

BEHAVIORAL HEALTH PLAN SYSTEM REDESIGN 2003

EXHIBIT N MentalHealth Document consists of 50 pages.

- ☒ Entire document provided.
- ☐ Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us.

Meeting Date 12/18/03

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Section #1
Mental Health Specialty Clinic

MENTAL HEALTH SPECIALTY CLINIC

Definition and Requirements

Mental Health Specialty Clinics are public or private entities that provide 1) outpatient services, including specialized services for children, the elderly, individuals who are experiencing symptoms relating to DSM-IV diagnosis or who are mentally ill, and residents of its mental health service area who have been discharged from inpatient treatment, 2) 24-hour per day emergency care services and 3) screening for recipients being considered for admission to inpatient facilities.

For purposes of Medicaid reimbursement, Mental Health Specialty Clinics must:

1. Meet the qualifications to become a Medicaid contracted service provider through Medicaid's provider support/enrollment unit.
2. By no later than December 31, 2005, or in a designated time in accordance to the Medicaid contract be accredited through one of the following national accreditation/credentialing organizations: 1) Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), 2) Commission on the Accreditation of Rehabilitative Facilities (CARF) or Council on the Accreditation on Children and Families (COA).
3. If applicable, comply with state licensure requirements (currently there are none).
4. Be under the direction of a Medical Director (MD) who is a Nevada licensed psychiatrist.
5. Assure all applicable services to clients are furnished under the direction of a Nevada licensed psychiatrist.
6. Provide clinical services by Nevada licensed professionals in accordance with the minimal qualifications established for each of the service categories. This includes: 1) Licensed psychiatrists, 2) Licensed psychologists (Ph.D.), 3) Licensed Clinical Social Workers (LCSWs), 4) Licensed Marriage and Family Therapists (LMFTs), 5) Licensed Advance Practitioner of Nursing (APN) in mental health, and 6) Psychiatric Registered Nurses (RNs).
7. Have the capability, as a minimum, to provide the following services: 1) Case Management/Care Coordination (Levels One and Two), 2) Assessment, 3) Therapies (individual, group and family), 4) Testing (psychological and neuropsychological) and 5) Medication Management (includes medications and medication counseling/education).

8. Have the capacity to provide, or network/coordinate with other providers who provide, the following services:
 - a. Targeted Case Management (TCM) Services (which can be provided only by state agencies who meet TCM criteria and qualifications for Medicaid clients at Level Three and higher).
 - b. Adult Mental Health Rehabilitative Treatment Services (Crisis Intervention, Psychosocial Rehabilitation, Residential Rehabilitation and Independent Living Skills).
 - c. Children's Mental Health Rehabilitative Treatment Services (Intensive Community Based Services, Rehabilitative Skills, Partial Rehabilitative Care, Therapeutic Foster Care Services, Level I (Basic) Group Home Care, Level II (Intermediate) Group Home Care and Level III (Advanced) Group Home Care).
9. Maintain such records as are necessary to fully disclose and describe the extent of clinical services provided to Medicaid-eligible clients, and to furnish the Nevada Division of Health Care Financing and Policy (DHCFP) with information as may be requested. This may include assisting Medicaid or its contracted agent with performing utilization reviews or audits, and matters related to state licensure and/or national accreditation.
10. Comply with any and all Medicaid policies pertaining to Medicaid's behavioral health services program, including mental health specialty clinics and level of service (LOS) requirements.

All Medicaid mental health specialty clinic service providers must comply with and meet the requirements of 42 CFR 440.90 (Clinic Services).

Section #2

Adult Services

SERIOUS MENTAL ILLNESS (SMI) DEFINITION

Definition

Adults with a serious mental illness (SMI) are persons:

- a. 18 years of age and older; and
- b. Who currently, or at any time during the past years (continuous 12 month period);
 1. Have had a diagnosable mental, behavioral or emotional disorder that meets the coding and definition criteria specified with in the Diagnosis and Statistical Manual of Mental Disorders (DSM-IV) (excluding substance abuse or addictive disorders, irreversible dementias as well as mental retardation, unless they co-occur with another serious mental illness that meets DSM-IV criteria);
 2. That resulted in functional impairment which substantially interferes with or limits one or more major life activities; and
- c. Functional impairment addresses the ability to function successfully in several areas such as psychological, social, occupational or educational. It is seen on a hypothetical continuum of mental health-illness and is viewed from the individual's perspective within the environmental context. Functional impairment is defined as difficulties that substantially interfere with or limit an adult from achieving or maintaining housing, employment, education, relationships or safety.

Methods used to determine an adult SMI:

- A licensed mental health professional (psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist or masters' degreed psychiatric nurse) performs SMI assessments/evaluations.
- Record Review
- Clinical Interview
- Based on individual need, administration of the Minnesota Multiphasic Personality Inventory (MMPI), Beck's Depression Inventory, Biopsychosocial or other assessment comparable tools.

LOCUS

The Level of Care Utilization System (LOCUS) for adults was developed by the American Association of Community Psychiatrists' Health Care Systems Committee Task Force on Level of Care Determinations in 2000.

LOCUS has three main objectives. The first is to propose a system of service needs for adult clients, based on six evaluation parameters. The second is to propose a continuum of service arrays which vary according to the amount and scope of resources available at each level of care in each of the four categories of service. The third is to propose a methodology for quantifying the assessment of service needs to permit reliable determinations for placement in the service continuum.

The LOCUS is divided into three sections. The first section defines six evaluation parameters or dimensions: 1) Risk of Harm; 2) Functional Status; 3) Medical, Addictive and Psychiatric Co-Morbidity; 4) Recovery Environment; 5) Treatment and Recovery History; and 6) Engagement. The second section of the document defines six levels of care in the service continuum, in terms of four variables: 1) Care Environment, 2) Clinical Services, 3) Support Services, and 4) Crisis Resolution and Prevention Services. The final section describes a proposed scoring methodology that facilitates the transition of assessment results into placement or level of care determinations.

The standardized LOCUS assessment tool is used to determine which of Medicaid's six levels of service (LOS) categories the patient is most appropriate for, including which services clients should receive within these levels of service.

LOCUS assessments must be conducted by either the targeted case manager (TCM) or mental health specialty clinic. They must be conducted at least every six months, or as often as needed, if suspected that the client has a change of condition and/or level of service (LOS) need.

Minimal qualifications required to perform the LOCUS are a bachelor's level in a health care field, licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), master's level psychiatric nurse, psychologist or psychiatrist.

MEDICAID BEHAVIORAL HEALTH LEVEL OF SERVICE (LOS) SYSTEM FOR ADULTS

Level	Service Criteria	Intensity of Service	Provided By:
LEVEL ONE Recovery Maintenance and Health Management	<ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis, including v-codes, that does <u>not</u> meet SMI criteria (excludes dementia and mental retardation) ➤ LOCUS Level One or above 	<ul style="list-style-type: none"> ➤ Clinic case management (3 face-to-face sessions per calendar year) ➤ Assessment/Evaluation (once per year) ➤ Individual, group or family therapy (6 sessions per calendar year) *** ➤ Medication Management*** (six times per calendar year). ➤ Crisis Intervention (CI) 	<ul style="list-style-type: none"> ➤ Any qualified mental health specialty clinic * (psychiatrist, psychologist, APN-MH, LCSW or LMFT). <p>This also includes current Medicaid providers.</p>
LEVEL TWO Low Intensity Community Based Services	<ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis, including v-codes, that does <u>not</u> meet SED criteria (excludes dementia and mental retardation) ➤ LOCUS Level Two or above 	<ul style="list-style-type: none"> ➤ Clinic case management (4 face-to-face sessions per calendar year) ➤ Assessment/Evaluation (once per year) ➤ Individual, group or family therapy (12 sessions per calendar year) *** ➤ Medication Management (8 times per calendar year) *** 	<p>Any qualified mental health specialty clinic *(psychiatrist, psychologist, APN-MH, LCSW or MFT).</p> <p>This also includes current Medicaid providers.</p>
LEVEL THREE High Intensity Community Based Services	<ul style="list-style-type: none"> ➤ DSM-IV Diagnosis Axis I or II (excludes V-codes, dementia, mental retardation or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ LOCUS Level Three or above ➤ SMI determination 	<p>All level two services plus:</p> <ul style="list-style-type: none"> ➤ Targeted Case Management ➤ Individual, group and family therapy (12 sessions per calendar year) *** ➤ Medication Management (12 times per calendar year)*** ➤ Psychosocial Rehabilitation ➤ Psychiatric Observation unit ➤ Mobile Crisis Response Team** ➤ Crisis Intervention (CI) 	<p>Any qualified mental health specialty clinic * (psychiatrist, psychologist, APN-MH, LCSW or LMFT).</p> <p>This also includes current Medicaid providers.</p> <p>Targeted Case Management to be provided by the state agency.</p>
LEVEL FOUR Medically Monitored Non-Residential Services	<ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excludes V-codes, dementia, MR, or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ LOCUS Level Four or higher ➤ SMI determination 	<p>All Level Three services plus:</p> <ul style="list-style-type: none"> ➤ Individual, group and family therapy (16 sessions per calendar year) *** ➤ Medication Management (12 sessions per calendar year)*** ➤ Adult Rehabilitative Day Treatment** ➤ Independent Living Skills (ILS) ➤ Program for Assertive Community Training (PACT) 	<p>Same</p>
LEVEL FIVE Medically Monitored Residential Services	<ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excludes V-codes, dementia, MR, or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ LOCUS Level Five or higher ➤ SMI determination 	<p>All Level Four services plus:</p> <ul style="list-style-type: none"> ➤ Individual, group and family therapy (18 sessions per calendar year)*** ➤ Residential Rehabilitation. 	<p>Same</p>
LEVEL SIX Medically Managed Residential Services	<ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excludes V-codes, dementia, MR, or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ LOCUS Level Six ➤ SMI determination 	<p>All Level Five services plus:</p> <ul style="list-style-type: none"> ➤ Inpatient Hospitalization 	<p>Inpatient hospital must be state licensed as a psychiatric hospital Medicare-certified and/or JCAHO accredited.</p>

* Medicaid provider Mental Health Specialty Clinics would be required to be JCAHO, CARF or COA accredited no later than 12-31-05

** Services proposed by MHDS not currently Medicaid covered benefits.

*** Caps may be exceeded only if clinically necessary, prior authorized is required if additional services are intended to keep the client as the least intensive LOC.

Adult Behavioral Health Service Categories

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
<p>ASSESSMENT: An Assessment consists of a clinical interview, including but not limited to, clinical history, psychosocial assessment, mental health status examination, and behavioral observations. Additionally, AXIS I – V diagnosis, as permitted by the clinician's scope of practice, prognosis for improvement and treatment recommendations are required.</p> <p>Must address psychological and social functioning, degree of impairment in functioning, potential for harm to self or others, degree of distress, and treatment history, including medications, physical illness per clients report, psychiatric and substance abuse treatment, current status and family history. Should include assessment of client's strengths, environmental and other support systems.</p> <p>Must identify the intensity of services required by the patient.</p> <p>Must include Level of Care Utilization System (LOCUS) standardized assessment.</p>	<p>A Nevada Licensed Ph.D. psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Advance Practitioner of Nursing (APN) in psychiatric mental health</p>	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ Have psychological stressors /events believed to be precipitants to the presenting problem. ➤ Must meet service criteria for Medicaid levels one through six. ➤ Must be face-to-face. 	Does not apply	Does not apply	Admission criteria not met	No prior authorization requirements.	<p>Level One and Two:</p> <p>One assessment per calendar year per provider. Two (2) hours per assessment per provider.</p> <p>Levels Three through Six:</p> <p>One assessment per calendar year per provider. Three (3) hours per assessment per provider per year.</p>	<p><i>On a quarterly basis, by provider:</i></p> <ul style="list-style-type: none"> ➤ Total number of clients receiving an assessment (unduplicated) at each level ➤ Total number of hours of services provided ➤ Primary diagnosis by number (including co-occurring disorders) ➤ Number of clients in each Level of Service (LOS) ➤ Percentage of clients receiving an assessment 	80 percent of clients will receive an assessment within 10 days of contacting the mental health specialty clinic.

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
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ASSESSMENT PSYCHIATRIC The psychiatric assessment is an evaluation performed by a psychiatrist licensed by the state of Nevada Board of Medical Examiners or by a psychiatric advance practice nurse performed under the supervision of a psychiatrist licensed by the State of Nevada Board of Medical Examiners. <i>The psychiatric assessment addresses all of the following areas:</i> <ul style="list-style-type: none"> ➤ Patient Identifying information ➤ Source of Information ➤ Chief complaint (as stated by the client) ➤ History of the present illness episode ➤ Past psychiatric history ➤ Past medical history and treatment ➤ Allergies ➤ Mental status including assessment of suicidal and homicidal risk, attitude, general behavior, affect, stream of mental activity, presence of absence of delusions and hallucinations, estimate of intellectual functions, judgment and assessment of orientation and memory. ➤ Asset assessment ➤ Complete DSM-IV Diagnosis including Axis 1 – 4. ➤ Initial Treatment Plan 	Psychiatrist licensed by the state of Nevada Board of Medical Examiners or a psychiatric advance practice nurse performed under the supervision of a psychiatrist licensed by the State of Nevada Board of Medical Examiners.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Referral from a licensed practitioner. ➤ Must meet service criteria for Medicaid levels one through six. ➤ Must be face-to-face. <i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Inpatient Psychiatric service setting ➤ Medication Clinic service setting ➤ Mental Health Specialty Clinic service setting ➤ Psychiatric emergency service setting 	Does not apply	Does not apply	Admission criteria not met.	No prior authorization requirements.	Service Limitations: No limitation on number of psychiatric assessments. However, each psychiatric assessment is limited to Two (2) hours per assessment per provider	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients receiving an assessment (unduplicated) ➤ Total number of hours of services provided ➤ Primary diagnosis by number (including co-occurring disorders) ➤ Percentage of clients receiving a psychiatric assessment 	For non-emergency settings, 80 percent of clients will receive a psychiatric assessment within 14 days of the referral for assessment. For emergency settings, 80 percent of clients will receive a psychiatric assessment within 48 hours of the referral for assessment.

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<p>CASE MANAGEMENT/CARE COORDINATION (Levels One and Two – Mental Health Specialty Clinic Services)</p> <p>Case Management/Care Coordination services provide coordination of necessary medical, social, educational and other services including referral and coordination of services to appropriate providers. Case Management is ongoing support, connecting clients to the services they need.</p> <p>Case Management/Care Coordination involves the identification, assessment, reassessment, linking, monitoring and evaluation of referrals and coordination of services. The objective of case management is to assist to maintain an individual at the least restrictive level of care.</p> <p>Case Management/Care Coordination Services at Levels One and Two can be provided by the mental health specialty clinics</p>	Registered Nurse (RN), Master's Level Professional (LCSW or LMFT), APN-mental health, psychologist or service coordinator with bachelor's degree in a health-related field.	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ Medicaid Level of Service: Level One or Two. ➤ Individual is experiencing a significant life stressor(s). ➤ An Axis I V-code disorder which does not meet SMI designation. ➤ An individual who might require assistance in obtaining and coordinating medical and social services without which the individual would require a more intensive level of care. 	Continues to meet admission criteria	Does not Apply	Does not Apply	Prior Authorization for services is not required	<p>Level One</p> <p>Three face-to-face contact sessions per calendar year.</p> <p>Level Two</p> <p>Four face-to-face contact sessions per calendar year (service units as defined by CPT code).</p>	<p><i>On a quarterly basis, by provider:</i></p> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of case management /care coordination face-to-face service contacts ➤ Primary diagnosis by number (including co-occurring disorders) ➤ Number of clients in each level of service ➤ Percentage of clients receiving care coordination / case management services 	Percentage of clients at Levels One and Two who went to Levels Three and higher

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
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CRISIS INTERVENTION Crisis Intervention (CI) services are provided to clients who are experiencing a psychiatric crisis and a high level of personal distress. They provide brief, immediate and intensive intervention to reduce symptoms, to stabilize the person, to restore them to their previous level of functioning and to assist them in returning to the community as rapidly as possible when they have been removed from their natural setting. These services may be provided in a variety of settings, including, but not limited to, psychiatric emergency departments, homes, hospital emergency rooms, jails, schools, juvenile detention center and homeless shelters	Registered Nurse (RN, with two years of psychiatric experience or psychiatric training and certification) or Master's Level professional (LCSW, LMFT), psychologist or psychiatrist.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II, including V-Codes. ➤ Medicaid Level of Service – Levels One through Six. ➤ Individual does not meet criteria for inpatient acute care. ➤ Individual has demonstrated an acute change in mood or thought that is reflected in the client's behavior and necessitates crisis intervention to stabilize and prevent hospitalization. ➤ Individual is a danger to himself, others or property, or is unable to care for self as a result of mental illness (POU). 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Client shows progress with the goals identified in the crisis treatment plan. ➤ Crisis treatment plan is focused on the patient's behavior and functional outcomes. ➤ Care is focused on the patient's behavioral and functional outcomes. ➤ Active Discharge Planning. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Crisis treatment plan goals and objectives have been substantially met. ➤ Client meets admission criteria for a less or more intensive level of care. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Non-Emergency related ➤ Dementia, mental retardation or primary Axis I diagnosis of substance abuse. 	No prior authorizations required	Medicaid reimbursement for services is limited to no more than 24-hours (hospital-based unit). Five (5) consecutive days of episodes of community-based services without reassessment or assessment for higher level of care (non-POU) No service limitations as long as admission and continuing stay criteria are met.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of Crisis Intervention (CI) treatment episodes ➤ Primary diagnosis by number (including co-occurring disorders) ➤ Percentage of all clients receiving CI services 	Percentage of clients kept in or returned to the community, with no inpatient hospital admission.

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INDEPENDENT LIVING SKILLS (ILS) Independent Living Training assists clients with instruction in basic living skills, including household management, self-care, social-communication skills, occupational-educational performance and medication compliance within the environment in which they live. Services are provided in the home or other community settings, must be reviewed and recommended every 90 days and must be based on an objective assessment of the client's skills deficits.	Trainer: High School Diploma or GED. The trainer's supervisor must have a minimum of a Bachelor's degree in a human services-related field. Group Home Provider: High School Diploma, GED, or three years experience related to providing independent living skills training.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excluding V-codes, dementia, mental retardation or a primary Axis I diagnosis of substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ Medicaid Level of Service - Levels Four through Six. ➤ Services will assist the client to stay in the community or progress to a more independent level of living. ➤ Client has the potential to develop or maintain skills such as personal hygiene, housekeeping, meal preparation, shopping and medication. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Client shows progress with goals identified in the treatment plan and barriers to making progress have been addressed. ➤ Treatment is focused on the client's behavioral and functional outcomes. ➤ Active Discharge Planning. 	Client demonstrates changes in condition which warrants a more or less intensive supportive service.	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Client is acutely suicidal, and represents an imminent danger to self, others or property. ➤ Client requires a more intensive level of care. 	Service must be prior authorized, and if clinically necessary and appropriate, reauthorized every 180 days. (If client is acutely suicidal and represents an imminent danger to self, others or property, and is referred to psychiatric observation for evaluation/ observation, if client is stabilized and returned back to the original service site within 72 hours, no additional authorization is required.	No more than 12 continuous months without reassessment and assessment	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Number of hours per client per quarter ➤ Average Length of Stay (ALOS) in service (upon discharge) ➤ Primary diagnosis by number (including co-occurring disorders) ➤ Percentage of all clients receiving ILS services 	Number and percent of clients able to move to a less restrictive/step-down living arrangement (e.g., residential treatment, supportive living arrangements, group home).

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INPATIENT MENTAL HEALTH HOSPITAL SERVICES Inpatient mental health services are those services delivered in freestanding psychiatric hospitals or general hospitals with a specialized psychiatric and/or substance abuse unit, which includes a secure, structured environment, 24-hour observation and supervision by mental health professionals, and a structured multidisciplinary clinical approach to treatment. An Institution for Mental Diseases (IMD) is defined as a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. In Nevada, IMDs are commonly referred to as "psychiatric hospitals." Nevada Medicaid only reimburses for services provided to IMD/psychiatric hospital patients who are age 65 or older, or under age 21 (effective July 1, 2002, an EPSDT screening or referral is no longer required). Inpatient services to Medicaid clients between the ages of 21 and 64 must be provided in a general hospital having a psychiatric unit.	Inpatient psychiatric hospitals must be licensed by the State Health Division's Bureau of Licensure and Certification, and be Medicare-certified and/or accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The inpatient psychiatric hospital program must have a: Medical Director (M.D.) who is a board-certified or licensed psychiatrist (M.D.) who has overall medical responsibility for the program. Licensed psychiatrist who directs and administer care for patients. Licensed doctoral level psychologist, LCSW or LMFT who performs individual, group and family therapies.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excluding v-codes, dementia, mental retardation or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ SMI ➤ Unable to care for self due to mental illness. <i>And meet at least one or more of the following:</i> <ul style="list-style-type: none"> ➤ Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt (s) within the past 30 days; or ➤ Active suicidal ideation within the past 30 days accompanied by physical evidence (e.g., a note) or means to carry out the suicide threat (e.g., gun, knife or other deadly weapons); or 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Despite reasonable therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to a degree that continues to meet the admission criteria, or the emergence of additional problems that meet the admission criteria. ➤ The client's progress confirms that the presenting, or newly defined problem(s) demonstrate response to the current treatment plan, and this is documented by daily progress notes. 	<i>Any of the following:</i> <ul style="list-style-type: none"> ➤ Treatment plan and goals have been substantially met. ➤ The client no longer meets admission criteria or meets criteria for a less intensive level of care. ➤ Support systems that would allow the client to be maintained in a less restrictive environment have been secured. 	The client can be safely maintained and effectively treated at a less intensive level of care. Symptoms result from a medical condition which warrants a medical/surgical setting for treatment	Prior authorization is required only for non-emergency admissions. Emergency admissions do not require prior authorization, however, notification of the admission must be made to the UM authority within 24 hours or the first working day of the admission. For purposes of Medicaid mental health services, an emergency inpatient psychiatric admission to either a general hospital with a psychiatric unit or freestanding psychiatric hospital, is defined as meeting at least one of the following three criteria: Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt (s) within the past 30 days; or Active suicidal ideation within the past 30 days accompanied by physical evidence	The maximum stay allowed for inpatient psychiatric care is five (5) days. During this time the psychiatric assessment, discharge plan and written treatment plan, with the attending physician's involvement, must be initiated. For the client to remain hospitalized longer than five days, the attending physician, who must be involved with the client's treatment plan, must, on a daily basis, document the medical and acute necessity of why any additional inpatient days are necessary	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Number and percentage of inpatient hospital admissions (unduplicated) ➤ Total Days (acute and administrative day broken out separately) ➤ Average Length of Stay (ALOS) ➤ Primary diagnosis by number (including co-occurring disorders) 	Percent of clients admitted in the quarter within 30 days of a prior inpatient psychiatric hospital admission Number of episodes of seclusion and restraints (per patient day)

		<p>(Admission continued)</p> <ul style="list-style-type: none"> ➤ Documented aggression within the 72-hour period before admission, which: ➤ Resulted in harm to self, others or property; ➤ Manifests that control cannot be maintained outside inpatient hospitalization; and ➤ Is expected to continue without treatment. 	<p>(Continuing stay continued)</p> <ul style="list-style-type: none"> ➤ As documented by a physician, there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. ➤ There is clinical evidence that attempts at less restrictive community placement have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization. ➤ Active Discharge Planning 	<p>(Discharge continued)</p> <ul style="list-style-type: none"> ➤ The client is not making progress toward treatment goals and there are no reasonable expectations of progress at this level of care. (There must be an alternative discharge service that would be clinically appropriate and provide a safe transition for the client). 		<p>(Authorization requirements Continued)</p> <p>(e.g., a note) or means to carry out the suicide threat (e.g., gun, knife or other deadly weapons); or Documented aggression within the 72-hour period before admission, which:</p> <p>Resulted in harm to self, others or property</p> <p>Manifests that control cannot be maintained outside inpatient hospitalization; and</p> <p>Is expected to continue without treatment.</p>			
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SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
MEDICATION MANAGEMENT Medication Management refers to the level of outpatient treatment provided by a psychiatrist, psychiatric nurse practitioner (APN), pharmacist or psychiatric registered nurse (RN). Services include the evaluation of a patient's need for psychotropic medication, the provision of a prescription, review of current and past medication and medical history, the monitoring and evaluation of the effectiveness of psychotropic medications, monitoring of side effects, and patient/family education relating to medications. Medication Management services will be paid at two rates: One for physician's, APN, pharmacists, and one for RN's.	Psychiatrist, Psychiatric Nurse Practitioner (APN), Pharmacist or Psychiatric Registered Nurse (RN).	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis, including v-codes (excluding dementia, mental retardation and a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ Must be face-to-face. ➤ There is a need for prescription and monitoring of psychotropic medications. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Continues to participate in services. ➤ Physiological effects of psychotropic medications are reviewed, monitoring compliance with dosage instructions, instructing client and caregivers about unexpected side effects, and recommended changes in the psychotropic medication regime. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Client no longer requires psychotropic medications. ➤ Consent for treatment is withdrawn. 	Client requires or is receiving inpatient psychiatric hospital services.	Medication Management services do not require prior authorization	Level One six times per calendar year, Level Two eight times per calendar year Levels Three through Six 12 times per calendar year. Additional services to caps must be medically necessary, prior authorized and appropriate to keep the clients at the least restrictive level of care.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of Medication Management visits (two categories: physician, APN, pharmacist or registered nurse). ➤ Number of services per client per quarter ➤ Primary diagnosis by number ➤ Percent of all clients receiving a medication management service ➤ Percentage of clients who max out on their cap limitations at levels one and two 	Levels One and Two: Number and percentage of clients who terminate services (due to improving condition) Levels Three through Five: Number and percentage of clients who remain out of an inpatient psychiatric hospital

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT (PACT) Program for Assertive Community Training (PACT) is a service delivery model that provides comprehensive, locally-based treatment to individuals with a serious mental illness who have a history of frequent inpatient psychiatric hospitalizations. PACT team provides these services 24 hours a day, seven days a week.	A PACT team must be multidisciplinary and should consist of the following: Registered Nurse (RN), Master's Level professional (LCSW or LMFT), psychologist, psychiatrist, service coordinators and consumer services assistant (peer counselor).	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excluding v-codes, dementia, mental retardation and a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ SMI ➤ Level of Service – Level Three through Six. ➤ Severe functional impairments with maintaining personal hygiene, meeting nutritional needs, and recognizing and avoiding dangerous behavior. ➤ High use of inpatient acute psychiatric hospitals (two or more admissions per calendar year). ➤ Failure to benefit in the traditional office or community setting at a less intensive level of care. 	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Inability to participate in the traditional office or community setting at a less intensive level of care. 	No longer meets admission criteria.	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Programs strictly academic, educational or vocational in nature. ➤ Danger to self or others and requires acute psychiatric hospitalization. (Until discharge from psychiatric hospitalization or psychiatric emergency services client will return to the PACT program). 	Must be prior authorized	No more than 360 days without reassessment and authorization.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of PACT services delivered ➤ Total Service units ➤ Average Length of Stay (ALOS) in service ➤ Primary diagnosis by number (including co-occurring disorders) 	Percent of time clients were in an inpatient psychiatric hospital setting before and after initiating receipt of PACT services.

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
PSYCHOSOCIAL REHABILITATION Psychosocial Rehabilitation is offered three (3) to five (5) days per week, two to five days per week in rural Nevada, at least two hours per day, to severely impaired adults. These clients may be in transition from inpatient care to community living. These services help clients to maintain community status and increase functionality consistent with recovery, including training in basic living skills, personal care, social skills, communication skills and pre-employment skills. These services are highly structured and are targeted for the reduction of functional impairment resulting from psychiatric symptoms and increase functioning in the community. This program also focuses on developing environmental supports in the community	Registered Nurse (RN) or Bachelor's degree in psychology or a social, educational or health services-related field (includes Occupational and Recreation Therapy), supervised by LCSW or licensed PH.D psychologist.	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excluding V-codes, dementia, mental retardation or primary Axis I diagnosis of substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ Medicaid Level of Service – Levels Three through Six. ➤ Deficits in daily living skills, vocational/ academic skills and community/family integration. ➤ Significant psychological, personal care, vocational, educational and/or social impairment. 	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ Client continues to meet admission criteria. ➤ Treatment plan is focused on the patient's behavioral and functional outcomes. ➤ Client must show at least minimal improvement with the problem-solving, improving social skills and enhancing personal relationships. ➤ Client shows progress with the goals identified in the treatment plan and barriers to effective treatment have been addressed. ➤ Active Discharge Planning 	<i>Must meet at least one of the following criteria:</i> <ul style="list-style-type: none"> ➤ Client does not show progress with treatment and barriers to effective treatment have been addressed. ➤ Client substantially meets goals identified in treatment plan. ➤ Consumer demonstrates change in condition which warrants a more or less intensive level of support 	Severity of clinical issues precludes provision of services at this level.	Services must be prior authorized, and if clinically necessary and appropriate, reauthorized every 12 months. A client who presents as acutely suicidal and represents an imminent danger to self, others or property, and is referred to a psychiatric facility for evaluation/observation, will require no additional authorization, if said client is stabilized and returned back to the original service site within 72 hours.	More than 12 continuous months of service without reassessment and authorization.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served, unduplicated ➤ Total number of hours of Psychosocial Rehabilitation services delivered ➤ Average Length of Stay (ALOS) in service ➤ Primary diagnosis by number, including co-occurring disorders 	Percentage of clients whose level of productive or vocational activity has increased

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
Residential Rehabilitation Services Residential Rehabilitation services are provided to individuals formerly sustained on only inpatient settings or are offered as an adjunct to placement of severely impaired adults in a community group residence. This program also provides alternatives to inpatient care. Services are provided in a facility of 16 beds or less and reimbursement does not include room and board. The objectives are to teach basic self care skills, personal hygiene, communication skills, self-medication and home making and to encourage socially-acceptable behaviors.	High School Diploma or GED, RN, LPN or bachelor's degree (in a health or social service-related field).	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis, excluding V-codes, dementia, mental retardation or a primary Axis I diagnosis of substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria. ➤ SMI ➤ Medicaid Level of Service – Levels Five and Six. ➤ Does not meet criteria for inpatient hospital admission ➤ Pt. requires supervision 24/7 ➤ History of two or more hospitalizations in the past year and/or recent inpatient stays with a history of poor community treatment outcomes. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Client shows progress with the goals identified in the treatment plan. ➤ Treatment is focused on the client's behavior and functional outcomes. ➤ Active Discharge Planning 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Treatment plan and goals have been substantially met. ➤ No longer meets admission or continuing stay criteria. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Client is acutely suicidal, and represents an imminent danger to self, others or property. ➤ Client meets criteria to be in an inpatient psychiatric hospital. 	Services must be prior authorized, and if clinically necessary and appropriate, reauthorized every 90 days.	No more than 90 consecutive days without re-authorization	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served, unduplicated. ➤ Total number of days of Residential Rehabilitation services upon discharge ➤ Average Length of Stay (ALOS) in service ➤ Primary diagnosis by number, including co-occurring disorders. 	Clients will show a 90 percent decrease in inpatient hospital days, pre and post residential rehabilitation.

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
TARGETED CASE MANAGEMENT (TCM) Seriously Mentally Ill (SMI) Adults Levels Three through Six – State Agencies SMI Targeted Case Management Services are defined as services which assist the client in gaining needed medical, educational, social and other support services. TCM offers an array services which include, but are not limited to, assessment, care planning, service referral and linkage, monitoring and follow-up. The objective of TCM is assuring an integrated, continuum of care system of service for the client, as well as maintaining the client at the least restrictive level of care and highest level of functioning. Level Three through Six TCM services can only be provided by a state agency.	Registered Nurse (RN) with a bachelor's degree, Master's Level Professional (LCSW or LMFT), APN-Mental Health, psychologist or service coordinator with a bachelor's degree in a health-related field.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis (excluding V-codes, dementia, mental retardation or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ Medicaid Level of Service: Level Three through Six. ➤ Client requires assistance in obtaining and coordinating medical, social, educational and other support services. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria ➤ Individualized service plan identifies all medical, social, educational and other support services currently being provided, as well as those that are needed. ➤ Documentation supports progress towards specific targeted case management goals identified in the case management service plan, and barriers have been identified and addressed. ➤ Treatment plan and goals must be established. 	<i>Must meet at least one of the following</i> <ul style="list-style-type: none"> ➤ Client is no longer SMI. ➤ Client no longer meets the admission and continuing stay criteria. 	Client is not SMI.	In addition to providing TCM services, the Targeted Case Manager is responsible for authorizing mental health specialty clinic services for clients at Levels Three through Five. No prior authorization for TCM services is required, so long as the client has a three or higher on the LOCUS.	Maximum of thirty (30) hours per calendar month.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of hours receiving TCM services ➤ Total service units ➤ Average number of hours per client per month ➤ Primary diagnosis by number (including co-occurring disorders) 	Percent of time clients were receiving inpatient psychiatric hospital services before and after initiating TCM services Percent of clients at level 3 and 4 who stay at that level during the quarter

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING Psychological testing is the administration, evaluation, interpretation and scoring of standardized tests which may include the evaluation of intellectual strengths and deficits, psychopathology, psychodynamics, mental health risks, insights, motivation and other factors influencing treatment and prognosis. Psychological testing is not necessary for all recipients and requires a physician order or referral. Neuropsychological testing involves assessment and evaluation of brain behavioral relationships by a neuropsychologist. The evaluation consists of qualitative and quantitative measurement that considers the interaction of psychosocial, environmental, neurocognitive, biogenetic, and neurochemical aspects of behaviors in an effort to understand more fully the relationship between physiological and psychological systems.	Psychologist: A doctoral degree in and state licensure to practice psychology from the Nevada Board of Psychological Examiners. Neuropsychologist: A doctoral degree in psychology and a state licensure to practice psychology from the Nevada Board of Psychological Examiners. Additionally, neuropsychologists must receive specialty training and/or a post-doctoral fellowship in neuropsychology.	Testing is required for a differential diagnosis, which is not clear from the traditional assessment, i.e., clinical interview. Testing is required to clarify cognitive and emotional status following brain injury, trauma or illness. Testing is required to facilitate treatment planning process and to assess treatment efficacy. Meets service criteria to Medicaid levels one through six.	Does not apply	Does not apply	Testing is primarily for educational purposes. Testing is primarily for cognitive rehabilitation or vocational guidance.	A referral or order from a physician is required. Prior Authorization is also required	One complete battery testing episode, which may include tests during a single episode, per calendar year. Additional battery testing also requires prior authorization. For purposes of Medicaid reimbursement Psychological Testing is limited to three (3) hours and Neuropsychological Testing is limited to seven (7) hours. Exceptions to hourly limitations require authorization.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total Service units ➤ Primary diagnosis by number (including co-occurring disorders) 	80 percent of clients that receive testing within two weeks of it being authorized.

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
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THERAPIES - INDIVIDUAL, GROUP AND FAMILY Individual, group and family therapy are counseling interventions provided by a clinician. These services address issues such as symptom/behavioral management, development or enhancement of specific problem-solving skills and coping mechanisms, development or enhancement of adaptive behaviors and skills, and development and enhancement of interpersonal skills. Services are directed toward achievement of specific goals defined by the individual and specified in the treatment plan. Individual Therapy: Those services provided to a specific Medicaid-eligible client by an individual clinician for a specific period of time. The client must have an assessment prior to entry into individual therapy so that purpose for individual therapy may be clearly understood by the client at the beginning of treatment. The length of individual services may vary due to the stage of the presenting illness, treatment program, and client's response to the treatment approach. Reimbursement for the assessment/evaluation is allowed up to but for no more than two hours. Subsequent individual therapy sessions are allowable up to one hour once the initial assessment has been completed, problems/needs defined and goals and objectives for treatment become established.	Psychiatrist, licensed doctoral psychologist, Master's Level Professional (LCSW or LMFT) or advance psychiatric nurse practitioner (APN)	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ Demonstrates behavioral symptomology consistent with a DSM-IV Axis I or II diagnosis, includes adjustment and V-code disorders. ➤ Face-to-face participation is required. ➤ Symptomatic distress and/or impairment in functioning due to psychiatric symptoms and/or behavioral in at least one of the three spheres of functioning, occupational, scholastic or social. 	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Does not require a more intensive level of care. ➤ Must have specific, achievable and measurable goals for treatment addressed in the treatment plan, and specified in terms of symptom alleviation, or improvement in social, occupational or scholastic functioning. ➤ Progress notes document client progress relative to goals identified in the treatment plan, but client's treatment plan goals have not yet been achieved. ➤ Client participates in the therapy process. ➤ Active discharge planning which much be included in the treatment plan. 	<i>Must meet <u>any</u> of the following:</i> <ul style="list-style-type: none"> ➤ Treatment plan goals have been substantially met. ➤ Meets criteria for a less or more intensive level of care. ➤ No progress toward treatment goals, and barriers to treatment have been identified and addressed. 	<i>Must meet <u>any</u> of the following:</i> <ul style="list-style-type: none"> ➤ Severity of impairment precludes provision of services in this level of care. ➤ Client requires inpatient psychiatric hospital stay 	A referral or order from a physician. Prior authorization for individual, group or family therapy services are required.	Levels One Six sessions per calendar year. Levels Two and Three 12 sessions per calendar year. Level Four 16 sessions per calendar year. Level Five 18 sessions per calendar year. <i>(Additional services to caps must be medically necessary, prior authorized and appropriate to keep the client at the least restrictive level of care).</i>	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of therapy services (sessions and hours) delivered (by type of therapy category – individual, group and family) ➤ Total Service units ➤ Average length of time in service by diagnosis ➤ Primary diagnosis by number (including co-occurring disorders) 	Percent of clients at level 3 or 4 who stay at that level during the quarter

<p>(Services Continued)</p> <p>Group Therapy: Those services provided to a specific Medicaid-eligible client by use of group dynamics or interaction. The client must have an assessment prior to entry into the group therapy so that purpose for attendance by the client in group therapy may be clearly understood by the recipient at the beginning of treatment. Group therapy services are Medicaid reimbursable for up to one and one half hours. Minimum group size is five (5) and maximum group size is eight (8). (In rural Nevada the minimum is three (3) and the maximum is eight (8).</p> <p>Family Therapy: Those services provided to a specific Medicaid-eligible client by using the immediate or foster family as the means to facilitate appropriate family interactions among individuals, and alter maladaptive and abusive behaviors between family members and the client. The client must have an assessment prior to entry into family therapy so that purpose for attendance by the client in family therapy may be clearly understood at the beginning of treatment. For purposes of Medicaid reimbursement, the duration of each period of family therapy services must not exceed one hour. Family therapy is covered as a Medicaid benefit only if the identified client is Medicaid eligible and is present during therapy.</p>									
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Section #3

Children's Services

SEVERE EMOTIONAL DISTURBANCE (SED) DEFINITION

Children with a severe emotional disturbance (SED) are persons:

- a. From birth up to age 18; and
- b. Who currently or at any time during the past year (continuous 12-month period):

Have a diagnosable mental, behavioral or diagnostic criteria specified that meets the coding and definition criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This excludes substance abuse or addictive disorders, irreversible dementias as well as mental retardation, and V codes, unless they co-occur with another serious mental illness that meets DSM-IV criteria;

That resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities, and
- c. These disorders include any mental disorder (including those of biological etiology) listed in DSM-IV or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM-IV "V" codes, substance use, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious emotional disturbance. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects; and
- d. Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit or treatment or other support services are included in this definition.

Methods used to determine a child SED:

- A licensed mental health professional (psychiatrist, psychologist, licensed clinical social worker, marriage and family therapist, or masters' degreed psychiatric nurse) performs SED assessments/evaluations.
- Record Review.
- Observation of Parent-Child Interaction.
- Clinical interviews (parent, guardian and youth)
- Administration of Child and Adolescent Functional Assessment (CAFAS) (cutoff total score of 40 or above), Preschool Child Functional Assessment Scale (PECFAS) (cutoff total score of 40 or above, or a score of 30 or above in one domain), or other comparable assessment tools.

CALOCUS

For children with mental health needs, the state has adopted two standardized assessment instruments for determining the appropriate level of care for children and their families and to improve the appropriateness and consistency of decisions about service utilization ranging from basic care coordination case management to institution placement and continuation of stay. The two instruments are the Child and Adolescent Level of Care Utilization System (CALOCUS) and the Child & Adolescent Functional Assessment Scale (CAFAS)

The Child and Adolescent Level of Care Utilization System (CALOCUS) was developed by the American Association of Community Psychiatrists and the American Academy of Child and Adolescent Psychiatry, as a uniform assessment tool for mental health and substance abuse issues. The CALOCUS assesses children and adolescents across six domains:

- Dangerousness or risk of harm to self and others;
- Functional status;
- Co-existing medical, addictive, and psychiatric conditions;
- Recovery environment
- Past treatment and recovery history; and
- Treatment acceptance and engagement.

The Child & Adolescent Functional Assessment Scale (CAFAS) is a rating scale, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems.

THE CAFAS' primary uses are:

- Tracking clinical outcome for individual clients
- Assigning cases to appropriate levels of care
- Generating a strengths-based treatment plan
- Active case management, using ongoing outcome information
- Communicating with caregivers and others about the youth's needs
- Maintaining clinical documentation which can withstand audits
- Maintaining a database for administrative and clinical use
- Evaluating program efficacy.

CALOCUS assessments and CAFAS must be conducted by either the targeted case manager (TCM) or mental health specialty clinic. Both instruments must be given at assessment then every 90 days or when a change in condition warrants a change in the level of care. All children must be given both instruments upon discharge from any mental health clinic.

Minimal qualifications required to perform the CALOCUS and CAFAS are a bachelor's level in a health care field, licensed clinical social worker (LCSW), licensed marriage and family therapist (LMFT), master's level psychiatric nurse, psychologist or psychiatrist.

Medicaid Behavioral Health Level of Service (LOS) System for Children and Adolescence

Level	Eligibility Criteria	Intensity of Service (IS)	Provided By
LEVEL One Basic services - Recovery Maintenance and Health Management	<ul style="list-style-type: none"> ➤ Significant Life Stressors and or V-code Diagnosis ➤ CALOCUS level 0 and 1 	<ul style="list-style-type: none"> ➤ Assessment (once yearly) ➤ Limited number of individual, group or family sessions (10 sessions per year) *** ➤ Medication management (6 sessions per year) ➤ 4 case management (care coordination services) ➤ 4 family support services** 	<ul style="list-style-type: none"> ➤ Any qualified mental health specialty clinic * (psychiatrist, psychologist, APN-MH, LCSW or LMFT).y provider <p>This also includes current providers.</p>
LEVEL TWO Outpatient Services	<ul style="list-style-type: none"> ➤ DSM- IV Diagnosis Axis I or II ➤ CALOCUS level 2 or above 	<ul style="list-style-type: none"> ➤ Two Assessments per year ➤ Individual, group, or family therapy, rehab skills professional (16 sessions per year) *** ➤ Medication management (8 sessions per year) ➤ 8 case management (care coordination services) ➤ 8 Family support services** ➤ Rehab skills paraprofessional (8 sessions) 	<ul style="list-style-type: none"> ➤ Any qualified mental health specialty clinic * (psychiatrist, psychologist, APN-MH, LCSW or LMFT).y provider <p>This also includes current providers.</p>
LEVEL THREE Intensive Outpatient Services	<ul style="list-style-type: none"> ➤ DSM IV Diagnosis Axis I or II ➤ SED Determination ➤ CALOCUS Level 3 or above 	<ul style="list-style-type: none"> ➤ All level 2 services plus ➤ Targeted Case Management ➤ Basic level residential care (All Basic level group homes are only authorized for 180 days) ➤ Intensive community-based services (24 sessions) ➤ Day Treatment (160 days) ➤ Rehab skills paraprofessional (100 hours) 	<ul style="list-style-type: none"> ➤ Any qualified mental health specialty clinic * (psychiatrist, psychologist, APN-MH, LCSW or LMFT).y provider <p>This also includes current providers.</p> <p>TCM to be provided by state entities</p> <p>Rehab options services to be provided by private providers who meet criteria for specialty clinics. Services would require prior authorization by Targeted Case Manager</p>
LEVEL FOUR Intensive Integrated Services.	<ul style="list-style-type: none"> ➤ DSM IV Diagnosis Axis I or II ➤ SED Determination ➤ CALOCUS Level 4 or above 	<ul style="list-style-type: none"> ➤ All Level 3 services ➤ Intermediate level residential care (All Level Intermediate level group homes are only authorized for 180 days) ➤ Therapeutic foster care (Therapeutic Foster Care is authorized for 266 days) ➤ Partial Hospitalization (90 days) 	<ul style="list-style-type: none"> ➤ All of the above services plus ➤ TCM to be provided by state or county entities ➤ Rehab options services to be provided by private providers who meet criteria for specialty clinics. Services would require prior authorization by Targeted Case Manager
LEVEL FIVE Non-secure, 24 hour services with psychiatric monitoring	<ul style="list-style-type: none"> ➤ DSM IV Diagnosis Axis I or II ➤ SED Determination ➤ CALOCUS Level 5 or above ➤ Needs specialized treatment (sex offender, etc) 	<ul style="list-style-type: none"> ➤ All Level 4 services ➤ Advanced level residential. (All Advanced level group homes are only authorized for 180 days) 	Same
LEVEL SIX Secure, 24 hour, services with psychiatric management.	<ul style="list-style-type: none"> ➤ DSM IV Diagnosis Axis I or II ➤ SED Determination ➤ CALOCUS Level 6 	<ul style="list-style-type: none"> ➤ All level 5 services plus ➤ JCAHO Accredited Residential Treatment Center (RTC) or ➤ Inpatient hospitalization Advanced level residential (Secure) 	<p>Inpatient hospital must be state licensed as a psychiatric hospital, Medicare-certified and/or Joint Commission on the Accreditation of Healthcare Organizations (JCAHO accredited).</p> <p>Residential Treatment Centers (RTCs) must be state licensed and JCAHO accredited.</p>

* Medicaid provider Mental Health Specialty Clinics would be required to be JCAHO, CARF or COA accredited no later than 12-31-04

** Services proposed by DCFS not currently Medicaid covered benefits.

***Caps may be exceeded only if medically necessary, prior authorized the additional services are intended to keep the client as the least intensive LOC

Children's Behavioral Health Service Categories

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
<p>ASSESSMENT: An Assessment consists of a clinical interview, including but not limited to, clinical history, psychosocial assessment, mental health status examination, and behavioral observations. Additionally, AXIS I – V diagnosis, as permitted by the clinician's scope of practice, prognosis for improvement and treatment recommendations are required.</p> <p>Must address behavioral, emotional, and social functioning, degree of impairment in functioning, potential for harm to self or others, degree of distress, and treatment history, including medications, physical illness per clients report, psychiatric and substance abuse treatment, current status and family history. Should include assessment of client's strengths, environmental and other support systems and resources.</p> <p>Must identify the intensity of services required by the child.</p> <p>Must include Child and Adolescent Level of Care Utilization System (CALOCUS) standardized assessment and the Child & Adolescent Functional Assessment Scale (CAFAS).</p>	<p>A Nevada Licensed Ph.D. psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Advance Practitioner of Nursing (APN) in psychiatric mental health</p>	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ Psychological Stressors/Events are believed to be precipitants to the presenting problem. Should include assessment of client's strengths, resources, supports and needs. Must address psychological and social functioning, degree of impairment in functioning, potential for harm to self or others, degree of distress, and treatment history, including medications, physical illness per client's report, psychiatric and substance abuse treatment, current status and family history. ➤ Identify the intensity of services required by the child. 	Does not apply	Does not apply	Admission criteria not met	No prior authorization requirements.	<p>Level One and Two:</p> <p>One assessment per calendar year per provider</p> <p>Levels Three through Six:</p> <p>One assessment per calendar year per provider.</p>	<p><i>On a quarterly basis, by provider:</i></p> <ul style="list-style-type: none"> ➤ On a quarterly basis, by Medicaid: ➤ Total number of clients served (unduplicated) ➤ Number of Assessments performed ➤ Total Service units ➤ On a quarterly basis, by Provider ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS scores every 90 days 	Assessments performed, in conjunction with CALOCUS and CAFAS, will direct clients to the most clinically appropriate level of care.

		<div>(Admission Continued)</div> <div><div>➤ Must include Child and Adolescent Level of Care Utilization System (CALOCUS) standardized assessment and the Child & Adolescent Functional Assessment Scale (CAFAS).</div><div>➤ 90% of all assessment referrals must be scheduled within seven days of initial contract by referring source.</div></div>							
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ASSESSMENT PSYCHIATRIC The psychiatric assessment is an evaluation performed by a psychiatrist licensed by the state of Nevada Board of Medical Examiners or by a psychiatric advance practice nurse performed under the supervision of a psychiatrist licensed by the State of Nevada Board of Medical Examiners. <i>The psychiatric assessment addresses all of the following areas:</i> <ul style="list-style-type: none"> ➤ Patient Identifying information ➤ Source of Information ➤ Chief complaint (as stated by the client) ➤ History of the present illness episode ➤ Past psychiatric history ➤ Past medical history and treatment ➤ Allergies ➤ Mental status including assessment of suicidal and homicidal risk, attitude, general behavior, affect, stream of mental activity, presence of absence of delusions and hallucinations, estimate of intellectual functions, judgment and assessment of orientation and memory. ➤ Asset assessment ➤ Complete DSM-IV Diagnosis including Axis 1 – 4. ➤ Initial Treatment Plan 	Psychiatrist licensed by the state of Nevada Board of Medical Examiners or a psychiatric advance practice nurse performed under the supervision of a psychiatrist licensed by the State of Nevada Board of Medical Examiners.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Referral from a licensed practitioner. ➤ Must meet service criteria for Medicaid levels one through six. ➤ Must be face-to-face. <i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Inpatient Psychiatric service setting ➤ Medication Clinic service setting ➤ Mental Health Specialty Clinic service setting ➤ Psychiatric emergency service setting 	Does not apply	Does not apply	Admission criteria not met.	No prior authorization requirements.	Service Limitations: No limitation on number of psychiatric assessments. However, each psychiatric assessment is limited to Two (2) hours per assessment per provider	On a quarterly basis, by provider: <ul style="list-style-type: none"> ➤ Total number of clients receiving an assessment (unduplicated) ➤ Total number of hours of services provided ➤ Primary diagnosis by number (including co-occurring disorders) ➤ Percentage of clients receiving a psychiatric assessment 	Assessments performed, in conjunction with CALOCUS and CAFAS, will direct clients to the most clinically appropriate level of care.

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<p>CASE MANAGEMENT/CARE COORDINATION (Levels One and Two – Mental Health Specialty Clinic Services)</p> <p>Case Management/Care Coordination services provide coordination of necessary medical, social, educational and other services including referral and coordination of services to appropriate providers. Case Management is ongoing support, connecting clients to the services they need.</p> <p>Case Management/Care Coordination involves the identification, assessment, reassessment, linking, monitoring and evaluation of referrals and coordination of services. The objective of case management is to assist to maintain an individual at the least restrictive level of care.</p> <p>Case Management/Care Coordination Services at Levels One and Two can be provided by the mental health specialty clinics.</p>	Registered Nurse (RN), Master's Level Professional (LCSW or LMFT), APN-mental health, psychologist or service coordinator with bachelor's degree in a health-related field.	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ Medicaid Level of Service: Level One or Two. ➤ Individual is experiencing a significant life stressor(s). ➤ An Axis I V-code disorder which does not meet SED designation. ➤ An individual who might require assistance in obtaining and coordinating medical and social services without which the individual would require a more intensive level of care. 	Continues to meet admission criteria.	Does not Apply	Does not Apply	Prior Authorization for services is not required	<p>Level One</p> <p>Four face-to-face contact sessions per calendar year.</p> <p>Level Two</p> <p>Eight face-to-face contact sessions per calendar year (service units as defined by CPT code).</p>	<p><i>On a quarterly basis, by Medicaid:</i></p> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of case management/care coordination services delivered ➤ Total Service units <p><i>On a quarterly basis, by Provider:</i></p> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ Types of interventions used noted in the case chart ➤ CALOCUS and CAFAS score every 90 days 	<p>Case Management/coordination services are delivered by the mental health clinics will help to reduce inpatient hospital stays and/or keep the client at Levels One or Two.</p> <p>CALOCUS and CAFAS score at discharge</p>

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INPATIENT MENTAL HEALTH HOSPITAL SERVICES Inpatient mental health services are those services delivered in freestanding psychiatric hospitals or general hospitals with a specialized psychiatric and/or substance abuse unit, which includes a secure, structured environment, 24-hour observation and supervision by mental health professionals, and a structured multidisciplinary clinical approach to treatment. An Institution for Mental Diseases (IMD) is defined as a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such. In Nevada, IMDs are commonly referred to as "psychiatric hospitals." Nevada Medicaid only reimburses for services provided to IMD/psychiatric hospital patients who are age 65 or older, or under age 21 (effective July 1, 2002, an EPSDT screening or referral is no longer required). Inpatient services to Medicaid clients between the ages of 21 and 64 must be provided in a general hospital having a psychiatric unit.	Inpatient psychiatric hospitals must be licensed by the State Health Division's Bureau of Licensure and Certification, and be Medicare-certified and/or accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The inpatient psychiatric hospital program must have a Medical Director (M.D.) who is a board-certified or licensed psychiatrist (M.D.) who has overall medical responsibility for the program. Licensed psychiatrist who directs and administer care for patients. Licensed doctoral level psychologist*, LCSW or LMFT who performs individual, group and family therapies.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➢ DSM-IV Axis I or II diagnosis (excluding v-codes, dementia, mental retardation or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➢ SED ➢ Unable to care for self due to mental illness. <i>And meet at least one or more of the following:</i> <ul style="list-style-type: none"> ➢ Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt (s) within the past 30 days; or ➢ Active suicidal ideation within the past 30 days accompanied by physical evidence (e.g., a note) or means to carry out the suicide threat (e.g., gun, knife or other deadly weapons); or 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➢ Despite reasonable therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to a degree that continues to meet the admission criteria, or the emergence of additional problems that meet the admission criteria. ➢ The client's progress confirms that the presenting, or newly defined problem(s) demonstrate response to the current treatment plan, and this is documented by daily progress notes. 	<i>Any of the following:</i> <ul style="list-style-type: none"> ➢ Treatment plan and goals have been substantially met. ➢ The client no longer meets admission criteria or meets criteria for a less intensive level of care. ➢ Support systems that would allow the client to be maintained in a less restrictive environment have been secured. 	The client can be safely maintained and effectively treated at a less intensive level of care. Symptoms result from a medical condition which warrants a medical/surgical setting for treatment	Prior authorization is required only for non-emergency admissions. Emergency admissions do not require prior authorization, however, notification of the admission must be made to the UM authority within 24 hours or the first working day of the admission. For purposes of Medicaid mental health services, an emergency inpatient psychiatric admission to either a general hospital with a psychiatric unit or freestanding psychiatric hospital, is defined as meeting at least one of the following three criteria: Active suicidal ideation accompanied by a documented suicide attempt or documented history of a suicide attempt (s) within the past 30 days; or Active suicidal ideation within the past 30 days accompanied by physical evidence	The maximum stay allowed for inpatient psychiatric care is five (5) days. During this time the psychiatric assessment, discharge plan and written treatment plan, with the attending physician's involvement, must be initiated. For the client to remain hospitalized longer than five days, the attending physician, who must be involved with the client's treatment plan, must, on a daily basis, document the medical and acute necessity of why any additional inpatient days are necessary	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➢ Number and percentage of inpatient hospital admissions (unduplicated) ➢ Total Days (acute and administrative day broken out separately) ➢ Average Length of Stay (ALOS) ➢ Primary diagnosis by number (including co-occurring disorders) 	Percent of clients admitted in the quarter within 30 days of a prior inpatient psychiatric hospital admission Number of episodes of seclusion and restraints (per patient day)

		<p>(Admission continued)</p> <ul style="list-style-type: none"> ➤ Documented aggression within the 72-hour period before admission, which: ➤ Resulted in harm to self, others or property; ➤ Manifests that control cannot be maintained outside inpatient hospitalization; and ➤ Is expected to continue without treatment. 	<p>(Continuing stay continued)</p> <ul style="list-style-type: none"> ➤ As documented by a physician, there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. ➤ There is clinical evidence that attempts at less restrictive community placement have resulted in, or would result in, exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization. ➤ Active Discharge Planning 	<p>(Discharge continued)</p> <ul style="list-style-type: none"> ➤ The client is not making progress toward treatment goals and there are no reasonable expectations of progress at this level of care. (There must be an alternative discharge service that would be clinically appropriate and provide a safe transition for the client). 		<p>(Authorization requirements Continued)</p> <p>(e.g., a note) or means to carry out the suicide threat (e.g., gun, knife or other deadly weapons); or Documented aggression within the 72-hour period before admission, which:</p> <p>Resulted in harm to self, others or property</p> <p>Manifests that control cannot be maintained outside inpatient hospitalization; and</p> <p>Is expected to continue without treatment.</p>			
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INTENSIVE COMMUNITY BASED SERVICES (MA LEVEL) Intensive community-based treatment services are designed to provide the necessary treatment to a child and family (substitute or natural) to allow the family to remain intact, thus preventing the need for long-term residential or hospital psychiatric care on the part of the child. Services include, but are not limited to: assessment; family therapy; collateral intervention with schools; recreational activities; collateral interventions with social service agencies, juvenile justice agencies, local policy, and other systems affecting the child; and assistance in household management, self-management and family management. Intensive community-based treatment requires direct face-to-face intervention as part of the service. Community-based services are those rendered in the natural environment of the youth and family, as well as in office settings. Frequency of contact is variable and determined by the level of need exhibited by the child and family. Intensive community-based treatment may occur on a very short-term crisis basis or a longer-term basis. Services are reimbursed on a per-hour basis.	A Licensed PhD psychologist, Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), or Advance Practitioner of Nursing (APN) in psychiatric mental health	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ SED ➤ Inability to care for ones physical or emotional needs a, representing potential serious harm to self, there is reasonable support when the client is not in the program, Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary. ➤ Exhibit difficulty in cognitive ability such that they are unable to recognize Personal danger or recognize significantly inappropriate social behavior. ➤ CALOCUS score of 3 or higher <i>And at least one of the following:</i> <ul style="list-style-type: none"> ➤ Services that are far more intensive than outpatient clinic care are required to stabilize the child in the family situation. ➤ The child's residence, as the setting for services, is more likely to be successful than a clinic. ➤ At least one parent or responsible adult with whom the child is living must be willing to participate in in-home services, with the goal of keeping the child with the family. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet the admission criteria, or the emergence of additional problems that meet the admission criteria. ➤ The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment. ➤ The child support systems are involved in the program. ➤ When necessary the client will be evaluated for medication management. ➤ Active discharge plan. ➤ Coordinated after care. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Entrance into a less intensive level of care is indicated ➤ Family refuses to participate in treatment. ➤ Goals of child's individualized service plan have been substantially met. ➤ Family/guardian requests discharge [and is not imminently dangerous]. ➤ Transfer to another service/level of care is warranted by change in child's condition. ➤ The child requires services not available in this level of care. ➤ Adequate continuing care plan has been established 	<i>Must meet one of the following:</i> <ul style="list-style-type: none"> ➤ If the caretaker /guardian does not want to participate with the program. ➤ The child is such a threat to self or others that he needs a higher level of care. ➤ There is a medical condition that precludes the client from participating in the program. ➤ Child who requires one-to-one supervision during interventions for protection of self or others are precluded from admission. 	Prior Authorization from TCM needed	Twenty-four session limit, which can be exceeded with authorization.	<i>On a quarterly basis, by Medicaid:</i> <ul style="list-style-type: none"> ➤ Total number of clients served unduplicated ➤ Total Service units <i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS score every 90 days 	CALOCUS and CAFAS scores at discharge.

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INTENSIVE COMMUNITY BASED SERVICES (BA LEVEL) Intensive community-based treatment services are designed to provide the necessary treatment to a child and family (substitute or natural) to allow the family to remain intact, thus preventing the need for long-term residential or hospital psychiatric care on the part of the child. Services include, but are not limited to: assessment; collateral intervention with schools; recreational activities; collateral interventions with social service agencies, juvenile justice agencies, local policy, and other systems affecting the child; and assistance in household management, self-management and family management. In contrast to targeted case management, intensive community-based treatment requires direct face-to-face intervention as part of the service. Community-based services are those rendered in the natural environment of the youth and family, as well as in office settings. Frequency of contact is variable and determined by the level of need exhibited by the child and family. Intensive community-based treatment may occur on a short-term crisis basis or a long-term basis.	BA and supervision by a licensed mental health professional	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Patient cannot be served in a less restrictive setting. ➤ Have a diagnosable mental, behavioral or diagnostic criteria specified that meets the coding and definition criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (excluding substance abuse or addictive disorders, irreversible dementias as well as mental retardation, and V codes, unless they co-occur with another serious mental illness that meets DSM-IV criteria); That resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities. ➤ There is reasonable support when the client is not in the program. ➤ There must be functional mental health impairment in a community setting ➤ Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system may be necessary. ➤ Services that are far more intensive than outpatient clinic care are required to stabilize the child in the family situation. ➤ The child's environment, as the setting for services, is more likely to be successful than a clinic. ➤ If in home services are required, then: ➤ At least one parent or responsible adult with whom the child is living must be willing to participate in in-home services, with the goal of keeping the child with the family. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet the admission criteria, or the emergence of additional problems that meet the admission criteria. ➤ The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment. ➤ The child support systems are involved in the program. ➤ When necessary the client will be evaluated for medication management. ➤ Active discharge plan. ➤ Coordinated after care. ➤ Child is not making progress in completion of treatment goals. ➤ CALOCUS score of 3 or higher 	<i>Must meet any one of the following:</i> <ul style="list-style-type: none"> ➤ Entrance into a less intensive level of care is indicated. ➤ The Family refuses to participate in treatment. ➤ Goals of Child's individualized service plan have been substantially met. ➤ Family requests discharge, and patient is not imminently dangerous. ➤ Transfer to another service/level of care is warranted by change in child's condition. ➤ The child requires services not available in this level of care. 	<i>Meet any one of the following:</i> <ul style="list-style-type: none"> ➤ If the caretaker /guardian does not want to participate with the program, the child is such a threat to self or others that he needs a higher level of care. ➤ There is a medical condition that precludes the client from participating in the program. ➤ Childs who require one-to-one supervision for protection of self or others are precluded from admission. ➤ Presence of any psychiatric condition requiring a more intensive level of care. 	Additional sessions beyond 24 sessions requires authorization.	Prior Authorization for services up to 24 sessions is <u>not</u> required.	<i>On a quarterly basis, by Medicaid:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total Service units <i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS scores every 90 days 	CALOCUS and CAFAS at discharge

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MEDICATION MANAGEMENT Medication Management refers to the level of outpatient treatment provided by a psychiatrist, psychiatric nurse practitioner (APN), pharmacist or psychiatric registered nurse (RN). Services include the evaluation of a patient's need for psychotropic medication, the provision of a prescription, review of current and past medication and medical history, the monitoring and evaluation of the effectiveness of psychotropic medications, monitoring of side effects, and patient/family education relating to medications. Medication Management services will be paid at two rates: One for physician's, APN, pharmacists, and one for RN's.	Psychiatrist, Psychiatric Nurse Practitioner (APN), Pharmacist or Psychiatric Registered Nurse (RN).	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis, including v-codes (excluding dementia, mental retardation and a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria). ➤ Must be face-to-face. ➤ There is a need for prescription and monitoring of psychotropic medications. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Continues to participate in services. ➤ Physiological effects of psychotropic medications are reviewed, monitoring compliance with dosage instructions, instructing client and caregivers about unexpected side effects, and recommended changes in the psychotropic medication regime. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Client no longer requires psychotropic medications. ➤ Consent for treatment is withdrawn. 	Client requires or is receiving inpatient psychiatric hospital services.	Medication Management services do not require prior authorization	Level One Six times per calendar year Level Two Eight times per calendar year Levels Three through Six 12 times per calendar year Additional services to caps must be medically necessary, prior authorized and appropriate to keep the clients at the least restrictive level of care.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Total number of Medication Management services delivered two categories: physician, APN pharmacist and or registered nurse). ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS every 90 days <i>On a quarterly basis form Medicaid</i> <ul style="list-style-type: none"> ➤ Total number of clients served unduplicated ➤ Average number of services per client per quarter 	CALOCUS and CAFAS at discharge

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REHABILITATIVE SKILLS TRAINING - PARAPROFESSIONAL (GROUP AND INDIVIDUAL) Rehabilitative skills training is provided to children with eligible disorders who need periodic intervention into their living environment to achieve stable, successful long-term outcomes. Rehabilitation skills trainers participate in behavior management and remedial skills training. Services are provided to each child and/or family in their residence or in actual life situations in the community. Client training is focused on the development of daily living skills such as safety, self-help skills, household management and self-management. Paraprofessionals provide face-to-face intervention with the child and/or family under the supervision of a master's level professional trained in rehabilitation, social work, psychology, counseling, education, or related areas. Frequency of contact is variable and based on the needs of the child	High school diploma plus two years relevant experience to the services being provided, program must be supervised by a masters level clinician.	<i>Must meet any two of the following:</i> <ul style="list-style-type: none"> ➤ Significant behavioral, personal care, vocational, educational and/or social impairment. ➤ Clients with primary mental health issues which are distressing (mental anguish or suffering) ➤ Deficits in daily living skills, vocational/ academic skills and community/family integration. 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Progress notes document child progress relative to functional and skills related goal in the service plan, but these goals have not yet been achieved. ➤ If services are discontinued there would be an increase in the severity of the child's level of functioning. ➤ Progress in relation to specific symptoms or impairments is clearly documented. ➤ The child /adolescent's treatment does not require a higher level of care. 	<i>Must meet any of the following:</i> <ul style="list-style-type: none"> ➤ The child/ adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. ➤ The child /adolescent's documented treatment plan goals and objectives have been substantially met. ➤ Child demonstrates change in condition which warrants a more or less intensive support service. ➤ Child or family requests discharge 	<i>Must meet any of the following:</i> <ul style="list-style-type: none"> ➤ The child/ adolescent is a danger to self or others or sufficient impairment exists that a more intense level of service is required. ➤ The child/ adolescent requires a level of structure and supervision beyond the scope of the program. ➤ The child/ adolescent can be safely maintained and effectively treated at a less intensive level of care 	Authorization required for additional hours of service	Level 2 Service Limitations: 8 Level 3 and above Service Limitations: 100 hours	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS scores every 90 days <i>On a quarterly basis from Medicaid</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total Service units 	CALOCUS and CAFAS at discharge

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
REHABILITATIVE SKILLS TRAINING - PROFESSIONAL (GROUP) Rehabilitative skills training is provided to children with eligible disorders who need periodic intervention into their living environment to achieve stable, successful long-term outcomes. Rehabilitation skills trainers participate in behavior management and remedial skills training. Services are provided to each child and/or family in their residence or in actual life situations in the community. Client training is focused on the development of daily living skills such as safety, self-help skills, household management and self-management. Frequency of contact is variable and based on the needs of the child. Services are reimbursed on a per-hour basis.	Master's level Mental Health Clinician supervised by a licensed mental health professional.	<i>Must meet any one of the following:</i> <ul style="list-style-type: none"> ➤ A DSM-IV diagnosis and/or co occurring functional impairment. An inability to function in one or more life skills area, There are significant symptoms that interfere with functioning in at least one life area. ➤ The child/ adolescent's condition requires a coordinated treatment plan of services, which may require different modalities and/or clinical disciplines for progress to occur. ➤ Treatment specific diagnosis that requires a specialized treatment group to offer management of symptoms (i.e. sex offender groups, co-occurring disorder groups). 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Child demonstrates some improvement in functioning, the development of natural supports, emotional stabilization, and socialization skills, but has not achieved all goals identified for increased functioning and development of socialization/leisure skills. ➤ The child, in the absence of social supports, would demonstrate reduced ability in functioning and behavioral adaptation. 	<i>Must meet any one of the following:</i> <ul style="list-style-type: none"> ➤ The child /adolescent's documented treatment plan goals and objectives have been substantially met. ➤ Child meets criteria for a less or more intensive level of care. ➤ The child/ adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care ➤ The goals of the child's individualized service plan have been substantially met. ➤ Child and family requests discharge from the support services. ➤ Transfer to another service/level of care is warranted by change in the child's condition 	<i>Must meet any one of the following:</i> <ul style="list-style-type: none"> ➤ The child/ adolescent is a danger to self or others or sufficient impairment exists that a more intense level of service is required. ➤ The child/ adolescent has medical conditions or impairments that would prevent beneficial utilization of services. ➤ The child/ adolescent requires a level of structure and supervision beyond the scope of the program. ➤ The child/ adolescent can be safely maintained and effectively treated at a lower level of care . 	If child scores at Level Three or higher TCM approval is needed	Levels 2 and above Sixteen (16) sessions <i>Additional sessions require authorization.</i>	<i>On a quarterly basis, by Medicaid:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of case management/ care coordination services delivered ➤ Total Service units <i>On a quarterly basis, by Provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ Types of interventions used noted in the case chart ➤ CALOCUS and CAFAS score every 90 days 	CALOCUS and CAFAS score at discharge

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
REHABILITATIVE PARTIAL CARE (DAY TREATMENT) Rehabilitative partial care is provided as a day treatment program, through a psychiatric hospital partial care program, or as a free standing therapeutic program. Partial care programs provide at least two hours per day of counseling, occupational training, skill training with emphasis on interpersonal problem solving skills and life skills, recreational therapy, crisis intervention and family services. Services are reimbursed on a per-hour basis.	Master's level Mental Health Clinician supervised by a licensed mental health professional.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ For patients with an acute disorder, crisis, or those transitioning from an inpatient to a community setting, there is clinical evidence that less intensive treatment will not be sufficient to prevent clinical deterioration. ➤ There is clinical evidence that the child's condition requires a structured program with treatment which cannot be provided in a less intensive outpatient setting. ➤ There is an adequate social support system available to provide the stability necessary for maintenance in the program or the individual demonstrates willingness to assume responsibility for his/her own safety outside program hours. ➤ Child must have primary behavioral health issues which are incapacitating. It interferes with one's ability to carry out daily activities or places others in danger to the point that it causes anguish or suffering. ➤ The child's clinical and behavioral issues are unmanageable in traditional outpatient treatment and require intensive, coordinated multi-disciplinary intervention within a therapeutic milieu. ➤ Child's level of functioning precludes provision of services in a less restrictive level of care and identify deficits in daily living, social skills, vocational/academic skills and community/family integration. ➤ Reasonable expectation that the child can improve demonstrably within 6 months. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary. 	<i>Must meet any of the following</i> <ul style="list-style-type: none"> ➤ If services are discontinued there would be an increase in the severity of the presenting problems. ➤ Progress notes document progress relative to goals identified in the service plan but the goals are not yet met. ➤ Despite reasonable therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to a degree that continues to meet the admission criteria, or the emergence of additional problems that meet the admission criteria. ➤ A client is not able to function in a lower level of care. ➤ Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident. ➤ When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated. 	<i>Must meet any of the following:</i> <ul style="list-style-type: none"> ➤ Child meets criteria for lower level of care. ➤ Support systems, which allow the child/adolescent to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured. ➤ The child/adolescent is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care. ➤ Goals of child's individualized service plan have been substantially met. Adequate continuing care plan is established. 	<i>Must meet any of the following:</i> <ul style="list-style-type: none"> ➤ The child/adolescent requires a level of structure and supervision beyond the scope of the program. ➤ Child/adolescent who requires one-to-one supervision for protection of self or others is precluded from admission, the individual can effectively and safely be treated at a lower level of care. ➤ The child/adolescent can be safely maintained and effectively treated at a less intensive level of care. 	Client must test at level 3 or higher on the CALOCUS for service utilization.	Freestanding day treatment program, 160 days Day treatment, partial hospitalization, 90 days Service limits can be exceeded with authorization.	<i>On a quarterly basis, by provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS scores every 90 days ➤ <i>On a quarterly basis from Medicaid</i> ➤ Total number of clients served (unduplicate d) ➤ Total Service units 	CALOCUS and CAFAS at discharge

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
<p>RESIDENTIAL CARE Residential rehabilitative care is considered the least restrictive form of out-of-home therapeutic placement for children with severe emotional disorders. This intervention is provided by specially trained staff in homes located in the community, where local schools can be attended. Each home typically serves 2 to 16 clients and provides an array of therapeutic interventions. Although the types and combinations of treatment vary, individual psychotherapy, group therapy, and behavior modification are usually part of the services either in the home and or in the community.</p> <p>Basic Residential Care These children may have medical conditions which require special involvement. They may exhibit mild or moderate emotional and/or behavioral management problems in two or more situations of home, school and/or community. Some behaviors shown will be withdrawal, depression, hyperactivity, impulsivity, defiance, truancy, pre-delinquent activity, difficulty in getting along with peers and adults, argumentative and verbal aggression. These children and youth may have had interactions with police and lack age appropriate developmental behaviors. Because most of these children will be in a public school setting or in other community activities, the staff/foster parent should have training in specific behavioral management skills to reinforce the acclimation of these youth. Children may also have chronic conditions that may require ongoing lifestyle management.</p>	Must meet criteria established as part of the DCFS Request for Qualifications (RFQ).	<p><i>All criteria must be met:</i></p> <ul style="list-style-type: none"> ➤ The child is currently receiving community based care and failing. ➤ The child's identified condition is escalating. ➤ The child's condition is a reoccurrence of a previous acute psychiatric condition. ➤ The child is unable to function in a less restrictive environment. ➤ There has been recent stabilization of symptoms during a psychiatric hospitalization but the recipient needs a structured 24-hour therapeutic environment. ➤ The youth's home environment, family resources, support network and non-residential services are not adequate to provide the level of support and specialized or technical services necessary, to maintain the child in a family environment. ➤ Basic Level III on CALOCUS 	<p><i>All criteria must be met:</i></p> <ul style="list-style-type: none"> ➤ Despite reasonable therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to a degree that continues to meet the admission criteria, or the emergence of additional problems. ➤ Clinical evidence indicates that attempts at therapeutic re-entry into a less intensive level of care have or would result in exacerbation of the psychiatric condition. 	<p><i>Must meet <u>all</u> of the following:</i></p> <ul style="list-style-type: none"> ➤ No longer meets admission criteria or meets criteria for level of service. ➤ Exhibits severe disruptive or dangerous behaviors that require higher level of care. ➤ Child/ adolescent's treatment goals are met ➤ Reunified with parent /guardian. 	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ A child is under 5 years of age and meets admission criteria, may not be placed in group care, only in therapeutic foster care and emergency shelter care. ➤ The child needs a higher a level of care 	Prior authorization: Basic Level of care needs TCM approval, All higher level residential services require Clinical Management organization approval	All Basic, Intermediate, and Advanced Level group homes are only authorized for 180 days.	<p><i>On a quarterly basis, by Medicaid:</i></p> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of case management/ coordination services delivered ➤ Total Service units ➤ On a quarterly basis, by Provider: ➤ Primary diagnosis by number ➤ Types of interventions used noted in the case chart ➤ CALOCUS and CAFAS score every 90 days 	CALOCUS and CAFAS score at discharge

Basic Residential Services <u>continued</u>			Continuing stay continued <ul style="list-style-type: none"> ➤ When indicated, appropriate psychopharmacological intervention has been evaluated and/or prescribed. ➤ There is documented active discharge planning. ➤ The family, guardian, caretaker, and or case manager is involved on an on going basis with treatment planning. 	Discharge continued <ul style="list-style-type: none"> ➤ The stabilization of presenting symptoms with demonstrate an ability to perform activities of daily living appropriate for age and to function appropriately within residential milieu environment and a community setting. ➤ The required treatment can be provided in a less restrictive environment 					
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<p>Intermediate Residential Care</p> <p>Children and youth who are best suited for residence in a licensed childcare facility or specialized foster home with extensively trained caregivers and 24 hour access to professional support. Policies should be designed for skills training, behavioral management and be capable of serving children with diagnosed mental health conditions of a moderate nature. They will exhibit moderate emotional and/or behavioral management problems that can be served by trained staff within a non-secure environment without use of physical control techniques.</p> <p>These children may exhibit behaviors and acting out marked by moderate levels of: anxiety, withdrawal, moodiness, depression, hyperactivity, impulsivity, defiance, truancy, non-offending sexual behavior issues, school suspensions and other school problems, verbal aggression toward peers and adults, pre and/or mild delinquent behavior. They may also show difficulties in interaction and bonding, have disrupted placements and experience neglect and/or abandonment issues. Most likely, these children will be on medications prescribed by a psychiatrist and require continuous outpatient mental health treatment. Some youth may have a moderate history of sexual victimization, substance abuse, suicidal ideation (absence of gesturing or plan), severe physical abuse, and involvement with the Juvenile Justice System.</p>	<p>Minimum Qualification are based on requirements established by DCFS request for qualification</p>	<p>Admission Criteria is the same as Basic Residential Care expect Intermediate Residential care requires Level IV on CALOCUS</p>	<p>Continuing Stay Criteria is the same as Basic Level Residential Care</p>	<p>Discharge Criteria is the same as Basic Level Residential Care</p>	<p>Exclusionary Criteria is the same as Basic Level Residential Care</p>	<p>Authorization Requirements are s the same as Basic Level Residential Care</p>	<p>Service Limitations on All Basic, Intermediate, and Advanced Level group homes are only authorized for 180 days.</p>	<p>Data Collection Requirements are the same as Basic Level Residential Care</p>	<p>Outcome Measures are the same as Basic Level Residential Care</p>
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<p><u>Advance Residential Care</u> They will exhibit moderate to severe emotional and/or behavioral management problems that can be served by trained staff within a non-secure environment but 24 hour monitoring. These children may exhibit behaviors and acting out marked by moderate levels of: anxiety, withdrawal, moodiness, depression, hyperactivity, impulsivity, defiance, truancy, non-offending sexual behavior issues, school suspensions and other school problems, verbal aggression toward peers and adults, pre and/or mild delinquent behavior. They may also show difficulties in interaction and bonding, have disrupted placements and experience neglect and/or abandonment issues. Most likely, these children will be on medications prescribed by a psychiatrist and require continuous outpatient mental health treatment. Services continued</p> <p>Some youth may have a moderate history of sexual victimization, substance abuse, suicidal ideation (absence of gesturing or plan), severe physical abuse, and involvement with the Juvenile Justice System.</p> <p>Policies should be designed for systematic behavior management, skills training and moderate to severe crisis stabilization. These children will be defined by Medicaid standards as Severely Emotionally Disturbed (SED) by Medicaid standards, and or multiple diagnosis and/or diagnosis of a chronic or more severe nature.</p>	<p>Minimum Qualification are based on requirements established by DCFS request for qualification</p>	<p>Admission Criteria is the same as Basic Residential Care expect Intermediate Residential care requires Level V on CALOCUS</p>	<p>Continuing Stay Criteria is the same as Basic Level Residential Care</p>	<p>Discharge Criteria is the same as Basic Level Residential Care</p>	<p>Exclusionary Criteria is the same as Basic Level Residential Care</p>	<p>Authorization Requirements are s the same as Basic Level Residential Care</p>	<p>Service Limitations on All Basic, Intermediate, and Advanced Level group homes are only authorized for 180 days.</p>	<p>Data Collection Requirements are the same as Basic Level Residential Care</p>	<p>Outcome Measures are the same as Basic Level Residential Care</p>
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<p>Therapeutic Foster Care A child with a mental health diagnosis and moderate to severe problems or occasional major problems in one or more areas of functioning. This includes behaviors, which would present a danger to self or others if the child were not in a therapeutic setting. But, despite mental health problems, a child in therapeutic foster care has sufficient social adaptive skills and behavior control to participate with support in community activities and the public school. Although the child is likely to display episodes of aggressive or antisocial behavior, there is a preservation of social relationships. Homes require very specialized child care skills and are allowed a maximum of two TFC children with a max of four. In some cases the children may be a danger to themselves or others and require additional support and supervision. The foster child may require medical skills such as tube feeding. The primary foster parent can work outside the home so long as the caregiver is available on a full-time basis, up to 24 hours per day, when required.</p>	<p>Minimum Qualification are based on requirements established by DCFS request for qualification</p>	<p>Admission Criteria is the same as Basic Residential Care expect Intermediate Residential care requires Level IV on CALOCUS</p>	<p>Continuing Stay Criteria is the same as Basic Level Residential Care</p>	<p>Discharge Criteria is the same as Basic Level Residential Care</p>	<p>Exclusionary Criteria is the same as Basic Level Residential Care</p>	<p>Authorization Requirements are s the same as Basic Level Residential Care</p>	<p>Service Limitations on All Therapeutic Foster homes are only authorized for 266 days.</p>	<p>Data Collection Requirements are the same as Basic Level Residential Care</p>	<p>Outcome Measures are the same as Basic Level Residential Care</p>
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SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
RESIDENTIAL TREATMENT CENTER (RTC) SERVICES A Residential Treatment Center (RTC) is a mental health facility designed as a medical model of therapeutic care. RTCs are self-contained and provided 24-hour secured (locked) inpatient care, treatment and supervision for children and adolescents 20 years of age and younger (effective July 1, 2002, an EPSDT screening or referral is no longer required). This setting provides an integrated and comprehensive array of services to meet the child's or adolescents needs who cannot effectively be helped within his/her home, substitute family, or in a less restrictive environment. This includes, but is not limited to, treatment services (psychotherapies), educational services, psychological testing and evaluation, and a clinical treatment milieu designed to meet the individual treatment needs of each child. RTCs specialize in treating children and adolescents with mental disorders including personality disorders, depression, hyperactivity, mild learning disabilities, and/or substance abuse disorders, as well as other clinical and behavioral psychopathologies. Children and adolescents admitted to RTCs generally have experienced failed placements in the home, school, community, and have exhausted all local resources. They need a highly structured environment with a therapeutic program in a residential setting with 24-hour supervision. All recipients are provided individual, group and family therapy. RTCs may exist as a freestanding facility or as a unit within a psychiatric hospital.	<p>The RTC must be licensed by the State Health Division, Bureau of Licensure and Certification and accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or out-of-state RTCs licensed by that state authority and JCAHO.</p> <p>The RTC program must have Medical director who is board-certified psychiatrist who has overall medical responsibility for the program.</p> <p>Licensed psychiatrist who directs and administer care for patients.</p> <p>Program director is a licensed doctoral psychologist or licensed clinical social worker (LCSW) or Marriage and Family Therapist (MFT).</p> <p>Licensed doctoral level psychologist, LCSW or MFT who performs individual, group and family therapies.</p>	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ DSM-IV Axis I or II diagnosis, excluding v-codes, dementia, mental retardation or a primary diagnosis of a substance abuse disorder, unless they co-occur with another mental illness that meets DSM-IV criteria. ➤ SED ➤ Medicaid Level of Service: Level Six ➤ The child/adolescent requires supervision seven days per week/24 hours per day to develop skills necessary for daily living, to assist with planning and arranging access to a range of educational, therapeutic and aftercare services, and to develop the adaptive and functional behavioral that will allow him/her to live outside of a residential setting. ➤ The child/adolescent is able to function with some independence and participate in community-based activities structured to develop skills for functioning outside of a controlled psychiatric environment. ➤ Verification that any type of less restrictive setting (e.g., group home, day treatment, outpatient services) was tried or ruled out during the previous six months leading up to the RTC placement request. 	<p><i>Must meet all of the following:</i></p> <ul style="list-style-type: none"> ➤ Child/adolescent continues to meet admission criteria. ➤ There is evidence of therapeutic clinical goals that must be met before the patient can return to a new or previous living situation. ➤ There is evidence that the treatment plan is focused on the alleviation of psychiatric symptoms that are interfering with the patient's ability to return to a less intensive level of care. ➤ Active Discharge Planning 	<p><i>Any one of the following:</i></p> <ul style="list-style-type: none"> ➤ Child/Adolescent's documented treatment plan goals and objectives have been substantially met. ➤ Child/Adolescent no longer meets admission or continuing stay criteria, or meets criteria for a less/more intensive level of care. ➤ Support systems that allow for the child or adolescent to be maintained in a less restrictive environment have been secured. 	<p><i>Any one of the following</i></p> <ul style="list-style-type: none"> ➤ Child/ Adolescent is actively suicidal, homicidal or danger to self, others or property. ➤ Severe learning disabilities ➤ Impairment resulting from traumatic brain injury (TBI) ➤ Significant organic brain syndrome. ➤ A diagnosis of Oppositional Defiant Disorder (ODD) and/or Conduct Disorder (CD), alone and apart from any other Axis I or Axis II diagnosis. 	Services must be prior authorized before placement is made. Initial authorization for services must not be granted beyond 90 days.	Continuing Stay services may be authorized based on clinical necessity and meeting continuing stay guidelines, for a period of up to, but not exceeding, 90 days. This goes for, if clinically appropriate and meeting continuing stay guidelines, all subsequent continuing stay services may be authorized based on clinical necessity and meeting continuing stay guidelines, for a period of up to, but not exceeding, 90 days. This goes for, if clinically appropriate and meeting continuing stay guidelines, all subsequent continuing stay services	CALOCUS every 30 days.	CALOCUS and CAFAS at discharge

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
TARGETED CASE MANAGEMENT (TCM) Severely Emotionally Disturbed (Levels Three through Six – State and Agencies) SED Targeted Case Management Services are defined as services which assist the client in gaining needed medical, educational, social and other support services. TCM services include, but are not limited to, assessment, care planning, service referral and linkage, monitoring and follow-up. The objective of TCM is assuring an integrated and continuum of care system of service for the eligible client, as well as maintaining the client at the least restrictive level of care and highest level of functioning. Level Three through Six TCM services can only be provided by a state agency	Registered Nurse (RN) with a bachelor's degree, Master's Level Professional (LCSW or LMFT), APN-Mental Health, psychologist, or service coordinator with bachelor's degree in social sciences with training and/or experience.	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Must meet SED definition. ➤ Medicaid Level of Service: Level Three through Six. ➤ Client requires assistance in obtaining and coordinating medical, social, educational and other support services. ➤ Score of 3 or higher on the CALOCUS 	<i>Must meet all of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria ➤ Individualized service plan identifies all services currently being provided, as well as those that are needed. ➤ Documentation supports progress or lack of progress towards goals identified in the case management service plan, and barriers have been identified and addressed. ➤ Treatment plan and goals have been established. 	<i>Must meet at least one of the following:</i> <ul style="list-style-type: none"> ➤ Client is no longer SED. ➤ Client no longer meets the admission and continuing stay criteria. 	Client is not SED.	In addition to providing TCM services, the Targeted Case Manager is responsible for authorizing mental health specialty clinic services for clients at Levels Three through Five Score of 3 or higher on the CALOCUS	Maximum of fifteen (15) hours per calendar month.	<i>On a quarterly basis, by Medicaid:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of case management/care coordination services delivered ➤ Total Service units <i>On a quarterly basis, by Provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ Types of interventions used noted in the case chart ➤ CALOCUS and CAFAS score every 90 days 	CALOCUS and CAFAS score at discharge

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING Psychological testing is the administration, evaluation, interpretation and scoring of standardized tests which may include the evaluation of intellectual strengths and deficits, psychopathology, psychodynamics, mental health risks, insights, motivation and other factors influencing treatment and prognosis. Psychological testing is not necessary for all recipients and requires a physician order or referral. Neuropsychological testing involves assessment and evaluation of brain behavioral relationships by a neuropsychologist. The evaluation consists of qualitative and quantitative measurement that considers the interaction of psychosocial, environmental, neurocognitive, biogenetic, and neurochemical aspects of behaviors in an effort to understand more fully the relationship between physiological and psychological systems.	Psychologist: A doctoral degree in and state licensure to practice psychology from the Nevada Board of Psychological Examiners. Neuropsychologist: A doctoral degree in psychology and a state licensure to practice psychology from the Nevada Board of Psychological Examiners. Additionally, neuropsychologists must receive specialty training and/or a post-doctoral fellowship in neuropsychology.	Testing is required for a differential diagnosis, which is not clear from the traditional assessment, i.e., clinical interview. Testing is required to clarify cognitive and emotional status following brain injury, trauma or illness. Testing is required to facilitate treatment planning process and to assess treatment efficacy. Meets service criteria to Medicaid levels one through six.	Does not apply	Does not apply	Testing is primarily for educational purposes. Testing is primarily for cognitive rehabilitation or vocational guidance.	A referral or order from a physician is required. Prior Authorization is also required	One complete battery testing episode, which may include tests during a single episode, per calendar year. Additional battery testing also requires prior authorization. For purposes of Medicaid reimbursement Psychological Testing is limited to three (3) hours and Neuropsychological Testing is limited to seven (7) hours. Exceptions to hourly limitations require authorization.	<i>On a quarterly basis, by Medicaid:</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of case management/c are coordination services delivered ➤ Total Service units <i>On a quarterly basis, by Provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ Types of interventions used noted in the case chart ➤ CALOCUS and CAFAS score every 90 days 	CALOCUS and CAFAS score included in test.

SERVICE	MINIMUM QUALIFICATIONS	SERVICE CRITERIA				UTILIZATION MANAGEMENT		DATA COLLECTION REQUIREMENT	OUTCOME MEASURES
		ADMISSION	CONTINUING STAY	DISCHARGE	EXCLUSIONARY	AUTHORIZATION REQUIREMENTS	SERVICE LIMITATIONS		
THERAPIES - INDIVIDUAL, GROUP AND FAMILY Individual, group and family therapy are counseling interventions provided by a clinician. These services address issues such as symptom/behavioral management, development or enhancement of specific problem-solving skills and coping mechanisms, development or enhancement of adaptive behaviors and skills, and development and enhancement of interpersonal skills. Services are directed toward achievement of specific goals defined by the individual and specified in the treatment plan. Individual Therapy: Those services provided to a specific Medicaid-eligible client by an individual clinician for a specific period of time. The client must have an assessment prior to entry into individual therapy so that purpose for individual therapy may be clearly understood by the client at the beginning of treatment. The length of individual services may vary due to the stage of the presenting illness, treatment program, and client's response to the treatment approach. Reimbursement for the assessment/evaluation is allowed up to but for no more than two hours. Subsequent individual therapy sessions are allowable up to one hour once the initial assessment has been completed, problems/needs defined and goals and objectives for treatment become established.	Psychiatrist, licensed doctoral psychologist, Master's Level Professional (LCSW or LMFT) or advance psychiatric nurse practitioner (APN)	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ Demonstrates behavioral symptomology consistent with a DSM-IV Axis I or II diagnosis, includes adjustment and V-code disorders. ➤ Face-to-face participation is required. ➤ Symptomatic distress and/or impairment in functioning due to psychiatric symptoms and/or behavioral in at least one of the three spheres of functioning, occupational, scholastic or social. ➤ Must have specific, achievable and measurable goals for treatment addressed in the treatment plan, and specified in terms of symptom alleviation, or improvement in social, occupational or scholastic functioning. 	<i>Must meet <u>all</u> of the following:</i> <ul style="list-style-type: none"> ➤ Continues to meet admission criteria. ➤ Does not require a more intensive level of care. ➤ Progress notes document client progress relative to goals identified in the treatment plan, but treatment plan goals have not yet been achieved. ➤ Active discharge planning 	<i>Must meet <u>any</u> of the following:</i> <ul style="list-style-type: none"> ➤ Treatment plan goals have been substantially met. ➤ Meets criteria for a less or more intensive level of care. ➤ No progress toward treatment goals, and barriers to treatment have been identified and addressed. 	<i>Must meet <u>any</u> of the following:</i> <ul style="list-style-type: none"> ➤ Severity of impairment precludes provision of services in this level of care. ➤ Client requires inpatient psychiatric hospital stay. 	A referral or order from a physician. Prior authorization for individual, group or family therapy services are required.	Levels One 10 sessions per calendar year. Levels Two 16 sessions per calendar year. <i>(Additional services to caps must be medically necessary, prior authorized and appropriate to keep the client at the least restrictive level of care).</i>	<i>On a quarterly basis by provider:</i> <ul style="list-style-type: none"> ➤ Primary diagnosis by number ➤ CALOCUS and CAFAS scores every 90 days <i>On a quarterly basis by Medicaid</i> <ul style="list-style-type: none"> ➤ Total number of clients served (unduplicated) ➤ Total number of therapy services (sessions) delivered (by type of therapy category – individual, group and family) ➤ Total Service units ➤ Average Length of Stay (ALOS) in service 	CALOCUS and CAFAS scores

<p>(Services Continued)</p> <p>Group Therapy: Those services provided to a specific Medicaid-eligible client by use of group dynamics or interaction. The client must have an assessment prior to entry into the group therapy so that purpose for attendance by the client in group therapy may be clearly understood by the recipient at the beginning of treatment. Group therapy services are Medicaid reimbursable for up to one and one half hours. Minimum group size is five (5) and maximum group size is eight (8). (In rural Nevada the minimum is three (3) and the maximum is eight (8).</p> <p>Family Therapy: Those services provided to a specific Medicaid-eligible client by using the immediate or foster family as the means to facilitate appropriate family interactions among individuals, and alter maladaptive and abusive behaviors between family members and the client. The client must have an assessment prior to entry into family therapy so that purpose for attendance by the client in family therapy may be clearly understood at the beginning of treatment. For purposes of Medicaid reimbursement, the duration of each period of family therapy services must not exceed one hour. Family therapy is covered as a Medicaid benefit only if the identified client is Medicaid eligible and is present during therapy</p>									
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