

## Community Mental Health and Substance Abuse Services, Service Definition, Eligibility, Units, Rates, Licensure

Description	Code	Modifier	Differential	Rates Effective July 1, 2010	Units	Eligibility Criteria	Licensure
<p><b>Intensive In-Home Services for Children and Adolescents</b>                      Service Definition: Intensive In-Home Services for Children / Adolescents under age 21 are time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to a documented medical need of the child. These services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response.                      12VAC30-50-130.5.A.</p>	H2012			\$60.00 per unit	1 Hour=1 unit	Individual must meet at least two of the following criteria on a continuing or intermittent basis: a. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out of home placement because of conflicts with family or community. b.Exhibit such inappropriate behavior that repeated interventions by the mental health, social services or judicial system are necessary. c.Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. 12VAC30-60-61.A.1.a-c Child is: <ul style="list-style-type: none"> <li>• At risk of being moved into an out-of-home placement due to a documented medical need of the child, or</li> <li>• Is being transitioned to home from out-of-home placement due to a documented medical need of the child.</li> </ul> 12VAC30-50-130.5.a	Intensive In-Home Services providers for children and adolescents must be licensed as a provider of Intensive In-Home Services by DBHDS; Please note that a Licensing Intensive In-Home Services Guidance Document is located at: <a href="http://www.dbhds.virginia.gov/documents/ol-guidance-intensive-inhomesvcs.pdf">http://www.dbhds.virginia.gov/documents/ol-guidance-intensive-inhomesvcs.pdf</a>
<p><b>Intensive In-Home Services for Children and Adolescents Assessment</b></p>	H0031		2/provider/member/FY	\$60.00 per unit	1 unit	The assessment (H0031) must include the items specified by DMAS as follows: Assessment elements for DMAS Reimbursed Intensive In-Home: 1. Presenting Issue(s)/Reason for Referral: Chief Complaint. Indicate duration, frequency and severity of behavioral symptoms. Identify precipitating events/stressors, relevant history.) If child is at risk of out of home placement, state specific reason. 2. Mental Health History/Hospitalizations: Give details of mental health history and any mental health related hospitalizations and diagnoses, including the	

					<p>types of interventions that have been provided to the member. Include the date of the interventions and the name of the provider. List family members and the dates and the types of treatment that family members either are currently receiving or have received in the past.</p> <p>3. Medical Profile: Significant past and present medical problems/illnesses/injuries/known allergies; current physical complaints/medications. As needed, an Individualized Fall Risk Assessment: Does client have any physical conditions or other impairments that put her/him at risk for falling for children 10 years or younger, the risk should be greater than that of other children the same age.</p> <p>4. Developmental History: Describe client as an infant &amp; toddler: child's typical affect and level of irritability; medical/physical complications/illnesses; interest in being held, fed, played with and parents ability to provide these; parents feelings/thoughts about child as an infant and toddler. Was the client significantly delayed in reaching any developmental milestones, if so, describe. Were there any significant complications at birth?</p> <p>5. Educational/Vocational Status: School, grade, special ed. /IEP status, academic performance, behaviors, suspensions/expulsions, any changes in academic functioning related to stressors, peer relationships.</p> <p>6. Current Living Situation and Family History and Relationships: Daily routine &amp; structure, housing arrangements, financial resources and benefits. Significant family history including family conflicts, relationships and interactions affecting client and family's functioning list all family members.</p> <p>7. Legal Status: Indicate client's criminal justice status. Pending charges, court hearing date, probation status, past convictions, current probation violations, past incarcerations</p> <p>8. Drug and Alcohol Profile: Substance use / abuse of client / family members. Type of Substance, Frequency/Duration</p> <p>9. Resources and Strengths: Verbalize member's strengths. Extracurricular activities, church, extended family</p> <p>10. Mental Status Profile</p> <p>11. Diagnosis: Diagnosis- Includes DSM-IV Code &amp;</p>	
--	--	--	--	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

						Description—Diagnosis must be made by an LMHP. 12. Professional Assessment Summary/ Clinical Formulation: Documentation of needed services. 13.Recommended Treatment Goals	
<p><b>Therapeutic Day Treatment for Children and Adolescents</b> Service Definition: Therapeutic Day Treatment for Children/Adolescents: shall be provided in sessions of two or more hours per day in order to provide therapeutic interventions. Day treatment programs, limited annually to 780 units, provide evaluation; medication education and management; opportunities to learn and use daily living skills and to enhance social and interpersonal skills (e.g. problem-solving, anger management, community responsibility, increased impulse control and appropriate peer relations, etc.); and individual, group, and family psychotherapy/counseling. 12VAC30-50-130.B.5</p>	H0035	HA	Child	\$36.54 per unit	<p>2 up to 3 hrs=1 unit 3 up to 5 hrs= 2 units 5 or more hrs= 3units</p>	<p>1. Individuals must meet at least two of the following criteria on a continuing or intermittent basis: a. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out of home placement because of conflicts with family or community. b. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services or judicial system are necessary. c. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. 12VAC30-60-61.B.3 Therapeutic day treatment is appropriate for children and adolescents who meet one of the following: a. Children and adolescents who require year-round treatment in order to sustain behavior or emotional gains. b. Children and adolescents whose behavior and emotional problems are so severe they cannot be handled in self-contained or resource emotionally-disturbed (ED) classrooms without: (1) This programming during the school day; or (2)This programming to supplement the school day or school year. c. Children and adolescents who would otherwise be placed on homebound instruction because of severe emotional/behavior problems that interfere with learning. d. Children and adolescents who (i) have deficits in social skills, peer relations or dealing with authority; (ii) are hyperactive; (iii) have poor impulse control; (iv) are extremely depressed or marginally connected with reality. e. Children in preschool enrichment and early intervention programs when the children's emotional/behavioral problems are so severe that they cannot function in these programs without additional services. 12VAC30-60-61.B.1 and B.1.a-e</p>	Therapeutic Day Treatment providers for children and adolescents must be licensed as a provider of Day Treatment Services by DBHDS.

<b>Therapeutic Day Treatment for Children and Adolescents Assessment</b>	H0032	U7	# of Assessments allowed 2/provider/ member/FY	\$38.05 per unit	1 unit	<p>The assessment (H0031U7) must include the items specified by DMAS as follows: Assessment elements for DMAS Reimbursed Therapeutic Day Treatment:</p> <ol style="list-style-type: none"> <li>1. Presenting Issue(s)/Reason for Referral: Chief Complaint. Indicate duration, frequency and severity of behavioral symptoms. Identify precipitating events/stressors, relevant history.) If child is at risk of out of home placement, state specific reason.</li> <li>2. Mental Health History/Hospitalizations: Give details of mental health history and any mental health related hospitalizations and diagnoses, including the types of interventions that have been provided to the member. Include the date of the interventions and the name of the provider. List family members and the dates and the types of treatment that family members either are currently receiving or have received in the past.</li> <li>3. Medical Profile: Significant past and present medical problems/illnesses/injuries/known allergies; current physical complaints/medications. As needed, an Individualized Fall Risk Assessment: Does client have any physical conditions or other impairments that put her/him at risk for falling for children 10 years or younger, the risk should be greater than that of other children the same age.</li> <li>4. Developmental History: Describe client as an infant &amp; toddler: child's typical affect and level of irritability; medical/physical complications/illnesses; interest in being held, fed, played with and parents ability to provide these; parents feelings/thoughts about child as an infant and toddler. Was the client significantly delayed in reaching any developmental milestones, if so, describe. Were there any significant complications at birth?</li> <li>5. Educational/Vocational Status: School, grade, special ed. /IEP status, academic performance, behaviors, suspensions/expulsions, any changes in academic functioning related to stressors, peer relationships.</li> <li>6. Current Living Situation and Family History and Relationships: Daily routine &amp; structure, housing arrangements, financial resources and benefits. Significant family history including family conflicts, relationships and interactions affecting client and</li> </ol>	
--------------------------------------------------------------------------	-------	----	------------------------------------------------------	---------------------	--------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

						<p>family's functioning list all family members.</p> <p>7. Legal Status: Indicate client's criminal justice status. Pending charges, court hearing date, probation status, past convictions, current probation violations, past incarcerations</p> <p>8. Drug and Alcohol Profile: Substance use / abuse of client / family members. Type of Substance, Frequency/Duration</p> <p>9. Resources and Strengths: Verbalize member's strengths. Extracurricular activities, church, extended family</p> <p>10. Mental Status Profile</p> <p>11. Diagnosis: Diagnosis- Includes DSM-IV Code &amp; Description—Diagnosis must be made by an LMHP.</p> <p>12. Professional Assessment Summary/ Clinical Formulation: Documentation of needed services.</p> <p>13.Recommended Treatment Goals</p>	
<p><b>Day Treatment/ Partial Hospitalization</b></p> <p>Service Definition: Day treatment/ Partial Hospitalization Services shall be provided in sessions of two or more consecutive hours per day, which may be scheduled multiple times per week, to groups of individuals in a nonresidential setting. These services, limited annually to 780 units, include the major diagnostic, medical, psychiatric, psychosocial and psycho-educational treatment modalities designed for individuals with serious mental disorders who require coordinated, intensive, comprehensive, and multidisciplinary treatment, but who do not require inpatient treatment. 12VAC30-50-226.B.1</p>	H0035	HB	Adult	\$34.79 per unit	<p>2 up to 4 hrs= 1 unit</p> <p>4 up to 7 hrs= 2 units</p> <p>7 or more hrs= 3 units</p>	<p>Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral or emotional illness, which results in significant functional impairments in major life activities. Individuals must meet at least two of the following criteria on a continuing or intermittent basis:</p> <ul style="list-style-type: none"> <li>• Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community.</li> <li>• Require help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.</li> <li>• Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.</li> <li>• Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. 12VAC30-60-143.B.4.A-D</li> </ul>	Day Treatment/Partial Hospitalization providers must be licensed as a provider of Day Treatment Services by DBHDS.
<p><b>Day Treatment/ Partial Hospitalization Assessment</b></p>	H0031	U7	# of Assessments allowed 2/provider/ member/FY	\$38.05 per unit	1 unit	A LMHP must perform a face-to-face evaluation/diagnostic assessment and approve the services prior to initiation of treatment. A service authorization is not required to bill for the face-to-face assessment.	
<p><b>Crisis Intervention</b></p> <p>Service Definition: Crisis Intervention</p>	H0036		Urban	\$30.79 per unit	Billing every 15 minutes= 1 unit	Admission to crisis intervention services is indicated following a marked reduction in the individual's	Crisis Intervention providers must be licensed as a provider of Outpatient Services by DBHDS.

<p>Services shall provide immediate mental health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing acute dysfunction requiring immediate clinical attention. This service's objectives shall be to prevent exacerbation of a condition, to prevent injury to the client or others, and to provide treatment in the context of the least restrictive setting. Crisis intervention activities, limited annually to 180 hours, shall include assessing the crisis situation, providing short-term counseling designed to stabilize the individual providing access to further immediate assessment and follow-up, and linking the individual and family to ongoing care to prevent future crises. Crisis intervention services may include office visits, home visits, preadmission screenings, telephone contacts, and other client-related activities for the prevention of institutionalization. 12VAC30-50-226.B.3 F</p>			<p>Rural</p>	<p>\$18.61 per unit</p>	<p>Billing every 15 minutes = 1 unit</p>	<p>psychiatric, adaptive or behavioral functioning or an extreme increase in personal distress. 12VAC30-60-143.D</p>	
<p><b>Intensive Community Treatment</b> Service Definition: Intensive community treatment (ICT), initially covered for a maximum of 26 weeks based on an initial assessment with continuation reauthorized for an additional 26 weeks annually based on written assessment and certification of need by a qualified mental health provider (QMHP), shall be defined as medical psychotherapy, psychiatric assessment, medication management, and case management activities offered to outpatients outside the clinic, hospital, or office setting for individuals who are best served in the community. Intensive Community Treatment (ICT) is an array of mental health services for adults with serious emotional illness who need intensive levels of support and service in their natural environment to permit or</p>	<p>H0039</p>		<p>Urban</p>	<p>\$153.00 per unit</p>	<p>1 Hour= 1 unit</p>	<p>Intensive Community Treatment is for individuals who are best served in the community. To qualify for ICT, the individual must meet at least one of the following criteria: a. The individual must be at high risk for psychiatric hospitalization or becoming or remaining homeless due to mental illness or require intervention by the mental health or criminal justice system due to inappropriate social behavior. b. The individual has a history (three months or more) of a need for intensive mental health treatment or treatment for co-occurring serious mental illness and substance use disorder and demonstrates a resistance to seek out and utilize appropriate treatment options. If an individual has co-occurring mental health and substance use disorders, integrated treatment for both disorders is allowed within ICT as long as the treatment for the substance abuse condition is intended to positively impact the mental health condition. The impact of the substance abuse condition on the mental health condition must be documented in the</p>	<p>Intensive Community Treatment providers must be licensed by DBHDS as a provider of Intensive Community Treatment or a Program of Assertive Community Treatment.</p>
			<p>Rural</p>	<p>\$139.00 per unit</p>	<p>1 Hour= 1 unit</p>		

enhance functioning in the community. ICT has been designed to be provided through a designated multi-disciplinary team of mental health professionals. It is available either directly or on call 24 hours per day, seven days per week, 365 days per year.12VAC30-50-226.B.4						assessment, the ISP, and the progress notes. 12VAC30-50-226.B.4, a-b	
<b>Intensive Community Treatment Assessment</b>	H0031	U9	# of Assessments allowed 2/provider/ member/FY	Urban \$153.00 per unit Rural \$139.00 per unit	1 unit=1 hour	An initial assessment by a QMHP that documents need for services must be completed. A LMHP reviews the assessment within 30 day and certifies that the individual is in need of the services.	
<b>Crisis Stabilization</b> Service Definition: Crisis Stabilization Services for non-hospitalized individuals shall provide direct mental health care to individuals experiencing an acute psychiatric crisis which may jeopardize their current community living situation. The goals of crisis stabilization programs shall be to avert hospitalization or re-hospitalization, provide normative environments with a high assurance of safety and security for crisis intervention, stabilize individuals in psychiatric crisis, and mobilize the resources of the community support system and family members and others for on-going maintenance and rehabilitation. The crisis stabilization program shall provide to recipients, as appropriate, psychiatric assessment including medication evaluation, treatment planning, symptom and behavior management, and individual and group counseling. This service may be provided in any of the following settings, but shall not be limited to: (I) the home of the recipient who lives with family or other primary caregiver; (ii) the home of a recipient who lives independently; or (iii) community-based programs licensed by DMHMRSAS to provided residential services but which are not institutions for mental disease (IMDs). 12VAC30-50-226.B.5	H2019		Urban	\$89.00 per unit	1 unit= 1Hour	Individuals must meet at least two of the following criteria at the time of admission to the service: a) Experiencing difficulty in maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community; b) Experiencing difficulty in activities of daily living as maintaining personal hygiene, preparing food and maintaining adequate nutrition or managing finances to such a degree that health and safety is jeopardized; c) Exhibiting such inappropriate behavior that immediate interventions by mental health and other agencies are necessary; or d) Exhibiting difficulty in cognitive ability such that the individual is unable to recognize personal danger or recognize significantly inappropriate social behavior. 12VAC30-60-226.B.5.a-d,	Crisis Stabilization providers must be licensed by DBHDS as a provider of Outpatient Services licensed by DBHDS as a provider of Outpatient Services with a Crisis Stabilization track or Residential Crisis Stabilization.
			Rural	\$81.00 per unit	1 unit= 1Hour		

<b>Mental Health Support</b> Service Definition: Mental Health Support Services are training and supports to enable individuals to achieve and maintain community stability and independence in the most appropriate, least restrictive environment. The treatment focus is on assisting the client with the independent living skills and is therefore appropriate for older adolescents and adults. These services may be authorized for six consecutive months. This program shall provide the following services in order to be reimbursed by Medicaid: training in or reinforcement of functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. 12VAC30-50-226.B.6	H0046		Urban	\$91.00 per unit	1 unit = 1 up to 3 hrs 2 units = 3 up to 5 hrs 3 units =5-7 hrs	Individual must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral, or emotional illness, which results in significant functional impairments in major life activities. Individuals must meet at least two of the following criteria on a continuing or intermittent basis: 1. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community. 2. Require help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized. 3. Exhibit such inappropriate behavior that repeated interventions by the mental health, social service, or judicial system is necessary. 4. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize personal danger or recognize significantly inappropriate social behavior. 12VAC30-50-226.6.a.1-4, CMHRS IV-36 While there is no age restriction for this service, the treatment focus is on assisting the client with independent living skills and is therefore appropriate for older adolescents and adults.	Mental Health Support Services providers must be licensed by DBHDS as a provider of Supportive In-Home Services, Intensive Community Treatment, or as a program of Assertive Community Treatment.
			Rural	\$83.00 per unit	1 unit = 1 up to 3 hrs 2 units = 3 up to 5 hrs 3 units =5-7 hrs		
<b>Mental Health Support Assessment</b>	H0032	U8	# of Assessments allowed 2/provider/ member/FY	Urban \$91.00 per unit Rural \$83.99 per unit	1 unit	The initial assessment (H0032, U8) and the six month re-assessment must be done face-to-face by the LMHP or a license-eligible mental health professional. The assessment may be completed no more than 30 days prior to the initiation of services	
<b>Substance Abuse Residential Treatment/Pregnant Women</b> Service Definition: Substance Abuse Residential Treatment for pregnant Women services are comprehensive and intensive intervention services in residential facilities, other than inpatient facilities, for pregnant and postpartum women with serious substance abuse problems for the purposes of improving the pregnancy outcome, treating the substance abuse disorder, strengthening the maternal relationship with existing children and the infant, and achieving and maintaining a sober and drug-free	H0018	HD	Urban	\$120.00 per day	Per Day	The woman must agree to participate in developing her own treatment plan; to comply with the treatment plan; to participate, support, and implement the ISP; to utilize appropriate measure to negotiate changes in her treatment plan; to fully participate in treatment; to comply with program rules and procedures; and to complete the treatment plan in full. 12VAC30-130-565 The woman must be pregnant at admission and intend to complete the pregnancy. 12VAC30-130-565	Residential Treatment programs for pregnant and postpartum women shall be licensed by DBHDS to provide Residential Substance Abuse Services.
			Rural	\$108.00 per day	Per Day		

lifestyle. 12VAC30-50-510							
<b>Substance Abuse Day Treatment for Pregnant Women</b> Service Definition: Substance Abuse Day Treatment services for Pregnant Women are comprehensive and intensive services in a central location lasting two or more consecutive hours per day, which may be scheduled multiple times per week for pregnant and postpartum women with serious substance abuse problems for the purposes of improving the pregnancy outcome, treating the substance abuse disorder, strengthening the maternal relationship with existing children and the infant, and achieving and maintaining a sober and drug-free lifestyle.	H0015	HD	Urban	\$60.00 per day	Per Day	The woman must agree to participate in developing her own treatment plan; to comply with the treatment plan; to participate, support, and implement the ISP; to utilize appropriate measure to negotiate changes in her treatment plan; to fully participate in treatment; to comply with program rules and procedures; and to complete the treatment plan in full. 12VAC30-130-565 The woman must be pregnant at admission and intend to complete the pregnancy. 12VAC30-130-565	Day Treatment programs for pregnant and postpartum women must be licensed by DBHDS to provide Outpatient Services or Substance Abuse Day Treatment Services.
			Rural	\$54.00 per day	Per Day		
<b>Community-Based Residential Services for Children and Adolescents Under 21 (Level A)</b> Service Definition: Community Based Residential Services for Children and Adolescents under 21 are a combination of therapeutic services rendered in a residential setting. This service will provide structure for daily activities, psycho-education, therapeutic supervision and psychiatric treatment to ensure the attainment of therapeutic mental health goals as identified in the individual service plan (plan of care). The child/adolescent must also receive psychotherapy services in addition to the therapeutic residential services. Room and board costs are not included in the reimbursement for this service. Prior authorization is required for Medicaid reimbursement. Only programs/facilities with 16 or fewer beds are eligible to provide this service. This service does not include interventions and activities designed only to meet the supportive non-mental health special needs, including but not limited to	H2022	HK/HW		\$113.04 per day	Per Day	Individuals qualifying for this service must demonstrate medical necessity for the service arising from a condition due to mental, behavioral or emotional illness, which results in significant functional impairments in major life activities in the home, school, at work, or in the community. The individual is eligible for this service when: A) The consumer is medically stable, but needs some intervention to comply with mental health treatment; AND B) The consumer's needs cannot be met with a less intense service; AND C) An assessment demonstrates at least two areas of moderate impairment. A moderate impairment is defined as a major or persistent disruption in major life activities.	Providers must be licensed by the Department of Social Services (DSS), Department of Juvenile Justice (DJJ), or Department of Education (DOE) under the Standards for Interdepartmental Regulation of Children’s Residential Facilities.

personal care, habilitation or academic educational needs of the recipients. 12VAC30-130-860.C							
<p><b>Community-Based Residential Services for Children and Adolescents Under 21 (Level B)</b></p> <p>Service Definition: Community Based Residential Services for Children and Adolescents under 21 are a combination of therapeutic services rendered in a residential setting. This service will provide structure for daily activities, psycho-education, therapeutic supervision and psychiatric treatment to ensure the attainment of therapeutic mental health goals as identified in the individual service plan (plan of care). The child/adolescent must also receive psychotherapy services in addition to the therapeutic residential services. Room and board costs are not included in the reimbursement for this service. Authorization is required for Medicaid reimbursement. Only programs/facilities with 16 or fewer beds are eligible to provide this service. This service does not include interventions and activities designed only to meet the supportive non-mental health special needs, including but not limited to personal care, habilitation or academic educational needs of the recipients. 12VAC30-130-860.C</p>	H2020	HK/HW		\$150.98 per day	Per Day	<p>Individuals qualifying for this service must demonstrate medical necessity for the service arising from a condition due to mental, behavioral or emotional illness, which results in significant functional impairments in major life activities in the home, school, at work, or in the community. The individual is eligible for this service when:</p> <p>A) The consumer is medically stable, but needs some intervention to comply with mental health treatment; AND</p> <p>B) The consumer's needs cannot be met with a less intense service; AND</p> <p>C) An assessment demonstrates at least two areas of moderate impairment. A moderate impairment is defined as a major or persistent disruption in major life activities.</p>	Providers must be licensed by DBHDS under the Standards for Interdepartmental Regulation of Children's Residential Facilities.
<p><b>Psychosocial Rehabilitation</b></p> <p>Service Definition: Psychosocial Rehabilitation Services shall be provided at least two or more hours per day to groups of individuals (adults CMHRS IV-24) in a nonresidential setting. These services, limited annually to 936 units, include assessment, education to teach the patient about the diagnosed mental illness and appropriate medications to avoid complication and relapse, opportunities to learn and use independent living skills and to enhance</p>	H2017			\$24.23 per unit	<p>1 unit =2 up to 4 hrs 2 units =4 up to 7 hrs 3 units= 7 or more hrs</p>	<p>Individuals must meet at least two of the following criteria on a continuing or intermittent basis:</p> <p>a. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or homelessness because of conflicts with family or community.</p> <p>b. Require help in basic living skills such as maintaining personal hygiene, preparing food and maintaining adequate nutrition or managing finances to such a degree that health or safety is jeopardized.</p> <p>c. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services or judicial system are necessary.</p>	Psychosocial Rehabilitation providers must be licensed as a provider of Psychosocial Rehabilitation or Clubhouse Services by DBHDS.

social and interpersonal skills within a supportive and normalizing program structure and environment. (12VAC30-50-226.B.2)						<p>d. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. 12VAC30-60-226.B.2.a-d</p> <p>Psychosocial Rehabilitative Services shall be provided to those individuals who (meet one of the following criteria):</p> <ol style="list-style-type: none"> <li>1. Have experienced long-term or repeated psychiatric hospitalization or</li> <li>2. Lack daily living skills and interpersonal skills or</li> <li>3. Whose support system is limited or non-existent or</li> <li>4. Who are unable to function in the community without intensive intervention or</li> <li>5. When long-term services are needed to maintain the individual in the community</li> </ol> <p>12VAC30-60-143.C</p>	
<b>Psychosocial Rehabilitation Assessment</b>	H0032	U6	# of Assessments allowed 2/provider/ member/FY	\$\$24.23 per unit	1 unit	Prior to treatment, there must be a face-to-face assessment by the QMHP and approved by the LMHP within 30 days which clearly documents the need for services	
<p><b>Mental Health Case Management</b> Service Definition: Mental health case management services assist individual children and adults in accessing needed medical, psychiatric, social, educational, vocational, and other supports essential to meeting basic needs. Services to be provided include: assessment and planning services, to include developing an ISP (does not include performing medical and psychiatric assessments but does include referral for such assessment); linking to services and supports specified in the ISP; assisting the individual directly for the purpose of locating, developing, or obtaining needed services and resources; coordinating services and service planning with other providers involved with the individual; enhancing community integration by contacting other entities to arrange community access and involvement, including opportunities to learn community living skills, and use vocational, civic, and recreational services; making collateral</p>	H0023			\$326.50 per month	Per Month	<p>The Medicaid eligible individual shall meet the DBHDS definition of serious mental illness, serious emotional disturbance in children, or youth at risk for serious emotional disturbance. VAC30-50-420A, CMHRS IV-47-48</p> <p><b>Serious Mental Illness:</b> individuals, 18 years and older, who have a severe and/or persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements or employment. Individuals who have a serious mental illness and who also have been diagnosed with a substance abuse disorder or mental retardation are included. All three dimensions must be met to meet the criteria doe serious mental illness</p> <p>a) Diagnosis: There is a major mental disorder diagnosable under DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition), which is a schizophrenic, major affective, paranoid, organic, or other psychotic disorder, personality disorder, or other disorder that may lead to a chronic disability. A diagnosis of adjustment disorder or a V code diagnosis cannot be used to satisfy these criteria.</p> <p>b) Severe, Recurrent Disability Resulting from Mental Illness: The disability results in functional limitations in major life activities. There must be evidence of a</p>	The mental health case management provider must be a Community Services Board (CSB) member and licensed by DBHDS.

contacts with the individual's significant others to promote implementation of the service plan and community adjustment; follow-up and monitoring to assess ongoing progress and to ensure that services are delivered; and education and counseling which guides the client and develops a supportive relationship that promotes the service plan. 12VAC30-50-420.D

severe & recurrent disability resulting from mental illness. A client must meet at least two of the following criteria on a continuing or intermittent basis:

- 1) is unemployed, is employed in a sheltered setting or supportive work situation, has markedly limited or reduced employment skills or has a poor employment history;
- 2) requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help;
- 3) has difficulty in establishing or maintaining a personal social support system;
- 4) requires help in basic living skills such as hygiene, food preparation or money management; or
- 5) exhibits inappropriate behavior which results in intervention by the mental health and/or judicial system.

c) Duration – requires services of an extended duration or the treatment history meets at least one of the following criteria:

- 1) has undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g. crisis response services, alternative home care, partial hospitalization or inpatient hospitalization) or
- 2) has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.

**Serious Emotional Disturbance, in children and adolescents, ages birth-17:**

A serious mental health problem that can be diagnosed under DSM-IV and/or all of the following:

- a. problems in personality development and social functioning which have been exhibited over a least one year's time; and
- b. problems which are significantly disabling based upon the social functioning of most children their age; and
- c. problems that have become more disabling over time; and service needs that require significant intervention by more than one agency

Children with a co-occurring SA or MR diagnosis are also eligible for SED

**At-Risk of Serious Emotional Disturbance (SED):**

						<p>Children ages 0-7 who meet one of the following:</p> <p>a. exhibit behavior or maturity that is significantly different from most children their age, and which is not the result of developmental disabilities or mental retardation; or</p> <p>b. have parents, or persons responsible for care, with predisposing factors that could result in the children developing serious emotional or behavioral problems (e.g. inadequate parenting skills, SA mental illness or other emotional difficulties, etc.) ; or</p> <p>c. have experienced physical or psychological stressors which put them at risk for serious emotional or behavior problems</p>	
<p><b>Substance Abuse Case Management</b>  Service Definition: Substance Abuse case management assists individual children, adults, and their families with accessing needed medical, psychiatric, substance abuse, social, educational, vocational services and other supports essential to meeting basic needs. If an individual has co-occurring mental health and substance use disorders, the case manager shall include activities to address both the mental health and substance use disorders. Only one type of case management may be billed at one time. 12VAC30-50-461.J;</p>	H0006	HO		\$16.50	Per 15 minutes	<p>The Medicaid eligible recipient shall meet the current DSM diagnostic criteria for an Axis I substance-related disorder. Nicotine or caffeine abuse or dependence shall not be covered.  12VAC30-60-255.A.1; CMHRS IV-53</p> <p>The individual must require case management as documented on the ISP, which is developed by a qualified substance abuse case manager and based on an appropriate assessment and supporting documentation.</p> <p>To be eligible to receive reimbursement for substance abuse case management the provider must include evidence in the clinical record that diagnosis criteria are met. This information (such as the diagnosis and duration of the illness to support an Axis I substance-related disorder) must be supported by other clinical documentation that may include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>* A physician's diagnosis or licensed professional's diagnosis;</li> <li>* Reports/referral information from other agencies involved with the client/family;</li> <li>* A social/medical history</li> </ul> <p>Except for a 30-day period following the initiation of this case management service by the recipient, in order to continue receiving case management services, the Medicaid recipient must be receiving another Medicaid covered substance abuse treatment service 12VAC30-60-255.A.3</p> <p>To receive case management services, the individual must be an "active client," which means that the individual has an ISP in effect which requires regular direct or client-related contacts and communication or</p>	<p>The enrolled provider must be licensed by DBHDS as a provider of substance abuse case management services.</p>

						activity with the client, family, service providers, significant others, and others, including a minimum of one face-to-face contact every 90 days. There must be at least one direct or related contact each 30days.	
<b>Substance Abuse Crisis Intervention</b> Service Definition: Crisis intervention services are substance abuse treatment services, available 24 hours a day, seven days per week, to provide assistance to individuals experiencing acute dysfunction related to substance use which requires immediate clinical attention. The objectives are: to prevent exacerbation of a condition; to prevent injury to the recipient or others; and to provide treatment in the least restrictive setting	H0050	HO HO	One-on-one monitoring Crisis Counseling	\$\$5.00 \$25.00	Per 15 minutes	Admission to crisis intervention services is indicated following a marked reduction in the individual's psychiatric, adaptive or behavioral functioning or an extreme increase in personal distress. If the individual has co-occurring mental health and substance abuse disorders, integrated treatment for both disorders is allowed.	The provider of substance abuse crisis intervention services shall be licensed as a provider of Substance Abuse Outpatient Services by DBHDS.
<b>Substance Abuse Intensive Outpatient</b> Service Definition: Substance Abuse Intensive Outpatient Treatment services are programs of two or more consecutive hours per day, which may be scheduled multiple times per week and provided to groups of individuals in a non-residential setting. The minimum number of service hours per week is 4 hours with a maximum of 19 hours per week. This service should be provided to those recipients who do not require the intensive level of care of inpatient, residential, or day treatment services, but require more intensive services than outpatient services. The maximum annual limit is 600 hours. Intensive outpatient services may not be provided concurrently with day treatment services or opioid treatment Services. 12VAC30-50-228	H2016	HM HN HO	Paraprofessional QSAP with a Bachelors Degree QSAP with a Masters Degree	\$2.70 \$3.60 \$4.80	Per 15 minutes	In order for individuals to receive Medicaid-reimbursed Substance Abuse Intensive Outpatient Treatment Services, they must meet the Diagnostic Statistical Manual diagnostic criteria for an Axis I Substance Use Disorder, with the exception of nicotine or caffeine abuse or dependence. A diagnosis of nicotine or caffeine abuse or dependence alone shall not be sufficient for approval of these services. American Society of Addiction Medicine (ASAM) criteria will be used to determine the appropriate level of treatment. 12VAC30-50-141.4; 12VAC30-50-151.D;	Substance Abuse Intensive outpatient providers must be licensed by DBHDS as a provider of outpatient substance abuse services.
<b>Substance Abuse Day Treatment</b> Service Definition: Substance Abuse Day Treatment services are programs of two or more consecutive hours per day, which may be scheduled multiple times per week and provided to groups of individuals in a non-residential setting. The minimum number of service hours	H0047	HM HN HO	Paraprofessional QSAP with a Bachelors Degree QSAP with a Masters Degree	\$2.70 \$3.60 \$4.80	Per 15 minutes	In order for individuals to receive Medicaid-reimbursed Day Treatment Services, they must meet the Diagnostic Statistical Manual diagnostic criteria for an Axis I Substance Use Disorder, with the exception of nicotine or caffeine abuse or dependence. A diagnosis of nicotine or caffeine abuse or dependence alone shall not be sufficient for approval of these services. American Society of Addiction	Substance Abuse Day treatment providers must be licensed by DBHDS as a provider of day treatment services

<p>per week is 20 hours with a maximum of 30 hours per week... This service should be provided to those recipients who do not require the intensive level of care of inpatient, intensive outpatient or residential services, but require more intensive services than outpatient services. The maximum annual limit is 1300 hours. Day Treatment services may not be provided concurrently with intensive outpatient services or opioid treatment Services.</p>						<p>Medicine (ASAM) criteria will be used to determine the appropriate level of treatment.</p>	
<p><b>Substance Abuse Opioid Treatment</b>  Service Definition: Opioid treatment is provided in daily sessions for individuals who demonstrate a clinical necessity for this service by meeting the Diagnostic Statistical Manual criteria for an Axis I Substance Use Disorder, with the exception of nicotine or caffeine abuse or dependence. A diagnosis of nicotine or caffeine abuse or dependence alone shall not be sufficient for approval of these services. American Society of Addiction Medicine (ASAM) criteria will be used to determine the appropriate level of treatment. Individuals shall be discharged from this service when less intensive services may achieve stabilization.</p>	<p>H0020</p>	<p>HM  HN  HO</p>	<p>Paraprofessional  QSAP with a  Bachelors Degree  QSAP with a  Masters Degree</p>	<p>\$2.70  \$3.60  \$4.80</p>	<p>Per 15 minutes</p>	<p>In order for individuals to receive Medicaid-reimbursed Day Treatment Services, they must meet the Diagnostic Statistical Manual diagnostic criteria for an Axis I Substance Use Disorder, with the exception of nicotine or caffeine abuse or dependence. A diagnosis of nicotine or caffeine abuse or dependence alone shall not be sufficient for approval of these services. American Society of Addiction Medicine (ASAM) criteria will be used to determine the appropriate level of treatment.</p>	<p>Opioid Treatment Programs must be accredited by a Center for Substance Abuse Treatment approved accreditation body and licensed by the U.S. Drug Enforcement Administration, Department of Mental Health, Mental Retardation and Substance Abuse Services and Board of Pharmacy</p>