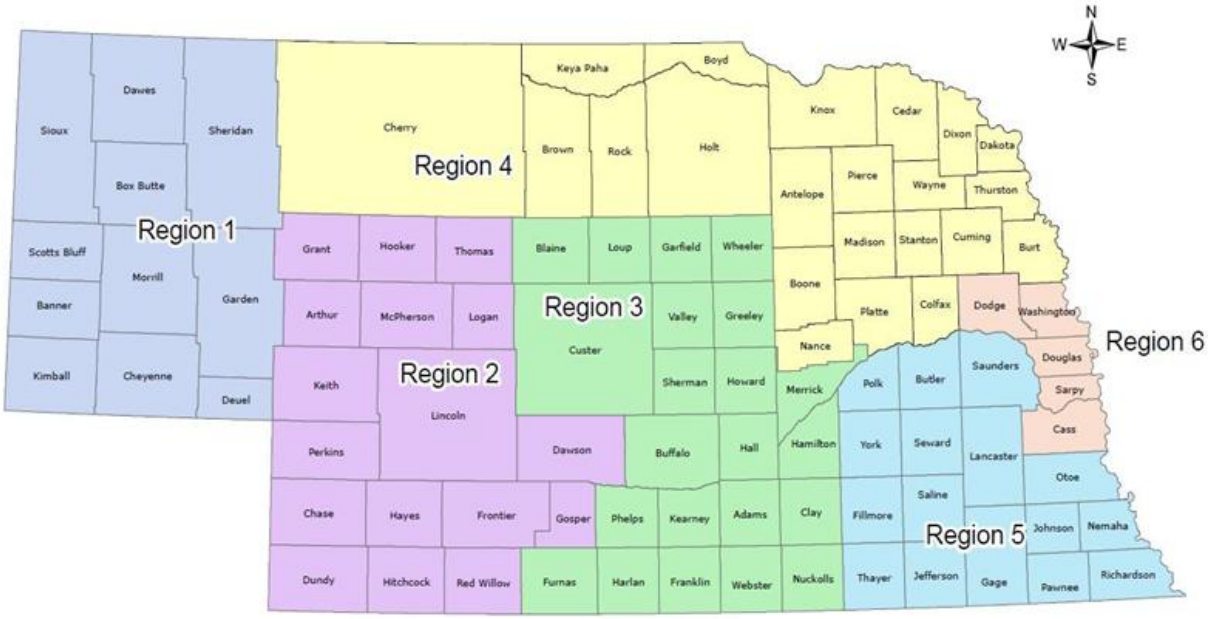
Nebraska Division of Behavioral Health

Service Definition Manual for Mental Health and Substance Use Disorders

Behavioral Health Regions



Supported by Title 206 of the Administrative Code for Behavioral Health Services

MISSION STATEMENT

THE DIVISION OF BEHAVIORAL HEALTH'S MISSION IS TO PROVIDE LEADERSHIP AND RESOURCES FOR A SYSTEM OF CARE THAT PROMOTES AND FACILITATES RESILIENCE AND RECOVERY FOR NEBRASKANS.

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For additional information, please reference The DBH Network Operations Manual.

General Definitions

Adult Services: Services provided to individuals 21 years of age or older

ASD: Autism Spectrum Disorder

Caregiver: A family member, friend or neighbor who provides unpaid assistance to a Medicaid and/or DBH recipient

Collateral Contact: Contacts which occur outside the provider organization without the beneficiary present and are related to the beneficiary's individual treatment, rehabilitation, and recovery plan.

Dual Diagnosis: The condition of having a diagnosis of both a mental health disorder and a substance use disorder at the same time

IDD: Intellectual or Developmental Disability

In-Person: A visit in which the provider is in the same physical space as the member while services are provided

Institution for Mental Disease (IMD). An institution for mental disease (IMD) is defined as an entity with more than 16 beds that primarily provides inpatient or residential treatment for beneficiaries with mental diseases, according to federal regulations.

Licensed Clinicians: Individuals who hold an active license to practice medicine, nursing, psychology, applied behavior analysis, mental health or substance use disorder treatment. Licensed clinicians must meet the qualifications outlined in this document. Licensed clinicians must operate within their professional competencies, including documented training or experience in applied behavior analysis, or mental health or substance use disorder treatment as appropriate. Licensed clinicians may only include:

- Psychiatrist
- Physician
- Psychologist
- Provisionally licensed psychologist
- Advanced practice registered nurse (APRN)
- Physician Assistant (PA)
- Licensed Independent Mental Health Practitioner (LIMHP)
- Licensed Mental Health Practitioner (LMHP)
- Provisionally Licensed Mental Health Practitioner (PLMHP)

If providing treatment for substance use disorders only, licensed clinicians may also include:

- Licensed alcohol and drug counselor (LADC)
- Provisionally licensed alcohol and drug counselor (PLADC)

Medical Necessity: mental health and substance use disorder services must be provided in accordance with the medical necessity guidelines outlined in 471 NAC 1-002.02A

Medication Management: Medication management is the service provided by a physician, physician assistant (PA), or advanced practice registered nurse (APRN) focused on the monitoring and prescribing of psychopharmacologic agents

Non-Licensed Staff: Individuals who do not hold an active license to practice medicine, psychology, nursing, mental health or substance use disorder treatment.

Hospital Outpatient: An outpatient is defined as a person who has not been admitted as an inpatient but is registered on the hospital records as an outpatient and receives services, rather than supplies alone.

Supervision: Supervision by the supervising practitioner is defined as the critical oversight of a treatment activity or course of action that is intended to ensure quality care and promote professional development of the supervised practitioner.

Serious Mental Illness (SMI): Individuals with serious mental illness are defined as individuals that meet the following criteria:

1. A Diagnostic and Statistical Manual of Mental Disorders (DSM) (current edition) diagnosis consistent with a long standing serious and persistent mental illness with symptoms of sufficient severity and duration that it is expected to cause significant, ongoing, disabling functional impairments. These impairments are beyond the scope of the person's informal support system to remediate and require professional assistance to guide the individual to recovery.
2. Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate manner in two of three functional areas:
    a. Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks for basic adult functioning in three of five of the following:
        i. Grooming, hygiene, washing clothes, meeting nutritional needs;
        ii. Care of personal business affairs;

iii. Transportation and care of residence;
iv. Procurement of medical, legal, and housing services; or
v. Recognition and avoidance of common dangers or hazards to self and possessions.

b. Vocational/Education:
i. Inability to be employed or an ability to be employed only with extensive supports;
ii. Deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or
iii. Inability to consistently and independently carry out home management tasks.

c. Social skills:
i. Repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports;
ii. Consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or
iii. History of dangerousness to self/others.

Week: A period of seven days, beginning on Sunday and continuing through the following Saturday

Youth Services: Services provided to individuals 20 years of age or younger

General Provider Requirements

To participate in Nebraska Medicaid, providers of mental health, substance use, and applied behavior analysis services must comply with all applicable provider participation requirements codified in Title 471 Nebraska Administrative Code (NAC) 2 and 3. In the event provider participation requirements in Title 471 NAC 2 or 3 conflict with requirements outlined in 471 NAC 20, 32, or 35 the individual provider participation requirements in 471 NAC 20, 32, or 35 will govern.

To participate in DHHS-Division of Behavioral Health (DBH) services, providers of mental health and substance use must comply with all applicable provider participation requirements coded in Title 206 of the Nebraska Administrative Code (NAC) for Behavioral Health Services.

Medicaid should serve as the payor for all Medicaid eligible individuals and DBH will always be considered the payor of last resort.

Enrollment:

All licensed and non-licensed individuals providing mental health, substance use disorder, or applied behavior analysis services must be enrolled with Nebraska Medicaid.

Medicare Enrollment:

Nebraska Medicaid encourages all applicable providers to enroll with Medicare as it is expected that the billing provider is enrolled with both programs.

Medicare is the primary payer for services rendered to dual-eligible members. Once the claim is billed to Medicare, Nebraska Medicaid will act as the secondary payer and provide coverage according to coordination of benefits policy 471 NAC 3 section 005.

Provider Certification and Accreditation

Mental Health Substance Abuse Treatment Centers (MHSATCs) must be licensed by the DHHS Division of Public Health and accredited by the commission on accreditation of rehabilitation facilities (CARF), the joint commission (TJC), or the council on accreditation (COA), and accredited to provide the level of care applicable to the services they provide as required by DHHS Division of Medicaid and Long-Term Care (MLTC) and the Division of Behavioral Health.

The following provider types must be licensed by the DHHS Division of Public Health and accredited by TJC or AoA and must be accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC):

- Hospital
- Hospital Clinic

The following provider types must be accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to the services they provide as required by DHHS Division of Medicaid and Long-Term Care (MLTC) and the Division of Behavioral Health:

- Professional Clinic
- Assertive Community Treatment
- Community Support

Licensure Requirements

All providers subject to licensure must be appropriately licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC) and the Division of Behavioral Health and must maintain current licensure.

All providers subject to certification must be appropriately certified by the DHHS Division of Public Health, the DHHS Division of Behavioral Health, or the appropriate certifying entity, and must maintain current certification.

All providers, billing Medicaid and DBH services, must ensure that their staff meet the requirements outlined in this document.
All licensed and non-licensed staff providing mental health or substance use disorder services must:

1. Work within their scope of practice to provide treatment
2. Have documented training in rehabilitation, recovery principles and trauma informed care
3. Have documented training in cultural competence

If providing treatment for individuals diagnosed with substance use disorder:

4. Have documented training in the biopsychosocial dimensions of substance use disorder

Supervision Requirements

Supervision is a process in which the supervisor participates with supervisees to ensure quality of clinical care and professional development. Supervision is not a billable service for mental health and substance use disorder services, except when provided within the guidelines outlined for the service titled Annual Supervision, as described in this document. For Applied Behavior Analysis, supervision during direct patient care in accordance with ABA billing guidelines may be a billable service and must follow the requirements described in the Applied Behavior Analysis definition in this manual.
All licensed and non-licensed staff who are not eligible to practice independently under Nebraska state law must be supervised. The supervising provider must be:

1. Currently licensed and eligible to practice independently under Nebraska state law
2. Currently enrolled with Nebraska Medicaid and eligible to provide Medicaid services
3. Eligible to provide supervision to the supervisee under Nebraska state law and this document

4. Within their professional competencies to prescribe and oversee the service being provided

Supervision entails:

1. Oversight of treatment activity and course of action
2. Review of each individual's treatment plan and progress notes
3. Individual-specific case discussion
4. Periodic assessments of the individual
5. Diagnosis, treatment intervention or issue-specific discussion

Involvement of the supervisor, when applicable, must be reflected in the Initial Diagnostic Interview, the treatment plan and the documentation of interventions provided.

Supervision of Initial Diagnostic Interviews

Licensed and provisionally licensed clinicians who are eligible to complete IDIs in consultation with an independently licensed clinician include:

- Licensed mental health practitioner (LMHP)
- Provisionally licensed mental health practitioner (PLMHP)
- Provisionally licensed psychologist
- Specially licensed psychologist

The consulting clinician must be one of the following:

- Physician
- Psychologist
- Licensed Independent Mental Health Practitioner

When an IDI is performed by a clinician listed above, the following requirements must be met in order to bill for the Initial Diagnostic Interview:

- The IDI must be performed in consultation with an independently licensed clinician, who functions as a consultant clinician in accordance with the requirements outlined in this document, and the requirements of the DHHS Division of Public Health
- The consultant clinician must be licensed in Nebraska and enrolled with Nebraska Medicaid
- The consultant clinician must be immediately available to furnish assistance and direction, either face to face or via telehealth and shows evidence of supervision by the signing IDI.
- The clinician who is performing the IDI must be an employee of either the consultant clinician or the legal entity that employs the consultant clinician.

Clinical Director

Clinical Directors in mental health or substance use treatment centers must have experience and education in the treatment of mental health disorders, substance use disorders, or both, as appropriate to the treatment provided by the facility. Clinical directors in programs working with ASD or IDD treatment must have experience and education in the treatment of ASD or IDD, or both.

Clinical Directors must provide consultation and support to all program staff and the individuals served and are responsible for all clinical decisions. The Clinical Director must continually incorporate new clinical information into the program to assure program effectiveness and viability, ensure accurate organization and management of clinical records, and other program documentation.

Specific Provider Requirements

Licensed Clinicians: *All licensed clinicians must have current licensure in Nebraska and be enrolled with Nebraska Medicaid.*

Abbreviations and Terms

Advanced practice registered nurse (APRN)

Supervision required: no supervision required after completion of a transition-to-practice agreement as required by Nebraska state law

	Minimum Requirements:
All Services	Psychiatric experience

Anesthesiologist

Supervision required: No

	Minimum Requirements:
All Services	Must be licensed as an MD, DO, or CRNA

Licensed alcohol and drug counselor (LADC)

Supervision required: No

	Minimum Requirements:
All Services	• May provide services for substance use disorders only • Dual licensure as an LMHP or LIMHP is preferred

Youth Services	• Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or IDD services

Provisionally licensed alcohol and drug counselor (PLADC)

Supervision required: Must be supervised by a Physician, Psychologist, or LADC

	Minimum Requirements:
All Services	• May provide services for substance use disorders only • Dual licensure as an LMHP or LIMHP is preferred
Youth Services	• Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or IDD services

Licensed independent mental health practitioner (LIMHP)

Supervision required: No

	Minimum Requirements:
All Services	If providing treatment for individuals diagnosed with substance use disorder, dual licensure as an LADC is preferred
Youth Services	Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or IDD services

Licensed mental health practitioner (LMHP)

Supervision required: No

	Minimum Requirements:
All Services	If providing treatment for individuals diagnosed with substance use disorder, dual licensure as an LADC is preferred
Youth Services	Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or IDD services

Provisionally licensed mental health practitioner (PLMHP)

Supervision required: Must be supervised by a Physician, Psychologist, LIMHP, or LMHP

	Minimum Requirements:
All Services	If providing treatment for individuals diagnosed with substance use disorder, dual licensure as an LADC is preferred
Youth Services	Equivalent of one year of full-time work experience or graduate studies in direct child or adolescent services, ASD or IDD services

Licensed practical nurse (LPN)

Supervision required: Must be supervised by a Physician, APRN, or RN

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

Physician (MD or DO)

Supervision required: No

	Minimum Requirements:
All Services	Board certified or board eligible psychiatrist preferred
ABA Assessment	Must have specific training and expertise in Applied Behavior Analysis

Physician assistant (PA)

Supervision required: Must be supervised by a Physician

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

Psychologist

Supervision required: No

	Minimum Requirements:
All Services	No requirements beyond licensure

Provisionally licensed psychologist:

Supervision required: Must be supervised by a Psychologist

	Minimum Requirements:
All Services	One year of supervised professional experience

Psychologist associate, Psychologist assistant, specially licensed psychologist

Supervision required: Must be supervised by a Psychologist

	Minimum Requirements:
All Services	Must be registered with the Nebraska Department of Health and Human Services, Division of Public Health

Specialty licensed psychologist

Supervision required: Must be supervised by a Psychologist

	Minimum Requirements:
All Services	No requirements beyond licensure

Psychiatrist

Supervision required: No

	Minimum Requirements:
All Services	Physician (MD or DO) who is a board certified or board eligible psychiatrist

Registered nurse (RN)

Supervision required: No

	Minimum Requirements:
All Services	Experience or education in the treatment of mental health disorders preferred

NON-LICENSED STAFF

Certified peer support provider

Supervision required: Must be supervised by a Physician, Psychologist, APRN, PA, LIMHP, or LMHP. May be supervised by a LADC if providing substance use services only

	Minimum Requirements:

All Services	• High school diploma or equivalent and one of the following,
	  • Two years of coursework in a human service field, or
	  • Two years of work experience in a human service field, or
	  • Combination of work experience and education in a human service field, with one year of education substituting for one year of experience, or
	  • Two years of lived recovery experience with demonstrated skills in treatment of individuals with a behavioral health diagnosis
	• Complete a Nebraska training program, with 60 hours or more training, and pass the certification exam to obtain Nebraska certification as a Certified Peer Support provider
	• Maintain Nebraska certification by completing continuing education requirements as identified by the certifying organization. The supervising

	practitioner assumes professional responsibility for the services provided by the Certified Peer Support provider

Community support worker

Supervision required: Must be supervised by a Physician, Psychologist, APRN, PA, LIMHP, or LMHP. May be supervised by a LADC if providing substance use services only

	Minimum Requirements:
All Services	○ High school diploma or equivalent and one of the following: ○ Two years of coursework in a human service field, or ○ Two years of work experience in a human service field, or ○ Combination of work experience and education in a human service field, with one year of education substituting for one year of experience, or ○ Two years of lived recovery experience with demonstrated skills in treatment of individuals with a behavioral health diagnosis

Direct care staff

Supervision required: Must be supervised by a Physician, Psychologist, APRN, PA, LIMHP, or LMHP. May be supervised by a LADC if providing substance use services only

	Minimum Requirements:
All Services	○ High school diploma or equivalent and one of the following: ○ Two years of coursework in a human service field, or ○ Two years of work experience in a human service field, or ○ Combination of work experience and education in a human service field, with one year of education substituting for one year of experience, or ○ Two years of lived recovery experience with demonstrated skills in treatment of individuals with a behavioral health diagnosis

General Service Requirements

All providers of services described in this document are subject to the following requirements:

Crisis Assistance

Crisis assistance must be available to all individuals served 24 hours a day, 7 days a week. If a provider is not able to provide access to 24/7 crisis services, they may refer individuals to telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. The resources provided and a plan for access must be included in the individual's Individualized Treatment, Rehabilitation and Recovery Plan.

Provider Competencies and Trauma-Informed Care

All services must be trauma-informed and providers should have training and competencies in effectively delivering services that meet the social, developmental, cultural, and linguistic needs of individuals served. Staff should receive appropriate training and demonstrate the ability to effectively interact with people across different cultures and backgrounds.
Treatment environments and procedures should be adjusted and adapted to account for individual's symptoms or sensory sensitivities as needed, such as lighting, sound, and touch preferences.

Documentation

All documents submitted to Nebraska Medicaid and the Division of Behavioral Health must contain sufficient information for identification on the member and provider. Additional documentation from the clinical record may be requested prior to considering authorization of payment so that determination of medical necessity or indication of active treatment can be objectively verified.
The beneficiary's clinical record must include:

- **Assessments and Diagnosis**

  Copies of all required assessment reports that have been completed with documentation of the individual's diagnosis, rationale for the diagnosis, and intervention recommendations.

- **Coordination of Care**

  The clinical record must contain documentation verifying any coordination with other treating providers, including when more than one provider is involved with the individual and family, or when referrals are made to other providers for medical, psychological, and psychopharmacology needs.

- **Discharge Planning and Discharge Summaries**

  Discharge planning should begin at the onset of treatment and is an ongoing process that occurs through the duration of service. The discharge plan must be strengths-based, person-centered, recovery-oriented, and trauma-informed. The discharge plan must be documented in the individual's record. The discharge plan must:

  - Begin on admission and be updated on an ongoing basis with the direct and active participation of the individual, as well as family, guardians, or other supports, as authorized by the individual.
  - Be a component of the Individualized Treatment, Rehabilitation, and Recovery plan and be consistent with the goals and objectives identified with the direct and active participation of the individual, family, or legal guardian as appropriate

  <u>Discharge Summary</u>

  - The discharge summary must be developed with the input of the individual, and must include family, guardians, or other supports, if appropriate and authorized by the individual. If the individual is unable to participate in the development of the plan (e.g. due to administrative discharge), the lack of participation and reason must be included in the discharge summary documentation. The individual's involvement with discharge planning should be appropriate to their age and ability, and providers may need to adapt their communication strategies to meet the individual's needs, including visual aids, clear and concise language, or alternative communication methods for those with speech and language difficulties.

The discharge summary must be documented in the individual's clinical record and contain the signature of the staff who wrote the plan and the supervising clinician and date of signatures. 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 narrative summary of service provided
3. Document the individual's progress in relation to the individual's treatment, rehabilitation, and recovery plan, addressing recovery-oriented goals identified by the individual and how strengths have been utilized
4. Describe the reason(s) for discharge
5. Document referral information, and
6. Include recommendations and/or arrangements not limited to:
    a. Any ongoing treatment and rehabilitative service needs
    b. Accessing and using medication
    c. Accessing physical health care
    d. Employment
    e. Transportation
7. Be made available to Nebraska Medicaid and/or the Division of Behavioral Health or delegate as requested in order to facilitate case management and coordination of care.

- **Family and Community Involvement**

  The individual's family, guardians, or other natural supports must be offered the opportunity to participate in the individual's treatment (assessment, treatment and recovery planning, psychotherapy and discharge planning), if appropriate and authorized by the individual. This participation or lack of participation must be documented in the individual's clinical record.

- **Progress notes**

  Each clinical record must contain a chronological record of all mental health, substance use disorder, or applied behavior analysis services provided to the individual, the date performed, the duration of the session (including session start and end times) , and the staff member who

conducted the session. Progress notes must document implementation of the individual's treatment, rehabilitation, and recovery plan. Progress notes must be completed within the time frame specified in the program's policies and procedures and document the unit(s) provided to the individual. Progress notes must:

- Include the date, place, and modality of the services (e.g. in-person, telehealth…)
- Substantiate each service provided through narrative description, including a summary of activities and interventions delivered during the service
- Include an accurate start and end time for the service
- Indicate how services provided relate specifically to goals and priorities identified in the individual's treatment, rehabilitation, and recovery plan
- Document the individual's participation in the service, and revision of goals and treatment activities as needed
- Document the individual's response to the session. Include the individual's opinion of progress being made in the individual's own words, if possible, if age and developmentally appropriate
- Periodically, the progress note should document collaborative review of progress measures and their patterns over time, directly with individuals to ensure care remains aligned with their goals, supports shared decision-making, and promotes meaningful progress toward improved well-being. These periodic measures of person-focused progress tracking should be standardized reports of symptom burden and/or functional status from the individual or their guardian.

- **Medications**

  A chronological account of any medications prescribed including the medication name, dosage, and frequency to be administered and individual's response

- **Treatment Planning**

  <u>Initial treatment plan</u>

  The initial treatment plan is an individualized, preliminary plan that addresses the short-term goals the program plans to achieve during the period from admission to completion of the Individualized Treatment, Rehabilitation, and Recovery Plan. The initial treatment plan shall be in effect until the Individualized Treatment, Rehabilitation, and Recovery Plan has been

developed. If an Initial Diagnostic Interview or Substance Use Disorder assessment has been completed within three months prior to admission and is determined to be relevant to the service provided by the admitting clinician, the recommendations from their assessments may serve as the initial treatment plan.

Individualized Treatment, Rehabilitation, and Recovery Plan

The Individualized Treatment, Rehabilitation, and Recovery Plan must be developed with the individual and must include family, guardians, and other supports as authorized by the individual. Each record must contain an individualized treatment, rehabilitation, and recovery plan that is recovery-oriented for all services provided based on the individualized and person-centered assessment of the individual and the requirements of this manual.

Treatment plan recommendations must be in accordance with the results of diagnostic interviews, testing and assessments performed. Regular, thorough reviews of the individual's progress, including documentation of progress and revision of goals as needed must occur on a regular schedule, as outlined in each service-specific definition in this manual. These reviews do not require a full reassessment of an individual and must occur regardless of insurance authorization period.

The individual's involvement with treatment planning should be appropriate to their age and ability, and providers may need to adapt their communication strategies to meet the individual's needs, including visual aids, clear and concise language, or alternative communication methods for those with speech and language difficulties.

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 individual's individualized goals and expected outcomes in their own words if possible
4. Contain prioritized objectives that are measurable and time-limited
5. Describe therapeutic interventions that are trauma-informed, person-centered, strength-based, and recovery-oriented

6. Identify staff responsible for implementing the therapeutic interventions
7. Specify the planned amount, frequency, and duration of each therapeutic intervention
8. Delineate the specific 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, including 24/7 crisis resources
10. Document that the individual treatment, rehabilitation, and recovery plan is completed within the time frame specified in Nebraska Medicaid regulations, DBH regulations, and this manual
11. Document that the plan has been developed, reviewed, updated, and revised with the direct and active involvement of the individual and their parents or guardians, as appropriate and authorized by the individual. If documentation shows that the individual is not achieving their goals, timely revision of the plan must be documented
12. Include the signature of the individual or guardian, or both, to indicate agreement with the plan. If the individual served is under the age of 19, the plan must be signed by a parent or guardian
13. Be approved and signed by the licensed clinician or supervisor if provisionally licensed
14.

Medication Management and Administration

Medication management:

Medication management includes the prescribing and monitoring of medications and is not required unless indicated in the definition in this manual for the service being provided. If medication management is listed as a required component of the service, it must follow the guidelines outlined in the medication management definition in this manual and may not be reimbursed separately.

Medication administration:

Medications must be administered under the supervision of an RN, or an LPN under RN supervision. Staff without a medical or nursing license who administer medications must hold a current Medication Aide certification from the DHHS Division of Public Health.

Nursing assessment and Physical Examination

Nursing assessments are not required unless indicated in the definition in this manual for the service being provided. If required, a nursing assessment must include the following elements and must be documented in the individual's clinical record and contain the signature of the nurse and date of signature.

Nursing Admission Assessment Summary

1. Past medical history: Prior hospitalizations, major illnesses, and surgeries
2. Assess pain: Location, severity, and use of a pain scale
3. Allergies: Medications, foods, and environmental; nature of the reaction and seriousness; intolerances to medications.
4. Medications: Confirm accuracy of the list, names, and dosages of medications include supplements and over-the-counter medications.
5. Activities: Check functional abilities (ADLs) and need for assistive equipment.
6. Falls and general risk assessment.
7. Psychosocial: Identify any signs of agitation, restlessness, hallucinations, depression, suicidal ideations, or substance use- may require a more focused assessment.
8. Nutrition: Appetite, changes in body weight, any nutritional needs.
9. Vital signs: Temperature, heart rate, respiratory rate, blood pressure, pain level on admission, oxygen saturation.
10. Any handoff information from other departments or agencies.

Physical Examination

11. Cardiovascular: Heart sounds; pulse regularity, presence of swelling, edema, or cyanosis.
12. Respiratory: Breath sounds, breathing pattern, cough, dyspnea on exertion.
13. Gastrointestinal: Bowel sounds, abdominal tenderness, any masses, bowel movements, nausea, vomiting, abdominal pain.

14. Genitourinary: Identify any voiding issues, for females any menstrual issues (if applicable).
15. Neuromuscular: Level of consciousness; speech clarity; pupil reactivity and appearance; extremity movement equal or unequal; steady gait; trouble swallowing.
16. Integument: general skin condition, any signs of skin breakdown, acute or chronic wounds.

Psychoeducational groups

Psychoeducational groups are informative sessions led by licensed clinicians, nurses, or direct care staff operating within their professional competencies that promote knowledge, skill development, and support in an interactive group setting. Psychoeducational groups must provide education, skill development, or support that is relevant to the individual's diagnoses and symptoms, and oriented towards one of the following areas:

- Mental health or substance use disorder diagnoses and symptoms
- Mental health or substance use disorder treatment strategies
- Crisis intervention planning
- Positive coping strategies and symptom management
- Wellness and recovery tools
- Self-help or support groups
- Substance use education
- Community resources and navigation
- Family dynamics and healthy relationships
- Positive leisure and recreational activities
- Vocational or educational resources
- Social skills and healthy communication
- Physical health and nutrition
- Independent living skills
- Medication education

Psychoeducational groups must be provided under the supervision of a licensed clinician. Groups must be face-to-face, and may be provided by licensed clinicians, nurses (RN or LPN under RN

supervision), or direct care staff as appropriate to their education, experience, and professional competencies. Medication education, if provided, must be provided by a registered nurse.

Psychotherapy Treatment Models

All psychotherapy treatments and interventions must identify a specific model and process and document reasonable fidelity to the validated process related to that model of psychotherapy. Play therapy, Art therapy, or Eye movement desensitization and reprocessing (EMDR) may be provided when determined by a licensed practitioner to be clinically appropriate and based on their professional competencies and medical necessity for the individual. Play and Art Therapy may be incorporated as part of individual, family, or group psychotherapy sessions as a complementary element to other treatment models used during psychotherapy services, not as an entire session.

Setting

Allowable settings for services are outlined by category as defined below. The exact determination is based on the appropriateness of the environment and the services provided.

Institutions for Mental Disease (IMDs): Medicaid and DBH do not reimburse services provided in IMDs except as outlined in Nebraska Administrative Code Title 471, Chapters 20, 32, and 35.

Definitions:

Home: Location, other than a hospital or other facility, where the patient receives care in a private residence.

- **Nursing facilities (NFs) and Assisted living facilities (ALFs):** services allowed in a home setting may be provided in an ALF or NF if the individual meets admission criteria for the service, unless the requirements in this manual specify they are disallowed in an ALF or NF setting.

Hospital: An inpatient facility which provides medical and psychiatric services by, or under, the supervision of physicians.

Community: A location other than a home that is not part of a hospital or residential treatment facility that is appropriate for the provision of outpatient services. Appropriateness should be determined by the treating clinician and include assessment of safety and access to privacy.

Limitations: The following settings qualify as a community location only if they meet the criteria outlined below:

- **School**: Services allowed in a community setting may be provided in a school if they are non-duplicative of school services, and the requirements within this manual do not specify that they are disallowed in a school setting. Medicaid and DBH do not reimburse providers for educational services, or services that are the legal responsibility of school districts.
- **Outpatient services provided by a hospital:** Hospitals billing outpatient psychiatry and psychology services must follow CMS coding guidelines for psychiatry and psychology services

Facility: A non-hospital facility that is not a skilled nursing facility which provides treatment to live-in residents who do not require acute medical care

Office or Clinic: A location that provides mental or physical health care on an outpatient basis. Includes services provided by an outpatient-only clinic that is part of a hospital.

Telehealth

Services which may be provided by telehealth are indicated on the Mental Health and Substance Use fee schedule. If a service is listed in the Mental Health and Substance Use Disorder fee schedule with telehealth modifier 93 or 95, or by indication in the DBH CDS system, then the service may be completed via telehealth if the following criteria are met:

- Telehealth is provided in alignment with the requirements outlined in Nebraska Administrative Code Title 471, Chapter 47
- There is clinical documentation that the use of telehealth will adequately meet the needs of the individual as determined by the clinician
- The reason for the use of telehealth is documented and appropriate for the service. Documented transportation barriers that affect access to services are an allowable reason for the use of telehealth.
- Telehealth is not used solely for the convenience of the provider or the individual or caregivers or guardians.
- There are documented plans in place to keep the individual's environment safe
- There are documented plans in place to ensure protection of patient privacy

- The individual or their caregiver or guardian have regular access to technology and a secure internet connection
- There are documented plans in place for access to in-person services in cases of crisis, or if telehealth is no longer meeting the needs of the individual
- Telehealth services are performed within ethical guidelines for each provider's professional competencies and license.

If the fee schedule does not indicate a telehealth modifier for a service code, then the service is not allowed via telehealth.

General Service Limitations

Non-Covered Services

Services not covered include, but are not limited to:

1. Biofeedback services
2. Treatment that is primarily supportive, social or educational in nature
3. Treatment for prevention, maintenance, or socialization
4. Art, play, or music therapy when provided as the primary modality of treatment

Services must meet the following requirements:

- For rehabilitation services provided at a work site, the rehabilitation service must not be job tasks oriented.
- Any services or components of services which the basic nature is to supplant housekeeping, homemaking, or basic services for the convenience of a person receiving covered services (including housekeeping, shopping, childcare, and laundry services) are not covered.
- Services shall not be provided in an Institution for Mental Disease (IMD).
- Room and board is excluded from any services or rates provided in a residential setting.
- Transportation of children is not included in rehabilitation services or rates.
- Education services are not included in or eligible for payment by Nebraska Medicaid and DBH, and do not apply toward the hours of minimum treatment activities for any service in this section. Practitioners providing services to youth must be familiar with each youth's IEP and coordinate with the youth and the youth's school to achieve the IEP. Education services may not be the primary reason for rehabilitation admission or treatment. Academic education services, when required by law, must be available.

Specific Service Limitations

Payments to Physicians (MD or DO), Physician Assistants (PAs), and advance practice registered nurses (APRNs) for mental health and substance use disorder services.

To provide Nebraska Medicaid and Division of Behavioral Health covered behavioral health services, Physicians (MD or DO), Physicians Assistants (PAs), and advanced practice registered nurses (APRNs) must be enrolled with a provider group of either a hospital, a clinic (hospital-based clinic, licensed mental health center), or a professional clinic. The provider group must additionally be enrolled under the specialty type of psychiatric/mental health/substance abuse. Physicians (MD or DO), Physicians Assistants (PAs), and advanced practice registered nurses (APRNs) must be enrolled under a mental health specialty for the provider to provide Nebraska Medicaid covered behavioral health services.

When a physician, physician assistant (PA) or advanced practice registered nurse (APRN) provides psychotherapy services, medication management checks are considered a part of the psychotherapy service.

Certified Peer Support Services

In order to provide Certified Peer Support services via telehealth, there must be at least one documented in-person visit with the individual being served at least once every 30 days.
Certified Peer Support is an ancillary service and must be provided in conjunction with one or more behavioral health services provided by a licensed clinician. The individual must have at least one clinical encounter (e.g. psychotherapy, medication management) with a licensed clinician for every 60 days of peer support

Hospital Services

Detoxification Services

Payment for alcohol and chemical detoxification in a hospital setting is limited to medically necessary treatment, subject to utilization review. This period includes an average detoxification period of two to three days with an occasional need for up to five days when the beneficiary's condition dictates. A detoxification program for a particular beneficiary may exceed five days and

be covered if determined medically necessary by Nebraska Medicaid and the Division of Behavioral Health. Services when the detoxification needs of beneficiary no longer require an inpatient hospital setting are not covered.

Payments for psychiatric services

Medicaid covered psychiatric services will be paid in tiered rates for all psychiatric services in a hospital, regardless of the type of hospital providing the service. This includes services provided at a facility enrolled as a provider for psychiatric services which is not a licensed psychiatric hospital or a Medicare-certified distinct part unit. Payment for each discharge equals the applicable per diem rate times the number of approved beneficiary days for each tier. Payment is made for the day of admission, but not the day of discharge. Mental health and substance abuse services provided to beneficiaries enrolled in managed care for the mental health and substance abuse benefits package will be reimbursed by the managed care organization (MCO).

For DBH covered psychiatric services, review DBH billing codes.

Payment for hospital sponsored psychiatrist residential treatment facilities (PRTF)

Nebraska Medicaid reimbursement is capped at the psychiatric residential treatment facilities' (PRTF) usual and customary daily charges billed for eligible beneficiaries. Public psychiatric residential treatment facilities (PRTF) will be cost-settled annually. Payment rates do not include costs of providing educational, pharmacy and physician services.

For DBH covered psychiatric services, review DBH billing codes.

Payment for psychiatric adult inpatient subacute hospital services

Payments for psychiatric adult inpatient subacute hospital services are made on a per diem basis. The subacute inpatient hospital per diem rate is not a tiered rate. Payment will be an all-inclusive per diem, with the exception of physician services.

For DBH covered psychiatric services, review DBH billing codes.

Rates for state-operated institutions for mental disease (IMD)

Institutions for mental disease (IMD) operated by the State of Nebraska will be reimbursed for all reasonable and necessary costs of operation. State-operated institutions will receive an interim per diem payment rate, with an adjustment to actual costs following the cost reporting period.

For DBH covered psychiatric services, review DBH billing codes.

Free-standing psychiatric hospitals

When a free-standing psychiatric hospital, (in Nebraska or out of state,) does not have ancillary services on-site, such as pharmacy or laboratory, the provider of the ancillary service must bill Nebraska Medicaid for the ancillary services provided to inpatients.

For DBH covered psychiatric services, review DBH billing codes.

Prior Authorizations

For services provided to beneficiaries enrolled in a managed care program, providers of mental health, substance use disorder, and applied behavior analysis services must follow prior authorization requirements of the applicable managed care plan or DHHS Division of Behavioral Health services requirements and the requirements outlined in this document.

DBH 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 an individual 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 an individual 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 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 individual. 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 Division or its designee and documented in the Centralized Data System (CDS).

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 an individual 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 individual.

Individuals discharging from Assertive Community Treatment (ACT) may be allowed a 30 day period of transition when discharging and moving to a lower level of 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 individual's record. The Division will reimburse at the full program rate per day. Leave in excess of established time frames (21 days or 30 days for ACT per annum) must be approved by the Division or its designee and documented in the CDS.

DBH Only Services

24-HOUR CRISIS LINE

The 24-Hour Crisis Line must be answered by a live voice 24 hours a day, 7 days a week and can link to a licensed behavioral health professional, law enforcement, and other emergency services. The 24-Hour Crisis Line is designed to assist callers in pre-crisis or crisis situations related to a behavioral health problem. The desired outcome is to ensure the safety of the Individual in a time of distress that has the potential to lead to a life-threatening situation.

Service category	Behavioral Health
Allowable Settings	• Community • Office or Clinic
Billing Information	DBH fee codes for this service are: • 24 Hour Crisis Line-MH • 24 Hour Crisis Line-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • Verbal report of a current behavioral health pre-crisis or crisis situation • Verbal request for assistance in the pre-crisis or crisis situation
Service Requirements	Assessments: • Perform brief screening of the intensity of the crisis situation Support Services: • Work with the Individual toward immediate relief of Individual's distress in pre-crisis and crisis situations; reduction of the risk of escalation of a crisis; arrangements for emergency on-site 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 Service	Call continues until the caller agrees to safely assume his/her activities or emergency assistance arrives or caller voluntarily ends call
Staffing Requirements	Direct Care Staff: sufficient to meet staffing ratios Additional Requirements: • On staff or consultative agreement with an LMHP, LIMHP, Social Worker, Psychiatrist, Psychologist, or Nurse Practitioner

	• All program staff must be trained in crisis de-escalation and intervention through a nationally accredited training program • Direct link to law enforcement and other emergency services. • Personal recovery experience is preferred for all positions
Staffing Ratio	Adequate staffing to handle call volume.
Hours of Operation	24 hours a day, 7 days a week
Continued Stay Guidelines	The Individual must meet all of the following continued stay guidelines to continue receiving this service: • The call continues until the pre-crisis or crisis is resolved or a licensed behavioral health professional, law enforcement, or other emergency service is deemed necessary and arrives to assist and support or the caller voluntarily ends the call
Desired Individual Outcome	• Caller experiences a reduction in distress • Callers experience a reduction in risk of harm to self or others • Caller is referred to appropriate services

CRISIS RESPONSE (MH OR SUD)

Crisis Response is designed to use natural support(s) and resources to resolve an immediate mental health or substance use crisis in the least restrictive environment by creating a plan with the Individual to resolve the crisis. The goal of the service is to develop and begin implementation of a crisis intervention plan, ensure safety, and access the necessary level of care.

Service category	Behavioral Health
Allowable Settings	• Community
Billing Information	DBH fee codes for this service are: • Crisis Response-MH • Crisis Response-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • Based on current information, further evaluation is required to determine service needs • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • Exhibits potential for risk of harm to self or others if support is not provided • It is expected that the individual will be able to benefit from this treatment

	• At risk of being placed in Emergency Protective Custody and/or hospitalized if support is not provided
Service Requirements	Assessments: • At contact with the Individual, conduct a risk assessment, including a brief mental health status and substance use disorder screening that shall include at least one of the following SBQR, ASQ, CAGE-AID, CSSRS to ensure youths and adults will be assessed for suicidality, homicidally, substance use, and current symptoms. The assessment must be sufficient to determine the appropriate level of care in which the Individual should be placed, and to evaluate whether the Individual can be managed safely at this level of care • Stanley-Brown Safety Plan developed with Individual and support system Support Services: • Face-to-face meeting with the Individual in crisis within one hour of initial contact, in-person response by 2 team members preferred • Provide 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 • Consultation with hospital emergency personnel, law enforcement, and community agencies as needed • Provide post crisis follow-up support with first attempt made within 24 hours of referral and 3 total attempts made within 72 hours including crisis disposition • Arrange for alternatives to psychiatric hospitalization if appropriate. • Contact 988 call center and advise the crisis counselor of the outcome of the crisis response event • Any Non-licensed Certified Peer Support Specialists and Direct Care Staff must respond with another staff member until they have completed all training • A licensed clinician must always be available to provide support, guidance, and direction to the responding team members. The clinician will respond within 30 minutes of contact by the team. Response may indicate a need for the clinician to arrive in-person and at that time, staff should determine if Crisis Psychotherapy services are needed. Crisis Psychotherapy should be billed appropriately.
Length of Service	Service continues until the initial emergency is stabilized, risk has decreased, and Individual is connected to behavioral health treatment as needed
Staffing Requirements	Crisis Response Staff: The following providers may provide this service: • 24/7 access to a Crisis Response Professional such as: • Licensed Independent Mental Health Practitioner (LIMHP)

	• Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Advanced Practice Registered Nurse (APRN) • Licensed Psychologist • Provisionally Licensed Psychologist • Certified Peer Support Specialist • Direct Care Staff • Registered Nurse with psychiatric experience, operating within their professional competencies Direct Care Staff: sufficient to meet staffing ratios Staff answering phones and providing triage for crisis assistance must have: • The ability to demonstrate skills and competencies in treatment with individuals with a behavioral health diagnosis, demonstrated by at least one of the following: • 2 years' direct care experience in a human service field; two years of training in a human service field; or a bachelor's degree or higher in psychology, sociology, or related human service field, which is preferred Additional Requirements: • Training for all team members who respond on-site includes CPR and First Aid, QPR/AMSR/CAM, interpretation services, Opioid Overdose Safety (Narcan), Trauma-Informed Services, Mental Health First Aid (All non-licensed staff), SBQR and ASQ, CAGE-AID, CSSRS, Stanley-Brown Safety Plan, and CALM training • Crisis Response teams that provide services to youth will complete youth specific training such as adolescent development, working with CFS or probation involved youth, EPC alternatives for youth 18 years old and under
Staffing Ratio	Minimum one-to-one in person (if certified or holds specified license listed above; non-certified or non-licensed requires two-to-one); two-to-one preferred
Hours of Operation	24 hours a day, 7 days a week
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines
Desired Individual Outcome	The Individual has a plan in place to mitigate the crisis and will be able to safely remain in the community OR is safely transferred to additional psychiatric care

EMERGENCY COMMUNITY SUPPORT

Emergency Community Support is designed to assist individuals who can benefit from high levels of support due to an urgent behavioral health need. Often individuals are either at risk of loss of community residence due to behavioral health crisis, are homeless, or are transitioning from a psychiatric hospital into a community setting. This service offers stabilization during a behavioral health crisis by providing case management, behavioral health referrals, assistance with daily living skills, and coordination between the Individual, the formal and informal support system, and behavioral health providers.

Service category	Behavioral Health
Allowable Settings	• Community • Home
Billing Information	DBH fee codes for this service: • Emergency Community Support-MH • Emergency Community Support-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • Experiencing a behavioral health crisis • At risk of needing a higher level of care if support is not provided. • It is expected that the individual will be able to benefit from this treatment • Individual demonstrates a need for support in coordinating treatment/recovery/rehabilitation options in the community • It is expected that the Individual will be able to benefit from this treatment
Service Requirements	Assessments: • Conduct a risk assessment and safety plan within 3 days of referral or, if Individual is hospitalized, within 3 days of discharge from the hospital • Complete a strengths-based assessment with the Individual within 14 days of referral Support Services: • Individual assisted in initiating resources such as SSI, housing, SNAP, and Medicaid as needed • Education to Individual/family/significant others with the Individual's permission as needed • Referrals to appropriate community-based behavioral health services • Collaboration with psychiatric hospital and hospital emergency personnel, and community agencies as needed • Arrange alternatives to psychiatric hospitalization as needed • Contact requirements with Individual: • Minimum of 1 hour of direct contact is expected for all individuals • For individuals transitioning from hospitalization-A minimum of 6 hours (including direct and indirect) per month • For individuals not transitioning from hospitalization-A minimum of 4 hours (includes direct and indirect) per month

	• Documentation of rationale for not achieving either contact requirement (6 hours per month or 4 hours per month) should be documented in the Individual's plan Treatment Planning: • An initial treatment/recovery/rehabilitation plan must be developed within 5 days of admission for staff guidance and direction of service • The Individualized Treatment/Rehabilitation/ Recovery Plan, including a crisis prevention, will be finalized within 14 days of admission • Clinical consultation on the Individual's service plan must occur at least once a month Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	Service continues until the initial emergency is resolved and the Individual is connected to behavioral health treatment, as needed. Typically, less than 90 days
Staffing Requirements	Program Director: • Must have the following: A bachelor's degree or higher in psychology, sociology, or a related human services field is required. Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in the human service field is preferred. Direct Care Staff: sufficient to meet staffing ratios Additional Requirements: • Access to consultation with licensed professional(s) in the fields of medicine, psychopharmacology, behavioral health, and program design, as needed
Staffing Ratio	1 Staff: 15 Individuals
Hours of Operation	24 hours a day, 7 days a week
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines
Desired Individual Outcome	• The Individual has made progress on treatment goals and has completed a crisis prevention plan • Initial emergency necessitating care has substantially resolved • The Individual can remain psychiatrically stable in a community setting of choice

	• The Individual has a community-based support system arranged

HOSPITAL DIVERSION

Hospital Diversion is a peer-operated service designed to assist individuals in decreasing psychiatric distress which may lead to hospitalization. Hospital Diversion offers individuals the opportunity to take control of a crisis or potential crisis and develop new skills through a variety of traditional self-help and proactive tools designed to maintain wellness. Certified Peer Support Specialists provide contact, support, and/or referrals for services, as requested, during and after the stay, as well as operating a Warm Line. Hospital Diversion settings are fully furnished for comfort. Participation in the service is voluntary.

Service category	Behavioral Health
Allowable Settings	• Home • Facility
Billing Information	DBH fee codes for this service: • Hospital Division Less than 24-MH • Hospital Division Over 24 Hours-MH
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association, which requires and can reasonably be expected to respond to therapeutic intervention or high risk for relapse • The Individual is medically stable and does not meet acute in-patient hospitalization criteria • It is expected that the individual will be able to benefit from this treatment • The Individual has implemented personal crisis/relapse prevention plan. • The Individual voluntarily admits self
Service Requirements	Assessments: • Conduct a risk assessment including brief mental health status and substance use disorder screening tools such as SBQR, ASQ, CAGE-AID, CSSRS to ensure the Individual is assessed for suicidality, homicidally, substance use disorder, and current symptoms. The assessment must be sufficient to determine the appropriate level of care in which the Individual should be placed, and to evaluate whether the Individual can be managed safely at this level of care. Support Services: • Individuals may be self-referred, or individuals can be referred by a professional or family member with input from the Individual

	• The provider makes space available for food, storage, and management of medications • The setting has available common spaces as well as private areas • Individuals are responsible for transportation to and from the program • Equipped with self-help and proactive tools to maintain wellness • Education is available on behavioral health disorders, treatments, community resources, and other topics related to mental health and co-occurring disorders. Education on an array of pre-crisis and crisis/relapse prevention tools • Follow up calls available within 24 hours of discharge • Program documentation on the peer-to-peer engagement, activities, supports; presence/or absence of other services; WRAP review (stressors, resolution, etc.); contact with current services if requested • Support may include a referral for visits with a Certified Peer Support Specialist to provide post discharge support • Warm Line available Treatment Planning: • Interview and registration information completed to gain understanding of how to best support the Individual and tailor the Wellness Recovery Action Plan (WRAP) • Review and/or implementation or provision of a WRAP Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service and must be completed prior to discharge
Length of Service	Until the Individual no longer needs to be diverted from a higher level of care, the initial urgent issue has substantially resolved, and the Individuals is connected to follow on care as needed and desired
Staffing Requirements	Program Manager: Must have the following: • A bachelor's degree or higher in human services field or equivalent course work, 2 years of experience/training with demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis and • Be on site and available by phone 24 hours a day,7 days a week Certified Peer Support Specialists Additional Staff: • Staffed at all times when individuals are present and to cover established Warm Line hours • Staff may consist of additional part-time, or volunteers as needed • Staff and/or volunteers consist of individuals with specialized training in techniques of peer and recovery support. All staff must be trained to assist individuals in developing person centered,

	recovery focused crisis/relapse prevention plans • All staff and volunteers must be oriented to program management and safety procedures
Staffing Ratio	1 Staff:5 Individuals
Hours of Operation	24 hours a day,7 day a week access to service Warm line hours and coverage - minimum evenings and weekend hours
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • Individual demonstrates ability to engage/implement/review individualized crisis/relapse prevention plan goals and objectives
Desired Individual Outcome	• Access to least restrictive level of care that can safely address urgent needs • The Individual has taken control of the crisis or potential crisis – crisis abated and consistent with Wellness and Recovery Service Plan • The Individual has reviewed and/or developed a personal Wellness and Recovery Service Plan and substantially met their individualized goals and objectives • The Individual is able to return to previous living arrangements and is able to maintain independent living • The Individual has well established formal and informal community supports. • Successful diversion from psychiatric hospitalization is achieved

MENTAL HEALTH AND SUBSTANCE USE RESPITE

Mental Health and Substance Use Respite is a short-term program designed to provide shelter and assistance to address immediate needs for individuals transitioning between residential settings or who benefit from a break from the current home or residential setting. Respite provides a safe, protected, supported residential environment for people with serious mental health and/or a substance use disorder(s). The service supports an individual throughout the transition or break, provides linkages to needed behavioral health or substance use services, and assists in timely transition back into the community.

Service category	Behavioral Health
Allowable Settings	• Facility
Billing Information	DBH codes for this service: • MH Respite-MH • MH Respite-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual must demonstrate symptomatology consistent with a

	diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association, which requires and can reasonably be expected to respond to therapeutic intervention • At risk of needing a higher level of care if support is not provided • It is expected that the individual will be able to benefit from this treatment • The Individual requires 24-hour observation and supervision but not the constant observation of an inpatient psychiatric setting • It is expected that the Individual will be able to benefit from this treatment • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the Individual • Individuals may be voluntarily and/or referred by a professional or family member with input from the Individual
Service Requirements	Support Services: • 24/7 Staff Supervision • On-site services include periodic safety checks and monitoring, personal support services, medication monitoring, assistance with activities of daily living, limited transportation, and overnight accommodation including food and lodging • Consultation and/or linkages to behavioral health services, psychiatric treatment, pharmaceutical services, healthcare services, and emergency care • Provide referrals to behavioral health and other community resources as needed • Opportunities to be involved in a variety of community activities and services Treatment Planning: • An initial treatment/recovery/rehabilitation plan must be developed within 5 days of admission for staff guidance and direction of service Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the initial treatment/rehabilitation/recovery plan
Length of Service	Brief, transition focused care
Staffing Requirements	Program Manager: Must have the following: • A bachelor's degree or higher in human services field or equivalent course work, 2 years of experience/training with demonstrated skills and competencies in treatment of individuals with a behavioral health diagnosis Direct Care Staff: sufficient to meet staffing ratios

	All Staff must: • Have access to licensed professionals (LMHP, LIMHP, PLMHP, LADC, PLADC, Psychiatrist, Psychologist, Psychiatric APRN, LPN, or Registered Nurse) to aid, support, and direction to on-site staff members
Staffing Ratio	During awake hours: • 1 Direct Care Staff to no more than 12 Individuals During sleeping hours shift: • 1 Awake Direct Care Staff: 16 Individuals, with on-call support staff available
Hours of Operation	24 hours a day, 7 days a week
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines
Desired Individual Outcome	• The Individual can transition successfully to the previous environment or a new community setting • The Individual has a community-based support system arranged to assist in the current home environment • The initial need for respite has been resolved • The Individual has been connected to more intensive, longer term behavioral health care if required

CLIENT ASSISTANCE PROGRAM (CAP)

The Client Assistance Program (CAP sessions) covers up to 5 screening and brief intervention sessions annually without an Initial Diagnostic Interview (IDI). Focus is to include screening of current difficulties, identification of appropriate resources and/or referrals, and to provide brief interventions for presenting issues. CAP is an early intervention approach to dealing with such issues before they become unmanageable. CAP is intended to aid individuals and families for whom long-term intervention does not appear to be needed, or identify needs, match services, and complete referrals to appropriate services for the presenting problem(s). Service may be delivered via Telehealth or in-person.

Service category	Behavioral Health
Allowable Settings	• Community
Billing Information	DBH fee codes for this service: • CAP-MH • CAP-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual must demonstrate symptomatology consistent with a

	diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • The Individual demonstrates a need for support in coordinating treatment/recovery/rehabilitation options in the community that could reasonably be seen to be resolved in less than 5 sessions • It is expected that the Individual will be able to benefit from this treatment
Service Requirements	Assessments: • Conduct a risk assessment including brief mental health status and substance use disorder screening tools such as SBQR, ASQ, CAGE-AID, CSSRS to ensure the Individual is assessed for suicidality, homicidally, substance use disorder, and current symptoms. The assessment must be sufficient to determine the appropriate level of care in which the Individual should be placed, and to evaluate whether the Individual can be managed safely at this level of care. • If it is determined the Individual needs intervention exceeding 5 hours, the Individual should be discharged from the program and referred for further assessment and most appropriate level of care. At this point, an Initial Diagnostic Interview (IDI) shall be completed, and subsequent out-patient psychotherapy should be provided and billed. Support Services: • Implementation of strategies such as SBIRT (Screening, Brief Intervention, and Referral to Treatment) to support the Individual. Coping strategies and motivational enhancement strategies may be used as brief interventions to support the Individual while identifying any referral recommendations. • The results from the risk screening, brief interventions, and referrals/ recommendations shall include active family involvement, unless contraindicated • The provider will coordinate care with the Individual's primary medical provider, as applicable, and refer to other necessary services • Referrals to crisis assistance must be available 24 hours a day, 7 days a week Treatment Planning: • An initial treatment/recovery/rehabilitation plan must be developed within 24 hours of admission to guide each upcoming session with the provider that created the plan Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the initial treatment/rehabilitation/recovery plan • A discharge summary must be completed prior to discharge

Length of Service	Up to 5 sessions, per calendar year (.25 hours per unit, up to 4 units per session).
Staffing Requirements	Licensed Clinicians • For SUD CAP Sessions: Provisionally Licensed or Licensed Alcohol and Drug Counselor (PLADC or LADC)
Staffing Ratio	1 Staff: 1 Individual
Hours of Operation	Typical business hours with weekend and evening hours available providing this service by appointment
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • This level of care is the least intensive level of care at which the Individual's problems can be addressed effectively
Desired Individual Outcome	• The Individual or family has the ability to reach a more manageable level of functioning • The Individual has support systems secured as needed OR • Referral for and linking to medical, psychological or psychiatric services, including assessment • The Individual has established formal and informal community supports

INTENSIVE COMMUNITY SERVICES

Intensive Community Services are designed to promote independence, development of community living skills, and the prevention of the need for a higher level of care. Services are designed for individuals with serious mental illness, including those with co-occurring disorders, who experience frequent and debilitating symptoms resulting in high rates of use of acute and other intensive levels of care.

Service category	Behavioral Health
Allowable Settings	• Community • Home
Billing Information	DBH fee codes for this service: • Intensive Community Services-MH • Intensive Community Services-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • Ages: 19 years of age or older • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • It is expected that the individual will be able to benefit from this

	treatment • Persistent mental illness as demonstrated by the presence of the disorder for the last 12 months or which is expected to last 12 months or longer and will result in a degree of limitation that seriously interferes with the Individual's ability to function independently in an appropriate manner in 2 of 3 functional areas: • Vocational and Education: inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks • Social Skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others • Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in three of the 5 following: o Grooming, hygiene, washing clothes, meeting nutritional needs o Care of personal business affairs o Transportation and care of residence o Procurement of medical, legal, and housing services o Recognition and avoidance of common dangers or hazards to self and possessions • Functional deficits which require daily rehabilitation interventions 3 to 5 days a week to 6 hours per day in a structured day setting • It is expected that the Individual will be able to benefit from this service • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the Individual
Service Requirements	Assessments: • An Initial Diagnostic Interview (IDI) must be completed within 24 hours of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition. o If an IDI was completed within 12 months prior to admission, and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed and may serve as the admission IDI. Support Services: • Care coordination 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 • Frequency of contacts are as needed to address the presenting problem(s) with 6 total hours of contact per month (a minimum of 3 hours (from of the 6 total hours) must be face--to--face contact) • Provision of active rehabilitation and support interventions with focus on vocational/education, social skills, and/or activities of daily living, and other independent living skills that enable the Individual to reside in the community • Provide education, support, and coordination with the appropriate services prior, during, and after crisis interventions • If hospitalization or residential care is necessary, facilitate, in cooperation with the treatment provider, the Individual's transition back into the community upon discharge Treatment Planning: • An initial treatment/recovery/rehabilitation plan must be developed within 24 hours of admission to guide the first 30 days of treatment • Under clinical supervision, develop an Individualized Treatment, Rehabilitation, and Recovery Plan, including discharge plan, with the Individual within 30 days of admission • Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 90 days or more often as clinically indicated. Review must be completed with the Individual under the direction of a licensed clinician and must include family, guardians, and/or other natural supports as authorized by the Individual. Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay. The amount, duration, and frequency of the service should be documented in the treatment plan.
Staffing Requirements	Clinical Supervisor Must have the following: • Clinical supervision by a licensed person (APRN, RN, LIMHP, LMHP, PLMHP, Psychologist) that is working within the program to provide clinical consultation on the Individualized Treatment, Rehabilitation, or Recovery plan at least once a month Program Director Must have the following: • Demonstrated experience, skills, and competencies in behavioral health management. A master's degree in the human service field is preferred.

	Direct Care Staff: sufficient to meet staffing ratios
Staffing Ratio	1 Staff: 10 Individuals
Hours of Operation	24 hours a day, 7 days a week access to service during weekend/evening hours, or in time of crisis with the support of a mental health professional
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • The Individual participates in social and other personal recovery opportunities • The Individual demonstrates progress in relation to specific symptoms or impairments, but goals of treatment/rehabilitation/recovery plan have not yet been achieved
Desired Individual Outcome	• The Individual has established formal and informal community and/or natural supports • The Individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate • There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measures of improvement in functional areas

THERAPEUTIC CONSULTATION (ADULT)

Therapeutic Consultation provides mental health expertise, training, and technical assistance to assist service providers in supporting an Individual experiencing a mental health and/or substance use disorder. An intervention plan is developed and implemented to assist Individuals in functioning in their current environment while ensuring their safety and the safety of others. Therapeutic Consultation is necessary to improve the Individual's independence in their community.

Service category	Behavioral Health
Allowable Settings	• Community • Hospital • Facility • Office or clinic
Billing Information	DBH fee codes for this service: • Therapeutic Consult (30 min unit) ○ Billable activities include meeting with the consumer, report writing, collateral contacts and meeting with the Individual's support team. Transportation and lodging costs are included in the reimbursement rate. Services are capped at 90 units per fiscal year.
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service:

	• Individuals 19 years of age or older • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association, • It is expected that the individual will be able to benefit from this treatment • An Individualized Diagnostic Interview (IDI) is deemed insufficient to fully identify the root cause of the problematic behaviors and/or mental health symptoms or to develop an intervention plan that may include environmental modification or behavior replacement • The Individual's clinical condition causes significant interference in at least 2 functional areas (Social, vocational/educational, activities of daily living, and/or safety) • It is expected that the Individual will be able to benefit from this service

Service Requirements	Assessments:
	• An Initial Diagnostic Interview (IDI) must be completed within 12 months prior to the date of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition
	  ○ If an IDI was completed within 12 months prior to admission, and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed and may serve as the admission IDI
	  ○ IDI should include a review of records, safety planning or recommendations for the development of an intervention plan. Observations where the adult participates in activities are conducted at any time of the day or night in person or by Telehealth, depending upon when and where the behaviors occur.
	
	Support Services:
	• Consultation with the Individual's support team (face to face, via phone, or Telehealth) for a minimum of 2 conference meetings per episode of care. More frequent conferences may be necessary based on therapeutic needs. Team consultations must be documented.
	• Behavioral assessment, intervention plan development, and implementation
	• Behavioral interventions are designed to teach alternative behaviors and strategies, to address community and/or natural supports and create environmental modifications per the needs of the Individual
	• Referrals to crisis assistance must be available 24 hours a day, 7 days a week
	
	Treatment Planning:

	• An intervention plan for the Individual identified as the consumer of this service is developed from the assessment process. The plan includes behavioral interventions that are to be developed, piloted, implemented, evaluated, and revised, as necessary. • Individual strategies must be specific and measurable, and the intervention plan will be updated when not indicating progress Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	From initial consultation, until service expectations are met. Typically, consultation and plan development and written recommendations are completed within 30 days, with any additional referral and follow-up completed within 90 days
Staffing Requirements	Therapeutic Consultation Provider Must be one of the following: • Psychiatrist • Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Registered Nurse (RN) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Board-Certified Behavior Analyst (BCBA or BCBA-D) supervised by an LIMHP or Psychologist • For Substance Use Disorders Only: • Licensed Alcohol and Drug Counselor (LADC) • Provisionally Licensed Alcohol and Drug Counselor (PLADC) Direct Care Staff: Sufficient to meet staffing ratio Additional Requirements: • Staff should be trained in the best methods to interact with the Individual, goals for reduction of behavioral triggers, and/or diversionary activities to minimize behavioral incidents • Education on best practices in intervention strategies, medical and psychological conditions, and/or environmental impact to service delivery are provided to the Individual's team • Access to consultation with licensed clinician -in the fields of medicine, psychopharmacology, and behavioral health, as needed
Staffing Ratio	N/A
Hours of Operation	Typical business hours with weekend and evening hours available by appointment. The service provider will assure that the Individual, family, or caregiver is educated on accessing crisis services.

Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • The Individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate • All services and treatment are carefully structured to achieve optimum results in the most efficient manner possible consistent with sound clinical practice • Care is rendered in a clinically appropriate manner and focused on the Individual's behavioral and functional outcomes as described in the discharge plan • There is documented active discharge planning
Desired Individual Outcome	• Individual and family or caregiver have identified and implemented recommendations designed to address and minimize behavioral and emotional challenges related to the Individual's mental health and/or substance misuse; **and** • The promotion of social-emotional development, interpersonal growth, and self-management skills that are necessary for the Individual to participate and function successfully in their family, school, and community are continuing as documented in service plan

THERAPEUTIC CONSULTATION (YOUTH & ADOLESCENT)

Therapeutic Consultation provides mental health expertise, training, and technical assistance to assist service providers in supporting an Individual experiencing a mental health and/or substance use disorder. An intervention plan is developed and implemented to assist individuals in functioning in their current environment while ensuring their safety and the safety of others. Therapeutic Consultation is necessary to improve the Individual's independence in their community.

Service category	Behavioral Health
Allowable Settings	• Community (including approved or accredited schools, licensed childcare centers, afterschool programs, and other youth and adolescent-servicing organizations) • Facility • Office or clinic
Billing Information	DBH fee codes for this service: • Therapeutic Consult (30 min unit) ○ Billable activities include meeting with the consumer, report writing, collateral contacts and meeting with the Individual's support team. Transportation and lodging costs are included in the reimbursement rate. Services are capped at 90 units per fiscal year.
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service:

	• Individuals must be under 19 years of age • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • An Individualized Diagnostic Interview (IDI) is deemed insufficient to fully identify the root cause of the problematic behaviors and/or mental health symptoms or to develop an intervention plan that may include environmental modification or behavior replacement • The Individual's clinical condition causes significant interference in at least 2 functional areas (Social, vocational/educational, activities of daily living, and/or safety) • It is expected that the Individual will be able to benefit from this service

Service Requirements	Assessments:
	• An Initial Diagnostic Interview (IDI) must be completed within 12 months prior to the date of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition
	  ○ If an IDI was completed within 12 months prior to admission and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed to reflect the Individual's current functioning status and may serve as the admission IDI.
	  ○ An IDI should include a review of records, safety planning or recommendations for the development of an intervention plan. Observations where the adult participates in activities are conducted at any time of the day or night in person or by Telehealth, depending upon when and where the behaviors occur.
	• The assessment process is completed in collaboration with the staff, family members (when applicable) and includes assessment of risk levels, strengths, needs, and preferences, review of records, safety planning or recommendations for the development of an intervention plan. Observations where the identified Individual participates in activities are conducted at any time of the day or night in person or by Telehealth, depending upon when and where specific problematic behaviors occur.
	
	Support Services:
	• Consultation with the Individual's support team (face-to-face, via phone, or Telehealth) for a minimum of 2 conference meetings per episode of care. More frequent conferences may be necessary based on therapeutic needs. Team consultations must be documented
	• Behavioral assessment, intervention plan development, and implementation
	• Behavioral interventions are designed to teach alternative behaviors

	and strategies, to address community supports and create environmental modifications per the needs of the Individual • Referrals to crisis assistance must be available 24 hours a day, 7 days a week Treatment Planning: • An intervention plan for the Individual identified as the consumer of this service is developed from the assessment process. The plan includes behavioral interventions that are to be developed, piloted, implemented, evaluated, and revised, as necessary. • The assessment process leads to the development of an intervention plan to teach acceptable alternative behaviors and strategies to address behavioral health to the served youth and adolescent and Individuals on their support team. This may include educating staff in best methods in interacting with the youth and adolescent, reduction of behavioral triggers, or diversionary activities to minimize behavioral incidents, best practices in intervention strategies, medical and psychological conditions, and/or environmental impact to service delivery are provided to the Individual's team. Behavioral interventions are developed, piloted, implemented, evaluated, and revised, as necessary. The parent or guardian will be expected to sign the plan indicating their agreement and participation in developing the plan. • Individual strategies must be specific and measurable, and the intervention plan will be updated when not indicating progress Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan. • A discharge summary must be completed prior to discharge
Length of Service	From initial consultation, until service expectations are met. Typically, consultation and plan development and written recommendations are completed within 30 days, with any additional referral and follow-up completed within 90 days
Staffing Requirements	Therapeutic Consultation Provider Must be one of the following: • Licensed Psychiatrist • Physician • Licensed Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Registered Nurse (RN) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Board-Certified Behavior Analyst (BCBA or BCBA-D) supervised

	by an LIMHP or Psychologist • For Substance Use Disorders Only: • Licensed Alcohol and Drug Counselor (LADC) • Provisionally Licensed Alcohol and Drug Counselor (PLADC) Additional Requirements: • Staff should be trained in the best methods to interact with the Individual, goals for reduction of behavioral triggers, and/or diversionary activities to minimize behavioral incidents • Education on best practices in intervention strategies, medical and psychological conditions, and/or environmental impact to service delivery are provided to the Individual's team • Access to consultation with a licensed professional in the fields of medicine, psychopharmacology, behavioral health as needed
Staffing Ratio	N/A
Hours of Operation	Typical business hours with weekend and evening hours available by appointment. The service provider will assure that the Individual, family, or caregiver is educated on accessing crisis services.
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • The Individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate • All services and treatment are carefully structured to achieve optimum results in the most efficient manner possible consistent with sound clinical practice • Care is rendered in a clinically appropriate manner and focused on the Individual's behavioral and functional outcomes as described in the discharge plan • There is documented active discharge planning
Desired Individual Outcome	• Individual and family or caregiver have identified and implemented recommendations designed to address and minimize behavioral and emotional challenges related to the Individual's mental health and/or substance misuse**; and** • The promotion of social-emotional development, interpersonal growth, and self-management skills that are necessary for the Individual to participate and function successfully in their family, school, and community are continuing as documented in service plan

COORDINATED SPECIALTY CARE

Coordinated Specialty Care is a comprehensive, recovery-oriented team-based approach to treating early psychosis that promotes easy access to care, shared decision-making, strengths and resiliency, motivational enhancement skills, psychoeducational teaching skills, and collaboration with natural support. It targets

individuals aged 14 to 35 and their families for early intervention, restoration of age-appropriate activities, resiliency, and recovery.

Service category	Behavioral Health
Allowable Settings	• Community • Home
Billing Information	DBH fee codes for this service: • Coordinated Specialty Care-MH
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • Age: 14 years of age through 35 years of age • The Individual has a primary diagnosis, as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association, that includes psychosis and may include individuals with co-occurring disorders. Accepted diagnosis from this service include: a. F20.0 Paranoid schizophrenia b. F20.1 Disorganized schizophrenia c. F20.2 Catatonic schizophrenia d. F20.3 Undifferentiated schizophrenia e. F20.5 Residual schizophrenia f. F20.81 Schizophreniform disorder g. F20.89 Other schizophrenia h. F20.9 Schizophrenia, unspecified i. F21 Schizotypal disorder j. F22 Delusional disorders k. F23 Brief psychotic disorder l. F24 Shared psychotic disorder m. F25.0 Schizoaffective disorder, bipolar type n. F25.1 Schizoaffective disorder, depressive type o. F25.8 Other schizoaffective disorders p. F25.9 Schizoaffective disorder, unspecified q. F28 Other psychosis disorder not due to a substance or known physical condition r. F29 Unspecified psychosis not due to a substance or known physical condition • Symptoms of a psychotic disorder for a period lasting more than 1 week and no more than 2 years • Presence of functional deficits in 2 of 3 functional areas: Vocational/Education, Social Skills, and Activities of Daily Living o Vocational/Education: Inability to be employed or an ability to be employed only with extensive supports; or deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports; or inability to consistently and independently carry out home management tasks o Social Skills: Repeated inappropriate or inadequate social

	behavior or ability to behave appropriately only with extensive supports; or consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness; or history of dangerousness to self/others ○ Activities of Daily Living: Inability to consistently perform the range of practical daily living tasks required for basic adult functioning • The Individual can reasonably be expected to benefit from the Coordinated Specialty Care model • It is expected that the Individual will be able to benefit from this treatment
Service Requirements	Assessments: • An Initial Diagnostic Interview (IDI) must be completed within 12 months prior to the date of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition ○ If an IDI was completed within 12 months prior to admission and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed to reflect the Individual's current functioning status and may serve as the admission IDI • Additional assessments will be provided by the Coordinated Specialty Care team, to aid in treatment planning needs, including recovery and resiliency, mental health (including symptoms and functioning, if this has not already been done), illness management, physical health, family and other supports, and basic living needs • The Coordinated Specialty Care team is expected to meet regularly to discuss referrals, review consumer progress towards treatment goals and discuss care coordination needs • Care coordination activities can include coordination or assistance in accessing medical, psychiatric, psychopharmacological, psychological, social, education, housing, employment, 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 vocational/education, social skills, and/or activities of daily living, and other independent living skills that enable the Individual to reside in the community • The Coordinated Specialty Care team meets on a weekly basis, are led by the Program Director, and reviews all current active cases • Outreach, primarily by team lead, to community for education, referrals, and resources • Referrals to crisis assistance must be available 24 hours a day, 7 days a week

	Support Services: • The Coordinated Specialty Care team is expected to provide psychotherapy, family support and education, supported education, medication management, care coordination, and peer support (if the team has access to a certified peer) Treatment Planning: • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours to guide the first 30 days of treatment. • Plan should include input from formal or informal supports that have been chosen by the Individual • An individualized treatment plan is developed by the team within 30 days of admission that integrates Individual strengths and needs, formal and informal supports, measurable goals, and a documented discharge and relapse prevention plan/safety plan • Review the individualized treatment plan and discharge plan with the Individual's team, including the Individual, every 90 days, or as clinically indicated. Each review should be signed by members of the team and the Individual served. Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay
Staffing Requirements	Program Director Must have the following: • A bachelor's degree or higher, in psychology, sociology or a related human service field is required. A master's degree in a human service field is preferred • Demonstrated experience, skills, and competencies in behavioral health management Coordinated Specialty Care Team Must include the following: • Team Prescriber: o Must be one of the following: MD, PA, or APRN • Individual Resiliency Trainer: o Must be one of the following: Licensed Mental Health Practitioners (LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist) • Family Education Clinician: o Must be one of the following: Licensed Mental Health Practitioners (LIMHP, LMHP, PLMHP, Psychologist, Provisional Psychologist)

	• Program Director: o May also take the role of the Family Clinician on the team but must be a licensed mental health practitioner (LIMHP, Psychologist, Provisional Psychologist) Direct Care Staff: Sufficient to meet staffing ratio Certified Peer Support Specialist (Optional) Additional Requirement: • Supervision of service as required by the practitioner's license • All providers are to provide services within their scope of practice • Team will be trained in the NAVIGATE model
Staffing Ratio	1 Team: Up to 50 Individuals
Hours of Operation	Typical business hours with evening and weekend hours available by appointment, with 24/7 access to crisis intervention services
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • The Individual's treatment does not require a more intensive level of care and no less intensive level of care would be appropriate • There is reasonable likelihood of substantial benefits as demonstrated by objective behavioral measurements of improvement in functional areas • The Individual demonstrates progress in relation to specific symptoms or impairments, but goals of treatment/rehabilitation/recovery plan have not yet been achieved
Desired Individual Outcome	• Successful transition to a less intensive level of care • Individualized goals and objectives are substantially met • Crisis/safety/relapse prevention plan is in place • Active and ongoing engagement in educational or volunteer activities or is competitively employed and maintaining job of choice • Formal and informal support system in place • Stable in the community environment of choice

DAY SUPPORT

Day Support is designed to provide social support to individuals who currently receive, or have received, treatment for serious mental illness and are in the recovery process. The intent of the service is to support the Individual's wellbeing through the benefit of socialization, leisure skill development, communication and coping skill development.

Service category	Behavioral Health
Allowable Settings	• Facility
Billing Information	DBH fee codes for this service: • Day Support-MH
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • It is expected that the Individual will be able to benefit from this treatment • There are significant symptoms as a result of the diagnosis that interfere with the Individual's ability to function in at least one life area • This level of care is the least restrictive setting that will produce the desired results in accordance with the needs of the Individual • Individual desires support to engage in a personal recovery process • Medically and psychiatrically stable
Service Requirements	Assessments: • An Initial Diagnostic Interview (IDI) must be completed within 12 months prior to the date of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition. o If an IDI was completed within 12 months prior to admission, and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed and may serve as the admission IDI. Support Services: • Provide a therapeutic milieu with active treatment/recovery/rehabilitation activities led by individuals trained in the provision of recovery principles. These activities include skill building in areas such as community living, personal care, social relationships, vocational/educational, and use of leisure time. The Individual selects activities that meet their goals and needs. • Provide referrals to behavioral health and other community resources as needed • Access to support during pre-crisis or crisis situations, with active linkage to more intensive level of care if necessary Treatment Planning: • An initial treatment, recovery, and rehabilitation plan must be

	developed under clinical supervision within 24 hours of admission to guide the first 30 days of treatment • Review and update the Individualized Treatment, Rehabilitation, and Recovery Plan every 90 days or more often as clinically indicated. Review must be completed with the Individual under the direction of a licensed clinician and must include family, guardians, and other support authorized by the Individual. Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the client's ability to demonstrate progress on Individual treatment/recovery goals. The amount, duration, and frequency of the service will be documented in the treatment plan.
Staffing Requirements	Clinical Supervisor Must be one of the following: • Psychiatrist • Psychologist • Provisionally Licensed Psychologist • Advanced Practice Registered Nurse (APRN) • Registered Nurse (RN) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) And must be working in the program to provide clinical supervision, consultation and support to direct care staff and the individuals in the program Direct Care Staff: Sufficient to meet staffing ratio • Personal recovery experience preferred for all positions
Staffing Ratio	1 Staff: No more than 12 Individuals
Hours of Operation	Typical business hours with weekend and evening hours availability to provide this service by appointment
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • The Individual participates in social and other personal recovery opportunities
Desired Individual Outcome	• The Individual has established formal and informal community support • The Individual strengthens social skills, communication abilities, and connection to others in recovery • The Individual has substantially met the individualized Day Support

	treatment plan goals and objectives

RECOVERY SUPPORT

Recovery Support services promote successful independent community living by assisting individuals in achieving behavioral health goals, supporting recovery, and connecting the Individual to services aiding the goals. Recovery Support links individuals to community resources, identifies and problem solves barriers that limit independent living, and builds on strengths and interests that support wellbeing. Crisis relapse prevention, active case management, and referral to other independent living and behavioral health services are provided to assist the Individual in maintaining self-sufficiency and wellbeing.

Service category	Behavioral Health
Allowable Settings	• Community
Billing Information	DBH fee codes for this service: • Recovery Support-MH • Recovery Support-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual must demonstrate symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • Demonstrated inability to sustain independent housing and living without professional support • History of multiple treatment episodes and/or recent episode(s) with a history of poor treatment adherence or outcome • Requires assistance in obtaining and coordinating treatment, rehabilitation, and social services • It is expected that the Individual will be able to benefit from this treatment • Does not require more intensive intervention
Service Requirements	Assessments: • An Initial Diagnostic Interview (IDI) must be completed within 12 months prior to the date of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition ○ If an IDI was completed within 12 months prior to admission, and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed and may serve as the admission IDI

	Support Services: • Connection to community resources for behavioral health and independent community living needs • Advocacy, problem solving, active intervention for stabilization, prevention of increased impairment, and psychoeducation for illness management • Face-to-face contact a minimum of 1 time per month Treatment Planning • An initial treatment, recovery, and rehabilitation plan must be developed within 24 hours of admission and include a crisis and-/or relapse prevention plan that addresses mental health and/or substance use goals • A treatment/rehabilitation/recovery plan developed by the treatment team within 30 days of admission. The treatment plan is reviewed by the treatment team, including the Individual served, every 120 days or as clinically indicated Discharge Planning • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	The length of service is individualized and based on clinical criteria for admission and continuing stay, as well as the Individual's ability to demonstrate progress on Individualized treatment/recovery goals. The amount, duration, and frequency of the service will be documented in the treatment plan
Staffing Requirements	Recovery Support Worker: • High school diploma or equivalent; 2 years lived experience or 2 years direct care experience in the human services field; knowledge of community resources, trauma informed care principles, recovery and rehabilitation principles • Peer Support certification preferred Additional Requirement: • Supervision by a licensed clinician
Staffing Ratio	1 Recovery Support Worker: 50 Individuals
Hours of Operation	24 hours a day, 7 days a week including access to service during weekend/evening hours, or in time of crisis with the support of a behavioral health professional
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • Demonstrated ability to engage in individualized treatment/recovery/ rehabilitation goals and objectives

Desired Individual Outcome	• The Individual has substantially met the individualized Recovery Support Plan goals and objectives • The Individual demonstrates ability to maintain independent living without ongoing active intervention • The Individual has established formal and informal community supports

SUPPORTED EMPLOYMENT-EXTENDED SERVICES (ES)

Supported Employment-Extended Services (ES) is provided after an Individual has made the transition from Vocational Rehabilitation's Supported Employment services and determined necessary to maintain and advance in Individual employment absent the provision of supports. Supported Employment-ES serves individuals who have obtained competitive integrated employment and who have the most significant disabilities that constitute or result in a substantial barrier in retaining employment. Services are consistent with the Individual's strengths, abilities, interests, and informed choice. Transition from VR's Supported Employment services to SE-Extended Services requires that the individual has met their goal of stable competitive employment, while still requiring/ benefiting from recovery and rehabilitation supports to maintain stable community-based competitive employment. The nature of Extended Services will be similar to job stabilization with, the level of intensity and frequency of contacts and interventions gradually reduced.

Service category	Behavioral Health
Allowable Settings	• Community (including job sites, neutral setting away from workplace, clinic, or office)
Billing Information	DBH fee codes for this service: • Supported Employment-MH • Supported Employment-SUD
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual demonstrates symptomatology consistent with a diagnosis as outlined in the current edition of the Diagnostic and Statistical Manual (DSM) of Mental Disorders published by the American Psychiatric Association • Presence of functional deficits in 2 of the 3 functional areas: Vocational/Education, Social Skills, and Activities of Daily Living. **a**. Vocational/Education: inability to maintain stabilized employment without formal support **b**. Social Skills: repeated inappropriate or inadequate social behavior or ability to behave appropriately at place of employment without formal support **c**. Activities of Daily Living i. Grooming, hygiene, washing clothes, meeting nutritional needs ii. Care of personal business affairs iii. Transportation and care of residence

	iv. Procurement of medical, legal, and housing services; or v. Recognition and avoidance of common dangers or hazards to self and possessions **d**. Symptoms and functional deficits are related to the primary diagnosis. • The Individual has a desire to maintain competitive stable employment • It is expected that the individual will be able to benefit from this treatment • The Individual has achieved Stabilized Employment through Vocational Rehabilitation (VR) Supported Employment Services and documentation reflects the criteria below, with the SE specialist, to include: **a**. Employment information (name of employer, address, and direct supervisor; employee title, start date, average hours worked weekly, current wage, benefits) **b**. Person's progress towards individualized competitive job stabilization **c**. Description of job fading **d**. Current natural supports
Service Requirements	Assessments: • Perform brief screening of the intensity of the situation Support Services: • The Individual is currently employed and has reached stabilized competitive integrated employment through Vocational Rehabilitation Supported Employment services • The Individual has completed and signed the Supported and Customized Employment Job Stability Report • Initial face-to-face contact occurs after admission and continues based on an individual need with the goal of maintenance of self-sufficiency with minimal to no Extended Services support • On-site and off-site job support and job skill development, as needed and requested by Individual and employer, to avoid involuntary job loss • Coordination and participation with Individual's treatment, rehabilitation, and/or recovery team, as needed and requested by Individual • Documentation will include coordination with employers, other services and treatment providers, including medical providers, linkage to services and identified internal/-external supports • Oversight and regular monitoring for opportunities of advancement, per individual interest • Referrals to crisis assistance must be available 24 hours a day, 7 days a week Treatment Planning: • An initial treatment/recovery/rehabilitation plan must be developed

	within the first 30 days of admission and should include hours and wages worked, and relapse prevention plan • The treatment/rehabilitation/recovery plan must be reviewed, with the Individual's team, including the Individual, every 90 days, or as needed. Each review should be signed by members of the team, including the Individual served • A Crisis Relapse Prevention Plan must be created and reviewed quarterly with the Individual and updated, as needed Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan must be completed as part of the Individualized Treatment, Rehabilitation, and Recovery Plan • A discharge summary must be completed prior to discharge
Length of Service	Length of service is individualized and based on criteria for admission and continued treatment as well as Individual's ability to make progress on employment goals
Staffing Requirements	Program Director Must have the following: • Three years of experience in vocationally related service, vocational related degree preferred, or a Program Director of other rehabilitation service Supported Employment Specialist Must have the following: • 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 capable of performing all phases of vocational services (engagement, assessment, job development, job placement, job coaching, and follow-along supports) Additional Requirements: • All program staff must be trained in Individual Place and Support (IPS) model
Staffing Ratio	1 Employment Specialist: 25 Individuals
Hours of Operation	The program is flexible to meet employment needs including day, evening, weekend, and holidays
Continued Stay Guidelines	The Individual must meet all of the following continued stay guidelines to continue receiving this service: • The Individual continues to meet admission guidelines • The Individual is making progress towards vocational goals • There is documented active discharge planning
Desired Individual Outcome	• The Individual has made progress on the self-developed treatment/recovery plan goals and objectives • The Individual is competitively employed and maintaining a job of

	choice • The individual has support systems in place to help the Individual maintain stability in the community

PROFESSIONAL PARTNER PROGRAM (PPP)

The Professional Partner Program (PPP) uses the Wraparound model to serve individuals (youth/young adults) and their families who are experiencing behavioral health challenges. This service is appropriate for youth/young adults who are experiencing serious emotional disturbances and who have received a mental, behavioral, or emotional disorder diagnosis in the past year, which has resulted in functional impairment(s) that substantially interferes with or limits the youth/young adult's role or functioning in family, school, or community activities. This service can provide advocacy and an identified liaison on behalf of the youth/young adult and their family when accessing needed services, to coordinate services and all phases of treatment and support.

Service category	Behavioral Health
Allowable Settings	• Community
Billing Information	DBH fee codes for this service: • PPP-MH
Admission Criteria	The Individual must meet all of the following admission guidelines to be admitted to this service: • The Individual (youth/young adult) is between the ages of 3 and 25 years old • At enrollment or within 60 days of enrollment, the Individual must be diagnosed with a mental health disorder under the current edition of the Diagnostic and Statistical Manual (DSM) for Mental Disorders • Individuals with Developmental Disorders or Psychoactive Substance Use Disorders may be included if they co-occur with the serious emotional disturbance/serious mental illness and this pattern has existed for 12 months or longer or is likely to endure for 12 months or longer • The Individual must demonstrate significant functional impairments due to their behavioral health diagnosis which cannot be attributed to intellectual, sensory, or health factors. The Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment (PECFAS) will be utilized to determine functional impairments. The Individual is considered eligible with a CAFAS score of 80 or above or moderate/severe in two subscales. PECFAS score must be a 70 or above or moderate/severe score in two subscales. • The Individual will not be convicted of juvenile or criminal offenses during enrollment in wraparound services

	• It is expected that the individual will be able to benefit from this treatment • Individual must meet financial eligibility requirements
Service Requirements	Assessments: • An Initial Diagnostic Interview (IDI) must be completed within 12 months prior to the date of admission. The IDI must meet the requirements as noted in the Initial Diagnostic Interview Medicaid Service Definition ○ If an IDI was completed within 12 months prior to admission, and is determined to be clinically relevant, it may serve as the admission IDI. If there has been a gap in treatment of 6 months or more, or if there is new information available, an IDI addendum must be completed and may serve as the admission IDI • A CAFAS assessment and Descriptive Information Questionnaire (DIQ) entered into the centralized data system within 30 days from the date of enrollment • A screening for risk of suicide and other relevant screenings, as deemed appropriate. If necessary, a safety or crisis plan will be developed with the Individual at that time and reviewed every 90 days (at a minimum) or more often as needed. If needed, a referral for additional mental health support will be made (i.e. mental health counseling) Support Services: • Monthly team meetings to review the POC progress. These meetings should be face-to-face and documented in the progress file and any missed monthly meetings must be documented in the file • Wraparound Fidelity Index – EZ (WFI-EZ) is required and must be administered within 3-9 months following enrollment in the program Treatment Planning: • A Plan of Care (POC) (individualized service plan) that includes strengths and needs, bio-psychosocial dynamics such as mental health, substance use, residential, family, education, vocational, social/recreational, medical, legal, safety, and culture components. The POC will be a working document reflecting information gathered during the enrollment process, have measurable goals and specific interventions linked to the team members, and must be reviewed quarterly, at a minimum • Identification of team members will be determined and added to POC • The POC, and other supporting documentation, must be reviewed and updated under clinical guidance within 90 days of enrollment and annually (unless within 90 days of discharge). All/any reviews will need to be documented in the Individual's file

	Discharge Planning: • Discharge planning is an ongoing process that occurs through the duration of service. A documented discharge plan and/or transition plan must be completed as part of the Plan of Care (POC) and should be collaboratively developed by team. A copy will be provided to the Individual and/or their family prior to a formal discharge • A discharge summary must be completed prior to discharge
Length of Service	As identified by the Individual, the team members, and as determined clinically necessary
Staffing Requirements	Program Director Must have the following: • A bachelor's degree in a human service-related field, or equivalent field experience Clinical Consultation can be done by one of the following: • 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) • Nurse Practitioner Professional Partner Staff must have: • Background checks completed • Have a minimum of a bachelor's degree in a human service-related field or equivalent field experience • A minimum of 4 contact hours of orientation/training in topics that may include, but are not limited to, program policies and procedures, wraparound process, goal setting, suicide screening/prevention, boundaries and ethics, youth behavioral health. • A minimum of 40 hours of core training and shadowing experience include, but are not limited to, the wraparound process, screening/ enrollment/discharge procedures, confidentiality, ethics, youth mental health/ substance use, CAFAS/PECFAS and other tool utilization, POC development, safety planning, and family centered practice • At least 12 continuing education hours (every 2 years). Topics may include, but are not limited to, cultural competency, diagnostic health/therapeutic interventions for youth, wraparound, trauma, evidence-based practices, and IEP process • Monthly, at a minimum, direct, individual, and/or program supervision, and/or consultation, to maintain program fidelity, effectiveness and quality of care. Supervisions and/or consultation

	should also include the provision of program standards, service delivery, and appropriate care/case planning • Access to clinical consultation, as appropriate, to ensure quality and appropriate care and case planning • Access to clinical consultation must be available to staff in times of wraparound team emergency. This guidance is not meant to replace or substitute for the youth's medical care or exist as medically necessary interventions
Staffing Ratio	1 Professional Partner Staff: no more than 10-15 Individuals (youth/young adult) • Multiple individuals (youth/young adults) within the same family who individually meet the enrollment criteria, may be considered separate clients for the purpose of client load sizes
Hours of Operation	24 hours a day, 7 days a week
Continued Stay Guidelines	The Individual must meet all the following continued stay guidelines to continue receiving this service: • The Individual continues to meet the eligibility and admission guidelines • The Individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate • The Individual demonstrates progress in relation to specific symptoms or impairments, but goals of treatment/rehabilitation/recovery plan have not yet been achieved
Desired Individual Outcome	• Individualized goals and objectives are substantially met and • exhibits improved functioning, based on CAFAS scores • Individual and/or their family have established formal and informal community support • Reduced crises and/or the Individual and their family has a crisis/safety/relapse prevention plan is in place • The Individual attends school without excessive unexcused absences as evidenced by not having more than 9 unexcused absences a semester

Telehealth and DBH Shared Services Fee Codes

Effective January 1, 2024, the following services will be available via telehealth and phone for DBH services listed in this manual. Telehealth is defined as a medium that has an audio and visual component. Phone services are defined as services that may be delivered by audio only. In the chart below, an "X" indicates that the service is available for delivery via the indicated medium.

Mental Health Crisis Services				
Service	**Telehealth**	**Phone**	**Adult**	**Youth**
Emergency Psychiatric Observation DBH Billing Code: • Emergency Psychiatric Observation-MH			**X**	
Crisis Stabilization DBH Billing Code: • Crisis Stabilization-MH • Crisis Stabilization-SUD			**X**	**X**
24-Hour Crisis Line DBH Billing Code: • 24 Hour Crisis Line-MH • 24 Hour Crisis Line-SUD	**X**	**X**	**X**	**X**
Mental Health Respite DBH Billing Code: • MH Respite-MH • MH Respite-SUD			**X**	**X**
Emergency Community Support DBH Billing Code: • Emergency Community Support-MH • Emergency Community Support-SUD	**X**	**X**	**X**	**X**
Crisis Response DBH Billing Code: • Crisis Response-MH • Crisis Response-SUD	**X**	**X**	**X**	**X**
Client Assistance Program (CAP) • CAP-MH • CAP-SUD				
Hospital Diversion DBH Billing Code: • Hospital Division Less than 24-MH • Hospital Division Over 24 Hours-MH			**X**	**X**

Mental Health Treatment Services: Hospital				
Service	**Telehealth**	**Phone**	**Adult**	**Youth**
Acute Inpatient Psychiatric Hospitalization DBH Billing Code: • Acute Inpatient Psychiatric Hospitalization-MH			**X**	**X**
Sub-Acute Inpatient Hospitalization DBH Billing Code: • Subacute Inpatient Psychiatric Hospitalization-MH			**X**	

Mental Health Treatment Services: Outpatient				
Service	**Telehealth**	**Phone**	**Adult**	**Youth**
Day Treatment DBH Billing Code: • Day Treatment-MH			**X**	**X**
Medication Management DBH Billing Code: • Medication Management	**X**		**X**	**X**
Initial Diagnostic Interview DBH Billing Code: • Initial Diagnostic Interview	**X**		**X**	**X**
Initial Diagnostic Interview Addendum DBH Billing Code: • Initial Diagnostic Interview Addendum	**X**		**X**	**X**
Individual Psychotherapy (30,45, or 60 mins) DBH Billing Code: • Individual Psychotherapy-MH	**X**		**X**	**X**
Group Psychotherapy DBH Billing Code: • Group Psychotherapy-MH	**X**		**X**	**X**
Family Psychotherapy DBH Billing Code: • Family Psychotherapy	**X**	**X**	**X**	**X**
Intensive Outpatient Individual Psychotherapy DBH Billing Code: • IOP Individual Psychotherapy-MH (60 mins) • IOP Group Psychotherapy-MH (15 mins or 60 mins) IOP Direct Care Staff-MH (15 mins)	**X**		**X**	**X**

Certified Peer Support Services (per 15 mins) DBH Billing Code: • Certified Peer Support Services-MH	**Yes, but requires one in-person contact every 30 days**	**X**	**X**	**X**
Therapeutic Consultation-Adult or Youth/Adolescent DBH Billing Code: • Therapeutic Consult (30 min unit)	**X**	**X**	**X**	**X**

Mental Health and Substance Use Disorder Rehabilitation Services				
Service	**Telehealth**	**Phone**	**Adult**	**Youth**
Community Support Services (per 15 mins) DBH Billing Code: • Community Support-MH	**X**		**X**	**X**
Coordinated Specialty Care DBH Billing Code: • Coordinated Specialty Care-MH			**X**	**X-must be 14 years old**
Day Rehabilitation DBH Billing Code: • Day Rehabilitation-MH			**X**	
Recovery Support DBH Billing Code: • Recovery Support-MH • Recovery Support-SUD	**X**	**X**	**X**	
Supported Employment-Extended Services DBH Billing Code: • Supported Employment-MH • Supported Employment-SUD	**X**	**X**	**X**	**X**
Secure Psychiatric Residential Rehabilitation Services DBH Billing Code: • Secure Psychiatric Residential Rehabilitation Services			**X**	
Therapeutic Group Home DBH Billing Code: • **Therapeutic Group Home**			**20 years of age or older**	
Day Support DBH Billing Code: • Day Support-MH			**X**	

Professional Partners Program (PPP) DBH Billing Code: • PPP-MH	**X**	**X**	**X**	**X**
Assertive Community Treatment DBH Billing Code: • Assertive Community Treatment	**X**	**X**	**X**	
Psychiatric Residential Rehabilitation Services DBH Billing Code: • Psychiatric Residential Rehabilitation Services			**X**	

Substance Use Disorder				
Service	**Telehealth**	**Phone**	**Adult**	**Youth**
Substance Use Disorder Assessment DBH Billing Code: • Substance Use Disorder Assessment	**X**		**X**	**X**
Substance Use Disorder Assessment Addendum DBH Billing Code: • Substance Use Disorder Assessment Addendum	**X**		**X**	**X**
Community Support-ASAM 1.0 (per 15 mins) DBH Billing Code: • Community Support-SUD	**X**		**X**	**X**
Certified Peer Support Services (per 15 mins) DBH Billing Code: • Certified Peer Support Services-SUD	**Yes, but requires one in-person contact every 30 days**	**X**	**X**	**X**
Group Psychotherapy DBH Billing Code: • Group Psychotherapy-SUD	**X**		**X**	**X**
Family Psychotherapy DBH Billing Code: • Family Psychotherapy-SUD	**X**	**X**	**X**	**X**
Intensive Outpatient Individual Psychotherapy DBH Billing Code: • IOP Individual Psychotherapy-SUD (60 mins) • IOP Group Psychotherapy-SUD (15 mins or 60 mins) • IOP Direct Care Staff-SUD (15 mins)	**X**		**X**	**X**

ASAM 3.1-Clinically Managed Low-Intensity Residential DBH Billing Code: • ASAM 3.1-Clinically Managed Low-Intensity Residential			**X**	
ASAM 3.1 -Adult SUD Therapeutic Community DBH Billing Code: • ASAM 3.1 -Adult SUD Therapeutic Community			**X**	
ASAM 3.1- Adult Intermediate Therapeutic Residential, Co-occurring capable DBH Billing Code: • ASAM 3.1- Adult Intermediate Therapeutic Residential, Co-occurring capable			**X**	
Adult SUD Short Term Residential, Co-occurring Enhanced DBH Billing Code: • Adult SUD Short Term Residential, Co-occurring Enhanced			**X**	
Adult SUD Dual Diagnosis Residential DBH Billing Code: • Adult SUD Dual Diagnosis Residential			**X**	
ASAM 3.7- Withdrawal Management-Medically Monitored Residential Withdrawal Management DBH Billing Code: • ASAM 3.7-MMWM			**X**	
Opioid Treatment Program DBH Billing Code: • Opioid Treatment Program (OTP)	**X**	**X**	**X**	