

## Child Mental Health/Substance Use IPRS Benefit Plans

Phase	Assertive Engagement*	Basic OPTX**	Targeted Case Management***	Intensive In Home	Multi Systemic Therapy	Day Treatment
<b>Initial</b>	<i>*See attachment for guidelines regarding Assertive Engagement</i>		<i>***TCM is billed as a weekly case rate; a minimum of 15 mins of service must be provided in order to bill for the week.</i>	30 day authorization H2022 - 16 per diem contacts  99213 - Up to 1 event (PRN)  For SA: ASAM Level I or II.1	30 day authorization H2033 - 160 units  99213 - Up to 1 event (PRN)  For SA: ASAM Level I or II.1	60 day authorization H2012:HA - 255 units  99213 - Up to 2 events (PRN)  For SA: ASAM Level II.5
<b>Active</b>	30 days authorization  YA341 - Up to 32 units	6 month authorization  Licensed Therapists: 90847 - 16 events 90806 - 8 events  Provisionally Licensed Therapists: H0004:HR - 80 units H0004 - 16 units  99213 - Up to 4 events (PRN) SA: ASAM Level I	3 month authorization  H0032 - 12 units	60 day authorization  H2022 - 24 per diem contacts  99213 - Up to 2 events (PRN)	60 day authorization  H2033 - 320 units  99213 - Up to 2 events (PRN)	90 day authorization  H2012:HA - 390 units  99213 - Up to 3 events (PRN)
<b>Maintenance/Step-Down</b>	30 days authorization  YA341 - Up to 32 units	6 month authorization  Licensed Therapists: 90847 - 8 events 90806 - 4 events  Provisionally Licensed Therapists: H0004:HR - 32 units H0004 - 16 units  99213 - Up to 4 events (PRN) SA: ASAM Level I	2 month authorization  H0032 - 8 units	60 day authorization  H2022 - 20 per diem contacts  99213 - Up to 2 events (PRN)	60 day authorization  H2033 - 200 units  99213 - Up to 2 events (PRN)	60 day authorization  H2012:HA - 255 units  99213 - Up to 3 events (PRN)

Note - Med Checks are in addition to the total number of BHO units and must be requested separately (if applicable)

- TCM includes facilitation of a monthly CFT meeting, completion of residential discharge plans & linkage for independent psychiatric evals when needed

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Phase	Respite	Therapeutic Foster Care	L2 Residential Treatment	L3 Residential Treatment	L4 Residential Treatment
<b>Initial</b>	12 – 18 days /3 months	Up to 90 days  Could accommodate transition from a higher level of care to the home setting	Up to 90 days  Could accommodate transition from a higher level of care to the home setting	30 days  Requires discharge plan upon request for initial authorization	30 days  Requires discharge plan upon request for initial authorization
<b>Active</b>	Up to 4 days per month/3 months	Up to 120 days  Development and implementation of behavioral plans to address behaviors precipitating out of home placement	Up to 120 days  Development and implementation of behavioral plans to address behaviors precipitating out of home placement or interim step before return home from higher level of care	Up to 90 days  Development and implementation of behavioral plans to address behaviors precipitating out of home placement, or, requiring interim step before return home from higher level of care	Up to 90 days  Development and implementation of behavioral plans to address behaviors precipitating out of home placement, or, requiring interim step before return home from higher level of care
<b>Transitional</b>	Up to 2 days per month/3 months	Up to 90 days  Discharge plan development, parenting skills training and transfer of acquired skills to discharge setting	Up to 90 days  Discharge plan development , parenting skills training and transfer of acquired skills to discharge setting	Up to 30 days  Transfer of acquired skills to discharge setting	Transfer of acquired skills to discharge setting
<b>Step-Down</b>	1 day per month/3 months	Up to 60 days  Discharge plan activities implementation with minimal support of current residential treatment provider	Up to 60 days  Discharge plan activities implementation with minimal support of current residential treatment provider	Up to 30 days  Increased transition activities with minimal support of current residential treatment provider	Increased transition activities with minimal support of current residential treatment provider
		Targeted Case Management: It is the expectation of the LME that case management will be provided for youth receiving residential treatment services to perform facilitation of at least monthly CFT meetings, development of discharge plan, and, coordination of psychiatric evaluation to independently assess consumer functioning in all life domains and the need for continued stay.			

**\*\*Specialized substance abuse residential treatment (Group Living Moderate) will be authorized the same as L2 Residential Treatment; Consumer must meet ASAM Level III.1 or III.5.**

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<u>Intensive In-Home Criteria</u>	<u>Day Treatment Criteria</u>
<ul style="list-style-type: none"> <li>▪ Basic outpatient family therapy is required before requesting Intensive In-Home</li> <li>▪ Initial IHH auth requests requires description of family/caregiver intervention strategies to be implemented</li> <li>▪ Next reauthorization request must include the family/caregiver progress/response to interventions as well as child/adolescent symptom progress</li> <li>▪ Final reauthorization request must outline discharge/transition plan</li> <li>▪ No additional time/units will be authorized beyond Benefit Plan unless there are new/different family intervention strategies outlined (i.e. additional time/units will not be authorized to continue interventions that have not resulted in any progress towards consumer goals)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No additional time/units will be authorized beyond the 7 month benefit package; Discharge/Transition plans should be developed and described in the reauthorization request for the 6<sup>th</sup> and 7<sup>th</sup> months</li> <li>▪ Discharge/Transition plan should be initiated during the 6<sup>th</sup> &amp; 7<sup>th</sup> month</li> <li>▪ Exceptions will require very clear and specific description of clinical justification and planned interventions that include interventions to be utilized by WCPSS (or other appropriate academic setting)</li> </ul>

## Assertive Engagement Guidelines for Child MH/SA

### **Description**

- This is a short-term service targeted to Child MH/SA consumers or potential consumers whose circumstances either 1) prevent them from fully participating in treatment services or; 2) are likely to disrupt the continuity of care
- This service can be utilized for Medicaid and non-medicaid consumers
- Appropriate utilization of this service includes:
  - potential clients not currently open to the referred provider who may be in situations where provider would be unable to initiate treatment due to operational or other barriers
  - clients currently open to the provider but either hospitalized, in jail/prison, etc., for whom continued contact while in those settings is crucial for continuity of care, discharge/transfer planning, or other appropriate interventions
  - clients currently open to the provider, but their whereabouts are temporarily unknown due to runaways, homelessness, or other circumstances

### **Authorization Procedures**

- This service can be authorized by the Access Center, Care Coordination or UM
- For open consumers – submit request via CareLink; For new consumers – AE will be authorized via Access Center or Care Coordination
- This service can be authorized in addition to other enhanced services for clients with a history of multiple hospitalizations, crisis services utilization, etc.
- UM Care Managers may retroactively authorize or reauthorize this service if needed and requested by an approved provider, if the request is received no more than 30 days after delivery of the service
- If there has been no contact with the consumer during the 1<sup>st</sup> 30 days, providers can request a second 30 day authorization, however, reauthorization will not be issued if no contact has been made during the previous 60 day period
- Providers requesting this service should submit the LCAD and as much other opening paperwork information as is available (for new requests) NOTE: target population must either be on file or submitted

### **Service Limitations**

- Authorizations will be 32 units (8 hours) for 30 days; Not to exceed 2 hours per day
- No other services can be billed on the same day, except Clinical Assessment/Intake

### **Approved Providers**

- Licensed clinicians, QPs, APs and PPs with knowledge of motivational enhancement techniques can provide this service; APs and PPs must be supervised by a QP