentally disabled persons who do not have co-occurring mental illness or substance abuse issues, autism, organic mental disorder, or traumatic brain injury.

## **H0038: Peer Support Services**

### **I. Description of Service**

This service provides structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, are consumer motivated, initiated and/or managed, and assist individuals in living as independently as possible. Activities must promote self-directed recovery by exploring consumer purpose beyond the identified mental illness, by exploring possibilities of recovery, by tapping into consumer strengths related to illness self management, by emphasizing hope and wellness, by helping consumers develop and work toward achievement of specific personal recovery goals (which may include attaining meaningful employment if desired by the individual), and by assisting consumers with relapse prevention planning. A Consumer Peer Support Center may be a stand-alone center or housed as a “program” within a larger agency, and must maintain adequate staffing support to enable a safe, structured recovery environment in which consumers can meet and provide mutual support.

A Peer Support Center must be operated at a minimum of 3 days per week, no less than 4 hours per day during those three days. Any agency may offer additional hours on additional days in addition to these minimum requirements.

The target population for this service is adults with serious mental illness or co-occurring mental illness and substance related disorders or adolescents transitioning into adulthood with serious emotional disorders (SED) or co-occurring SED and substance related disorders.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A and either B, C, D, E, or F must be met to satisfy admission criteria.*

- A. Member must have a primary mental health issue.
- B. Member requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources.
- C. Member may need assistance to develop self-advocacy skills to achieve decreased dependency on the mental health system.
- D. Member may need assistance and support to prepare for a successful work experience.

- E. Member may need peer modeling to take increased responsibilities for his/her own recovery.
- F. Member may need peer supports to develop or maintain daily living skills.

**IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. Member continues to meet Admission Criteria.
- B. Progress notes document progress relative to goals identified in the Individualized Recovery/Resiliency Plan, but treatment/recovery goals have not yet been achieved.

**V. Discharge Criteria**

*Criteria A and either B, C, or D must be met to satisfy discharge criteria.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Resiliency Plan have been substantially met.
- C. Member/family requests discharge.
- D. Transfer to another service/level is more clinically appropriate.

**VI. Clinical Exclusions**

*Criterion A or B must be met to preclude eligibility for the service.*

- A. Members diagnosed with a Substance-Related Disorder and no other concurrent mental illness.
- B. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, or traumatic brain injury.

## **H0039: Assertive Community Treatment (ACT)**

### **I. Description of Service**

ACT is a recovery-focused, high intensity, community based service for members discharged from multiple or extended stays in public hospitals, or who are difficult to engage in treatment. The service utilizes an interdisciplinary team to provide intensive, integrated, and rehabilitative crisis, treatment and community support interventions/services that are available 24-hours/7 days a week. The programmatic goals of the service must be clearly articulated by the provider, utilizing best/evidence-based practices for service delivery and support that have the capacity to adequately address co-occurring disorders/issues if needed. Practitioners providing this service are expected to maintain knowledge and skills regarding current research trends in best/evidence-based practices for ACT. Services are directed towards the identified member and his or her behavioral health care needs based upon the Individualized Recovery Plan and, based on the needs of the member, may include (in addition to those services provided by other systems):

- A. Assistance to the member in the development of the Individualized Recovery Plan (IRP)
- B. Psychoeducational and instrumental support to members and their identified family
- C. Crisis assessment, support, and intervention
- D. Psychiatric assessment and care, nursing assessment and care, and psychosocial assessment including identifying strengths and needs and a functional assessment
- E. Individualized interventions, which may include:
  1. Identification, with the consumer, of barriers that impede the development of skills necessary for independent functioning in the community as well as strengths which may aid the member in recovery
  2. Support to facilitate recovery (including emotional/therapeutic support/assistance with defining what recovery means to the member in order to assist member with recovery-based goal setting and attainment)
  3. Service and resource coordination to assist the member in gaining access to necessary rehabilitative, medical and other services
  4. Family counseling/training for members and their families (as related to the person's IRP)
  5. Assistance in the acquisition of both mental illness and physical health symptom- monitoring and illness self-management skills in order to identify and minimize the negative effects of symptoms which interfere with the member's daily living (may include medication administration and/or observation and assistance with self-medication motivation and skills)
  6. Assistance with financial management skill development

7. Assistance with personal development and school/work performance
8. Substance abuse counseling and intervention (e.g. motivational interviewing, stage-based interventions, refusal skill development, cognitive behavioral therapy, psychoeducational approaches, instrumental support such as helping member relocate away from friends/neighbors who influence drug use, relapse prevention planning and techniques)
9. Individualized, restorative one-to-one psychosocial rehabilitation and skill development, including assistance in the development of interpersonal/social and community coping and functional skills (i.e. adaptation/functioning in home, school and work environments)
10. Psychotherapeutic techniques involving the in-depth exploration and treatment of interpersonal and intrapersonal issues
11. Any necessary monitoring and follow-up to determine if the services accessed have adequately met the member's needs.

Members receiving this intensive level of community support are expected to experience increased community tenure and decreased frequency and/or duration of hospitalization/crisis services. Through individualized, team-based supports, it is expected that members will achieve housing stability, decreased symptomatology (or a decrease in the debilitating effects of symptoms), decreased medication side effects, improved social integration and functioning, and increased movement toward self-defined recovery.

## **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

## **III. Admission Criteria**

*Criteria A, B and C must be met to satisfy admission criteria.*

- A. The member has a severe and persistent mental illness that seriously impairs the ability to live in the community. Priority is given to people recently discharged from an institutional setting with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) or bipolar disorder, because these illnesses more often cause long-term psychiatric disability.
- B. The member has significant functional impairments as demonstrated by the inability to consistently engage in at least two of the following:
  1. Maintaining personal hygiene
  2. Meeting nutritional needs



3. Caring for personal business affairs
  4. Obtaining medical, legal, and housing services
  5. Recognizing and avoiding common dangers or hazards to self and possessions
  6. Persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others such as friends, family, or other relatives
  7. Employment at a self-sustaining level or inability to consistently carry out homemaker roles (e.g. household meal preparation, washing clothes, budgeting, or childcare tasks and responsibilities)
  8. Maintaining a safe living situation (e.g., repeated evictions or loss of housing)
- C. The member has one or more of the following problems that are indicators of continuous high-service needs (i.e. greater than 8 hours of service per month):
1. High use of acute psychiatric hospitals or crisis/emergency services including mobile, in-clinic or crisis residential (e.g. three or more admission per year) or extended hospital stay (60 days within the past year) or psychiatric emergency services.
  2. Persistent, recurrent, severe, or major symptoms (e.g. affective, psychotic, suicidal).
  3. Coexisting substance use disorder of significant duration (e.g. greater than six months) or co-diagnosis of substance abuse (ASAM Levels I, II.1, II.5, III.3, III.5).
  4. High risk or a recent history of criminal justice involvement (e.g. arrest and incarceration).
  5. Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless.
  6. Residing in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
  7. Inability to participate in traditional clinic-based services
  8. Lower level of service/support has been tried or considered and found inappropriate at this time.

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. Member continues to meet Admission Criteria.

B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services

**V. Discharge Criteria**

Not applicable.

## **H2011: Crisis Intervention Services**

### **I. Definition of Service**

Services directed toward the support of a child who is experiencing an abrupt and substantial change in behavior which is usually associated with a precipitating situation and which is in the direction of severe impairment of functioning or a marked increase in personal distress. Crisis Intervention is designed to prevent out of home placement or hospitalization. Often, a crisis exists at such time as a child and/or his or her family/responsible caregiver(s) decide to seek help and/or the member, family/responsible caregiver(s), or practitioner identifies the situation as a crisis.

Crisis services are time-limited and present-focused in order to address the immediate crisis and develop appropriate links to alternate services. Services may involve the child and his/her family/responsible caregiver(s) and/or significant other, as well as other service providers. The current family-owned safety plan, if existing, should be utilized to help manage the crisis. Interventions provided should honor and be respectful of the child and family's wishes/choices by following the plan as closely as possible in line with appropriate clinical judgment. Plans/advanced directives developed during the Diagnostic Assessment/IRP process should be reviewed and updated (or developed if the member is a new consumer) as part of this service to help prevent or manage future crisis situations.

Some examples of interventions that may be used to de-escalate a crisis situation could include: a situational assessment; active listening and empathic responses to help relieve emotional distress; effective verbal and behavioral responses to warning signs of crisis related behavior; assistance to, and involvement/participation of, the member (to the extent he or she is capable) in active problem solving planning and interventions; facilitation of access to a myriad of crisis stabilization and other services deemed necessary to effectively manage the crisis; mobilization of natural support systems; and other crisis interventions as appropriate to the member and issues to be addressed.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

### **III. Admission Criteria**

*Criteria A and B must be met to satisfy admission criteria.*

- A. Member has a known or suspected mental health diagnosis or substance related disorder.
- B. Member is at risk of harm to self, others and/or property. Risk may range from mild to imminent and one or both of the following:

1. Member has insufficient or severely limited resources or skills necessary to cope with the immediate crisis
2. Member demonstrates lack of reasonable judgment.

**IV. Continued Stay Criteria**

This service may be utilized at various points in the member's course of treatment and recovery, however, each intervention is intended to be a discrete time-limited service that stabilizes the member and moves him/her to the appropriate level of care.

**V. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay guidelines.
- B. Crisis situation is resolved, and an adequate continuing care plan has been established.

## **H2012: Day Treatment, Adult Substance Abuse**

### **I. Description of Service**

A time-limited, multi-faceted approach treatment service for persons who require structure and support to achieve and sustain recovery from substance related disorders. These services are available during the day and evening hours to enable members to maintain residence in their community, continue to work or go to school and to be a part of their family life. The following types of services may be included:

- A. Didactic presentations/ psychoeducational approaches
- B. Individual counseling
- C. Group counseling
- D. Family counseling and family didactic/psychoeducational approaches (as appropriate)
- E. Regular urine drug screenings

This service should be scheduled and available at least five hours per day, four days per week, with no more than two consecutive days without service availability for higher need members (ASAM Level II.5). There should be at least three hours of scheduled services available per day; three days per week with no more than two consecutive days without service availability for lower need members (ASAM Level II.1). The maximum number of hours that can be billed within one day for any one member is five hours. An Adult Substance Abuse Day Services Program may have variable lengths of stay. It is recommended that members attend at a frequency appropriate to their level of need and that each member's frequency of attendance be reduced as recovery becomes established and the member becomes able to resume more and more usual life roles and obligations.

Strategies for recovery and relapse prevention should include community and social support systems in the planned interventions. Services are provided according to member needs and goals as articulated in the Individualized Recovery Plan. The programmatic goals of the service must be clearly articulated by the provider, utilizing best/evidence based practices for service delivery and support that are based on the population(s) and issues to be addressed. These may include Motivational Interviewing/Enhancement, stage-based interventions, refusal skill development, Cognitive Behavioral Therapy, co-occurring disorder approaches, relapse prevention planning and techniques, and others as appropriate to the member and issues to be addressed. Practitioners providing this service are expected to maintain knowledge and skills regarding current research trends in best/evidence based practices.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

### **III. Admission Criteria**

*Criterion A and either B, C, D, E, F, G, H, or I must be met to satisfy admission criteria.*

- A. A DSM IV diagnosis of Substance Abuse or Dependence with or without a co-occurring DSM IV diagnosis of mental illness or DD.
- B. The substance use is incapacitating, destabilizing or causing the member anguish or distress, and the member demonstrates a pattern of alcohol and/or drug use that has resulted in a significant impairment of interpersonal, occupational, and/or educational functioning.
- C. The member's substance abuse history after previous treatment indicates that provision of outpatient services alone is not likely to result in the member's ability to maintain sobriety.
- D. The member is able to function in a community environment even with impairments in social, medical, family, or work functioning.
- E. The member is sufficiently motivated to participate in treatment.
- F. There is a reasonable expectation that the member can improve demonstrably within 3-6 months.
- G. The member is assessed as needing ASAM Level II.1 or II.5.
- H. The member has no significant cognitive and/or intellectual impairments that will prevent participation in and benefit from the services offered and has sufficient cognitive capacity to participate in and benefit from the services offered.
- I. The member is not actively suicidal or homicidal, and the member's crisis, Intensive Day Treatment, and/or inpatient needs (if any) have been met prior to participation in the program.

### **IV. Continued Stay Criteria**

*Criteria A, B, C and D must be met to satisfy continued stay criteria.*

- A. The member's condition continues to meet the admission criteria.
- B. Progress notes document progress in reducing use and abuse of substances; developing social networks and lifestyle changes; increasing educational, vocational, social and interpersonal skills; understanding addictive disease; and/or establishing a commitment to a recovery and maintenance program, but the overall goals of the treatment plan have not been met.
- C. There is a reasonable expectation that the member can achieve the goals in the necessary time frame.
- D. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

**V. Discharge Criteria**

*Criterion A and either B, C, D, E, or F must be met to satisfy criteria for discharge.*

- A. An adequate continuing care or discharge plan is established and linkages are in place.
- B. Goals of the Individualized Recovery Plan (IRP) have been substantially met.
- C. The member requests discharge and is not in imminent danger of harm to self or others.
- D. Transfer to another level of service is warranted by change in the member's condition or nonparticipation.
- E. The member refuses to submit to random drug screens.
- F. The member requires services not available at this level.

## **H2012: Day Treatment, Psychosocial Rehabilitation**

### **I. Description of Service**

A therapeutic, rehabilitative, skill building and recovery-promoting service for members to gain the skills necessary to allow them to remain in or return to naturally occurring community settings and activities. Services include, but are not limited to:

- A. Individual or group skill building activities that focus on the development of skills to be used by members in their living, learning, social, and working environments
- B. Social, problem solving and coping skill development
- C. Illness and medication self-management
- D. Prevocational skills, including: preparing for the workday; appropriate work attire and personal presentation including hygiene and use of personal effects such as makeup, jewelry, perfume/cologne etc as appropriate to the work environment; time management; prioritizing tasks; taking direction from supervisors; appropriate use of break times and sick/personal leave; importance of learning and following the policies/rules and procedures of the workplace; workplace safety; problem solving/conflict resolution in the workplace; communication and relationships with coworkers and supervisors; resume and job application development; on-task behavior and task completion skills such as avoiding distraction from work tasks, following a task through to completion, asking for help when needed, making sure deadlines are clarified and adhered to; learning common work tasks or daily living tasks likely to be utilized in the workplace such as telephone skills, food preparation, organizing/filing, scheduling/participating in/leading meetings, computer skills
- E. Recreational activities/leisure skills that improve self-esteem and recovery.

The programmatic goals of the service must be clearly articulated by the provider, utilizing a best/evidence based model for service delivery and support. Practitioners providing this service are expected to maintain knowledge and skills regarding current research trends in best/evidence based models and practices for psychosocial rehabilitation.

This service is offered in a group setting, though individual activities are allowable within the service when more circumstantially appropriate. Group activities and interventions should be made directly relevant to the needs, desires and IRP goals of the individual participants (i.e. an additional activity/group should be made available as an alternative to a particular group for those members who do not need or wish to be in that group, as clinically appropriate). This service may be provided as a step-down from intensive day treatment. Services must be provided in a clinic or other facility-based setting and available at least 25 hours per week. This service is offered for a maximum of 5 hours per day.



## **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

## **III. Admission Criteria**

*Criterion A and either B or C must be met to satisfy admission criteria.*

- A. Member must have primary behavioral health issues (including those with a co-occurring substance abuse disorder or MR/DD). Prior to initiation of these services, the member must have received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis must be assigned by a licensed psychologist, physician, or a PA or APRN working in conjunction with a physician with an approved job description or protocol. Member must also present a low or no risk of danger to themselves or others.
- B. Member lacks many functional and essential life skills such as daily living, social skills, vocational/academic skills and/or community/family integration.
- C. Member needs frequent assistance to obtain and use community resources.

## **IV. Continued Stay Criteria**

*Criterion A and either B, C, or D must be met to satisfy continued stay criteria.*

- A. Primary behavioral health issues that continue to present a low or no imminent risk of danger to themselves or others (or at risk of moderate to severe symptoms).
- B. The member has shown improvement in skills in some but not all areas.
- C. If services are discontinued there would be an increase in symptoms and decrease in functioning.
- D. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

## **V. Discharge Criteria**

*Criterion A and either B, C, D, E, or F must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. The member has acquired a significant number of needed skills.
- C. The member has sufficient knowledge and use of community supports.
- D. The member demonstrates ability to act on goals and is self sufficient or able to use peer supports for attainment of self sufficiency.

- E. The member/family need a different level of care.
- F. The member/family requests discharge.

**VI. Clinical Exclusions**

*Criterion A or B must be met to preclude eligibility for the service.*

- A. Members who require one-to-one supervision for protection of self or others.
- B. Member has primary diagnosis of substance abuse, developmental disability, autism, or organic mental disorder without a co-occurring DSM IV mental disorder diagnosis.

## **H2014: Skills Training and Development, Family Training**

### **I. Description of Service**

A therapeutic interaction shown to be successful with identified family populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the individual consumer and targeted to the consumer-identified family and specified in the Individualized Recovery Plan (note: although interventions may involve the family, the focus or primary beneficiary of intervention must always be the member). Family training provides systematic interactions between the member, staff and the member's identified family members directed toward the enhancement or maintenance of functioning of the identified consumer/family unit. This may include support of the family, as well as training and specific activities to enhance functioning that promote the recovery of the member. Specific goals/issues to be addressed through these services may include the restoration, development, enhancement, or maintenance of the following:

- A. Illness and medication self-management knowledge and skills (e.g. symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed)
- B. Problem solving and practicing functional skills
- C. Healthy coping mechanisms
- D. Adaptive behaviors and skills
- E. Interpersonal skills
- F. Daily living skills
- G. Resource access and management skills
- H. The family's understanding of mental illness and substance-related disorders, the steps necessary to facilitate recovery, and methods of intervention, interaction and mutual support the family can use to assist their family member

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

### **III. Admission Criteria**

*Criteria A, B, C and D must be met to satisfy admission criteria.*

- A. Member must have a mental illness and/or substance-related disorder diagnosis that is destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering).

- B. Member's level of functioning does not preclude the provision of services in an outpatient milieu.
- C. Member's assessment indicates needs that may be supported by a therapeutic intervention shown to be successful with identified family populations and member's diagnoses.
- D. There must be complementary therapeutic services by licensed/credentialed professionals paired with the provision of H2014.

#### **IV. Continued Stay Criteria**

*Criteria A, B and C must be met to satisfy continued stay criteria.*

- A. The member's condition continues to meet the admission criteria.
- B. Progress notes document progress in reducing use and abuse of substances; developing social networks and lifestyle changes; increasing educational, vocational, social and interpersonal skills; understanding addictive disease; and/or establishing a commitment to a recovery and maintenance program, but the overall goals of the treatment plan have not been met.
- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **V. Discharge Criteria**

*Criterion A and either B, C, D, or E must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Recovery Plan have been substantially met.
- C. Member requests discharge and the member is not in imminent danger of harm to self or others.
- D. Transfer to another service/level of care is warranted by change in member's condition.
- E. Member requires more intensive services.

#### **VI. Clinical Exclusions**

*Criterion A, B, C, or D must be met to preclude eligibility for the service.*

- A. Severity of behavioral health impairment precludes provision of services.
- B. Severity of cognitive impairment precludes provision of services in this level of care.
- C. There is a lack of social support systems such that a more intensive level of service is needed.

- D. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, traumatic brain injury.

## **H2014: Skills Training and Development, Group Training**

### **I. Description of Service**

A therapeutic interaction shown to be successful with identified populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the member and specified in the Individualized Resiliency Plan. Services may address goals/issues such as promoting recovery, and the restoration, development, enhancement or maintenance of:

- A. Illness and medication self-management knowledge and skills (e.g. symptom management, behavioral management, relapse prevention skills, knowledge of medications and side effects, and motivational/skill development in taking medication as prescribed)
- B. Problem solving skills
- C. Healthy coping mechanisms
- D. Adaptive skills
- E. Interpersonal skills
- F. Daily living skills
- G. Resource management skills
- H. Knowledge regarding mental illness, substance-related disorders, and other relevant topics that assist in meeting the member's and family's needs
- I. Skills necessary to access and build community resources and natural support systems

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

### **III. Admission Criteria**

*Criteria A, B, C and D must be met to satisfy admission criteria.*

- A. Members must have a primary mental illness/substance related disorder diagnosis that is destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering).
- B. The member's level of functioning does not preclude the provision of services in an outpatient milieu.
- C. The member's resiliency goals that are to be addressed by this service must be conducive to response by a group milieu

- D. When clinical/functional needs are great, there must be complementary therapeutic services by licensed/credentialed professionals paired with the provision of H2014.

#### **IV. Continued Stay Criteria**

*Criteria A, B and C must be met to satisfy continued stay criteria.*

- A. The member continues to meet admission criteria.
- B. The member demonstrates documented progress relative to goals identified in the Individualized Recovery Plan, but treatment goals have not yet been achieved.
- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

#### **V. Discharge Criteria**

*Criteria A and either B, C, D, or E must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Recovery Plan have been substantially met.
- C. Member or member's parent/guardian requests discharge.
- D. Transfer to another service/level of care is warranted by change in member's condition.
- E. Member requires more intensive services.

#### **VI. Clinical Exclusions**

*Criterion A, B, C, D or E must be met to preclude eligibility for the service.*

- A. Severity of behavioral health issue precludes provision of services.
- B. Severity of cognitive impairment precludes provision of services in this level of care.
- C. There is a lack of social support systems such that a more intensive level of service is needed.
- D. This service is not intended to supplant other services such as MR/DD Personal and Family Support or any day services where the member may more appropriately receive these services with staff in various community settings.
- E. Members with the following conditions are excluded from admission unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, traumatic brain injury.

## **H0036: Intensive Family Intervention**

### **I. Definition of Service**

A service intended to improve family functioning by clinically stabilizing the living arrangement, promoting reunification, or preventing the utilization of out-of-home placement for the identified member. Services are typically delivered utilizing a team approach and are provided primarily to the member in their living arrangement and within (and including) the family system. Services promote a family-based focus in order to do the following:

- A. Defuse the current behavioral health crisis, evaluate its nature and intervene to reduce the likelihood of a recurrence
- B. Ensure linkage to needed community services and resources
- C. Improve the individual member's ability to self-recognize and self-manage behavioral health issues, as well as the parents'/responsible caregivers' capacity to care for their children. Services should include crisis intervention, intensive supporting resources management, individual and/or family counseling/training, and other rehabilitative supports to prevent the need for out-of-home placement or other more intensive/restrictive services. Services are based upon a comprehensive assessment and are directed towards the identified member and his or her behavioral health needs and goals as identified in the Individualized Resiliency Plan.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services

### **III. Admission Criteria**

*Criteria A and B, and either C, D, or E must be met to satisfy admission criteria.*

- A. Member has a diagnosis and duration of symptoms which classify the illness as SED and/or is diagnosed Substance Related Disorder.
- B. Because of behavioral health issues, the member is at immediate risk of out-of-home placement or is currently in out-of-home placement and reunification is imminent.
- C. Member and/or family has insufficient or severely limited resources or skills necessary to cope with an immediate behavioral health crisis.
- D. Member and/or family behavioral health issues are unmanageable in traditional outpatient treatment and require intensive, coordinated clinical and supportive intervention.



- E. Member has received services through other services modalities and needs additional or different supports and/or structure. Treatment at a lower intensity has been attempted or given serious consideration.

**IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy continued stay criteria.*

- A. The member continues to meet Admission Criteria.
- B. There is adequate documentation from the provider that the Member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

*Criterion A and either B, C, D, E, or F must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Member no longer meets the admission criteria.
- C. Goals of the Individualized Resiliency Plan have been substantially met.
- D. Member and family request discharge, and the member is not imminently dangerous.
- E. Transfer to another service is warranted by change in the member's condition.
- F. Member requires services not available within this service.

**V. Clinical Exclusions**

*Criterion A or B must be met to preclude eligibility for the service.*

- A. Member with any of the following unless there is clearly documented evidence of an acute psychiatric/addiction episode overlaying the primary diagnosis: Autism; Mental Retardation/Developmental Disabilities; Organic Mental Disorder; or, Traumatic Brain Injury.
- B. Member can be effectively and safely treated at a lower intensity of service.

# Kansas Community Based Services (CBS)

## Table of Contents

<u>Section</u>	<u>Page</u>
H0036: Community Psychiatric Supportive Treatment.....	75
H2017: Psychosocial Rehabilitation Services .....	77
H0038: Self Help/Peer Services.....	79
H2011: Crisis Intervention.....	81

## **H0036: Community Psychiatric Supportive Treatment**

### **I. Description of Services**

Community Psychiatric Supportive Treatment (CPST) includes goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the member's individualized treatment plan. CPST is a face-to-face intervention with the member present; however, family or other collaterals may also be involved. The majority of CPST contacts must occur in community locations where the member lives, works, attends school, and/or socializes. CPST may assist the member and family members or other collaterals to identify strategies or treatment options associated with the member's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the beneficiary's daily living, financial management, housing, academic, and/or interpersonal relationships, and community integration. CPST may include individual supportive counseling, solution focused interventions, emotional and behavior management, and problem behavior analysis with the member, with the goal of assisting the member to develop and implement social, interpersonal, self care, daily living, and independent living skills to restore stability, support functional gains, and adapt to community living.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-C must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- C. Less intensive services would not be adequate to assist the member in reaching identified treatment goals.

### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. Intensity of Service Guidelines and Admission Criteria are met

- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. If progress has not been made, the provider will indicate in writing the modifications they plan to make to the treatment plan to address current clinical needs or justify the need for continued care at this level.
- D. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- E. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

**V. Discharge Criteria**

*Criterion A, B or C must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinued treatment and does not meet criteria for involuntary treatment.
- C. The member has failed to engage in services, despite assertive outreach efforts that are documented in the member's treatment record.

## **H2017: Psychosocial Rehabilitation**

### **I. Description of Services**

Psychosocial Rehabilitation (PR) are designed to assist the member with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with member's mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the member's individualized treatment plan. The intent of PR is to restore the fullest possible integration of the member as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PR is a face-to-face intervention with the member present. Services may be provided individually or in a group setting. The majority of PR contacts must occur in community locations where the member lives, works, attends school, and/or socializes.

PR may include restoration and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, and develop coping strategies and effective functioning in the member's social environment including home, work and school. PR may also include: restoration and support with the development of daily living skills to improve self management of the negative effects of psychiatric or emotional symptoms that interfere with a member's daily living; and, supporting the member with development and implementation of daily living skills and daily routines critical to remaining in home, school, work and community.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-C must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The member is experiencing clinically significant functional deficits and interpersonal and/or environmental barriers associated with their mental illness, putting the member at imminent risk for a change in community tenure to a higher level of care.
- C. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.

#### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. Intensity of Service Guidelines and Admission Criteria are met.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. If progress has not been made, the provider will indicate in writing the modifications they plan to make to the treatment plan to address current clinical needs or justify the need for continued care at this level.
- D. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- E. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

#### **V. Discharge Criteria**

*Criterion A, B, C or D must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinues treatment and does not meet criteria for involuntary treatment.
- C. The member has failed to engage in services, despite assertive outreach efforts that are documented in the member's treatment record.
- D. The member is no longer at imminent risk of a change in community tenure to a higher level of care.

## **H0038/H0038HQ (group): Self Help/Peer Services**

### **I. Description of Services**

Peer Support (PS) services are member centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Activities included must be intended to achieve the identified goals or objectives as set forth in the member's individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for members to support each other in the restoration and expansion of skills and strategies necessary to move forward in recovery. Peer Support is a face-to-face intervention with the member present. Services can be provided individually (H0038) or in a group setting (H0038HQ). The majority of Peer Support contacts must occur in the community locations where the person lives, works, attends school and/or socializes. The services may include the following components:

- Helping the member to develop a network of information and support from others who have been through similar experiences.
- Assisting the members with regaining the ability to make independent choices and to take a proactive role in treatment including discussing questions and concerns about medications, diagnoses, or working with their current treating clinician.
- Assisting member with the identifying and effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
- Provider qualifications: Must be at least 18 years old, and have a high school diploma or equivalent. Certification in the State of Kansas to provide the service, which includes criminal, abuse/neglect registry and professional background checks, and completion of a standardized basic training program. Self identify as a present or former consumer of mental health services

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-D must be met to satisfy criteria for admission.*

- A. The member has received a mental health evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

- B. The level of care provided is determined to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- C. The member has a treatment plan that has a clear start and end date for services.
- D. The treatment is overseen by a Qualified Mental Health Professional or PAHP designated Licensed Mental Health Professional with experience regarding the specialized mental health service.

#### **IV. Continued Stay Criteria**

*Criteria A-D must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. If progress has not been made **OR** there are changes in the Member's clinical presentation and response to treatment, the provider will need to indicate in writing modifications they plan to make to the treatment **OR** justify the need for continued care at this level;
- C. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- D. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

#### **V. Discharge Criteria**

*Criterion A, B, C or D must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinued treatment and does not meet criteria for involuntary treatment.
- C. Discontinuation of the service is not likely to result in *significant* decline in functioning
- D. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member's treatment record.



## **H2011: Crisis Intervention**

### **I. Description of Services**

Crisis Intervention (CI) services are provided to a person who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. Crisis intervention is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school, and/or socializes.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-E must be met to satisfy criteria for admission.*

- A. Member demonstrates imminent risk to self or others
- B. A preliminary assessment of risk, mental status, and medical stability; and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g. caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level.
- C. Short-term crisis interventions including crisis resolution and de-briefing and follow-up with the individual, and as necessary, with the individual's caretaker and/or family members.
- D. The Member has a psychiatric illness (meeting the criteria for a qualified DSM IV diagnosis as specified in the Provider Manual) and self identifies as experiencing a seriously acute psychological/emotional change resulting in a marked increase in personal distress and which exceeds the abilities and the resources of the Member to effectively resolve it.
- E. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.

### **IV. Continued Stay Criteria**

*There is no continued stay criteria for crisis services.*

**V. Discharge Criteria**

*Criterion A, or B must be met to satisfy criteria for discharge.*

- A. The crisis has been addressed and resolved.
- B. The member has been placed in an inpatient setting to address treatment and insure member safety.

# Massachusetts Community Based Services (CBS)

## Table of Contents

<u>Section</u>	<u>Page</u>
H2015: Community Based Flexible Supports (CBFS) (Adult).....	84
H2015: Community Based Flexible Supports (CBFS) (Child & Adolescent) .....	86
H2012: Day Treatment (Adult).....	88
H2019: Family Stabilization .....	90
H2011: Mobile Crisis.....	93
S9484: Emergency Services Program (ESP) Assessment .....	95
H0020: Methadone Services .....	97
H0014: Ambulatory Detoxification .....	102
H0015: Structured Outpatient Addiction Program (SOAP) .....	104
97810: Acupuncture Detoxification Services .....	106
Applied Behavioral Analysis.....	108

## **H2015: Community Based Flexible Supports (CBFS) (Adult)**

### **I. Description of Services**

Services include, but are not limited to, interventions and supports that manage psychiatric symptoms in the community, restore or maintain independent living in the community, restore or maintain daily living skills, promote wellness and the management of medical conditions, and assist clients to restore or maintain and utilize the skills necessary to undertake employment. CBFS services are designed, in part, to maximize flexibility, to strengthen consumer driven care and treatment planning, to integrate peer workers, and to develop and monitor person-focused outcomes.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-D must be met to satisfy criteria for admission.*

- A. The member has a mental illness that includes a substantial disorder of thought, mood, perception, orientation or memory which grossly impairs judgment, behavior, capacity to recognize reality or the ability to meet the ordinary demands of life.
- B. The member has a mental illness that has lasted, or is expected to last, at least one year.
- C. The member has a mental illness that has resulted in functional impairment that substantially interferes with or limits the performance of one or more major life activities, and is expected to do so in the succeeding year.
- D. The member has a mental illness that meets diagnostic criteria specified within the current edition of Diagnostic and Statistical Manual of Mental Disorders, which indicates that the individual has a serious, long term mental illness that is not based on symptoms primarily caused by substance related disorders, mental retardation or organic disorders due to a general medical condition not elsewhere classified.

### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. The member has a validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
- B. The member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.

- C. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
- D. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.
- E. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

*Criteria A, B or C must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The member has progressed to the extent CBS are no longer necessary.
- C. The severity of illness requires a higher level of care.

## **H2015: Community Based Flexible Supports (CBFS) (Child & Adolescent)**

### **I. Description of Services**

Services include, but are not limited to, interventions and supports that manage psychiatric symptoms in the community, restore or maintain independent living in the community, restore or maintain daily living skills, promote wellness and the management of medical conditions, and assist clients to restore or maintain and utilize the skills necessary to undertake employment. CBFS services are designed, in part, to maximize flexibility, to strengthen consumer driven care and treatment planning, to integrate peer workers, and to develop and monitor person-focused outcomes.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-C must be met to satisfy criteria for admission.*

- A. The member is under 19 years of age at the time of the request and has a serious emotional disturbance that has lasted or is expected to last at least one year.
- B. The serious emotional disturbance has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school or community activities.
- C. The member has a serious emotional disturbance that meets diagnostic criteria specified within the current edition of Diagnostic and Statistical Manual of Mental Disorders, but is not solely within one or more of the following categories:
  - 1. Developmental disorders usually first diagnosed in infancy, childhood or adolescence, such as mental retardation
  - 2. Cognitive disorders, including delirium, dementia or amnesia
  - 3. Organic disorders due to a general medical condition not elsewhere classified
  - 4. Substance-related disorders

### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. The member has a validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
- B. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning

through treatment planning and involvement but would not be able to progress without the services provided by the CBS.

- C. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
- D. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.
- E. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

*Criteria A, B or C must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria.
- B. The member has progressed to the extent CBS are no longer necessary.
- C. The severity of illness requires a higher level of care.

## **H2012: Day Treatment (Adult)**

### **I. Description of Services**

A planned combination of diagnostic, treatment, and rehabilitative and recovery-oriented services provided to mentally or emotionally disturbed persons who need more active or inclusive treatment than is typically available through a weekly visit to a mental health center or hospital outpatient department, but who do not need full-time hospitalization or institutionalization. Such a program utilizes multiple, intensive, and focused activities in a supportive environment to enable such persons to acquire more realistic and appropriate behavior patterns, attitudes, and skills for eventual independent functioning in the community. Such programs may be operated by a freestanding clinic, a satellite facility of a clinic, a hospital-licensed health center, or an identifiable unit of a clinic, hospital, or hospital-licensed health center.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criterion A must be met to satisfy criteria for admission.*

- A. The member has been evaluated by a multidisciplinary team composed of the treatment team and a psychiatrist (if the psychiatrist is not a member of the treatment team) and that evaluation indicates that the member has a DSM-IV Axis I-V diagnosis and that functional deficits exist in at least two of the following areas:
  - 1. Emotional stability
  - 2. Vocational/educational productivity
  - 3. Social relations
  - 4. Self-care

### **IV. Continued Stay Criteria**

*Criteria A-C must be met to satisfy criteria for continued stay.*

- A. The member continues to need and will benefit from psychiatric day treatment program services in achieving short- and long-term goals.
- B. The member has the potential to move into a less intensive level of care within a specified time period.



- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

**V. Discharge Criteria**

*Criterion A must be met to satisfy criteria for discharge.*

- A. A member must be discharged from a psychiatric day treatment program when a periodic review shows that the member has met all therapeutic goals or has ceased to substantially benefit from the program. If this discharge occurs because the member requires a lesser level of services than those of psychiatric day care, the program must prepare the member as much as possible for the transition to a less intensive program or environment, such as a social club, a mental health clinic, or a social services agency.

**VI. Clinical Exclusions**

- A. Members are not considered appropriate for Day Treatment if their primary diagnosis or functional characteristic include any of the following: total dysfunction; active alcohol, drug, or substance abuse to an extent that precludes benefit from the program; homicidal behavior; inability to meet ordinary minimal demands of life; unwillingness or inability to follow through with a therapeutic contract, whether verbal or written; or absence of any potential to move into a less intensive level of care through day treatment program services.

## **H2019: Family Stabilization**

### **I. Description of Services**

Family Stabilization involves two components: In-Home Therapy and Therapeutic Training and Support. In-Home Therapy is a structured, consistent, therapeutic relationship between a licensed clinician and the youth and family for the purpose of treating the youth's behavioral health needs including improving the family's ability to provide effective support for the youth to promote healthy functioning of the youth within the family. Therapeutic Training and Support is provided by a Therapeutic Training and Support Staff working under the supervision of an In-Home Therapist to support implementation of the licensed clinician's treatment plan to achieve the goals of that plan. The Therapeutic Training and Support Staff assists the In-Home Therapist in implementing the therapeutic objectives of the treatment plan designed to address the youth's mental health, behavioral and emotional needs. This service includes teaching the youth to understand, direct, interpret, manage and control feelings and emotional responses to situations, and to assist the family to address the youth's emotional, behavioral and mental health needs.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-D must be met to satisfy criteria for admission.*

- A. A comprehensive behavioral health assessment inclusive of the MA Child and Adolescent Needs and Strengths (CANS) indicates that the member's clinical condition warrants this service in order to enhance problem-solving, limit-setting, and risk management/safety planning, communication; to advance therapeutic goals or to improve ineffective patterns of interaction; and to build skills to strengthen the parent/caregiver's ability to sustain the member in their home setting or to prevent the need for more intensive levels of service such as inpatient hospitalization or other out of home behavioral health treatment services.
- B. The member resides in a family home environment (e.g., foster, adoptive, birth, kinship) and has a parent/guardian/caregiver who voluntarily agrees to participate in In-Home Therapy Services.
- C. Outpatient services alone are not or would not likely be sufficient to meet the youth and family's needs for clinical intervention/treatment.
- D. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

#### **IV. Continued Stay Criteria**

*Criteria A-D and either E or F must be met to satisfy criteria for continued stay.*

- A. The member's clinical condition continues to warrant In-Home Therapy Services and the youth is continuing to progress toward identified, documented treatment plan goal(s).
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- C. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.
- D. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.
- E. Progress toward identified treatment plan goal(s) is evident and has been documented based upon objectives defined for each goal, but the goal(s) has not been substantially achieved.
- F. Progress has not been made and the In-Home therapy team has identified and implemented changes and revisions to the treatment plan to support goals.

#### **V. Discharge Criteria**

*Any one of the following criteria must be met to satisfy criteria for discharge.*

- A. The youth no longer meets admission criteria for this level of care, or meets criteria for a less or more intensive level of care.
- B. The treatment plan goals and objectives have been substantially met and continued services are not necessary to prevent worsening of the youth's behavioral health condition.
- C. The youth and parent/guardian/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
- D. The member is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or a community setting with community-based supports.
- E. Required consent for treatment is withdrawn.
- F. The youth is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care, nor is this level of care required to prevent worsening of the youth's condition.

## **VI. Clinical Exclusions**

- A. The member is in a hospital, skilled nursing facility, psychiatric residential treatment facility or other residential treatment setting at the time of referral and is not ready for discharge to a family home environment or community setting with community-based supports.
- B. The needs identified in the treatment plan that would be addressed by in-home therapy services are being fully met by other services.
- C. The environment in which the service takes place presents a serious safety risk to the In-Home Therapy Service provider, alternative community settings are not likely to ameliorate the risk and no other safe venue is available or appropriate for this service.
- D. The member is in an independent living situation and is not in the family's home or returning to a family setting.
- E. The member has medical conditions or impairments that would prevent beneficial utilization of services.

## **H2011: Mobile Crisis**

### **I. Description of Services**

A short-term service that is a mobile, on-site, face-to-face therapeutic response to youths experiencing a behavioral health crisis. Its purpose is to identify, assess, treat, and stabilize the situation and reduce the immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any. Mobile crisis intervention services are available 24 hours a day, 7 days a week. Services may be delivered using a single crisis worker or a team of professionals trained in crisis intervention. Phone contact and consultation may be provided as part of the intervention. Services include a crisis assessment, development of a risk management/safety plan, if the member does not already have one, up to 72 hours of crisis intervention and stabilization services including: on-site face-to-face therapeutic response, psychiatric consultation and urgent psychopharmacology intervention as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-F must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The member must be in a behavioral health crisis that was unable to be resolved to the caller's satisfaction by phone triage.
- C. Immediate intervention is needed to attempt to stabilize the member's condition safety in situations that do not require an immediate public safety response.
- D. The member demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home and/or the community.
- E. The member demonstrates suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of service.
- F. The member is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community or the demands of the situation exceed the

parent's/guardian's/caregiver's strengths and capacity to maintain the member in his/her present living environment and external supports are required.

**IV. Continued Stay Criteria**

Not applicable.

**V. Discharge Criteria**

*Any one of the following criteria must be met to satisfy criteria for discharge.*

- A. The crisis assessment and other relevant information indicate that the member needs a more (or less) intensive level of care and the Mobile Crisis Intervention has facilitated transfer to the next treatment setting and ensured that the risk management/safety plan has been communicated to the treatment team at that setting.
- B. The member's physical condition necessitates transfer to an inpatient medical facility and the Mobile Crisis Intervention provider has communicated the member's risk/safety plan to the receiving provider.
- C. Consent for treatment is withdrawn and there is no court order requiring such treatment.

## **S9484: Emergency Services Program (ESP) Assessment**

### **I. Description of Services**

The ESP is designed to interrupt patterns of over-reliance on hospital emergency departments as the first point of contact in the event of a behavioral health emergency. While emergency departments are an important component of the crisis continuum, most behavioral health crises can be readily and more effectively addressed in the community. Every ESP needs to be organized around the diversion of behavioral health utilization from those settings when there is not a physical condition or level of acuity that requires medical assessment and intervention. ESP's will be expected to develop and implement specific strategies to change referral and utilization patterns in their communities, and shift volume from hospital emergency departments to their community-based services.

The ESP's will provide alternative community-based services through a comprehensive, integrated program, including services delivered through the ESP's mobile crisis intervention services for children/adolescents and adults, in the ESP's accessible community-based location, and in the ESP's adult Crisis Stabilization Units (CSU's). The selected ESP providers will be expected to envision their programs, inclusive of all these service components, as one integrated emergency services program. The ESP's community-based location must be a physical site at which ESP assessment, crisis intervention, and stabilization services will be provided. The ESP's community-based location will be required to include the ESP's adult CSU.

ESP providers will support resiliency, rehabilitation, and recovery of all individuals to whom they provide emergency behavioral health services. They will do so by integrating mental health, substance use, and co-occurring recovery and rehabilitation principles and practices throughout the service delivery model. Specifically, they will implement recovery-oriented services, including peer specialist and family support services. All ESP's will be required to employ one or more Certified Peer Specialists (CPS) to work in the ESPs' community-based locations.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-F must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

- B. The member must be in a behavioral health crisis that was unable to be resolved to the caller's satisfaction by phone triage.
- C. Immediate intervention is needed to attempt to stabilize the member's condition safety in situations that do not require an immediate public safety response.
- D. The member demonstrates impairment in mood, thought, and/or behavior that substantially interferes with functioning at school, home and/or the community.
- E. The member demonstrates suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or is experiencing escalating behavior(s) and, without immediate intervention, he/she is likely to require a higher intensity of service.
- F. The member is in need of clinical intervention in order to resolve the crisis and/or to remain stable in the community.

**IV. Continued Stay Criteria**

Not applicable.

**V. Discharge Criteria**

*Criterion A must be met to satisfy criteria for discharge.*

- A. The crisis assessment and other relevant information indicate that the member needs a more (or less) intensive level of care and the Mobile Crisis Intervention has facilitated transfer to the next treatment setting and ensured that the risk management/safety plan has been communicated to the treatment team at that setting.



## **H0020: Methadone Services**

### **I. Description of Services**

A drug treatment program that furnishes a comprehensive range of services using Methadone for the detoxification or maintenance of narcotic-dependent individuals, conducts the initial evaluation of individuals, and provides ongoing treatment at a specified location or locations. Services include individual, group, and family/couples counseling, as well as the administration and dispensing of Methadone. On-site administration or dispensing of Methadone is limited to one dose per recipient, per day and each take-home dispensing of Methadone is limited to a maximum six days' supply. Counseling services is limited to four sessions per recipient, per week. A provider who furnishes Methadone detoxification and Methadone maintenance services must be licensed as a Methadone treatment program by the Massachusetts Department of Public Health under its regulations at 105 CMR 750.000.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-G must be met to satisfy criteria for admission.*

- A. The member has Validated DSM IV Diagnosis and demonstrates specific objective and subjective signs of Opioid Dependence (304.00) which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
- B. A comprehensive medical history, physical examination and laboratory tests have been obtained and a physician has determined that the member has been physiologically dependent (continuously or episodically) for at least one year before admission for methadone maintenance.

Exceptions:

- 1. Pregnant members who have a documented history of Opioid Dependence and the program physician has certified the pregnancy and finds treatment to be medically justified; or,
  - 2. Members who have had previous methadone treatment and later voluntarily detoxified from methadone may be readmitted to methadone treatment without evidence of current physiological dependence, up to two years after discharge, if the program is able to document prior methadone treatment of six months or more and the program physician has determined that readmission to methadone treatment is medically indicated.
- C. The member meets criterion (1) and may meet criteria (2) and (3).

1. biomedical criteria for opioid dependence with or without the complications of opioid addiction requiring medical monitoring and skilled care.
  2. concurrent biomedical illnesses or pregnancy that can be stabilized and maintained safely on an outpatient basis with minimal daily medical monitoring.
  3. presence of non-acute biomedical problems that can be managed on an outpatient basis and do not require inpatient treatment.
- D. Emotional/behavioral complications of addiction are present and are manageable in an outpatient structured environment; or
- Addiction related abuse or neglect of spouse, children, and/or significant others exists and requires intensive outpatient treatment to reduce the risk of further deterioration; or
- Emotional/behavioral complications are present related to HIV infection, AIDS, and sexually transmitted diseases; or
- A diagnosed and stable emotional/behavioral or thought disorder exists which requires monitoring, management, and/or psychotropic medication due to a history indicating its high potential of distracting the member from recovery and/or treatment (e.g., stable borderline personality disorder, compulsive personality disorder); or
- A mild risk of behaviors endangering self or others with or without a history of severe depression, suicidal and/or homicidal behavior exists but can be managed safely in a structured outpatient environment.
- Emotional/behavioral stability is present but continued pharmacotherapy is required to prevent relapse to illicit opioid use.
- E. The member requires structured therapy, methadone and a programmatic milieu to promote treatment progress and recovery; or,
- The member does not accept responsibility for their opioid dependence, lacks the ability to make behavioral changes without clinically directed and structured motivational interventions, and treatment resistance is not so high as to render the treatment ineffective.
- F. The member attributes continued relapse to a physiological need for opiates; or
- Despite active participation at a less intensive level of care that did not include the provision of methadone, the member is experiencing an intensification of addiction symptoms (e.g., difficulty postponing immediate gratification and related drug-seeking behavior) or continued high-risk behaviors (e.g., shared needle use) and has a deteriorating level of functioning despite revisions in the treatment plan; or
- The member is at high risk for relapse to opioid use without methadone, close outpatient monitoring and structured support (as evidenced by a lack of awareness of personal relapse triggers, difficulty postponing immediate gratification, and/or ambivalence/resistance to treatment).

- G. The member has a supportive psychosocial environment to the extent that outpatient methadone treatment is feasible; or,

The member's family/significant others are supportive but require professional interventions to increase the member's likelihood of treatment success (e.g., assistance in limit setting, communications skills, decrease rescuing behaviors, education about methadone treatment, and AIDS education); or

Although the member may not have an ideal primary or social support system to assist with immediate recovery efforts, or may be homeless, the member has demonstrated motivation and a willingness to develop such a support system that is conducive to outpatient methadone treatment.

#### **IV. Continued Stay Criteria**

*Criteria A-G must be met to satisfy criteria for continued stay.*

- A. The member has Validated DSM IV Diagnosis and demonstrates specific objective and subjective signs of Opioid Dependence (304.00) which continues to have a broad and persistent effect on the member's ability to remain in the home/community.

- B. Continued methadone maintenance is required to prevent potential relapse to opioid use; or,

the member continues to need ongoing medical monitoring and access to medical management; or,

the member continues to have the support services necessary to ensure commitment to, and entry into, continued addictions treatment.

- C. Biomedical conditions and opioid dependence continues to require medical monitoring and/or medical management and skilled care; or,

there is a presence, or threat of, an increased rate of one or more of the following:

1. episodic use of drugs other than narcotics;
2. positive HIV status or AIDS;
3. chronic health conditions that could be medically compromised with discontinuation of methadone maintenance treatment including but not limited to:
  - (a) Liver disease or problems with the potential hepatic decompensation;
  - (b) Pancreatitis;
  - (c) Gastrointestinal, cardiovascular, and other systems disorders;
  - (d) HIV, AIDS, and other sexually related conditions;
  - (e) Sexually transmitted diseases;

- (f) Concurrent psychiatric illness requiring psychotropic medications;
- (g) Tuberculosis; or,
- (h) the member is pregnant and opioid-dependent.

- D. The member has achieved stable emotional/behavioral functioning that may be jeopardized by discontinuation of methadone treatment; or,
- the member demonstrates the potential for making use of methadone treatment but has not yet made significant life changes; or,
- the member is making progress towards resolution of an emotional/behavioral problem but has not sufficiently resolved problems to support transfer from methadone maintenance to a less intensive level of care; or,
- the member's emotional/behavioral disorder (which is being concurrently managed) continues to distract the member from focusing on treatment goals, but the member is responding to treatment and is expected to be able to achieve treatment objectives; or,
- the member continues to pose a mild risk for behaviors that would endanger self or others (e.g., sharing needles, unprotected sexual activities, some outside drug use), but the condition is improving; or,
- the member is pending transfer to a more intensive level of care (e.g., inpatient care, residential treatment); or,
- the member continues to demonstrate high-risk behaviors for exposure to HIV.
- E. The member recognizes the severity of the drug problem but demonstrates minimal understanding of self-defeating use of drugs (or alcohol), yet is progressing in treatment; or,
- the member recognizes the severity of the drug problem and demonstrates an understanding of his/her relationship with psychoactive substances, but does not yet demonstrate the coping skills necessary to deal with the problem; or,
- the member has begun to accept responsibility for addressing the drug problem, but still requires this level of service intensity to sustain treatment gains.
- F. The member requires structured therapy, methadone and the programmatic milieu to promote continued progress and recovery because the member attributes continued relapse to a physiological need for opiates; or,
- the member recognizes personal relapse triggers, but has not developed sufficient coping skills to interrupt or postpone gratification nor to change inadequate impulse-control behaviors; or,
- though addiction symptoms are stabilized, they have not been reduced to a level that would support functioning outside of a structured milieu.

- G. The member's existing coping skills will not withstand stressors in the work environment or the member has not developed vocational alternatives; or,  
the member has not yet developed sufficient coping skills to deal with the non-supportive family/social environment or has not developed alternative living support systems; or,  
the member has not yet integrated the socialization skills necessary to establish a supportive social network; or,  
the problem aspects of the member's social and interpersonal life are responding to treatment, but do not support transfer to a less intensive level of care; or,  
the member's social and interpersonal life has not changed, or has deteriorated, and the member needs additional treatment to learn to cope with the current situation or to take the necessary steps to secure an alternative environment.

**V. Discharge Criteria**

*Criteria A, B, or C must be met to satisfy criteria for discharge.*

- A. The member meets the diagnostic criteria for Opioid Dependence in Remission without the need for methadone.
- B. The member continues to meet the diagnostic criteria for Opioid Dependence, but requiring another level of care.
- C. The member does not meet the Continued Stay criteria

## **H0014: Ambulatory Detoxification**

### **I. Description of Services**

Face to face interactions with an individual who is suffering mild to moderate symptoms of withdrawal, for the purpose of alcohol and/or drug detoxification. Detoxification services must be supervised by a licensed physician. Ambulatory Services are provided in community-based settings and involve attending scheduled appointments for counseling and treatment.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criterion A must be met to satisfy criteria for admission.*

- A. The member has a Substance Related Disorder (ASAM Level I, PPC-2, FY 2009 Provider Manual, Part I/Section I MH and AD Service Definitions and Guidelines Page 182 of 267 Dimension-1) that is incapacitating, destabilizing or distressing. If the severity is incapacitating, there must be sufficient optimization in other dimensions of the individual's life to provide for safe detoxification in an outpatient setting, and individual meets the following three criteria:
  - 1. The member is experiencing signs and symptoms of withdrawal, or there is evidence (based on history of substance intake, age, gender, previous withdrawal history, present symptoms, physical condition, and/or emotional/behavioral condition) that withdrawal is imminent; and the individual is assessed to be at Level I.
  - 2. The member has no incapacitating physical or psychiatric complications that would preclude ambulatory detoxification services; and
  - 3. The member is assessed as likely to complete needed detoxification and to enter into continued treatment or self-help recovery as evidenced by:
    - (a) The member or support persons clearly understand and are able to follow instructions for care.
    - (b) The member has adequate understanding of and expressed interest to enter into ambulatory detoxification services.
    - (c) The member adequate support services to ensure commitment to completion of detoxification and entry into ongoing treatment or recovery.

- (d) The member evidences willingness to accept recommendations for treatment once withdrawal has been managed.

#### **IV. Continued Stay Criteria**

*Criteria A and B must be met to satisfy criteria for continued stay.*

- A. Individual's withdrawal signs and symptoms are not sufficiently resolved so that the individual can participate in self-directed recovery or ongoing treatment without the need for further medical or detoxification monitoring.
- B. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **V. Discharge Criteria**

*Criterion A and at least one of criteria B-E must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Recovery Plan have been substantially met.
- C. The member/family requests discharge and the member is not imminently dangerous.
- D. Withdrawal signs and symptoms have failed to respond to treatment and have intensified (as confirmed by higher scores on CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of detoxification service is indicated, or
- E. The member has been unable to complete Level I despite an adequate trial.

#### **VI. Clinical Exclusions**

- A. Substance Abuse issue has incapacitated the individual in all aspects of daily living, there is resistance to treatment as in ASAM Dimension 4, relapse potential is high (Dimension 5), and the recovery environment is poor (Dimension 6).
- B. Concomitant medical condition and/or other behavioral health issues warrant inpatient/residential treatment.
- C. This service code does not cover detoxification treatment for cannabis, amphetamines, cocaine, hallucinogens and phencyclines.

## **H0015: Structured Outpatient Addiction Program (SOAP)**

### **I. Description of Services**

Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least 3 hours a day and at least 3 days a week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education means an intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least three hours a day and at least 3 days a week according to an individualized treatment plan that may include any of the range of discrete outpatient treatment.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criterion A and at least one of criteria B-I must be met to satisfy criteria for admission.*

- A. A DSM IV diagnosis of Substance Abuse or Dependence or substance-related disorder with a co-occurring DSM IV diagnosis of mental illness or dual diagnosis.
- B. The substance use is incapacitating, destabilizing or causing the member anguish or distress and the member demonstrates a pattern of alcohol and/or drug use that has resulted in a significant impairment of interpersonal, occupational and/or educational functioning.
- C. The member's substance abuse history after previous treatment indicates that provision of outpatient services alone is not likely to result in the member's ability to maintain sobriety.
- D. The member is able to function in a community environment even with impairments in social, medical, family, or work functioning.
- E. The member is sufficiently motivated to participate in treatment.
- F. There is a reasonable expectation that the individual can improve demonstrably within 3-6 months.
- G. The member is assessed as needing ASAM Level II.I.
- H. The member has no significant cognitive and/or intellectual impairments that will prevent participation in and benefit from the services offered and has sufficient cognitive capacity to participate in and benefit from the services offered.



- I. The member is not actively suicidal or homicidal, and the member's crisis, Intensive Day Treatment, and/or inpatient needs (if any) have been met prior to participation in the program.

#### **IV. Continued Stay Criteria**

*Criteria A-D must be met to satisfy criteria for continued stay.*

- A. The member's condition continues to meet the admission criteria.
- B. Progress notes document progress in reducing use and abuse of substances; developing social networks and lifestyle changes; increasing educational, vocational, social and interpersonal skills; understanding addictive disease; and/or establishing a commitment to a recovery and maintenance program, but the overall goals of the treatment plan have not been met.
- C. There is a reasonable expectation that the member can achieve the goals in the necessary time frame.
- D. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **V. Discharge Criteria**

*Criterion A and at least one of criteria B-E must be met to satisfy criteria for discharge.*

- A. An adequate continuing care or discharge plan is established and linkages are in place.
- B. Goals of the Individualized Recovery Plan (IRP) have been substantially met.
- C. The member requests discharge and is not in imminent danger of harm to self or others.
- D. Transfer to another level of service is warranted by change in the member's condition or nonparticipation.
- E. The member refuses to submit to random drug screens.
- F. The member requires services not available at this level.

## **97810: Acupuncture Detoxification Services**

### **I. Description of Services**

The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, with or without the application of an electric current, and with or without the application of heat to the needles, skin, or both, in an attempt to withdraw an individual from dependence on substances. Services include acupuncture treatments and motivational and supportive services with counseling that: encourages the individual to remain in acupuncture detoxification treatment; assists the individual to obtain necessary medical and social services; includes AIDS (acquired immune deficiency syndrome) risk assessment and education services; and, motivates the individual to participate in ongoing outpatient substance abuse treatment.

Acupuncture treatments must be performed by an acupuncturist licensed by the Massachusetts Board of Registration in Medicine in a substance abuse outpatient facility licensed by the Massachusetts Department of Public Health. Acupuncture sessions will not exceed six sessions per week for the first two weeks and three sessions per week thereafter and each session will last 45-60 minutes in duration.

### **II. Admission Criteria**

*Criteria A-D must be met to satisfy criteria for admission.*

- A. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. The member has a recent history and pattern of continuous substance use that is associated with withdrawal syndromes requiring medically-supervised outpatient treatment to prevent complications, withdrawal symptoms that do not require 24-hour access to physician and/or nurse monitoring, and no previous history of a medically-complicated withdrawal.
- C. There is documentation that the member has been screened by a physician, a physician assistant, a nurse practitioner, or a registered nurse to ensure that acupuncture treatment is not medically contraindicated.
- D. The member has no known history of seizures, delirium tremens, or other life threatening withdrawal symptoms and is oriented to time, place, and person at the time of treatment.

### **III: Continued Stay Criteria**

*Criteria A-D must be met to satisfy criteria for continued stay.*

- A. The course of acupuncture treatment includes, at every session, Auricular Acupuncture, using the five-needle protocol specifically indicated for detoxification treatment as described in the most recent National Acupuncture and Detoxification Association (NADA) Protocol.

- B. There is documentation (including the member's subjective complaints and the practitioner's objective findings regarding the selected additional treatment points) if needle insertion occurs at points not listed in the NADA Auricular Acupuncture five-needle protocol.
- C. There is documentation that the member is receiving acupuncture treatment as one component of a comprehensive array of addiction services (which may include, but is not limited to, counseling, education, family involvement, motivational and supportive services, and mutual-support group involvement).
- D. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

#### **IV. Discharge Criteria**

*Criterion A or B must be met to satisfy criteria for discharge.*

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Recovery Plan have been substantially met; or, the member/family requests discharge and the member is not imminently dangerous; or, withdrawal signs and symptoms have failed to respond to treatment and have intensified (as confirmed by higher scores on CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of detoxification service is indicated.

## Applied Behavior Analysis (ABA)

### Outpatient Treatment, Applied Behavior Analysis, Massachusetts Choice

#### *Quality of Care Standards*

*The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for outpatient applied behavior analysis (ABA).*

#### **I. Initial Review – Severity of Need**

*Criteria A, B, C and D must be met to satisfy the criteria for severity of need.*

There must be documentation of:

- A. A DSM-IV diagnosis of Autism, Asperger's Disorder, or Pervasive Developmental Disorder (not including Rhetts's Disorder) on Axis I or II.
- B. A severe behavior that:
  - Presents a health or safety risk to self or others (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior); *or*
  - Significantly interferes with home or community activities.
- C. Less-intensive behavior treatment or other therapy has been seriously considered or has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors.
- D. The patient is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.

#### **II. Initial Review – Intensity of Service**

*Criteria A, B, C, D, E and F must be met to satisfy the criteria for intensity and quality of service.*

- A. A reasonable expectation on the part of a qualified treating health care professional who has completed an initial evaluation of the patient, that the individual's behavior will improve significantly with ABA therapy
- B. The treatment plan is built upon individualized goals. Objectives are measurable and tailored to the patient.
- C. Parent or caregiver training and support is incorporated into the treatment plan.
- D. Interventions emphasize generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors.
- E. Interventions are consistent with ABA techniques.

- F. The number of service hours necessary to effectively address the challenging behaviors is listed in the treatment plan.

### **III. Continued Stay**

*Criteria A or B and C, D, E, F and G must be met to satisfy the criteria for continued stay:*

- A. Intensity of Service Criteria for the Initial Treatment Review must be met.
- B. Appearance of new problems or symptoms that meet Intensity of Service Criteria for the Initial Treatment Review.
- C. Reasonable expectation that the patient will benefit from the continuation of ABA services.
- D. The treatment plan is updated on a monthly basis.
- E. Measurable progress is documented.
- F. Treatment is not making the symptoms worse.
- G. Reasonable expectation, based on the patient's clinical history, that withdrawal of treatment will result in the patient's decompensation or the recurrence of signs or symptoms.

### **IV. Exclusion Criteria**

ABA treatment will not be authorized for any of the following purposes:

- A. Speech therapy
- B. Occupational therapy
- C. Vocational rehabilitation
- D. Supportive respite care
- E. Recreational therapy
- F. Orientation and mobility.

ABA services provided in the school setting are not the responsibility of Cenpatico

### **V. Discharge Criteria**

*Criteria A, B, C or D must be met to satisfy the criteria for discharge.*

- A. No meaningful, measurable change has been documented in the patient's behavior(s) for a period of three months

For changes to be "meaningful they must be durable over time beyond the end of the actual treatment session, and generalized outside of the treatment setting to the patient's residence and to the larger community within which the patient resides.

- B. Treatment is making the symptoms worse.
- C. The patient has achieved adequate stabilization of the challenging behavior and less-intensive modes of therapy are appropriate.
- D. The patient demonstrates an inability to maintain long-term gains from the proposed plan of treatment.

# Texas Community Based Service (CBS)

## Table of Contents

<u>Section</u>	<u>Page</u>
H2017: Psychosocial rehabilitation (CHIP, RSA, and StarHealth only).....	112
H2014: Skills Training and Development (CHIP, RSA, and StarHealth only).....	114
H2011: Crisis Intervention (StarHealth only).....	117
H0034: Medication Training and Support (StarHealth only) .....	119
G0177: Training and Educational Services (StarHealth only) .....	121

## **H2017: Psychosocial rehabilitation (CHIP, RSA, and StarHealth only)**

### **I. Description of Services**

Psychosocial rehabilitation services are social, educational, vocational, behavioral, and cognitive interventions provided by members of an enrollee's therapeutic team that address deficits in the enrollee's ability to develop and maintain social relationships, occupational or educational achievement, and independent living skills that are the result of a severe and persistent mental illness. Psychosocial rehabilitation services may also address the impact of co-occurring disorders upon the enrollee's ability to reduce symptomology and increase daily functioning. This service includes treatment planning to facilitate recovery

Activities provided to reach and link to services individuals who often have difficulty obtaining appropriate behavioral health services due to factors such as acute behavioral symptomatology, economic hardship, homelessness, unfamiliarity with or difficulty in accessing community behavioral health care services and other support services, fear of mental illness, and related factors. This service may be provided in a variety of settings, including homes, schools, jails, streets, shelters, public areas, or wherever the individual is found.

**Services include:** independent living services, coordination services, employment related services, housing related services, medication related services, and crisis related services.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-G must be met to satisfy criteria for admission.*

- A. The member has received a mental health evaluation by a licensed mental health professional that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Diagnosis can not be solely MR, pervasive developmental disorder, or substance abuse.
- B. Member must be 18 years of age or older
- C. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- D. The member is not residing in an institution for mental diseases or an acute care inpatient hospital.



- E. Services must be provided by a qualifying Community Mental Health Services Agency and supervised by a qualified licensed mental health professional.
- F. A clear individualized treatment plan is established including specific behavioral and objective goals related to this service. This includes specific interventions documented in the treatment plan.
- G. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

#### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- C. The member continues to meet the admission criteria.
- D. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.
- E. Techniques are employed in treatment that are time – limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

#### **V. Discharge Criteria**

*Criterion A, B, C, or D must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinued treatment and does not meet criteria for involuntary treatment.
- C. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member's treatment record.
- D. Severity of illness requires a higher level of care.

## **H2014: Skills Training and Development (CHIP, RSA, and StarHealth only)**

### **I. Description of Services**

Training provided to a client and the primary caregiver or legally authorized representative (LAR) that addresses the serious emotional disturbance and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure. This service includes treatment planning to facilitate resiliency.

Skills training and development services is training provided to an enrollee or the LAR or primary caregiver of a child or adolescent. Such training addresses severe and persistent mental illness or serious emotional disturbance and symptom-related problems that interfere with the enrollee's functioning and living, working, and learning environment; provides opportunities for the enrollee to acquire and improve skills needed to function as appropriately and independently as possible in the community; and facilitates the enrollee's community integration and increases his or her community tenure.

Skills training and development services include teaching an enrollee the following skills: skills for managing daily responsibilities (e.g. paying bills, attending school and performing chores); communication skills (e.g., effective communication and recognizing or change problematic communication styles); pro-social skills (e.g., replacing problematic behaviors with behaviors that are socially acceptable); problem-solving skills; assertiveness skills (e.g., resisting peer pressure, replacing aggressive behaviors with assertive behaviors, and expressing one's own opinion acceptably); social skills (e.g. selection of appropriate friends and healthy activities); stress reduction techniques (e.g., progressive muscle relaxation, deep breathing exercises, guided imagery, and selected visualization); anger management skills (e.g., identification of antecedents to anger, calming down, stopping and thinking before acting, handling criticism, avoiding and disengaging from explosive situations); skills to manage the symptoms of mental illness and to recognize and modify unreasonable beliefs, thoughts and expectations; skills to identify and utilize community resources and informal supports; skills to identify and utilize acceptable leisure time activities (e.g., identifying pleasurable leisure time activities that will foster acceptable behavior); and independent living skills (e.g. money management, accessing and using transportation, grocery shopping, maintaining housing, maintaining a job, and decision making).

### **III. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-G must be met to satisfy criteria for admission.*

- A. The member has received a mental health evaluation by a licensed mental health professional, which includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. Member demonstrates imminent risk of out of home placement to a therapeutic setting due to functional impairments clearly linked to a mental health diagnosis.
- C. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- D. Service is provided to a child or adolescent; and the primary caregiver (foster parent, managing conservator, etc) of a child or adolescent, in a one on one setting. At least one adult managing conservator or authorized caregiver agrees to participate in the service.
- E. Services must be provided by a QMHP-CS or a CSSP at a qualifying Community Mental Health Services Agency and supervised by a qualified licensed mental health professional.
- F. A clear individualized treatment plan is established including specific behavioral and objective goals related to this service. This includes specific interventions documented in the treatment plan.
- G. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.
- C. The member continues to meet the admission criteria
- D. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

- E. Techniques are employed in treatment that are time – limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**V. Discharge Criteria**

*Criterion A, B, C or D must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinues treatment and does not meet criteria for involuntary treatment.
- C. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member's treatment record.
- D. Severity of illness requires a higher level of care

## **H2011: Crisis Intervention (StarHealth only)**

### **I. Description of Services**

Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of a member to a more restrictive environment.

**Crisis-** A situation in which, because of a mental health condition: The member presents an immediate danger to self or others; or the member's mental or physical health is at risk of serious deterioration; or a member believes that he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.

**Services include:** Crisis assessment, interventions with member, and interventions with caregiver.

Member must receive a DSM-IV evaluation as part of the services.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-E must be met to satisfy criteria for admission.*

- A. Member demonstrates imminent risk of out of home placement to a therapeutic setting due to functional impairments clearly linked to a mental health diagnosis.
- B. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- C. The member is not residing in an institution for mental diseases or an acute care inpatient hospital.
- D. At least one adult managing conservator or authorized caregiver agrees to participate in the service.
- E. Services must be provided by a qualifying Community Mental Health Services Agency and supervised by a qualified licensed mental health professional.

### **IV. Continued Stay Criteria**

*There is no continued stay criterion for crisis services.*

**V. Discharge Criteria**

*Criterion A, or B must be met to satisfy criteria for discharge.*

- A. The crisis has been addressed and resolved.
- B. The member has been placed in an inpatient setting to address treatment and insure member safety.

## **H0034: Medication Training and Support (StarHealth only)**

### **I. Description of Services**

Instruction and guidance based on curricula promulgated by DSHS. The curricula include the Patient/Family Education Program Guidelines as referenced in TAC and other materials that have been formally reviewed and approved by DSHS.

Member and caregiver are educated about specific medications prescribed to the member, including medication purpose, instructions for dosage and possible side effects.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-D must be met to satisfy criteria for admission.*

- A. The member has received a mental health evaluation by a licensed mental health professional, which includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. Service is provided to a child or adolescent; and the primary caregiver (foster parent, managing conservator, etc) of a child or adolescent in a one on one setting. At least one adult managing conservator or authorized caregiver agrees to participate in the service.
- C. Services must be provided by a QMHP-CS or a CSSP at a qualifying Community Mental Health Services Agency and supervised by a qualified licensed mental health professional.
- D. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

### **IV. Continued Stay Criteria**

*Criteria A-E must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. The member can be expected to benefit from CBS, which remain appropriate to meet the member's needs.

- C. The member continues to meet the admission criteria
- D. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.
- E. Techniques are employed in treatment that are time – limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**V. Discharge Criteria**

*Criterion A, B, C, or D must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinues treatment and does not meet criteria for involuntary treatment.
- C. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member's treatment record.
- D. Severity of illness requires a higher level of care.



## **G0177: Training and Educational Services (StarHealth only)**

### **I. Description of Services**

Training provided to the child/adolescent's primary caregivers to assist the caregivers in coping and managing with the child/adolescent's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate service.

Education provided to the child/adolescent and the child/adolescent's primary caregiver regarding diagnosis, mental illness, and treatment.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A-G must be met to satisfy criteria for admission.*

- A. The member has received a mental health evaluation by a licensed mental health professional, which includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
- B. Service is provided to a child or adolescent; and the primary caregiver (foster parent, managing conservator, etc) of a child or adolescent. At least one adult managing conservator or authorized caregiver agrees to participate in the service.
- C. Services must be provided by a QMHP-CS or a CSSP at a qualifying Community Mental Health Services Agency and supervised by a qualified licensed mental health professional.
- D. A clear individualized treatment plan is established including specific behavioral and objective goals related to this service. This includes specific interventions documented in the treatment plan.
- E. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

### **IV. Continued Stay Criteria**

*Criteria A-D must be met to satisfy criteria for continued stay.*

- A. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.
- B. The member continues to meet the admission criteria
- C. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.
- D. Techniques are employed in treatment that are time – limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**V. Discharge Criteria**

*Criterion A, B, C, or D must be met to satisfy criteria for discharge.*

- A. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
- B. The member discontinues treatment and does not meet criteria for involuntary treatment.
- C. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member's treatment record.
- D. Severity of illness requires a higher level of care.

# Medicare Community Based Service (CBS)

## Table of Contents

<u>Section</u>	<u>Page</u>
Biofeedback (Medicare only) .....	124
Tobacco Cessation (Medicare only) .....	125
G0176: Activity Therapy (Medicare only) .....	126

## **Biofeedback – 90901 and 90911 (Medicare Only)**

### **I. Description of Services**

Biofeedback services are used to treat a variety of diagnoses, both medical and behavioral in nature. Billing Code 90901 is used for biofeedback training using any modality. Billing Code 90911 applies to biofeedback training of the perineal muscles and/or the anorectal or urethral sphincter. This includes EMG biofeedback and /or manometry.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B, C and D must be met to satisfy the criteria for intensity of service*

- A. Evaluation and diagnosis of the condition requiring biofeedback treatment must be completed by a licensed physician.
- B. A treatment plan is in place which outlines the specific goals of the biofeedback treatment.
- C. Patient must have a diagnosed mental illness or medical condition that can be expected to improve significantly from medically necessary and appropriate biofeedback training. These diagnoses include, but are not limited to: Panic Disorder, Migraine and tension headaches, TMJ, Chronic pain, stroke rehabilitation, urinary or fecal incontinence, Raynaud's disease.
- D. The patient has had a thorough medical evaluation, and primary medical treatments have been ruled out as beneficial for this member at this time.

### **IV. Continued Treatment**

*Criteria A, B, and C must be met to satisfy the criteria for continued care*

- A. Despite therapeutic efforts, clinical evidence indicates the persistence of the problem that caused the initiation of biofeedback
- B. Documentation of progress made confirms that the presenting problem will respond to the current treatment plan.
- C. The treatment plan meets the intensity of the admission criteria found above in section III.

## **Tobacco Cessation – 99406 and 99407 (Medicare Only)**

### **I. Description of Services**

Tobacco cessation counseling of less than three minutes in duration is considered part of a general physical exam with a primary care physician, and as such is not billed separately. Code 99406 is used for tobacco cessation counseling with duration of more than three but less than 10 minutes, and Code 99407 is used for tobacco cessation counseling over 10 minutes in duration.

Counseling encompasses discussion of tobacco use, its negative effects, and options for support in tobacco cessation. Code used is determined by duration of the counseling.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B and C must be met to satisfy intensity of service*

- A. The patient is using some type of tobacco product, whether smoking cigarettes, cigars, or pipe, or chewing tobacco or snuff
- B. Patient must have a condition which is adversely affected by tobacco use, or is prescribed a therapeutic agent that is adversely affected by tobacco use.
- C. There is a treatment plan that documents the need for the Tobacco Cessation Counseling, and support options that have been attempted by the patient in order to stop tobacco use.

### **IV. Continued Stay Criteria**

- A. Need for ongoing services are determined by the degree of continued use of tobacco, and progress that has been made during the course of services.
- B. If progress has not been made **OR** there are changes in the Member's clinical presentation and response to treatment, the provider will need to indicate in writing modifications they plan to make to the treatment **OR** justify the need for continued care at this level;
- C. The member can be expected to benefit from continued treatment, which remain appropriate to meet the member's needs.
- D. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.

## **G0176 – Activity Therapy (Medicare only)**

### **I. Description of Services**

Activity therapy such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems. A session is 45 minutes or more.

### **II. Intensity Guidelines**

- A. Severity of the functional impairment
- B. Appropriate intensity of services
- C. Least restrictive or intrusive services necessary

### **III. Admission Criteria**

*Criteria A, B and C must be met to satisfy intensity of service*

- A. Patient must have a diagnosed mental illness that can be expected to improve significantly from medically necessary and appropriate Activity Therapy. This diagnosis must be made through an assessment completed by either an MD, NP, or Master's prepared clinician in Behavioral Health.
- B. There is a treatment plan that documents specific goals for Activity Therapy treatment, as well as an estimated timeline for completion of such goals. Treatment plan is developed by a certified/licensed Music Therapist, Art Therapist or Recreation Therapist.
- C. Goals documented are pertinent to the mental health diagnosis and target symptoms of the patient.

### **IV. Continued Stay Criteria**

- A. Documentation from provider indicates that progress is being made toward the established goals through the intervention provided.
- B. If progress has not been made **OR** there are changes in the Member's clinical presentation and response to treatment, the provider will need to indicate in writing modifications they plan to make to the treatment **OR** justify the need for continued care at this level;
- C. The member can be expected to benefit from continued treatment, which remain appropriate to meet the member's needs.
- D. The member and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The member's designated others and treatment team agrees on treatment goals, objectives and interventions.