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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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TITLE 206

BEHAVIORAL HEALTH SERVICES

CHAPTER 1-000

INTRODUCTION

1-001 Scope and Authority: This title governs the administration of Nebraska's Public Behavioral Health System.

1-001.01 Legal Basis: These regulations are authorized by and implement the Nebraska Behavioral Health Services Act, Neb. Rev. Stat. §§ 71-801 to 71-830.

CHAPTER 2-000 DEFINITIONS

Activities of Daily Living means the proficiencies which allow individuals to live successfully in non-institutional settings. Development of daily living skills involves an organized service which provides skill building needed by the consumer in such areas as personal hygiene, self-care, interpersonal skills (including interpersonal negotiation skills), self-direction, meal preparation and nutrition, as well as other related areas required to successfully live independently in the community. This may also be referred to as “basic daily living skills”.

Adult with severe and persistent mental illness means an individual who:

1. Is age 19 and older;
2. Has a primary diagnosis of schizophrenia, major affective disorder, or other major mental illness under the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Developmental Disorders or Psychoactive Substance Use Disorders may be included if they co-occur with the primary mental illnesses listed above;
3. Is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for 12 months or longer or is likely to endure for 12 months or longer; and
4. Has a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner, as demonstrated by functional impairments which substantially interferes with or limits at least two of three areas:
 - a. Vocational/educational;
 - b. Social skills; or
 - c. Activities of daily living.

American Society of Addiction Medicine Criteria (ASAM) means the most current edition of the American Society of Addiction Medicine Criteria as published by the American Society of Addiction Medicine.

Assessment means the process that a program completes with each consumer to gather information and documentation needed to identify the individual's status, strengths, preferences, and needs in order to develop an Individual Treatment, Rehabilitation, and Recovery Plan. The assessment process must include:

1. Identification/Determination of the consumer's status, strengths, needs, problem(s), resiliencies, experiences (including past trauma), cultural background, and preferences;
2. Identification of the various people and situations involved in the individual's life; and
3. The goals that the consumer wants to accomplish in receiving services.

Behavioral Health Disorder means mental illness or alcoholism, drug misuse, or other addictive disorder.

Behavioral Health Adult Service Definitions means a set of standards that specify requirements for services funded by the Division of Behavioral Health. These standards are attached and incorporated in these regulations by this reference and are posted on the Department's website. These service definitions will be very close to the Division of Medicaid and Long-Term Care's service definitions, but there may be some differences.

Behavioral Health Region means a behavioral health geographic region established by Neb. Rev. Stat. §71-807. May also be referred to as a "region".

Behavioral Health Services means services, including, but not limited to, consumer-provided services, support services, inpatient and outpatient services, and residential and nonresidential services, provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of persons with behavioral health disorders.

Community-Based Behavioral Health Services or Community-Based Services means behavioral health services that are not provided at a Regional Center.

Confidentiality means the legal requirement and ethical principle that a provider or a program will not reveal any information disclosed during the course of service provision. Information received by program staff or maintained in the service records which deals with the identity, diagnosis, prognosis, treatment, rehabilitation, or of any consumer is confidential and must be disclosed only with the written consent of the consumer, the consumer's legal guardian, by order of a court of competent jurisdiction, or as otherwise required by state and federal law.

Consumer means an individual who has lived experience with a mental illness, substance use disorder, or other addiction.

Cultural Competence means an integrated pattern of human behavior, which includes but is not limited to thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors related to a racial, ethnic, religious, social, disability or political group, and the ability to transmit the above to succeeding generations. The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences.

Department means the Nebraska Department of Health and Human Services.

Diagnostic and Statistical Manual (DSM) means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association (APA).

Director means the Director of Behavioral Health.

Division means the Division of Behavioral Health of the Department of Health and Human Services.

Documentation means the provision of written, dated, and where applicable, signed evidence to substantiate performance as part of an organized system of official records.

EPC (Emergency Protective Custody) means a situation in which an individual who is believed to be mentally ill and dangerous or a dangerous sex offender and for whom there is a substantial risk of serious harm to others or to oneself is taken into custody by a law enforcement officer and admitted to an appropriate facility for a limited period of time.

Functional Impairment means serious limitations an individual has which substantially interfere with or limit role functioning in major life activities, as determined through an assessment by qualified personnel. In adults (age 19 and older), it is the degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner in two of three functional areas of (1) Vocational/educational, (2) Social Skills, or (3) Activities of Daily Living.

Functional Limitations in Activities of Daily Living means an inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community in three of the five following areas:

1. Grooming, hygiene, washing of clothes, and meeting nutritional needs;
2. Care of personal business affairs;
3. Transportation and care of residence;
4. Procurement of medical, legal, or housing services; or
5. Recognition and avoidance of common dangers or hazards to self and possessions.

Functional Limitations in Social Skills means (1) repeated inappropriate or inadequate social behavior or an ability to behave appropriately or adequately only with extensive or consistent support or coaching or only in special contexts or situation, such as social groups organized by treatment staff; or (2) consistent participation in adult activities only with extensive support or coaching and when involvement is mostly limited to special activities established for persons with behavioral health diagnoses; or (3) a history of dangerousness to self or others.

Functional Limitations in Vocational/Educational means (1) an inability to be consistently employed or an ability to be employed only with extensive supports, except that a person who can work but is recurrently unemployed because of acute episodes of mental illness is considered vocationally impaired; (2) deterioration or decompensation resulting in an inability to establish or pursue educational goals within a normal time frame or without extensive supports; (3) an inability

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to consistently and independently carry out home management tasks, including household meal preparation, washing clothes, budgeting, and child care tasks and responsibilities.

HIPAA means the Health Insurance Portability and Accountability Act.

Medical Assistance Program means the program established pursuant to the Medical Assistance Act, also known as Medicaid.

National Accreditation means meeting the standards set by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director.

Peer Support Services means individualized, recovery-focused services based on a mutual relationship between consumers that allows a consumer the opportunity to learn to manage his/her own recovery and advocacy process. Activities of Peer Support serve to demonstrate that recovery and wellness are possible, sharing of wellness planning tools, group facilitation, empowering the individual with advocacy and self-help skills and supports, relaxation response training, engaging individuals with natural supports, understanding the importance of shared decision-making, self-advocacy, communication, creating relationships of quality, and education of training staff about the importance of the individual's needs to enhance wellness and recovery. Unique services include but are not limited to peer perspective crisis prevention, smoking cessation, peer-run respite, support groups, relaxation response training, and warm lines.

Person-Centered Care means services and supports are designed around the needs, preferences and strengths of an individual.

Prevention Systems means, for the purpose of behavioral health services, purposeful, effective, and sustained partnerships of agencies, organizations, and individuals committed to preventing substance use disorder, mental and addictive disorders, and related societal problems. Prevention systems are designed to operate at the community level embracing the local culture while leading the development of strong, sustainable, community-based prevention activities focused on pro-social and normative changes. Prevention system activities seek to produce sustained outcomes in preventing the onset and reducing the progression of substance use disorder and mental illness and related consequences among communities and building prevention capacity and infrastructure at the State/Tribal and local level.

Provider means an organization or individual that has contracted with either one of the Regional Behavioral Health Authorities or the Division to provide publicly-funded behavioral health services to consumers.

Psychological Trauma means events or experiences that confront the person directly or as a witness where there exists an immediate perceived threat of death, extreme human suffering, severe bodily harm or injury, coercive exploitation or harassment, or sexual violation. Response to traumatic event involves intense fear, helplessness, or horror. Psychological trauma has a direct impact on the brain, body, and stress response system. This disrupts the cognitive, emotional, physical, spiritual, and relational functioning. Persons with severe and persistent behavioral health problems, including mental illness, and/or substance use disorders, often have experienced trauma. Many suffer from post-traumatic symptoms which exacerbate their other

behavioral health problems, impair their psychosocial functioning, and interfere with the quality of their lives. Traumatic events may include rape, physical, emotional, or sexual abuse, war combat, urban street violence, torture, motor vehicle accidents, natural disasters and violence associated with crime.

Public Behavioral Health System means the statewide array of behavioral health services for children and adults provided by the public sector or private sector and supported in whole or in part with funding received and administered by the Department, including behavioral health services provided under the Medical Assistance Program (Medicaid).

Recovery means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery-Oriented System of Care (ROSC) means a coordinated network of recovery-oriented and person-centered community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life.

Regional Behavioral Health Authority (RBHA) means the regional administrative entity responsibility for each behavioral health region.

Regional Behavioral Health Authority Network means those providers who have contracted with a regional behavioral health authority to form a network to provide behavioral health services in that region.

Regional Center means one of the state hospitals for persons with mental illness as designated in Neb. Rev. Stat. § 83-305.

Regional Center Behavioral Health Services or Regional Center Services means recovery-oriented and person-centered behavioral health services provided at a Regional Center

Regional Governing Board means an entity established in each behavioral health region by the counties which governs the regional behavioral health authority (RBHA). The board consists of one county board member from each county in the region. Each regional governing board appoints a regional administrator who is responsible for the administration and management of the RBHA. The regional governing board of each RBHA, in consultation with all counties in the region, determines the amount of funding to be provided by each county under Neb. Rev. Stat. § 71-808.

Rehabilitation means services to promote recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health, substance use, or co-occurring condition that seriously impairs their ability to lead meaningful lives. Rehabilitation services are collaborative, consumer-directed and individualized. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

Screening means the process by which the service is appropriate for the consumer and consumer is determined appropriate and eligible for admission to a particular program.

Secondary Consumer means a family member of a consumer who has lived experience with a substance use disorder, mental illness, or other addiction.

Strength-based means an ongoing approach, working with consumers, to identify the positive resources and abilities that an individual possesses. These strengths are then built upon by developing strategies to address the identified needs in order to achieve a defined outcome.

Subcontractor means an individual or business firm that contracts to perform part or all of the provider's/program's obligations under a primary contract.

System Management means the managed care vendor contracted with the Division of Behavioral Health.

Telehealth means the delivery of health-related services and information via telecommunication technologies.

Trauma-informed Services means services that are informed about, and sensitive to, trauma-related issues present in survivors; but they need not be specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma. Trauma-informed services are provided based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. Trauma-informed services are designed to include a basic understanding of how trauma impacts the life of an individual seeking services.

Trauma-informed System means one in which all components of a given service system have been considered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. A 'trauma informed' system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid re-traumatization and will facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems serving these clients and the local network of private practitioners with particular clinical expertise in traumatology" (Harris & Fallot, 2001).

Treatment means recovery-oriented and person-centered clinical evaluations and/or interventions provided to consumers to ameliorate disability or discomfort and/or reduce signs and symptoms of a behavioral health diagnosis.

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TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 3-000 DIVISION ADMINISTRATION

3-001 ADMINISTRATION: The Division will act as the chief behavioral health authority for the State of Nebraska. The Division will direct the administration and coordination of the public behavioral health system, including, but not limited to:

1. Administration and management of the Division, regional centers, and any other facilities and programs operated by the Division;
2. Integration and coordination of the public behavioral health system;
3. Comprehensive statewide planning for the provision of an appropriate array of recovery-oriented and person-centered community-based behavioral health services and continuum of care;
4. Coordination and oversight of regional behavioral health authorities, including approval of regional budgets and audits of regional behavioral health authorities;
5. Development and management of data and information systems;
6. Prioritization and approval of all expenditures of funds received and administered by the Division including the establishment of rates to be paid and reimbursement methodologies for behavioral health services and fees to be paid by consumers of such services;
7. The Division distributes funds contingent upon their availability. Should the Division lack the state or federal funds necessary to fulfill its fiscal responsibility, the contracts/agreements will be renegotiated or terminated;
8. Cooperation with the Department in the licensure and regulation of behavioral health professionals, programs, and facilities;
9. Cooperation with the Department in the provision of behavioral health services under the Medical Assistance Program;
10. Audits of behavioral health programs and services;
11. Promotion of activities in research and education to improve the quality of behavioral health services, recruitment and retention of behavioral health professionals and access to Behavioral Health programs and services;
12. Coordination of the integration and management of all funds appropriated by the Legislature or otherwise received by the Department from any other public or private source for the provision of behavioral health services; and
13. Ensuring the statewide availability of an appropriate array of recovery-oriented and person-centered community-based behavioral health services and continuum of care and the allocation of such funds to support the consumer and his or her recovery-oriented and person-centered plan of treatment.

3-001.01 The Division will ensure that community-based behavioral health services are provided in the most integrated setting appropriate based on an individualized, recovery-oriented, and person-centered assessment of the consumer.

3-001.02 The Division will take action to enforce these regulations. These actions may include the delay, reduction, or withholding of payments, or requirement for repayment of payment(s) made to the contractor or any combination of these actions.

3-002 CONTRACTS: The Division will contract for the delivery of behavioral health programs and services.

3-002.01 The Division may negotiate and enter into contracts with the RBHA's for recovery-oriented and person-centered community-based behavioral health programs and services.

3-002.01A To receive funds administered by the Division, a provider funded through a RBHA must be accredited by a nationally recognized accrediting organization, unless a nationally recognized accrediting organization appropriate to the organization's mission cannot be identified.

3-002.02 The Division may negotiate and enter into contracts with tribal governments, organizations, and/or individuals for mental health, substance use disorder, prevention programs, and/or services not provided through the RBHA.

3-002.02A The Division will provide contractor oversight when contracting directly with providers and tribal governments.

3-002.03 Submission of Reports and Other Documents: The Division has the authority to request that the Regional Governing Board provide reports, evaluations, plans, and any other documents as deemed necessary by the Division for monitoring and accountability.

3-002.04 Inspections: The Division has the authority to inspect all programmatic and fiscal records of each Regional Governing Board, which must allow access for on-site monitoring by authorized representatives of the Division.

3-003 QUALITY IMPROVEMENT: The Division will develop, implement, and maintain quality improvement functions designed to continually assess and improve the outcomes of the community behavioral health programs funded in whole or in part by the Division.

3-003.01 The Division will develop an annual quality improvement plan.

3-003.01A Outcome Measures: The Division and RBHA's must collect data on outcome measures. Outcome data reporting requirements may be included in contracts or in a written document and will outline data to be collected and specific outcome measures related to the Emergency Systems, Youth Systems, Consumer and Family System, and the Network Management System, as well as any federal block grant outcome measurement reporting requirements.

3-003.02 The Division will monitor the submissions and hold contractors accountable to correct any undesired trends or variations from the acceptable range. Failure to achieve desired results over a period of time may result in technical assistance or corrective action, if necessary.

3-004 HEARINGS: Any party aggrieved by the application of any regulation is entitled to an appeal and may request a hearing consistent with the Nebraska Administrative Procedure Act (Neb. Rev. Stat. §§ 84-901 to 84-920).

3-005 ALTERNATIVE COMPLIANCE: The Division may approve a request for alternative compliance with any regulation in Chapters 4 through 7, unless otherwise stated in these regulations, as deemed appropriate to further the development and implementation of recovery-oriented and person-centered community-based behavioral health services.

3-005.01 To apply for alternative compliance with a regulation, a provider must submit a written request to the Division. This request must include:

1. Citation of the specific regulation for which alternative compliance is being requested;
2. Reasons for the request for alternative compliance;
3. If appropriate, activities or performance criteria to replace the requirement of the regulation and the date the provider is expected to attain compliance;
4. The signature of the organization/program director or individual provider;
5. Authorization from the provider's governing body to request alternative compliance;
6. Approval by the regional governing board when the provider is under contract with the Regional Behavioral Health Authority; and
7. Documentation of evidence of how alternative compliance with the regulation would enhance quality, accessibility, public safety and cost effectiveness.

3-005.02 The Division makes a determination to grant the request for alternative compliance when the provider's proposal:

1. Is consistent with the intent of the specified regulation;
2. Conforms to good and customary administrative management and programmatic practices;
3. Protects the rights, health, and safety of the consumers;
4. Does not relieve the provider of the responsibility to comply with other pertinent regulatory requirements; and
5. Contains documentation of evidence of how alternative compliance with the regulation would enhance quality, accessibility, public safety, and cost effectiveness.

3-005.03 The Division will review the request and issue a decision by certified mail to the provider, with a copy to the regional governing board when the provider is under contract with the Regional Behavioral Health Authority, within 30 days following receipt of the request. When alternative compliance is granted:

1. It will be for a specified time period not to exceed the end of the program certification as specified under Title 206;
2. A provider must receive written approval from the Division before implementing alternative compliance; and
3. A provider must meet all the conditions prescribed by the Division in granting alternative compliance. Failure to comply with the specified conditions voids the authorization for alternative compliance.

3-005.04 A provider aggrieved by a decision to deny a request for alternative compliance may appeal to the Director pursuant to 207 NAC 1.

3-006 COMMITTEES: The Nebraska Behavioral Health Services Act created advisory committees. Members are appointed by the Governor.

3-006.01 State Advisory Committee on Mental Health Services: Pursuant to Neb. Rev. Stat. § 71-814, the State Advisory Committee on Mental Health Services is responsible to the Division and has the following responsibilities:

1. Serve as the state's mental health planning council as required by Public Law 102-321;
2. Conduct regular meetings;
3. Provide advice and assistance to the division relating to the provision of mental health services in Nebraska, including but not limited to the development, implementation, provision, and funding of organized peer support services;
4. Promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research;
5. Provide reports as requested by the Division; and
6. Engage in any other activities as directed or authorized by the Division.

3-006.02 State Advisory Committee on Substance Abuse Services: Pursuant to Neb. Rev. Stat. § 71-815, the State Advisory Committee on Substance Abuse Services is responsible to the Division and has the following responsibilities:

1. Conduct regular meetings;
2. Provide advice and assistance to the Division relating to the provision of substance abuse services in Nebraska;
3. Promote the interests of consumers and their families;
4. Provide reports as requested by the Division; and
5. Engage in any other activities as directed or authorized by the Division.

3-007 DIVISION OF BEHAVIORAL HEALTH: The final authority for the application of these regulations under this title rests with the Division.

3-008 INTERPRETATION DOCUMENTS: The Division may issue manuals, notices, bulletins, or other guidance documents to interpret the provisions of this title. These manuals, notices, bulletins, or other guidance documents will be consistent with and reflect the regulations contained in this title.

3-009 INFORMAL DISPUTE RESOLUTION AND ADMINISTRATIVE APPEALS

3-009.01 Right to Appeal: A client/guardian or provider has the right to appeal a service authorization denial after all available appeals through the Authorization Appeals Process of the vendor who is contracted for system management have been exhausted.

3-009.02 Commencement of Appeal Process: A client/guardian or provider may begin the appeal process by either:

1. Requesting an Informal Dispute Resolution (IDR) in writing or on a form provided by the Division within 14 calendar days following the service authorization denial.
2. Requesting a formal administrative appeal in writing or on a form provided by the Division within 30 calendar days following the service authorization denial.

3-009.03A If a client/guardian or provider requests Informal Dispute Resolution, the 30-day period to request a formal appeal will be suspended, beginning on the day the Division receives the request for Informal Dispute Resolution until the day the Division notifies the client/guardian or provider of the outcome of the IDR. Following the IDR process, if the client/guardian or provider still wishes to dispute the Division's decision, s/he may request a formal appeal until the expiration of the 30-day period as calculated above.

3-009.03 Informal Dispute Resolution: Informal Dispute Resolution (IDR) is an opportunity to request reconsideration of a decision of the Division without undergoing a formal hearing process before a hearing officer. Upon receiving a request for Informal Dispute Resolution, the Division will schedule a meeting between the client/guardian or provider and the appropriate Department staff, which will be held at the soonest possible mutually convenient time for all necessary participants. An IDR may be held in person, by video, or by telephone. The Division's Chief Clinical Officer serves as the decision-maker for the IDR process, who will issue a written decision within 14 calendar days following the IDR conference.

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3-009.04 Administrative Appeal: Administrative appeals are conducted in accordance with the Administrative Procedure Act (APA) (Neb. Rev. Stat. §§ 84-901 to 84-920) and the Department's rules and regulations adopted and promulgated under the APA. Following the formal appeal, the Director of the Division of Behavioral Health will affirm, modify, or reverse the determination. The Director's decision will:

1. Be in writing;
2. Be sent by registered or certified mail to the provider or client/guardian; and
3. Become final 30 days after mailing unless the provider or client/guardian, within the 30-day period, appeals the decision.

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TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 4-000 CONTRACTING REQUIREMENTS

4-001 CONTRACTING REQUIREMENTS FOR REGIONAL BEHAVIORAL HEALTH
AUTHORITIES (RBHAs)

4-001.01 ADMINISTRATION AND MANAGEMENT: The Nebraska Behavioral Health Services Act (Neb. Rev. Stat. §§ 71-801 to 71-818) established six behavioral health Regions.

4-001.01A Each Regional Behavioral Health Authority (RBHA) is governed by a Regional Governing Board. The Regional Governing Board consists of one county board member from each county in the Region.

4-001.01A1 Board members serve for staggered terms of three years and until their successors are appointed and qualified. Board members must serve without compensation but will be reimbursed for their actual and necessary expenses as provided in Neb. Rev. Stat. §§ 81-1174 to 81-1177.

4-001.01B The Regional Governing Board must appoint a Regional Administrator who is responsible for the administration and management of the regional behavioral health system.

4-001.01C The RBHA is responsible for the development and coordination of a network of publicly funded behavioral health services within the behavioral health Region, under the rules and regulations established within this title. Each RBHA must encourage and facilitate the involvement of consumers in all aspects of service planning and delivery within the Region. The RBHA must also coordinate these activities with the Office of Consumer Affairs within the Division.

4-001.01D Pursuant to the requirements of 6-005.03 of these regulations, the RBHA shall assure that its policy and schedule of fees and co-payments are applied uniformly by the providers in the region.

4-001.01E Each RBHA must establish and utilize a Regional Advisory Committee for the purpose of advising the RBHA on needs and matters relating to community behavioral health services provided in the Region.

4-001.01E1 The Regional Advisory Committee must be culturally representative of the Region and must include consumers, providers, and other interested parties.

4-001.01E2 Procedures must be established to prevent a conflict of interest for members of the committee who may benefit financially or programmatically from their participation.

4-001.01E3 Each RBHA must submit an annual updated list of the names, addresses, and phone numbers of the officers and members of the advisory committee to the Division by July 1.

4-001.01E4 The Regional Advisory Committee must meet quarterly per year at a minimum.

4-001.01E5 The RBHA must develop procedures for soliciting advice from the Regional Advisory Committee, including procedures for input into the regional planning process, budget development and approval, contracting, evaluation, and other related areas.

4-001.01E6 The RBHA must document the input received from the Regional Advisory Committee.

4-001.01F The RBHA must certify in writing to the Division, in a manner specified by the Division, that the required matching funds have been allocated as required by Neb. Rev. Stat. § 71-808.

4-001.01F1 The RBHA must certify that required match funds in each Region have been appropriated for expenditure during the fiscal year for which the match has been allocated.

4-001.01F2 The match dollars must be expended for community behavioral health services and for the operation of the RBHA as reported in the Regional Budget Plan, or as amended, if applicable.

4-001.01F3 The amounts of match dollars certified to the Division by the RBHA and expended during the fiscal year must appear in the annual audit of the RBHA.

4-001.01G The RBHA must annually submit to the Division a report summarizing the actual expenditure of funds and revenues received from all sources, in a manner specified by the Division.

4-001.01H The RBHA must provide reports, evaluations, plans, and any other documents as deemed necessary by the Division for monitoring and accountability.

4-001.01J In making any grant application to the federal government, the RBHA must submit the proposal to the Division for review and comment before formal submission to the Federal agency.

4-001.01K The RBHA must permit inspection of all contracts, subcontracts, programmatic, and fiscal records and must allow access for on-site monitoring by authorized representatives of the Division.

4-001.01L The RBHA must facilitate the coordination of community behavioral health providers with other organizations and individuals to carry out the Regional Budget Plan (see 206 NAC 4-001.02).

4-001.01M The RBHA must maintain contract, subcontract, fiscal, and service records at least five years following the end of the contract period or until resolution of any audit questions, whichever is later.

4-001.02 ANNUAL REGIONAL BUDGET PLAN: The RBHA must annually submit to the Division a Regional Budget Plan in a format specified by the Division that is consistent with the state plan. The Annual Regional Budget Plan must include, but is not limited to:

1. A proposed budget that projects expenses and the allocation of funds for the recovery-oriented and person-centered community-based services to be offered in the Region; and
2. A projection of all other revenues from all sources for each community behavioral health provider and the RBHA in a manner specified by the Division.

4-001.03 CONTRACTING: The RBHA is responsible for contracting for the publicly funded behavioral health services for consumers within its designated Region, consistent with the approved regional budget and funding plan. Contracting must meet the following requirements.

4-001.03A The RBHA must contract all behavioral health services developed after July 1, 2004 through an open, public competitive bidding process. For services provided by the RBHA, the RBHA must comply with 206 NAC 4-001.03E.

4-001.03B The RBHA must publicize and distribute a "Request for Proposal" that has been approved by the Division. Approved Request for Proposals must be released with adequate public notice before notification of award to ensure an open and fair competitive process. Each RBHA is expected to make reasonable efforts to contact all potentially eligible bidders.

This provision may be waived only by following the procedures in 206 NAC 3-005.

4-001.03C Requests for Proposals for services must at a minimum contain:

1. A clear description of the process by which consumers are directly and actively involved in the development, implementation, and evaluation of the services to be provided;
2. A clear description of the service(s) to be provided;
3. A clear description of the minimum qualifications for prospective bidders;
4. Accurate data related to the service (as available);
5. The process to be used to determine the award; and
6. The process for appeal.

4-001.03D Determination of Award for contracts must meet the following minimum criteria:

1. Each proposal received must be recorded and evaluated according to the published criteria in the request; and
2. Upon notice of award to the successful bidder, all proposals must be open to public inspection.

4-001.03E As specified in Neb. Rev. Stat. § 71-809, except for services being provided by a RBHA on July 1, 2004, under applicable state law in effect prior to such date, no RBHA is allowed to provide behavioral health services funded in whole or part with revenue received and administered by the Division under the Nebraska Behavioral Health Services Act unless:

1. There has been a public competitive bidding process for the services as required in 206 NAC 4-001.03A;
2. The RBHA has determined, as a result of the bidding process, that there are no qualified and willing providers to provide the services; and
3. The RBHA receives written authorization from the Director of the Division and enters into a contract with the Division to provide the services.

4-001.03F If the RBHA contracts with the Division for the provision of the services, the RBHA must comply with all applicable rules of the Division relating to the provision of behavioral health services including rules that:

1. Establish definitions of conflicts of interest for the RBHAs and procedures if a conflict of interest arises; and
2. Require the RBHAs to establish and maintain a separate budget and separately account for all revenue and expenditures for the provision of the services.

4-001.03G The RBHA must receive approval from the Division before entering into contracts with any organization or individual providing behavioral health services funded in whole or in part by the Division. The Division's approval of the Annual Regional Budget Plan and funding allocation may serve as the written approval for the purposes of this requirement.

4-001.03I The contract between the RBHA and the organization or individual must stipulate that the provider must adhere to the regulations and contract requirements of the Division.

4-001.03J The RBHA is responsible for enrolling contracted providers in their network. The RBHA shall develop policies and procedures for determining eligibility for enrollment. At a minimum, the enrollment must include:

1. Demonstration of capacity to provide behavioral health services based upon verification of:
 - a. Compliance with all applicable state standards and licensure requirements for program, facilities, and staff members;
 - b. Professional licenses and endorsements;
 - c. All applicable insurance coverage including but not limited to: worker's compensation, motor vehicle liability, professional liability, directors/officers liability, and general liability coverage; and
 - d. Fiscal viability, including fiscal and budgetary systems that provide appropriate accounting for and spending of contracted funds;
2. Verified demonstration of compliance with state or national accreditation standards as specified in 206 NAC 5-001;
3. Documented completion of an on-site visit for all contracted providers and programs before enrollment and service provision to any consumer receiving services funded by the Division. This on-site visit must include the following minimum areas:
 - a. Verification of compliance with 206 NAC 4-001.03J; and
 - b. Verification that the clinical record keeping practices conform with the program plan submitted and meet the minimum standards as described in 206 NAC 6-007; and
4. Primary source verification of all information used to meet the criteria in items 1-3.

4-001.03J1 Contract retention is determined through a performance review that at a minimum includes the following:

1. Continued compliance with 206 NAC 4-001.03J, items 1 and 2;
2. A review of data demonstrating the operation of the service outlined in the current contract;
3. Consumer satisfaction;
4. Compliance with information reporting to the Division;
5. On-site visit consistent with 206 NAC 4-001.03J, item 3;
6. Completion of all provider enrollment forms and reports specified by the Division; and
7. Inclusion of consumers in development, implementation, and evaluation of services.

4-001.04 CONFLICT OF INTEREST

4-001.04A The RBHA must have policies and procedures that guard against a conflict of interest between the RBHA, a current or prospective provider, or any individual member of either organization.

4-001.04A1 For the purposes of these regulations, a conflict of interest exists when an organizational matter to be acted upon confers a personal benefit, financial or otherwise, direct or indirect, to a member of the Regional Governing Board, an employee, a volunteer, a student, a consultant, or person related by kinship, or personal or professional association.

4-001.04B The RBHA must have policies and procedures that, at a minimum, ensure no person covered under 206 NAC 4-001.04A:

1. Is the recipient of gifts or gratuities, with financial value or otherwise, from individuals or organizations doing business with the RBHA or a provider;
2. Misuses confidential information;
3. Uses the organization's personnel, resources, property, or funds for personal financial gain;
4. Employs persons related by kinship or personal or professional association without prior written approval from the RBHA; or
5. Uses or attempts to use any official position to secure unwarranted privileges or exemptions for themselves or others.

4-001.04C The RBHA must have policies and procedures that detail the method to identify, report, and resolve potential conflicts of interest. All disclosures, reports, and resolutions must be in writing and be available for review by the Division.

4-001.04C1 The RBHA must have policies and procedures that address any conflict of interest between the RBHA in its role as administrator and any provider including the RBHA in its role as a provider and how the conflict is resolved.

4-001.05 DISASTER PLANNING

4-001.05A The RBHA must have the capacity to respond to the psychosocial needs of people affected by a disaster within the Region's assigned geographic area, consistent with the state disaster plan.

4-001.05B The RBHA must have a written plan prepared to meet the disaster-generated psychosocial needs for the people residing within the Region.

4-001.05B1 The RBHA's disaster response plan must reflect coordination of its disaster preparations and response with the other emergency responders in the Region's assigned geographic area.

4-001.05B2 The RBHA must work in cooperation with the local emergency management organization and the Division to organize, recruit, and train

qualified behavioral health staff to respond in times of disaster. The behavioral health personnel designated to serve as part of the disaster response team must have received training to develop skills for providing psychosocial support after disaster.

4-001.06 ACCESSIBILITY: Each RBHA must be located in physically accessible offices and provide all materials in accessible formats as required by ADA and the ADA Accessibility Guidelines.

4-001.07 INABILITY TO PAY: A program funded in whole or in part under a contract with the Division must not deny or suspend services to persons residing in Nebraska because of inability to pay scheduled fees, including preadmission deposits, co-payments, and/or other payments required from the consumer.

4-001.08 PUBLICITY: Publications describing an organization/program funded by the Division must disclose within such publications that the organization/program is partially funded by the Department.

4-001.09 SETTING: The RBHA must ensure that recovery-oriented and person-centered community-based behavioral health services are provided in the most integrated setting appropriate for each consumer's needs.

4-001.10 EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

4-001.10A All Regional Governing Boards and contracting providers agree to abide by all of the applicable federal, state, and local laws and regulations as they relate to equal employment opportunities and affirmative action. This includes equal opportunity for persons with mental illness.

4-001.10B The RBHA/provider must prepare an affirmative action plan or related policy statements if such is required by the Division.

4-001.10C The RBHA/provider must comply with all affirmative action compliance review procedures deemed necessary by the Division.

4-001.10D All individuals who have a complaint with the RBHA/provider under the Americans with Disabilities Act must have access to the RBHA's/provider's grievance procedures. All individuals referred to under this section include:

1. Any eligible person who is referred to receive services offered by the RBHA's/provider's program;
2. The people considered by the RBHA's/provider's program to be active consumers;
3. Applicants for employment by the RBHA/provider; and
4. Employees of the RBHA/provider. Programs referred to under this section means all services receiving community behavioral health funds administered by the Division.

4-001.11 CHANGES IN PROGRAM ADMINISTRATION: The RBHA/provider must report in writing to the Division within 20 days of its occurrence any of the following changes:

1. Changes regarding programs offered by the Regional Governing Board and/or a provider which are different from the approved Regional Plan of Expenditure;
2. Changes in ownership, the governing body's responsibilities or structure, or control of program(s); and
3. Any changes in the capacity and/or type(s) of services.

The Division may immediately terminate and/or amend the contract containing funds administered by the Division, or any portion thereof, based on the changes reported by the RBHA/provider.

4-002 CONTRACTING REQUIREMENTS FOR NON-RBHA CONTRACTORS. The Division may contract directly with other entities for recovery-oriented and person-centered community-based and other behavioral health services in Regions including but not limited to services for Native American Tribes.

TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 5-000 REQUIREMENTS FOR PROVIDERS CONTRACTING WITH RBHAs

5-001 Accreditation: To receive funds administered by the Division for service delivery, providers must submit the following:

1. Current copy of the required licenses issued by the Department or the applicable local licensing authorities of competent jurisdiction which apply to the program;
2. Documentation on the type of organization seeking approval (such as governmental, private non-profit) to operate the program(s); and
3. Accreditation appropriate to the organization's mission by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director. Documentation of accreditation must include:
 - a. A complete copy of the most recent official accreditation report;
 - b. Documentation of the most recent official award of accreditation; and
 - c. A complete copy of the plan of correction submitted in response to the official accreditation report, if applicable.

5-001.01 Exceptions: The requirements of 5-001 do not apply to the following:

1. Substance abuse prevention funds; or
2. When a nationally recognized accreditation organization appropriate to the organization's mission cannot be identified.

5-002 Accreditation Development Plan: Those organizations that do not have documentation of official award of accreditation by TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director must submit an Accreditation Development Plan for progressively bringing the organization into accreditation status during a two-year period. During the time an organization is working toward accreditation under an Accreditation Development Plan, the organization must meet the standards for behavioral health services in 206 NAC 6. The Accreditation Development Plan must demonstrate a systematic approach toward achieving accreditation and must include:

1. Policies and procedures to be followed during the accreditation development period including policies and procedures for protecting the life, safety, and rights of consumers served;
2. A quality improvement program which follows the standards set by the national accreditation body which is being sought by the organization (TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director);
3. A written plan for accomplishing the accreditation. The plan must include the type of accreditation the type of accreditation being sought (TJC, CARF, COA, other) that is appropriate to the organization's mission and includes goals, measurable objectives, target dates, person(s) responsible, and deadlines for making application for accreditation and for scheduling accreditation survey; and
4. A report on the results of a self-administered survey following the standards set by the national accreditation body which is being sought by the organization.

5-002.01 The organization must submit to the Region a semi-annual written progress report on the implementation of the Accreditation Development Plan.

5-002.02 The organization must revise the Accreditation Development Plan on an annual basis to reflect its present situation.

5-002.03 The Region must monitor the organization's progress until accreditation is granted.

5-003 Organizations that are denied accreditation or receive provisional accreditation will:

1. Be allowed a one-time one-year extension from the date they receive notice from the accrediting body of their accreditation status to become an accredited organization; or
2. Be required to submit a revised Accreditation Development Plan.

5-004 Records: The organization must retain program documentation and individual service records for a minimum of whichever is longer:

1. Five years after the consumer was discharged from the program; or
2. Five years following the end of the contract year in which services were billed.

5-005 The falsification of documents or information by the organization or individual is grounds to immediately terminate the application process or the existing program approval.

5-006 Capacity Development: A capacity development plan must be submitted and approved before state and/or federal funds are used to develop a new service. The provider/program requesting capacity development using state or federal funds must be a member of a Regional Behavioral Health Network or have been awarded a bid to contract with a network. The Capacity Development Plan must use the format specified by the Division and must include:

1. A Program Plan for each service to be funded;
2. Development and Implementation Timeline Plan;
3. Budget and Narrative Budget Justification; and
4. Approval from the Regional Advisory Committee.

EFFECTIVE
6/14/2014

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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To address expansion related to a wait list, the provider/program must have criteria approved by the Department.

A capacity expansion plan must be used to apply for approval of funding for expansion of an existing service. The request must use the format specified by the Division.

Capacity Development Plans must be submitted to the Region, if the provider is a member of the regional network and is requesting funds from the Region. If the provider is requesting funding directly from the Division, the Capacity Development Plan must be submitted to the Division.

TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 6-000 STANDARDS OF CARE

6-001 CONSUMER RIGHTS: The following rights apply to consumers receiving behavioral health services through Nebraska's public behavioral health system. All consumers have the right to:

1. Be treated respectfully, impartially, and with dignity;
2. Communicate freely with individuals of their choice including, but not limited to, family, friends, legal counsel, and his/her private physician;
3. Have clinical records made available to themselves and individuals of their choice by his/her written request;
4. Actively and directly participate in decisions which incorporate independence, individuality, privacy, and dignity and to make decisions regarding care and treatment;
5. Refuse treatment or therapy, unless treatment or therapy was authorized by the consumer's legal guardian or was ordered by a mental health board or court;
6. Have privacy and confidentiality related to all aspects of care;
7. Be protected from neglect; physical, emotional or verbal abuse; and exploitation of any kind;
8. Actively and directly participate in developing an individual treatment, rehabilitation, and recovery plan and decision-making regarding his/her behavioral health care;
9. Receive care from providers who adhere to a strict policy of non-discrimination in the provision of services;
10. Be free of sexual exploitation and, harassment;
11. Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed in a timely manner (see 206 NAC 6-003); and
12. Receive behavioral health services in the most integrated setting appropriate for each consumer based on an individualized and person-centered assessment and incorporated into the individual treatment rehabilitation and recovery plan.

6-002 COMPLAINTS: Consumers must be able to freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services.

6-003 CONSUMER GRIEVANCES: Each provider must establish a written consumer grievance policy with the following components:

1. Consumers and as applicable, their legal representative(s) and family of their choosing must be informed of and given a copy of written procedures for addressing and resolving grievances established by each provider (see consumer rights in 206 NAC 6-001);
2. Consumers, families, staff, and others must have access to the provider's grievance process;
3. The consumer's grievance must be responded to by the provider in a timely manner and the provider must document its response to the consumer;
4. If the consumer's grievance is not addressed satisfactorily through the provider's complaint process, the provider must give adequate information, including telephone numbers and addresses, to the consumer to enable the consumer to contact the Division of Behavioral Health, Office of Consumer Affairs; the Division of Public Health, Facility Complaint Intake and the Investigations Section, the designated Protection and Advocacy organization for Nebraska; the Consumer Specialist of the Regional Behavioral Health Authority (RBHA); the office of the Ombudsman; the Department's System Advocate, and the vendor who is contracted for system management. This information must also be readily available to consumers, families, staff, and others.

6-004 TRAUMA-INFORMED SERVICES: All state funded behavioral health providers must be knowledgeable about the effects of psychological trauma. Providers must consistently screen for trauma symptoms and history of traumatic events, provide ongoing review of trauma symptoms and problems related to that trauma, and offer services that are recovery-oriented and trauma-sensitive.

6-005 CONSUMER ELIGIBILITY AND PAYMENT FOR SERVICES: The Division will reimburse RBHA's for behavioral services for consumers who meet the following:

1. Clinical eligibility criteria for the services specified in the Behavioral Health Adult Services Definitions (attached and incorporated in these regulations by this reference); and
2. Financial eligibility criteria as specified in the Division of Behavioral Health Financial Eligibility Policy (attached and incorporated in these regulations by this reference) and fee schedule. For the fiscal year July 1, 2012 through June 30, 2013, the attached Financial Eligibility Policy is based on the 2012 United States Department of Health and Human Services (HHS) Federal Poverty Guidelines. For future fiscal years, the Financial Eligibility Policy and fee schedule will be adjusted based on changes to the annual United States Federal Poverty Guidelines and will not be specified in the regulations; and
3. Citizenship/lawful presence requirements set forth in Neb. Rev. Stat. §§ 4-108 to 4-114.
 - a. An applicant for public benefits must attest that:
 - i. S/he is a citizen of the United States of America; or

- ii. S/he is a qualified alien under the federal Immigration and Nationality Act 8 USC § 1101 et seq., as such existed on January 1, 2009, and is lawfully present in the United States.
- b. The attestation must be in the format prescribed by the Department of Administrative Services.

6-005.01 The assessment of a consumer's financial eligibility is an ongoing process. The consumer's financial eligibility status must be re-assessed annually or when known changes occur such as changes in current income or number of dependents. The re-assessment may increase or decrease the co-payment obligations of the consumer.

6-005.02 Consumers who refuse to provide financial information shall be charged the full cost of services. The provider may not bill the Department for any service for which the consumer is responsible due to the failure to provide financial information or signed statement.

6-005.03 The RBHA shall adopt a policy for use in determining the financial eligibility of all consumers and shall adopt a uniform schedule of fees and copays, based on the Division of Behavioral Health Financial Eligibility Policy and Fee Schedules. The RBHA policy and schedule of fees and co-payments shall be approved by the Division. The RBHA shall assure that its policy and schedule of fees and copays are applied uniformly by the providers in the region.

6-005.04 For a consumer who meets the Division's clinical eligibility, citizenship/lawful presence, and financial eligibility criteria, the RBHA will be reimbursed:

1. The rate set by the Division for services provided which are pre-authorized with the Administrative Services Organization (ASO) or registered services that have a statewide rate established; or
2. A Region-determined rate or reimbursement for allowable uncompensated expenses for services provided which are registered with the ASO or otherwise documented as required by the Division.
 - a. The payment shall not exceed the actual cost of the service less any copayment and third party payment received for the service.

6-005.05 The Division reserves the right to be the Payer of Last Resort for consumers who meet the Division's Clinical Criteria for an identified level of care and who are without the financial resources to pay for care. The Division will not reimburse:

1. For Medicaid reimbursable services provided to Medicaid consumers. If the consumer has accrued personal needs allowance and created savings that disqualify him/her from a benefit such as Medicaid, the full cost of the service must be assessed to the consumer until he/she qualifies for the Medicaid benefit.

2. For any portion of services required to be paid by a Medicaid recipient to meet a share of cost obligation.
3. For services eligible for, or covered under, other health insurance benefits that were denied by an insurance company due to provider error or insufficient documentation, that were not submitted to the insurance company in accordance with the policy or that were not submitted to the insurance company at the request of the consumer.
4. For any service in which the consumer is deemed eligible to pay the cost of the service.

6-005.06 To determine if a consumer meets financial eligibility on the Financial Eligibility and Fee Schedule:

1. Complete the eligibility worksheet to determine the adjusted monthly income. To determine the adjusted monthly income:
 - a. Add up wages, alimony, tips or other money received for a good or service in the past 12 month period. Divide this number by 12 to determine the "Taxable Monthly Income" of the individual.
 - b. Determine the monthly amount for housing, utilities, transportation, or daycare paid by the individual. Actual cost claimed cannot exceed the maximum amounts listed on the worksheet for each item. Total the amounts listed for housing, utilities, transportation, and daycare to determine "Total Allowable Liabilities."
 - c. Subtract the "Total Allowable Liabilities" from the "Taxable Monthly Income" amount to determine the "Adjusted Monthly Income" amount to be used to determine eligibility for funded services.
2. Locate the adjusted monthly income amount on the appropriate schedule;
 - d. Financial eligibility fee schedule is used for consumers who do not meet the requirements for the Hardship or Emergency Access fee schedules.
 - e. Hardship fee schedule is used for:
 - i. consumers who meet criteria for severe and persistent mental illness; or
 - ii. consumers who meet criteria for serious emotional disorder in youth 19 or under; or
 - iii. Medical bills or medical debt in excess of 10% of the taxable annual income.
 - f. Emergency Access Fee Schedule is used for:
 - i. consumers receiving assistance from crisis response team, emergency community support, housing related assistance; or
 - ii. the hospital diversion programs where consumers stay less than twenty-four (24) hours.
3. Locate the total number of family members dependent on the taxable income; and
4. Only those consumers who fall within the shaded areas on the fee schedules are eligible for services funded by the Division.

6-005.07 In addition to payments made by the Division, the RBHA may assess consumers a co-payment fee based upon the financial eligibility fee schedule. To determine the maximum copayment:

1. Locate the adjusted monthly income amount on the appropriate schedule.
2. Locate the total number of family members dependent on the taxable income.
3. Locate the box in which the column and row intersect is the maximum co-payment fee to be charged to the consumer for each appointment or unit of service.

6-005.08 Residential levels of care will receive payment based on the Department's established rates. In addition, room and board fees, a co-payment fees may also be assessed. The room and board fee may not be in excess of actual costs incurred for these services by the provider. All co-payments charged must be in compliance with the Division Financial Eligibility and Fee Schedules.

6-005.09 Fees and co-payments for Substance Use Disorder Education and Diversion programs are determined by the region or other providers and are not subject to provisions of the Division Financial Eligibility and Fee Schedules.

6-005.10 The Division and/or the RBHA may request from the provider verification of a consumer's eligibility for service.

6-006 RECORDS: Records must be maintained for all consumers admitted to a mental health or substance use disorder treatment service funded by the Division. Documentation in the record must reflect the consumer's treatment/rehabilitation experience and be of the type and quality to facilitate service planning, evaluation, and continuity of care.

6-006.01 Policies and Procedures: Each organization/provider must have written policies and procedures regarding the maintenance of service records that:

1. Govern the compilation, storage, dissemination, and accessibility of the consumer's service records;
2. Are designed to ensure that the program fulfills its responsibility to safeguard and protect consumer records against loss and unauthorized alteration or disclosure that are compliant with HIPAA regulations and other relevant state and federal law;
3. Are designed to ensure that each record contains all information required by organizational policy and is consistent with professional practice;
4. Are designed to ensure uniformity in the format and forms used in consumer service records;
5. Require entries in the consumer service records to be legible, dated, and signed;
6. Include an explanatory legend approved by management staff for the abbreviations used;

7. Require maintenance of records at the Provider's site where the consumer is served to ensure that the records are directly accessible to the staff providing services. If only partial records are maintained at the program site, the policies and procedures must describe the information to be kept in each record, including a minimum of identifying information; current assessment; current individual treatment, rehabilitation, and recovery plan; emergency information; all applicable progress notes; legal information; and medical history;
 - a. Providers of multiple services must indicate how significant consumer issues are shared between programs.
8. Specify time frames for the completion of assessments, assessment updates, emergency information updates, service plans, progress notes, service plan reviews, discharge summaries, and any other standard treatment/rehabilitation/recovery documentation that are consistent with services as described in this chapter; and
9. Govern the disposal of consumer service records, including the following provisions:
 - a. Records must be maintained for at least five years from the date the consumer is discharged from the program or until at last five years following the end of the contract year in which services were billed, whichever is longer; and
 - b. Methods of disposal are designed to ensure the confidentiality of information.

6-006.02 Clinical Documentation: Behavioral health providers must maintain a clinical record that is confidential, complete, accurate, and contains up-to-date information relevant to the consumer's care and services. The record must sufficiently document assessments; individual treatment, rehabilitation, and recovery plans and plan reviews; and important provider discussion. The clinical record must document consumer contacts describing the nature and extent of the services provided, such that a clinician unfamiliar with the service can identify the consumer's service needs and services received. The documentation must reflect the rehabilitative services provided, and is consistent with the goals in the individual treatment, rehabilitation, and recovery plan, and based upon the comprehensive assessment. The absence of appropriate, legible, and complete records may result in the recoupment of previous payments for services. Each entry must identify the date, location of service, and the first name, last name, and title of the staff person providing the service.

Documentation requirements for day rehabilitation and for residential rehabilitation must provide a daily summary of the treatment describing consumer's condition, treatment and rehabilitation interventions provided and consumer's response to those interventions. Providers of multiple services must indicate how significant consumer issues are shared between providers.

Records must be kept in a locked file when not in use. For purposes of confidentiality, disclosure of treatment/rehabilitation/recovery information is subject to all the provisions of applicable State and Federal laws. The consumer's clinical record must be available for review by the consumer (and his/her guardian with appropriate consent) unless there is a

specific clinically indicated reason to preclude this availability. The specific reason must be documented in the clinical record and reviewed periodically.

6-006.02A The clinical record must include, at a minimum:

1. Consumer identifying data, including demographic information and the consumer's legal status;
2. Assessment and Evaluations;
 - a. Pre-Authorization/Referral Screening
 - b. Comprehensive Assessment
 - c. Psychiatric assessment substantiating the consumer's diagnosis, and referral for treatment/rehabilitation/recovery service; and
 - d. Other appropriate assessments.
3. Consumer's Diagnostic Formulation (including all five axes);
4. Individual Treatment, Rehabilitation, and Recovery Plan and updates to plans;
5. Documentation of review of Consumer Rights with the consumer;
6. A chronological record of all services provided to the consumer. Each entry must include the staff member who performed the service received. Each entry includes the date the service was performed, the duration of the service, the place of the service, and the staff member's identity and legible signature, name, and title. All record entries must be dated, legible and indelibly verified. In the case of electronic records, signatures may be replaced by an approved, uniquely identifiable electronic equivalent.
7. Documentation of the level of participation of the consumer's participation in the service and involvement of family and significant others;
8. Documentation of treatment, rehabilitation, and recovery services and discharge planning;
9. A chronological listing of the medications prescribed (including dosages and schedule) for the consumer and the consumer's response to the medication;
10. Documentation of coordination with other services and treatment providers;
11. Discharge summaries from previous levels of care;
12. Discharge summary (when appropriate); and
13. Any clinical documentation requirements identified in the specific service.

6-006.02B The record must contain documentation that the consumer and guardian, as applicable, has participated in the program orientation.

6-006.02C The record must contain documentation of the informed consent of the consumer, and/or appropriate family members or guardians, as applicable, to treatment, rehabilitation, and/or recovery services, medication usage, and other

services to be provided as stated in the individual treatment, rehabilitation, and recovery plan.

6-006.02D Consent to each of these services includes the concomitant right to refuse services, unless the treatment is court-ordered or required under the Nebraska Mental Health Commitment Act (Neb. Rev. Stat. §§ 71-901 to 71-962).

6-006.02E The risks and benefits of every service for which consent is sought and the right to refuse the service must be explained to the consumer at a level educationally appropriate to the individual.

6-006.02F The record must contain correspondence to and from the program regarding the services received. Signed and dated progress notes of all telephone calls concerning these services must also be present.

6-006.03 Medications: For each consumer who is receiving prescribed medication, the record must contain a medication use profile. This profile must include:

1. A listing of all medications and dosages currently prescribed by the psychiatric prescribing clinician (MD, APRN, or PA);
2. A listing of all medications and dosages currently prescribed by any other prescriber;
3. A listing of all over-the-counter medications, herbal preparations, or other alternative treatment being used by the consumer;
4. Documentation from the program's clinician (MD, APRN, PA, LPN, RN), including, upon discontinuation, the date and reason each drug is discontinued;
5. Documentation that medication education/health teaching has occurred and the consumer is informed regarding each medication prescribed during treatment and that the consumer understands the information; and
6. Documentation of the consumer's response to the teaching and medications prescribed (e.g. adverse effects, therapeutic effects, adherence issues).

6-007 ASSESSMENT: An assessment must be completed for each consumer upon entrance/admission of the consumer to the service, and on an ongoing basis as determined by the service description and the program's rehabilitation/clinical practice policy. The assessment must include a review of referral information, as applicable and, through appropriate evaluation procedures, must supplement this information as needed for initiation or continuation of treatment, rehabilitation, and recovery. Areas covered in the assessment must be consistent with program requirements, as specified in the service description, and determined by the needs of the consumer served as well as the service mission of the program. If the consumer demonstrates needs that fall outside the scope of the service, referral to and cooperation with other appropriate services/programs must be demonstrated and documented.

6-007.01 The assessment must be completed within the timeframe specified in the program's policies and procedures, however, no more than the timeframe prescribed in the Behavioral Health Adult Services Definitions. The assessment must include the following components:

1. Consumer name, emergency contact (name, relationship and contact information), and other information of the consumer that is relevant;
2. Provider demographics including: provider name, address, phone, fax, and e-mail, and other contact information;
3. Individual strengths, presenting problem, and primary complaint including:
 - a. Identification of the consumer's status, strengths, needs, and problem(s), resiliencies, experiences (including past trauma), cultural background, and preferences;
 - b. Determination of the consumer's strengths, weaknesses, resiliencies, experiences (including past trauma), cultural background, and preferences to address the identified problem(s);
 - c. Reason for referral to treatment, rehabilitation, and recovery services and referral source;
 - d. Name and title of the referral individual, such as MD, psychologist, APRN, or LIMHP;
 - e. Presenting problem from the consumer and provider's perspective;
 - f. External leverage to seek evaluation (courts, family and other).
4. Medical History:
 - a. Dental history and current needs;
 - b. Current medication list;
 - c. Compliance with medication (historical and current);
 - d. Current primary care physician (name and contact information);
 - e. Date of last physical exam and physician providing that assessment;
 - f. Recent hospitalizations; and
 - g. Major health concerns (such as STD's, HIV, Tuberculosis, Hepatitis, pregnancy, diabetes, obesity, and nicotine dependency).
5. Employment/Education/Military History:
 - a. History of employment;
 - b. Educational history;
 - c. Military involvement; and
 - d. Strengths.
6. Alcohol/Drug History:
 - a. Primary drug(s) of choice;
 - b. Amount, frequency and duration of use;
 - c. Prior treatment(s), location and length of stay;
 - d. Current compliance with relapse prevention plan;
 - e. Periods of abstinence (supports needed);
 - f. Tolerance level/withdrawal/history of complications from withdrawal;
 - g. Prior alcohol/drug evaluations/recommendations;
 - h. Family history of alcohol/drug use; and
 - i. Other addictive behaviors
7. Legal History (Information from Criminal Justice System):
 - a. Criminal history and consequences of criminal involvement;
 - b. Connection to alcohol/drug use; and
 - c. Current legal charges/disposition of charges.
8. Family/Social/Peer

- a. People involved in the individual's life, including (1) Family members (age and level of involvement with consumer), (2) Adult or minor children (names, ages and level of involvement), and (3) other significant people and level of involvement;
 - b. Parenting knowledge or skill level, history of system involvement (courts);
 - c. Social supports utilized by consumer (previous and current);
 - d. Housing (ability to maintain housing, type of current housing, need for assistance);
 - e. Recreational activities (consumer's preference);
 - f. Collateral information; and
 - g. Consumer strengths as perceived by consumer and collateral contacts.
9. Psychiatric/Behavioral History:
- a. Current diagnosis(s);
 - b. Previous treatment(s) and outcome(s) of treatment(s);
 - c. Current mental health and substance use providers and treatment currently provided;
 - d. Current psychiatric medication list;
 - e. Compliance with medication (historical and current);
 - f. History of self harm or threats to harm others;
 - g. Board of mental health commitments (reason and dates of commitment);
 - h. Abuse (to include sexual abuse, physical abuse, emotional abuse, neglect, witness domestic violence, victim/witness of community violence, physical assault); and
 - i. Trauma (serious accident/injury, sexual assault/rape, life-threatening medical illness, traumatic loss of a loved one, terrorist act, war/political violence/torture, disasters [tornado, earthquakes], sanctuary trauma [trauma while institutionalized], prostitution/sex trafficking).
10. Clinical Impressions: (must be completed by a licensed clinician within their scope of practice).
- a. This section should include the information that supports/justifies the recommendations in section J and must integrate mental health and substance use co-occurring disorders; and
 - b. DSM diagnosis, Axis 1-5.
11. Recommendations:
- a. Primary/ideal level of care;
 - b. Available level of care/barriers to ideal level of care;
 - c. Consumer/family's response to recommendations; and
 - d. Goals consumer wants to accomplish.
12. Signature of fully licensed clinician approving this assessment.
13. Date of signature

6-008 DISCHARGE PLANNING: Discharge planning must occur in advance of a consumer's discharge from any service. The discharge plan must be strength-based, recovery-oriented, trauma-informed and include participation by the consumer and family/legal guardian as appropriate. The discharge plan must be documented in the consumer's record. The discharge plan must:

1. Begin on admission and be updated on an ongoing basis with the direct and active participation of the consumer and family/legal guardian, as appropriate and with the consumer's consent;
2. Be a component of the Individual Treatment, Rehabilitation, and Recovery plan and be consistent with the goals and objectives identified with the direct and active participation of the consumer, family, and guardian as appropriate;
3. Address the consumer's need for ongoing services to promote recovery. A crisis/safety/relapse prevention plan must be in place and address triggers, helpful intervention strategies, and contact information for resources useful in a crisis;
4. Document all referrals; and
5. Document pre-discharge planning, recommendations, and/or arrangements for a post-treatment/rehabilitation/recovery plan including but not limited to:
 - a. Accessing and using medication
 - b. Housing
 - c. Employment
 - d. Transportation
 - e. Social connectedness – formal and informal support systems
 - f. Plans to address unmet goals

6-009 INDIVIDUAL TREATMENT, REHABILITATION, AND RECOVERY PLAN: For treatment and rehabilitation services, a plan must be developed. Each record must contain a recovery-oriented individual treatment, rehabilitation, and recovery plan for all services provided in the program based on the individualized and person-centered assessment of the consumer and the Behavioral Health Adult Services Definitions. This plan must:

1. Be oriented to and apply the principles of recovery including but not limited to inclusion, direct and active participation, and a meaningful life in the community of one's choosing;
2. Incorporate and be consistent with best practices;
3. Include the consumer's individualized goals and expected outcomes;
4. Contain prioritized objectives that are measurable and time-limited;
5. Describe therapeutic interventions that are recovery-oriented, trauma-informed, person-centered, and strength-based;
6. Identify staff responsible for implementing the therapeutic interventions;
7. Specify the planned frequency or duration of each therapeutic intervention;
8. Delineate the specific behavioral criteria to be met for discharge or transition to a lower level of care;
9. Include a component to avoid crises or admission to a higher level of care using principles of recovery and wellness;
10. Include the signature of the consumer and/or guardian to indicate agreement with the plan;
11. Document that the individual treatment, rehabilitation, and recovery plan is completed within the time frame specified in the policies and Behavioral Health Adult Service Definitions;
12. Document that the plan has been developed, reviewed, updated, and revised with the direct and active involvement of the consumer. If documentation shows that the consumer is not achieving his/her goals, timely revision of the plan must be documented; and
13. Be approved and signed by the licensed clinician.

6-010 PROGRESS NOTES: Each record must contain progress notes that document implementation of the individual treatment, rehabilitation, and recovery plan.

6-010.01 Progress notes must document:

1. All services provided,
2. How services provided relate specifically to goals and priorities identified in the individual treatment, rehabilitation, and recovery plan;
3. Consumer's participation in the review and revision of goals and treatment activities,
4. Consumer's opinion of progress being made (in consumer's own words, if possible).

6-010.02 Progress notes must be completed within the time frame specified in the program's policies and procedures.

6-010.03 Progress notes document the unit(s) provided to the consumer.

6-011 DISCHARGE SUMMARY: A discharge summary must be documented in the consumer's record and contain the signature of a licensed clinician and date of signature. The discharge summary must:

1. Be provided within the time frame specified in the program's policies and procedures which considers the prompt transfer of clinical records and information to ensure continuity of care;
2. Provide a summary of service provided;
3. Document the consumer's progress in relation to the individual treatment/rehabilitation/recovery plan, addressing recovery oriented goals identified by the consumer and how strengths have been utilized;
4. Describe the reason(s) for discharge;
5. Describe referral information; and
6. Include recommendations and/or arrangements not limited to:
 - a. Accessing and using medication
 - b. Accessing physical health care
 - c. Employment
 - d. Transportation
 - e. Social connectedness – formal and informal support systems
 - f. Financial resources.

6-011.01 Documented telephone calls, collateral contacts or other outreach activities that demonstrate continuing treatment/rehabilitation responsibility are considered services for the purpose of this regulation.

6-011.02 The program must complete discharge process from the Division data system.

6-011.03 For consumers committed to a program by a board of mental health, the provider must notify the commitment board of the discharge.

6-012 STAFFING: All programs/services must be staffed according to standards in the Behavioral Health Adult Services Definitions by appropriately credentialed/licensed treatment professionals who are able to assess consumers for mental health and substance-related issues. Staff must be able to assess the consumer's biopsychosocial needs and be knowledgeable about the biopsychosocial dimensions of mental illness, substance-related disorders, trauma-related issues, recovery, person-centered services, and co-occurring disorders. Staff must be capable of recognizing any instability of consumers with mental health and/or substance-related disorders and treat or make the appropriate referrals.

6-013 LENGTH OF STAY: The length of stay must be individualized according to the consumer's needs, the consumer's response to treatment and recovery, and the guidelines specified in the Behavioral Health Adult Service Definitions.

6-014 STANDARDS COMMON TO ALL MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION PROGRAMS: As applicable, Behavioral Health programs must meet the standards in 175 NAC 18, Licensure of Substance Abuse Treatment Centers; 175 NAC 19, Licensure of Mental Health Centers. Services to be covered by Medicaid must meet the requirements of 471 NAC 20, Psychiatric Services for Individuals Age 21 and Older (Medicaid); 471 NAC 32, Mental Health and Substance Abuse Treatment Services for Children and Adolescents; and 471 NAC 35, Rehabilitative Psychiatric Services.

6-015 BEHAVIORAL HEALTH SERVICES FOR ADULTS: Services funded by the Division must meet the service definitions listed in the Behavioral Health Adult Services Definitions.

6-016 BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH (Reserved)

6-017 PREVENTION SERVICES

6-017.01 Administration of Funded Community-Based Prevention Initiatives: The Department provides leadership and oversight to prevention systems by distributing funds received from the state and the federal government to Regional Behavioral Health Authorities.

1. The prevention systems funded must comply with requirements set forth by the state and federal government in the attainment and continuation of federal prevention funding. Prevention system activities are designed to prevent the onset and reduce the progression of substance use disorder and mental illness, reduce substance abuse use disorder-related problems in communities, to promote protective factors and decrease risk factors, and build prevention capacity and infrastructure at the State/Tribal and community level.
2. Prevention initiatives funded through the State of Nebraska must follow the Strategic Prevention Framework and include the following:
 - a. Universal Prevention: activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk;

- b. Selective Prevention: activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average;
- c. Indicated Prevention: activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

6-017.03 Accountability: Funded prevention initiatives will include strategies that address the targeted audience and desired outcome and ensure expenditures for prevention initiatives reflect objective analysis of data, evidence-based or promising practices, and alignment with the community's strategic prevention plan.

1. Initiatives will include an evaluation plan that describes the plan to collect, analyze, and disseminate process, outcome, and impact evaluation data, including plans to monitor for continuous improvement and plans to use lessons learned from evaluation to improve the performance of the funded initiative.
2. The Prevention Coordination staff of the RBHA will be responsible for providing technical assistance to funded prevention initiatives in the region and organizing and preparing any supporting documentation required by the Department.

6-018 HOUSING RELATED ASSISTANCE: For the Housing Related Assistance Program, the Division will contract with each RBHA for the provision of housing-related assistance in accordance with procedures established by the Division. Each RBHA may contract with qualifying public or private nonprofit entities for the provision of housing-related.

EFFECTIVE
6/14/2014

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

206 NAC 7

TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 7-000 MENTAL HEALTH BOARD TRAINING

7-001 Authority: These regulations govern training of mental health board members and alternate members pursuant to Neb. Rev. Stat. § 71-916.

7-002 Requirement for Training

8-002.01 An individual may remain on a mental health board or is eligible for appointment or reappointment as a member or alternate member of a mental health board only if s/he has attended and satisfactorily completed training pursuant to 206 NAC 8.

8-002.02 All mental health board members and alternate members must attend and satisfactorily complete the mental health board training required by 206 NAC 8 at least once every four years.

7-003 Training

7-003.01 Training content required for Mental Health Board members must include but is not limited to:

1. Trauma informed and trauma-specific service delivery;
2. Mental illness;
3. Substance use disorder;
4. Gender-specific treatment;
5. Jurisdiction of the board including but not limited to tribal governments;
6. Requirements for commitment;
7. Rights of the subject;
8. Duties of the board;
9. Orders;
10. Treatment disposition; and
11. Commitment Status Changes and Termination.

The Division will consult with consumers, secondary consumers, and advocacy groups and involve them in the implementation of this training.

EFFECTIVE
6/14/2014

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

206 NAC 7

7-003.02 The Department will provide training for mental health board members and alternate members. The Department may provide the required training through formal presentations, video/audio media, self-study courses, or through other appropriate means, as approved by the Department.

7-003.03 If the member or alternate member completes training through video/audio media or other self-study courses, the member must provide proof of completion of the training to the Department-by affidavit or other method as determined by the Department.

7-003.04 The Department will maintain a record of completion for each mental health board member or alternate member who satisfactorily completes training pursuant to 206 NAC 8 and will issue documentation of completion

EFFECTIVE
6/14/2014

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

206 NAC 8

TITLE 206 BEHAVIORAL HEALTH SERVICES

CHAPTER 8-000 NOTIFICATION OF CLOSURE OF A BEHAVIORAL HEALTH SERVICE
AT A REGIONAL CENTER

8-001 Authority: This regulation governs the Division's notification of the Governor and the Unicameral in the event of a closure of a behavioral health service at a Regional Center pursuant to Neb. Rev. Stat. § 71-810. The purpose of this regulation is to clarify the implementation of this state law.

8-002 Procedure for Notifying the Governor and the Unicameral: For the purpose of this regulation, Regional Center behavioral health services include forensic mental health services, sex offender services, and general psychiatry services. Services that support or are specifically organized within one of these Regional Center behavioral health services such as food service, maintenance, nursing, psychology, social work, education, discharge planning, admissions, or other operational policies, procedures, and other treatment modalities and services are specifically not included in this regulation. In accordance with Neb. Rev. Stat. § 71-810, the Division will notify the Governor and the Unicameral of the downsizing of services or discontinuation of these Regional Center behavioral health services when:

1. There is a planned net reduction in the overall number of beds at the regional center;
2. There is a decrease in the number of staff at the regional center as evidenced by layoff or reduction in force; and
3. There is a subsequent reduction in operating expenses associated with the reduced capacity.

The notice must include documentation of the community-based services or other regional center services that are being utilized to replace such Regional Center behavioral health services.

EFFECTIVE
6/14/2014

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

206 NAC 9

TITLE 206

BEHAVIORAL HEALTH SERVICES

CHAPTER 9-000

PEER SUPPORT (RESERVED)

EFFECTIVE
6/14/2014

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

206 NAC 10

TITLE 206

BEHAVIORAL HEALTH SERVICES

CHAPTER 10-000

CERTIFICATION OF PEER SPECIALISTS (RESERVED)

**NEBRASKA DEPARTMENT OF
HEALTH & HUMAN SERVICES**

DIVISION OF BEHAVIORAL HEALTH

**SERVICE DEFINITIONS
Attachment to Title 206 NAC**

Effective April 11, 2015

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Crisis Services

Service Name	EMERGENCY PSYCHIATRIC OBSERVATION
Funding Source	Behavioral Health Services Only
Setting	Hospital
Facility License	As required by DHHS Division of Public Health
Basic Definition	Emergency Psychiatric Observation provides less than 24 hours of care in a secure, medically supervised hospital setting for evaluation and stabilization of acute psychiatric and/or substance use disorder symptoms.
Service Expectations	<ul style="list-style-type: none"> • A trauma-informed mental health assessment beginning with a face-to-face, initial diagnostic interview and continuing with an emergency psychiatric observation level of care during a period of less than 24 hours. • Substance use disorder screening during the observation period. • Health screening/nursing assessment conducted by a Registered Nurse. • Discharge plan with emphasis on crisis intervention and referral for relapse prevention and other services developed under the direction of a physician (psychiatrist preferred) at admission. • Medication evaluation and management.
Length of Services	Less than 24 hours
Staffing	<ul style="list-style-type: none"> • Medical Director: Psychiatrist (preferred) or Physician • Clinical Director: APRN or RN with psychiatric experience • LMHP/LDAC (preferred) or LMHP • Registered Nurse • Social Worker(s)
Staffing Ratio	All positions staffed in sufficient numbers to meet hospital accreditation guidelines.
Hours of Operation	24/7
Desired Consumer Outcome	<ul style="list-style-type: none"> • Symptoms are stabilized and the individual no longer meets clinical guidelines. • Sufficient supports are in place and individual can return to a less restrictive environment. • Admission to a higher level of care if medically appropriate.
Rate	Non Fee For Service

Crisis Services

Service Name	CRISIS STABILIZATION
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	MHC or SATC as required by DHHS Division of Public Health
Basic Definition	Crisis Stabilization is intended to provide immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug use, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance use disorder crisis with a moderate to high risk for harm to self/others and need short-term, protected, supervised, residential placement. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.
Service Expectations	<ul style="list-style-type: none"> • Multidisciplinary/bio-psychosocial assessments, including a history and physical, and substance use within 24 hours of admission • Assessments and treatment must integrate strengths and needs in both MH/SUD domain • A crisis stabilization plan, which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), developed within 24 hours of admission and adjusted daily or as indicated • Interdisciplinary treatment team meetings daily or as often as medically necessary including the individual, family, and other supports as appropriate • Psychiatric nursing interventions are available to patients 24/7 • Medication management • Individual, group, and family therapy available and offered as tolerated and/or appropriate using a brief therapy/solution focused approach • Addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process as appropriate • Intense discharge planning beginning at admission • Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed • Access to community-based rehabilitation/social services to assist in transition to community living
Length of Services	The individual's current crisis is resolved.
Staffing	<ul style="list-style-type: none"> • Medical Director/Supervising Practitioner: Psychiatrist

Service Name	CRISIS STABILIZATION
	<ul style="list-style-type: none"> • Clinical Director: APRN, or RN with psychiatric experience • Therapist: Psychologist, APRN, LIMHP, PLMHP, LMHP/LADC (prefer dual licensure) • Nursing: APRN, RN's (psychiatric experience preferred) • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	<ul style="list-style-type: none"> • 1 staff to 4 clients during client awake hours (day and evening shifts); • 1 awake staff to 6 clients with on-call availability of additional support staff during client sleep hours (overnight); access to on-call, licensed mental health professionals 24/7 • RN services and therapist services are provided in a staff to client ratio sufficient to meet client care needs
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the crisis stabilization facility.
Rate	1 Unit = 1 Day

Crisis Services

Service Name	CRISIS ASSESSMENT
Funding Source	Behavioral Health Service
Setting	Facility Based
Facility License	As required by DHHS Division of Public Health
Basic Definition	Crisis Assessment is a thorough assessment for a consumer experiencing a behavioral health crisis. The Crisis Assessment must be completed by the appropriate professional. The Crisis Assessment takes place in a setting such as a Mental Health Center, Hospital, or Substance Abuse Treatment Center. The Crisis Assessment will determine behavioral health diagnosis, risk of dangerousness to self and/or others, recommended behavioral health service level and include the consumer's stated assessment of the situation. Based on the Crisis Assessment, appropriate behavioral health referrals will be provided.
Service Expectations	<ul style="list-style-type: none"> • Provide culturally sensitive assessment completed by appropriately licensed behavioral health professional that includes at a minimum: behavioral health diagnosis, risk of dangerousness to self and/or others, and recommended behavioral health services. • Provide referral to appropriate behavioral health service provider(s) based on consumer need. • Ability to complete service 24 hours per day/7 days a week.
Length of Services	N/A
Staffing	<ul style="list-style-type: none"> • Licensed Psychiatrist or licensed Psychologist for completion of mental health and dual diagnosis (mental health and substance use disorder) assessment. • Licensed Alcohol and Drug Counselor (LADC) for completion of substance use disorder assessment. • Licensed Mental Health Practitioner (LMHP) with appropriate clinical oversight. • All staff must be trained in trauma-informed care, recovery principles, and crisis management. • Personal recovery experience preferred for all positions.
Staffing Ratio	One-to-one direct contact with professional.
Hours of Operation	Ability to provide Crisis Assessment 24/7.
Consumer Desired Outcome	Upon completion of the Crisis Assessment, the consumer will have received an assessment for a behavioral health diagnosis, an assessment of risk of dangerousness to self and/or others, and a recommendation for the appropriate service level with referrals to appropriate service providers.
Rate	1 Unit = 1 Assessment

Crisis Services

Service Name	EMERGENCY PROTECTIVE CUSTODY CRISIS STABILIZATION (REGION 5)
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	MHC as required by DHHS Division of Public Health
Basic Definition	<p>Crisis Stabilization [Region 5] is designed to provide custody, screening, emergency mental health evaluation, and crisis intervention to individuals placed in emergency protective custody under the auspices of Nebraska Mental Health Commitment Act by law enforcement. Crisis Stabilization services include immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug abuse, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance use disorder crisis as defined under the Commitment Act at risk for harm to self/others and need short-term, protected, supervised services. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation.</p>
Service Expectations	<ul style="list-style-type: none"> • Evaluation by a mental health professional as soon as reasonably possible, but not later than thirty six hours after admission [per state statute]. • Provide professional recommendations and testify at Mental Health Board hearings, as needed. • Psychiatric assessment typically completed within a 24-hour period. • Multidisciplinary/bio-psychosocial assessments, including a history and physical • Assessments and treatment must integrate strengths and needs in both MH/SUD domain • A crisis stabilization plan, which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), developed within 24 hours of admission and adjusted daily or as medically indicated • Interdisciplinary treatment team meetings daily or as often as medically necessary including the individual, family, and other supports as appropriate • Psychiatric nursing interventions are available to patients 24/7 • Medication management • Individual, group, and family therapy offered on a case-by-case basis as determined by the treatment team. • Substance use disorder evaluation completed by a LADC for persons presenting with co-occurring disorders and additions treatment recommendations integrated into the discharge plan. Intense discharge planning beginning at admission • Face to face consultation with psychologist, psychiatrist, or APRN for evaluation and as needed • Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed. Facilitate communication amongst health care providers and law enforcement. • Linkages to community-based rehabilitation/social services to assist in transition to community living.

Service Name	EMERGENCY PROTECTIVE CUSTODY CRISIS STABILIZATION (REGION 5)
Length of Services	The individual's current crisis is resolved or the individual is committed to Health and Human Services for inpatient treatment.
Staffing	<ul style="list-style-type: none"> • Medical Director/Supervising Practitioner (Psychiatrist) • Clinical Director: Psychiatrist, Psychologist, or APRN Program Director • LMHP/LADC availability (prefer dual licensure) • RN's with psychiatric experience • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	RN services are provided in a RN/client ratio sufficient to meet patient care needs Other positions staffed in sufficient numbers to meet patient and program needs
Hours of Operation	24/7
Desired Consumer Outcome	<ul style="list-style-type: none"> • Symptoms are stabilized and the individual no longer meets clinical guidelines for crisis stabilization • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions
Rate	1 Unit = 1 Day

Crisis Services

Service Name	24-HOUR CRISIS LINE
Funding Source	Behavioral Health Service
Setting	Non Facility-Based
Facility License	Not required
Basic Definition	The 24-Hour Crisis Line must be answered by a live voice 24 hours a day and 7 days a week and have the ability to link to a licensed behavioral health professional, law enforcement, and other emergency services. The 24-Hour Crisis Line is designed to assist consumers in pre-crisis or crisis situations related to a behavioral health problem. The desired outcome is ensuring the safety of the consumer in a time of distress that has the potential to lead to a life-threatening situation.
Service Expectations	<ul style="list-style-type: none"> • Perform brief screening of the intensity of the situation. • Work with the consumer toward immediate relief of consumer's distress in pre-crisis and crisis situations; reduction of the risk of escalation of a crisis; arrangements for emergency onsite responses when necessary; and referral to appropriate services when other or additional intervention is required. • Provide access to a licensed behavioral health professional consult when needed. • Establish collateral relationship with law enforcement and other emergency services. • Advertise 24-Hour Crisis Line throughout the Region. • Provide free access to the 24-Hour Crisis Line. • Provide language compatibility when necessary. • Provide access to Nebraska Relay Service or TDD and staff appropriately trained on the utilization of the service.
Length of Services	Call continues until the caller agrees to safely assume his/her activities or emergency assistance arrives or caller voluntarily ends call.
Staffing	<ul style="list-style-type: none"> • Staff trained to recognize and respond to a behavioral health crisis. • On staff or consultative agreement with a LMHP, LIMHP, Psychiatrist, Psychologist, or Nurse Practitioner. • Direct link to law enforcement and other emergency services. • Staff trained in rehabilitation and recovery principles and trauma informed care. • Personal recovery experience preferred for all positions.
Staffing Ratio	Adequate staffing to handle call volume.
Hours of Operation	24/7
Consumer Desired Outcome	<ul style="list-style-type: none"> • Consumer experiences a reduction in distress. • Consumer experiences a reduction in risk of harm to self or others. • Consumer is referred to appropriate services.
Rate	Non Fee For Service

Crisis Services

Service Name	MENTAL HEALTH RESPITE
Funding Source	Behavioral Health Service
Setting	Residential Facility
Facility License	As required by DHHS Division of Public Health
Basic Definition	Mental Health Respite is designed to provide shelter and assistance to address immediate needs which may include case management on a 24/7 basis to consumers experiencing a need for transition to another home or residential setting or a break from the current home or residential setting. Mental Health Respite provides a safe, protected, supervised residential environment on a short-term basis. The intent of the service is to support a consumer throughout the transition or break, provide linkages to needed behavioral health services, and assist in transition back into the community.
Service Expectations	<ul style="list-style-type: none"> • Provide on-site access to the following services: periodic safety checks and monitoring, personal support services, medication monitoring, assistance with activities of daily living, limited transportation, and overnight accommodations including food and lodging. • Establish linkage to psychiatric services, pharmaceutical services, medical/dental services, basic health services, psychiatric and emergency medical services. • Provide referrals to needed community services and supports including but not limited to behavioral health services, substance use disorder treatment services, and community housing. • Provide 24-hour staff. • Provide opportunities to be involved in a variety of community activities and services. • All services are culturally sensitive.
Length of Services	<ul style="list-style-type: none"> • Until discharge guidelines are met or consumer chooses to exit the program. • Typically no more than seven days.
Staffing	<ul style="list-style-type: none"> • Program Manager: BS degree or higher in human services or equivalent course work, 2 years of experience/training with demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis, and training in rehabilitation and recovery principles. • Direct Care Staff: High school diploma or equivalent with minimum of 2 years of experience in the field and training with evaluation of course competency, preferably by a nationally accredited training program. All Direct Care Staff must be trained in rehabilitation and recovery principles. • At a minimum a consultative arrangement with a licensed behavioral health professional, Physician, and Dietician. Affiliation agreement with a Registered Nurse, Psychiatrist, and Psychologist. • All staff must be trained in trauma-informed care, recovery principles, and crisis management. • Personal recovery experience preferred for all positions.
Staffing Ratio	<ul style="list-style-type: none"> • Direct care ratios are 1:12 during 1st and 2nd shift and 1:16 on 3rd shift with on-call support staff available. • Peer Support 1-16 ratio (if available)

Service Name	MENTAL HEALTH RESPITE
Hours of Operation	24/7
Consumer Desired Outcome	<ul style="list-style-type: none">• Consumer is able to transition successfully to previous or a new community setting.• Consumer has a community-based support system in place.• Need for respite has been resolved.
Rate	1 Unit = 1 Day

Crisis Services

Service Name	EMERGENCY COMMUNITY SUPPORT
Funding Source	Behavioral Health Service
Setting	Consumer's home or other community-based setting including a psychiatric hospital setting.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Emergency Community Support is designed to assist consumers who can benefit from support due to a behavioral health need and who are either currently residing in a community setting or transitioning from a psychiatric hospital into a community setting. Emergency Community Support services include case management, behavioral health referrals, assistance with daily living skills, and coordination between consumer and/or consumer's support system and behavioral health providers.
Service Expectations	<ul style="list-style-type: none"> • Complete a screening for risk and safety plan within three days of referral or if consumer is hospitalized within three days of discharge from the hospital. • Complete a strengths-based assessment with the consumer within 14 days of referral. • Development of an initial, brief service plan within five days of admission in partnership with the consumer and support system. The finalized service plan should be completed within fourteen days. • Development of a crisis relapse/prevention plan within fourteen days of admission. • Provide consumer advocacy as needed. • Assist consumer in obtaining benefits such as SSI, housing vouchers, food stamps, Medicaid, etc. • Provide education to consumer/family/significant others with the consumer's permission as needed. • Provide referrals to appropriate community-based behavioral health services. • Provide pre-discharge transition services from psychiatric hospital including teaching daily living skills, scheduling appointments, limited transportation to appointments, and assistance with housing search as needed. • Provide pertinent information to psychiatric hospital and hospital emergency personnel, and community agencies as needed. • Establish collateral relationship with law enforcement and other emergency services. • Arrange alternatives to psychiatric hospitalization as needed. • All services must be culturally sensitive. • Frequency of contacts as needed to address the presenting problem(s).
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of service.
Staffing	<ul style="list-style-type: none"> • Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred. • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.

Service Name	EMERGENCY COMMUNITY SUPPORT
	<ul style="list-style-type: none"> • Clinical consultation on consumer's service plan must occur at least once a month. • Consultation by appropriately licensed professionals for general medical, psychopharmacology, and psychological issues, as well as overall program design must be available and used as necessary. • Personal recovery experience preferred for all positions.
Staffing Ratio	1:15 caseload
Hours of Operation	Consumers utilizing this service must have 24/7 on call access to Emergency Community Support services.
Consumer Desired Outcome	<ul style="list-style-type: none"> • Consumer has made progress on his/her individualized service plan goals and objectives and development of a crisis relapse prevention plan. • Consumer is able to remain psychiatrically stable in a community setting of choice. • Consumer has a community-based support system in place.
Rate	Non Fee For Service

Crisis Services

Service Name	CRISIS RESPONSE
Funding Source	Behavioral Health Service Only
Setting	Consumer's home or other community-based setting including hospital emergency room.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Crisis Response is designed to use natural supports and resources to build upon a consumer's strengths to help resolve an immediate behavioral health crisis in the least restrictive environment by assisting the consumer to develop a plan to resolve the crisis. The service is provided by licensed behavioral health professionals who complete brief mental health status exams and substance use disorder screenings, assess risk, and provide crisis intervention, crisis stabilization, referral linkages, and consultation to hospital emergency room personnel, if necessary. The goal of the service is to avoid an Emergency Protective Custody hold or inpatient psychiatric hospitalization.
Service Expectations	<ul style="list-style-type: none"> • Face-to-face meeting with consumer within one hour of initial contact. • Perform a crisis assessment including brief mental health status, risk of dangerousness to self and/or others assessment, and determination of appropriate level of care. • Develop a brief individualized crisis plan with consumer and support system. • Provide onsite mental health and/or substance use disorder interventions and crisis management. • Provide linkage to information and referral including appropriate community-based mental health and/or substance use disorder services. • Provide consultation to hospital emergency personnel, law enforcement, and community agencies as needed. • Establish collateral relationship with law enforcement and other emergency services. • Provide post crisis follow-up support as needed. • Arrange for alternatives to psychiatric hospitalization if appropriate. • All services must be culturally sensitive.
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of services.
Staffing	<ul style="list-style-type: none"> • On-site Crisis Response Professional: LMHP, LIMHP, PLMHP, Psychiatrist, Psychologist, Nurse Practitioner, or Registered Nurse with psychiatric experience operating within scope of practice. • All staff must be trained in trauma-informed care, recovery principles, and crisis management. • Personal recovery experience preferred for all positions.
Staffing Ratio	Minimum one-to-one basis in person.
Hours of Operation	24/7

Service Name	CRISIS RESPONSE
Consumer Desired Outcome	Consumer will be able to safely remain in his/her home or community-based facility OR safely transferred to an appropriate facility for additional psychiatric care.
Rate	Non Fee For Service

Crisis Services

Service Name	URGENT MEDICATION MANAGEMENT
Funding Source	Behavioral Health Service
Setting	Medical office, clinic, hospital, or other appropriate outpatient setting.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Urgent Medication Management is the level of outpatient treatment where the sole service rendered by a qualified provider is the evaluation of the consumer's need for psychotropic medications and provision of a prescription. Urgent Medication Management is provided within 72 hours of contact and referrals for this service must come from a provider within a Region's behavioral health network.
Service Expectations	<ul style="list-style-type: none"> • Medication evaluation • Consumer education pertaining to the medication and its use • Referral for continued treatment as needed.
Length of Services	One treatment session with referral to medication management service or other appropriate follow-up.
Staffing	Provider qualified to evaluate the need for medication and provide a prescription including an Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) supervised by a psychiatrist or other Physician.
Staffing Ratio	As per provider caseload.
Hours of Operation	Generally outpatient, Monday through Friday, day hours.
Desired Consumer Outcome	Stabilization/resolution of psychiatric symptoms for which medication was intended as an intervention.
Rate	Non Fee For Service

Crisis Services

Service Name	URGENT OUTPATIENT PSYCHOTHERAPY
Funding Source	Behavioral Health Service
Setting	Community-based Location
Facility License	As required by DHHS Division of Public Health
Basic Definition	Urgent Outpatient Therapy is an intense intervention for consumers with an urgent/emergent behavioral health crisis. The purpose of the service is to support the consumer in achieving crisis resolution and determining next steps for further treatment if needed. Urgent Outpatient Psychotherapy services are intended to assure that consumers receive immediate treatment intervention when and where it is needed.
Service Expectations	<ul style="list-style-type: none"> • Individual one-to-one therapy focused on the presenting crisis and crisis resolution. • Referral for follow-up behavioral health services as needed. • Ability to provide out-of-office service as needed. • All services are culturally sensitive.
Length of Services	Typically one session
Staffing	Appropriately licensed and credentialed professionals (LMHP/LADC, LMHP, PLMHP, LIMHP, Psychologist, APRN, or Psychiatrist) working within their scope of practice to provide mental health and/or dual (SUD/MH) outpatient therapy. A dually licensed clinician is preferred for any consumer with a dual diagnosis.
Staffing Ratio	1:1 Individual Therapy
Hours of Operation	Flexible office hours to meet consumer need.
Consumer Outcome	<ul style="list-style-type: none"> • The crisis is identified and therapeutically addressed. • Steps for further resolution are developed. • Follow-up behavioral health referrals provided.
Rate	Expense Reimbursement

Crisis Services

Service Name	HOSPITAL DIVERSION
Funding Source	Behavioral Health Services
Setting	Family/home setting located in a residential district.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Hospital Diversion is a peer-operated service designed to assist consumers in decreasing psychiatric distress, which may lead to hospitalization. It is designed to help consumers rethink crisis as an opportunity to change toward a more self-determined independent life. Meaningful involvement can ensure that consumers lead a self-determined life in the community, rather than remaining dependent on the behavioral health system for a lifetime. Hospital Diversion offers consumers the opportunity to take control of their crisis or potential crisis and develop new skills through a variety of traditional self-help and proactive tools designed to maintain wellness. Trained Peer Companions are the key ingredients in helping other consumers utilize self-help tools. Peer Companions provide contact, support, and/or referral for services, as requested, during and after the stay as well as manning a Warm Line. Hospital Diversion is located in a family/home setting in a residential district that offers at least 4-5 guest bedrooms and is fully furnished for comfort. Participation in the service is voluntary.
Service Expectations	<ul style="list-style-type: none"> • Completion of screening prior to admission. • Guests may be self-referred or referred by a professional or family member based on the consumer's decision. • Interview and registration information completed within 24 hours of admission. • Support of a review and/or implementation or provision of a crisis/relapse prevention plan. • Guests share common living areas and have individual sleeping rooms. • Guests are responsible for their own meals but may store and prepare food in a shared kitchen. • Guests are responsible for their own medications and are provided an individual lock box for medication storage. • Guests are responsible for transportation to the residence. • House environment equipped with self-help and proactive tools to maintain wellness. • Staff documentation requirements include peer-to-peer engagement, activities, supports; presence/or absence of other services; crisis/relapse prevention plan review (stressors, resolution, etc); contact with current services if requested. • Completion of a satisfaction survey at discharge. • Education on an array of pre-crisis and crisis/relapse prevention tools. • Warm Line available.
Length of Services	4-5 days (maximum of 7 days).
Staffing	<ul style="list-style-type: none"> • 1 FTE Program Manager on site and available by phone 24/7. • Staffing of 1:5 (or less based on capacity of house) by trained Peer Companions which may include the Program Manager. • The house must be staffed at all times when guests are present and to cover established Warm Line hours. • Staff may consist of additional part-time or volunteers as needed.

Service Name	HOSPITAL DIVERSION
	<ul style="list-style-type: none"> • Staff and/or volunteers consist of consumers with specialized training in techniques of peer and recovery support. All staff must be trained to assist consumers in developing individualized crisis/relapse prevention plans. • All staff and volunteers must be oriented to program and house management and safety procedures.
Staffing Ratio	1:5 Staff to guest ratio based on a four bedroom house. Staffing ratio may be less based on capacity of house.
Hours of Operation	<ul style="list-style-type: none"> • 24/7 access to service. • Warm Line hours and coverage – minimum evening and weekend hours.
Consumer Desired Outcome	<ul style="list-style-type: none"> • Consumer has taken control of their crisis or potential crisis – crisis abated and consistent with personal crisis/relapse prevention plan. • Consumer has reviewed and/or revised a personal crisis/relapse prevention plan and substantially met their individualized goals and objectives. • Consumer returns to previous living arrangement. • Consumer demonstrates ability to maintain independent living. • Consumer has well established formal and informal community supports.
Rate	Non Fee For Service

Hospital Services

Service Name	ADULT ACUTE INPATIENT HOSPITALIZATION
Funding Source	Behavioral Health (involuntary or committed individuals)
Setting	Psychiatric Hospital or General Hospital w/Psychiatric Unit
Facility License	Hospital as required by DHHS Division of Public Health
Basic Definition	An Acute Inpatient program is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to individuals with a DSM (current version) diagnosis and/or co-occurring disorder experiencing an acute exacerbation of a psychiatric condition. The Acute Inpatient setting is equipped to serve patients at high risk of harm to self or others and in need of a safe, secure, lockable setting. The purpose of the services provided within an Acute Inpatient setting is to stabilize the individual's acute psychiatric conditions.
Program Expectations	<ul style="list-style-type: none"> • Before admission to the inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must make a medical evaluation of each individual's need for care in the hospital • Before admission or prior to authorization for payment, a multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians • Screening for substance use disorder conducted as needed • Before admission to the inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must establish a written plan of care for the individual which includes the discharge plan components (consider community, family and other supports), • Plan of care reviews under the direction of the physician should be conducted at least daily, or more frequently as medically necessary, by the essential treatment team members, including the physician/APRN, RN, and individual served as appropriate; and complete interdisciplinary team meetings under the direction of the physician during the episode of care and as often as medically necessary, to include the essential treatment team, individual served, family, and other team members and supports as appropriate. Updates to the written plan of care should be made as often as medically indicated. • Psychiatric nursing interventions are available to patients 24/7 • Multimodal treatments available/provided to each patient daily, seven days per week beginning at admission • Medication management • Individual, group, and family therapy available and offered as tolerated and/or appropriate • Face-to-face service with the physician (psychiatrist preferred), or APRN, 6 of 7 days • Psychological services as needed

Service Name	ADULT ACUTE INPATIENT HOSPITALIZATION
	<ul style="list-style-type: none"> • Consultation services for general medical, dental, pharmacology, dietary, pastoral, emergency medical, therapeutic activities • Laboratory and other diagnostic services as needed • Social Services to engage in discharge planning and help the individual develop community supports and resources and consult with community agencies on behalf of the individual
Length of Services	A number of days driven by the medical necessity for a patient to remain at this level of care
Staffing	<p>Special Staff Requirements for Psychiatric Hospitals</p> <p>Medical Director (Boarded or Board eligible Psychiatrist)</p> <p>Psychiatrist (s) and/or Physicians (s)</p> <p>APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist)</p> <p>Director of Psychiatric Nursing APRN or RN with psychiatric experience</p> <p>LMHP, LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure)</p> <p>RN(s) and APRN(s) (psychiatric experience preferable)</p> <p>Director of Social Work (MSW preferred)</p> <p>Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree)</p> <p>Technicians, HS with JCAHO approved training and competency evaluation. (2 years of experience in mental health service preferred)</p>
Staffing Ratio	<ul style="list-style-type: none"> • Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for individuals served. • RN availability must be assured 24 hours each day. • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • Symptoms are stabilized and the individual no longer meets clinical guidelines acute care • Sufficient supports are in place and individual can move to a less restrictive environment • Treatment plan goals and objectives are substantially met
Rate	1 Unit = 1 Day

Hospital Services

Service Name	ADULT SUBACUTE INPATIENT HOSPITALIZATION
Funding Source	Behavioral Health Services (involuntary or committed individuals)
Setting	Psychiatric Hospital or General Hospital w/Psychiatric Unit
Facility License	Hospital as required by DHHS Division of Public Health
Basic Definition	The purpose of subacute care is to provide further stabilization, engage the individual in comprehensive treatment, rehabilitation and recovery activities, and transition them to the least restrictive setting as rapidly as possible.
Service Expectations	<ul style="list-style-type: none"> • Before admission to the subacute inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must make a medical evaluation of each individual's (applicant or recipient) need for care in the hospital • Before admission or prior to authorization for payment, a multidisciplinary/bio-psychosocial, trauma-informed assessment must be conducted for the individual by licensed clinicians • Before admission to the subacute inpatient psychiatric facility or prior to authorization for payment, the attending physician or staff physician must establish a written plan of care for the individual which includes relapse/crisis prevention and discharge plan components (consider community, family and other supports), • Screening for substance use disorder conducted as needed, and addictions treatment initiated and integrated into the treatment/recovery plan for co-occurring disorders identified in initial assessment process • Plan of care reviews under the direction of the physician should be conducted at least every 3 days, or more frequently as medically necessary, by the essential treatment team members, including the physician/APRN, RN, and individual served as appropriate; and complete interdisciplinary team meetings under the direction of the physician during the episode of care and as often as medically necessary, to include the essential treatment team, individual served, family, and other team members and supports as appropriate. Updates to the written plan of care should be made as often as medically indicated. • Psychiatric nursing interventions are available to patients 24/7 • Multimodal treatments available and offered to each patient daily, seven days per week beginning at admission • 35 hours of active treatment available/provided to each client weekly, seven days per week • Educational, pre-vocational, psycho-social skill building, nutrition, daily living skills, relapse prevention skills, medication education • Medication management • Face to Face service with a psychiatrist or APRN three (3) or more times weekly • Individual (2X weekly), group (3X weekly), minimally, and family therapy (as appropriate) • Psychological services as needed • Consultation services for general medical, dental, pharmacology, dietary, pastoral, emergency medical

Service Name	ADULT SUBACUTE INPATIENT HOSPITALIZATION
	<ul style="list-style-type: none"> • Laboratory and other diagnostic services as needed • Social Services to engage in discharge planning and help the individual develop community supports and resources and consult with community agencies on behalf of the individual • Therapeutic passes planned as part of individual's transitioning to less restrictive setting
Length of Services	A number of days to a number of weeks driven by the medical necessity for a client to remain at this level of care.
Staffing	<p>Special Staff Requirements for Psychiatric Hospitals</p> <ul style="list-style-type: none"> • Medical Director (Boarded or Board eligible Psychiatrist) • Psychiatrist (s) and/or Physicians (s) • APRN(s) (with psychiatric specialty, in collaboration with a psychiatrist) • Director of Psychiatric Nursing APRN or RN with psychiatric experience • LMHP, LMHP/ LADC, LIMHP, Psychologist (or ASO approved provisional licensure) • RN(s) and APRN(s) (psychiatric experience preferable) • Director of Social Work (MSW preferred) • Social Worker(s) (at least one social worker, director or otherwise, holding an MSW degree) • Technicians, HS with JCAHO approved training and competency evaluation. (2 years of experience in mental health service preferred)
Staffing Ratio	<ul style="list-style-type: none"> • Availability of medical personnel must be sufficient to meet psychiatrically/medically necessary treatment needs for individuals served. • RN availability must be assured 24 hours each day. • The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • Symptoms are stabilized and the individual is able to be treated at a less intensive level of care • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • The individual can safely maintain in a less restrictive environment • Treatment plan goals and objectives are substantially met
Rate	1 Unit = 1 Day

Outpatient Services

Service Name	DAY TREATMENT
Funding Source	Behavioral Health Services
Setting	Hospital or non-hospital community based
Facility License	As required by DHHS Division of Public Health
Basic Definition	Day Treatment provides a community based, coordinated set of individualized treatment services to individuals with psychiatric disorders who are not able to function full-time in a normal school, work, and/or home environment and need the additional structured activities of this level of care. While less intensive than hospital based day treatment, this service includes diagnostic, medical, psychiatric, psychosocial, and adjunctive treatment modalities in a structured setting. Day Treatment programs typically are less medically “involved” than Hospital Based Day Treatment programs.
Service Expectations	<ul style="list-style-type: none"> • An initial diagnostic interview by the program psychiatrist within 24 hours of admission • Multidisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol and drug screening and assessment as needed • A history and physical present in the client’s record within 30 days of admission • A treatment/recovery plan developed by the multidisciplinary team integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 72 hours of admission • The individual treatment plan is reviewed at least 2X monthly and more often as necessary, updated as medically indicated, and signed by the supervising practitioner and other treatment team members, including the individual being served • Medication management • Consultation services available for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory, dietary if meals are served, and other diagnostic services • Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services, etc.) • Individual, group, and family therapy services • Recreation and social services • Access to community based rehabilitation/social services that can be used to help the individual transition to the community • Face-to-face psychiatrist/APRN visits 1X weekly
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but considering its time-limited expectations, a period of 21-90 days with decreasing days in attendance is typical.
Staffing	<ul style="list-style-type: none"> • Supervising Practitioner (psychiatrist)

Service Name	DAY TREATMENT
	<ul style="list-style-type: none"> • Clinical Director (APRN, RN, LMHP, LIMHP, or licensed Psychologist) working with the program to provide clinical supervision, consultation and support to staff and the individuals they serve, continually incorporating new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. Depending on the size of the program more than one Clinical Director may be needed to meet these expectations. • Nursing (APRN, RN) (psychiatric experience preferred) • Therapist (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP, PLMHP, LIMHP) (dual licensure preferable for working with MH/SUD issues) • All staff must be Nebraska licensed and working within their scope of practice as required. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities Therapist/Individual: 1 to 12; Care Worker/Individual: 1 to 6
Hours of Operation	May be available 7 days/week with a minimum availability of 5 days /week including days, evenings and weekends
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has support systems to maintain stability in a less restrictive environment
Rate	See fee schedule: One-half Day = minimum of 3 Units, Full Day = minimum of 6 Units

Outpatient Services

Service Name	MEDICATION MANAGEMENT
Funding Source	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Medical office, clinic, hospital, or other appropriate outpatient setting
Facility License	As required by DHHS Division of Public Health
Basic Definition	Medication Management is the level of outpatient treatment where the sole service rendered by a qualified prescriber is the evaluation of the individual's need for psychotropic medications, provision of a prescription, and ongoing medical monitoring of those medications.
Service Expectations	<ul style="list-style-type: none"> • Medication evaluation and documentation of monitoring • Medication monitoring routinely and as needed • Client education pertaining to the medication to support the individual in making an informed decision for its use. • The service provider must make a good faith attempt to coordinate care with the individual's primary medical provider
Length of Services	As often and for as long as deemed medically necessary and client/guardian continues to consent
Staffing	<p>Psychiatrist, or other physician qualified to evaluate the need for medication and provide this service, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) supervised by a psychiatrist or other physician qualified to evaluate the need for and provide this service.</p> <ul style="list-style-type: none"> • Psychiatrist, or other physician qualified to evaluate the need for medication and provide this service • Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) or Nurse Practitioner (NP) supervised by a psychiatrist or other physician qualified to evaluate the need for and provide this service
Staffing Ratio	As per physician or approved designee caseload
Hours of Operation	Generally outpatient, Monday through Friday, day hours.
Desired Individual Outcome	Stabilization/resolution of psychiatric symptoms for which medication was intended as an intervention
Rate	See BHS rate schedule

Outpatient Services

Service Name	INTENSIVE CASE MANAGEMENT
Funding Source	Behavioral Health Service
Setting	Service takes place in settings convenient to the consumer's needs and preferences.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Intensive Case Management is designed to promote community stabilization for consumers who have a history of frequent psychiatric hospitalization through frequent case management activities responsive to the intensity of the consumer's needs. Intensive Case Management includes mobile case management addressing illness management, peer support, crisis prevention/intervention, and appropriate utilization of community-based resources and services. Intensive Case Management is provided in the community with most contacts typically occurring in the consumer's place of residence or other community locations consistent with consumer choice/need.
Service Expectations	<ul style="list-style-type: none"> • A biopsychosocial including a diagnosis completed within 12 months prior to the date of admission • Strength-based assessment within 30 days of program entry. • Initial Intensive Case Management Service Plan developed with consumer within 10 days of program entry. A fully-developed service plan must be completed after assessment, but no longer than 30 days following admission. The service plan shall be updated every 30 days. • Development of a crisis/relapse prevention plan • Quarterly treatment team meetings including but not limited to consumer, Intensive Case Manager, and supervisor. • Frequent face-to-face contact and coordination with consumer's behavioral health providers. • Assistance in the development and implementation of a crisis relapse prevention plan. • Provision of linkages, referrals, and coordination between services that support the achievement of individualized goals. • Provide assistance in structuring self-medication regime. • Assistance in obtaining necessities such as medical services, housing, social services, entitlements, advocacy, transportation. • Provision of supports in health-related needs, usage of medications, and symptom management. • Provide family/support system education and support. • Support and intervention in times of crisis. • Assistance in transitioning to lower level of care and increased community independence. • Provision of 4 to 7 contacts per week, (less than 4 per week for a maximum of one month is acceptable when transitioning to a lower level of care) with majority being face-to-face and in the consumer's residence or other community locations. • All services must be culturally sensitive.
Length of Services	Length of service is individualized and based on Admission Guidelines and continued treatment/recovery/rehabilitation as well as consumer's ability to make progress on individualized goals.

Service Name	INTENSIVE CASE MANAGEMENT
Staffing	<ul style="list-style-type: none"> • Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred. • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Clinical consultation on each consumer's service plan must occur at least once a month. • Consultation by appropriately licensed professionals for general medical, psychopharmacology, and psychological issues, as well as overall program design must be available and used as necessary. • Personal recovery experience preferred for all positions.
Staffing Ratio	One full-time Intensive Case Manager to 10 consumers.
Hours of Operation	<ul style="list-style-type: none"> • Must provide means to access staff 24 hours per day/7 days per week.
Consumer Desired Outcome	<ul style="list-style-type: none"> • Consumer has made progress on his/her self-developed treatment/recovery/rehabilitation goals and objectives and completed a crisis relapse prevention plan. • Consumer is able to remain psychiatrically stable in a community setting of choice. • Consumer has a community-based support system in place.
Rate	Non Fee For Service

Outpatient Services

Service Name	INTENSIVE COMMUNITY SERVICES
Funding Source	Behavioral Health Service Only
Setting	Community Based – Most frequently provided in an agreed upon community setting or the consumer’s home, not office or facility-based.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Intensive Community Services are designed to support consumers to develop independent and community living skills and prevent the need for a higher level of care. Services are designed for consumers with a high rate of inpatient use, including consumers with co-occurring disorders.
Service Expectations	<ul style="list-style-type: none"> • A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client’s current status and functioning. The review and update should be completed within 10 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 10 days of admission and may be completed by non-licensed or licensed individuals on the client’s team. • Development of a treatment/rehabilitation/recovery team including formal and informal support providers as chosen by the consumer. • A treatment/rehabilitation/recovery plan developed with the consumer, integrating individual strengths & needs, considering community, family, and other supports, stating measurable goals and specific interventions, that includes a documented discharge and crisis/relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the licensed clinician, or other licensed person. • Review the treatment/rehabilitation/recovery and discharge plan with the consumer’s team, including the consumer, every 90 days, making necessary changes then, or as indicated. Each review should be signed by members of the team. • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation or other appropriate treatment/support services as well as linkage to other community services identified. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/rehabilitation/recovery plan), crisis/relapse prevention, social skills, and other independent living skills that enable the consumer to reside in the community. • Provide education, support, and coordination with the appropriate services prior, during, and after crisis interventions. • Work with the consumer to develop a crisis/relapse prevention plan.

Service Name	INTENSIVE COMMUNITY SERVICES
	<ul style="list-style-type: none"> • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the consumer's transition back into the community upon discharge. • Service must be trauma-informed and culturally/linguistically sensitive. • Frequency of contacts as needed to address the presenting problem(s) with a minimum of face-to-face contact 6 times per month or 6 total hours of contact per month
Length of Services	<ul style="list-style-type: none"> • Average length of service is 6 to 12 months.
Staffing	<ul style="list-style-type: none"> • Program Director: Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in a human service field preferred. • Clinical Supervisor: Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Psychologist) working with the program to provide clinical consultation on the individualized treatment/rehabilitation/recovery plan at least once a month. • Direct Care Worker, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	1 Intensive Community Services Worker to 10 consumers
Hours of Operation	24/7 Access to service during weekend/evening hours, or in time of crisis with the support of a mental health professional
Desired Consumer Outcome	<ul style="list-style-type: none"> • Successful transition to a less intensive level of care • Individualized goals and objectives substantially met. • Crisis/relapse prevention plan is in place. • Precipitating condition and relapse potential stabilized for management at lower level of care. • Decreased frequency and duration of hospital stays, increased community tenure. • Formal and informal support system in place. • Sustained, stable housing.
Rate	Non Fee For Service

Outpatient Services

Service Name	OUTPATIENT <i>INDIVIDUAL</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Funding Source	Behavioral Health Services (registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the individual. The focus of outpatient psychotherapy treatment is to improve or alleviate symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). The goals, frequency, and duration of outpatient treatment will vary according to individual needs and response to treatment
Service Expectations	<ul style="list-style-type: none"> • A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provided as individual psychotherapy • It is the provider’s responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to benefit from individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist
Staffing Ratio	1:1
Hours of Operation	Typical business hours with weekend and evening hours available to provide this service by appointment.
Desired	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives

Service Name	OUTPATIENT <i>INDIVIDUAL</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Individual Outcome	<ul style="list-style-type: none">• Individual is able to remain stable in the community without this treatment.• Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

Outpatient Services

Service Name	OUTPATIENT GROUP PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient group psychotherapy is the treatment of psychiatric disorders through scheduled therapeutic visits between the therapist and the patient in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group psychotherapy treatment is to improve or maintain an individual's ability to function as well as alleviate symptoms that may significantly interfere with their interpersonal functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Group therapy must provide active treatment for a primary DSM (current version) diagnosis. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment.
Service Expectations	<ul style="list-style-type: none"> • A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment and: • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis , and adjusted as medically indicated • Assessments and treatment should address mental health needs, and potentially, other co-occurring disorders • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provided as group psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the individual's ability to benefit from treatment.
Staffing	<ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Psychiatrist
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants

Service Name	OUTPATIENT <i>GROUP</i> PSYCHOTHERAPY (ADULT MENTAL HEALTH)
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their group treatment plan goals and objectives • Individual is able to remain stable in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

Outpatient Services

Service Name	OUTPATIENT <i>FAMILY</i> PSYCHOTHERAPY (MENTAL HEALTH)
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Outpatient family psychotherapy is a therapeutic encounter between the licensed treatment professional and the individual (identified patient), the nuclear and/or the extended family. The specific objective of treatment must be to alter the family system to increase the functional level of the identified patient/family by focusing services/interventions on the systems within the family unit. This therapy must be provided with the appropriate family members and the identified patient
Service Expectations	<ul style="list-style-type: none"> • Assessment/Evaluation: A Biopsychosocial Assessment (including a detailed family assessment) must be completed prior to the implementation of outpatient family therapy treatment sessions. Assessments should address mental health needs, and potentially, other co-occurring disorders • Assessment should be ongoing with treatment and reviewed each session. • Treatment Planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual (identified patient) and the identified, appropriate family members as part of the initial assessment and outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated • Consultation and/or referral for general medical, psychiatric, psychological and psychopharmacology needs • Provided as family psychotherapy • It is the provider's responsibility to coordinate with other treating professionals as needed
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the family's ability to benefit from treatment.
Staffing	<ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Psychiatrist • Advanced Practice Registered Nurse (APRN)
Staffing Ratio	1 Therapist to 1 Family
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service

Service Name	OUTPATIENT <i>FAMILY</i> PSYCHOTHERAPY (MENTAL HEALTH)
Desired Individual Outcome	<ul style="list-style-type: none">• The family has substantially met their treatment plan goals and objectives• Family has support systems secured to help them maintain stability in the community
Rate	See Behavioral Services rate schedule

Rehabilitation Services

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
Funding Source	Behavioral Health Services
Setting	Community Based – Most frequently provided in the home; not facility or office based
Facility License	As required by DHHS Division of Public Health
Basic Definition	<p>Community Support is a rehabilitative and support service for individuals with primary Axis I diagnosis consistent with a serious and persistent mental illness. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain stable community living, and prevent exacerbation of mental illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services.</p> <p>DBH only: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days following admission and 30 days prior to discharge from the 24 hour treatment setting.</p>
Service Expectations	<ul style="list-style-type: none"> • A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client’s current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by either non-licensed or licensed individuals on the client’s team. • A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor, or other licensed professional. • Review the treatment/rehabilitation/recovery and discharge plan with treatment team, including the individual, every 90 days, making necessary changes then, or as medically indicated. Each review should be signed by members of the treatment team, at a minimum the Clinical Supervisor, or other licensed professional, care staff and client/family. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
	<p>treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community</p> <ul style="list-style-type: none"> • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/rehabilitation/recovery plan • Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary mental health treatment services as recommended and included in the treatment/rehabilitation/recovery plan • Participate with and report to treatment/rehabilitation team on the individual's progress and response to community support intervention in the areas of relapse prevention, substance use/abuse, application of education and skills, and the recovery environment (areas identified in the plan). • Provide therapeutic support and intervention to the individual in time of crisis and work with the individual to develop a crisis relapse prevention plan • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual's transition back into the community upon discharge. • Face to-face contact a minimum of 3 times per month or 3 total hours of contact.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Clinical Supervision by a licensed professional (APRN, RN, LMHP, PLMHP, LIMHP, Licensed Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to community support staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. *All Community Support workers should be educated/trained in rehabilitation and recovery principles. <p>* Other individuals could provide non-clinical administrative functions.</p>

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
Staffing Ratio	Clinical Supervisor to Community Support Worker ratio as needed to meet all clinical supervision responsibilities outlined above 1:25 Community Support worker to individuals served
Hours of Operation	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without/or with decreased professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Health Services rate schedule 1 unit =1 month

Rehabilitation Services

Service Name	DAY REHABILITATION
Funding Source	Behavioral Health Services
Setting	Facility based/non-hospital
Facility License	Adult Day as required by DHHS Division of Public Health
Basic Definition	Day Rehabilitation services are designed to provide individualized treatment and recovery, inclusive of psychiatric rehabilitation and support for clients with a severe and persistent mental illness and/or co-occurring disorders who are in need of a program operating variable hours. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
Service Expectations	<ul style="list-style-type: none"> • A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 72 hours of admission. • Alcohol and drug screening; assessment as needed. • A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 30 days of admission • Review the treatment/rehabilitation/recovery and discharge plan with treatment team, including the individual, every 90 days, making necessary changes then, or as often as medically indicated. Each review should be signed by members of the treatment team, at a minimum the Clinical Supervisor, care staff and client/family. • The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services

Service Name	DAY REHABILITATION
	<ul style="list-style-type: none"> • Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.) • Therapeutic milieu providing active treatment/recovery/rehabilitation activities led by individuals trained in the provision of recovery principles. • The on-site capacity to provide medication administration and/or self-administration, symptom management, nutritional support, social, vocational, and life-skills building activities, self-advocacy, peer support services, recreational activities, and other independent living skills that enable the individual to reside in their community • Services available a minimum of 5 hours/day, 5 days/week which may include weekend and evening hours. • Ability to coordinate other services the individual may be receiving and refer to other necessary services • Referral for services and supports to enhance independence in the community.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Licensed Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to direct care staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff must be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Supervisor to direct care staff ratio as needed to meet all clinical responsibilities outlined above • 1 staff to 6 clients during day and evening hours; access to licensed clinicians as described for Clinical Supervision 24/7 • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout scheduled program times is expected • Other individuals could provide non-clinical administrative functions.
Hours of Operation	Regularly scheduled day, evening, or weekend hours

Service Name	DAY REHABILITATION
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment/recovery/rehabilitation plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has support systems secured to maintain stability in a less restrictive environment
Rate	1 Unit = Full Day/5 hours minimum; ½ unit = ½ day/3 hours minimum

Rehabilitation Services

Service Name	RECOVERY SUPPORT
Funding Source	Behavioral Health Services
Setting	Consumer's home or other location at consumer's preference.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Recovery Support services promote successful independent community living by supporting a consumer in achieving his/her behavioral health goals and ability to manage an independent community living situation. Recovery Support is designed to advocate for consumers to access community resources and foster advocacy and self-advocacy in others through the use of wellness and crisis prevention tools. Crisis relapse prevention, case management, and referral to other independent living and behavioral health services are provided to assist the consumer in maintaining self-sufficiency.
Service Expectations	<ul style="list-style-type: none"> • Develop a mutual set of expectations regarding the roles of the consumer and the Recovery Support Worker within one month of admission to the program. • Implementation or development of a crisis relapse prevention plan. • Foster advocacy and self-advocacy. • Support in rehabilitation and treatment goal achievement and referral to other community resources as needed. • Face-to-face contact a minimum of 1 time per month.
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of service.
Staffing	<ul style="list-style-type: none"> • Supervision by a Behavioral Health Program Director • Recovery Support Worker: High school diploma or equivalent with minimum of 2 years of experience in the field and national accreditation approved training with competency evaluation. Knowledge of trauma informed care principles, recovery, and rehabilitation principles and other related housing supports, i.e. RentWise. All Recovery Support Workers must be trained in rehabilitation and recovery principles within one year of hire. • Personal recovery experience preferred for all positions.
Staffing Ratio	1:40
Hours of Operation	24/7 Access to service during weekend/evening hours, or in time of crisis with the support of a behavioral health professional.
Consumer Desired Outcome	<ul style="list-style-type: none"> • Consumer has substantially met their individualized Recovery Support Plan goals and objectives. • Consumer demonstrates ability to maintain independent living without professional supports. • Consumer has established formal and informal community supports.
Rate	Non Fee For Service

Rehabilitation Services

Service Name	SUPPORTED EMPLOYMENT
Funding Source	Behavioral Health Services
Setting	<ul style="list-style-type: none"> • Community-based settings such as consumer's home, job site, neutral setting away from work place selected by consumer. • Minimal services provided in an office-based setting.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Supported Employment is designed to provide recovery and rehabilitation services and supports to consumers engaged in community-based competitive employment-related activities in normalized settings. A Supported Employment team provides assistance with all aspects of employment development as requested and needed by the consumer. The intent of the service is to support the consumer in the recovery process so the consumer's employment goals can be successfully obtained.
Service Expectations	<ul style="list-style-type: none"> • Initial employment assessment completed within one week of program entry. • Individualized Employment Plan developed with consumer within two weeks of program entry. • Assistance with benefits counseling through Vocational Rehabilitation or other individual qualified to do such work for consumers who are eligible for or potentially eligible but not receiving benefits from Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). • Individualized and customized job search with consumer. • Employer contacts based on consumer's job preferences and needs and typically provided within one month of program entry. • On-site job support and job skill development as needed and requested by consumer. • Provide diversity in job options based on consumer preference including self-employment options. • Follow-along supports provided to employer and consumer. • Participation on consumer's treatment/rehabilitation/recovery team as needed and requested by consumer including crisis relapse prevention planning. • Employment Plan reviewed and updated with consumer as needed but not less than every six months. • Services reflect consumer preferences with competitive employment as the goal and are integrated with other services and supports as requested by consumer. • Frequency of face-to-face contacts based upon need of the consumer and the employer. • Job Development activities. • All services must be culturally sensitive.
Length of Services	Length of service is individualized and based on criteria for admission and continued treatment as well as consumer's ability to make progress on individual employment goals.
Staffing	<ul style="list-style-type: none"> • Program Director: Three years of experience in vocationally related service, vocational related degree preferred, or a Program Director of other rehabilitation service. • Supported Employment Specialist: High school with minimum of 2 years of experience in the field and training, preferably by a nationally accredited training program, with evaluation of course competency. Supported Employment Specialists must be

Service Name	SUPPORTED EMPLOYMENT
	<p>capable to perform all phases of vocational services (engagement, assessment, job development, job placement, job coaching, and follow-along supports).</p> <ul style="list-style-type: none"> • Personal recovery experience preferred for all positions.
Staffing Ratio	One full-time Employment Specialist to 25 consumers.
Hours of Operation	The program is flexible to meet the consumer's employment needs including day, evening, weekend, and holidays.
Desired Consumer Outcome	<ul style="list-style-type: none"> • Consumer has made progress on his/her self-developed service plan goals and objectives. • Consumer is competitively employed and maintaining a job of his/her choice.
Rate	<p>See Fee Schedule</p> <ul style="list-style-type: none"> • No expenses paid for prevocational training, sheltered work, or employment in enclaves. • Transitional Employment Program (TEP) is acceptable when the clubhouse is certified by the International Center for Clubhouse Development (ICCD) and is used to help the consumer move toward competitive employment. TEPs can be no more than one-third (1/3) of the jobs in the program.

Rehabilitation Services

Service Name	SECURE RESIDENTIAL
Funding Source	Behavioral Health Services
Setting	Facility based with the capacity to be locked
Facility License	Mental Health Center as required by DHHS Division of Public Health
Basic Definition	Secure Residential Treatment is intended to provide individualized recovery, psychiatric rehabilitation, and support as determined by a strengths-based assessment for individuals with a severe and persistent mental illness and/or co-occurring substance use disorder demonstrating a moderate to high-risk for harm to self/others and in need of a secure, recovery/rehabilitative/therapeutic environment.
Service Expectations	<ul style="list-style-type: none"> • History and Physical within 24 hours of admission by a physician or APRN. A history and physical may be accepted from previous provider if completed within the last three months. An annual physical must be completed. • Initial Diagnostic Interview within 24 hours of admission by a psychiatrist • Nursing assessment within 24 hours of admission • Other assessments as needed, and as needed on an ongoing basis all of which should integrate MH/SUD treatment needs • Initial treatment/recovery plan completed within 24 hours of admission with the psychiatrist as the supervisor of clinical treatment and direction. • Multidisciplinary bio-psychosocial assessment completed within 14 days of admission. • An individual recovery/discharge/relapse prevention plan developed with the individual and chosen supports' input (with informed consent) within 30 days of admission and reviewed weekly by the individual and recovery team • Integration of substance use disorder and mental health needs and strengths in assessment, treatment/recovery plan, and programming. • Consultation services available for general medical, dental, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services as needed • Face-to-face with a psychiatrist at a minimum of every 30 days or as often as medically necessary • 42 hours of active treatment available/provided to each consumer weekly, seven days per week • Access to community-based rehabilitation/social services to assist in transition to community living • Medication management (administration and self-administration), and education • Psychiatric and nursing services • Individual, group, and family therapy and substance use disorder treatment as appropriate • Psycho-educational services including daily living, social skills, community living, family education, transportation to community services, peer support services, advance directive planning, self-advocacy, recreation, vocational, financial

Service Name	SECURE RESIDENTIAL
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the individual's ability to make progress on individual treatment/recovery goals. An individual may decline continuation of the service, unless under mental health board commitment, court order, or have a legal guardian.
Staffing	<ul style="list-style-type: none"> • Medical Director: Psychiatrist with adequate time to meet the requirements as identified in the service expectations. • Program Director (APRN, RN, LMHP, LIMHP, or licensed, clinical psychologist) must have the ability to create and manage a clinical team. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Therapist: Psychologist, LIMHP, APRN, PLMHP, LMHP/LADC • Nursing: 24 hours per day. APRN, RN with psychiatric experience
Staffing Ratio	<ul style="list-style-type: none"> • 1 direct care staff to 4 clients during client awake hours (day and evening shifts); 1 awake staff to 6 clients with on-call availability of additional support staff during client sleep hours (overnight); access to on-call, licensed mental health professionals 24/7 • Consider appropriate care staff coverage to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout weekdays and weekends. • RN services are provided in a RN/client ratio sufficient to meet client care needs • Therapist to consumer, 1 to 8 • Peer Support to consumer, 1 to 16 if available
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • Symptoms are stabilized and the individual no longer meets clinical guidelines for secure residential care • Individual has made substantial progress on his/her self-developed recovery plan goals and objectives, and developed a crisis relapse/prevention plan • Individual is able to be safely treated in the community
Rate	1 Unit = 1 Day

Rehabilitation Services

Service Name	DAY SUPPORT
Funding Source	Behavioral Health Service
Setting	Facility-based/non-hospital
Facility License	Adult Day as required by DHHS Division of Public Health
Basic Definition	Day Support is designed to provide minimal social support to consumers who currently receive, or have received behavioral health services and are in the recovery process. The intent of the service is to support the consumer in the recovery process so he/she can experience success in the community living setting of his/her choice.
Service Expectations	<ul style="list-style-type: none"> • Consumer and Day Support Worker will identify and/or plan social activities meaningful to the consumer. • Consult with the consumer on a one-on-one basis to discuss consumer's recovery process. • Provide behavioral health, case management, and human service referrals as needed. • Access to support during pre-crisis or crisis situation. • All services must be culturally sensitive.
Length of Services	Service continues until discharge guidelines are met or consumer chooses to decline continuation of service.
Staffing	<ul style="list-style-type: none"> • Supervision by a Day Rehabilitation Director or other Behavioral Health Service Director. • Day Support Worker: High school diploma or equivalent with minimum of two years of experience in the field and national accreditation approved training with competency evaluation. All Day Support Workers educated/trained in rehabilitation and recovery principles. • Personal recovery experience preferred for all positions.
Staffing Ratio	Staffing as appropriate to meet service expectations.
Hours of Operation	Regularly scheduled day, evening, and weekend hours.
Consumer Desired Outcome	<ul style="list-style-type: none"> • Consumer is able to maintain independent living without professional supports. • Consumer has established formal and informal community supports.
Rate	Non Fee For Service

Rehabilitation Services

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
Funding Source	Behavioral Health Services
Setting	Community-based, usually in the client's home.
Facility License	As required by DHHS Division of Public Health
Basic Definition	The Assertive Community Treatment/Alternative Community Treatment (ACT) Team provides high intensity services, and is available to provide treatment, rehabilitation, and support activities seven days per week, twenty-four hours per day, 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by client need. The team provides ongoing continuous care for an extended period of time, and clients admitted to the service who demonstrate any continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the team.
Service Expectations	<ul style="list-style-type: none"> • Comprehensive Assessment: The Comprehensive Assessment is unique to the ACT Program in its scope and completeness. A Comprehensive Assessment is the process used to evaluate a client's past history and current condition in order to identify strengths and problems, outline goals, and create a comprehensive, individual treatment/rehabilitation/recovery/service plan. The Comprehensive Assessment reviews information from all available resources including past medical records, client self-report, interviews with family or significant others if approved by the client, and other appropriate resources, as well as current assessment by team clinicians from all disciplines. This assessment must include thorough medical and psychiatric evaluations. A Comprehensive Assessment must be initiated and completed within 30 days after the client's admission to the ACT program. • A treatment/rehabilitation/recovery/service plan developed under clinical guidance with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a crisis/relapse prevention plan, completed within 21 days of the completion of the Comprehensive Assessment. • The treatment/rehabilitation/recovery/service plan is reviewed and revised at least every 6 months or more often as medically indicated. The team leader, psychiatrist, appropriate team members, the client, and appropriate, approved family members or others must participate. • Medical assessment, management and intervention as needed. • Individual/family/group psychotherapy and substance use disorder counseling as needed. Referrals to appropriate support group services may be appropriate. • Medication prescribing, delivery, administration and monitoring. • Crisis intervention as required • Rehabilitation services, including symptom management skill development, vocational skill development, and psychoeducational services focused on activities of daily living, social functioning, and community living skills. • Supportive interventions which include direct assistance and coordination in obtaining basic necessities such as medical appointments, housing, transportation, and maintaining family/other involvement with the individual, etc.

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
Length of Services	By nature of the program description, the service is intended to be available to the individual indefinitely but discharge may occur if the individual for example refuses further consent to be involved in the program or relocates outside of the ACT team's geographic area, or no longer needs the service.
Staffing	<ul style="list-style-type: none"> • A licensed Psychiatrist who serves as the Team Psychiatrist of the program and meets the FTE standards for evidence-based ACT programs • For <u>ACT Alternative Programs</u>: A Psychiatrist/Advanced Practice Registered Nurse (APRN) Team provides the Team Psychiatrist functions, and the psychiatrist at a minimum provides an in-depth psychiatric assessment and initial determination for medical and psychopharmacological treatment, individual treatment rehabilitation and recovery plan reviews, weekly clinical supervision, and participation in at least two daily meetings per week. APRN's may provide coverage for psychiatric time as a part of the Psychiatrist/APRN Team when the APRN is practicing within his/her scope of practice, has an integrated practice agreement with the team psychiatrist, and defines the relationship with the psychiatrist. All other program staffing standards apply. • Team Leader (Master's Degree in nursing, social work, psychiatric rehabilitation or other human service needs, psychiatrist, psychologist) • Licensed mental health practitioners LMHP, PLMHP, Psychologist, Provisional Psychologist, LADC, PLADC (dually licensed professionals preferable) • Substance Abuse Specialists with at least one year training/experience in substance use disorder treatment, or a LADC, or LMHP with specialized substance use disorder training • Vocational Specialists with at least one year training/experience in vocational rehabilitation and support • Mental Health Worker (bachelor's degree or higher in psychology, sociology, or a related field is preferred, but two years of course work in a human services field, or High School Diploma and two years of experience/training or lived recovery experience with demonstrated skills and competencies in treatment with individuals with a MH diagnoses is acceptable. All staff should be trained in rehabilitation and recovery principles, and personal recovery experience is a positive. • Registered Nurses with psychiatric experience • Peer support worker (Peer support training is preferred) • Support staff (administrative)
Staffing Ratio	<p><u>Assertive Community Treatment</u>: Team member to client ratio is 1 to no more than 10. A full-time psychiatrist is required for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in psychiatrist hours and availability.</p> <p><u>Alternative Community Treatment</u>: The Psychiatrist/APRN Team must provide a full-time equivalent for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in the number of hours supplied by this team. At least sixteen hours of this team's psychiatrist time is required weekly for programs of up to 100 individuals served, and 20 hours weekly for programs of up to 120 individuals served, or increased proportionally to reflect the numbers of individuals served. The team APRN's hours should be increased proportionally to assure the overall team hours reflect one FTE for each 100 individuals served, or a proportional increase for programs over 100 individuals served.</p>

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
	<p>Each program serving 100 persons must provide 2 full-time RN's, 2 Substance Abuse Specialists, and 2 Vocational Specialists. For ACT teams over 100 individuals, there should be a proportional increase in staff hours for the RN, Vocational Rehabilitation Specialist, and Substance Abuse Treatment Specialist to address needs of the additional individuals.</p> <p>*Team member to client ratio should not consider the team psychiatrist/APRN or those providing administrative support.</p>
Hours of Operation	A minimum of 12 hours per day, 8 hours per day on weekends/holidays. Staff on-call 24/7 and able to provide needed services and to respond to psychiatric crises.
Desired Consumer Outcome	<ul style="list-style-type: none"> The individual has substantially met the agreed upon treatment plan goals and objectives and is stable in a community setting.
Limitations	Clients are eligible for acute inpatient psychiatric hospitalization and subacute inpatient psychiatric hospitalization which would be available during crisis when there is clinical need for evaluation and stabilization. Other mental health services are available to individuals transitioning into, or, out of ACT services. During the client's involvement in the ACT services, no other mental health service is available.
Rate	1 Unit = 1 Day See fee schedule for rate differentiation between ACT Programs and ACT Alternative Programs

Rehabilitation Services

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
Funding Source	Behavioral Health Services
Setting	Facility based.
Facility License	As required by DHHS Division of Public Health
Basic Definition	Psychiatric Residential Rehabilitation is designed to provide individualized treatment and recovery inclusive of psychiatric rehabilitation and support for individuals with a severe and persistent mental illness and/or co-occurring disorder who are in need of recovery and rehabilitation activities within a residential setting. Psychiatric Residential Rehabilitation is provided by a treatment/recovery team in a 24-hour staffed residential facility. The intent of the service is to support the individual in the recovery process so that he/she can be successful in a community living setting of his/her choice.
Service Expectations	<ul style="list-style-type: none"> • A diagnostic interview conducted by a licensed, qualified clinician AND a bio-psychosocial assessment by a licensed and credentialed mental health professional prior to admission OR completed within 12 months prior to the date of admission. • If the diagnostic interview and/or the bio-psychosocial assessment were completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum, to ensure information is reflective of the client's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client's team. • An initial treatment/rehabilitation/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 72 hours of admission. • Arrange for psychiatric services as needed • Alcohol and drug screening; assessment as needed. • A treatment/rehabilitation/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals, that includes a documented discharge and relapse prevention plan completed within 30 days of admission

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
	<ul style="list-style-type: none"> • Review the treatment/recovery and discharge plan with the individual, other approved family/supports, and the Clinical Supervisor every 90 days or more often as needed; updated as medically indicated; approved and signed by the Clinical Supervisor, other team members, and the individual being served. • The ability to arrange for general medical, pharmacology, psychological, dietary, pastoral, emergency medical, recreation therapy, laboratory and other diagnostic services • Ancillary service referral as needed: (dental, optometry, ophthalmology, other mental health and/or social services including substance use disorder treatment, etc.) • Therapeutic milieu offering 25 hours of staff led active treatment/rehabilitation/recovery activities per client served, 7 days/week • The on-site capacity to provide medication administration and/or self-administration, symptom management, nutritional support, social, vocational, and life-skills building activities, self-advocacy, peer support services, recreational activities, and other independent living skills that enable the individual to reside in their community • Ability to coordinate and offer a minimum of 20 hours/week of additional off-site rehabilitation, vocational, and educational activities • Ability to coordinate other services the individual may be receiving and refer to other necessary services • Referral for services and supports to enhance independence in the community
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Clinical Supervision by a licensed person (APRN, RN, LMHP, PLMHP, LIMHP, Licensed, Psychologist, Provisionally Licensed Psychologist); working with the program to provide clinical supervision, consultation and support to direct care staff and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker's case load is reviewed. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff must be educated/trained in rehabilitation and recovery principles. • Other individuals could provide non-clinical administrative functions.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Supervisor to direct care staff ratio as needed to meet all responsibilities • Care staff to provide a variety of recovery/rehabilitative, therapeutic activities and groups for clients throughout scheduled program times is expected.

Service Name	PSYCHIATRIC RESIDENTIAL REHABILITATION
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment/rehabilitation/recovery plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed with professional external supports and interventions outside of the psychiatric residential rehabilitation facility • Individual has support systems secured to maintain stability in a less restrictive environment
Rate	1 Unit = 1 Day

Substance Use Disorder Services

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
Eligibility	Behavioral Health Services
Setting	Professional office environment or treatment center
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	The following is based on the Adult Criteria of the Patient Placement Criteria for the Treatment of Substance Use Disorders of the American Society of Addiction Medicine (ASAM) for the complete criteria. The Initial Adult Substance Use Disorder Assessment must be completed by a fully licensed clinician who is working within their scope of practice (i.e. training, experience, and/or education in substance use disorder treatment).
Service Expectations	<p>The Report is comprised of three components:</p> <ol style="list-style-type: none"> I. ASSESSMENT AND SCREENING TOOLS AND SCORES II. COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT III. MULTIDIMENSIONAL RISK PROFILE TO DETERMINE TYPE AND INTENSITY OF SERVICES <p>I. <u>ASSESSMENT AND SCREENING TOOLS AND SCORES</u></p> <p>All Initial Adult Substance Use Disorder Assessment Reports must include the use and results of at least 1 of the following nationally accepted screening instruments. The instruments may be electronically scored if indicated acceptable by author:</p> <ul style="list-style-type: none"> • SASSI (Substance Abuse Subtle Screening Inventory) • TII (Treatment Intervention Inventory) • SUDDS (Substance Use Disorder Diagnostic Schedule) • MADIS (Michigan Alcohol Drug Inventory Screen) • MAST (Michigan Alcoholism Screening Test) • MINI (Mini International Neuropsychiatric Interview) • WPI (Western Personality Interview) • PBI (Problem Behavior Inventory) • RAATE (Recovery Attitude and Treatment Evaluator) • CIWA (Clinical Institute Withdrawal Assessment) • GAIN-SS • SALCE (Substance Abuse/Life Circumstance Evaluation) • PAI (Personality Assessment Inventory) <p>II. <u>COMPREHENSIVE BIOPSYCHOSOCIAL ASSESSMENT/SUBSTANCE USE DISORDER EVALUATION:</u></p>

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	<p>The ASI (Addiction Severity Index) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the biopsychosocial assessment/substance use disorder evaluation and the multidimensional risk profile.</p> <p>A comprehensive biopsychosocial assessment will include all of the following:</p> <p>DEMOGRAPHICS</p> <ol style="list-style-type: none"> 1. Identify provider name, address, phone, fax, and e-mail contact information. 2. Identify client name, identifier, and other demographic information of the client that is relevant. <p>PRESENTING PROBLEM/CHIEF COMPLAINT</p> <ol style="list-style-type: none"> 1. External leverage to seek evaluation 2. When was client first recommended to obtain an evaluation 3. Synopsis of what led client to schedule this evaluation <p>MEDICAL HISTORY</p> <p>WORK/SCHOOL/MILITARY HISTORY</p> <p>ALCOHOL/DRUG HISTORY & SUMMARY</p> <ol style="list-style-type: none"> 1. Frequency and amount 2. Drug and alcohol of choice 3. History of all substance use and substance use disorders 4. Use patterns 5. Consequences of use (physiological, interpersonal, familial, vocational, etc.) 6. Periods of abstinence/when and why 7. Tolerance level 8. Withdrawal history and potential 9. Influence of living situation on use 10. Addictive behaviors (e.g., gambling) 11. IV drug use 12. Prior substance use disorder evaluations and findings 13. Prior substance use disorder treatment 14. Client's family chemical use history <p>LEGAL HISTORY</p> <ol style="list-style-type: none"> 1. Criminal history and other information

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	<ol style="list-style-type: none"> 2. Drug testing results 3. Simple Screening Instrument results 4. Nebraska Standardized Reporting Format for Substance Abusing Offenders <p>FAMILY / SOCIAL/ PEER HISTORY (including trauma history)</p> <p>PSYCHIATRIC/BEHAVIORAL HISTORY</p> <ol style="list-style-type: none"> 1. Previous mental health diagnoses 2. Prior mental health treatment <p>COLLATERAL INFORMATION (Family/Friends/Criminal Justice) Report any information about the client's use history, pattern and/or consequences learned from other sources.</p> <p>OTHER DIAGNOSTICS/ SCREENING TOOLS – SCORE & RESULTS</p> <p>CLINICAL IMPRESSION</p> <ol style="list-style-type: none"> 1. Summary of evaluation <ol style="list-style-type: none"> A. Behavior during evaluation (agitated, mood, cooperation) B. Motivation to change C. Level of denial or defensiveness D. Personal Agenda E. Discrepancies of information provided 2. Diagnostic impression (including justification) to include DSM 3. Strengths of client and family identified 4. Problems identified <p>RECOMMENDATIONS:</p> <ol style="list-style-type: none"> 1. Complete III. Multidimensional Risk Profile 2. Complete the ASAM Clinical Assessment and Placement Summary <ul style="list-style-type: none"> • A comprehensive biopsychosocial assessment can only be obtained through collateral contacts with significant others or family members to gather relevant information about individual and family functioning and through collateral contacts with former and current healthcare providers, friends, and court contacts to verify medical history, substance usage, and legal history. • When dually credentialed clinicians are completing the evaluation, the recommendations must include co-occurring issues.

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	<ul style="list-style-type: none"> When LADCs are completing the evaluation they must include a screening for possible co-occurrence of mental health problems and include referral for mental health evaluation as appropriate in their recommendations. <p>III. <u>Multidimensional Risk Profile</u></p> <p>Recommendations for individualized treatment, potential services, modalities, resources, and interventions must be based on the ASAM national criteria multidimensional risk profile. Below is a brief overview on how to use the matrix to match the risk profile with type and intensity of service needs. The provider is responsible for referring to the ASAM criteria for the full matrix when applying the risk profile for recommendations.</p> <p>Step 1: Assess all six dimensions to determine whether the patient has immediate needs related to imminent danger, as indicated by a Risk Rating of “4” in any of the six dimensions. The Dimensions with the highest risk rating determines the immediate service needs and placement decision.</p> <p>Step 2: If the patient is not in imminent danger, determine the patient’s Risk Rating in each of the six dimensions. (For patients who have “dual diagnosis” problems, assess Dimensions 4, 5 and 6 separately for the mental and substance-related disorders. This assists in identifying differential mental health and addiction treatment service needs and helps determine the kind of dual diagnosis program most likely to meet the patient’s needs.)</p> <p>Step 3: Identify the appropriate types of services and modalities needed for all dimensions with any clinically significant risk ratings. Not all dimensions may have sufficient severity to warrant service needs at the time of the assessment.</p> <p>Step 4: Use the Multidimensional Risk Profile produced by this assessment in Steps 2 and 3 to develop an initial treatment plan and placement recommendation. This is achieved by identifying in which level of care the variety of service needs in all relevant dimensions can effectively and efficiently be provided. The appropriate Intensity of Service, Level of Care and Setting may be the highest Risk Rating across all the dimensions. Consider, however, that the interaction of needs across all dimensions may require more intensive services than the highest Risk Rating alone.</p> <p>Step 5: Make ongoing decisions about the patient’s continued service needs and placement by repeating Steps 1 through 4. Keep in mind that movement into and through the continuum of care should be a fluid and flexible process that is driven by continuous monitoring of the patient’s changing Multidimensional Risk Profile.</p>
Length of Services	NA
Staffing	Substance Use Disorder Assessment – LADC, LIMHP, LMHP, LMHP/LADC, LMHP/PLADC, Psychologist

Service Name	ADULT SUBSTANCE USE DISORDER ASSESSMENT
	Dual Assessment (SUD/MH) - LMHP, LIMHP, LMHP/LADC, LMHP/PLADC, Psychologist *An individual currently holding ONLY a provisional license, without another valid professional license, is permitted to conduct the Initial Adult Substance Use Disorder Assessment, within their scope of practice and with supervision as required by the DHHS Division of Public Health.
Staffing Ratio	1 to 1 typically
Hours of Operation	Typical office hours with available evening and weekend hours by appointment
Desired Individual Outcome	Upon completion of the substance use disorder assessment, the individual will have been assessed for a substance use disorder diagnosis, an assessment of risk of dangerousness to self and/or others, and recommendation for the appropriate service level with referrals to appropriate service providers.
Rate	See Fee Schedules for Behavioral Health Services 1 Unit = 1 Assessment

Substance Use Disorder Services

Service Name	COMMUNITY SUPPORT – LEVEL 1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Community Based – Most frequently provided in the home
Facility License	Substance Abuse Treatment Center outpatient as required by DHHS Division of Public Health
Basic Definition	Community Support - Substance Use Disorder is a rehabilitative and support service for individuals with primary substance use disorders. Community Support Workers provide direct rehabilitation and support services to the individual in the community with the intention of supporting the individual to maintain abstinence, stable community living, and prevent exacerbation of illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services; DBH exception: For the purposes of continuity of care and successful transition of the consumer from 24 hour levels of care, for an individual already enrolled in community support, the service can be authorized 30 days in and 30 days prior to discharge from the 24 hour treatment setting.
Service Expectations	<ul style="list-style-type: none"> • A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment. A substance use disorder assessment completed by a licensed clinician from a previous provider in combination with a discharge plan from the previous provider which includes a diagnosis and level of care recommendation can also be accepted and updated via an addendum. • A strengths-based assessment which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the client, should be completed within 30 days of admission and may be completed by non-licensed or licensed individuals on the client’s team. • A treatment/recovery plan developed with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, and that includes a documented discharge and relapse prevention plan, completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor. • Review and update of the treatment/recovery and discharge plan with the individual and other approved family/supports every 90 days or more often as medically indicated; approved and signed by the Clinical Supervisor, or other licensed person. • Provision of active rehabilitation and support interventions with focus on activities of daily living, education, budgeting, medication compliance and self-administration (as appropriate and part of the overall treatment/recovery plan), relapse prevention, social skills, and other independent living skills that enable the individual to reside in their community • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychopharmacological, psychological, psychiatric, social, education, transportation or other appropriate treatment/support services as well as linkage to other community services identified in the treatment/recovery plan

Service Name	COMMUNITY SUPPORT – LEVEL 1: ADULT SUBSTANCE USE DISORDER
	<ul style="list-style-type: none"> • Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary substance use disorder and mental health treatment services as recommended and included in the treatment/recovery plan • Participate with and report to treatment/rehabilitation team on the individual’s progress and response to community support intervention in the areas of relapse prevention, substance use disorder, application of education and skills, and the recovery environment (areas identified in the plan). • Provide therapeutic support and intervention to the individual in time of crisis • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the individual’s transition back into the community upon discharge. • Face-to-face contact a minimum of 3 times per month or 3 total hours of contact. • If the client has a co-occurring diagnosis (MH/SUD), it is the provider’s responsibility to coordinate with other treating professionals.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client’s ability to make progress on individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Clinical Supervision (APRN, RN, LMHP, LIMHP, PLMHP, LADC, PLADC, Licensed Psychologist, Provisionally Licensed Psychologist); dual MH/SUD preferred) working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide clinical consultation and support to community support workers and the individuals they serve. The Clinical Supervisor will review client clinical needs with the worker every 30 days. The review should be completed preferably face to face but phone review will be accepted. The review may be accomplished by the supervisor consulting with the worker on the list of assigned clients and identifying any clinical recommendations in serving the client. The Clinical Supervisor may complete the review in a group setting with more than one worker as long as each client on the worker’s case load is reviewed. • Other individuals could provide non-clinical administrative functions. • Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities 1:25 Community Support worker to individuals served.
Hours of Operation	24/7 Access to service during weekend/evening hours; in times of crisis, access to a mental health professional

Service Name	COMMUNITY SUPPORT – LEVEL 1: ADULT SUBSTANCE USE DISORDER
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without/with decreased professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Health Services rate schedule 1 unit =1 month

Substance Use Disorder Services

Service Name	OUTPATIENT <i>INDIVIDUAL</i> THERAPY– LEVEL 1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	Outpatient Individual Substance Use Disorder Therapy describes the professionally directed evaluation, treatment and recovery services for individuals experiencing a substance related disorder that causes moderate and/or acute disruptions in the individual's life.
Service Expectations	<ul style="list-style-type: none"> • A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically necessary, and signed by the team including the individual served. • Assessments, treatment, and referral should address co-occurring needs • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Motivational interviewing • If the client has a co-occurring diagnosis it is the provider's responsibility to coordinate with other treating professionals
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from individual treatment/recovery goals.
Staffing	<ul style="list-style-type: none"> • Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment • A dually licensed clinician is preferred for any client with a co-occurring diagnosis.
Staffing Ratio	1:1 Individual
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable and sober in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

Substance Use Disorder Services

Service Name	OUTPATIENT <i>GROUP</i> THERAPY - LEVEL 1: ADULT SUBSTANCE USE DISORDER
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	Outpatient substance use disorder group therapy is the treatment of substance related disorders through scheduled therapeutic visits between the therapist and the individual in the context of a group setting of at least three and no more than twelve individual participants with a common goal. The focus of outpatient group substance use disorder treatment is substance related disorders which are causing moderate and/or acute disruptions in the individual's life. The goals, frequency, and duration of outpatient group treatment will vary according to individual needs and response to treatment.
Service Expectations	<ul style="list-style-type: none"> • A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports), reviewed on an ongoing basis, adjusted as medically indicated, and signed by the treatment team including the individual served • Assessments, treatment, and referral should address co-occurring needs • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Motivational interviewing • Education • If the client has a co-occurring diagnosis it is the provider's responsibility to coordinate with other treating professionals
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the client's ability to benefit from group treatment/recovery goals.
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment A dually licensed clinician is preferred for any client with a co-occurring diagnosis.
Staffing Ratio	One therapist to a group of at least three and no more than twelve individual participants
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • Individual is able to remain stable and sober in the community without this treatment. • Individual has support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule

Substance Use Disorder Services

Service Name	OUTPATIENT <i>FAMILY</i> THERAPY - LEVEL 1: SUBSTANCE USE DISORDER
Eligibility	Behavioral Health Services (Registered service, does not require prior authorization under this funding source)
Setting	Outpatient Services are rendered in a professional office/clinic environment appropriate to the provision of psychotherapy service.
Facility License	SATC outpatient as required by DHHS Division of Public Health
Basic Definition	Outpatient family substance use disorder therapy is a therapeutic encounter between the licensed treatment professional and the individual (identified patient), the nuclear and/or the extended family. The specific objective of treatment must be to alter the family system to increase the functional level of the identified patient/family by focusing services/interventions on the systems within the family unit. This therapy must be provided with the appropriate family members and the individual.
Service Expectations	<ul style="list-style-type: none"> • A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Assessment should be ongoing with treatment and reviewed each session. • Treatment Planning: A goal-oriented treatment plan with measurable outcomes, and a specific, realistic discharge plan must be developed with the individual (identified patient) and the identified, appropriate family members as part of the initial assessment and substance use disorder outpatient family therapy treatment planning process; the treatment and discharge plan must be evaluated and revised as medically indicated during the course of treatment. The treatment plan must be signed by the treatment provider and the individual(s) served. • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Provided as family psychotherapy
Length of Services	Length of treatment is individualized and based on clinical criteria for admission and continued treatment, as well as the family's ability to benefit from treatment.
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment. A dually licensed clinician is preferred for any client with a co-occurring diagnosis.
Staffing Ratio	1 Therapist to 1 Family
Hours of Operation	Typical business hours with weekend and evening hours available by appointment to provide this service
Desired Individual Outcome	<ul style="list-style-type: none"> • The family has substantially met their treatment plan goals and objectives • Family has support systems secured to help them maintain stability in the community
Rate	See Behavioral Services rate schedule

Substance Use Disorder Services

Service Name	INTENSIVE OUTPATIENT – LEVEL 2.1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Intensive Outpatient Services are provided in an office/clinic environment or other location appropriate to the provision of psychotherapy service.
Facility License	Substance Abuse Treatment Center outpatient as required by DHHS Division of Public Health
Basic Definition	Intensive Outpatient Services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education about substance related and co-occurring mental health problems. Services are goal oriented interactions with the individual or in group/family settings. This community based service allows the individual to apply skills in “real world” environments.
Service Expectations	<ul style="list-style-type: none"> • A Substance Use Disorder Assessment by a licensed clinician prior to the beginning of treatment • Individualized treatment/recovery plan, including discharge and relapse prevention, developed with the individual prior to the beginning of treatment (consider community, family and other supports) within the first 2 contacts • Review and update of the treatment/recovery plan under clinical guidance with the individual and other approved family/supports every 2 weeks or more often as medically indicated, and ensure signatures by the treatment team including the individual • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, and psychopharmacology needs • Provides 9 or more hours per week of skilled treatment, 3 – 5 times per week • Access to a licensed mental health/substance abuse professional on a 24/7 basis • If the client has a diagnosis (MH/SUD) it is the provider’s responsibility to coordinate with other treating professionals.
Length of Services	Length of service is individualized and based on clinical criteria for admission and continued treatment, as well as the client’s ability to make progress on individual treatment/recovery goals. Six to 10 weeks may be typical.
Staffing	Appropriately licensed and credentialed professionals (Psychiatrist, APRN, Psychologist, Provisionally Licensed Psychologist, LMHP/LADC, PLMHP/LADC, LMHP, PLMHP, LADC, PLADC) working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) outpatient treatment.

Service Name	INTENSIVE OUTPATIENT – LEVEL 2.1: ADULT SUBSTANCE USE DISORDER
	Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors or dually licensed MH/SUD clinicians providing direct addictions counseling.
Staffing Ratio	1:1 Individual; 1:1 Family; 1:3 minimum and no more than 1:12 maximum for group treatment
Hours of Operation	Typical business hours with weekend and evening hours available to provide this service
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and intervention • Individual is able to remain stable and sober in the community at a less intensive level of treatment or support
Rate	See Behavioral Services rate schedule

Substance Use Disorder Services

Service Name	HALFWAY HOUSE – LEVEL 3.1: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community generally after primary treatment at a more intense level. This service provides safe housing, structure and support, affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills and reintegrate into their community, find/return to employment or enroll in school.
Service Expectation	<ul style="list-style-type: none"> • A strengths based substance use disorder assessment and mental health screening conducted by licensed clinician at admission with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 14 days of admission • Review and update of the treatment/recovery plan with the individual and other approved family/supports every 30 days or more often as medically indicated • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs • Provides a minimum of 8 hours of skilled treatment and recovery focused services per week including therapies/interventions such as individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for longer than 6 months for maximum effectiveness
Staffing	<ul style="list-style-type: none"> • Clinical Director (APRN, RN, LMHP, LIMHP, or licensed psychologist) or LADC working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors.

Service Name	HALFWAY HOUSE – LEVEL 3.1: ADULT SUBSTANCE USE DISORDER
	<ul style="list-style-type: none"> • Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:10 Direct Care Staff to Individual (day and evening hours), 1:12 Therapist to Individual • 1 staff awake overnight with on-call availability • On-call availability of direct care staff and licensed clinicians 24/7
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual’s condition can be managed without professional external supports and intervention • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

Substance Use Disorder Services

Service Name	SOCIAL DETOXIFICATION – LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility Based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Social Detoxification provides intervention in substance use disorder emergencies on a 24 hour per day basis to individuals experiencing acute intoxication. This service has the capacity to provide a safe residential setting with staff present for observation and implementation of physician approved protocols designed to physiologically restore the individual from an acute state of intoxication when medical treatment for detoxification is not necessary.
Service Expectations	<ul style="list-style-type: none"> • A biophysical screening (includes at a minimum, vital signs, detoxification rating scale, and other fluid intake) conducted by appropriately trained staff at admission with ongoing monitoring as needed, with licensed medical consultation available. • Implementation of physician approved protocols • An addiction focused history is obtained and reviewed with the physician if protocols indicate concern. • Physical exam to be completed prior to admission if the client will be self-administering detoxification medication. This is not necessary if the program has 24-hour nursing and nursing administers client medications according to the program’s physician protocols • Monitor self-administered medications • Sufficient biopsychosocial screening to determine the level of care in which the patient should be placed and for the individualized care plan to address treatment priorities identified in Dimensions 2 through 6. • Detoxification staff will initiate a plan of care for the individual at the time of intake. Prior to discharge, the staff in concert with the individual will develop a discharge plan which will include specific referral and relapse strategy. • Daily assessment of individual progress through detoxification and any treatment changes • Medical evaluation and consultation is available 24 hours per day • Consultation and/or referral for general medical, psychiatric, psychological, psychopharmacology, and other needs • Interventions will include a variety of educational sessions for individuals and their families, and motivational and enhancement strategies • Individual participation is based on the biophysical condition and ability of the individual. • Assist individual to establish social supports to enhance recovery.
Length of Services	Generally 2 to 5 days
Staffing	<ul style="list-style-type: none"> • Clinical Director (APRN, RN, LMHP, LIMHP, or Licensed Psychologist or LADC providing consultation and support to care staff and the individuals they work with. This individual will also continually incorporate new clinical information

Service Name	SOCIAL DETOXIFICATION – LEVEL 3.2WM: ADULT SUBSTANCE USE DISORDER
	<p>and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.</p> <ul style="list-style-type: none"> • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Special training and competency evaluation required in carrying out physician developed protocols. • All staff should be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	Clinical Director to direct care staff ratio as needed to meet all responsibilities 2 awake Direct Care staff overnight
Hours of Operation	24/7
Desired Individual Outcome	The individual has successfully detoxified and has been assessed and referred for additional service/treatment needs
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

Substance Use Disorder Services

Service Name	INTERMEDIATE RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3: Adult Substance Use Disorder
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Intermediate Residential Treatment is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of dependence on the individual's life or because of a history of repeated short-term or less restrictive treatment failures. Typically this service is more supportive than therapeutic communities and relies less on peer dynamics in its treatment approach.
Service Expectations	<ul style="list-style-type: none"> • A strengths based, substance use disorder assessment and mental health screening conducted prior to admission by licensed professionals, with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as needed • Therapies/interventions should include individual, family, and group substance use disorder counseling, educational groups, motivational enhancement and engagement strategies provided a minimum of 30 hours per week • Program is characterized by slower paced interventions; purposefully repetitive to meet special individual treatment needs • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness
Staffing	<ul style="list-style-type: none"> • Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder.

Service Name	INTERMEDIATE RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3: Adult Substance Use Disorder
	<p>LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors.</p> <ul style="list-style-type: none"> • Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • Other program staff may include RN's, LPN's, recreation therapists or social workers • All staff should be educated/trained in rehabilitation and recovery
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:10 Direct Care staff to individuals served during all waking hours • 1:10 Therapist to individuals • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

Substance Use Disorder Services

Service Name	THERAPEUTIC COMMUNITY (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Therapeutic Community is intended for adults with a primary substance use disorder for whom shorter term treatment is inappropriate, either because of the pervasiveness of the impact of substance use disorder on the individual’s life or because of a history of repeated short-term or less restrictive treatment failures. This service provides psychosocial skill building through a set of longer term, highly structured peer oriented treatment activities which define progress toward individual change and rehabilitation and which incorporate a series of defined phases. The individual’s progress must be marked by advancement through these phases to less restrictiveness and more personal responsibility.
Service Expectations	<ul style="list-style-type: none"> • A strengths based substance use disorder assessment and mental health screening conducted by appropriately credentialed professionals at admission with ongoing assessment as needed • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as needed • A minimum of 30 hours of treatment and recovery focused services weekly including individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies • Program is characterized by peer oriented activities and defined progress through defined phases • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living • Other services could include 24 hours crisis management, family education, self-help group and support group orientation • Monitoring stabilized co-occurring mental health problems • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for up to one year for maximum effectiveness
Staffing	Clinical Director (APRN, RN, LMHP, LIMHP, LADC or Licensed Psychologist) to provide clinical supervision, consultation and support to all program staff and the clients they serve. This individual will also continually

Service Name	THERAPEUTIC COMMUNITY (CO-OCCURRING DIAGNOSIS CAPABLE) – LEVEL 3.3: ADULT SUBSTANCE USE DISORDER
	<p>incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.</p> <ul style="list-style-type: none"> • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC's and PLADC's are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors. Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • 1:10 Therapist to individual • On-call availability of direct care staff and licensed clinicians 24/7
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without professional external supports and interventions • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

Substance Use Disorder Services

Service Name	SHORT TERM RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE)– LEVEL 3.5: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Short Term Residential Treatment is intended for adults with a primary substance use disorder requiring a more restrictive treatment environment to prevent the use of abused substances. This service is highly structured and provides primary, comprehensive substance use disorder treatment.
Service Expectations	<ul style="list-style-type: none"> • A strengths based substance abuse assessment and mental health screening conducted by licensed clinician prior to or at admission, with ongoing assessment as needed • An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours • A nursing assessment by a licensed (in NE or reciprocal) RN or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination if necessary as indicated. • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under a licensed clinician with the individual and other approved family/supports every 7 days or more often as medically indicated • Drug screenings as clinically indicated • Counseling and clinical monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living, including the establishment of each individual’s social supports to enhance recovery, 24 hour crisis management, family education, self-help group and support group orientation a minimum of 42 hours per week • Monitoring stabilized co-occurring mental health problems • Monitor the individual’s compliance in taking prescribed medications • Consultation and/or referral for general medical, psychiatric, psychological, and psychopharmacology needs
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay.
Staffing	Clinical Director (APRN, RN, LMHP, LIMHP, licensed psychologist or LADC) working with the program and responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and to provide consultation and support to care staff and the individuals they serve. This individual will also continually incorporate new clinical information and

Service Name	SHORT TERM RESIDENTIAL (CO-OCCURRING DIAGNOSIS CAPABLE)– LEVEL 3.5: ADULT SUBSTANCE USE DISORDER
	<p>best practices into the program to assure program effectiveness and viability, and assure quality organization and management of clinical records, and other program documentation.</p> <ul style="list-style-type: none"> • RNs and/or LPN’s under the supervision of an RN with substance use disorder treatment experience preferred • Other program staff may include RN’s, LPN’s, recreation therapists or social workers • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance abuse and/or co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. LADC’s and PLADC’s are included and Behavioral Health Services funded programs must have a minimum of 50% licensed alcohol and drug counselors • Direct Care Staff, holding a bachelor’s degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. • All staff should be educated/trained in rehabilitation and recovery
Staffing Ratio	<ul style="list-style-type: none"> • Clinical Director to direct care staff ratio as needed to meet all responsibilities • 1:8 Direct Care Staff to individual served during waking hours • 1:8 Therapist/ licensed clinician to individuals served • 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served • On-call availability of medical and direct care staff and licensed clinicians to meet the needs of individuals served 24/7
Hours of Operation	24/7
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual’s condition can be managed without this professional level of external supports and interventions • Individual has alternative support systems secured to help them maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

Substance Use Disorder Services

Service Name	DUAL DISORDER RESIDENTIAL (CO-OCCURRING DIAGNOSIS-ENHANCED) – LEVEL 3.5: ADULT SUBSTANCE USE DISORDER
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center as required by DHHS Division of Public Health
Basic Definition	Dual Disorder Residential Treatment is intended for adults with a primary substance use disorder and a co-occurring severe and persistent mental illness requiring a more restrictive treatment environment to prevent substance use. This service is highly structured, based on acuity, and provides primary, integrated treatment to further stabilize acute symptoms and engage the individual in a program of maintenance, treatment, rehabilitation and recovery.
Service Expectations	<ul style="list-style-type: none"> • A strengths based substance use disorder and mental health assessment conducted by a dually licensed clinician (preferable), or a licensed clinician who is dually educated, trained, and experienced in substance use disorder, prior to or within 24 hours of admission with ongoing assessment as needed • A nursing assessment by a licensed (in NE or reciprocal) RN, or LPN under RN supervision, should be completed within 24 hours of admission with recommendations for further in-depth physical examination if necessary as indicated. • A face-to-face initial diagnostic interview by a psychiatrist, psychologist or APRN prior to or within 24 hours of admission and ongoing as clinically indicated • Individualized psychiatric services • An initial treatment/recovery plan (orientation, assessment schedule, etc.) to guide the first 30 days of treatment developed within 24 hours • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 7 days of admission • Review and update of the treatment/recovery plan under clinical supervision with the individual and other approved family/supports every 30 days or more often as medically indicated • Therapies/interventions should include individual, family, and group psychotherapy, educational groups, motivational enhancement and engagement strategies, recreational activities and daily clinical services provided at a minimum of 42 hours weekly • Drug screenings as clinically indicated • Medication management and education • Consultation and/or referral for general medical, psychological, and psychopharmacology needs • Discharge planning to promote successful reintegration into regular, productive daily activity such as work, school or family living, including the establishment of each individual's social supports to enhance recovery

Service Name	DUAL DISORDER RESIDENTIAL (CO-OCCURRING DIAGNOSIS-ENHANCED) – LEVEL 3.5: ADULT SUBSTANCE USE DISORDER
	<ul style="list-style-type: none"> Other services should include 24 hours crisis management, family education, self-help group and support group orientation
Length of Services	Length of service is individualized and based on clinical criteria for admission and continuing stay.
Staffing	<ul style="list-style-type: none"> Clinical Director is a licensed clinician (Psychiatrist, APRN, RN, LMHP, LIMHP, or Licensed Psychologist) with demonstrated work experience and education/training in both mental health and addictions. They work with the program and are responsible for all clinical decisions (i.e. admissions, assessment, treatment/discharge planning and review) and provide consultation and support to care staff and the individuals they serve. The Clinical Director also continually works to incorporate new clinical information and best practices into the program to assure program effectiveness and viability, and assure quality, organization and management of clinical records, and other program documentation. Consulting psychiatrist RNs and/or LPN's under the supervision of an RN with substance use disorder/psychiatric treatment experience preferred Other program staff may include recreation therapists or social workers Appropriately licensed and credentialed clinicians working within their scope of practice to provide co-occurring (MH/SUD) treatment and are knowledgeable about the biological and psychosocial dimensions of substance use disorder. All clinicians must be dually licensed however one of the licenses could be provisional. Direct Care Staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred but two years of coursework in a human services field and/or two years of experience/training or two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable. All staff should be educated/trained in rehabilitation and recovery principles.
Staffing Ratio	<ul style="list-style-type: none"> Clinical Director to direct care staff ratio as needed to meet all responsibilities 1:6 Direct Care Staff to individual served during waking hours 1:8 Therapist/ licensed clinician to individuals served 1 awake staff for each 10 individuals during client sleep hours (overnight) with on-call availability for emergencies, 2 awake staff overnight for 11 or more individuals served On-call availability of medical and direct care staff and licensed clinicians 24/7
Hours of Operation	24/7

Service Name	DUAL DISORDER RESIDENTIAL (CO-OCCURRING DIAGNOSIS-ENHANCED) – LEVEL 3.5: ADULT SUBSTANCE USE DISORDER
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual has substantially met their treatment plan goals and objectives • The precipitating condition and relapse potential is stabilized such that individual's condition can be managed without this professional level of support and intervention • Individual has alternative support systems secured to help the individual maintain stability in the community
Rate	See Behavioral Services rate schedule; 1 unit = 1 day

Substance Use Disorder Services

Service Name	OPIOID TREATMENT PROGRAM (OTP)
Funding Source	Behavioral Health Services
Setting	Facility based
Facility License	Substance Abuse Treatment Center outpatient as required by DHHS Division of Public Health
Basic Definition	The OTP provides medical and social services to severe opioid use disorder individuals along with outpatient substance use disorder treatment. This service is provided under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations.
Service Expectations	Refer to http://dpt.samhsa.gov/regulations/regindex.aspx
Length of Services	This service is recognized as long-term treatment, potentially for life. A range of 18 to 26 months should be the minimum time for minimally adequate physical and psychological recovery supported with at least one contact per month.
Staffing	See regulations
Staffing Ratio	See regulations
Hours of Operation	See regulations
Consumer Outcome	The precipitating condition and relapse potential is stabilized with Opioid Maintenance
Rate	See Behavioral Services rate schedule

Nebraska Department of Health and Human Services
Behavioral Health Adult Service Definitions
Staffing Ratios

	Direct Service Staff Day	Direct Service Staff Night	Therapist to Client Ratio	Weekly Programming Hours
Halfway House – SUD	1 staff - 10	1 staff awake overnight with on-call availability	1 therapist - 12	8
Intermediate Res – SUD	1 staff - 10	1 staff - 10 with on-call	1 therapist - 10	30
Therapeutic Community – SUD	1 staff - 10	1 staff - 10 with on-call	1 therapist - 10	30
Short Term Res – SUD	1 staff - 8	1 staff - 10 with on-call	1 therapist - 8	42
Dual Disorder Res – SUD	1 staff - 6	1 staff - 10 with on-call	1 therapist - 8	42
Social Detox	1 staff - 8	2 staff overnight	NA	NA

*Direct Service Staff Day should include the number of Licensed and Non-Licensed staff (therapists, techs)

*Direct Service Staff Night should include individuals who work nights (primarily tech staff is assumed).

*Therapist to Client ratio is referencing caseloads.

Group Ratios are recommended to be no more than 1:12 for all services.

Department of Health and Human Services
Division of Behavioral Health

SERVICE DEFINITION ADDENDUM
Medical and Therapeutic Leave

MEDICAL LEAVE DAYS: Beds in Psychiatric Residential Rehabilitation, Therapeutic Community, Intermediate Residential and Dual Disorder Residential Treatment and Secure Residential programs can be held up to 10 consecutive days per episode when a consumer is hospitalized for a period of medical/psychiatric stabilization and expected to return to the facility.

Individuals in ACT are allowed up to 10 consecutive days per episode when a consumer is hospitalized for a period of medical/psychiatric stabilization and the ACT team is actively involved in the planning for return to the community and the individual is expected to return to ACT.

Documentation of the need for stabilization is reflected in the consumer's treatment plan and file. The program will be reimbursed at the full program rate per day. This reimbursement is only available if the treatment placement is not used by another consumer. The Behavioral Health Managed Care Contractor must be notified within 24 hours of hospitalization and will reflect this information in the clinical database. More than 3 episodes in a calendar year will result in a Level of Care review. Leaves in excess of 10 consecutive days must be approved by the Department or its designee and requested through the Managed Care Contractor.

THERAPEUTIC LEAVE DAYS: Beds in Psychiatric Residential Rehabilitation, Secure Residential, Therapeutic Community, Intermediate Residential, Dual Diagnosis, and Halfway House programs can be held up to 21 days annually (from the date of admission) when a consumer is on therapeutic leave for the purposes of testing ability to function at and transition to a lesser level of care. This reimbursement is only available if the treatment bed is not used by another consumer.

Individuals discharging from Assertive Community Treatment (ACT) may be allowed a 30 day period of transition when graduating and moving to a lower level of community service (outpatient therapy, medication management, community support mental health, community support substance use disorder or day rehabilitation).

The therapeutic rationale and leave time period must be indicated in the treatment plan. Documentation of the outcome of the therapeutic leave and the need for continued residential level of care must be indicated in the consumer's record. The Department will reimburse at the full program rate per day. The Behavioral Health Managed Care Contractor must receive prior notification. Leave in excess of established time frames (21 days or 30 days for ACT per annum) must be approved by the Department or its designee and requested through the Managed Care Contractor.

**NEBRASKA DEPARTMENT OF
HEALTH & HUMAN SERVICES**

DIVISION OF BEHAVIORAL HEALTH

FINANCIAL ELIGIBILITY POLICY

Attachment to Title 206 NAC 6

Department of Health and Human Services (DHHS)
Division of Behavioral Health (DBH)

POLICIES AND PROCEDURES

Effective Date: 3/1/98

Revision Date: 6/1/01, 4/1/02, 1/30/03, 11/13/07, 7/18/12; 11/20/12

Approved:


Scot L. Adams Ph.D., Director
DHHS Division of Behavioral Health

Subject: Financial Eligibility

Purpose: The Department of Health & Human Services Division of Behavioral Health has established Financial Eligibility Standards for consumers of behavioral health services. The Division of Behavioral Health will reimburse service providers for mental health and substance abuse services for consumers who meet clinical eligibility criteria and who meet the following financial eligibility criteria.

Rationale: Pursuant to Nebraska Revised Statutes §71-806; §71-804 and §71-838 as amended; to ensure compliance with same.

Policy:

I. Payer of Last Resort

A. The Division of Behavioral Health is the Payer of Last Resort for behavioral health services for consumers who meet:

1. Financial eligibility criteria as specified in this policy and Fee Schedules;
2. Citizenship/lawful presence as defined by Neb. Rev. Stat. §4-108 to 4-114 and living in the state voluntarily with the intent of making Nebraska his/her home; and,
3. For individuals regardless of citizenship/lawful presence status receiving emergency services or inpatient or outpatient treatment mandated by Mental Health Board or for individuals mandated into the care of DHHS by a court order.

B. The Division of Behavioral Health will not reimburse:

1. For Medicaid eligible services provided to Medicaid consumers. If the consumer has accrued personal needs allowance and creates savings that disqualify him/her from a benefit such as Medicaid, the full cost of the service must be assessed to the consumer until he/she qualifies for the Medicaid benefit.

2. For any portion of services required to be paid by a Medicaid recipient to meet a share of cost obligation.
3. For mental health, substance abuse or gambling addiction services that are eligible for or covered under other health insurance benefits, that were denied by an insurance company due to provider error or insufficient documentation, that were not submitted to the insurance company as outlined in Section II. B or that was not submitted to the insurance company by request of the consumer.
4. For any service in which the consumer is deemed eligible to pay the cost of the service.
5. For any authorized service in which the consumer does not have documented authorization as required by the Division and its Administrative Service Organization (ASO).

II. Services Paid by the Division of Behavioral Health

A. For persons who meet the Division's clinical eligibility and financial eligibility criteria, the provider will be:

1. Paid the rate set by the Division of Behavioral Health for services provided which are pre-authorized with the ASO or registered services that have a statewide rate established;
2. Paid a Region-determined rate for services provided which are registered with the Administrative Services Organization (ASO); or
3. Paid or reimbursed for allowable uncompensated expenses (expense reimbursement) for services provided which are registered with the ASO or otherwise documented as required by the Division of Behavioral Health, not to exceed the actual cost of the service less any copayment and third party payment received for the service.

B. The provider may bill the Region for services performed for consumers eligible for DHHS funded services after the denial of insurance benefit has been received as long as the denial is not due to provider error or for failure to submit required information. The provider may also, at the risk of violating any third party or insurance company agreement, bill allowable costs incurred in the performance of services that may be covered by the Division prior to billing any third party or insurance company. In doing this, the provider assumes all risk and penalties associated with any act that may be deemed a violation of a third party agreement or insurance company agreement, and may not bill any penalty or subsequent loss of revenue for services to individuals ineligible for DBH services to the Division. The Division reserves the right to seek reimbursement for any payment for which it would have been eligible for if the third party agreement or insurance company agreement had not been violated.

1. Except when it may pose a danger to the consumer (see II.B.7), before any cost incurred in the performance of services that may be covered by a consumer's insurance can be billed to the Division, all services performed must be submitted to the insurance company within 30 working days after the date of service and the date of submission documented for subsequent review and tracking.

2. After the service is billed to the Division, if the service is subsequently deemed to be covered by insurance and payment is remitted to the provider for the provision of the service, all funds received from the Division for the date of service being reimbursed must be reimbursed back to the Division on the next payment request to the Region.
3. If the service is deemed to be not covered by insurance or payment is denied due to the consumer's deductible not being met, a copy of the Explanation of Benefits must be placed in the consumer's file;
4. Once a consumer deductible has been met and the insurance company submits payment for services to the provider, no additional costs beyond this payment may be billed to the Division.
5. A provider may bill for services rendered to a consumer that has exhausted all insurance benefits if the person continues to meet financial eligibility criteria and it is deemed clinically eligible for treatment.
6. In the event a provider receives insurance payments after the end of the fiscal year for services paid by the Division in the previous year, the provider must reimburse the Division these funds on the next payment request to the Region.
 - a. In the event an agency is ceasing operation or will no longer be under contract with a Region prior to all insurance claims for DBH eligible consumers being processed, prior to the end of the contract, the Region must review all documentation to determine an estimated amount of funds that may be due to the Division and this amount be subtracted from the final bill submitted by the provider to the Region for payment by the Division. The Division also reserves the right to conduct this review and determine the amount to be reimbursed for any service provided by the Region or if a Region fails to conduct the review.
7. A provider may waive the filing of insurance forms if doing so will pose a danger to the consumer and the waiver is documented on the eligibility worksheet provided by DHHS or in the consumer's file if an alternative worksheet is utilized. Situations where this can happen include instances when domestic violence or child abuse is happening in the home.

III. Terms

A. For the purposes of financial eligibility:

1. **Taxable Income** is defined as alimony, wages, tips, or other money received for a good or service. This information can be obtained by review of, paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the client. For purposes of the Eligibility Worksheet, the taxable income of the consumer and other adult dependents should be used to determine Taxable Monthly Income. For the purposes of completing the Eligibility Worksheet, the following items are not included as taxable income: SSI, SSDI, child support or monetary assistance received from family or non-family members.

b. If the person receiving services is under the age of 19 and has not been designated by a court as emancipated, the custodial parent(s) alimony, wages, tips or other money received for a good or service must be used to determine financial eligibility.

2. **Liability** is defined as money owed to another person or agency to secure items such as housing or transportation, and is limited to liabilities included on the Eligibility Worksheet. The information can be obtained by review of previous monthly statements or a signed statement from the consumer.

3. **Client Fees** is defined as any Co-pay, Room and Board Fee that is required to be paid to receive the service.

c. **Co-pay:** Also known as copayment; fixed amount required to be paid for each appointment or unit of service. The co-pay amount may not exceed the amount designated by the DBH or the Region for the service.

d. **Room and board fee:** Fixed per day amount required to be paid by the consumer for meals and the use of a bed in residential facilities. The room and board fee may not be in excess of actual costs incurred for these services by the provider.

4. **Dependent:** Any person married or cohabitating with the consumer or any child under the age of 19 who depends on the consumer's income for food, shelter and care. Dependents may include parents, grandparents or adult children if the individual(s) are living with the consumer and they are dependent on the consumer's income for their food, shelter, or care.

5. **Daycare:** Refers to the funds paid to a place, program, organization or other third party for the care and well-being of one or more children under the age of 19 while parent(s) or other primary caregiver is working, in school, or in treatment.

6. **Rate** is defined as a) the rate set by the Division of Behavioral Health for services provided which are pre-authorized with the Administrative Services Organization or registered services that have a statewide rate established; b) a Region-determined rate for services provided which are registered with the Administrative Services Organization (ASO) or otherwise documented as required by the Division or Region.

7. **Cost** refers to the specific expenses incurred by an agency for providing a unit of service or the average costs of serving all customers within a given service when a Division or Region rate has not been determined for reimbursement purposes. This includes personnel, occupancy, supplies, administrative expenses, and similar types of expenditures. In determining the specific costs, a provider may include a substantiated allowance for uncollectible client fees but may not include funds in excess of actual cost (i.e., profit) per state regulations.

IV. Consumer Eligibility:

A. Prior to billing the Region and/or Department, the provider must determine if the consumer is financially eligible for the Division of Behavioral Health to pay for services. The Division of Behavioral Health and/or the Network Manager may request verification of consumers' financial eligibility from any provider.

B. To determine if a consumer meets financial eligibility criteria, on the HHS/Division of Behavioral Health Financial Eligibility & Fee Schedule:

1. Complete the Eligibility Worksheet for the consumer to determine the Adjusted Monthly Income amount.
2. Locate the adjusted monthly income amount on the schedule.
3. Locate the total number of family members dependent on the taxable income.
 - a) Consumers who by Adjusted Monthly Income and number of family members dependent on the taxable income fall within the shaded areas on the chart are eligible for services funded by Division of Behavioral Health. Costs (as defined in Section II) associated with performance of services to eligible consumers may be billed to the Division.
 - b) Consumers who by Adjusted Monthly Income and number of family members dependent on the taxable income fall within the un-shaded area of the HHS/Division of Behavioral Health Financial Eligibility Schedule are not financially eligible for payment by the State. No costs associated with performance of these services may be billed to the Division.

V. Copayment Amount:

A. To determine the maximum copayment to be requested from a consumer, on the DHHS/Division of Behavioral Health Financial Eligibility Schedule:

1. Locate the Adjusted Monthly Income amount on the appropriate schedule:
 - a) **Hardship Fee Schedule:** For individuals who have met one or more of the hardship criteria;
 - b) **Emergency Access Services Fee Schedule:** For individuals receiving assistance from Crisis Response Team, Emergency Community Support, Housing Related Assistance, 24-hour hotlines, or in a peer run hospital diversion program where individuals can stay less than 24 hours;
 - c) **Financial Eligibility Fee Schedule:** For all individuals eligible to receive DBH funded services but who are not eligible for other approved fee schedules.
2. Locate the total number of family members dependent on the taxable income.

3. The box where the column and row intersect is the amount or rate that can be charged to the consumer for each appointment or unit of service.

B. The RBHA shall adopt a policy for use in determining the financial eligibility of all consumers and shall adopt a uniform schedule of fees and copays, based on the policy and schedule developed by the Division, to be assessed against consumers utilizing community based behavioral health services in the region. Each RBHA shall assure that its policy and schedule of fees and copays are applied uniformly by the providers in the region.

C. A provider may not deny service to an individual solely on the basis of inability to pay a copayment. If a consumer is determined to have the ability to pay and is charged a copay amount, as determined by applying the Adjusted Monthly Income from the Eligibility Worksheet for NBHS Funded Service to the appropriate Fee Schedule (see Section V, Item A), but refuses to pay or is in arrears for the copayment amount, the provider may decline services to the individual until they have remitted payment(s).

D. The assessment of a consumer's financial eligibility is an ongoing process. The consumer's financial eligibility status must be re-assessed annually or when known changes occur such as changes in taxable income or number of dependents. The re-assessment may increase or decrease the co-pay obligations of the consumer.

E. Consumers who refuse to provide financial information shall be charged full cost of services. The provider may not bill the Division of Behavioral Health for any service for which the consumer is responsible due to failure to provide financial information or signed statement.

F. Any fees or copayments for Substance Abuse Education and Diversion programs are determined by the Region or other provider and are not subject to provisions of this policy.

G. Residential levels of care will receive payment based on the Division's established rates. In addition to room and board fees, a copayment may also be assessed. The room and board fee may not be in excess of actual costs (as defined in Section III.4) incurred for these services by the provider. All copayments charged must be in compliance with the DHHS Division of Behavioral Health Financial Eligibility and Fee Schedule.

H. For persons on whom payment of such fees would impose extreme hardship, an alternative fee schedule developed by the Division may be used following the same method as describe in Sections IV and V. Criteria for "hardship" will include:

1. Severe and persistent mental illness
2. Serious emotional disorder in youth 19 or under
3. Medical bills or medical debt in excess of 10% of the taxable annual income (as determined by taking (Taxable Monthly Income x 12) x 10%). A hardship may not be granted for non-medical related debt. If required, documentation of the debt may be obtained from statements or invoices from hospitals, doctors, labs, pharmacy, or similar medical related entities. Debt that is not medical in nature may not be used to determine eligibility for hardship.

Eligibility for the alternative hardship fee must be clearly documented on the Eligibility Worksheet.