Community Based Services Medical Necessity Criteria

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# Georgia Community Based Services (CBS)

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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 have 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 though 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, and the member's clinical/functional needs are great, 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, and the member's clinical/functional needs are great, 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 cope 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

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. When clinical/functional needs are great, 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. When clinical/functional needs are great, 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):

   a. 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.

   b. Persistent, recurrent, severe, or major symptoms (e.g. affective, psychotic, suicidal).

   c. 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).

   d. High risk or a recent history of criminal justice involvement (e.g. arrest and incarceration).

   e. Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless.

   f. 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.

   g. Inability to participate in traditional clinic-based services

   h. 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.
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. 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’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 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.

Member can be effectively and safely treated at a lower i
# ILLINOIS MNC

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I. Description of Services

The formal process of gathering into written reports information on the client, including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the client or collaterals. This service results in identification of the client’s mental health service needs and recommendations for treatment and may include a tentative diagnosis. For psychological evaluations, the evaluation must be conducted and signed by a licensed clinical psychologist consistent with the Clinical Licensing Act (225 ILCS 15), using nationally standardized psychological assessment instruments.

II. Criteria

D. Required for all services except for crisis intervention or case management provided 30 days preceding the completion of a mental health assessment.

E. A minimum of one face to face meeting with the client by a QMHP, or a licensed psychologist for a psychological evaluation, is required prior to completion.

F. A diagnosis of mental illness is not required prior to starting mental health assessment activities.

G. For psychological evaluations, a master’s level professional may administer standardized testing as part of the evaluation.
H0034: Psychotropic Medication Training

I. Description of Services

This service includes training the member or the member’s family or guardian to administer the member’s medication, to monitor proper levels and dosages and to watch for side effects. When this service is indicated based on the member’s condition and it is included in the Individualized Treatment Plan, face-to-face meetings with individual members to discuss the following can occur:

1. Purpose of taking psychotropic medication.
2. Psychotropic medications, effects, side effects, and adverse reactions.
3. Self-administration of medications.
4. Storage and safeguarding of medications.
5. How to communicate with mental health professionals regarding medication issues.
6. How to communicate with family/caregiver regarding medication issues.

For the member’s parents, guardian or caregiver, meetings with provider staff to train them to monitor dosages and side effects can also occur.

II. Admission Criteria

Criteria A - C 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 and is prescribed psychotropic medication.

B. Member must have an active Individualized Treatment Plan which includes this service.

C. Service is to be provided face-to-face with member and/or member’s guardian/family member. Services to the family on behalf of the member may occur.

III. Continued Stay Criteria

Criteria A - 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 can be expected to benefit from the service, and the service remains appropriate to meet the member’s needs.

C. The member continues to meet the admission criteria.
IV. 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).

B. The Member has failed to engage in services despite assertive outreach efforts that are documented in the Member’s treatment record.

C. Severity of illness requires a higher level of care.

H0002: Behavioral Health Screening

I. Description of Services

The formal process of gathering information on the member into written reports, including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the member or collaterals. This service results in identification of the member’s mental health service needs and recommendations for treatment and may include a tentative diagnosis. If a person is not in need of mental health services, other disposition information, such as to whom the member
was referred, shall be included in the report. For psychological evaluations, the evaluation must be conducted and signed by a licensed clinical psychologist using nationally standardized psychological assessment instruments.

II. Criteria

A. A minimum of one face to face meeting with the client by a QMHP, or a licensed psychologist for a psychological evaluation, is required prior to completion.

B. A diagnosis of mental illness is not required prior to starting mental health assessment activities.

C. For psychological evaluations, a master’s level professional may administer standardized testing as part of the evaluation.

III. Continued Stay

A. A new assessment is needed due to a change in the member’s original presentation.

B. A new assessment is needed due to the member’s lapse in active service provision, requiring re-assessment.
H0039: Assertive Community Treatment (ACT)

I. Description of Service

Assertive Community Treatment is an evidenced based model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious and persistent mental illness or co-occurring mental health and medical or alcohol/substance abuse disorders. It requires an intensive integrated package of services, provided by a multi disciplinary team of professionals over an extensive period of time. The activities include:

1. Symptom assessment and management including ongoing assessment, psychoeducation, and symptom management efforts.
2. Supportive counseling and psychotherapy on a planned and as-needed basis.
3. Medication prescription, administration, monitoring and documentation.
4. Dual-diagnosis substance abuse services including assessment and intervention.
5. Support of activities of daily living.
6. Assist client with social/interpersonal relationship and leisure time skill building.
7. Encourage engagement with peer support services.
8. Services offered to the families and/or other major natural supports (with the client’s permission).
9. Development of discharge or transition goals and related planning.

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, C, D, E, F, G, and H must be met to satisfy admission criteria.

A. The member must have one of the following eligible mental health diagnoses:

- Schizophrenia (295.xx)
- Schizophreniform Disorder (295.4x)
- Schizoaffective Disorder (295.70)
- Delusional Disorder (297.1)
- Shared Psychotic Disorder (297.3)
- Brief Psychotic Disorder (298.8)
- Psychotic Disorder, NOS (298.9)
- Bipolar Disorder (296.xx, 295.4x, 296.5x, 296.7, 296.80, 296.89, 296.90)
B. The member has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.

C. The member is age 18 years old or older and is affected by a serious mental health illness requiring assertive outreach and support in order to remain connected with necessary mental health and support services and to achieve stable community living.

D. Traditional services and modes of delivery have not been effective.

E. The member’s severity or complexity of symptoms and level of functional impairment require this service, as evidenced by one or more of the following:

   a. The member exhibits one or more of the following problems that are indicators of the need for continuous high level of services (e.g. greater than eight hours per month) by multiple members of a multi-disciplinary team.

      i. Two or more psychiatric inpatient readmissions over a 12 month period or one long-term hospitalization of 180 days or more.

      ii. Excessive use (2 or more visits in a 30 day period) of crisis/emergency services with failed linkage.

      iii. Chronic homelessness (HUD definition of homelessness)

      iv. Repeat (2 or more in a 90 day period) arrests or incarcerations for offenses related to mental illness such as trespassing, vagrancy or other minor offenses.

      v. Members with multiple service needs requiring intensive assertive efforts beyond routine case management to ensure coordination among systems and providers.

      vi. Members who exhibit continuous and severe functional deficits in achieving treatment engagement, continuity, self-management of prescription medication, or independent community living skills.
vii. Members with persistent and severe psychiatric symptoms, serious behavioral difficulties resulting in incarceration, a co-occurring disorder that severely and negatively affects participation in mental health services, and/or evidence of multiple relapses.

b. The member has significant functional impairments as demonstrated by at least one of the following conditions:
   i. Severe difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g. caring for personal business affairs; obtaining medical, legal and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; achieving good personal hygiene) or persistent or recurrent difficulty performing daily living tasks even with significant support or assistance from others such as friends, family, or relatives.
   
   ii. Severe difficulty achieving employment at a self-sustaining level of severe difficulty carrying out the homemaker role (e.g. household meal preparation, washing clothes, budgeting, or child care tasks and responsibilities) or of achieving consistent educational placement (depending on developmental level).
   
   iii. Severe difficulty achieving a safe living situation (e.g. repeated evictions or loss of housing).

c. A Level of Care Utilization System (LOCUS) composite score of 20-22 (prior to admission to ACT services), equating to a Level of Care 4 or higher.

F. The member has a current treatment plan with specific goals, objectives, and discharge or transition plan. The proposed course of treatment includes specific ACT interventions (including the type and frequency of services to be provided by ACT team members) to facilitate the member’s recovery in a community- based environment.

G. The member can only be expected to progress if they are receiving services from a highly coordinated team inclusive of a psychiatrist, nurse, recovery support specialist,
clinicians, and vocational specialists. The member’s severity of illness requires multiple consultations, staffings, and/or coordination meetings by the team on a daily or weekly basis.

H. There is no equally effective, less intensive service available to treat the member’s current clinical condition or assist the member in achieving his/her recovery goals, including CST and Community Support Services Individual/Group.
IV. Continued Stay Criteria

Criteria A through I must all be met to satisfy continued stay criteria.

D. The member’s severity of illness and resulting impairment continues to require ACT in order to maximize functioning and sustain treatment gains. The member cannot be safely and effectively treated using a less intensive treatment modality.

E. The member has a current treatment plan with specific goals, objectives, and a discharge plan that will actively facilitate the member’s termination from active services or transition to a less intensive service modality.

F. The member is actively participating in the treatment plan and indicates a desire to receive the services in the plan.

G. The member has demonstrated significant benefit from this service, as evidenced by the attainment of some treatment plan goals, and continued progress toward goals is anticipated, however; the desired outcome or level of functioning has not been restored or improved or without these services, the member would not be able to sustain treatment gains and there would be an increase in symptoms and decrease in functioning.

H. Services are being provided in accordance with the treatment plan and services are consistent with the member’s recovery goals, and are focused on reintegration of the individual in to the community and improving his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives (e.g. residential or inpatient).

I. The mode, intensity, and frequency of treatment are appropriate and reflect the member’s receipt of frequent, closely coordinated services from multiple members of a multidisciplinary team, including medical support services.

J. Active treatment is occurring and continued progress toward goals is anticipated.

K. The member cannot be safely and effectively treated using a less intensive treatment modality.

L. Treatment planning is individualized and appropriate to the individual’s changing condition and includes coordinated ACT services appropriate to stabilize and improve functioning.
V. Discharge Criteria

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

E. The member has achieved a significant number of the treatment goals identified in his/her treatment plan and either a) requests termination of services and/or b) is assessed to no longer require active mental health treatment.

F. The member has successfully achieved some of the goals on his/her treatment plan; can be safely and effectively treated in a less restrictive treatment modality; and has written a plan to facilitate transition to the needed services.

G. The member has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.

H. The member has moved out of the ACT team’s geographical area and cannot be located, in spite of ACT efforts.

VI. Exclusion Criteria - ACT services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

A. The member’s daily living skills are sufficient to enable them to progress in their recovery with the support of Community Support, Case Management, and other mental health services that provide less intensive contact/support than ACT.

B. The member’s cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from ACT Services.

C. The symptoms to be addressed by Therapy/Counseling have their primary origin in a diagnosis of an Autistic Spectrum Disorder, substance related disorder or a principal Axis II diagnosis of Mental Retardation.

D. The member requires the intensity of contact and range of supportive interventions only available through more intensive services (e.g. treatment in settings that provide direct supervision and structured daily programming) and cannot be safely and effectively treated in a community-based setting.
H2011: Crisis Intervention Services

I. Description of Service

C. Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience, including assessment, brief supportive therapy or counseling and referral, and linkage to appropriate community services to avoid more restrictive levels of treatment. The goal of this service is symptom reduction, stabilization and restoration to a previous level of functioning or admission to an appropriate level of care such as inpatient. This service may be provided prior to a mental health assessment and prior to a diagnosis of mental health. All of the below mentioned activities must occur within the context of a potential psychiatric crisis.

A. Face-to-face or telephone contact with member for purpose of preliminary assessment of need for mental health services.

B. Face-to-face or telephone contact with family members or collateral source (e.g. caregiver, school personnel) with pertinent information for a preliminary assessment.

C. Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with member and, as necessary, with member’s caretaker and family members.

D. Referral to other applicable mental health services, including pre-hospitalization screening.

E. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.

F. Face-to-face or telephone contact with another provider to help that provider deal with a specific member’s crisis.

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.

II. Admission Criteria

Criteria A must be met to satisfy admission criteria.

A. 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.
III. 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.

IV. 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 ensure member safety.

H2015: Community Support, Individual/Group (Child and Adult)

I. Description of Service

Community Support services are for children, adolescents, adults and families necessary to assist a member to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources. The service activities of Community Support include the following:
D. Coordination and assistance with the identification of individual strengths, resources, preferences and choices.

E. Assistance with the identification of existing natural supports for development of a natural support team.

F. Assistance with the development of crisis management plans.

G. Assistance with the identification of risk factors related to relapse and development of relapse prevention plans and strategies.

H. Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning.

I. Assist the member in building a natural support team for treatment and recovery.

J. Support and consultation to the member or his/her support system that is directed primarily to the well-being and benefit of the member.

K. Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the member’s mental illness.

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 indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.

B. The member’s severity/complexity of symptoms and level of functional impairment require this service, as evidenced by:

   a. Member demonstrates significant impairment in functioning, inability to apply instrumental living skills in real-life, and/or ability to build or utilize natural community supports to achieve recovery goals. These impairments and/or skill deficits markedly interfere with the ability to carry out activities of daily living, place the member or others in danger, or prevent the member from advancing in his/her recovery.
b. The nature of the member’s impairment and/or skill deficits require one-to-one support services to facilitate more effective role performance within their own personal living environments (e.g. home, neighborhood, school or work) and relationships (e.g. roommates, family, friends, neighbors, landlords, co-workers and teachers).

c. The member’s current assessment identifies specific functional impairments that can only be successfully remediated through one-to-one practice to reinforce target skills in natural community settings, including interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

d. For adults, Member has a composite Level of Care Utilization System (LOCUS) score equating to Level of Care 1 or higher.

C. The member has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific one-to-one community support interventions that will assist the member in practicing and reinforcing specific skills in natural community settings.

D. There is no equally effective or more appropriate service available to assist the member in achieving his/her recovery goals, including community integration, independence, and normalization.

IV. Continued Stay Criteria
Criteria A, B, C, D, E, and F must be met to satisfy continued stay criteria.

A. The member continues to meet admission criteria.

B. The member has a current treatment plan with specific goals, objectives, and a discharge plan that will support the member’s termination from active services or transition to a less intensive or more appropriate service modality.

C. Member is actively participating in the treatment plan and indicates a desire to receive the services in the plan.

D. Member has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-building and community integration goals, but:

   a. The desired outcome or level of functioning has not been restored or sufficiently improved or
   b. Without these services, the individual would not be able to progress in his/her recovery
E. Member cannot be safely and effectively treated through the provision of alternative services or the engagement of community resources.

F. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual’s behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

V. Discharge Criteria
Criterion A B or C must be met to satisfy criteria for discharge.

A. The member’s daily living skills are sufficient to enable them to progress in their normal development without Community Support Services.

B. The member’s current level of cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from Community Support Services.

C. The member requires the intensity of contact and range of supportive interventions only available through more intensive services and who cannot be safely or effectively treated with Community Support Services.
VI. Exclusion Criteria – Community Support services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

A. The member’s daily living skills are sufficient to enable them to progress in their recovery without structured one-to-one Community Support Services.

B. The member’s cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from Community Support Services.

C. For adults, the primary etiology of the member’s dysfunction is related to an Axis II diagnosis or organic process or syndrome, including normal aging.

D. The member requires the intensity of contact and range of supportive interventions only available through more intensive service and who cannot be safely or effectively treated with Community Support Services.

H2015 HT: Community Support Team (CST), Individual/Group (Child and Adult)

I. Description of Service

Community Support Team services are individual service and supports available 24 hours per day and 7 days per week for children, adolescents, adults and families to decrease hospitalization, crisis episodes and increase community functioning in order for the member to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources. The service activities of Community Support include the following:

A. Coordination and assistance with the identification of individual strengths, resources, preferences and choices.

B. Assistance with the identification of existing natural supports for development of a natural support team.

C. Assistance with the development of crisis management plans.

D. Assistance with the identification of risk factors related to relapse and development of relapse prevention plans and strategies.

E. Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning.

F. Assist the member in building a natural support team for treatment and recovery.

G. Support and consultation to the member or his/her support system that is directed primarily to the well-being and benefit of the member.
H. Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the member’s mental illness.

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, D and E must be met to satisfy admission criteria.

A. The member has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.

B. The member meets eligibility criteria for CST services including:

a. The member has a mental health illness with moderate to severe symptoms that require team based outreach and support, and as a result of receiving these team based clinical and rehabilitative support services, is expected to be able to access and benefit from a traditional array of psychiatric services, AND

b. The member has tried and failed to benefit from a less intensive service modality, AND

c. The member exhibits three or more of the following:

i. Multiple and frequent psychiatric inpatient readmissions, including long term hospitalization
ii. Excessive use of crisis/emergency services with failed linkages
iii. Chronic homelessness
iv. Repeat arrests and incarceration
v. History of inadequate follow through with elements of an individualized treatment plan related to risk factors, including lack of follow through for taking medications, following a crisis plan or achieving stable housing
vi. High use of detoxification services (e.g. two or more episodes per year)

vii. Medication resistant due to intolerable side effects or their illness interferes with consistent self management of medications
viii. Behavioral health issues that have not shown improvement in traditional outpatient settings and require coordinated clinical and supportive interventions

ix. Clinical evidence of suicidal ideation or gesture within the last three months

x. Ongoing inappropriate public behavior within the last three months including such examples as public intoxication, indecency, disturbing the peace, delinquent behavior

xi. Self harm or threats of harm to others within the last three months

C. The member’s severity or complexity of symptoms and level of functional impairment require coordinated services provided by a team of mental health professionals and support specialists, as evidenced by one or more of the following:

a. Two or more psychiatric inpatient readmissions over a 12 month period or one long term hospitalization of 180 days or more

b. Excessive use (2 or more visits in a 30 day period) of crisis/emergency services with failed linkages

c. Chronic Homelessness (HUD definition of homelessness)

d. Repeat (2 or more in 90 day period) arrests and incarceration for offenses related to mental illness such as trespassing, vagrancy or other minor offenses

e. Multiple service needs requiring intensive assertive efforts to ensure coordination among systems, services and providers

f. Continuous functional deficits in achieving treatment continuity, self management of prescribed medication, or independent community living skills

g. Persistent/severe psychiatric symptoms, serious behavioral difficulties, a co-occurring disorder and/or high relapse rate

h. Significant impairments as a result of a mental illness as evidenced by a Level of Care Utilization System (LOCUS) composite score of 17 to 22 equating a Level of Care 4 or higher

D. The member has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific one-to-one community support interventions that will assist the member in practicing and reinforcing specific skills in natural community settings.
E. There is no equally effective, less intensive service available to treat the individual’s current clinical condition or assist the individual in achieving his/her recovery goals, including Community Support Services, Individual or Group.

IV. Continued Stay Criteria
Criteria A through I must all be met to satisfy continued stay criteria.

A. The member’s severity of illness and resulting impairment continues to require CST in order to maximize functioning and sustain recovery or the member, OR the member’s support network (e.g. family, friends, and peers) is insufficient to allow for independent, or age appropriate living.

B. The member has a current treatment plan with specific goals, objectives, and a discharge plan that will support the individual’s termination from active services or transition to a less intensive service modality.

C. The member is actively participating in the treatment plan and indicates a desire to receive the services in the plan.

D. The member has demonstrated significant benefit from this service, as evidenced by the attainment of some treatment plan goals, and continued progress toward goals is anticipated, however; the desired outcome or level of functioning has not been restored or improved or without these services, the member would not be able to sustain treatment gains and there would be an increase in symptoms and decrease in functioning.

E. Services are being provided in accordance with the treatment plan and services are consistent with the member’s recovery goals, and for youth the family’s, and are focused on reintegration of the individual in to the community and improving his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives (e.g. residential or inpatient).

F. The mode, intensity, and frequency of treatment are appropriate.

G. Treatment planning is individualized and appropriate to the individual’s changing condition, and includes specific services to be provided by team members as appropriate to stabilize and improve functioning.

H. The member cannot be safely and effectively treated using a less intensive treatment modality.

I. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual’s behavioral and functional outcomes as described in the discharge plan.

V. Discharge Criteria
Criterion A, B or C must be met to satisfy criteria for discharge.
A. The member has achieved a significant number of the treatment goals identified in his/her treatment plan and either a) requests termination of services and/or b) is assessed to no longer require active mental health treatment.

B. The member has successfully achieved some of the goals on his/her treatment plan; can be safely and effectively treated in a less restrictive treatment modality; and has written a plan to facilitate transition to the needed services.

C. The member has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.

VI. Exclusion Criteria  
Community Support Team services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

A. The member’s daily living skills are sufficient to enable them to progress in their recovery with the support of other mental health services that provide less intensive contact/support than CST.

B. The member’s cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from CST Services.

C. The symptoms to be addressed by CST have their primary origin in a diagnosis of an Autistic Spectrum Disorder, substance related disorder or a principal Axis II diagnosis of Mental Retardation.

D. The member requires the intensity team service (such as ACT) or a more restrictive treatment setting that provides continuous supervision and structured daily programming and cannot be safely or effectively treated with CST services.
H2017: Psychosocial Rehabilitation Services

I. Description of Services

Facility-based rehabilitative skill-building services for individuals 18 years of age and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem solving, and coping skills development. This service is the promotion of self-directed engagement in leisure, recreational and community social activities. Activities include 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. Cognitive behavioral intervention should be utilized and interventions should address co-occurring psychiatric disabilities and substance use. Member participation in setting individualized goals and assisting their own skills and resources related to goal attainment should occur.

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 indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.

B. The member’s severity/complexity of symptoms and level of functional impairment require this service as evidenced by:
   a. The member presents minimal risk of danger to self or others.
   b. The member has significantly impaired role functioning and skill deficits that adversely affect at least two of the following areas and that can be expected to improve through intensive, curriculum-based, short term skills training in a facility setting:
      i. Management of financial affairs.
      ii. Ability to procure needed public services or other community support services.
      iii. Socialization, communication, adaptation, problem solving and coping.
      iv. Activities of daily living, including personal care; meal preparation; maintaining housing; accessing social, vocational, and recreational opportunities in the community; and establishing or modifying habits and routines.
v. Self-management of symptoms or recovery.
vi. Concentration, endurance, attention, direction following, and planning and organization skills necessary to progress in recovery.

c. The nature of the member’s impairment and/or skills deficits can be effectively remediated through focused skills-training activities that prepare the individual to apply new skills in their personal living environments (e.g. roommates, family, friends, neighbors, landlords and co-workers.)

d. The member’s current assessment identifies the specific skill deficits that will be addressed through focused skills training.

e. The member has a composite Level of Care Utilization System (LOCUS) score equating to Level of Care 3 or higher

C. The member has a current treatment plan with specific goals, time-limited objectives that can be expected to be achieved within a 90-day time frame and a discharge or transition plan.

D. The proposed course of treatment includes skills-training models that are likely to be effective in mitigating the impaired role functioning and skill deficits identified in the mental health assessment.

E. The discharge plan or transition plan is expressly focused on increasing the member’s community integration through the application of skills in natural community settings.

F. There is no equally effective community-based service available to assist the individual in learning the skills needed.

IV. Continued Stay Criteria
Criteria A through F 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 actively participating in the treatment plan and indicates a desire to receive the services in the plan.

D. The member has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-training goals, but:
a. The desired outcome of level of functioning has not been restored or sufficiently improved or

b. The member needs continued services for a time-limited period in order to consolidate gains prior to transition or

c. The member cannot effectively utilize other treatment modalities, including Community Support Services (H2015) or Therapy/Counseling, without the concurrent provision of Psychosocial Rehabilitation.

E. The member cannot be safely and effectively treated through the provisions of alternative community-based services or the engagement of natural community supports.

F. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual’s behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

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.

VI. Exclusion Criteria  Psychosocial Rehabilitation Services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

A. The member is under the age of 18.

B. The member chooses not to participate or desires greater community integration.

C. The primary etiology of the member’s dysfunction is related to an Axis II diagnosis or organic process or syndrome, including normal aging.

D. The symptoms to be addressed by PRS have their primary origin in a diagnosis of an Autistic Spectrum Disorder, substance related disorder or a principal Axis II diagnosis of Mental Retardation.

E. The member’s daily living skills are sufficient to enable progress in recovery without the focused, facility-based skills training provided through Psychosocial Rehabilitation services.

F. The member’s level of cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from facility-based skills-training services.
G. The member requires the intensity of contact and range of supportive interventions only available through more intensive service and cannot be safely or effectively treated in a facility-based outpatient modality.

T1016: Case Management

TF: Mental Health
TG: Client Centered Consultation
HN/HO: Transition Linkage and Aftercare

T1016 TF – CM – Mental Health:

I. Description of Service

Services include assessment, planning, coordination and advocacy services for members who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the member and linking them with necessary resources. Example activities of this service are:

i. Helping the member access appropriate mental health services including the ICG program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services.

ii. Assessing the need for services, identifying and investigating available resources, explaining options to the member and assisting in the application process.

iii. Supervision of family visits for DCFS members.

II. Admission Criteria

A. When an individual’s need for coordination of care and advocacy assistance have been identified.

III. Continued Stay Criteria

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

A. The Member is making adequate progress towards goals as evidenced by stabilization of psychosocial functioning over time and would not be able to progress without the services.

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.

IV. Discharge Criteria:
Criterion A must be met to satisfy criteria for discharge.

A. The member no longer meets continued stay criteria.

V. Clinical Exclusions:

A. Does not include time spent transporting the member to required services or time spent waiting while member attends scheduled appointment.

T1016 TG: Case Management- Client Centered Consultation

I. Description of Service

An individual member-focused professional communication between the provider staff, or staff of other agencies, or with other professionals or systems who are involved with providing services to a member. Examples of activities in regards to this service:

i. Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client’s status.

ii. Contacts with a State-operated facility and educational, legal or medical system.

iii. Staffing with school personnel or other professionals involved in treatment.

iv. Administrative case review (ACR).

II. Admission Criteria

1. When an individual’s need for continuity of care between providers/agencies have been identified.

III. Continued Stay Criteria

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

A. The Member is making adequate progress toward goals as evidenced by stabilization of psychosocial and mental health functioning over time and would not be able to progress without the services.

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.

IV. Discharge Criteria:

Criterion A must be met to satisfy criteria for discharge.

A. The member no longer meets continued stay criteria.

Clinical Exclusions
A. Does not include advice given in the course of clinical staff supervisory activities, in-service trainings, treatment planning or utilization review and may not be billed as part of the assessment process.

B. Does not include direct intervention with the member or their family.

**T1016 HN/HO: Case Management- Transition Linkage and Aftercare**

**I. Description of Service**

Services are provided to assist in an effective transition in living arrangement consistent with the Member’s welfare and development. Examples of activities in regards to this service:

a. Time spent planning with the staff of the Member’s current living arrangement.

b. Time spent with foster parents to assist with logistics of placement or transition.

c. Time spent locating Member-specific placement resources, such as meetings and phone calls.

d. Assisting Member in completing paperwork for community resources.

e. Arranging or conducting pre or post placement visits.

f. Time spent developing an aftercare service plan.

g. Time spent planning a Members discharge and linkage from an inpatient psychiatric facility for continuing mental health services and community/family support.

h. Assisting the Member or the Member’s family or caregiver with the transition.

i. Mandated follow up with Members in long term care facilities.

**II. Admission Criteria**

A. Services are to be provided to Members being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of DOC, or a DCFS Member moving from one placement to another or to his/her parent’s home.

B. When an individual’s need for transitional support, linkage, and after care assistance have been identified.

**III. Continued Stay Criteria**

A. 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.

2. 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.
H0002 HE: Case Management (LOCUS) – No auth required if par provider

I. Description of Services

Level of Care Utilization System (LOCUS) consists of assessing a member’s needs or functional status and matching the member’s needs to treatment resources in the level of care continuum. This tool is used to determine the level of care for appropriate mental health services. This tool is used to determine eligibility for admission to a treatment program as well.

II. Criteria

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

A. Individual must be 18 years of age or older.

B. Utilized only at the time of a treatment review or change in the level of functioning status that may require member to receive a different level of care.

III. Continued Stay Criteria

Criterion A must be met to satisfy eligibility requirements for continued stay.

A. The member continues to meet admission criteria.

IV. Discharge Criteria

Criterion A must be met to satisfy eligibility requirements for discharge.

A. The member no longer meets continued stay criteria.

H0032 Treatment Plan Development, Review, Modification – no auth required for par providers

I. Description of Services

The development of a plan, in conjunction with the member and parent/guardian as applicable, to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, frequency and identification of staff responsible for delivering the services. The LPHA and QMHP shall review the Individualized Treatment Plan (ITP) no less frequently than every six months and make any modification, if necessary.
II. Criteria

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

A. The member must have a mental health diagnosis, or documentation of evaluations that will be conducted to determine a definitive diagnosis.

D. If the member is a minor, documentation that the member’s parent/guardian participated in the development is expected.

E. The meetings with member, family members, collaterals, or with other persons essential to the development or review of the treatment plan, with the member’s permission must be done face-to-face.
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 in accordance with Indiana Code IC 12-23-18, Methadone Diversion Control and Oversight Program.

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

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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
# Kansas Community Based Services (CBS)

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I. Description of Services

Community Psychiatric Supportive Treatment (CPST) includes goal-directed supports and solution-focused interventions intended to prevent regression of the individual’s functioning and 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. CPST may include participation in and utilization of strengths based planning and treatments, which include assisting the member and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources and natural support to address functional deficits associated with their mental illness. CPST should assist the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in the natural community location, including assisting the member and family/collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or as appropriate, seeking other supports to restore stability and functioning. CPST may include Evidenced Based Practices including integrated dual diagnosis treatment, strength based service delivery, and employment supports.

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. PR is to focus on implementation of learned skills so the person can remain in a natural community location and assist the member with effectively responding to or avoiding identified triggers that result in functional impairments.

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:

1. Helping the member to develop a network of information and support from others who have been through similar experiences.
2. 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.
3. Assisting member with the identifying and effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
4. 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

III. Intensity Guidelines

D. Severity of the functional impairment
E. Appropriate intensity of services
F. Least restrictive or intrusive services necessary

III. Admission Criteria

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

D. 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.

E. The level of care provided is determined to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
F. The member has a treatment plan that has a clear start and end date for services.

G. 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.

F. 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.

G. 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;

H. The member can be expected to benefit from CBS, which remain appropriate to meet the member’s needs.

I. 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.

D. The member no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).

E. The member discontinued treatment and does not meet criteria for involuntary treatment.

F. Discontinuation of the service is not likely to result in significant decline in functioning

G. 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. Crisis intervention is provided to an individual in crisis who requires the assistance of another person to regulate behavior. The goals of Crisis Interventions are symptom reduction, stabilization, and restoration to a previous level of functioning. Activities include a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. 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. CI may occur when assistance is needed to stabilize an individual prior to an emergent screen, during or immediately following a screen.

Crisis intervention includes the following components:
1. A preliminary assessment of risk, mental status, and medical stability, and the need for further evaluation or other mental health services. Includes contract with the client, family members or other collateral sources with pertinent information for the purpose of a preliminary assessment and/or referral to alternative mental health services at an appropriate level
2. Short term crisis interventions include crisis resolution and de-briefing with the client
3. Follow-up with the individual and, as necessary, the individual’s caregiver and/or family members
4. Consultation with a physician or with other providers to assist with the individual’s specific crisis.
5. In advanced crisis intervention only the clinician utilizes specific treatment interventions including but not limited to Cognitive Behavioral Therapy techniques that only a clinician can provide. * (H2011 HO)

IV. 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. This must be completed by a QMHP.

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. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care.

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

Criteria A must be met to satisfy criteria for admission.

A. The Re-evaluation for the need of crisis services is to be completed by a QMHP every 72 hours or more frequently

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.
H2015 Comprehensive community Support services (consolidated FSS)

I. Description of Services

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least-intensive level appropriate for the condition, such as outpatient individual, or partial hospital programs, etc. Comprehensive community support services facilitate the development of an individual’s independent living and social skills, including the ability to make decisions regarding self-care, management of illness, life work, and community participation. The services promote the use of resources to integrate the individual into the community. Services may be provided onsite in a rehabilitation facility or offsite in a setting most conducive to promoting the individual’s participation in the community. This may include the individual’s home, rehabilitation residence, job site, education setting, community setting, etc. Level of intensity may vary depending upon changes in the individual’s environment or the individual’s needs.

Medical necessity for comprehensive community support services is established by satisfying the following admission and continued care guidelines. The guidelines contained here apply to programs and services that are less intensive than partial hospitalization. Satisfaction of all admission and continued care guidelines must be documented in the individual’s medical record, based upon the condition and factors identified below, before rehabilitation services will be authorized.

V. 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.
T1017 Targeted Case Management (TCM)

I. Description of Services

Targeted Case Management Services are provided to assist adult and children who qualify for TCM to maintain access to needed medical, social, educational, and other services.

Targeted Case Management includes an assessment of an individual to determine the need for any medical, educational, social or other services. The assessment is to include a review of the member’s history and identified needs from initial evaluation/intake and treatment plan, identifying the individual’s needs and completing related documentation, and gathering information from other sources, such as family members, medical providers, social workers and educators, as necessary, to form a complete assessment.

Targeted Case Management Services also includes the development of a specific care plan including specific goals and actions addressing the identified medical, social, education and other services needed; The Care Plan will include goals, course of action and on-going monitoring over service provision to ensure the member is receiving the identified services on the treatment plan. Targeted Case Management Services will also include referral and related activities, monitoring and follow-up activities, including activities and contact necessary to ensure the plan of care is implemented and is adequately addressing the members need.

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:

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

A. 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.

B. 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.

C. Services are supervised by a qualified licensed mental health professional.

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 supported by progress notes.
E. The member requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice.

F. The member lacks a natural support system for accessing needed medical, social, education, and other services.

G. The member requires ongoing assistance to access or maintain needed care consistently within the service delivery system.

H. The member is not receiving duplicate case management services from another provider.

III. Continued Stay Guidelines:

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

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.

IV. 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.
I. Description of Services
Attendant Care is a service provided to participants who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness. Components include:

1. Assistance is in the form of direct support, supervision and/or cuing so that the participant performs the task by him/her self. Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.

2. Services should generally occur in community locations where the participant lives, works, attends school, and/or socializes. Services provided at a work site must not be job tasks oriented. Services provided in an educational setting must not be educational in purpose.

3. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the participant's individualized plan of care.

4. Transportation is provided between the participant’s place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this 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 C must be met.

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. Member is not eligible for the 1915(c) SED waiver attendant care

C. Services must be on the individualized plan of care and must be intended to achieve the goals or objectives identified in the Members individualized plan of care.

IV. Continued Stay Criteria
Criteria A and B must be met.

A. Member continues to meet Admission Criterion.
B. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria
   Criterion A, B or C must be met.
   A. The member no longer meets the Admission Criteria.
   
   B. Member has progressed to the extent CBS are no longer necessary.
   
   C. The severity of the member’s illness requires a higher level of care.

VI. Exclusions
   A. Services furnished to a participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.
S5110TJ Parent Support and Training, Group

I. Description of Services
Parent Support and Training is designed to benefit participants experiencing a serious emotional disturbance who without waiver services would require state psychiatric hospitalization or psychiatric residential treatment facility treatment. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the participant. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver or grant, and may include a parent, spouse, children, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized plan of care. Components include:

1. Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the participant in relation to their mental illness and treatment;
2. Development and enhancement of the family’s specific problem-solving skills, coping mechanisms, and strategies for the participant's symptom/behavior management;
3. Assisting the family in understanding various requirements of the waiver or grant process, such as the crisis plan and plan of care process;
4. Training on the participant’s medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the participant with mental illness while living in the 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
Criterion A must be met.
A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria
Criteria A and B must be met.
A. Member continues to meet Admission Criterion.
B. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria
Criterion A or B must be met.
A. The member no longer meets the Admission Criteria.
B. The severity of the member’s illness requires a higher level of care.
T2038 Independent Living / Skills Building

I. Description of Services

Independent Living/Skills Building services are designed to assist participants who are or will be transitioning to adulthood with support in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to be successful in the domains of employment, housing, education, and community life and to reside successfully in home and community settings. Components include:

1. Independent Living/Skills Building activities are provided in partnership with participants to help the participant arrange for the services they need to become employed, find transportation, housing, and continue their education.
2. Services are individualized according to each participant’s strengths, interests, skills, goals as specified in the Plan of Care.
3. It would be expected that Independent Living/ Skills Building activities take place in the community.
4. This service can be utilized to train and cue normal activities of daily living and instrumental activities of daily living.
5. Housekeeping, homemaking (shopping, child care, and laundry services), or basic services solely for the convenience of a participant receiving independent living / skills building are not covered.
6. The following are examples of appropriate community settings rather than an all inclusive list: a grocery store to shop for food, a clothing store to teach the participant what type of clothing is appropriate for interviews, an unemployment office to assist in seeking jobs or assist the participant in completing applications for jobs, apartment complexes to seek out housing opportunities, and laundry mats to teach the participant how to wash clothing.
7. Other appropriate activities can be provided in any other community setting as identified through the Plan of Care process.
8. Transportation is provided between the participant’s place of residence and other services sites or places in the community and the cost of transportation is included in the rate paid to providers 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

Criterion A must be met.
A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria

Criteria A and B must be met.
C. Member continues to meet Admission Criterion.
D. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria

Criterion A or B must be met.

D. The member no longer meets the Admission Criteria.
E. The severity of the member’s illness requires a higher level of care.
S5150 Short Term Respite Care

I. Description of Services
Short Term Respite Care provides temporary direct care and supervision for the participant. The primary purpose is to provide relief to families/caregivers of a participant with a serious emotional disturbance. Components include:
1. The service is designed to help meet the needs of the primary caregiver as well as the identified participant.
2. Normal activities of daily living are considered content of the service when providing respite care, and these include: support in the home, after school, or at night, transportation to and from school, medical appointments, or other community-based activities, and/or any combination of the above.
3. Short Term Respite Care can be provided in an individual's home or place of residence or provided in other community settings, including: Licensed Family Foster Home, Licensed Crisis House, Licensed Emergency Shelter, Out-of-Home Crisis Stabilization House/Unit/Bed.
4. The participant must be present when providing Short Term Respite Care.
5. The cost of transportation is included in the rate paid to providers of these 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 must be met.
A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria
Criteria A and B must be met.
E. Member continues to meet Admission Criterion.
F. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria
Criterion A or B must be met.
F. The member no longer meets the Admission Criteria.
G. The severity of the member's illness requires a higher level of care.

VI. Exclusions
A. Short Term Respite Care is not available to participants in foster care because that service is available through child welfare contractors.
B. Short Term Respite Care may not be provided simultaneously with Professional Resource Family Care services.
C. Respite Services provided by or in an Institution for Mental Disease (IMD) are non-covered.
H2021 Wraparound Facilitation

I. Description of Services
The function of the wraparound facilitator is to form the wraparound team consisting of the participant’s family, extended family, and other community members involved with the participant’s daily life for the purpose of producing a community-based, individualized Plan of Care. This includes working with the family to identify who should be involved in the wraparound team and assembly of the wraparound team for the Plan of Care development meeting. The wraparound facilitator guides the Plan of Care development process of the team. The wraparound facilitator is also responsible for reassembling the team when subsequent Plan of Care review and revision is needed, at minimum on a yearly basis to review the Plan of Care and more frequently when changes in the participant’s circumstances warrant changes in the Plan of Care. The wraparound facilitator will emphasize building collaboration and ongoing coordination among the parents or caregivers, family members, service providers, and other formal and informal community resources identified by the family. The wraparound facilitator will promote flexibility to ensure appropriate and effective service delivery to the participant and parents or caregivers. Facilitators will be certified after completion of specialized training in the wraparound philosophy, waiver rules and processes, waiver eligibility and associated paperwork, structure of the wraparound team, and wraparound meeting facilitation. Wraparound facilitation is provided in addition to targeted case management to address the unique needs of a participant living in the 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 and B must be met.
A. Must have prior state approval for the HCBS-SED waiver.
B. Must be receiving targeted case management.

IV. Continued Stay Criteria
Criteria A must be met to satisfy continued stay criteria.
A. Member continues to meet Admission Criteria.

V. Discharge Criteria
Criterion A or B must be met to satisfy discharge criteria.
A. The member no longer meets continued stay criteria.
B. The severity of the member’s illness requires a higher level of care.

VI. Exclusions
A. The member is not receiving any state plan services that would duplicate this service.
S9485 Professional Resource Family Care

I. Description of Services
Professional Resource Family Care is intended to provide short-term and intensive supportive resources for the participant and his or her family. This service offers intensive family-based support for the participant’s family through the utilization of a co-parenting approach provided to the participant in a surrogate family setting. Components include:

1. The goal is to support the participant and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time.
2. During the time the professional resource family is supporting the participant, there is regular contact with the family to prepare for the participant's return and his or her ongoing needs as part of the family.
3. It is expected that the participant, family and the professional resource family are integral members of the participant’s individual treatment team.
4. Transportation is provided between the participant’s place of residence and other services sites, and the cost of transportation is included in the rate paid to providers of this 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 must be met.
A. Must have prior state approval for the HCBS-SED waiver.

IV. Continued Stay Criteria
Criteria A and B must be met.
A. Member continues to meet Admission Criterion.
B. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

V. Discharge Criteria
Criterion A or B must be met.
A. The member no longer meets the Admission Criteria.
B. The severity of the member’s illness requires a higher level of care.

VI. Exclusions
A. Professional Resource Family Care may not be provided simultaneously with Short Term
Respite Care services.
B. Professional Resource Family Care is not available to participants in foster care because
that service is available through Child Welfare Contractors.
T1019HK Attendant Care

VII. Description of Services

Attendant Care is a service provided to participants who would otherwise be placed in a more restrictive setting due to significant functional impairments resulting from an identified mental illness. This service enables the participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness. Components include:

1. Assistance is in the form of direct support, supervision and/or cuing so that the participant performs the task by him/her self. Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.

2. Services should generally occur in community locations where the participant lives, works, attends school, and/or socializes. Services provided at a work site must not be job tasks oriented. Services provided in an educational setting must not be educational in purpose.

3. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the participant's individualized plan of care.

4. Transportation is provided between the participant’s place of residence and other services sites or places in the community, and the cost of transportation is included in the rate paid to providers of this services.

VIII. Intensity Guidelines

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

IX. Admission Criteria

Criterion A must be met.

B. Must have prior state approval for the HCBS-SED waiver.

X. Continued Stay Criteria

Criteria A and B must be met.

G. Member continues to meet Admission Criterion.

H. There is adequate documentation from the provider that the member is receiving coordinated care to achieve treatment plan goals as outlined in the Description of Services.

XI. Discharge Criteria

Criterion A or B must be met.

H. The member no longer meets the Admission Criteria.

I. The severity of the member’s illness requires a higher level of care.

XII. Exclusions
B. Services furnished to a participant who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.
H2015: Consultative Clinical and Therapeutic Services (Autism Specialist)

I. Description of Service

Consultative Clinical and Therapeutic Services (CCTS) are provided by the Autism Specialists, CCTS, (therapeutic is defined as working towards remediation of the behavioral symptoms related to the diagnosis of an Autism Spectrum Disorder (ASD) by teaching more adaptive skills), are intended to assist the family and paid support staff or other professionals with carrying out the Individualized Behavioral Plan/Plan of Care (IBP/POC) that supports the child’s functional development and inclusion in the community. These services may be provided in all customary and usual community locations including where the child lives, attends school and/or childcare, and/or socializes. Persons with family relationships to the beneficiary cannot be the assigned Autism Specialist. Autism Specialist Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met. Autism Specialist Services consist of:

I. Completion of a Criterion Reference Skill Based Assessment.
J. Identification, with family’s input, which evidence-based treatment option will be utilized.
K. Development of the IBP/POC based on the identified needs of the child with the family’s input and guidance.
L. Training and technical assistance to the family and paid support staff in order to carry out the IBP/POC.
M. Development of the teaching protocol by which the Intensive Individualized Support person implements the evidence-based treatment.
N. Service Coordination and Implementation.
O. Monitor the child’s progress within the program.
P. Utilizes data-based decision making to monitor progress, track gains, and make program modifications.

II. Intensity Guidelines

D. Severity of the functional impairment
E. Appropriate intensity of services
F. Least restrictive or intrusive services

III. Admission Criteria

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

E. Services are being furnished in accordance with the child’s IBP/POC.
F. Services in the IBP/POC are adequate to maintain an appropriate level of care, including the identification of functional capabilities.
G. Service authorizations are adequate to support the delivery of needed services including identification of current resources available (formal and informal) and goals and actions utilizing evidenced based therapy.

H. Schedule developed to update or review Plan of Care at a minimum annually or as needed with a reevaluation of domains every 6 months.

I. The IBP/POC evaluates the family’s strengths, goals and preferences.

IV. Continued Stay Criteria

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

D. The member’s condition continues to meet the admission criteria.

E. Post Implementation of the POC includes monitoring and follow-up activities and a review of the IBP/POC at a minimum of every six months with documentation of progress toward stated goals. The review process involves the child, family members, providers, and other entities.

F. If progress is not demonstrated, documentation must support a reason for pursuing these goals or a change in the goals must be made.

V. Discharge Criteria

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

F. Death of child.

G. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.

H. Child or family chose to terminate services, including revoking release of information.

I. Family or informal support will provide the level and/or intensity of services needed.

J. Child no longer meets financial eligibility (loss of Medicaid eligibility).

K. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.

L. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.

M. Family failed or refused to sign or abide by plan of care.
N. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).

O. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

P. Child has met the service limits established in the HCBS Autism Waiver.

VI. **Clinical Exclusions**

*Any one of the following criteria must be met to preclude eligibility for the service.*

E. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

F. Severity of behavioral health impairment precludes provision of services in this level of care.

G. Severity of cognitive impairment precludes provision of services in this level of care.

H. There is a lack of social support systems such that a more intensive level of service is needed.
H2019: Intensive Individual Supports

I. Description of Services

Intensive Individual Supports services are identified on the POC. They are services provided to a child with an ASD to assist in acquiring, retaining, improving, and generalizing the self-help, socialization, and adaptive skills necessary to reside and function successfully in home and community settings. Services are provided through evidence based and data driven methodologies. Intensive Individual Supports person will be trained by, work under the direction of the Autism Specialist, provide one-on-one services with the child and document services provided. The majority of these contacts must occur in customary and usual community locations where the child lives, attends school and/or childcare, and/or socializes. Services provided in an educational setting must not be academic in purpose. Persons with family relationships to the beneficiary cannot provide Intensive Individual Supports services. Intensive Individual Support Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

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 addressed on the IBP/POC to satisfy criteria for admission.

A. Social skills to enhance participation in family, school, and community activities (including imitation, social initiations and response to adult to peers, parallel and interactive play with peers and siblings).

B. Expressive verbal language, receptive language and non verbal communications skills.

C. A functional symbolic communication system.

D. Increased engagement and flexibility in developmentally appropriate tasks and play, including the ability to attend to the environment and respond to an appropriate motivational system.

E. Fine and gross motor skills used for age-appropriate functional activities, as needed.

F. Cognitive skills, including symbolic play and basic concepts, as well as academic skills.

G. Replacement of problem behaviors with more conventional and appropriate behaviors.
H. Independent organizational skills and other socially appropriate behavior patterns that facilitate successful community integration (such as completing a task independently, following instruction in a group, or asking for help.)

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 Intensive Individual Supports and the member is continuing to progress toward identified, documented treatment plan goal(s) on the IBP/POC.

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 Intensive Individual Supports 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.

Q. Death of child.

R. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.

S. Child or family chose to terminate services, including revoking release of information.

T. Family or informal support will provide the level and/or intensity of services needed.

U. Child no longer meets financial eligibility (loss of Medicaid eligibility).

V. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.

W. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the
providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.

X. Family failed or refused to sign or abide by plan of care.

Y. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).

Z. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

AA. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

I. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

J. Severity of behavioral health impairment precludes provision of services in this level of care.

K. Severity of cognitive impairment precludes provision of services in this level of care.

L. There is a lack of social support systems such that a more intensive level of service is needed.

S9482: Family Adjustment Counseling (Individual or Group)

I. Description of Services

Counseling provided to the family members of a child with an Autism Spectrum Disorder in order to guide and help them cope with the child’s illness and the related stress that accompanies the initial understanding of the diagnosis and the ongoing continuous, daily care required by the child with an Autism Spectrum Disorder. Enabling the family to manage this stress improves the likelihood that the child with the disorder will continue to be cared for at home, thereby preventing premature and otherwise unnecessary institutionalization. Family Adjustment Counseling provides a safe and supportive environment for the family to express emotions associated with the comprehension of the disorder and to ask questions about the disorder to achieve acceptance of the disorder and prepare the family to support the child on an ongoing basis. Services can be provided on a one to one basis or in a group setting. A group setting
cannot consist of more than three families. Persons with family relationships to the beneficiary cannot provide Family Adjustment Counseling. Family Adjustment Counseling Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines
   D. Severity of the functional impairment
   E. Appropriate intensity of services
   F. Least restrictive or intrusive services necessary

III. Admission Criteria
   Criteria A-C must be met to satisfy criteria for admission.
   I. A comprehensive behavioral health assessment inclusive of the diagnosis of Autism Spectrum Disorder and a Criterion Reference Skill Based Assessment (CRSBA) 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.
   J. The member resides in a family home environment (e.g., parent, step parent, legal guardian, siblings, relatives, grandparents or foster parents) and has a family member who voluntarily agrees to participate in Family Adjustment Counseling.
   K. Services are provided by a Licensed Mental Health Professional (LMHP), services must be recommended by an Autism Specialist, are subject to prior approval through the Plan of Care, and must be intended to achieve the goals or objectives identified in the child’s IBP/POC.

IV. Continued Stay Criteria
   Criteria A-D and either E or F must be met to satisfy criteria for continued stay.
   G. The member’s clinical condition continues to warrant Family Adjustment Counseling and the member is continuing to progress toward identified, documented treatment plan goal(s) identified on the member’s IBP/POC.
   H. 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.
   I. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.
J. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.

K. 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.

L. Progress has not been made and the Family Adjustment Counselor 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.

BB. Death of child.

CC. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.

DD. Child or family chose to terminate services, including revoking release of information.

EE. Family or informal support will provide the level and/or intensity of services needed.

FF. Child no longer meets financial eligibility (loss of Medicaid eligibility).

GG. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.

HH. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.

II. Family failed or refused to sign or abide by plan of care.

JJ. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).

KK. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

LL. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions
Any one of the following criteria must be met to preclude eligibility for the service.

A. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

B. Severity of behavioral health impairment precludes provision of services in this level of care.

C. Severity of cognitive impairment precludes provision of services in this level of care.

D. There is a lack of social support systems, such that a more intensive level of services is needed.

T1005: Respite Care

I. Description of Services

Respite Care services provide temporary direct care and supervision of the child. The primary purpose is to provide relief to families/caregivers of a child with an Autism Spectrum Disorder (ASD). The service is designed to help meet the needs of the primary caregiver as well as the identified child. Normal activities of daily living are considered content of the service when providing respite care, and include support in the home, after school, or at night. Respite Care can be provided in a child’s home or place of residence or provided in other community settings. Respite care services cannot be provided by a parent and/or the primary caregiver of the child. Respite Care Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines

G. Severity of the functional impairment

H. Appropriate intensity of services

I. Least restrictive or intrusive services necessary

III. Admission Criteria

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

L. The member has a diagnosis of ASD and has emotional and/or behavioral problems which stress the ability of the parent/guardian/caregiver to provide for the member in the home.
M. The parent/guardian/caregiver’s ability to participate in normal activities of daily life in the community is compromised as a result of caring for the member (i.e., employment, training opportunities, or other family obligations).

N. Services must be recommended by an Autism Specialist and must be intended to achieve the goals or objectives identified in the child’s IBP/POC.

IV. Continued Stay Criteria

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

M. The member’s clinical condition continues to warrant Respite Care and the member is continuing to progress toward identified, documented treatment plan goal(s) identified on the member’s IBP/POC.

N. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.

O. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.

V. Discharge Criteria

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

MM. Death of child.

NN. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.

OO. Child or family chose to terminate services, including revoking release of information.

PP. Family or informal support will provide the level and/or intensity of services needed.

QQ. Child no longer meets financial eligibility (loss of Medicaid eligibility).

RR. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.

SS. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e., training, counseling, etc.) must be explored prior to termination of services.

TT. Family failed or refused to sign or abide by plan of care.
UU. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).

VV. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

WW. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

*Any one of the following criteria must be met to preclude eligibility for the service.*

E. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

F. Severity of behavioral health impairment precludes provision of services in this level of care.

G. Severity of cognitive impairment precludes provision of services in this level of care.

H. There is a lack of social support systems, such that a more intensive level of services is needed.
T1027: Parent Support and Training (Individual or Group)

I. Description of Services

Parent Support and training is designed to promote the engagement and active participation of the family in the treatment process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Support and training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. This involves assisting the family in acquiring the knowledge and skills necessary to understand and address the specific needs of the child in relation to Autism Spectrum Disorder and related treatments. The Parent Support provider can also assist the parents in gathering materials, making materials, finding information and training parents on the materials under the direction of the Autism Specialist. Parent Support training may be provided on a one to one basis or in a group setting. A group setting cannot consist of more than three families. Persons with family relationships to the beneficiary cannot provide Parent Support and Training. Parent Support and Training Provider Qualifications as listed in the HCBS Autism Waiver Policies & Procedures must be met.

II. Intensity Guidelines

J. Severity of the functional impairment

K. Appropriate intensity of services

L. Least restrictive or intrusive services necessary

III. Admission Criteria

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

O. A comprehensive behavioral health assessment inclusive of the diagnosis of Autism Spectrum Disorder and a Criterion Reference Skill Based Assessment (CRSBA) indicates that the member’s clinical condition warrants this service in order to enhance specific problem-solving skills, develop coping mechanisms, and/or develop strategies for the child’s symptom and behavior management.

P. The member resides in a family home environment (e.g., parent, step parent, legal guardian, siblings, relatives, grandparents or foster parents) and has a family member who voluntarily agrees to participate in Parent Support and Training.

Q. Services must be recommended by an Autism Specialist/Treatment Team, are subject to prior approval through the Plan of Care, and must be intended to achieve the goals or objectives identified in the child’s IBP/POC.

IV. Continued Stay Criteria

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

P. The member’s clinical condition continues to warrant Parent and Support Training and the member is continuing to progress toward identified, documented treatment plan goal(s) identified on the member’s IBP/POC.
Q. 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.

R. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.

S. The family is actively participating in the treatment as required by the treatment plan.

T. 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.

U. Progress has not been made and the Parent Support/Trainer 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.*

XX. Death of child.

YY. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.

ZZ. Child or family chose to terminate services, including revoking release of information.

AAA. Family or informal support will provide the level and/or intensity of services needed.

BBB. Child no longer meets financial eligibility (loss of Medicaid eligibility).

CCC. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.

DDD. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.

EEE. Family failed or refused to sign or abide by plan of care.

FFF. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).
GGG. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

HHH. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.

I. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered

J. Severity of behavioral health impairment precludes provision of services in this level of care.

K. Severity of cognitive impairment precludes provision of services in this level of care.

L. There is a lack of social support systems, such that a more intensive level of service is needed.
HCBS Autism Waiver Extension

III. Description of Services

It is the Autism Specialist’s responsibility to request and make available all documentation necessary for the review team to make a decision. The Autism Specialist will complete the Request of Extension/Statement of need form (AW-008). All requests for the one time, one year extension of HCBS Autism Waiver services must be submitted to the Autism Wavier Program Manager no later than 120 days before the child meets their service limits. The Autism Review team will consist of the HCBS Autism Program Manager, a therapist/individual who works with the child with Autism and an Autism Specialist who is not directly involved with the child/family requesting extension. Autism Waiver Services shall be limited to three years, unless medically necessary. For reason of medical necessity services may be extended for one year, with approval of review team.

II. Intensity Guidelines

H. Severity of the functional impairment
   I. Appropriate intensity of services
   J. Least restrictive or intrusive services necessary

III. Extension Criteria

Criteria A-E must be met for extension of Autism Waiver Services.

F. Individualized Behavioral Program/Plan of Care (IBP/POC) –section1, question 11- (Global Risk Rating Scale) on the most recent IBP/POC. This question asks parents to rate their child’s behavior in relationship to their environment(s). A minimum total score of 14 has to be met.

G. Did the family use two services (must meet): if not, why not?

H. A Child must have utilized at least 20 % of available waiver services in the last 365 days prior to the request for the extension of services in order to demonstrate a need of continued services. The calculations for the 20 % can span across two calendar years. (MMIS data will verify usage of services per paid claims).

I. Compare Adaptive skills from the initial Vineland to the most recent Vineland and the child must show improvement in any two adaptive skills (raw scores). Adaptive skills are: Communication, Daily Living skills, socialization, or motor skills

J. If the child does not meet the criteria for items 3 or 4 listed above, the team can use one or a combination of the following items as a determining factor to demonstrate a continuing need for services: Criterion Reference Skill Based Assessment (CRSBA) summary, additional data sheet, or progress sheets.
IV. Continued Stay Criteria

Not applicable

V. Discharge Criteria

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

III. Death of child.

JJJ. Child and/or family moved out of state. If they move within the state, but out of the Autism Specialist service area, the child’s case will remain open and the case file will be transferred within 30 days to the Autism Specialist of their choice who operates in the area to which the child and family has moved.

KKK. Child or family chose to terminate services, including revoking release of information.

LLL. Family or informal support will provide the level and/or intensity of services needed.

MMM. Child no longer meets financial eligibility (loss of Medicaid eligibility).

NNN. Child no longer meets Autism functional eligibility criteria at annual re-evaluation.

OOO. Lack of cooperation to the point that the child and/or family substantially interfere with the provider’s ability to provide services (e.g., inability to get along with the providers or inappropriate child and/or family behaviors). All other options (i.e. training, counseling, etc.) must be explored prior to termination of services.

PPP. Family failed or refused to sign or abide by plan of care.

QQQ. Child and/or family whereabouts are unknown (e.g., post office returns agency mail to the child or family indicating no forwarding address).

RRR. If the child and/or family have sought medical/behavioral treatment outside the state of Kansas and the treatment process will be more than thirty (30) consecutive days outside the state, the case will be closed.

SSS. Child has met the service limits established in the HCBS Autism Waiver.

VI. Clinical Exclusions

Any one of the following criteria must be met to preclude eligibility for the service.
M. Services furnished to a child who is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation, or institution for mental disease are not covered.

N. Severity of behavioral health impairment precludes provision of services in this level of care.

O. Severity of cognitive impairment precludes provision of services in this level of care. There is a lack of social support systems, such that a more intensive level of service is needed.
# Massachusetts Community Based Services (CBS)

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

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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-B 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.

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.
B. 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.

C. 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.

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**

*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.

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**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-D 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
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

M. Severity of the functional impairment
N. Appropriate intensity of services
O. Least restrictive or intrusive services necessary

III. Admission Criteria

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

S. 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.

T. Outpatient services alone are not or would not likely be sufficient to meet the youth and family’s needs for clinical intervention/treatment.

U. 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.

V. 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).

W. 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.

X. The member is actively participating in the treatment as required by the treatment plan to the extent possible consistent with his/her condition.

Y. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan.

Z. 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.

AA. 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.

B. The youth no longer meets admission criteria for this level of care, or meets criteria for a less or more intensive level of care.
C. 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.

D. 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.

E. 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.

F. Required consent for treatment is withdrawn.

G. 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.

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 community 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.

H. 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.

I. 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.

J. 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.

K. 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.

L. 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.

M. 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).

N. 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.

D. 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.

E. 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.

F. 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.

G. 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.

H. 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.

I. 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.
J. 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-F must be met to satisfy criteria for discharge.

A. An adequate continuing care or discharge plan is established and linkages are in place.

A. Goals of the Individualized Recovery Plan (IRP) have been substantially met.
B. The member requests discharge and is not in imminent danger of harm to self or others.

C. Transfer to another level of service is warranted by change in the member’s condition or nonparticipation.

D. The member refuses to submit to random drug screens.

E. 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.

H0031: Mental Health Assessment, Non Physician

I. Description of Services

The formal process of gathering information on the member into written reports, including, but not limited to, individual characteristics, presenting problems, history or cause of illness,
history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the member or collaterals. This service results in identification of the member’s mental health service needs and recommendations for treatment and may include a tentative diagnosis. If a person is not in need of mental health services, other disposition information, such as to whom the member was referred, shall be included in the report. For psychological evaluations, the evaluation must be conducted and signed by a licensed clinical psychologist using nationally standardized psychological assessment instruments.

II. Criteria

D. Required for all autism services provided 30 days preceding the completion of a mental health assessment.

E. A minimum of one face to face meeting with the client by a QMHP, or a licensed psychologist for a psychological evaluation, is required prior to completion.

F. A diagnosis of mental illness is not required prior to starting mental health assessment activities.

G. For psychological evaluations, a master’s level professional may administer standardized testing as part of the evaluation.

III. Continued Stay

C. A new assessment is needed due to a change in the member’s original presentation.

D. A new assessment is needed due to the member’s lapse in active service provision, requiring re-assessment.

H0032: Mental Health Service Plan Development

I. Description of Services

The formal process to develop, evaluate, or modify a member’s mental health service plan. This would include the statement of treatment or service goals, of clinical
interventions designed to achieve those goals and an evaluation of progress toward those goals. This activity may be repeated periodically and the plan may be modified.

II. Criteria
   A. Member has a behavioral health condition that requires treatment.

III. Continued Stay
   A. Member has a behavioral health diagnosis and is in need of treatment services.
   B. 90 days has elapsed since the treatment plan was completed and the treatment plan must be reviewed.
   C. The member has had a change in presentation which warranted an update in the treatment plan development.

IV. Discharge Criteria
   A. Member has been discharged from services.
   B. Goals have been successfully met.

IV. Continued Stay Criteria
   Criterion A must be met to satisfy continued stay criteria.
   A. The member’s situation/functioning have 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.

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H2012 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.

H0018: Crisis Residential

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:

B. Psychiatric medical assessment

G. Crisis assessment, support and intervention

H. Residential Substance Detoxification (ASAM Level III)

I. Medication administration, management and monitoring

J. Brief individual, group and/or family counseling
K. Linkage to other services as needed

Services must be provided in a licensed Community Based Residential Facility (CBRF) with at least 5 years experience as a community based provider of non-institutional sub-acute psychiatric services.

II. Intensity Guidelines

D. Severity of the functional impairment
E. Appropriate intensity of services
F. 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.*

H. Treatment at a lower level of care has been attempted or given serious consideration.
I. The member has a known or suspected illness/disorder in keeping with target populations listed above.
J. The member is experiencing a severe situational crisis which has significantly compromised safety and/or functioning
K. 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
L. The member has insufficient or severely limited resources or skills necessary to cope with the immediate crisis
M. The member demonstrates lack of judgment and/or impulse control and/or cognitive/perceptual abilities to manage the crisis
N. 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.*

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.
D. 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.

D. The member no longer meets admission guidelines requirements.

E. Crisis situation is resolved, and an adequate continuing care plan has been established.

F. 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.

D. The member is not in crisis.

E. 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.

F. Severity of clinical issues precludes provision of services at this level of intensity.

H0038 Peer Specialist Services

I. Description of Services

Peer Specialists serve as advocates, as well as provide information and peer support for members in a community based setting. Peer Specialists perform a wide range of tasks to assist members and/or families in regaining control over their lives and their own recovery process from mental illness and substance use. Peer Specialists function as role models; demonstrating techniques in recovery and in ongoing coping skills through service activities that include:

A. Offering effective recovery-based services;
B. Assistance in finding self-help groups;
C. Assistance in obtaining services that suit that individual’s recovery needs;
D. Teaching problem solving techniques
E. Teaching consumers how to identify and combat negative self-talk and how to identify and overcome fears;
F. Assistance in building social skills in the community that will enhance integration opportunities;
G. Lending their unique insight into mental illness and substance use and what makes recovery possible;
H. Attending treatment team and crisis plan development meetings to promote use of self-directed recovery tools;
I. Provide information about community and natural supports and how to utilize these in the recovery process;
J. Assistance in developing empowerment skills through self-advocacy and stigma-busting activities.

These services are rendered by a Certified Peer Specialist. Qualifications include:
• 18 years old or older
• Minimum High School Diploma or GED
• 20 hours of training, and has current certification as a Peer Specialist through the Wisconsin Division of Mental Health and Substance Abuse.

II. Intensity Guidelines

D. Severity of the functional impairment
E. Appropriate intensity of services
F. Least restrictive or intrusive services necessary

III. Admission Criteria

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

G. Member must have a primary mental health diagnosis; codes 290-298.9 and 300-316.
H. An increase in symptomology that could lead to destabilization and use of hospitalization, crisis or emergency room (ER);
I. Reduced functioning at home, school or in the community;
J. Significant ER (more than 3 ER visits per year) use for a member with a mental health/substance use diagnosis, regardless of whether it is for primary health or mental health/substance use reasons;
K. A high rate of hospitalization admissions (more than 2 hospitalizations per year) or at risk for hospital readmission.

IV. Continued Stay Criteria

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

C. Member continues to meet Admission Criteria.
D. Case notes document progress relative to goals identified in the Individualized Treatment 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.

E. An adequate continuing care plan has been established.
F. Goals of the Individualized Treatment Plan have been substantially met.
G. Member/family requests discharge from service.
H. Transfer to another service/level is more clinically appropriate.

H2011: Crisis Management

I. Definition of Service

The purpose of this service is to be a face-to-face or telephonic service to assist the Member, who is experiencing a marked deterioration of functioning related to a specific precipitant, in restoring their level of functioning and/or stabilize the Member. The goal of this service is to maintain the Member in the least restrictive, clinically appropriate level of care. The clinician must assist the Member in identifying the precipitating event, in identifying personal and/or community resources that he/she can rely on to cope with this crisis, and in developing specific strategies to be used to mitigate this crisis and prevent similar incidents.

A crisis can be defined as an event that places the Member in a situation that was not planned or expected which could hinder the Member’s capacity to function. Clinicians should provide an objective frame of reference within which to consider the crisis, discuss possible alternatives, and promote healthy functioning. Crisis management should include immediate methods of intervention that include stabilization of the Member in crisis, counseling and advocacy, and information and referral, depending on the assessed needs of the Member.

All activities must occur within the context of a potential or actual psychiatric crisis. Members in crisis may be represented by a family member or other individuals who have extensive knowledge of the Member’s capabilities and functioning. Face-to-Face interventions require immediate response by a clinical professional and include:

1. A preliminary evaluation of the Member’s specific crisis
2. Intervention and stabilization of the Member
3. Reduction of immediate personal distress experienced by the Member
4. Development of an action plan that reduces the chances of future crises through the implementation of preventative strategies
5. Referrals to appropriate resources
6. Follow up with each Member within 24 hours, when appropriate
7. Telephonic interventions are provided either to the Member or on behalf of the Member to collect an adequate amount of information to provide appropriate and safe services, stabilize the beneficiary, and prevent a negative outcome
II. Admission Criteria

Criteria A must be met to satisfy admission criteria.

3. A. Member is experiencing seriously acute psychiatric symptoms or psychological/emotional changes that result in increased personal distress and who would without intervention, be at risk for a higher level of care, such as hospitalization or other out of home placement.

III. 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.

IV. Discharge Criteria

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

C. The crisis has been addressed and resolved.

D. The member has been placed in an inpatient setting to address treatment and ensure member safety.
H0002: Behavioral Health Screening

I. Description of Service:

The purpose of a Behavioral Health Screening is to provide early identification of behavioral health issues and to facilitate appropriate referral for a more focused assessment and/or treatment. This service is designed to quickly identify behavioral health issues and/or risk of development of behavioral health problems and/or substance abuse.

II. Criteria

Criteria A and B must be met to satisfy criteria.

A. The assessment must include all of the following:

i. Completion of a brief questionnaire to examine the nature of context of the problem and identify patterns of behavior.

ii. Use and appropriate scoring of a SCDHHS approved screening tool such as: GAIN (Global Appraisal of Individual Needs-Short Screener), ECBI (Eyberg Child Behavioral Inventory) or the DAST (Drug Abuse Screening Tool)

iii. Brief mental status assessment.

iv. Plan for follow up or referrals, if indicated

B. The results of the screening must be included in the Member’s clinical record as well as documentation of referrals made on the Member’s behalf.
Crisis Management (CM)

I. Definition of Services

The clinician must assist the beneficiary in identifying the precipitating event, in identifying personal and/or community resources that he or she can rely on to cope with this crisis, and
in developing specific strategies to be used to mitigate this crisis and prevent similar incidents.

A crisis can be defined as an event that places a beneficiary in a situation that was not planned or expected. Sometimes, these unexpected events can hinder the beneficiary’s capacity to function. Clinical professionals should provide an objective frame of reference within which to consider the crisis, discuss possible alternatives, and promote healthy functioning. All activities must occur within the context of a potential or actual psychiatric crisis.

Crisis Management (CM) should therefore be immediate methods of intervention that can include stabilization of the person in crisis, counseling and advocacy, and information and referral, depending on the assessed needs of the individual.

Intervention services provided Face-to-face requires immediate response by a clinical professional and include:
- A preliminary evaluation of the beneficiary’s specific crisis
- Intervention and stabilization of the beneficiary
- Reduction of the immediate personal distress experienced by the beneficiary

Telephonic interventions are provided either to the beneficiary or on behalf of the beneficiary, to prevent a negative outcome include:
- Guidance to the caller on behalf of the beneficiary on how to reduce or deescalate the problem
- Guidance to the beneficiary on how to reduce or deescalate the problem
- Provide emergency information

All services will require a follow up to the intervention to include:
Development of an action plan that reduces the chance of future crises through the implementation of preventative strategies
Referrals to appropriate resources
Follow up with each beneficiary within 24 hours, when appropriate

An evaluation of the beneficiary should be conducted promptly to identify presenting concerns, issues since last stabilization (when applicable), current living situation, availability of supports, potential risk for harm to self or others, current medications and medication compliance, current use of alcohol or drugs, medical conditions, and when applicable, history of previous crises including response and results.
Individuals in crisis who require this service may be using substances during the crisis. Substance use should be recognized and addressed in an integrated fashion, as it may add to risk, increasing the need for engagement in care. This coordination must be documented in the individual’s plan of care.

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

III. Admission Criteria

Beneficiaries who are experiencing seriously acute psychiatric symptoms or alcohol /drug abuse or psychological/emotional or changes that result in increased personal distress and who would without intervention, be at risk for a higher level of care, such as hospitalization or other out-of-home placement.

Beneficiaries in crisis may be represented by a family member or other individuals who have extensive knowledge of the beneficiary’s capabilities and functioning.

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.

S9482: Family Support

I. Description of Service
Family Support (FS) is a medical supportive service with the primary purpose of treatment of the beneficiary’s condition. The intent of this service is face-to-face contact, but services may also include telephonic contact with the identified beneficiary and collateral contact with persons who assist the beneficiary in meeting their goal as specified in the Individual Plan of Care. The documentation must support the circumstances that warrant services provided by telephone. FS is the process of family participation with the services provider in the treatment process of the Medicaid beneficiary. FS should result in an intervention that changes or modifies the structure, dynamics and interactions that act on the beneficiary’s emotions and behavior.

FS does not treat the family or family members other than the identified beneficiary. FS is not for the purpose of history taking or coordination of care. This service includes the following discrete services when they are relevant to the goal in the individual plan of care: providing guidance to the family or caregiver on navigating systems that support individuals with behavioral health needs, such as behavioral health advocacy groups and support networks; fostering empowerment of family or caregiver by offering supportive guidance for families with behavioral health needs and encouraging participation in peer or parent support and self-help groups; and modeling these skills for parents, guardians, or caregivers. Family Support does not include respite care or child care services.

Instruction will be provided to the family or caregiver for the purpose of enabling the family or caregiver to better understand and care for the needs of the beneficiary and participate in the treatment process by coaching and redirecting activities that support therapy interventions.

Services may only be provided to the family or caregiver and directed exclusively to the effective treatment of the beneficiary.

This service is intended to:

- Equip families with coping skills to counteract the stress of dealing with the beneficiary’s behavioral health needs
- Alleviate the burden of stigma that families carry
- Teach families to deal with the crisis and to coordinate effectively with service provider
- Reduce families isolation by connecting them with behavioral health advocacy and support network
- Teach families to advocate effectively for their relatives
- Provide families with knowledge and skills necessary to allow them to be an integral and active part of the beneficiary’s treatment team

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 or B and C must be met to satisfy admission criteria*
A. Members must present with severe oppositional behaviors that impair their level of functioning in primary aspects of daily living, such as: personal relations, living arrangements, work, school, work and recreation.
B. Members who present with risk potential to self or others are also eligible for this service.
C. The member’s assessment indicates needs that may be supported by this service.

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

IV. Continued Stay Criteria
A. Progress notes document progress relative to goals identified in the treatment plan.
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.

Criteria A, B, C, D, E or F must be met to satisfy discharge criteria

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

H0038: Peer Support Services

I. Description of Services

The purpose of this service is to allow Medicaid beneficiaries over the age of eighteen (18) with similar life experiences to share their understanding with other beneficiaries to assist in their recovery from mental illness and/or substance use disorders. The peer support specialist gives advice and guidance, provides insight,
shares information on services and empowers the beneficiary to make healthy decisions. The unique relationship between the peer support specialist and the beneficiary fosters understanding and trust in beneficiaries who otherwise would be alienated from treatment. The beneficiary’s plan of care determines the focus of Peer Support Services (PSS).

This service is person centered with a recovery focus and allows beneficiaries the opportunity to direct their own recovery and advocacy process. The service promotes skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills.

The peer support specialist will utilize their own experience and training to assist the beneficiary in understanding how to manage their illness in their daily lives by helping them to identify key resources, listening and encouraging beneficiaries to cope with barriers and work towards their goals. The peer support specialist will also provide ongoing support to keep beneficiaries engaged in proactive and continual follow up treatment.

The peer support specialist actively engages the beneficiary to lead and direct the design of the plan of care and empowers the beneficiary to achieve their specific individualized goals. Beneficiaries are empowered to make changes to enhance their lives and make decisions about the activities and services they receive. The peer support specialist guides the beneficiary through self-help and self-improvement activities that cultivate the beneficiary’s ability to make informed independent choices and facilitates specific, realistic activities that lead to increased self-worth and improved self-concepts.

Peer Support Services are multi-faceted and emphasize the following:

1. Personal safety
2. Self-worth
3. Introspection
4. Choice
5. Confidence
6. Growth
7. Connection
8. Boundary setting
9. Planning
10. Self-advocacy
11. Personal fulfillment
12. The Helper Principle
13. Crisis management
14. Education
15. Meaningful activity and work
16. Effective communication skills

Due to the high prevalence of beneficiaries with mental health illness and/or substance use disorders and the value of peer support in promoting dual recovery, identifying individuals co-occurring disorders who require a dual treatment is a priority.
The availability of services is a vital part of PSS to reinforce and enhance the beneficiary’s ability to cope and function in the community and develop natural supports. Services must be rendered face-to-face. The beneficiary must be willing to participate in the service delivery. Services are structured or planned one-to-one or group activities that promote socialization, recovery, self-advocacy, and preservation. PSS must be coordinated within the context of a comprehensive, individualized POC that includes specific individualized goals. Providers should use a person-centered planning process to help promote beneficiary ownership of the POC. Such methods actively engage and empower the beneficiary and individuals selected by the beneficiary, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the beneficiary in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

Services interventions include some of the following:
- Self-help activities that cultivate the beneficiary’s ability to make informed and independent choices. Activities help the beneficiary develop a network for information and support from others who have been through similar experiences.
- Self-improvement includes planning and facilitating specific, realistic activities leading increased self-worth and improved self-concepts.
- Assistance with substance use reduction or elimination provides support for self-help, self-improvement, skill development, and social networking to promote healthy choices, decisions, and skills regarding substance use disorders or mental illness and recovery.
- System advocacy assists beneficiaries in making telephone calls and composing letters about issues related to substance use disorders or mental illness or recovery.
- How to recognize the early signs of a relapse.
- How to request help to prevent a crisis
- How to use a crisis plan
- How to use less restrictive, hospital alternatives
- How to divert from using the emergency room

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 substance use 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 member’s treatment plan, but treatment/recovery goals have not yet been achieved.

V. Discharge Criteria
*Criteria A, B, C, or D must be met to satisfy discharge criteria.*
A. An adequate continuing care plan has been established.
B. Goals of the treatment 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.
Rehabilitative Psychosocial Services (RPS)

I. Description of Services
RPS is designed to improve the quality of life for beneficiaries by assisting them to assume responsibility over their lives, strengthen skills, and develop environmental supports necessary to enable them to function as actively and independently in the community, as possible.

RPS should be provided in a supportive community environment. Each beneficiary should be offered RPS in a manner that maximizes the beneficiary’s responsibility, control, and feelings of self-worth, and encourages ownership in the rehabilitation process.

The goals of RPS are to: Effectively manage the illness Reduce problem areas that prevent successful independent living Develop or increase basic life skills that contribute to successful independent living.

RPS includes services provided individually or in small groups based on the assessed needs and level of functioning of the beneficiary and includes activities that foster growth in the following areas:

- Basic Living Skills Development — Coaching and encouraging the beneficiary to participate in activities that enhance their basic living skills
- Interpersonal Skills Training — Directing and promoting the beneficiary’s self-management, socialization, communication skills, and cognitive functioning
- Therapeutic Socialization — Teaching the beneficiary the necessary skills to appropriately perform activities that sustain independence
- Consumer Empowerment — Promoting and enhancing the beneficiary’s development of basic decision-making and problem-solving skills

RPS activities that are directed to promote recovery, restore skills, and develop adaptive behaviors may include the following:

- Promoting the understanding and the practice of healthy living habits
- Promoting the enhancement of self-care, personal hygiene, selection of nutritional food, and appropriate eating habits
- Assisting with maintaining adequate relationships with others
- Promoting the expression of his or her needs, feelings, and thoughts in a supportive and safe environment
- Promoting the safe use of community resources
- Assisting with issues of personal safety
- Promoting hope through understanding of his or her illness, its affect on their lives, social adaptation, and alternatives to improve their quality of life
- Assisting to restore basic functional abilities he or she may have lost because of the illness
- Assisting to develop abilities to maintain his or her personal belonging and living space
- Identifying and managing symptoms, attitudes, and behaviors that interfere with seeking a job or obtaining an education
- Improving concentration and attention, problem-solving skills, ethics development, and time management
Directing interventions to identify and reduce stressors, develop coping skills and prevent de-compensation
Enabling to verbalize thoughts, feelings, and ideas in a supportive environment
Helping to reduce distraction or preoccupation with disturbing thoughts and withdrawal

II. Intensity Guidelines

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

III. Admission Criteria

A. The member must have:
   1. a substance use disorder diagnosis on Axis I, OR
   2. a mental health diagnosis with documented risk of developing problems with alcohol or illicit drug use, excluding nicotine; OR
   3. a mental health diagnosis with documentation that indicates that current symptoms, behaviors, and functioning issues are caused or exacerbated by substance use in the member’s immediate living environment.

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.

IPOC

I. Description of Service
Prior to the development of the IPOC, the assessment, evaluations, and screening must be completed to identify problems, needs, develop goals and objectives, and determine appropriate Rehabilitative Behavioral Health Services and methods of intervention should be completed to develop the IPOC.

1. Meetings: The planning process may include one or more meetings initiated by the support staff/case manager, individual, family and/or the legally responsible party. All others identified by the individual/family/legally responsible party are invited to attend or to participate as they are able.

2. Discussions: Discussions in the meetings include information about life goals and aspirations and the services, treatment and supports/interventions needed to accomplish them.

3. Decisions: The individual/family/legally responsible parties and professionals determine together which services and supports, including natural supports and community resources and treatments, can best meet the person’s identified needs. This includes the amount and duration necessary to achieve the outcomes.

4. Plan: Since the IPOC is the umbrella under which all planning for support and treatment occurs, all facets of treatment and supports provided must be documented within it. All resources, including natural and community, must be included in the plan.

II. Admission Criteria
A. All Medicaid-eligible beneficiaries with a substance abuse or dependence diagnosis are eligible for this service.

III. 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.

IV. Discharge Criteria

A. An adequate continuing care plan has been established.

H0034: Medication Training (MT)
V. Description of Services

Education is focused on topics such as possible side effects of medications, possible drug interactions, and the importance of compliance with medication. Medication training encompasses those processes through which medicines are selected, procured, delivered, prescribed, administered, and reviewed to optimize the contribution that medicines make to producing informed and desired outcomes of the beneficiary’s care.

MT includes one or more of the following services:
Management, which involves prescribing and then reviewing medications for their side effects
Monitoring, which involves observing and encouraging people to take their medications as prescribed (frequently used with people with a poor compliance history)
Administration, which is the actual giving of an oral or injectable medication by a licensed professional
Training, which educates beneficiaries and their families on how to follow the medication regime and the importance of doing so

MT is provided to do any or all of the following:
Assess the need for beneficiaries to see the physician
Determine the overt physiological effects related to any medication(s)
Determine psychological effects of medications
Monitor beneficiaries’ compliance to prescription directions
Educate beneficiaries as to the dosage, type, benefits, actions, and potential adverse effects of the prescribed medications
Educate beneficiaries about psychiatric medications and substance abuse in accordance with nationally accepted practice guidelines

During assessment, attempts should be made to obtain necessary information regarding the beneficiary’s health status and use of medications.

Medication Training interventions may include some of the following:
- Monitoring and evaluating the beneficiary’s response to medication(s)
- Performing a medication review to identify, resolve, and prevent medication-related problems, including adverse drug events
- Documenting the care delivered and communicating essential information to the beneficiary and/or other service providers, if appropriate. When the service is provided to children, the service should include communication and coordination with the family and/or legal guardian
- Providing verbal education and training designed to enhance the beneficiary understanding and appropriate use of the medications
- Providing information, support services and resources designed to enhance beneficiary’s adherence to medication regimen
• Coordinating and integrating MT services within the broader health care management services being provided to the beneficiary

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

VII. Admission Criteria

Criteria A, Band C must be met to satisfy admission criteria.

A. The member has received an assessment or 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 Medication Training.
B. The member presents with symptoms that are likely to respond to pharmacological interventions.
C. The member has been prescribed medications as a part of the treatment array.

VIII. 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.

IX. 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.
Mississippi MNC

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I. Description of Services
Targeted Case Management is defined as services that provide information/referral and resource coordination to the beneficiary and/or his/her collaterals. Case Management Services are directed towards helping the beneficiary maintain his/her highest possible level of independent functioning. Case managers monitor the treatment plan and ensure team members complete tasks that are assigned to them, that follow up and follow through occur and help identify when the treatment team my need to review the treatment plan for updates if the established plan is not working. Services and service frequency should accurately reflect the individual needs, goals, and abilities of each member.

The frequency of case management services will be determined by the complexity of the case and the need of the member, but shall not occur less than once monthly.

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. The member must be over the age of 18 years old.
B. The member has a mental health disability (i.e., severe emotional disturbance) that requires advocacy for and coordination of services to maintain or improve level of functioning. Participation in targeted case management services is not solely for the purpose of satisfying legal requirements for treatment or services.
C. The member requires services to assist in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of choice.
D. The member lacks a natural support system for accessing needed medical, social, education and other services.
E. The member requires ongoing assistance to access or maintain needed care consistently within the service delivery system.

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, B or C 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 upon professional judgment.

C. The member is in out-of-home placement such as residential treatment or crisis residential treatment.

T1017: Targeted Case Management (Child)
I. Description of Services
Targeted Case Management is defined as services that provide information/referral and resource coordination to the member and/or his/her collaterals. Case Management Services are directed towards helping the beneficiary maintain his/her highest possible level of independent functioning. Case managers monitor the treatment plan and ensure team members complete tasks that are assigned to them, that follow up and follow through occur and help identify when the treatment team may need to review the treatment plan for updates if the established plan is not working.

The frequency of case management services will be determined by the complexity of the case and the need of the member, but shall not occur less than once monthly.

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. The member must be under the age of 18 years old.
B. The member has a mental health disability (i.e., severe emotional disturbance) that requires advocacy for and coordination of services to maintain or improve level of functioning. Participation in targeted case management services is not solely for the purpose of satisfying legal requirements for treatment or services.
C. The member requires services to assist in attaining self-sufficiency and satisfaction in the living, learning, work and social environments of choice.
D. The member lacks a natural support system for accessing needed medical, social, education and other services.
E. The member requires ongoing assistance to access or maintain needed care consistently within the service delivery system.

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, B or C 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 upon professional judgment.
C. The member is in out-of-home placement such as residential treatment or crisis residential treatment.

H2030: Psychosocial Rehabilitation Services (Senior)

I. Description of Services

Rehabilitative skill-building services for individuals 50 years of age and older with serious persistent mental illness. Services can take place in community mental health center or a nursing home setting. Senior Psychosocial Rehabilitation Services (Senior PSR) are structured activities designed to support and enhance the ability of the elderly to function at the highest possible level of independence in the most integrated setting appropriate to their needs. The activities target the specific needs and concerns of the elderly, while aiming to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, task completion and other areas of competence that promote independence in daily life.

Activities in the program are designed to alleviate such psychiatric symptoms as confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth. Each Senior PSR program must have a written schedule of daily activities on file which must include group therapy, socialization activities, activities of daily living, and recreational activities. The Program must use systematic curriculum based interventions implemented to address the needs of the individuals receiving PSR services.

A. Program Criteria
   a. Senior PSR programs must have an average daily attendance of at least five (5) individuals.
   b. Psychosocial Rehabilitation may be provided to senior adults with Serious Persistent Mental Illness (SPMI).
   c. For programs located in a CMHC, the Senior PRS service must be provided in each location a minimum of three (3) days per week for a minimum of four (4) hours per day.
   d. For programs located in a nursing home, the Senior PSR service must be provided a minimum of three (3) days per week for a minimum of two (2) hours per day.

II. Intensity Guidelines

D. Severity of the functional impairment
E. Appropriate intensity of services
F. Least restrictive or intrusive services necessary
III. **Clinical Exclusions (must meet at least one of the following):**

A. The member is under the age of 50.

B. The member chooses not to participate or desires greater community integration.

C. The primary etiology of the member’s dysfunction is related to an Axis II diagnosis or organic process or syndrome, including normal aging.

D. The symptoms to be addressed by Therapy/Counseling do not have their primary origin in a diagnosis of substance related disorder or a principal Axis II diagnosis of Mental Retardation.

E. The member’s daily living skills are sufficient to enable progress in recovery without the focused, facility-based skills training provided through Psychosocial Rehabilitation services.

F. The member’s level of cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from facility-based skills-training services.

G. The member requires the intensity of contact and range of supportive interventions only available through more intensive service and cannot be safely or effectively treated in a facility-based outpatient modality.

III. **Admission Criteria**

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

G. The member has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.

H. The member’s severity/complexity of symptoms and level of functional impairment require this service as evidenced by:

a. The member presents minimal risk of danger to self or others.

b. The member has significantly impaired role functioning and skill deficits that adversely affect at least two of the following areas and that can be expected to improve through intensive, curriculum-based, short term skills training in a facility setting:

   i. Management of financial affairs.

   ii. Ability to procure needed public services or other community support services.
iii. Socialization, communication, adaptation, problem solving and coping.

iv. Activities of daily living, including personal care; meal preparation; maintaining housing; accessing social, vocational, and recreational opportunities in the community; and establishing or modifying habits and routines.

v. Self-management of symptoms or recovery.

vi. Concentration, endurance, attention, direction following, and planning and organization skills necessary to progress in recovery.

c. The nature of the member’s impairment and/or skills deficits can be effectively remediated through focused skills-training activities that prepare the individual to apply new skills in their personal living environments (e.g. roommates, family, friends, neighbors, landlords and co-workers.)

d. The member’s current assessment identifies the specific skill deficits that will be addressed through focused skills training.

I. The member has a current treatment plan with specific goals, time-limited objectives that can be expected to be achieved within a 90-day time frame and a discharge or transition plan.

J. The proposed course of treatment includes skills-training models that are likely to be effective in mitigating the impaired role functioning and skill deficits identified in the mental health assessment.

K. The discharge plan or transition plan is expressly focused on increasing the member’s community integration through the application of skills in natural community settings.

L. There is no equally effective community-based service available to assist the individual in learning the skills needed.

M. Senior PSR services provided in a nursing facility must also be authorized through the Preadmission Screening and Resident Review (PASRR) rules.

N. All individuals admitted to Senior PSR that is not located in a nursing facility, must have a medical screening by a licensed physician or certified nurse practitioner, including a statement from the examiner which verifies the individual is free from disease and does not have any health condition that would create a hazard for other individuals or employees of the service. This screening must be completed within seventy-two (72) hours of admission, but no earlier than thirty (30) days prior to admission.

IV. Continued Stay Criteria

Criteria A through F must be met to satisfy criteria for continued stay.
G. 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.

H. The member’s treatment goals have not been met and this continued service is resulting in demonstrated improvement in the member’s functioning.

I. The member is actively participating in the treatment plan and indicates a desire to receive the services in the plan

J. The member has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-training goals, but:

   a. The desired outcome of level of functioning has not been restored or sufficiently improved or
   b. The member needs continued services for a time-limited period in order to consolidate gains prior to transition or

K. The member cannot be safely and effectively treated through the provisions of alternative community-based services or the engagement of natural community supports.

L. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual’s behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

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.

VI.

H2030: Psychosocial Rehabilitation Services (PSR)

I. Description of Services

Facility-based rehabilitative skill-building services for individuals 18 years of age to 49 years of age with serious mental illness. Activities include individual or group skill building that focus on the development of skills to be used by members in their living, learning, social and working
environments. The focus of treatment interventions include improvement in reality orientation, social skills and, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the individual into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth. Program must utilize systematic curriculum that is evidence based or recognized best practices in the field of mental illness by SAMHSA and address the following outcomes: Increase knowledge of mental illness, fewer relapses, fewer rehospitalizations, reduced distress from symptoms, increased consistent use of medications, increased recovery supports to promote community living. All individuals are required to have an Individualized Recovery Action Plan (IRAP), Wellness Recovery Action Plan (WRAP) or Person-Centered Plan (PCP). Individuals must participate in setting goals and assessing their own skills and resources related to goal attainment. Goals are set by exploring strengths, knowledge and needs in the individual’s living, learning, social, and working environments.

B. Program Criteria
   e. The program must operate with a minimum of five (5) beneficiaries per day for minimum of (2) hours per day for 2 days per week.
   f. Individuals may participate in the service up to five (5) hours per day up to five (5) days per week.
   g. Psychosocial Rehabilitation may be provided to adults with Serious Persistent Mental Illness (SPMI).
   h. PSR services must be located in their own physical space, separate from other mental health center activities or institutional settings and impermeable to use by other services/programs during hours of program operations.

II. Intensity Guidelines
   G. Severity of the functional impairment
   H. Appropriate intensity of services
   I. Least restrictive or intrusive services necessary

III. Clinical Exclusions (must meet at least one of the following):
   A. The member is under the age of 18 or over the age of 49.
   B. The member chooses not to participate or desires greater community integration.
   C. The primary etiology of the member’s dysfunction is related to an Axis II diagnosis or organic process or syndrome, including normal aging.
   D. The symptoms to be addressed by Therapy/Counseling do not have their primary origin in a diagnosis of a substance related disorder or a principal Axis II diagnosis of Mental Retardation.
E. The member’s daily living skills are sufficient to enable progress in recovery without the focused, facility-based skills training provided through Psychosocial Rehabilitation services.

F. The member’s level of cognitive impairment, current mental status, or developmental level makes it unlikely for him/her to benefit from facility-based skills-training services.

G. The member requires the intensity of contact and range of supportive interventions only available through more intensive service and cannot be safely or effectively treated in a facility-based outpatient modality.

IV Admission Criteria

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

O. The member has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.

P. The member’s severity/complexity of symptoms and level of functional impairment require this service as evidenced by:

a. The member presents minimal risk of danger to self or others.

b. The member has significantly impaired role functioning and skill deficits that adversely affect at least two of the following areas and that can be expected to improve through intensive, curriculum-based, short term skills training in a facility setting:

   i. Management of financial affairs.

   ii. Ability to procure needed public services or other community support services.

   iii. Socialization, communication, adaptation, problem solving and coping.

   iv. Activities of daily living, including personal care; meal preparation; maintaining housing; accessing social, vocational, and recreational opportunities in the community; and establishing or modifying habits and routines.

   v. Self-management of symptoms or recovery.

   vi. Concentration, endurance, attention, direction following, and planning and organization skills necessary to progress in recovery.
c. The nature of the member’s impairment and/or skills deficits can be effectively remediated through focused skills-training activities that prepare the individual to apply new skills in their personal living environments (e.g. roommates, family, friends, neighbors, landlords and co-workers.)

d. The member’s current assessment identifies the specific skill deficits that will be addressed through focused skills training.

Q. The member has a current treatment plan with specific goals, time-limited objectives that can be expected to be achieved within a 90-day time frame and a discharge or transition plan.

R. The proposed course of treatment includes skills-training models that are likely to be effective in mitigating the impaired role functioning and skill deficits identified in the mental health assessment.

S. The discharge plan or transition plan is expressly focused on increasing the member’s community integration through the application of skills in natural community settings.

T. There is no equally effective community-based service available to assist the individual in learning the skills needed.

V. Continued Stay Criteria

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

M. 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.

N. The member’s treatment goals have not been met and this continued service is resulting in demonstrated improvement in the member’s functioning.

O. The member is actively participating in the treatment plan and indicates a desire to receive the services in the plan.

P. The member has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-training goals, but:

   a. The desired outcome of level of functioning has not been restored or sufficiently improved or
   b. The member needs continued services for a time-limited period in order to consolidate gains prior to transition or

Q. The member cannot be safely and effectively treated through the provisions of alternative community-based services or the engagement of natural community supports.
R. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual’s behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

VI. Discharge Criteria:

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

C. The member no longer meets continued stay criteria and has reached baseline level of functioning.

D. The severity of illness requires a higher level of care.

VI.

H2021 Wrap Around Facilitation

I. Service Description

Wraparound Facilitation is an approach to individualized care planning encompassing the concept of wrapping services and supports around children, youth and families utilizing clinical treatment services and natural supports. Wraparound Facilitation must be provided in accordance with high fidelity and quality wraparound practice. Wraparound Facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families.

Activities include: engaging the family, assembling the child and family team, facilitating a child and family team meeting at a minimum every thirty (30) days, facilitating the creation of a plan of care which includes a plan for preventing and managing crisis, working with the team in identifying providers of services and other community resources to meet family and youth needs, making referrals for youth, documenting and maintaining all information regarding the plan of care, presenting plan of care for approval by the family and team, providing copies of the plan of care to the entire team including the youth and family/guardian, monitoring the progress toward needs met and whether or not the referral behaviors are decreasing, leading the team to discuss
and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth’s needs.

Services are comprised of a variety of specific tasks and activities designed to carry out the wraparound process, including:

a) Engaging the family,

b) Assembling the child and family team,

c) Facilitating a child and family team meeting at minimum every thirty (30) days,

d) Facilitating the creation of a plan of care, which includes a plan for anticipating, preventing and managing crisis, within the child and family team meeting

e) Working with the team in identifying providers of services and other community resources to meet family and youth needs,

f) Making necessary referrals for youth,

g) Documenting and maintaining all information regarding the plan of care, including revisions and child and family team meetings,

h) Presenting plan of care for approval,

i) Providing copies of the plan of care to the entire team including the youth and family/guardian,

j) Monitoring the implementation of the plan of care and revising if necessary to achieve outcomes,

k) Maintaining communication between all child and family team members,

l) Monitoring the progress toward need met and are the referral behaviors decreasing,

m) Leading the team to discuss and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth’s needs,

n) Educating new team members about the wraparound process, and maintaining team cohesiveness.

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 or D must be met to satisfy criteria for admission.

A. Member must have serious mental health challenges that exceed the resources of a single agency or service provider
B. Member must have experienced multiple acute hospital stays
C. Member must be at risk of out of home placement or been recommended for residential care
D. Member must have had interruptions in the delivery of services across a variety of agencies due to frequent moves, failure to show improvement, or lack of previous coordination by agencies providing care.

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 Wraparound Facilitation.

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.
H2017: Day Support Services

I. Description of Services

Day Support Services must provide structured, varied and age appropriate clinical activities in a group setting that are designed to support and enhance the individual’s independence in the community through the provision of structured therapeutic support. Program activities must aim to improve reality orientation, social adaptation, physical coordination, daily living skills, time and resource management, and task completion. They must also alleviate such psychiatric symptoms as confusion, anxiety, isolation, withdrawal and feelings of low self esteem. 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. Day support services must include, at minimum group therapy, individual therapy, leisure-time activities training, daily social skills training, coping skills training. Day support services programming must contain written policies and procedures, including a description of the program purpose, goals, and objectives. The written description must also include the population to be served, and admission criteria, which indicates that individuals served by the program are not appropriate for the more intensive service offered through Psychosocial Rehabilitation.

C. Program Criteria

i. The program must operate with a minimum of five (5) individuals per day for a minimum of two (2) hours per day two (2) days per week and have flexible hours (e.g., afternoon and evenings). Planned activities must be available whenever the program is in operation.

j. Day Support Services may be provided to adults with Serious Persistent Mental Illness (SPMI).

k. The program is to be located in its own physical space, separate from and not shared with other mental health center activities or institutional settings and impermeable to use by other programs or services with the exception of common kitchen/dining area and restrooms.

II. Intensity Guidelines

J. Severity of the functional impairment

K. Appropriate intensity of services
L. Least restrictive or intrusive services necessary

Clinical Exclusions:

A. Members are not considered appropriate for day support services 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 support treatment services.

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 day support 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 day support services 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 support services, 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.

H 2012: Day Treatment Services (Child)

I. Description of Services:
Day Treatment Services are available to children/youth with Severe Emotional Disturbance (SED) and are considered the most intensive outpatient program available to children and Adolescents. The services must provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services is a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school age children/adolescents with serious emotional disturbances the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principle and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular site and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.

A. Children/youth must have the following in order to receive Day Treatment Services:
   1. An eligibility determination for one of the following: Serious Emotional Disturbance or Autism/Asperger’s.
   2. A justification of the need for Day Treatment Services which must include documentation of the intensity and duration of problems, as part of the initial assessment or as part of a post-intake case staffing and at least annually thereafter. Documentation must also include the identification of at least three (3) specific behavioral criteria as set forth by DMH whose severity would prevent treatment in a less intensive environment.
   3. Children must be between the ages of three – twenty-one (3-21) to be considered for enrollment in Day Treatment Services.
   4. Each individual Day Treatment program must operate at a minimum of two (2) hours per day, two (2) days per week up to a maximum of five (5) hours per day, five (5) days per week. Each child/youth enrolled in Day Treatment Services must receive the service a minimum of four (4) hours per week.

B. To ensure each child’s confidentiality, no children other than those enrolled in Day Treatment Services can be present in the room during the time Day Treatment Services are being provided.

C. Only one (1) Day Treatment Services program is allowed per room during the same time period.

D. If a program is developed for individuals with a diagnosis of Autism/Asperger’s around youth who meet medical necessity criteria, there shall be no more than four (4) individuals with a diagnosis of Autism/Asperger’s per program.

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 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 day treatment services.
B. The member must meet a diagnosis of Severe Emotional Disturbance (SED).
C. 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.
D. The service must be furnished in a manner not primarily intended for the convenience of the member, the member’s caretaker, or the provider.

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 day treatment 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 member has shown an increase in symptom severity and therefore requires services which are beyond the scope of the current treatment option.

H2011: Crisis Intervention Services

I. Definition of Service

Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience; including assessment, brief supportive therapy or counseling and referral, and linkage to appropriate community services to avoid more restrictive levels of treatment. The goal of these services is symptom reduction, stabilization and restoration to a previous level of functioning or, if needed,
admission to an appropriate level of care such as inpatient. All of the below mentioned activities must occur within the context of a potential psychiatric crisis.

G. Crisis Response services are considered community based services and must be available face-to-face whenever the beneficiary and their family is in need of crisis response services. Initial crisis response may be provided by telephone.

H. Crisis Response services are available to adults exhibiting symptomology indicating a serious and persistent mental illness or children and youth exhibiting symptomology indicating a serious emotional disturbance.

I. Crisis Response services may be provided in the emergency department of a hospital.

J. Crisis Response services may be provided prior to an individual being admitted to services with a service provider. Individuals needing crisis services will not be required to have an intake or bio-psychosocial assessment prior to receiving crisis services.

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.

II. Intensity Guidelines

D. Severity of the functional impairment

E. Appropriate intensity of services

F. Least restrictive or intrusive services

III. Admission Criteria

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

D. Member has a known or suspected mental health diagnosis or substance related disorder.

E. 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 must be present:

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.

E. The crisis has been addressed and resolved.

F. The member has been placed in an inpatient setting to address treatment and ensure member safety.

H0039: Assertive Community Treatment (ACT)

I. Description of Service

Assertive Community Treatment (ACT/PACT) is a multi-disciplinary, self-contained clinical team approach providing comprehensive mental health and rehabilitative services. Team members provide long-term intensive care in natural community settings. The team provides all mental health services rather than referring individuals to different mental health providers, programs, and other agencies. Major activities under ACT/PACT may include: client specific treatment team planning – team meets daily to plan services, assesses individuals community status and share information to coordinate services; individual supports – for activities of daily living, financial management, skills training, medication support; coordination with collaterals – sharing information with healthcare and other providers; individual clinical interventions – therapy, diagnosis and assessment.

1. Program of Assertive Community Treatment (PACT) is defined as therapeutic programs provided in the community in which individuals live that would traditionally need inpatient care and treatment can be maintained in a less restrictive/community based setting.
2. The aim of PACT is to address the varied needs of adults with serious and persistent mental illness in a mobile treatment team approach/environment.

3. PACT services include a self-contained treatment milieu based on the level of need of the individual.

4. PACT services allow concurrent service provision by more than one PACT staff member when clinically indicated and substantiated in the documentation.

5. PACT services are limited to sixteen hundred (1600) units (15 minute unit) per state fiscal year and forty (40) units per day.

6. Services include:

   A. Psychiatric Services/assessment/treatment (including Telepsychiatry)
   B. Peer Support
   C. Medication Monitoring/Evaluation
   D. Vocational, Transportation, Housing, Employment Service
   E. Administrative Case Management
   F. Psycho-educational and instrumental support to members and their identified family
   G. Crisis assessment, support, and intervention
   H. Psychosocial assessment including identifying strengths and needs and a functional assessment

   1. Individualized interventions, which may include:
      a. 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.
      b. 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).
      c. Service and resource coordination to assist the member in gaining access to necessary rehabilitative, medical and other services.
      d. Family counseling/training for members and their families (as related to the person’s IRP)
      e. 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)
      f. Assistance with financial management skill development.
      g. Assistance with school and work functioning.
      h. 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)
i. 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)

j. Psychotherapeutic techniques involving the in-depth exploration and treatment of interpersonal and intrapersonal issues

k. 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
D. A diagnosis of Serious Persistent Mental Illness (SPMI)

III. Admission Criteria

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

A. The member must have a diagnosis of Serious Persistent Mental Illness (SPMI)
B. 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.
C. 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

V. Discharge Criteria

Not Applicable
H0038: Peer Support Services Adult Mental Health (Individual or Group)

I. Description of Service

Peer Support Services are person-centered activities with a rehabilitation and resiliency/recovery focus that allow consumers of mental health services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms and challenges associated with various disabilities while directing their own recovery. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family members that is directed toward the achievement of specific goals defined by the individual. It may also be provided as a family partner role. This service is a face to face intervention on an individual or group basis to assist adults with serious persistent mental illness (SPMI) in achieving specific recovery goals defined by the individual member as specified in the Individual Service Plan (ISP). All treatment interventions are planned and implemented in a partnership that occurs between the peer support specialist and the Community Mental Health Center (CMHC) treatment team members.

Please note: Peer support services must be supervised by a peer support supervisor with a minimum of a master’s degree and who has received basic peer support specialist training specifically developed for supervision within the peer specialist program as provided by Mississippi Department of Mental Health.

II. Intensity Guidelines

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

III. Clinical Exclusions

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

A. Members diagnosed with a Substance-Related Disorder only, without a 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.

IV. 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.

V. 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 Individual Service Plan (ISP), but treatment/recovery goals have not yet been achieved.

VI. 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 Individual Service Plan (ISP) have been substantially met.
C. Member/family requests discharge.
D. Transfer to another service/level is more clinically appropriate.
H0036: Community Supportive Services

I. Description of Services

Community Support Services (CSS) provides an array of support services delivered by community based mobile professionals. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CSS is to provide specific, measurable, and individualized services to each person served. CSS should be focused on the individual’s ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community. This service replaces the direct services historically provided as case management in Mississippi.

1. Community Support Services are services that can be provided to/for the individual by the CSS Specialist in any setting within the community absent from being involved in any other Medicaid reimbursable service simultaneously. The CSS Specialist not only assists the individual in gaining access to needed services necessary for community integration and sustainability within the community, but may also provide some of those direct services themselves, such as supportive counseling/reality orientation, skills training, enlisting social supports, financial management counseling, monitoring physical and mental health status, etc.

a) Community support services are defined as services that are specific, measurable, and individualized that focus on the individual’s ability to succeed in the community; to identify and access needed services; and to show improvement in school, work, and family and integration and contributions within the community. These shall include the following as clinically indicated:

1) Identification of strengths which will aid the individual in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community.

2) Individual therapeutic interventions with a beneficiary that directly increase the acquisition of skills needed to accomplish the goals set forth in the Individual Service Plan.

3) Monitoring and evaluating the effectiveness of interventions, as evidenced by symptom reduction and program toward goals.
4) Psychoeducation on the identification and self-management of prescribed medication regimen and communication with the prescribing provider.

5) Direct interventions in deescalating situations to prevent crisis.

6) Assisting the beneficiary and natural supports in implementation of therapeutic interventions outlined in the Individual Service Plan.

7) Relapse prevention and disease management strategies.

8) Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs of the individual.

9) Facilitation of the Individual Service Plan which includes the active involvement of the beneficiary and the people identified as important in the person’s life.

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 psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive Intervention’s and which documents the need for CSS.

B. The member must have a diagnosis of a Serious Persistent Mental Illness (SPMI)

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. 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 CSS, 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.

H0032: Treatment Plan Development, Review, and Modification

IV. Description of Service

The development of a plan, in conjunction with the member and parent/guardian as applicable, to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, frequency and identification of staff responsible for
delivering the services. Treatment plan reviews will utilize a strength based approach and shall address strengths and natural resources, presenting symptoms/problems, and diagnostic impressions. Treatment plan reviews must be provided by a team which includes a licensed independent practitioner in accordance with the appropriate scope of practice. These practitioners are limited to: a Mississippi licensed Physician who holds a specialty in psychiatry, a Mississippi licensed Physician with five (5) years’ experience in mental health, a Mississippi licensed Psychologist, a Mississippi Licensed Certified Social Worker (LCSW), a Mississippi Licensed Professional Counselor (LPC), a Mississippi Licensed Marriage and Family Therapist (LMFT), a Psychiatric Mental Health Nurse Practitioner under an approved protocol, or a Physician Assistant.

II. Intensity Guidelines
   K. Severity of the functional impairment
   L. Appropriate intensity of services
   M. Least restrictive or intrusive services necessary

III. Admission Criteria

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

K. The member must have a mental health diagnosis, or documentation of evaluations that will be conducted to determine a definitive diagnosis.

L. If the member is a minor, documentation that the member’s parent/guardian participated in the development is expected.

M. The meetings with member, family members, collaterals, or with other persons essential to the development or review of the treatment plan, with the member’s permission must be done face-to-face.
IV. Continued Stay Criteria

There are no continued stay criteria for treatment plan development, review and modification.

V. Discharge Criteria

There are no discharge criteria for treatment plan development, review and modification.
H0031: Mental Health Assessment

V. Description of Service

The formal process of gathering information on the member into written reports—including, but not limited to, individual characteristics, presenting problems, history of cause of illness, history of treatment, medical history, current medications, source of referral, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the member or collaterals. Collateral sources of pertinent information may occur with the member’s permission and include, but are not limited to, family members, educational personnel, medical personnel, and DCFS staff. This service results in the identification of the member’s mental health service needs and recommendations for treatment and may include a tentative diagnosis.

II. Intensity Guidelines

N. Severity of the functional impairment
O. Appropriate intensity of services
P. Least restrictive or intrusive services necessary

III. Admission Criteria

Criterion A-B must be met to satisfy admission criteria.

N. The member must have a known or suspected mental illness or substance-related disorder.
O. Initial screening/intake information indicates a need for further assessment.

IV. Continued Stay Criteria

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

B. The member’s situation/functioning has changed in such a way that previous assessments are outdated.

V. Discharge Criteria

There is no discharge criteria for assessment services.
## Texas Community Based Service (CBS)
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H2017: Psychosocial rehabilitation (CHIP, RSA, and foster care 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 builds on strengths and focus on restoring in the enrollee's ability to develop and maintain social relationships, occupational or educational achievement, and other independent living skills that are affected by or the result of a serious mental illness in adults. 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. These services may be provided individually or in a group.

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 enrollee 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 cannot be solely MR, pervasive developmental disorder, or substance abuse.

B. Enrollee must be 18 years of age or older

C. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the adult 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. The enrollee 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. This includes a QMHP-CS, CSSP or a peer provider. However, medication related services must be performed by licensed medical personnel and crisis related services must be provided by a QMHP-CS.

F. A clear individualized treatment plan is established including specific behavioral and objective goals related to this service. This includes documentation of specific interventions or services that address independent living skills, service coordination, employment, housing, medication and/or crisis resolution.

G. The enrollee 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 enrollee is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

B. The enrollee can be expected to benefit from CBS, which remain appropriate to meet the member’s needs.

C. The enrollee continues to meet the admission criteria.

D. The enrollee 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 enrollee’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 enrollee no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).

B. The enrollee discontinued treatment and does not meet criteria for involuntary treatment.
C. The enrollee has failed to engage in services despite assertive outreach efforts that are documented in the enrollee’s treatment record.

D. Severity of illness requires a higher level of care.

H2014: Skills Training and Development (CHIP, RSA, and foster care 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).

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 enrollee has received a mental health evaluation by a licensed mental health professional, which includes a DSM diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

B. The enrollee has a serious mental illness or emotional disturbance (SED) and the symptom-related problems interfere with the individual's functioning and living, working, and learning environment.

C. Service should provide opportunities for the member to acquire and improve skills needed to function as appropriately and independently as possible in the community, facilitate the enrollee’s community integration and increase his or her community tenure.

D. Service should assist the child or adolescent in learning the skills described in the Description of Services and increase the LAR’s or primary caregiver’s understanding of and ability to respond to the member’s needs identified in the uniform assessment or documented in the recovery plan.

E. Service is provided to a child or adolescent; or LAR or the primary caregiver (foster parent, managing conservator, etc) of a child or adolescent, in an individual or group setting on site or in vivo.

F. 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.

G. Services are not being provided to a enrollee who is currently admitted to a crisis stabilization unit (CSU).

H. The enrollee 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 enrollee is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

B. The enrollee can be expected to benefit from CBS, which remain appropriate to meet the enrollee’s needs.
C. The enrollee continues to meet the Intensity of Service Guidelines and Admission Criteria

D. The enrollee 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 enrollee’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 enrollee no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).

B. The enrollee discontinues treatment and does not meet criteria for involuntary treatment.

C. The enrollee has failed to engage in services despite assertive outreach efforts that are documented in the enrollee’s treatment record.

D. Severity of illness requires a higher level of care

H2011: Crisis Intervention (Foster care 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 enrollee to a more restrictive environment.

Crisis - A situation in which, because of a mental health condition: The enrollee presents an immediate danger to self or others; or the enrollee’s mental or physical health is at risk of serious deterioration; or A enrollee 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 enrollee, and interventions with caregiver.

Enrollee 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. Enrollee 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 enrollee 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 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 enrollee has been placed in an inpatient setting to address treatment and insure enrollee safety.

H0034: Medication Training and Support (Foster care 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.

Enrollee and caregiver are educated about specific medications prescribed to the enrollee, including medication purpose, instructions for dosage and possible side effects. This service assists the member in:

(A) understanding the nature of a child's or adolescent's SED;

(B) understanding the concepts of recovery and resilience within the context of the serious mental illness;
(C) understanding the role of the individual's prescribed medications in reducing symptoms and increasing or maintaining the individual's functioning; (D) identifying and managing the individual's symptoms and potential side effects of the individual's medication; (E) learning the contraindications of the individual's medication; (F) understanding the overdose precautions of the individual's medication; and (G) learning self-administration of the individual's medication.

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. The enrollee has received a mental health evaluation by a licensed mental health professional, which includes a DSM diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

B. The enrollee has a diagnosis that is considered a serious mental illness or serious emotional disturbance as defined by an illness, disease, disorder, or condition (other than a sole diagnosis of epilepsy, dementia, substance use disorder, or intellectual or developmental disability) that:
   a. Substantially impairs an individual's thought, perception of reality, emotional process, development, or judgment; or
   b. Grossly impairs an individual's behavior as demonstrated by recent disturbed behavior.

C. Service is provided to a child or adolescent; or LAR or the primary caregiver (foster parent, managing conservator, etc) of a child or adolescent in an individual or group setting on site or in vivo. At least one adult managing conservator or authorized caregiver agrees to participate in the service.

D. 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.

E. The enrollee 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 enrollee is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

B. The enrollee can be expected to benefit from CBS, which remain appropriate to meet the enrollee’s needs.

C. The enrollee continues to meet the admission criteria

D. The enrollee 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 enrollee’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 enrollee no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).

B. The enrollee discontinues treatment and does not meet criteria for involuntary treatment.

C. The enrollee has failed to engage in services despite assertive outreach efforts that are documented in the enrollee’s treatment record.

D. Severity of illness requires a higher level of care.

G0177: Training and Educational Services (Foster care 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 enrollee 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.

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. Name of participant and relation to enrollee is provided.

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 and measurable 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 enrollee 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 enrollee is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

B. The enrollee continues to meet the admission criteria

C. The enrollee 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 enrollee’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 enrollee no longer meets continued stay criteria (e.g., treatment goals have been completed, symptoms have resolved).
B. The enrollee discontinues treatment and does not meet criteria for involuntary treatment.

C. The enrollee has failed to engage in services despite assertive outreach efforts that are documented in the enrollee’s treatment record.

D. Severity of illness requires a higher level of care.

H0039: Assertive Community Treatment (ACT)

I. Description of Service

Individuals in ACT are provided pharmacological management in the form of medications, medication training and supports (a.k.a., patient and family education), psychosocial rehabilitation (i.e., rehabilitative case management including housing services and co-occurring substance use services, and skills training and development), supported employment, and medical services by an R.N. Services provided by an ACT team are focused on outreach, engagement, and stabilization, are all-inclusive, and made available 24 hours a day, 7 days per 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

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

A. The enrollee has a severe and persistent mental illness that seriously impairs the ability to live in the community. Included diagnosis are schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), bipolar disorder, or Major Depressive disorder with Psychotic Features, because these illnesses more often cause long-term psychiatric disability.

B. The enrollee has significant functional impairments as demonstrated by the inability to consistently engage in at least one of the following:
   a. Maintaining personal hygiene
   b. Meeting nutritional needs
   c. Obtaining medical, legal, and housing services
   d. Recognizing and avoiding common dangers or hazards to self and possessions
   e. Persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others such as friends, family, or other relatives
   f. 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)
   g. Maintaining a safe living situation (e.g., repeated evictions or loss of housing)
C. The enrollee has one or more of the following problems that are indicators of continuous high-service needs:
   a. High use of acute psychiatric hospitals or crisis/emergency services including mobile, in-clinic or crisis residential (e.g. two or more admission in the past 180 days or 4 or more in the past two years).
   b. Persistent, recurrent, severe, or major symptoms (e.g. affective, psychotic, suicidal).
   c. 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).
   d. High risk or a recent history of criminal justice involvement (e.g. arrest and incarceration).
   e. Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless.
   f. Inability to participate in traditional clinic-based services
   g. 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. Enrollee continues to meet Admission Criteria.
   B. There is adequate documentation from the provider that the enrollee 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.
97532: Cognitive Rehabilitation Therapy (CRT) (STAR+Plus Only)

I. Description of Service

Cognitive rehabilitation therapy is a service that assists an individual in learning or relearning cognitive skills that have been lost or altered as a result of damage to brain cells/chemistry in order to enable the individual to compensate for the lost cognitive functions. Cognitive rehabilitation therapy is provided when determined to be medically necessary through an assessment conducted by an appropriate professional. The assessment is not included under this service provision. Cognitive rehabilitation therapy is provided in accordance with the plan of care developed by the assessor, and includes reinforcing, strengthening, or reestablishing previously learned patterns of behavior, or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems.

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 admission criteria.

A. The member must qualify and be eligible for the STAR+PLUS Home and Community Based Services (HCBS) program.

B. The member has cognitive deficits that have been acquired as a result of neurologic impairment due to one of the following:
   a. Traumatic brain injury
   b. Brain Surgery
   c. Stroke
   d. Encephalitis and other infectious disorders
   e. Brain tumors
   f. Hypoxic-hypotensive injury

C. There must be documentation provided of the completion of either a neurobehavioral assessment performed by a physician, nurse practitioner or physician assistant or a neuropsychological assessment performed by a psychiatrist, psychologist, neuropsychologist or licensed psychological associate. These tests should document
the member’s need for CRT services. If a neurobehavioral assessment is used, it must be accompanied by a separate plan of care.

D. An order for CRT signed and dated by the prescribing physician no more than three (3) months before the actual date of service must be submitted with the appropriate frequency and duration of treatment.

E. The treatment conforms to the submitted plan of care specific to the member’s diagnosed impairment or condition. This plan of care must be signed and dated by the prescribing physician and include the following:
   a. Duration and frequency of CRT
   b. Cognitive therapy evaluation
   c. Diagnosis with date of onset or exacerbation
   d. Short and long term functional treatment goals that are specific and measurable
   e. Treatment techniques and interventions to be used – amount, frequency and duration required to achieve measurable goals
   f. Education of the member and primary caregiver, if applicable
   g. Summary of results achieved during previous periods of therapy, if applicable
   h. Potential for improvement in the patient’s cognitive function

F. The service must be provided by a qualified provider, which would include one of the following:
   a. Psychologists
   b. Speech and language pathologists (While an approved provider will be sent to Superior)
   c. Occupational therapists (While an approved provider will be sent to Superior)
      i. If services are being provided by a speech and language pathologist or an occupational therapist, treatment should be overseen by physician or neuropsychologist.

G. Services are to be rendered in either an outpatient setting or the member’s residence.

IV. Continued Stay Criteria

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

A. Intensity of Service Guidelines and Admission Criteria are met.
B. Treatment orders no older than three (3) months before the actual date of service specifying the frequency and duration of the requested service and signed by prescribing physician must be submitted along with a plan of care. The plan of care must document the following:
   a. A description of the member’s current level of functioning or impairment
b. Objective demonstration of the member’s progress toward each prior treatment goal

c. Summary of the member’s response to therapy with documentation of any issues which have limited progress

d. Documentation of the member’s or caregiver’s participation and adherence in treatment

e. Brief prognosis statement with clearly established discharge criteria

f. An explanation of any changes to the member’s plan of care and the clinical rationale for revising the plan.

g. Prescribed treatment modalities and their anticipated frequency and duration

C. Treatment progress must be clearly documented in an updated plan of care/current progress summary signed by the therapist, as submitted by the requesting provider at the end of each authorization period and/or when additional visits are being requested.

D. The member is being re-evaluated on a routine basis by a qualified provider (e.g. every 30 days to 10 visits) and a follow-up neuropsychological or neurobehavioral assessment is conducted at 12 to 18 months.

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 or 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.
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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 enrollees 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 enrollee’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 enrollee has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis or DSM-5 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 enrollee, the enrollee’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.

The service must be provided to an enrollee 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, or applicable ICD-10 diagnosis.

H. 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 Enrollee is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

B. The enrollee 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 enrollee no longer meets continued stay criteria.

B. The enrollee 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 enrollee 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 or applicable ICD-10 diagnosis

C. The enrollee 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 enrollees 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 Enrollee is receiving the scope and intensity of services required to meet the program goals stated in the Description of Services.

C. Each enrollee 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 enrollee 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 enrollee and family about symptom management, medication and treatment options. This service describes activities that are intended to restore an enrollee’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 enrollee 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 enrollee, job matching, on the job training, and job support.

II. Intensity Guidelines

M. Severity of the functional impairment
N. Appropriate intensity of services
O. Least restrictive or intrusive services necessary

III. Admission Criteria

Criteria A-I must be met to satisfy criteria for admission.
U. The enrollee has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis or DSM-5 that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

V. The service must be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

W. 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.

X. The service must be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational.

Y. 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.

Z. The service must be furnished in a manner not primarily intended for the convenience of the enrollee, the enrollee’s caretaker, or the provider.

AA. The service must be provided to a enrollee 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 or applicable ICD-10 diagnosis.

BB. The service must be provided to an enrollee 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).

CC. 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.

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

T. The enrollee’s treatment goals have not been met and this continued service is resulting in demonstrated improvement in the enrollee’s functioning.
U. The enrollee 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.

E. The enrollee no longer meets continued stay criteria and has reached baseline level of functioning.

F. The severity of illness requires a higher level of care.

H0038: Self-Help/Peer Support Services

VII. Description of Service

Peer support services are provided to enrollees with mental health conditions provided by Certified Peer Support Specialists in mental health recovery who are trained in delivering effective peer support. Certified Peer Support Specialists serve as role models and advocates for enrollees, as well as provide information and support for enhancing wellness management, coping and independent 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 populations for this service are enrollees 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.

VIII. Intensity Guidelines

G. Severity of the functional impairment
H. Appropriate intensity of services
I. Least restrictive or intrusive services necessary

IX. Admission Criteria

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

L. Enrollee must have a primary mental health issue.
M. Enrollee requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources.
N. Enrollee may need assistance to develop self-advocacy skills to achieve decreased dependency on the mental health system.
O. Enrollee may need assistance and support to prepare for a successful work experience.
P. Enrollee may need peer modeling to take increased responsibilities for his/her own recovery.
Q. Enrollee may need peer supports to develop or maintain daily living skills.

X. Continued Stay Criteria

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

E. Enrollee continues to meet Admission Criteria.
F. Progress notes document progress relative to goals identified in the Individualized Recovery/Resiliency Plan, but treatment/recovery goals have not yet been achieved.
XI. **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. Enrollee/family requests discharge.
   
   Transfer to another service/level is more clinically appropriate.

D. Measureable criteria should be established at the onset of treatment that identify an enrollee’s readiness to transition to a new level of care or out of care.

E. Discharge criteria must be included on the enrollee’s individualized treatment plan and are separate and apart from the enrollee’s treatment plan goals and objectives.

F. The enrollee and the treating staff should collaborate to develop the individualized, measurable criteria.

G. The enrollee’s progress toward meeting the discharge criteria should be addressed throughout the course of treatment as part of the treatment plan review.

XII. **Clinical Exclusions**

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

A. Enrollees diagnosed with a Substance-Related Disorder and no other concurrent mental illness.

B. Enrollees 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.

VI. **Staffing Requirements**

A. Certified Peer Support Specialists in mental health recovery who are trained in delivering effective peer support.
B. Certified Peer Support Specialists serve as role models and advocates for enrollees, as well as provide information and support for enhancing wellness management, coping and independent living skills.

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 enrollees 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 enrollee.

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 enrollee has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis or DSM-5 that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS. Each enrollee 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 enrollee is enrolled in a Department of Children and Families (DCF) mental health target population (18 years and older).

C. The enrollee 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 enrollee requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice.

E. The enrollee lacks a natural support system for accessing needed medical, social, education, and other services.

F. The enrollee requires ongoing assistance to access or maintain needed care consistently within the service delivery system.

G. The enrollee 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 enrollee 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 enrollee 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 enrollee at risk of requiring more intensive services.

Exception to Admission Criteria: The following enrollees 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. An enrollee who has been referred by Cenpatico after a denied admission to or discharge from an inpatient psychiatric unit.
B. An enrollee who has been admitted to an inpatient psychiatric unit.
C. An enrollee who has been identified by Cenpatico as high-risk.
D. An enrollee 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 enrollee continues to meet admission criteria.
B. The enrollee 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 Enrollee 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.

B. The enrollee no longer meets continued stay criteria.
C. The severity of illness requires higher level of care.
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 enrollees 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 enrollee.

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 enrollee is enrolled in a Department of Children and Families (DCF) children’s mental health target population (birth through 17 years).

B. The enrollee 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.

C. Each enrollee 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 enrollee requires services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice.

E. The enrollee lacks a natural support system for accessing needed medical, social, education, and other services.

F. The enrollee requires ongoing assistance to access or maintain needed care consistently within the service delivery system.
G. The enrollee 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 enrollee is in out-of-home placement or at documented risk of out-of-home placement.

I. The enrollee 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 enrollees 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. An enrollee who has been referred by Cenpatico after a denied admission to or discharge from an inpatient psychiatric unit.

B. An enrollee who has been admitted to an inpatient psychiatric unit.

C. An enrollee who has been identified by Cenpatico as high risk.

D. An enrollee 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.

B. The enrollee continues to meet admission criteria.

C. The enrollee 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 enrollee 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 enrollee 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 B, C, D, or E must be met to satisfy criteria for admission.

A. The enrollee has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis or applicable DSM-5 diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.

B. The enrollee is enrolled in a Department of Children and Families (DCF) mental health target population (18 years and older).

C. The enrollee has resided in a state mental health treatment facility for at least six of the past 36 months
D. The enrollee 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 enrollee 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 enrollee 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 enrollees 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. An enrollee who has been referred by Cenpatico after a denied admission to or discharge from an inpatient psychiatric unit.

B. An enrollee who has been admitted to an inpatient psychiatric unit.

C. An enrollee who has been identified by Cenpatico as high-risk.

D. An enrollee 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 enrollee continues to meet admission criteria.

B. The enrollee 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 Enrollee 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 enrollee no longer meets continued stay criteria.

B. The severity of illness requires higher level of care.
I. Description of Services

Therapeutic Behavioral On-site Services are designed to assist complex-need enrollees under the age of 20 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 enrollees.

**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 enrollees.

Support Services must be related to the enrollee’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 enrollees 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

   Ages 6 years through 17 meets one of the following criterion
   A. Have an emotional disturbance
   B. Have a serious emotional disturbance
   C. Have a substance use disorder

   Ages 18 years through 20 years, but not otherwise meet the criteria for an emotional
disturbance or a serious emotional disturbance.

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 enrollees 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 Enrollee 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 enrollee 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. Enrollees diagnosed with autism, pervasive developmental delay, non-emotional or non-behavioral based developmental disability, or mental retardation.

B. Enrollees 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.
Therapeutic Behavioral On-site Services are designed to assist complex-need enrollees under the age of 20 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 enrollees.

**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 enrollees.

**Support Services** must be related to the enrollee’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 enrollees 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**
Under the age of 2 years, must meet one of the following criterion

A. Exhibiting symptoms of an emotional or behavioral nature that are atypical for the enrollee’s age and development that interferes with social interaction and relationship development

B. Failure to thrive (due to emotional or psychosocial causes, not solely medical issues)

Ages 2 years through 5 years, must meet both of the following criterion

A. Exhibiting symptoms of an emotional or behavioral nature that are atypical for the enrollee’s age and development

B. Score in at least the moderate impairment range on the behavior and functional rating scale developed for the specific age group.

IV. Continued Stay Criteria

A. Within six months of the original determination of eligibility for services and every six months thereafter, the enrollees 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 Enrollee 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 enrollee is found to no longer meet eligibility criteria, the enrollee must be discharged from therapeutic behavioral on-site services.
I. Description of Services

The Comprehensive Behavioral Health Assessment (CBHA) is an in-depth and detailed assessment of the child’s emotional, social, behavioral and developmental functioning within the family home, school, and community. A comprehensive behavioral health assessment must include direct observation of the child in the home, school and community, as well as in the clinical setting.

In order to receive a comprehensive behavioral health assessment, an enrollee must be 0-20 years of age and meet the following criteria:
a) Be experiencing serious emotional disturbance;
b) Be a victim of abuse or neglect; and
c) Have been determined by the Department of Children and Families (DCF) district or regional Child Welfare or Community Based Care provider to require out-of-home care.

OR the child must:

a) Be a victim of abuse or neglect; and
b) Have been determined by the Department of Children and Families district or regional Child Welfare or Community Based Care provider, to require out-of-home care and be placed in shelter status.

The goals of a comprehensive behavioral health assessment are to:

a) Provide an assessment of areas where no other information exists;
b) Update pertinent information not considered to be current;
c) Integrate and interpret all existing and new assessment information;
d) Provide functional information, including strengths and needs, to the referral source, child and family that will aid in the development of long and short-term, culturally sensitive intervention strategies to enable the child to live and receive his or her education in the most inclusive environment;
e) Provide specific information and recommendations to accomplish family preservation, reunification, or re-entry and permanency planning;
f) Provide data to promote the most appropriate out-of-home placement, when necessary; and
g) Provide information for development of an effective, individualized, strength based, culturally sensitive, comprehensive services plan and a Medicaid community behavioral health services and individualize treatment plan, when 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 and Components of the CBHA
Children and Adolescents ages 0-20:

The Community Base Care (CBC) Entity must submit a Comprehensive Behavioral Health Assessment Provider Certification Form with a Florida Medicaid Provider Enrollment Application.

The Comprehensive Behavioral Health Assessment Provider Certification Form must be completed and signed by the designated district or regional Substance Abuse and Mental Health office and district Child Welfare and Community Based Care program office, and area Medicaid staff.

A review of evaluations and tests previously completed by the provider or others that are deemed to be appropriate and current, may be used in development of the comprehensive behavioral health assessment.

**Report Required Information for Children and Adolescents AGES 6-20:**

A comprehensive behavioral health assessment must be written in narrative form and provide detailed information on the following components. The use of a checklist or fill in the blank format in lieu of a narrative is prohibited.

For children and adolescents ages 6-20, the assessment must include, at a minimum, the following information related to the child and the child’s family:

a. General identifying information (name, birth date, Medicaid identification number, social security number (if available), sex, address, siblings, school, referral source and diagnosis);
b. Reason for referral;
c. Personal and family history;
d. Placement history, including adjustment and level of understanding about out-of-home placement;
e. Sources of information (i.e., counselor, hospital, law enforcement);
f. Interviews and interventions;
g. Cognitive functioning (attention, memory, information, attitudes), perceptual disturbances, thought content, speech and affect; and an estimation of the ability and willingness to participate in treatment;
h. Previous and current medications including psychotropic medication(s);
i. Last physical examination, and any known medical problems including any early medical information which may affect the child’s mental health status, such as prenatal exposure, accidents, injuries, hospitalizations, etc.;
j. History of mental health treatment of family and child;
k. History of current or past alcohol or chemical dependency of parents and child;
l. Legal involvement and status of child and family;
m. Resources including income, entitlements, health care benefits, subsidized housing, social services, etc.

n. Emotional status – psychiatric or psychological condition;
o. Educational analysis – school-based adjustment and performance history and current status;
p. Functional analysis – presenting strengths and problems of both child and family;
q. Cultural analysis – discovery of the family’s unique values, ideas, customs and skills that have been passed on to family members and that require consideration in working and planning with the family. This component includes assessment of the family’s own operational style, including habits, characteristics, preferences, roles and methods of communicating with each other;

r. Situational analysis – direct observation of child in home and community setting;
s. Present level of functioning including social adjustment and daily living skills; Reaction, or pattern of reaction, to any previous out-of-home placements;
t. Activities catalog – assessment of activities in which the child has interest or enjoys;
u. Ecological analysis – relationship of parents (guardians), parent-child relationship, sibling relationships, relationships with friends and family;
v. Vocational aptitude and interest evaluation, previous employment and the acquired vocational skills, activities, and interests, if age 14 and above;
w. Assessment of the desired services and goals from the child and child’s family viewpoint;
x. An ICD-9-CM or ICD-10 diagnosis.
y. ICD-9-CM or ICD-10 diagnosis, the provider must use diagnosis code V71.09, observation and evaluation for other suspected mental condition or no known suspected mental health condition.
z. The completion of a Medicaid and a Department of Children and Families approved standardized assessment tool to help determine the appropriate level of mental health treatment services. The assessment includes the following:
   1. Problem presentation and symptoms
   2. Risk behaviors
   3. Functioning
   4. Family and caregiver needs and strengths
   5. Child’s strengths

aa. Summary of findings and recommendations.

Report Required Information Criteria for Children and Adolescents AGES 0-5:
A comprehensive behavioral health assessment must be written in narrative form and provide detailed information on the following components. The use of a checklist or fill in the blank format in lieu of a narrative is prohibited.

For children and adolescents ages 0-5, the assessment must include, at a minimum, the following information related to the child and the child’s family:

a. General identifying information (name, birth date, Medicaid identification number, social security number (if available), sex, address, siblings, school, referral source and diagnosis);
b. Reason for referral;
c. Personal and family history;
d. Placement history, including adjustment to a new care giver and home;
e. Sources of information (i.e., counselor, hospital, law enforcement);
f. Interviews and interventions;
g. Cognitive functioning. Screening for emotional-social development, problem solving, communication, response of the child and family to the assessment and ability to collaborate with the assessor;
h. Previous and current medications including psychotropic medication(s);
i. Last physical examination, and any known medical problems including pre-natal, pregnancy and delivery history which may affect the child’s mental health status, such as prenatal exposure, accidents, injuries, hospitalizations, etc.;
j. History of mental health treatment of parents and child’s siblings. The mother’s history, including a depression screen, is important in developing this section;
k. History of current or past alcohol or chemical dependency of parents and child;
l. Legal involvement and status of child and family;
m. Resources including income, entitlements, health care benefits, subsidized housing, social services, etc.
n. Emotional status – hands on interactive assessment of the infant regarding sensory and regulatory functioning, attention, engagement, constitutional characteristics, and organization and integration of behavior;
o. Educational analysis – daycare issues concerning behavioral and developmental concerns;
p. Functional analysis – presenting strengths and problems of both child and family;
q. Cultural analysis – discovery of the family’s unique values, ideas, customs and skills that have been passed on to family members and that require consideration in working and planning with the family. This component includes assessment of the family’s own operational style, including habits, characteristics, preferences, roles and family’s own operational style, including habits, characteristics, preferences, roles and methods of communicating with each other;
r. Situational analysis – direct observation of the parent/caregiver interaction with the child in home and community setting;
s. Present level of functioning including social adjustment and daily living skills;
t. Activities catalog – assessment of activities in which the child has interest or enjoys;
u. Ecological analysis – relationship of parents (guardians), parent-child relationship, sibling relationships, relationships with friends and family. A relational assessment should be provided to assess any attachment issues that the child exhibits;
v. Assessment of the desired services and goals from the child and child’s family viewpoint;
w. An ICD-9-CM or ICD-10 diagnosis.

bb. ICD-9-CM or ICD-10 diagnosis, the provider must use diagnosis code V71.09, observation and evaluation for other suspected mental condition or no known suspected mental health condition.
x. For children 0 through 3 years of age, Medicaid recommends use of the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0–3) for assistance in determining the infant or child’s ICD-9-CM or ICD-10 diagnosis.
y. The completion of a Medicaid and a Department of Children and Families approved standardized assessment tool to help determine the appropriate level of mental health treatment services. The assessment includes the following:
   1. Problem presentation and symptoms
   2. Risk behaviors
   3. Functioning
   4. Family and caregiver needs and strengths
   5. Child’s strengths

z. Summary of findings and recommendations

aa. For children ages 0 – 5 years, the CANS-0-3 must be used.

IV. Continuing Stay Criteria

A. A comprehensive behavioral health assessment is not reimbursable for the same recipient in the same fiscal year (July 1 through June 30) as an in-depth assessment unless the child qualifies for the comprehensive behavioral health assessment by entering into shelter status.

V. Service Exclusions

A. The bio-psychosocial evaluation is considered part of the reimbursement for the comprehensive behavioral health assessment and may not be billed separately.

VI. Required Components
A. Each activity related to development of the comprehensive behavioral health assessment must be thoroughly documented to reflect time spent on information collection, interpretation, assessment, report writing, and other related activities.

B. In order to be reimbursed for a comprehensive behavioral health assessment for a child in shelter status, the assessment must be completed and received by the Department of Children and Families or the community based care organization that signed the authorization no later than 24 calendar days after the date of referral for the service.

C. A comprehensive behavioral health assessment may not be billed until all components are completed. The date that the report is completed is the date of service, unless the child has entered a Medicaid funded residential treatment center statewide inpatient psychiatric program (SIPP). If the child enters a SIPP, the date of referral must be used as the date of service.

D. The comprehensive behavioral health assessment may be reimbursed only once per state fiscal year (July 1 through June 30) per enrollee. Reimbursement is limited to a total of 20 hours per enrollee per fiscal year. An authorization will be required for after the 15 hours.

E. A comprehensive behavioral health assessment is not reimbursable for the same recipient in the same fiscal year (July 1 through June 30) as an in-depth assessment unless the child qualifies for the comprehensive behavioral health assessment by entering into shelter status.

VII. Staffing Requirements

A. Providers must be certified by the Substance Abuse and Mental Health office, Area Medicaid staff, and the district or regional Child Welfare and Community Based Care program office as meeting the specific education and training requirements as listed below, prior to rendering services:
   a) Psychiatric Nurse
   b) Clinical Social Worker
   c) Mental Health Counselor
   d) Marriage and Family Therapist
   e) Mental Health Professional
   f) Psychologist
   g) Psychiatrist
B. Agencies must enroll each individual treating practitioner who is certified to provide comprehensive behavioral health assessments.

C. The designated district Substance Abuse and Mental Health office or Child Welfare and Community Based Care program office and Area Medicaid staff must certify providers annually as meeting the specific qualifications to provide these services.

D. Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these services.

H2020 HA: Behavioral Health Overlay Services-Child Welfare

I. Description of Services
Behavioral health overlay services (BHOS) in child welfare settings are mental health, substance abuse, and supportive services designed to meet the behavioral health treatment needs of enrollees under the age of 21, who are placed in the care of Medicaid enrolled, certified agencies under contract with the Department of Children and Families, Child Welfare and Community Based Care organization.

Behavioral health overlay services in child welfare settings enable providers to be reimbursed for medically necessary behavioral health services that are provided as an overlay to the residential care and supervision services.

The intent of behavior health overly services is the maximum reduction of the enrollee’s disability and restoration to the best possible functional level in order to avoid more intensive level of care. Services must be diagnostically relevant and medically necessary. Services must be included in an individualized treatment plan that has been approved by a treating practitioner.

The goals of behavioral health overlay services in child welfare settings are to provide the enrollee with:

a. Improved mental status, emotional and social adjustment;
b. Reduction in unplanned placement changes;
c. Enhanced ability to attend and be productive in school and engage in age appropriate activities;
d. Increased likelihood of a child’s successful return to family or successful implementation of a permanency plan; and
e. If developmentally appropriate, increased capacity for independent living.

Behavioral health overlay services include the following components:

1. Therapy
2. Behavior Management

II. Intensity Guidelines

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

To receive behavioral health overlay services, an enrollee must be:

1. Enrolled in a Medicaid behavioral health overlay service program.
2. Certified as meeting the clinical criteria listed below

*The enrollee must meet the diagnostic eligibility criterion described in criteria A and also meet ONE of the risk factors in criteria B*

Criteria A: Diagnostic Criteria

1. The enrollee is under the age of 21 years and has an emotional disturbance or a serious emotional disturbance as defined in the Florida Medicaid Handbook and the DSM-IV TR for DSM-5

Criteria B: Risk Factors

The enrollee must be at risk due to one of the following factors in the last 12 months:

a. Has exhibited suicidal gestures or attempts, or self-injurious behavior or current ideations related to suicidal or self-injurious behavior, and not be currently in need of acute care;
b. Has exhibited physical aggression or violent behavior toward people, animals, or property. This risk may also be evidenced by current threats of such aggression;
c. Has run away from home or placements or has threatened to run away on one or more occasions;
d. Has had an occurrence of sexual aggression
e. Has experienced trauma

The enrollee’s risk factor(s) must be documented and detailed on the Certification of Eligibility and reflected in the enrollee’s treatment plan.

*Admission Criteria Continued:*
Prior to the development of the treatment plan, the provider must give the enrollee an assessment of mental health status, substance use concerns, functional capacity, strengths, and service needs or must have one on file that has been conducted within the last six months. The purpose of the assessment is to gather information to be used in the formulation of a diagnosis and development of a plan of care that includes the discharge criteria.

The focus of the services reimbursed under behavioral health overlay service in child welfare settings must be directly related to the enrollee’s behavioral health or substance abuse condition.

The enrollee’s specific needs as identified in the individualized treatment plan shall determine the intensity and individual utilization of treatment services available under behavioral health overlay. Individualized treatment plan should be completed and signed within by the treating practitioner within 30 days of initiating behavioral health over services.

The enrollee must have an individualize treatment plan that is developed in compliance with the Community Behavioral Health Services Coverage and Limitation Handbook policy.

If the individualize treatment plan contains a behavior management component, the behavior analyst must review and sign the component. The behavior management plan must be consistent with the treatment goals and objectives.

IV. Continuing Stay Criteria

As required by federal law, Florida Medicaid provides services to eligible enrollees under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a mental illness. Services requested under in excess of limitations described with the Florida Medicaid Handbook may be approved, if medically necessary,

A. Thorough screening, evaluation, and diagnosis of symptoms, risks, functional status, and co-morbidity.
B. Documented therapeutic crisis intervention plan.
C. Documentation of treatment team meetings including signatures of treatment team members that are responsible for organizing the delivery of behavioral health overlay services-child
welfare that are integrated into the activities of daily living associated with structured residential care, including the revision of treatment plans if the child is not making progress.

D. Documentation of the inclusion of the enrollee’s family in the clinical treatment process or documented justification if the enrollee’s family is not involved.

E. Evidence that the enrollee has received at least one documented behavioral health intervention each day the service is billed, with the intensity and individual use of treatment services directly related to the child’s specific needs as addressed in the treatment plan.

F. At least a weekly documentation on the course of treatment that directly addresses the child’s progress toward meeting individual clinical goals and objectives as included in the individual treatment plan.

G. Documentation of medication management of enrollees who require psychotropic medication intervention.

H. Clinical aftercare planning and discharge planning that supports the development of independent living skills when developmentally appropriate and are coordinated with the child’s permanency plan.

I. Evidence that the enrollee’s individualized treatment plan must be completed and signed by a treating practitioner within 30-days of initiation of behavioral health overlay services. The individualized treatment plan must specify the therapeutic activities that will be provided under the behavioral health overlay services – child welfare code, including the frequency and amount of timed activities.

V. Discharge Criteria

Discharge plan and process shall include:

A. The name of the primary counselor who coordinates implementation of the enrollee’s behavioral health treatment plan.

B. The enrollee’s initial Certification of Eligibility for Behavioral Health Overlay Services – Child Welfare form(s), and a new Certification of Eligibility each six months the enrollee remains eligible for Behavioral Health Overlay Services – Child Welfare. A licensed practitioner must sign each eligibility form.

C. A signed copy of the psychosocial assessment and evaluation of the enrollee’s behavioral health symptoms, risks, and functional status that was completed and signed by a licensed practitioner prior to the development of the treatment plan.

D. An interview by a licensed practitioner completed prior to completion and signing of the individualized treatment plan.

E. An individualized treatment plan.

F. A behavioral health aftercare plan for any child receiving behavioral health overlay services – child welfare when moved or placed in another setting.

G. A detailed discharge plan with specified criteria.

H. Treatment plan reviews to determine the effectiveness of the current plan or the need for revision if the child is not making progress, conducted and documented.
J. Written substantiation in the clinical record that a behavioral health overlay service – child welfare intervention, as detailed and authorized on the treatment plan, was provided to the child on each day this service was billed, including the name of the staff person providing the service.

K. Weekly progress notes as described on the following page.

L. Discharge plan must address transfer to a restrictive level of care if an enrollee is a danger to him or herself or others and cannot be safely managed in the residential group care setting. The use of mechanical restraint is not allowed.

M. Measureable criteria should be established at the onset of treatment that identify an enrollee’s readiness to transition to a new level of care or out of care.

N. Discharge criteria must be included on the enrollee’s individualized treatment plan and are separate and apart from the enrollee’s treatment plan goals and objectives.

O. The enrollee and the treating staff should collaborate to develop the individualized, measurable criteria.

P. The enrollee’s progress toward meeting the discharge criteria should be addressed throughout the course of treatment as part of the treatment plan review.

VI. Clinical Exclusions

A. If an enrollee does not meet the clinical criteria for behavioral health overlay services – child welfare but has behavioral health needs, the provider may be reimbursed for providing the community mental health services.

VII. Service Exclusions

A. The following are services and supports not reimbursed under BHOS: :
   1. Services provided to an enrollee on the day of admission into a statewide inpatient psychiatric program (SIPP). However, community based health services are reimbursable on the day of discharge.
   2. Case Management Services
   3. Partial Hospitalization (PHP)
   4. Services rendered to individuals residing in an institution for mental diseases
   5. Services rendered to institutionalized individuals, as defined in 42 CFR 435, 1009
   6. Room and board expenditures
   7. Travel time
   8. Education services
   9. Activities performed to maintain and review records for facility utilization, continuous quality improvement, enrollee’s eligibility status processing, and staff training purposes
   10. Activities (other than record reviews, services with family member or other interested person that benefit the enrollee, or services performed using telemedicine) that are not performed face-to-face with the enrollee
   11. Services rendered by an enrollee’s relative
   12. Services rendered by unpaid interns or volunteers
   13. Services paid for by another funding source
14. Escorting or transporting an enrollee to and from a service site

a. The following community behavioral health services cannot be reimbursed for enrollees in BHOS: Individual or Family Therapy H2019 HR
b. Group Therapy H2019 HQ
c. Behavioral Health Day Services H2012
d. Behavioral Health Day Services (substance abuse) H2012 HF
e. Psychosocial Rehabilitative Services H2017
f. Club House H2030 (these services may be reimburses when provided as part of a public school program or summer activities program)
g. Therapeutic Behavioral Onsite Services –Therapy H2019 HO
h. Therapeutic Behavioral Onsite Services –Behavior Management H2019 HM
i. Therapeutic Behavioral Onsite Services –Therapeutic Support Services H2019 HN
j. Behavioral Health Overlay Services –Juvenile Justice H2020 HK
k. Specialized Therapeutic Foster Care Level I S5145
l. Specialized Therapeutic Foster Care Level II S5145 HE
m. Crisis S5145 HK
n. Therapeutic Group Care Services H0019

C. Mental health targeted case management cannot be billed in conjunction with behavioral health overlay services.

D. BHOS for treatment of cognitive deficit severe enough to prohibit the service from being a benefit to the enrollee, is not reimbursable.

VIII. Required Components

Behavioral health overlay services in child welfare settings must include the following components:

A. An initial screening by a counselor or licensed clinician within 72 hours of provision of services to determine that the enrollee meets the criteria for behavioral health overlay services in child welfare settings. If a counselor completes the screening, a licensed clinician must also sign the Certification of Eligibility for Behavioral Health Overlay Services – Child Welfare.
B. An interview by a licensed clinician as part of the treatment planning process.
C. Assignment of a counselor, documented in the enrollee’s record, to serve as a enrollee’s primary counselor who will complete a psychosocial assessment and perform job responsibilities as listed in this section.
D. Treatment team meeting within 30 days of admission to develop the individualized treatment plan, in conjunction with the child’s permanency plan.
E. Treatment team meetings that include input from the enrollee’s family, case worker, psychiatrist, licensed practitioners, counselors, direct care staff, direct care supervisors, any involved case managers, behavior analyst, ancillary services and school personnel, and if applicable Department of Juvenile Justice juvenile probation officers, Child Welfare and Community Based Care organization.
F. The psychiatrist’s or licensed practitioner’s review and signature, with certification that services are medically necessary for the enrollee, on the treatment plan.
G. Provision of individualized treatment interventions for each youth as authorized in the treatment plan.
H. A treatment plan review at least every three months.
I. Enrollee review and re-certification, if indicated, for behavioral health overlay services – child welfare.
J. Reimbursement is not available for the days an enrollee is away from the residential provider agency, except for approved therapeutic visits, hospitalizations, or other crisis placements.
K. Therapeutic visits are visits the enrollee spends with his or her biological, adoptive or extended family or in a potential residential placement setting. Therapeutic visits must be planned in accordance with the enrollee’s permanency plan and authorized in the behavioral health overlay services -child welfare treatment plan. The enrollee’s behavioral health overlay services – child welfare provider must be accessible and must maintain a level of communication during such visits as determined by the counselor and his or her clinical supervisor. Documentation in the child’s clinical record must substantiate the contact and on-going communication with the child or adolescent during the placement.

IX. Staffing Requirements

A. Providers must have a clinical services supervisor, identified on the program’s organizational chart, who has lead responsibility for the overall coordination and provision of behavioral health overlay services in child welfare settings.

B. Provider’s management staff must have appropriate experience and capability to administer effective, ongoing operations of behavioral health overlay services in child welfare settings.
C. Provider’s budget must indicate that there are an adequate number of funded positions to meet the staff requirements for behavioral health overlay services in child welfare settings.

D. Provider must have a psychiatrist(s) on staff or under contract.

E. All counselors, licensed practitioners, and psychiatrists providing behavioral health overlay services in child welfare settings must meet the specific education and training requirements applicable to the state of Florida licensing board.

F. The ratio of counselors to youth must not exceed one counselor to 20 youths.

G. Providers must have a behavioral analyst on staff.
S5145: Specialize Therapeutic Foster Care Services (Child-Welfare Only)

I. Description of Services

Specialized therapeutic foster care services are intensive treatment services provided to children and adolescents under 21 years of age, with emotional disturbances, including those related to abuse and neglect, that reside in a state licensed foster home. Specialized therapeutic foster care services are appropriate for long-term treatment and short-term crisis intervention.

Specialized therapeutic foster care services incorporate clinical treatment services, which are behavioral, psychological, and psychosocial in orientation. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist.

Specialized therapeutic foster care services are offered at Level I or Level II intensity depending upon the needs of the enrollee. Crisis intervention is available at both levels.

The three specialized therapeutic foster care services are:

a) Specialized Therapeutic Foster Care, Level I
b) Specialized Therapeutic Foster Care, Level II
c) Crisis Intervention

There are two levels of specialized therapeutic foster care, which are differentiated by the type of supervision and training of the foster parents and intensity of programming required. Specialized therapeutic foster care levels are intended to support, promote competency, and enhance participation in normal age-appropriate activities of children who present moderate to severe emotional or behavioral management problems. Programming and interventions are tailored to the age and diagnosis of the enrollee.

The goal of specialized therapeutic foster care is to enable an enrollee to manage and to work toward resolution of his or her emotional, behavioral, or psychiatric problems in a highly supportive, individualized, and flexible home setting.
A. Level I Specialize Therapeutic Foster Care: Level I is characterized by close supervision of the enrollee within a specialized therapeutic foster home. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist.

B. Level II Specialized Therapeutic Foster Care: Level II is characterized by frequent and intense contact between the specialized therapeutic foster parents, the enrollee, and the professional staff. Level II is intended to provide a high degree of structure, support, supervision, and clinical intervention.

C. Crisis Intervention: Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. The child must be in foster care or commitment status and meet Level I or Level II criteria.

A Level I and Level II specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to this length of stay must be approved in writing by the multidisciplinary team.

A comprehensive behavioral health assessment (please see medical necessity criteria for comprehensive behavioral health) must be initiated within 10 working days of crisis intervention placement for any child who has not been previously authorized for specialized therapeutic foster care Level I or II and has not had a comprehensive behavioral health assessment in the past year.

A placement may be made with the Substance Abuse and Mental Health office and district or regional Child Welfare and Community Based Care program offices or Juvenile Justice without the involvement of the full multidisciplinary team.

II. Intensity Guidelines

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

III. Admission Criteria

The multidisciplinary team (MDT) must authorize specialize therapeutic foster care services. If
the MDT determines that the enrollee requires specialized therapeutic foster care services, the
Authorization for Therapeutic Foster Care form, found in the Florida Medicaid Handbook and
the Cenpatico Florida outpatient treatment request (OTR) must be completed. Additionally, the
enrollee must meet the following criterion:

A. Be experiencing serious emotional disturbance.

B. Be a victim of abuse or neglect.

C. Have been determined by the Department of Children and Families, district Child Welfare
and Community Based Care program office to require out-of-home care.

OR the child must:

D. Have committed acts of juvenile delinquency.

E. Be suffering from serious emotional disturbance.

F. Have been adjudicated delinquent and committed to the Department of Juvenile Justice, and
the court must have ordered a low-risk residential community commitment setting for the
child.

G. Level I: Level I is for an enrollee with serious emotional disturbance, including a mental,
emotional or behavioral disorder, or enrollees with a history of abuse and neglect, as
diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without
specialized therapeutic foster care, the child would require admission to a psychiatric
hospital, the psychiatric unit of a general hospital, a crisis stabilization unit or a residential
treatment center or has, within the last two years, been admitted to one of these settings. The
child should also meet one of the following:

1. The enrollee has a history of abuse or neglect and serious emotional disturbance. The
enrollee’s emotional and behavioral patterns are marked by self-destructive acts,
impaired self-concept, heightened aggression, or sexual acting out. Additional signs of
social and emotional maladjustment such as lying, stealing, eating disorders, and
emotional immaturity may also be identified.
2. The enrollee has a history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substances, lying, stealing, etc. The enrollee may display impaired self-concept, emotional immaturity or extreme impulsiveness, and limited ability to delay gratification. The enrollee’s social and emotional immaturity impairs decision-making and places the enrollee at risk in a non-therapeutic community setting.

H. **Level II:** Level II is for an enrollee who meets the criteria for Level I and has also been diagnosed by a psychiatrist or other licensed health care practitioner of the healing arts as having a serious mental, emotional, or behavioral disorder and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self-inflicted injuries and suicide indications or gestures, or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents.

I. A individual treatment plan must be developed by the primary clinician with the following number of days of admission:
   1. Level I: within 30 days of admission
   2. Level II: within 14 days of admission
   3. Crisis Intervention: within 14 days of admission

**IV. Continuing Stay Criteria**

A. Providers will submit and updated Outpatient Treatment Request form and the Authorization for Therapeutic Foster Care form for clinically review no less than every six months.

B. A psychiatrist must interview the child to assess progress toward meeting treatment goals. A psychiatrist must update the treatment plan on an as needed basis, but at least:
   1. Level I - on a quarterly basis; or
   2. Level II and Crisis Intervention - on a monthly basis.

C. An individual treatment plan must be developed by the primary clinician with the following number of days of admission:
   15. Level I: within 30 days of admission
   16. Level II: within 14 days of admission
   17. Crisis Intervention: within 14 days of admission

   Documentation and justification for all individual treatment plans that are not signed by the enrollee’s parent, guardian, or legal custodian, but be provided in the enrollee’s clinical record.
V. Discharge Criteria

A. During the last three months prior to a planned discharge to an enrollee’s biological family or other permanent placement, therapeutic visits can occur which are reimbursable.
B. Three months prior to discharge, 5 therapeutic visits to the discharge placement setting can occur which are reimbursable.
C. Two months prior to discharge, 8 therapeutic visits to the discharge placement setting can occur which are reimbursable.
D. In the final month prior to discharge, total of 12 therapeutic visits to the discharge placement setting can occur which are reimbursable.
E. The schedule for graduated therapeutic visits with the biological family or other permanent placement setting must be prior approved by the multidisciplinary team and included in the enrollee’s medical record.
F. The specialized therapeutic foster parents will maintain contact with the enrollee and the receiving placement as determined by the enrollee’s treatment team.

VI. Clinical Exclusions

A. There shall be no more than two children placed in a therapeutic family foster home unless an exception has been approved (Statue: 65C-13.030; Standards for Licensed Out-of-Home Caregivers).

XIII. Service Exclusions

A. These services may not be reimbursed when provided in the enrollee’s foster home:
   1. Therapeutic Behavioral Onsite Services Therapy H2019 HO
   2. Therapeutic Behavioral Onsite Services Behavior Management H2019 HM
   3. Therapeutic Behavioral Onsite Services Therapeutic Support Services H2019 HN
   4. Behavioral Health Day Services H2012
   5. Behavioral Health Day Services H2012 HF

B. Medical or psychiatric services may be provided only when the treatment plan requires services by a psychiatrist more than once per month.

C. Psychosocial rehabilitative services will not be reimbursed as a separate service for enrollees receiving specialized therapeutic foster care services.
VIII. Foster Parents

A. Level I Foster Parent
   It is strongly recommended that specialized therapeutic foster homes have two parents. If a
   single parent wishes to become a therapeutic foster parent, special consideration must be
given to his or her experience with parenting and the availability of a support network.

B. Role of Level I Foster Parent
   1. Specialized therapeutic foster parents are considered the primary treatment agents for the
      implementation of treatment plans in the home. Foster parents must attend all
      multidisciplinary service planning or treatment plan meetings.

C. Level II Foster Parent
   1. It is strongly recommended that specialized therapeutic foster homes have two parents. If
      a single parent wishes to become a specialized therapeutic foster parent, special
      consideration must be given to his or her experience with parenting and the availability of
      a support network.

D. Role of Level II Foster Parent
   1. Specialized therapeutic foster parents are considered the primary treatment agents for the
      implementation of treatment plans in the home. Foster parents shall attend all
      multidisciplinary service planning or treatment plan meetings.

E. Qualifications of Foster Parent
   1. Specialized therapeutic foster care parents must have completed training required of all
      licensed foster parents and must receive 30 additional clock hours of pre-service,
criterion-based training to prepare them to become treatment oriented foster care parents
      prior to having children placed in the home.

   2. Verification of the foster parent that the therapeutic foster parents meet the qualifications
      and training requirements before an enrollee is placed in the home and reimbursement is
      received from Medicaid.

IX. Required Components

A. Placement in a home certified as a Level I or Level II specialized therapeutic foster home is
   intended for enrollees determined eligible for specialized therapeutic foster care services.
B. The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the child. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the child.

C. One of the following individuals must serve in the role of a specialized therapeutic foster care clinical staff for each child:
   1. Psychiatric Nurse;
   2. Clinical Social Worker;
   3. Mental Health Counselor;
   4. Marriage and Family Therapist;
   5. Mental Health Professional; or
   6. Psychologist.

D. The maximum caseload for clinical staff may be less than, but must not exceed:
   1. Level I – eight (8) children receiving specialized therapeutic foster care; or

The caseload of clinical staff who carry a combined caseload of Level I and Level II and Crisis Intervention children must not exceed six (6) children. These caseload requirements are based on full-time employment or a 40-hour employment week.

The caseload of clinical staff employed or under contract for 20 hours a week should not exceed four (4) Level I children, or three Level II children, or a combined caseload of three Level I and Level II children. The caseload of primary clinical staff employed or under contract for 20 hours a week should not exceed three (3).

E. Home visits will be conducted by clinical staff in accordance with the level of service designated in the enrollee’s treatment plan, but no less than:
   1. Level I - once per week; or
   2. Level II and Crisis Intervention - twice per week.

Home visits will be conducted as often as necessary to support the foster parent(s) and child in making progress toward the treatment goals. A telephone call may not substitute for a home visit. Home visits must be individually documented to substantiate the service.
F. Specialized therapeutic foster parents must receive ongoing in-service training from clinical staff to support, enhance, and improve their treatment skills and strengthen their abilities to work with specific children. In-service training should be provided as often as needed, but not less than:
   1. Level I - 4 clock hours per quarter.
   2. Level II - 6 clock hours per quarter.

X. Staffing Requirements

A. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the child.

B. Clinical staff are responsible for:
   1. Directly supervising and supporting the specialized therapeutic foster parents throughout the child’s length of stay;
   2. Evaluating and assessing children who are receiving services;
   3. Contributing to and participating in the preparation of a treatment plan;
   4. Providing in-service training to the therapeutic foster care parents, targeting skills needed to comply with treatment plan requirements;
   5. Supervising the performance of the specialized therapeutic foster care-parent(s);
   6. Working with the Department of Children and Families, district Child Welfare and Community Based Care program office, or Juvenile Justice counselor to coordinate other treatment initiatives, including school performance, permanency and reunification planning;
   7. Preparing and training the child’s biological or legal parents to resume care of their child when reunification is the goal;
   8. Working with the child’s targeted case manager if one has been assigned;
   9. Conducting regularly scheduled face-to-face meetings with the specialized therapeutic foster parents in order to monitor the child’s progress and discuss treatment strategies and services; and
   10. Conducting monthly visits to other community settings to observe the child’s behavioral, psychological, and psychosocial progress and to coordinate treatment intervention.
H0019: Therapeutic Group Care (Child-Welfare Only)

I. Description of Services

Therapeutic group care services are community-based psychiatric residential treatment services designed for children and adolescents with moderate to severe emotional disturbances. They are provided in a licensed residential group home setting serving no more than 12 children and adolescents under 21 years of age.

Treatment includes provision of psychiatric, psychological, behavioral and psychosocial services to children who meet the specified clinical criteria. Therapeutic group care is intended to provide a high degree of structure, support, supervision, and clinical intervention in a home-like setting.

Therapeutic group care services are a component within Florida’s behavioral health system of care for children. They are appropriate for children and adolescents who are ready for step-down from a more restrictive residential treatment program or for those who require more intensive community-based treatment to avoid placement in a more restrictive residential treatment setting.
The services are designed to provide a therapeutic framework of daily living for children and adolescents. The child’s primary diagnosis and level of functioning are the reasons for treatment and the focus of the interventions and services provided. Generally, these services include psychiatric and therapy services, therapeutic supervision and the teaching of problem solving skills, behavior strategies, normalization activities, and other treatment modalities, as authorized in the treatment plan.

Services are highly supportive, individualized, and flexible and are designed to maximize a child’s strengths and reduce behavior problems or functional deficits stemming from a mental health disorder. These services occur in a home-like setting, and include participation of family or guardian and appropriate involvement in the community and school. The young people being served spend a significant amount of time in the community, attending school, and engaging in school and community recreational or vocational activities.

Generally, services cover a period of up to 12 months.

Therapeutic group care services are intended to support, promote and enhance competency and participation in normal age-appropriate activities of children and adolescents who present moderate to severe psychiatric, emotional or behavioral management problems related to a psychiatric diagnosis. Programming and interventions are highly individualized and tailored to the age and diagnosis of the child.

The goal of therapeutic group care services is to enable a young person to self-manage, and work towards resolution of, emotional, behavioral or psychiatric problems towards the long-term goal of returning to a normalized living situation with a family, foster family, in a residential group care setting or an independent living situation.

Anticipated outcomes of therapeutic group care services are:

a) Improved emotional, mental, and functional status;
b) Increased ability to live safely, attend school, and be an active member in an inclusive community environment;
c) Increased likelihood of a successful transition to a family or less restrictive community setting; and
d) Increased capacity for independent living, if developmentally appropriate.
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 C (1) or C (2) must be met to be eligible for Therapeutic Group Care in addition to other admission criteria described below

A. A child or adolescent, under 21 years of age, is diagnosed by a psychiatrist or other licensed practitioner of the healing arts as having a moderate to serious psychiatric, emotional, or behavioral disorder and, due to the emotional or psychiatric symptoms, is exhibiting severe maladaptive behaviors or an inability to perform activities of daily living. To be considered eligible for this service a child’s functional and behavioral problems may not be primarily related to cognitive or developmental disabilities. The child must require intensive, structured mental health interventions and the availability of highly trained therapeutic group care staff. The child or adolescent must have reached maximum benefit from a more restrictive setting or a less restrictive treatment option may have been tried or considered and found not sufficient to meet safely the child’s treatment needs.

B. For dependent children, placement in a therapeutic group home licensed under Chapter 65C-14, F.A.C., must be determined appropriate by a qualified evaluator.

C. The child or adolescent must meet the diagnostic eligibility criteria described below in C (1) or C (2).

1. Have an ICD-9-CM diagnosis of 295.0 through 298.9 (schizophrenia or other psychotic disorder, major depression, or bipolar disorder) or applicable ICD-10 diagnosis OR

2. Have an ICD-9-CM diagnosis in the following range: 294.8, 294.9, 300 through 301.9, 307.1, 307.23, 307.5 through 307.7, 308.0 through 312.4, 312.81 through 314.9; and 303.0 through 305.9; or applicable ICD-10 diagnosis And Have been enrolled in a special education program for the seriously emotionally disturbed or emotionally handicapped; OR Have scored 50 or below on the Axis V Global Assessment of functioning Scale (if utilizing the DSM-IV TR) within the past six
months. The justification for the score must be well documented and detailed on the certification form. OR

3. Applicable ICD-10 (DSM-5) diagnosis

D. Completion of thorough psychiatric, psychological, substance abuse and bio-psycho-social assessments including assessment of the child or adolescent’s strengths and needs, including the strengths and needs of involved family members and other natural supports.

E. Individualized treatment planning with services based on thorough assessments developed by the provider’s treatment team incorporating all components of a child’s treatment program, including psychiatry.

F. The focus of the services under therapeutic group care services must be directly related to the enrollee’s mental health or substance abuse condition.

G. The intensity and individual utilization of treatment services must be determined by, and must be directly related to, the child’s specific needs as identified in the individualized treatment plan. Services must be provided in accordance with the child’s individualized treatment plan and reflected in the clinical record.

IV. Continuing Stay Criteria

A. At least monthly review of a child’s treatment plan for effectiveness and appropriateness.

B. Review and re-authorization of each child’s needs for therapeutic group care services every six months by the designated multidisciplinary team.

C. Documentation of therapeutic crisis intervention plan and modification to the crisis plan to reflect need for continued stay.

D. Documentation related to the enrollee’s progress in meeting individual goals and objectives as included in the treatment plan or identification to lack of progress and how these barriers will be addressed.

E. A monthly summary note is required to document the overall progress of the child in therapy and in the therapeutic milieu and report on contacts with the child’s family, community, school and activity program or include input from the child’s case manager relating to these entities;

F. Current medication(s), including psychotropic medications and any changes being made for continue stay.

G. Modified clinical discharge and aftercare plan that are coordinated with the permanency plan and support development of independent living skills when developmentally appropriate.

V. Discharge Criteria
A. The enrollee no longer meets continued stay criteria and has reached baseline level of functioning.

B. The severity of illness requires a higher level of care.

C. The enrollee has been away from the therapeutic group home for more than 24 consecutive hours and the absence is not for a therapeutic visit (i.e. run-away or detained in a Juvenile Justice setting).

D. The multi-disciplinary team agrees to the aftercare/discharge plan.

VI. Service Exclusions

B. The following community behavioral health services procedure codes cannot be billed in conjunction with behavioral health overlay services:

1. In-depth Assessment
   a. New patient Mental Health H0031
   b. Substance Abuse H0001
   c. Est. patient Mental Health H0031
   d. Substance Abuse H0001
   e. Bio-Psychosocial Evaluation H0001 HN
   f. Limited Functioning Assessment Mental Health H0031
   g. Substance Abuse H0001

2. Treatment Plan Development and Modification
   a. Treatment Plan Dev. Mental Health H0032
   b. Substance Abuse T1007

3. Medical/Psychiatric Services
   a. Group Medical Therapy H2010 HQ
   b. Behavioral Health Screening Mental Health and Substance Abuse T1023

4. Behavioral Health Services
   a. Specimen Collection Mental Health and Substance Abuse T1015
   b. Verbal Interaction Mental Health H0046
   c. Substance Abuse H0047
   d. Methadone Administration H0020

5. Behavioral Health Therapy Services
   a. Individual/Family Therapy H2019 HR
   b. Group Therapy H2019 HQ
   c. Behavioral Health Day Services H2012
   d. Behavioral Health Day Services H2012 HF
6. **Community Support and Rehabilitative Services**  
   a. Psychosocial Rehabilitative Services H2017  
   b. Club House H2030  
7. **Services Limited to Children**  
   a. Community-Based Wrap Around Services – Therapy H2019 HO  
   b. Community-Based Wrap Around Services – Behavior Management H2019 HM  
   c. Community-Based Wrap Around Services – Therapeutic Support Services H2019 HN  

8. **Specialized Therapeutic Foster Care Services**  
   a. Level I S5145  
   b. Level II S5145 HE  
   c. Crisis S5145 HK  
   d. Behavioral Health Wrap Around Services/per diem/Child Welfare H2020 HA  

C. Room and Board: Behavioral health overlay services – child welfare or any other community behavioral health service does not cover room and board expenditures.  

D. Non-duplication of services: Providers will not be reimbursed for behavioral health overlay services – child welfare or any other community behavioral health service if the provider has been paid for the provision of the same type of services by another purchasing entity.  

E. Targeted case management reimbursement is limited to eight hours per month, excluding travel time, for children placed in therapeutic group care services.  

**VII. Required Components**  

A. Providers must be designated by the district or regional Department of Children and Families, Substance Abuse and Mental Health program office, as a therapeutic group care provider.  

B. Providers must be properly licensed in accordance with Chapter 409.175, F. S., and  

C. Chapter 65C-14, F. A. C., by the district Child Welfare and Community Based Care program office.  

D. Providers must be certified by the district or regional Department of Children and Families, district Substance Abuse and Mental Health and Child Welfare and Community Based Care program offices, and the area Medicaid office, as meeting specific criteria for providing
therapeutic group care services and have a Therapeutic Group Care Provider Agency Certification Form completed and signed by the designated Substance Abuse and Mental Health program office, the Child Welfare and Community Based Care program office and area Medicaid field office.

E. Providers must be able to provide:
   1. A home-like, therapeutic group care setting serving no more than 12 children and adolescents.
   2. A therapeutic environment with an identified treatment orientation described and supported in the literature that is understood by all staff and by the children.
   3. Psychiatric services and clinical assessment, treatment planning, and therapy services by qualified staff.
   4. Consistent implementation of programmatic policy by administrative, clinical and direct care staff within the therapeutic group care program.
   5. A range of age-appropriate indoor and outdoor recreational and leisure activities, including activities for nights and weekends, based on group and individual interests and developmental needs.
   6. Access to, and coordination with, an accredited educational program for each child that complies with State Board of Education Rule 6A-15,F.A.C.
   7. Access to and coordination with primary care health care providers.
   8. Behavioral programming that is individually designed and implemented and includes structured interventions and contingencies to support the development of adaptive, pro-social interpersonal behavior;
   9. Psychiatric crisis management with demonstrated 24-hour response capability with access to acute care setting and behavioral health emergency management services.

F. Providers must be able to provide the following services:
   1. Thorough psychiatric, psychological, substance abuse and bio-psychosocial assessments including assessment of the child or adolescent’s strengths and needs, including the strengths and needs of involved family members and other natural supports.
   2. Individualized treatment planning with services based on thorough assessments developed by the provider’s treatment team incorporating all components of a child’s treatment program, including psychiatry.
   3. Assigning each enrollee a primary clinician who is responsible for the overall coordination and monitoring of the enrollee’s treatment.
   4. Provision of individualized face-to-face therapeutic contact for each child with the primary clinician twice weekly with more frequent contacts per week as indicated by the child’s needs.
   5. Individual and group therapy by the primary clinician, as prescribed in the treatment plan.
   6. Family therapy or counseling with the clinician, or contact with the child’s guardian, at least weekly, based on the child’s treatment needs and permanency plan with documentation in the child’s record of the circumstances whenever this contact has not occurred.
   7. Provision of substance abuse prevention, assessment and treatment services whenever indicated.
8. Provision of social and rehabilitative services when indicated and prescribed in the child’s individualized treatment plan.

9. Supportive and psycho-educational services that promote increased capacity for independent living for older adolescents; behavioral programming that is individually designed and implemented and includes structured interventions and contingencies to support the development of adaptive, pro-social interpersonal behavior.

10. Psychiatric crisis management with demonstrated 24-hour response capability with access to acute care setting and behavioral health emergency management services.

11. Services to integrate the child into the community including promoting and facilitating participation in extracurricular activities, community athletic leagues, Scouts, music lessons and other individualized activities based on the child’s strengths and interests, predicated on the child’s ability to self-manage behavior in order to participate.

12. Discharge and aftercare planning.

13. At least monthly review of a child’s treatment plan for effectiveness and appropriateness;

14. Review and re-authorization of each child’s needs for therapeutic group care services every six months by the designated district level multidisciplinary team.

15. Coordination of care that includes linkages with the schools, primary medical care, and community services for children and adolescents.

G. Therapeutic visits must be prior authorized by the clinical staff person and recorded in the child’s medical record. Therapeutic visits may include time spent away overnight with friends, school, or club activities for more than 24 consecutive hours. These visits are planned in conjunction with the child’s treatment goals and objectives. Therapeutic group care staff must be accessible and must maintain a level of communication during such visits as documented and determined by the clinician.

VIII. Staffing Requirements

A. All Staff must meet the qualifications of a licensed mental health practitioner of the healing arts.

B. Clinical Services Coordinator: The clinical services coordinator, in consultation with the program director, has lead responsibility for coordinating clinical services provided in the group home setting. The coordinator is responsible for oversight of planning and implementation of mental health services, including managing treatment team meetings, assessing clinical training needs and monitoring the quality of therapeutic and aftercare planning services. This person may also authorize treatment plans.

C. Providers must have a Florida licensed psychiatrist on staff or contracted.

D. Providers shall have a Florida licensed nurse on staff or contracted.

E. Providers must have a behavioral analyst on staff or under contracted

F. All clinical therapist and practitioners must meet the specific education and training requirements and described in the Florida Medicaid Handbook and be independently licensed in Florida.
Additional Medical Necessity Criteria

Art Therapy

I. Description of Services

Art Therapy services are procedures and treatments that a licensed and certified art therapist, exercising reasonable clinical judgment, would provide to an enrollee for the purpose of
evaluating, diagnosing or treating mental health diagnosis/diagnoses, as well as crisis prevention; and that are:

1. In accordance with generally accepted standards of art therapy practice; and

2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the covered individual's illness, injury or disease; and

3. Not primarily for the convenience of the enrolled individual, physician or other health care provider; and

4. Comparable to an alternative service or sequence of services at least as likely to produce diagnostic or therapeutic results, as to the diagnosis or treatment of that covered individual's illness, injury or disease.

Art therapy is the therapeutic use of art making, within a professional relationship, by enrollees who have experienced mental illness, trauma, or challenges in daily living activities and functioning. Through creating art and reflecting on the art products and processes, enrollees can increase awareness of self and others; reduce stress and learn new coping skills, process traumatic experiences; and enhance cognitive abilities.

Source: American Art Therapy Association Website: www.arttherapy.org

Art Therapy has been commonly used with such diagnosis/life experiences as PTSD; Trauma, Substance Use, Autism Spectrum Disorders and other Pervasive Developmental Disabilities, Traumatic Brain Injury, as well as severe mental illness.

When applying medical necessity criteria in the course of making medical necessity determinations as to art therapy services, specific needs of the enrollee (such as age, co-
morbidities, complications, psychosocial situation and progress) or characteristics of the local delivery system (such as the availability of alternative levels of care) will be taken into account.

II. Intensity Guidelines

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

III. Admission Criteria

A. Initial assessment indicates a Mental Health diagnosis that is covered under the enrollees’ plan.  
B. Mental Health disorders are defined by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision (DSM IV-TR) or 5th Edition (DSM-5).  
C. Art therapy services should be provided within an interdisciplinary team approach to ensure appropriateness of services.  
D. Based on the member’s initial assessment and/or through experiences with other outpatient treatment modalities, the member has been identified as having difficulties verbalizing and/or cognitively processing his or her experiences, thus lowering the anticipated effectiveness of more traditional behavioral health outpatient services.

IV. Continuing Stay Criteria

A. Individual’s symptoms are not sufficiently resolved so that the individual can be managed in a less intensive service.  
B. Art Therapy is not being provided primarily to avoid incarceration or out of home placement of the enrollee.  
C. Art Therapy is not solely being provided to satisfy a programmatic length of stay.  
D. There should be a reasonable expectation that the enrollee’s illness, condition, or level of functioning will be stabilized, improved, or maintained through art therapy treatment known to be effective for the enrollee’s illness or condition.  
E. Updated Individualized Treatment Plan to reflect progress or lack thereof.

V. Discharge Criteria
An adequate continuing care plan has been established; and **one or more of the following:**

A. Goals of the Individualized Treatment Plan have been substantially met; or  
B. Individual requests discharge and individual is not in imminent danger of harm to self or others; **or**  
C. Enrollee’s symptoms can be managed more effectively with BHOP or another Community Based Service (CBS).  
D. Enrollee is placed out of home in a non-community environment (i.e. incarceration, residential or acute inpatient settings).

**VI. Clinical Exclusions**

A. In cases in which enrollees are receiving IDEA (Individuals with Disabilities Education Act)-covered services through the schools, art therapists may provide adjunctive or additional therapy that may be medically necessary to augment the therapy the child receives in school.

**VII. Service Exclusions**

A. Art Therapy cannot be utilized for educational or recreational purposes and should be reviewed against medical necessity criteria.

**XIV. Required Components**

A. Art Therapy is to be encountered by utilizing Behavioral Health Outpatient (BHOP Individual Therapy, Family Therapy, and Group Therapy service codes with the “TF” modifier to capture art therapy specific events. For practitioners working in Community Mental Health Centers, HCPCs code H2032 will be utilized with the “TF” modifier and any other applicable modifier.

B. Enrollee should have a Mental Health disorder as defined by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision (DSM IV-TR) or 5th Edition (DSM-5).
C. Evidence of how the enrollee will benefit from Art Therapy and treatment progress or lack thereof warranting continued stay based on a comprehensive assessment and/or clinical documentation.

**XV. Staffing Requirements**

**For the purposes of this service**

A. Art Therapists are Master’s-level professionals trained in both art and therapy. They use art in treatment, assessment and research, and provide consultations to allied professionals. They are knowledgeable about human development, psychological theories, clinical practice, spiritual, multicultural and artistic traditions, and the healing potential of art.

B. For these services, Art Therapists must be independently licensed and credentialed as Registered Art Therapists or Board Certified Art Therapists with the Art Therapy Credentials Board.
Statewide Inpatient Psychiatric Program (SIPP)

I. Description of Services

Statewide Inpatient Psychiatric Programs are designed for high-risk children and adolescents that have been diagnosed and present with complex conditions that require extended treatment in a secure setting in order to more adequately treat their psychiatric and psychosocial needs.

These facilities provide intensive psychiatric services to children in a locked residential setting and are designed to serve those high-risk youths that fail to benefit from acute inpatient, Therapeutic Group Care or traditional outpatient treatment settings.

These residential programs can improve outcomes for children and adolescents both by providing a course of active psychiatric treatment within a structured residential treatment setting and by providing or facilitating access to community-based aftercare mental health services with linkages to schools, community resources, and family/natural supports.

Treatment in a SIPP is seen as a component in the continuum of a child’s care, with the goals of:

1. Stabilization of presenting problems and symptoms and adequate resolution to allow safe return of the child to the family and community
2. Reduction of recidivism of admission into acute psychiatric or SIPP services by providing aftercare services and/or linkages with appropriate community services
3. Design of aftercare treatment plans that can be effectively implemented
4. For children in the state’s custody, incorporation of permanency goals into the treatment and discharge plans and active coordination with the appropriate Community Base Care (CBC) Coordinator. Family Safety

Reviews for SIPP hospitalizations consist of (a) pre-admission/prior-authorization reviews and (b) authorizations for continued stay(s). These reviews also verify the facility’s compliance with applicable Medicaid regulations relating to pre-admission, admission, and utilization control.

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

III. Admission Criteria

Children and Adolescents (21 and under):

A. A DSM IV-TR/DSM 5 or ICD-9-CM/ICD-10 Diagnosis
B. A description of the initial treatment plan relating to the admitting symptoms
C. Current symptoms requiring SIPP treatment
D. Medication history
E. Prior hospitalizations
F. Documentation that the child or adolescent is mentally competent, has age appropriate cognitive ability and is sufficiently stable cognitively to benefit from treatment
G. Documentation that the child or adolescent is in good physical health, as certified by a medical doctor (MD), doctor of osteopathy (DO), registered nurse, physician's assistant, or other professional who has the authority to perform physical examinations of a medical nature
H. Prior alternative treatment
I. Appropriate medical, social and family histories
J. Proposed aftercare placement/community-based treatment
K. Documented recommendations from the appropriate Community Base Care (CBC) agency’s Multi-Disciplinary Team (MDT) meeting
L. Recommendations from Sunshine Health Child Welfare case/service management staff

IV. Admission Procedures

A. Children and adolescents must receive prior approval for admission into a SIPP.
B. The provider is required make notification at least 24 hours in advance of the admission; it is recommended that the provider initiate notification at least 72 hours in advance when possible.
C. There are no emergency admissions into a SIPP.
D. Medical clearance must be given by a medical doctor or physician advisor prior to admission.
E. The child or adolescent must be in good physical health (no acute medical conditions or life threatening medical problems).
F. Acceptance of a child or adolescent with chronic illness will be a joint decision between Cenpatico and the provider.
G. The child or adolescent has age appropriate cognitive ability.
H. The enrollee’s family or legal guardian must be contacted by the physician advisor or other designee to obtain admission approval. The family has the right to refuse the referral.
I. Individuals who are in state custody may not be referred or admitted without an independent evaluation by a qualified evaluator in accordance with C 39.407, F.S., which concurs with the findings of medical necessity for this level of care.

V. Continuing Stay Criteria

For continued stay, enrollees under ten years of age will be reviewed for medical necessity at least every 21 days, and enrollees age ten years and over will be reviewed at least every 30 days.

Continued stay reviews will be conducted within 24 hours of the last covered day (LCD). Information needed to complete the continued stay review includes, but is not limited to:

A. Current/updated treatment plan to address progress or lack thereof warranting continued stay
B. Current DSM-IV-TR/DSM 5 or ICD-9-CM/ICD-10 diagnosis
C. Re-assessment of treatment progress with regard to admitting symptoms
D. Summary of treatment modalities provided and enrollees response to treatment up to the point of review
E. Assessment of need for further treatment
F. Current discharge criteria and discharge date and plan
G. If discharge date changes, an explanation as to rationale for change
H. Current consent for any new psychotropic medications and efficacy of medications prior to review to include medications changes or discontinuation of medications

VI. Discharge Criteria

The following requirements shall be met prior to discharge from a SIPP facility in addition to a pre-discharge staffing with the multidisciplinary team:
A. The enrollee has received maximum benefit from his or her present plan of care.
OR
B. The enrollee has failed to benefit from a reasonable course of SIPP care, and documentation supports that a suitable alternative placement is established that will meet the enrollee’s needs, and the discharge plan includes input from family or legal guardian, and the Multidisciplinary team.
OR
C. Severe medical problems have arisen that cannot be managed by the SIPP facility. If it is determined that an enrollee will require extensive medical attention, the SIPP may work Cenpatico case management staff to coordinate the discharge plan from the SIPP, so that other services can be accessed.
VII. Clinical Exclusions

Children and adolescents meeting any one of the following criteria are not considered appropriate for care in a SIPP:

A. Less intensive levels of treatment will appropriately meet the needs of the child or adolescent.
B. The primary diagnosis is substance abuse, mental retardation, or autism.
C. The enrollee is not expected to benefit from this level of treatment.
D. The presenting problem is not psychiatric in nature and will not respond to psychiatric treatment.
E. The youth has a history of long standing violations of the rights and property of others.
F. A pattern of socially directed disruptive behavior (e.g., gang involvement) is the primary presenting problem or remaining problem after any psychiatric issue has stabilized.
G. Enrollees cannot be admitted to a SIPP if they have Medicare coverage, reside in a nursing facility or ICF/DD, or have an eligibility period that is only retroactive or are eligible as medically needy.
H. Lack of medical clearance from a physician for admission.

VIII. Service Exclusions

A. Services delivered to an enrollee on the same day as an admission to SIPP
B. Community Base Services cannot be provided while an enrollee is in a SIPP
C. Outpatient Services cannot be provided while an enrollee is in a SIPP except for Targeted Case Management (TCM), which can be provided in conjunction with SIPP.

XVI. Required Components

A. Pre-admission/prior-authorization review
B. Enrollee should have a Mental Health disorder as defined by the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision (DSM IV-TR) or 5th Edition (DSM-5).
C. A description of the initial treatment plan relating to the admitting symptoms
D. Current symptoms requiring SIPP treatment
E. Medication history
F. Prior hospitalizations
G. Documentation that the child or adolescent is mentally competent, has age appropriate cognitive ability and is sufficiently stable cognitively to benefit from treatment
H. Documentation that the child or adolescent is in good physical health, as certified by a medical doctor (MD), doctor of osteopathy (DO), registered nurse, physician's assistant,
or other professional who has the authority to perform physical examinations of a medical nature
I. Prior alternative treatment
J. Appropriate medical, social and family histories
K. Proposed aftercare placement/community-based treatment
L. Documented recommendations from the appropriate Community Base Care (CBC) agency
M. Recommendations from the Sunshine Health Child Welfare case management/service management treatment staffing
N. Recommendations from the CBC Multi-Disciplinary Team (MDT)
Biofeedback – 90901 and 90911

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 enrollee 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 – G0436 and G0437**

I. **Description of Services**

Tobacco cessation counseling of under 3 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 a duration of more than 3 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. If progress has not been made OR there are changes in the enrollee’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;

A. The enrollee can be expected to benefit from continued treatment, which remain appropriate to meet the enrollee’s needs.

B. The enrollee 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 enrollee’s designated others and treatment team agrees on treatment goals, objectives and interventions.
Cenpatico authorizes, manages, and pays for non-self-administered injectable psychotropic medications for enrollees in Mississippi and Texas.

- No authorization is required for Haldol, Haldol-D, Prolixin, Prolixin-D, or Geodon if you are a par provider. The RS will send the provider a problem letter when an OTR for these medications is received.
- Authorization is required for Risperdal Consta, Invega Sustenna, and Zyprexa Relprevv, and Abilify Maintena. In Texas, Zyprexa Relprevv and Abilify Maintena are not covered medications.
- UM has a turnaround time of 2 business days to respond to the request.

**Medical Necessity Criteria for Risperdal Consta**

The request will be authorized if the enrollee meets **Criterion A.** If not, then the following criteria must be met: **Criteria set B-E, and H** (for stable enrollees continuing on this injectable) or **Criteria set B-G, and I** (for enrollees receiving this injectable for the first time).

A. Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): ______________

B. Enrollee is at least 18 years of age.

C. The medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS)

D. Enrollee has been diagnosed with one of the disorders listed in the DSM-IV under “Schizophrenia and other Psychotic Disorders”, or is being treated for Bipolar Disorder with a history of medication non-compliance.

E. If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.

F. Enrollee had a documented response to Risperdal, but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).

G. Dosage planned is 50 mg **or less** Q2 weeks.
H. For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Risperdal Consta by another provider, and was stable on the medication when he/she began receiving services from the most recent provider; the current request includes the information about the previous provider if available.

I. For new requests, where the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.
**Medical Necessity Criteria for Invega Sustenna**

The request will be authorized if the enrollee meets **Criterion A alone.** If not, then the following criteria must be met: **Criteria set B-E, and H** (for stable enrollees continuing on this injectable) or **Criteria set B-G, and I** (for enrollees receiving this injectable for the first time).

A. Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): ____________

B. Enrollee is at least 18 years of age.

C. This medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS)

D. Enrollee has been diagnosed with one of the disorders listed in the DSM-IV under “Schizophrenia and other Psychotic Disorders”, or is being treated for Bipolar Disorder with a history of medication non-compliance.

E. If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.

F. The enrollee has had a prior unsuccessful trial of Risperdal Consta. Or, the enrollee has had a prior unsuccessful trial of oral Risperdal, making it inappropriate to attempt Risperdal Consta. The provider indicates whether it is clinically contraindicated for this enrollee due to hypersensitivity, adverse effects, clinical contraindications, or ineffective/sub-optimal response to maximized dosing.

G. Enrollee had a documented response to Invega, but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).

H. For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Invega Sustenna by another provider, and was stable on the medication when he/she began receiving services from the most recent provider; the current request includes the information about the previous provider if available.

I. For new requests, where the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.
Medical Necessity Criteria for Zyprexa Relprevv

The request will be authorized if it meets **Criterion A**. If not, then the following criteria must be met: **Criteria set B-E, H, J, and K** (for stable enrollees continuing on this injectable) or **Criteria set B-G and I-K** (for enrollees receiving this injectable for the first time).

A. Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): __________________

B. Enrollee is at least 18 years of age.

C. This medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNW), or Clinical Nurse Specialist (CNS).

D. Enrollee has been diagnosed with one of the disorders listed in the DSM-IV under “Schizophrenia and other Psychotic Disorders”, or is being treated for Bipolar Disorder with a history of medication non-compliance.

E. If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.

F. The enrollee has had a prior unsuccessful trial of Risperdal Consta. Or, the enrollee has had a prior unsuccessful trial of oral Risperdal, making it inappropriate to attempt Risperdal Consta. The provider indicates whether it is clinically contraindicated for this enrollee due to hypersensitivity, adverse effects, clinical contraindications, or ineffective/sub-optimal response to maximized dosing.

G. Enrollee had a documented response to Zyprexa, but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).

H. For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Zyprexa Relprevv by another provider, and was stable on the medication when he/she began receiving services from the most recent provider; the current request includes the information about the previous provider if available.

I. For new requests, in which the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.

J. Enrollees who receive Zyprexa Relprevv are at risk for severe sedation (including coma) and/or delirium after each injection (Post-Injection Delirium/Sedation Syndrome), and must be observed for at least 3 hours in a registered facility with ready access to emergency response services. The prescriber has described how these requirements will be met.

K. Provider has identified which one of 3 possible medication regimens will be used for this enrollee:
1. Oral dose 10 mg/day: 210 IM every two weeks, OR 405 mg IM every four weeks, for the first eight weeks, then 150 mg every two weeks or 300 mg every four weeks
2. Oral dose 15 mg/day: 300 mg IM every two weeks for the first eight weeks, then 210 mg every two weeks or 405 mg every four weeks.
3. Oral dose 20 mg/day: 300 mg IM every two weeks for the first eight weeks; continue with 300 mg every two weeks thereafter.

Medical Necessity Criteria for Abilify Maintena (J3490)

The request will be authorized if the enrollee meets **Criterion A alone.** If not, then the following criteria must be met: **Criteria set B-E, and H** (for stable enrollees continuing on this injectable) or **Criteria set B-G, and I** (for enrollees receiving this injectable for the first time).

A. Enrollee is under a court order for outpatient treatment and medications. Date of court order (please also attach the order): __________
B. Enrollee is at least 18 years of age.
C. This medication is being prescribed by a psychiatrist (MD/DO), Nurse Practitioner (ARNP, NP), Mental Health Nurse Practitioner (MHNP), or Clinical Nurse Specialist (CNS)
D. Enrollee has been diagnosed with one of the disorders listed in the DSM-IV under “Schizophrenia and other Psychotic Disorders”, or is being treated for Bipolar Disorder with a history of medication non-compliance.
E. If the enrollee is currently on an oral atypical antipsychotic, the provider will discontinue it within one month of the initiation of the long acting injectable atypical antipsychotic. Or, if the enrollee still requires an oral atypical antipsychotic, there has been an attempt to reduce or discontinue it.
F. The enrollee has had a prior unsuccessful trial of Risperdal Consta. Or, the enrollee has had a prior unsuccessful trial of oral Risperdal, making it inappropriate to attempt Risperdal Consta. The provider indicates whether it is clinically contraindicated for this enrollee due to hypersensitivity, adverse effects, clinical contraindications, or ineffective/sub-optimal response to maximized dosing.
G. Enrollee had a documented response to Abilify but was noncompliant on the oral form of this medication, which resulted in inpatient hospitalization(s).
H. For continuing requests, the enrollee was prescribed the medication by this provider, is currently stable, and has been compliant with treatment. Or, the enrollee was prescribed Abilify Maintena by another provider, and was stable on the medication when he/she began receiving services from the most recent provider; the current request includes the information about the previous provider if available.
I. For new requests, where the enrollee is receiving this injectable for the first time, and where the enrollee is titrating from oral to injectable medication, the provider has described the cross titration schedule and intended final drug regimen.