Division of Mental Health

Public Mental Health Service Reporting Manual

January 2005

SECTION A: Who You Report

REPORTING

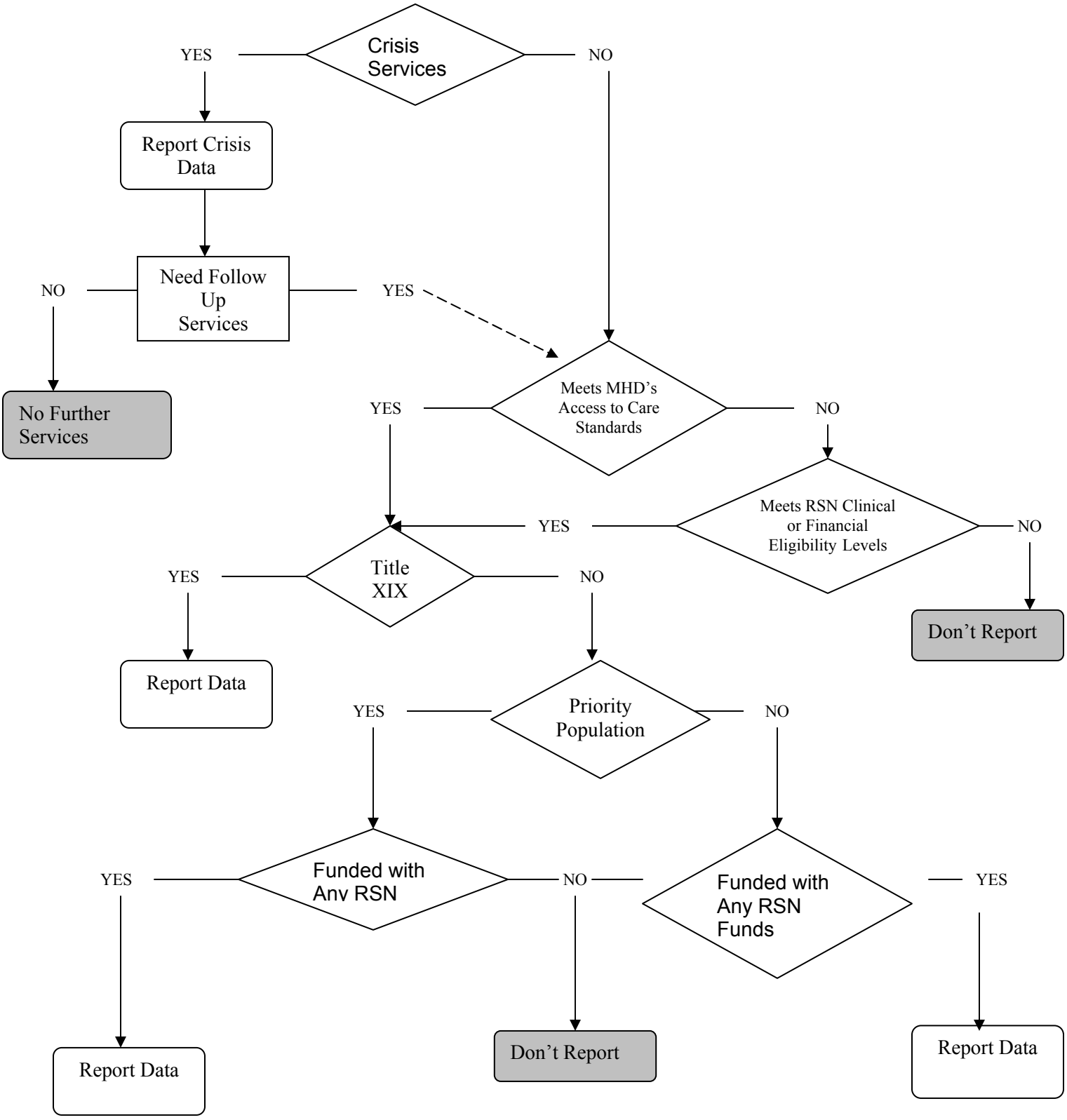
The purpose of this section is to identify which RSN Consumers/Services are reported to the Mental Health Division as part of the Public Mental Health System (based on current MHD and RSN practice): A service OR person is reported to the MHD if the service received by a person is funded in whole or in any part by the RSN.

RSN Service Encounters to be reported

All services to any Consumer identified as an RSN Consumer. This includes:

- State plan services provided to Medicaid eligible Consumers
- Non-covered/non-state plan services to Medicaid eligible Consumers (i.e. State or Federal block Grant)
- All services to non-Medicaid Consumers who are funded in whole or part by the RSN

- **Who Should Be Reported to the state MHD/CIS?**



NOTE: "Don't Report" does not mean that no services are given

Definition of Terms (used on flow chart)

Access to Care Standards: Access to Care Standards determine eligibility for non-crisis mental health services for Medicaid eligible consumers, per current MHD/RSN contract.

Funded with any RSN Funds: Any Consumer who meets above criteria and for whom the usual and customary cost of care is not fully covered by the Consumer and/or other payer

Medicaid Eligible Consumers: Persons eligible for Title XIX in Washington State with the following exceptions:

-Residents of Intermediate Care Facilities for the Mentally Retarded (ICF/MR),
-Pregnant women with family planning only program code S, medical code P and Z
-Residents of the State Psychiatric hospital and Children's Long-Tem Inpatient Program
-Persons enrolled in the PACE program

Meets RSN Clinical or Financial Eligibility Levels: Mechanism for addressing local differences in:

1. Clinical Eligibility
2. Financial Eligibility

Priority Population: State priority populations as defined per RCW 71.24:

1. Acutely mentally ill: a condition which is limited to a short-term severe crisis episode of:
   a) A mental disorder (any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions) or, in the case of a child, any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder" A mental disorder (any organic, mental, or emotional impairment which has substantial adverse effects on an individual's cognitive or volitional functions) or, in the case of a child, any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder"
   b) Being gravely disabled (a condition in which a person, as a result of a mental disorder: (i) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or (ii.) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety) or, in the case of a child, a gravely disabled minor (a minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety); or
   c) Presenting a likelihood of serious harm (a substantial risk that: (i) Physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself; (ii) physical harm will be inflicted by an individual upon another, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm; or (iii) physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others; or the individual has threatened the physical safety of another and has a history of one or more violent acts).
2. Chronically mentally ill: an adult who has a mental disorder and meets at least one of the following criteria:
   a) Has undergone two or more episodes of hospital care for a mental disorder within the preceding two years; or
   b) Has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding year; or

c) Has been unable to engage in any substantial gainful activity (the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit) by reason of any mental disorder which has lasted for a continuous period of not less than twelve months.

3. Severely emotionally disturbed: means a child who has been determined by the regional support network to be experiencing a mental disorder, including those mental disorders that result in a behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers and who meets at least one of the following criteria:
   a) Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years;
   b) Has undergone involuntary treatment within the last two years;
   c) Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities;
   d) Is at risk of escalating maladjustment due to:
      I. Chronic family dysfunction involving a mentally ill or inadequate caretaker;
      II. Changes in custodial adult;
      III. Going to, residing in, or returning from any placement outside of the home, for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
      IV. Subject to repeated physical abuse or neglect;
      V. Drug or alcohol abuse; or
      VI. Homelessness.

4. Seriously mentally ill means a person who:
   a) Is gravely disabled or presents a likelihood of serious harm to himself or herself or others, or to the property of others, as a result of a mental disorder;
   b) Has been on conditional release status, or under a less restrictive alternative order, at some time during the preceding two years from an evaluation and treatment facility or a state mental health hospital;
   c) Has a mental disorder which causes major impairment in several areas of daily living;
   d) Exhibits suicidal preoccupation or attempts; or
   e) Is a child diagnosed by a mental health professional as experiencing a mental disorder which is clearly interfering with the child's functioning in family or school or with peers or is clearly interfering with the child's personality development and learning.

Access to Care Standards

Access to Care Standards were implemented for all new Medicaid eligible Consumers requesting outpatient mental health services as of August 1, 2003. Slight changes to Access to Care Standards were made during the Waiver renewal negotiations. CMS approved (as part of Waiver renewal) Access to Care Standards on April 1, 2004. These standards represent the criterion for access into the mental health system. The Access to Care Standards should not be applied as continuing stay criteria.

Access to Care Standards – 11/25/03

Eligibility Requirements for Authorization of Services for Medicaid Adults & Medicaid Older Adults

Please note: The following standards reflect the most restrictive authorization criteria that can be applied. RSNs may choose to expand the criteria based on savings generated from Medicaid capitation payments.[1] The standards should not be applied as continuing stay criteria.

An individual must meet all of the following before being considered for a level of care assignment:

* The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of Covered Adult & Older Adult Disorders.
* The individual's impairment(s) and corresponding need(s) must be the result of a mental illness.
* The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
* The individual is expected to benefit from the intervention.
* The individual's unmet need can not be more appropriately met by any other formal or informal system or support.

** = Descriptive Only*

	Level One - Brief Intervention	Level Two - Community Support
Goal & Period of Authorization*	Brief Intervention Treatment/short term crisis resolution is necessary for the purpose of strengthening ties within the community, identifying and building on innate strengths of the family and/or other natural supports and preventing the need for long term treatment **OR** long term low intensity treatment is provided allowing a person who has previously received treatment at a higher level of care to maintain their recovery. The period of authorization may be up to six months of care **OR** may be up to twelve months of care when an individual is receiving long term, low intensity treatment.	Longer term treatment is necessary to achieve or maintain stability **OR** requires high intensity treatment to prevent hospitalization, out of home placement and/or decrease the use of other costly services. The period of authorization may be up to six months of care **OR** may be up to twelve months of care as determined by medical necessity and treatment goal(s).
Functional Impairment **Must be the result of a mental illness.**	* **Must demonstrate moderate functional impairment in at least one life domain requiring assistance in order to meet the identified need AND-** * **Impairment is evidenced by a Global Assessment of Functioning (GAF) Score of 60 or below.** **Domains include:** * **Health & Self-Care, including the ability to access medical, dental and mental health care to include access to psychiatric medications** * **Cultural Factors** * Home & Family Life Safety & Stability * Work, school, daycare, pre-school or other daily activities * Ability to use community resources to fulfill needs	* **Must demonstrate serious functional impairment in at least one life domain requiring assistance in order to meet the identified need AND-** * **Impairment is evidenced by a Global Assessment of Functioning (GAF) Score of 50 or below.** **Domains include:** * **Health & Self-Care, including the ability to access medical, dental and mental health care to include access to psychiatric medications** * **Cultural Factors** * Home & Family Life Safety & Stability * Work, school, daycare, pre-school or other daily activities * Ability to use community resources to fulfill needs

[1] Due to changes in Medicaid policy RSNs can no longer use savings to expand the ACS criteria. Therefore, the ACS standards apply to all Medicaid consumers entering mental health services.

Access to Care Standards – 11/25/03

Eligibility Requirements for Authorization of Services for Medicaid Adults & Medicaid Older Adults

Please note: The following standards reflect the most restrictive authorization criteria that can be applied. RSNs may choose to expand the criteria based on savings generated from Medicaid capitation payments.[1] The standards should not be applied as continuing stay criteria.

An individual must meet all of the following before being considered for a level of care assignment:

* The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of Covered Adult & Older Adult Disorders.
* The individual's impairment(s) and corresponding need(s) must be the result of a mental illness.
* The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
* The individual is expected to benefit from the intervention.
* The individual's unmet need can not be more appropriately met by any other formal or informal system or support.

*** = *Descriptive Only***

	Level One - Brief Intervention	Level Two - Community Support
Covered Diagnosis	Assessment is provided by or under the supervision of a mental health professional and determines the presence of a covered mental health diagnosis. Special population consultation should be considered. Diagnosis A = Covered Diagnosis B = Covered + One Additional Criteria (See Covered Adult & Older Adult Disorders)	**Assessment is provided by or under the supervision of a mental health professional and determines the presence of a covered mental health diagnosis. Special population consultation should be considered.** Diagnosis A = Covered Diagnosis B = Covered + One Additional Criteria (See Covered Adult & Older Adult Disorders)
Supports & Environment*	May have limited social supports and impaired interpersonal functioning due to mental illness. Individual and natural supports may lack resources or have difficulty accessing entitlements (food, income, coupons, transportation) or available community resources; language and/or cultural factors may pose barriers to accessing services. May be involvement with one or more additional formal systems requiring coordination. Requires treatment to develop supports, address needs and remain in the community.	May have lack of or severely limited natural supports in the community due to mental illness. May be involvement with one or more formal systems requiring coordination in order to achieve goals. Active outreach may be needed to ensure treatment involvement. Situation exceeds the resources of the natural support system.
Minimum Modality Set	**Access to the following modalities is based on clinical assessment, medical necessity and individual need. Individuals may be referred for the following treatment:** * Brief Intervention Treatment * Medication Management * Psychoeducation * Group Treatment The full scope of available treatment modalities may be provided based on clinical assessment, medical necessity and individual need.	**Access to the following modalities is based on clinical assessment, medical necessity and individual need. <u>In addition to the modalities listed in Level of Care One</u>, individuals may be referred for the following treatment:** * **Individual Treatment** * Medication Monitoring * Peer Support The full scope of available treatment modalities may be provided based on clinical assessment, medical necessity and individual need.
Dual Diagnosis	Individuals who have both a covered and a non-covered diagnosis are eligible for service based on the covered diagnosis.	Individuals who have both a covered and a non-covered diagnosis are eligible for service based on the covered diagnosis.

Washington State Medicaid Program
Minimum Covered Diagnoses for Medicaid Adults & Medicaid Older Adults
11-25-03

Washington State defines acutely mentally ill, chronically mental ill adult, seriously disturbed person, and severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The following diagnoses are considered to further interpret the statute criteria in establishing eligibility under the Washington State Medicaid Program. Additional eligibility requirements must be met to qualify for outpatient mental health services. Minimum eligibility requirements for authorization of services for Medicaid Adults and Older Adults are further defined in the Access to Care Standards.

Please note: *The following covered diagnoses must be considered for eligibility. RSNs may choose to expand this list based on savings generated from Medicaid capitation payments.*

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
	ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS	
314.01	Attention-Deficit/Hyperactivity Disorder, Combined type	B
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	B
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type	B
314.9	Attention-Deficit/Hyperactivity Disorder DOS	B
	DEMENTIA	
294.10	Dementia of the Alzheimer's Type, With Early Onset Without Behavioral Disturbance	B
294.11	Dementia of the Alzheimer's Type, With Early Onset With Behavioral Disturbance	B
294.10	Dementia of the Alzheimer's Type, With Late Onset Without Behavioral Disturbance	B
294.11	Dementia of the Alzheimer's Type, With Late Onset With Behavioral Disturbance	B
290.40	Vascular Dementia Uncomplicated	B
290.41	Vascular Dementia With Delirium	B
290.42	Vascular Dementia With Delusions	B
290.43	Vascular Dementia With Depressed Mood	B
294.10	Dementia Due to HIV Disease Without Behavioral Disturbance	B
294.11	Dementia Due to HIV Disease With Behavioral Disturbance	B
294.10	Dementia Due to Head Trauma Without Behavioral Disturbance	B
294.11	Dementia Due to Head Trauma With Behavioral Disturbance	B
294.10	Dementia Due to Parkinson's Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Parkinson's Disease With Behavioral Disturbance	B
294.10	Dementia Due to Huntington's Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Huntington's Disease With Behavioral Disturbance	B
294.10	Dementia Due to Pick's Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Pick's Disease With Behavioral Disturbance	B
294.10	Dementia Due to Creutzfeldt-Jakob Disease Without Behavioral Disturbance	B
294.11	Dementia Due to Creutzfeldt-Jakob Disease With Behavioral Disturbance	B
294.10	Dementia Due to... (*Indicate the General Medical Condition not listed above)* Without Behavioral Disturbance	B
294.11	Dementia Due to... (*Indicate the General Medical Condition not listed above)* With Behavioral Disturbance	B
---.--	Substance-Induced Persisting Dementia (*refer to Substance-related Disorders for substance specific codes)*	B
---.--	Dementia Due to Multiple Etiologies	B
294.8	Dementia NOS	B
	OTHER COGNITIVE DISORDERS	
294.9	Cognitive Disorder NOS	B
	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	
295.30	Schizophrenia Paranoid Type	A
295.10	Schizophrenia Disorganized Type	A

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
295.20	Schizophrenia Catatonic Type	A
295.90	Schizophrenia Undifferentiated Type	A
295.60	Schizophrenia Residual Type	A
295.40	Schizophreniform Disorder	A
295.70	Schizoaffective Disorder	A
297.1	Delusional Disorder	A
298.8	Brief Psychotic Disorder	A
297.3	Shared Psychotic Disorder	A
293.81	Psychotic Disorder Due to *(Indicate the General Medical Condition)* With Delusions	A
293.82	Psychotic Disorder Due to *(Indicate the General Medical Condition)* With Hallucinations	A
298.9	Psychotic Disorder NOS	A
	MOOD DISORDERS **DEPRESSIVE DISORDERS**	
296.21	Major Depressive Disorder Single Episode, Mild	A
296.22	Major Depressive Disorder Single Episode, Moderate	A
296.23	Major Depressive Disorder Single Episode, Severe Without Psychotic Features	A
296.24	Major Depressive Disorder Single Episode, Severe With Psychotic Features	A
296.25	Major Depressive Disorder Single Episode, In Partial Remission	A
296.26	Major Depressive Disorder Single Episode, In Full Remission	A
296.20	Major Depressive Disorder Single Episode, Unspecified	A
296.31	Major Depressive Disorder Recurrent, Mild	A
296.32	Major Depressive Disorder Recurrent, Moderate	A
296.33	Major Depressive Disorder Recurrent, Severe Without Psychotic Features	A
296.34	Major Depressive Disorder Recurrent, Severe With Psychotic Features	A
296.35	Major Depressive Disorder Recurrent, In Partial Remission	A
296.36	Major Depressive Disorder Recurrent, In Full Remission	A
296.30	Major Depressive Disorder Recurrent, Unspecified	A
300.4	Dysthymic Disorder	B
311	Depressive Disorder NOS	B
	BIPOLAR DISORDERS	
296.01	Bipolar I Disorder Single Manic Episode, Mild	A
296.02	Bipolar I Disorder Single Manic Episode, Moderate	A
296.03	Bipolar I Disorder Single Manic Episode, Severe Without Psychotic Features	A
296.04	Bipolar I Disorder Single Manic Episode, Severe With Psychotic Features	A
296.05	Bipolar I Disorder Single Manic Episode, In Partial Remission	A
296.06	Bipolar I Disorder Single Manic Episode, In Full Remission	A
296.00	Bipolar I Disorder Single Manic Episode, Unspecified	A
296.40	Bipolar I Disorder Most Recent Episode Hypomanic	A
296.41	Bipolar I Disorder Most Recent Episode Manic, Mild	A
296.42	Bipolar I Disorder Most Recent Episode Manic, Moderate	A
296.43	Bipolar I Disorder Most Recent Episode Manic, Severe Without Psychotic Features	A
296.44	Bipolar I Disorder Most Recent Episode Manic, Severe With Psychotic Features	A
296.45	Bipolar I Disorder Most Recent Episode Manic, In Partial Remission	A
296.46	Bipolar I Disorder Most Recent Episode Manic, In Full Remission	A
296.40	Bipolar I Disorder Most Recent Episode Manic, Unspecified	A
296.61	Bipolar I Disorder Most Recent Episode Mixed, Mild	A
296.62	Bipolar I Disorder Most Recent Episode Mixed, Moderate	A
296.63	Bipolar I Disorder Most Recent Episode Mixed, Severe Without Psychotic Features	A
296.64	Bipolar I Disorder Most Recent Episode Mixed, Severe With Psychotic Features	A
296.65	Bipolar I Disorder Most Recent Episode Mixed, In Partial Remission	A
296.66	Bipolar I Disorder Most Recent Episode Mixed, In Full Remission	A

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
296.60	Bipolar I Disorder Most Recent Episode Mixed, Unspecified	A
296.51	Bipolar I Disorder Most Recent Episode Depressed, Mild	A
296.52	Bipolar I Disorder Most Recent Episode Depressed, Moderate	A
296.53	Bipolar I Disorder Most Recent Episode Depressed, Severe Without Psychotic Features	A
296.54	Bipolar I Disorder Most Recent Episode Depressed, Severe With Psychotic Features	A
296.55	Bipolar I Disorder Most Recent Episode Depressed, In Partial Remission	A
296.56	Bipolar I Disorder Most Recent Episode Depressed, In Full Remission	A
296.50	Bipolar I Disorder Most Recent Episode Depressed, Unspecified	A
296.7	Bipolar I Disorder Most Recent Episode Unspecified	A
296.89	Bipolar II Disorder	A
301.13	Cyclothymic Disorder	B
296.80	Bipolar Disorder NOS	A
296.90	Mood Disorder NOS	B
	ANXIETY DISORDERS	
300.01	Panic Disorder Without Agoraphobia	B
300.21	Panic Disorder With Agoraphobia	B
300.22	Agoraphobia Without History of Panic Disorder	B
300.29	Specific Phobia	B
300.23	Social Phobia	B
300.3	Obsessive-Compulsive Disorder	B
309.81	Posttraumatic Stress Disorder	A
308.3	Acute Stress Disorder	A
300.02	Generalized Anxiety Disorder	B
300.00	Anxiety Disorder NOS	B
	SOMATOFORM DISORDERS	
300.81	Somatization Disorder	B
300.82	Undifferentiated Somatoform Disorder	B
300.11	Conversion Disorder	B
307.80	Pain Disorder Associated With Psychological Factors	B
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	B
300.7	Hypochondriasis	B
300.7	Body Dysmorphic Disorder	B
300.82	Somatoform Disorder NOS	B
	FACTITIOUS DISORDERS	
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms	B
300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms	B
300.19	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	B
300.19	Factitious Disorder NOS	B
	DISSOCIATIVE DISORDERS	
300.12	Dissociative Amnesia	B
300.13	Dissociative Fugue	B
300.14	Dissociative Identity Disorder	B
300.6	Depersonalization Disorder	B
300.15	Dissociative Disorder NOS	B
	SEXUAL AND GENDER IDENTITY DISORDERS	
	EATING DISORDERS	
307.1	Anorexia Nervosa	B
307.51	Bulimia Nervosa	B

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
307.50	Eating Disorder NOS	B
	ADJUSTMENT DISORDERS	
309.0	Adjustment Disorder With Depressed Mood	B
309.24	Adjustment Disorder With Anxiety	B
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	B
309.3	Adjustment Disorder With Disturbance of Conduct	B
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	B
309.9	Adjustment Disorder Unspecified	B
	PERSONALITY DISORDERS	
301.0	Paranoid Personality Disorder	B
301.20	Schizoid Personality Disorder	B
301.22	Schizotypal Personality Disorder	B
301.7	Antisocial Personality Disorder	B
301.83	Borderline Personality Disorder	B
301.50	Histrionic Personality Disorder	B
301.81	Narcissistic Personality Disorder	B
301.82	Avoidant Personality Disorder	B
301.6	Dependent Personality Disorder	B
301.4	Obsessive-Compulsive Personality Disorder	B
301.9	Personality Disorder NOS	B

Additional Criteria for Diagnosis B

An individual with a "B" diagnosis must meet **at least one** of the following criteria to be considered for a level of care placement decision. Behaviors/symptoms must be the result of a mental illness.

* High Risk Behavior demonstrated during the previous ninety days – aggressive and/or dangerous, puts self or others at risk of harm, is at risk of grave disability, is at risk of psychiatric hospitalization or at risk of loss of current placement due to the symptoms of a mental illness
* Two or more hospital admissions due to a mental health diagnosis during the previous two years
* Psychiatric hospitalization or residential treatment due to a mental health diagnosis of more than six months duration in the previous year **OR** is currently being discharged from a psychiatric hospitalization

Received public mental health treatment on an outpatient basis within the PIHP system during the previous ninety days and will deteriorate if services are not resumed (crisis intervention is not considered outpatient treatment)

Access to Care Standards – 11/25/03
Eligibility Requirements for Authorization of Services for Medicaid Children & Youth

Please note: The following standards reflect the most restrictive authorization criteria that can be applied. RSNs may choose to expand the criteria based on savings generated from Medicaid capitation payments[2]. <u>The standards should not be applied as continuing stay criteria.</u>

An individual must meet all of the following before being considered for a level of care assignment:

* The individual is determined to have a mental illness. The diagnosis must be included as a covered diagnosis in the list of Covered Childhood Disorders.
* The individual's impairment(s) and corresponding need(s) must be the result of a mental illness.
* The intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness.
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	Level One - Brief Intervention	Level Two - Community Support
Goal & Period of Authorization*	Brief Intervention Treatment/short term crisis resolution is necessary for the purpose of strengthening ties within the community, identifying and building on innate strengths of the family and/or other natural supports and preventing the need for long term treatment **OR** long term low intensity treatment is provided allowing a person who has previously received treatment at a higher level of care to maintain their recovery. The period of authorization may be up to six months of care **OR** may be up to twelve months of care when an individual is receiving long term, low intensity treatment.	Longer term treatment is necessary to achieve or maintain stability **OR** requires high intensity treatment to prevent hospitalization, out of home placement and/or decrease the use of other costly services. The period of authorization may be up to six months of care **OR** may be up to twelve months of care as determined by medical necessity and treatment goal(s).

[2] Due to changes in Medicaid policy RSNs can no longer use savings to expand the ACS criteria. Therefore, the ACS standards apply to all Medicaid consumers entering mental health services.

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Eligibility Requirements for Authorization of Services for Medicaid Children & Youth

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**** = Descriptive Only***

	Level One - Brief Intervention	Level Two - Community Support
Functional Impairment **Must be the result of an emotional disorder or a mental illness.**	* **Must demonstrate moderate functional impairment in at least <u>one</u> life domain requiring assistance in order to meet the identified need AND-** * **<u>Impairment is evidenced by a Children's Global Assessment Scale (CGAS) Score of 60 or below.</u>** (Children under 6 are exempted from CGAS.) **Domains include:** **Health & Self-Care, including the ability to access medical, dental and mental health care to include access to psychiatric medications** **Cultural Factors** * Home & Family Life Safety & Stability * Work, school, daycare, pre-school or other daily activities * Ability to use community resources to fulfill needs	* **Must demonstrate severe and persistent functional impairment in at least <u>one</u> life domain requiring assistance in order to meet identified need AND-** * **<u>Impairment is evidenced by a Children's Global Assessment Scale (CGAS) Score of 50 or below.</u>** (Children under 6 are exempted from CGAS.) **Domains include:** **Health & Self-Care, including the ability to access medical, dental and mental health care to include access to psychiatric medications** **Cultural Factors** * Home & Family Life Safety & Stability * Work, school, daycare, pre-school or other daily activities * Ability to use community resources to fulfill need
Covered Diagnosis	Assessment is provided by or under the supervision of a mental health professional and determines the presence of a covered mental health diagnosis. Consultation with a children's mental health specialist is required. Diagnosis A = Covered Diagnosis B = Covered + One Additional Criteria (See Covered Childhood Disorders)	Assessment is provided by or under the supervision of a mental health professional and determines the presence of a covered mental health diagnosis. Consultation with a children's mental health specialist is required. Diagnosis A = Covered Diagnosis B = Covered + One Additional Criteria (See Covered Childhood Disorders)

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* The individual's unmet need would not be more appropriately met by any other formal or informal system or support.

**** = Descriptive Only***

	Level One - Brief Intervention	**Level Two - Community Support**
Supports & Environment*	Natural support network is experiencing challenges, i.e., multiple stressors in the home; family or caregivers lack resources or have difficulty accessing entitlements (food, income, coupons, transportation) or available community resources; language and/or cultural factors may pose barriers to accessing services. May be involvement with one or more child serving systems requiring coordination.	Significant stressors are present in home environment, i.e., change in custodial adult; out of home placement; abuse or history of abuse; and situation exceeds the resources of natural support system. May be involvement with one or more child serving system requiring coordination.
EPSDT Plan	Level One Services are defined as short-term mental health services for children/families with less severe need. An ISP should be developed and appropriate referrals made. Children eligible for Level One EPSDT services in the 1992 EPSDT plan are included here.	Children eligible for Level Two EPSDT services in the 1992 EPSDT plan are defined as needing longer term, multi-agency services designed to meet the complex needs of an individual child and family. Level Two is authorized for children with multi-system needs or for children who are high utilizers of services from multiple agencies. EPSDT children authorized for this level will be referred to and may require an individual treatment team in accordance with the EPSDT Plan.
Minimum Modality Set	Access to the following modalities is based on clinical assessment, medical necessity and individual need. Individuals may be referred for the following treatment: * Brief Intervention Treatment * Medication Management * Psychoeducation * Group Treatment * Family Supports The full scope of available treatment modalities may be provided based on clinical assessment, medical necessity and individual need.	Access to the following modalities is based on clinical assessment, medical necessity and individual need. <u>In addition to the modalities listed in Level of Care One,</u> individuals may be referred for the following treatment: * Individual Treatment * Medication Monitoring The full scope of available treatment modalities may be provided based on clinical assessment, medical necessity and individual need.
Dual Diagnosis	Individuals who have both a covered and a non-covered diagnosis may be eligible for service based on the covered diagnosis.	Individuals who have both a covered and a non-covered diagnosis may be eligible for service based on the covered diagnosis.

Washington State Medicaid Program
Minimum Covered Diagnoses for Medicaid Children & Youth
11-25-03

Washington State defines acutely mentally ill, chronically mental ill adult, seriously disturbed person, and severely emotionally disturbed child in RCW 71.24 and RCW 71.05. The following diagnoses are considered to further interpret the statute criteria in establishing eligibility under the Washington State Medicaid Program. Additional eligibility requirements must be met to qualify for outpatient mental health services. Minimum eligibility requirements for authorization of services for Medicaid Children and Youth are further defined in the Access to Care Standards.

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
	ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS	
314.01	Attention-Deficit/Hyperactivity Disorder, Combined type	B
314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type	B
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type	B
314.9	Attention-Deficit/Hyperactivity Disorder DOS	B
312.81	Conduct Disorder, Childhood-Onset Type	B
312.82	Conduct Disorder, Adolescent-Onset Type	B
312.89	Conduct Disorder, Unspecified Onset	B
313.81	Oppositional Defiant Disorder	B
312.9	Disruptive Behavior Disorder NOS	B
	OTHER DISORDERS OF INFANCY, CHILDHOOD, OR ADOLESCENCE	
309.21	Separation Anxiety Disorder	A
313.23	Selective Mutism	B
313.89	Reactive Attachment Disorder of Infancy or Early Childhood	B
307.3	Stereotypical Movement Disorder	B
313.9	Disorder of Infancy, Childhood, or Adolescence NOS	B
	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS	
295.30	Schizophrenia Paranoid Type	A
295.10	Schizophrenia Disorganized Type	A
295.20	Schizophrenia Catatonic Type	A
295.90	Schizophrenia Undifferentiated Type	A
295.60	Schizophrenia Residual Type	A
295.40	Schizophreniform Disorder	A
295.70	Schizoaffective Disorder	A
297.1	Delusional Disorder	A
298.8	Brief Psychotic Disorder	A
297.3	Shared Psychotic Disorder	A
293.81	Psychotic Disorder Due to*(Indicate the General Medical Condition)* With Delusions	A
293.82	Psychotic Disorder Due to*(Indicate the General Medical Condition)* With Hallucinations	A
298.9	Psychotic Disorder NOS	A
	MOOD DISORDERS	
	DEPRESSIVE DISORDERS	
296.22	Major Depressive Disorder Single Episode, Moderate	A
296.23	Major Depressive Disorder Single Episode, Severe Without Psychotic Features	A
296.24	Major Depressive Disorder Single Episode, Severe With Psychotic Features	A
296.25	Major Depressive Disorder Single Episode, In Partial Remission	A
296.26	Major Depressive Disorder Single Episode, In Full Remission	A
296.20	Major Depressive Disorder Single Episode, Unspecified	A
296.31	Major Depressive Disorder Recurrent, Mild	A
296.32	Major Depressive Disorder Recurrent, Moderate	A

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
296.33	Major Depressive Disorder Recurrent, Severe Without Psychotic Features	A
296.34	Major Depressive Disorder Recurrent, Severe With Psychotic Features	A
296.35	Major Depressive Disorder Recurrent, In Partial Remission	A
296.36	Major Depressive Disorder Recurrent, In Full Remission	A
296.30	Major Depressive Disorder Recurrent, Unspecified	A
300.4	Dysthymic Disorder	A
311	Depressive Disorder NOS	A
	BIPOLAR DISORDERS	
296.01	Bipolar I Disorder Single Manic Episode, Mild	A
296.02	Bipolar I Disorder Single Manic Episode, Moderate	A
296.03	Bipolar I Disorder Single Manic Episode, Severe Without Psychotic Features	A
296.04	Bipolar I Disorder Single Manic Episode, Severe With Psychotic Features	A
296.05	Bipolar I Disorder Single Manic Episode, In Partial Remission	A
296.06	Bipolar I Disorder Single Manic Episode, In Full Remission	A
296.00	Bipolar I Disorder Single Manic Episode, Unspecified	A
296.40	Bipolar I Disorder Most Recent Episode Hypomanic	A
296.41	Bipolar I Disorder Most Recent Episode Manic, Mild	A
296.42	Bipolar I Disorder Most Recent Episode Manic, Moderate	A
296.43	Bipolar I Disorder Most Recent Episode Manic, Severe Without Psychotic Features	A
296.44	Bipolar I Disorder Most Recent Episode Manic, Severe With Psychotic Features	A
296.45	Bipolar I Disorder Most Recent Episode Manic, In Partial Remission	A
296.46	Bipolar I Disorder Most Recent Episode Manic, In Full Remission	A
296.40	Bipolar I Disorder Most Recent Episode Manic, Unspecified	A
296.61	Bipolar I Disorder Most Recent Episode Mixed, Mild	A
296.62	Bipolar I Disorder Most Recent Episode Mixed, Moderate	A
296.63	Bipolar I Disorder Most Recent Episode Mixed, Severe Without Psychotic Features	A
296.64	Bipolar I Disorder Most Recent Episode Mixed, Severe With Psychotic Features	A
296.65	Bipolar I Disorder Most Recent Episode Mixed, In Partial Remission	A
296.66	Bipolar I Disorder Most Recent Episode Mixed, In Full Remission	A
296.60	Bipolar I Disorder Most Recent Episode Mixed, Unspecified	A
296.51	Bipolar I Disorder Most Recent Episode Depressed, Mild	A
296.52	Bipolar I Disorder Most Recent Episode Depressed, Moderate	A
296.53	Bipolar I Disorder Most Recent Episode Depressed, Severe Without Psychotic Features	A
296.54	Bipolar I Disorder Most Recent Episode Depressed, Severe With Psychotic Features	A
296.55	Bipolar I Disorder Most Recent Episode Depressed, In Partial Remission	A
296.56	Bipolar I Disorder Most Recent Episode Depressed, In Full Remission	A
296.50	Bipolar I Disorder Most Recent Episode Depressed, Unspecified	A
296.7	Bipolar I Disorder Most Recent Episode Unspecified	A
296.89	Bipolar II Disorder	A
301.13	Cyclothymic Disorder	B
296.80	Bipolar Disorder NOS	A
296.90	Mood Disorder NOS	A
	ANXIETY DISORDERS	
300.01	Panic Disorder Without Agoraphobia	A
300.21	Panic Disorder With Agoraphobia	A
300.22	Agoraphobia Without History of Panic Disorder	A
300.29	Specific Phobia	B
300.23	Social Phobia	B
300.3	Obsessive-Compulsive Disorder	A
309.81	Posttraumatic Stress Disorder	A
308.3	Acute Stress Disorder	A
300.02	Generalized Anxiety Disorder	A
300.00	Anxiety Disorder NOS	A

DSM-IV-TR CODE	DSM-IV-TR DEFINITION	A = Covered B = Covered with Additional Criteria
	SOMATOFORM DISORDERS	
300.81	Somatization Disorder	B
300.82	Undifferentiated Somatoform Disorder	B
300.11	Conversion Disorder	B
307.80	Pain Disorder Associated With Psychological Factors	B
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition	B
300.7	Hypochondriasis	B
300.7	Body Dysmorphic Disorder	B
300.82	Somatoform Disorder NOS	B
	FACTITIOUS DISORDERS	
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms	B
300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms	B
300.19	Factitious Disorder With Combined Psychological and Physical Signs and Symptoms	B
300.19	Factitious Disorder NOS	B
	DISSOCIATIVE DISORDERS	
300.12	Dissociative Amnesia	B
300.13	Dissociative Fugue	B
300.14	Dissociative Identity Disorder	B
300.6	Depersonalization Disorder	B
300.15	Dissociative Disorder NOS	B
	SEXUAL AND GENDER IDENTITY DISORDERS	
	EATING DISORDERS	
307.1	Anorexia Nervosa	B
307.51	Bulimia Nervosa	B
307.50	Eating Disorder NOS	B
	ADJUSTMENT DISORDERS	
309.0	Adjustment Disorder With Depressed Mood	B
309.24	Adjustment Disorder With Anxiety	B
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	B
309.3	Adjustment Disorder With Disturbance of Conduct	B
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	B
309.9	Adjustment Disorder Unspecified	B
	PERSONALITY DISORDERS	
301.0	Paranoid Personality Disorder	B
301.20	Schizoid Personality Disorder	B
301.22	Schizotypal Personality Disorder	B
301.7	Antisocial Personality Disorder	B
301.83	Borderline Personality Disorder	B
301.50	Histrionic Personality Disorder	B
301.81	Narcissistic Personality Disorder	B
301.82	Avoidant Personality Disorder	B
301.6	Dependent Personality Disorder	B
301.4	Obsessive-Compulsive Personality Disorder	B
301.9	Personality Disorder NOS	B

Additional Criteria for Diagnosis B

An individual with a "B" diagnosis must meet **at least one** of the following criteria to be considered for a level of care placement decision. Behaviors/symptoms must be the result of a mental illness.

[Please note: CGAS is generally not considered valid for children under the age of six. The DC03 may be substituted. Children under six are exempted from Axis V scoring. Very young children in need of mental health care may not readily fit diagnostic criteria. The degree of functional impairment related to the symptoms of an emotional disorder or mental illness should determine eligibility. Functional impairment for very young children is described in the last bullet.]

- High Risk Behavior demonstrated during the previous ninety days – aggressive and/or dangerous, puts self or others at risk of harm, is at risk of severe functional deterioration, is at risk of hospitalization or at risk of loss of current placement due to mental illness or at risk of out of home placement due to the symptoms of an emotional disorder or mental illness
- At risk of escalating symptoms due to repeated physical or sexual abuse or neglect and there is significant impairment in the adult caregiver's ability to adequately address the child's needs.
- Two or more hospital admissions due to a mental health diagnosis during the previous two years
- Psychiatric hospitalization or residential treatment due to a mental health diagnosis of more than six months duration in the previous year **OR** is currently being discharged from a psychiatric hospitalization
- Received public mental health treatment on an outpatient basis within the PIHP system during the previous ninety days and will deteriorate if services are not resumed (crisis intervention is not considered outpatient treatment)
- Child is under six years of age and there is a severe emotional abnormality in the child's overall functioning as indicated by one of the following:
    1. Atypical behavioral patterns as a result of an emotional disorder or mental illness (odd disruptive or dangerous behavior which is aggressive, self injurious, or hypersexual; display of indiscriminate sociability/excessive familiarity with strangers).
    2. Atypical emotional response patterns as a result of an emotional disorder or mental illness which interferes with the child's functioning (e.g. inability to communicate emotional needs; inability to tolerate age-appropriate frustrations; lack of positive interest in adults and peers or a failure to initiate or respond to most social interaction; fearfulness or other distress that doesn't respond to comfort from caregivers).

SECTION B: Coverage

Regional Support Networks administer the involuntary treatment program and the crisis response system for the citizens of the state of Washington in their catchment area (RCW 71.05.100, 71.24, 71.34).

The RSNs are responsible for services described in state statute and the Medicaid waiver. In the state statute, services include community support, employment, and residential services for persons meeting *the "priority population*" definitions outlined in Section A of this manual. Community support services are described in Chapter 71.24 RCW but, must cover at least the following:

- Emergency crisis intervention services;
- Case management services;
- Psychiatric treatment including medication supervision;
- Counseling and psychotherapy services;
- Day treatment services as defined in Chapter 71.24 RCW; and,
- Consumer employment services as defined in Chapter 71.24 RCW.

MEDICAID ENROLLEES

For Medicaid enrollees, RSNs are also responsible for delivering the services listed in the State Plan Modalities. All Medicaid enrolled consumers are eligible to receive an intake assessment, crisis or stabilization service. Following intake, State Plan Modality services must be made available if medically necessary to all Medicaid enrollees who are authorized under the Access to Care Standards to receive mental health services.

STATE PLAN SERVICES APPROVED APRIL 1, 2004:

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Brief Intervention Treatment: Solution focused and outcomes oriented cognitive and behavioral interventions intended to ameliorate symptoms, resolve situational disturbances which are not amenable to resolution in a crisis service model of care and which do not require long term-treatment, to return the individual to previous higher levels of general functioning. Individuals must be able to select and identify a focus for care that is consistent with time-limited, solution-focused or cognitive-behavioral model of treatment. Functional problems and/or needs identified in the Medicaid enrollee's Individual Service Plan must include a specific time frame for completion of each identified goal. This service does not include ongoing care, maintenance/monitoring of the enrollee's current level of functioning and assistance with self/care or life skills training. Enrollees may move from Brief Intervention Treatment to longer term Individual Services at any time during the course of care. This service is provided by or under the supervision of a Mental Health Professional.			• There are no unique CPT or HCPC codes associated with this modality

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Crisis Services: Evaluation and treatment of mental health crisis to all Medicaid enrolled individuals experiencing a crisis. A mental health crisis is defined as a turning point in the course of anything decisive or critical, a time, a stage, or an event or a time of greater danger or trouble, whose outcome decides whether possible bad consequences will follow. 'Crisis services shall be available on a 24-hour basis. Crisis Services are intended to stabilize the person in crisis, prevent further deterioration and provide immediate treatment and intervention in a location best suited to meet the needs of the individual and in the least restrictive environment available. Crisis Services may be provided prior to completion of an intake evaluation. Services are provided by or under the supervision of a Mental Health Professional.	• Does not have to be face-to face • Can use video conferencing and telemedicine; can include crisis hotline activities • May be provided prior to intake	• Community debrief that occurs after a community disaster or crisis.	99281 99282 99283 99284 99285 H0030 H2011 S9484
Day Support: An intensive rehabilitative program which provides a range of integrated and varied life skills training (e.g., health, hygiene, nutrition issues, money management, maintaining living arrangement, symptom management) for Medicaid enrollees [3]to promote improved functioning or a restoration to a previous higher level of functioning. The program is designed to assist the individual in the acquisition of skills, retention of current functioning or improvement in the current level of functioning, appropriate socialization and adaptive coping skills. Eligible individuals must demonstrate restricted functioning as evidenced by an inability to provide for their instrumental activities of daily living. This modality may be provided as an adjunctive treatment or as a primary intervention. The staff to consumer ratio is no more than 1:20 and is provided by or under the supervision of a Mental Health Professional in a location easily accessible to the consumer (e.g., community mental health agencies, clubhouses, community centers). This service is available 5 hours per day, 5 days per week.	• At a minimum, services are available for 5 hrs/day, 5 days/week • Includes some intensive outpatient programs whose purpose is to prevent hospitalization by providing a structured therapeutic daily program. • Also see High Intensity Treatment • Report actual hours of service received • Ratio in no more than 20 consumers to 1 staff member	• Programs with less service availability are not covered by this modality	H0035 H2012

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Family Treatment: Psychological counseling provided for the direct benefit of a Medicaid enrolled individual. Service is provided with family members and/or other relevant persons in attendance as active participants. Treatment shall be appropriate to the culture of the consumer and their family and should reinforce the family structure, improve communication and awareness, enforce and reintegrate the family structure within the community, and reduce the family crisis/upheaval. The treatment will provide family-centered interventions to identify and address family dynamics and build competencies to strengthen family functioning in relationship to the consumer. Family treatment may take place without the consumer present in the room but service must be for the benefit of attaining the goals identified for the individual in their individual service plan. This service is provided by or under the supervision of a Mental Health Professional.	• For all ages- not just children • Consumer does not have to be present (if not present, use appropriate CPT/HCPC) • Can have natural supports attend and participate	• Marriage Counseling	90846 90847 90887 T1027

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Freestanding Evaluation and Treatment: Services provided in freestanding inpatient residential (non-hospital/non-IMD) facilities licensed by the Department of Health and certified by the Mental Health Division to provide medically necessary evaluation and treatment to the Medicaid enrolled individual who would otherwise meet hospital admission criteria. These are not-for-profit organizations. At a minimum, services include evaluation, stabilization and treatment provided by or under the direction of licensed psychiatrists, nurses and other mental health professionals, and discharge planning involving the individual, family, significant others so as to ensure continuity of mental health care. Nursing care includes but is not limited to; performing routine blood draws, monitoring vital signs, providing injections, administering medications, observing behaviors and presentation of symptoms of mental illness. Treatment modalities may include individual and family therapy, milieu therapy, psycho educational groups and pharmacology. The individual is discharged as soon as a less-restrictive plan for treatment can be safely implemented. This service is provided for individuals who pose an actual or imminent danger to self, others, or property due to a mental illness, or who have experienced a marked decline in their ability to care for self due to the onset or exacerbation of a psychiatric disorder. The severity of symptoms, intensity of treatment needs or lack of necessary supports for the individual does not allow them to be managed at a lesser level of care. This service does not include cost for room and board. The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment.	• The Mental Health Division must authorize exceptions for involuntary length of stay beyond a fourteen-day commitment. • Continue to report the service even if it goes beyond 14-days • There are no concurrent or auxiliary services allowed in this modality	• E & Ts that are located in hospitals or that are consideredan Institute of Mental Disease • Continue to report E&T services for IMDs, but will not be covered under Medicaid program	H2013

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Group Treatment Services: Services provided to Medicaid enrolled individuals designed to assist in the attainment of goals described in the individual Service Plan. Goals of Group Treatment may include developing self-care and/or life skills, enhancing interpersonal skills, mitigating the symptoms of mental illness, and lessening the results of traumatic experiences, learning from the perspective and experiences of others and counseling/psychotherapy to establish and/or maintain stability in living, work or educational environment. Individuals eligible for Group Treatment must demonstrate an ability to benefit from experiences shared by others, demonstrate the ability participate in a group dynamic process in a manner that is respectful of other's right to confidential treatment and must be able to integrate feedback from other group members. This service is provided by or under the supervision of a mental health professional to two or more Medicaid enrolled individuals at the same time. Staff to consumer ratio is no more than 1:12. Maximum group size is 24.	• Does not have to be face-to-face – allows for videoconferencing and telehealth • Must have more than 2 Medicaid enrolled individuals in the group • Ratio is no more than 12 consumers per 1 staff member	• Services conducted over speakerphone	90849 90853 90857 S9446

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES

High Intensity Treatment: Intensive levels of service otherwise furnished under this state plan amendment that is provided to Medicaid enrolled individuals who require a multi-disciplinary treatment team in the community that is available upon demand based on the individual's need. Twenty-four hours per day, seven days per week, access is required if necessary. Goals for High Intensity Treatment include the reinforcement of safety, the promotion of stability and independence of the individual in the community, and the restoration to a higher level of functioning. These services are designed to rehabilitate individuals who are experiencing severe symptoms in the community and thereby avoid more restrictive levels of access such as psychiatric inpatient hospitalization or residential placement.
 	
The team consists of the individual, Mental Health Care Providers, under the supervision of a mental health professional, and other relevant persons as determined by the individual (e.g., family, guardian, friends, neighbor). Other community agency members may include probation/parole officers*, teacher, minister, physician, chemical dependency counselor*, etc. Team members work together to provide intensive coordinated and integrated treatment as described in the individual service plan. The team's intensity varies among individuals and for each individual across time. The assessment of symptoms and functioning will be continuously addressed by the team based on the needs of the individual, allowing for the prompt assessment for needed modifications to the individual service plan or crisis plan. Team members provide immediate feedback to the individual and to other team members. The staff to consumer ratio for this service is no more than 1:15. Billable components of this modality include time spend by the mental health professional, mental health care providers and peer counselors.
 	
*Although they participate, these team members are paid staff of other Departments and therefore not reimbursed under this modality.
	• Programs such as ACT, MST, child and family teams required in EPSDT, or their look a-likes
	• Do not have to meet the fidelity standards of EBP (such as ACT) to provide the service.
	• But must involve treatment team 24-7 access
	• Ratio is no more than 15 consumers to 1 staff member
	• Must include the consumer on the team
	• Services delivered by the high intensity team are included in the per diem rate and should not be billed separately. Auxiliary services are those provided by staff who are not part of the team.Concurrent services in the following modalities will be allowed as auxiliary:
	  • Med management
	  • Day support
	  • Psychological Assessment
	  • Special population evaluation
	  • Therapeutic psychoeducation
	  • Crisis
		• Intensive outpatient services that do not use a team approach
		• Intensive outpatient services that are not available 24-7
			H0040 H2022 H2033 S9480 T1026

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Individual Treatment Services: A set of treatment services designed to help a Medicaid enrolled individual attain goals as prescribed in their individual treatment plan. These services shall be congruent with the age, strengths, and cultural framework of the individual and shall be conducted with the individual, his or her family, or others at the individual's behest who play a direct role in assisting the individual to establish and/or maintain stability in his/her daily life. These services may include, developing the individual's self-care/life skills; monitoring the individual's functioning; counseling and psychotherapy. Services shall be offered at the location preferred by the Medicaid enrolled individual. This service is provided by or under the supervision of a mental health professional.	• Does not have to be face-to-face, allows for videoconference and telehealth programs • Can include phone calls to an external entity (including a pharmacy) on behalf of the consumer placed by an appropriately credentialed staff. • Report writing (e.g., extraordinary report writing, as defined by court reports, reports to DSHS). Must meet CPT code requirements. • Includes educational support services (i.e. school coaching, school readiness, support counseling) • Services shall be offered at the location preferred by the Medicaid enrolled individual (i.e. in-home, in CCF, in community) • Includes specialist consultation between the specialist and MHP • Can include representative payee services that involve money management training directly with consumer	• Any service provided by any other federal source • Calling in refills to pharmacies and filling out medication packs without the Consumer present • Supported Employment services are included the B-3 state plan services • Normally required documentation. • Representative payee services that do not directly include the consumer (e.g. paying bills on behalf of the consumer)	90804 90806 90808 90810 90812 90814 90816 90818 90821 90823 90826 90828 90845 90875 90876 90880 90882 90889 97530 97532 97533 97535 97537 99075 99211 99212 99213 99214 99215 99241 99242 99243 99244 99245 99271 99272 99273 99274 99275 99316 99331 99332 99333 99347 99348 99349 99350 99361 99362 99371 99372 99373 99401 99402 99403 99404 H0004 H0023 H0032 H0036 H0046 H2014 H2015 H2017 H2019 H2020 H2032 T1016 T1017 T1019 T1023

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. **This service is provided by a mental health professional.**	• Must be provided by a Mental Health Professional • Establishes medical necessity & eligibility • Must be provided prior to the initiation of any mental health services, except for crisis, stabilization and E&T services	• Screening activities done by a non-Mental Health Professional	90801 90802 90885 99201 99203 99204 99205 99301 99302 99303 99315 99321 99322 99323 99341 99342 99343 99344 99345 H0031
Medication Management: The prescribing and/or administering and reviewing of medications and their side effects. This service shall be rendered face-to-face by a person licensed to perform such services. This service may be provided in consultation with collateral, primary therapists, and/or case managers, but includes only minimal psychotherapy.	• Must be face-to-face • Must be provided by appropriately licensed medical practitioner.		90782 90805 90807 90809 90811 90813 90815 90817 90819 90822 90824 90827 90829 90862 99411 99412 M0064 T1001 T1002 T1003
Medication Monitoring: Face-to-face one-on-one cueing, observing, and encouraging a Medicaid enrolled individual to take medications as prescribed. Also includes reporting back to persons licensed to perform medication management services for the direct benefit of the Medicaid enrolled individual. This activity may take place at any location for as long as it is clinically necessary. This service is designed to facilitate medication compliance and positive outcomes. Enrollees with low medication compliance history or persons newly on medication are most likely to receive this service. This service is provided by or under the supervision of a mental health professional. Time spent with the enrollee is the only direct service billable component of this modality.	• Must be face-to-face • Includes reporting back to persons licensed to perform medication management services • Services do not have to be provided by licensed medical practitioner.	• When medical staff puts together a medication pack for a consumer and leaves it at the front desk w/no face-to-face with the consumer • Calling in prescriptions	H0033 H0034 H2010

STATE PLAN MODALITY EFFECTIVE 1/1/03	MODALITY CHANGES/CRITICAL ELEMENTS	COMMON EXAMPLES OF WHAT IS NOT COVERED	MHD CROSSWALK of CPT/HCPC CODES
Mental Health Services Provided in Residential Settings: A specialized form of rehabilitation service (non-hospital/non IMD) that offers a sub-acute psychiatric management environment. Medicaid enrolled individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.	• Does not need to be face-to-face • Requires a mental health care provider (MHCP) sited, present, and available at the residential facility to provide service as needed. • MHCP must be onsite for a minimum of 8 hrs/day, 7 days a week. Does not require 8 continuous hours • Services have to be supervised by a Mental Health Professional • Service can be provided in an apartment complex or cluster housing, boarding home or adult family home • The facility providing residential services does not have to be licensed, however services must be provided by or under contract with a licensed mental health agency. • Services delivered by the assigned mental health staff are included in the per diem rate and should not be billed separately. The following auxiliary services are allowed if they are provided by staff not assigned to the facility: • Crisis Services, Day Support, Family Treatment, Group, High Intensity, Intake, Med Management, Med Monitoring, Peer Support, Psych Assess, Special Pop Eval, Stabilization, Therapeutic Psychoeducation •	• Room and board • Holding a bed for a consumer • Temporary shelter services less than 2 weeks • Custodial care • Medical services • MHCP on-call	H0018 H0019

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Peer Support: Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health profession who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports. Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumer's ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc.). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility. Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible, tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the individualized Service Plan, and indicates where treatment goals have not yet been achieved. Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams. Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.	• Must be provided by a peer counselor certified by MHD • Must be provided by or under contract with a licensed mental health agency • Drop-in centers must gather enough information to identify the individual in order to report the service. • Must be included in the individual treatment plan • Available no more than 4 hours/day • Ratio is no more than 20 consumers per 1 staff member.	• Services delivered by non-certified peer counselors for Medicaid consumers • Outreach by Peer Counselors if prior to intake	H0038
Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumer's continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.			96100 96105 96110 96111 96115 96117

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Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission to community mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental heath coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned readmission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.	• The liaison work between the licensed mental health agency and psychiatric hospitals or CLIP facilities regarding admission and discharge • Includes when clinical staff go to psychiatric hospitals and function as hospital liaisons in evaluating consumers for outpatient services and in monitoring progress towards discharge during an inpatient stay • Joint treatment planning with inpatient facility • These services can be provided once medical necessity has been established and prior to the completion of an intake	• Services provided in Skilled Nursing Facilities are not covered in this modality but can be covered under Individual Services	99217 99218 99219 99220 99221 99222 99223 99231 99232 99233 99234 99235 99236 99237 99238 99239 99251 99252 99253 99254 99255 99261 99262 99263 • any individual service reported with an inpatient location code (HC Service Location = 51)
Special Population Evaluation: Evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.	• A specific evaluation by a mental health specialist following an intake evaluation. • The consumer must be present for the initial special population evaluation	• MH specialist conducting an intake evaluation. • Consultation call with a minority specialist where the minority specialist never directly evaluates the consumer • Does not include consultation between MH specialist and the clinician	

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Stabilization Services: Services provided to Medicaid enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.	• Must be less than two weeks in duration, but continue to report the service even if it goes beyond 14-days
	• May be provided prior to intake
	• Includes hospital diversion beds, intensive hospital diversion services
	• Per diem code, if total service less than 24 hours use codes listed under Crisis Services
	• For a person receiving this modality, concurrent services in the following modalities will be allowed as auxiliary:
	  • Medication Management
	  • Family therapy
	  • Peer support
	  • Psych Assessment
	  • Therapeutic psychoeducation
	  • Intake
			S9485

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Therapeutic Psychoeducation: Informational and experiential services designed to aid Medicaid enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the Medicaid enrolled individual and are included in the Individual Service Plan. The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc. Services are provided at locations convenient to the consumer, by or under the supervision of a mental heath professional. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.	• Can include family members and natural supports (e.g. Pebbles in the Pond, Family-to-Family) • Primary consumer does not have to be present, but the service must be for the benefit of the consumers • Can be provided in groups or individually	• General family or community education not specific to the consumer • Family or individual treatment	H0024 H0025 H2025 H2027

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Supported Employment: is a service for Medicaid enrollees who are currently neither receiving nor who are on a waiting list to receive federally funded vocational services such as those provided through the Department of Vocational Rehabilitation. Services will include: • An assessment of work history, skills, training education, and personal career goals. • Information about how employment will affect income and benefits the consumer is receiving because of their disability. • Preparation skills such as resume development and interview skills • Involvement with consumers served in creating and revising individualized job and career development plans that include: (a) Consumer strengths (b) Consumer abilities (c) Consumer preferences (d) Consumer's desired outcomes • Assistance in locating employment opportunities that is consistent with the consumer's strengths, abilities, preferences, and desired outcomes • Integrated supported employment, including outreach/job coaching and support in a normalized or integrated work site, if required • Services are provided by or under the supervision of a mental health professional	• If RSN funded service, send service even if consumer is on DVR waiting list. (MHD will match to DVR wait list	• Services covered under Division of Vocational Rehabilitation, including those on the waiting list • Job development activities that are not consumer specific	H2023 H2025
Respite Care: is a service to sustain the primary caregivers of children with serious or emotional disorders or adults with mental illness. This is accomplished by providing observation, direct support and monitoring to meet the needs of an individual consumer by someone other than the primary care givers. Respite care should be provided in a manner that provides necessary relief to caregivers. Respite may be provided on a planned or an emergent basis and may be provided in a variety of settings such as in the consumer or caregiver's home, in an organization's facilities, in the respite worker's home, etc. The care should be flexible to ensure that the individual's daily routine is maintained. Respite is provided by, or under the supervision of, a mental health professional. Respite under this waiver is only available to those consumers who do not have this coverage under some other federal program.	• To provide relief and/or sustain primary caregivers • Planned or emergent basis	Respite care covered under any other federal program (e.g., Aging and Adult Services, Children's Administration)	T1005

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Mental Health Clubhouse: is a service specifically contracted by the PIHP to provide a consumer directed program to Medicaid enrollees where they receive multiple services. These services may be in the form of support groups, related meetings, consumer training, peer support, etc. Consumer may drop in on a daily basis and participate, as they are able. Services include the following: • Opportunities to work within the clubhouse, such work contributes to the operation and enhancement of the clubhouse community; • Opportunities to participate in administration, public relations, advocacy and evaluation of clubhouse effectiveness; • Assistance with employment opportunities, housing, transportation, education and benefits planning • Opportunities for socialization activities. Mental Health Clubhouses are not an alternative for day support services. Mental Health Clubhouses currently exist in Thurston/Mason, Southwest, Chelan/Douglas, Spokane, North Sound, Northeastern Washington, Pierce, Grays Harbor, Greater Columbia, and Timberlands. King County RSN may develop mental health clubhouse over this waiver period. North Central, Clark, and Peninsula will not be participating.	• Must gather enough information to identify the individual in order to report the service • Must be able to identify whether consumer is Medicaid or non-Medicaid for reporting • For Medicaid Consumers, it must be documented in the Individual Service Plan	• Non-encounter activities to non-named individuals	H2031

ADDITIONAL COVERAGE

- Can report travel time only if consumer is present in the vehicle and a clinical service is being provided
- Can report time to assist consumer with completing the TeleSage Outcome Survey if within the context of completing an intake (H0032)

NON-MEDICAID

Regional Support Networks administer the involuntary treatment program and the crisis response system for the citizens of the state of Washington in their catchment area (RCW 71.05, 71.24, 71.34).

Within available resources, services to non-Medicaid include community support, employment, and residential services for persons meeting statutorily defined categories (*the "priority population*" definitions outlined in Section A of this manual). Community support services are described in Chapter 71.24 RCW but, must cover at least the following:

- Emergency crisis intervention services;
- Case management services
- Psychiatric treatment including medication supervision;
- Counseling and psychotherapy services;
- Day treatment services as defined in Chapter 71.24 RCW; and,
- Consumer employment services as defined in Chapter 71.24 RCW

SERVICES NOT COVERED

- Clinician travel time without the consumer in the car
- Time spent doing routine paperwork and charting
- Outreach and engagement services funded by PATH grants that occur prior to intake
- Services funded by other DSHS Administrations, such as Aging and Disability Services Administration, Children's Administration, and Medical Assistance Administration, Division of Alcohol and Substance Abuse