



Section: Utilization Management	Policy Name: Levels of Care	Policy Number: 04.10
Owner: Director of Clinical Quality	Reviewed By: Director of Clinical Quality; Chief Administrative Officer; Medical Director	Total Pages: 5
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <u>Moira Kean</u> <small>Bangalore K Ramesh (Sep 29, 2020 19:22 EDT)</small> </div> <div style="text-align: center;"> <u>Anne Wickham</u> <small>Anne Wickham (Sep 28, 2020 08:53 EDT)</small> </div> </div>	Date Approved: Sep 17, 2020
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 7/28/2020

Policy: Southwest Michigan Behavioral Health (SWMBH) utilizes population-specific assessment tools with defined Levels of Care and Recommended Thresholds to assess eligibility for Prepaid Inpatient Health Plan (PIHP) Medicaid specialty behavioral health services. Levels of Care and Recommended Thresholds identify which services an individual is eligible to receive without necessitating a utilization management review.

Purpose: The federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the Medicaid Managed Care Regulations (42 CFR §438.910(b)) prohibit Medicaid managed care entities, including Prepaid Inpatient Health Plans (PIHPs), from imposing less favorable treatment limitations (qualitative or non-qualitative) on mental health and substance use disorder benefits than the predominate treatment limitations which exist for medical/surgical benefits of the same class (e.g., inpatient services, ambulatory services). In Michigan, standardized criteria and assessments are employed by all PIHPs for those who request behavioral health services, to promote statewide consistency for access to Medicaid specialty behavioral health services (uniformity of benefit), and to prevent unequal treatment limitations. This policy outlines how SWMBH and its Community Mental Health (CMHs) use standardized assessments and level of care criteria to ensure equitable access to services.

Scope: Levels of Care are used to define level of need, and Core Service Menus are established to recommended service amounts for each Level of Care, for each of the Medicaid behavioral health populations served by SWMBH and regional CMHs.



Responsibilities:

- A. SWMBH, CMH, and contracted provider staff use the appropriate population-specific assessment to determine individuals' Level of Care. Each Level of Care corresponds to a Core Service Menu of supports and services.
- B. Staff assist individuals in developing their Person-Centered Plan of service. Services requested in the Person-Centered Plan that fall within the Core Service Menu do not require utilization management review. Services requested that fall outside of the Core Service Menu (Exceptions) are reviewed by a CMH or SWMBH Utilization Management staff member for approval or denial, prior to service delivery.
- C. SWMBH Levels of Care and Core Service Menus are reviewed and modified as necessary through the SWMBH Regional Utilization Management Committee.

Definitions:

- A. Core Service Menu: The services which are available with defined Recommended Thresholds for an identified population at a given Level of Care.
- B. Exception: Service(s) that fall above the Recommended Threshold or outside of the Core Service Menu for a given Level of Care.
- C. Level of Care: Refers to the intensity of services (setting, frequency and mode) an individual will receive during a specific stage of treatment.
- D. Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. (Medicaid Provider Manual)
- E. Recommended Threshold: The annual service unit limit per Level of Care at which a particular service may be requested and delivered without utilization management review and approval.
- F. Uniform Benefit/Uniformity of Benefit: Consistent application of and criteria for benefit eligibility, level of care determination and service provision regardless of various demographics including geographic location, based upon the clinical and functional presentation of the person served, over time.
- G. Utilization Review: The process of monitoring, evaluating medical necessity, use, delivery, cost effectiveness, appropriateness, and the efficient use of health care services provided by health care professionals on a prospective, concurrent or retrospective basis. Utilization review activities include monitoring of individual consumer records, specific provider practices and system trends. to determine appropriate application of Guidelines and Criteria in the following areas: level of care determination, Application of Service Selection Criteria, Application of Best Practice Guidelines, Consumer outcomes, Over-Utilization/under Utilization, and Review of clinical or resource utilization Outliers.

Standards and Guidelines:

- A. SWMBH Levels of Care are developed, and are reviewed and modified as necessary, under the direction of the SWMBH Regional Utilization Management Committee.
- B. The assessment tools used to determine Level of Care service Menus for each population are listed below.
 - 1. The Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services is used with adults with mental illness, 18 and up.



2. The Child and Adolescent Functional Assessment Scale (CAFAS) is used with children and youth with emotional disturbances ages 7-17.
 3. The Preschool and Early Childhood Functional Assessment Scale (PECFAS) is used with children with emotional disturbances ages 4-6.
 4. The Supports Intensity Scale (SIS) is used with adults with intellectual and developmental disabilities, 18 and older.
 5. The American Society of Addiction Medicine Patient Placement Criteria (ASAM) is used with persons with substance use disorders.
- C. SWMBH Levels of Care, Core Service Menus, and Recommended Thresholds define a common benefit package based on the assessment tool used for the defined population.
- D. For each population area, a Core Service Menu is available for each defined Level of Care. Recommended Thresholds exist within each Core Service Menu.
- E. Services that comprise the Core Service Menu for an individual's Level of Care do not require review and approval by utilization management staff if the service units requested are below the annual Recommended Threshold. Any combination of these services may be selected by the individual through the person-centered planning process, without additional authorization review, as long as Medicaid Provider Manual criteria are met, and the individual's record contains documentation of rationale of medical necessity for the service(s).
- F. Certain services (e.g., personal care and community living supports in a specialized residential setting) do not have pre-approved service availability with the Core Service Menu, and require utilization management review and approval for any request, due to the Recommended Threshold being set at 0.
- G. Certain services are excluded from the Level of Care guidelines. These are:
1. Screening and Emergency/Crisis services (H0002, S9484, T1023), which do not require authorization.
 2. Assessments (H0031, 90791, 90792), which will be monitored outside of the Level of Care guidelines.
 3. Acute Psychiatric Services and electroconvulsive therapy (ECT): Review and authorization of these services are managed through the pre-screen and concurrent authorization processes.
 4. Medication Injections (96372 and 99506).
- H. Services requested that are beyond the Recommended Threshold or that fall outside of the Core Service Menu for an individual's Level of Care are referred to as Exceptions. An Exception may be authorized if medical necessity is established through a utilization review.
1. Exception requests are generated following the person-centered planning process and development of the individualized plan of service (including plan amendments).
 2. A utilization management professional reviews the request and makes a determination of medical necessity, including amount, scope, and duration, for the service being requested.
 3. When an Exception is being reviewed, Utilization Management staff will review an individual's entire service package to assess the medical necessity of the individual's entire service array.
 4. If the Exception is approved, the reason must be clearly documented by the utilization reviewer.
 5. Common reasons for approvals of Exception requests for **clinical** services include:
 - a. Recent hospitalization(s) or exacerbation of symptoms
 - b. Multiple comorbidities with complex needs
 - c. Multiple psychosocial needs or stressors



- d. Person at risk of harm to self or others
- 6. The following information should be considered during Person-Centered Planning, and when reviewing Exception requests for **supportive** services:
 - a. The degree to which the individual requires supervision and support for health and safety needs,
 - b. The availability of natural supports and caregivers (with consideration of work hours),
 - c. School involvement, employment/volunteer status (including retirement age), and hours worked or at school,
 - d. The individual's living arrangement – family home, independent living, or licensed home,
 - e. Other psychosocial and health considerations such as legal involvement or co-morbid chronic diseases,
 - f. Duration in services and progress in skill development / goal attainment,
 - g. Whether the request is duplicative with other available or provided services or supports (including services or supports available through non-Medicaid sources like home help, MRS, or school/the ISD),
 - h. Whether the service request is the least restrictive, most cost-effective approach to address health and safety needs and/or to meet person-centered goals and objectives (e.g., if less restrictive/intensive services were in place, could the individual still make progress toward goals, and remain safe? Or, would more intensive services like inpatient or specialized residential be needed?).
- 7. If the Exception is denied or not approved in whole, the reason is clearly documented by the utilization management reviewer, and Notice of Adverse Action is provided.
- 8. Utilization review of Exception requests follow all PIHP, state, and federal policy related to Medicaid authorization requests, including but not limited to timeliness of decisions and credentials of individuals making authorization determinations.

Procedures: None

Effectiveness Criteria: N/A

References: None

Attachments:

- A. 04.10A SWMBH Core Service Menu - Adults with Mental Illness
- B. 04.10B SWMBH Core Service Menu - Youth with Severe Emotional Disturbances
- C. 04.10C SWMBH Core Service Menu – Adults with Intellectual and Developmental Disabilities
- D. 04.10D SWMBH Core Service Menu – Persons with Substance Use Disorders

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/31/19	Scope and Responsibilities	Added (not in previous version)	Moira Kean
1	5/31/19	Attachments	Addition of CAFAS/PECFAS Core Service Menu Updates to LOCUS Core Service Menu	Moira Kean
1	5/31/19	Standards and Guidelines, G	Added medication injection to list of services not requiring authorization	Moira Kean
2	June 2020	Standards and Guidelines, H.3	When an Exception is being reviewed, UM staff will review an individual's entire service package to assess the medical necessity of the individual's entire service array	Moira Kean
2	June 2020	Standards and Guidelines, H.5 and 6	Considerations for exception reviews for supportive services (vs clinical services)	Moira Kean
2	June 2020	Attachments	Addition of I/DD and SUD Core Service Menus	Moira Kean

SWMBH CORE SERVICE MENU - ADULTS WITH MENTAL ILLNESS

Version Date:

5/31/2019

Endorsement Dates:

Regional Finance Directors 12/3/18, Regional Utilization Management 12/10/18, Regional Clinical Practices 12/10/18, Regional Operations Committee 12/19/18, Regional Utilization Management 5/12/19, Regional Operations Committee 5/22/19



The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services or one-size fits all service packages. An assessment score does not directly equate to approval for service(s). Services are typically determined based on a combination of Assessment, Person-Centered Planning process, consideration of natural supports, stage of change, service history, and clinician judgement. Clinical assessments shall contain clear documentation of eligibility for PIHP speciality services, as outlined in MPM BH/IDD Chapter, section 1.6.; as well as documentation supporting the medical necessity of each requested/authorized service. Some court-ordered individuals may be required by judge's order into a level of care incongruent with the assessment score. Funding via PIHP Medicaid funds is contingent upon documented medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHSPs, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for Medicaid services across the region, informed by consistent, standardized assessments.

Services not requiring authorization: Screening and Emergency/Crisis services (H0002, S9484, T1023), Medication Injections (96372 and 99506), Prevention (S9482, T1027)

Assessments (H0031, 90791, 90792) will be monitored outside of the Core Service Menu. Review and authorization for Acute Psychiatric Services and ECT are managed through the pre-screen and concurrent authorization processes.

This list is not all-inclusive. Any other services not listed require review at the local CMHSP by a Utilization Management Professional, including but not limited to: CLS/PC Per Diem, Family Training, Nutrition Services, OT/PT/SLP, Respite, Prevention Services, Psychological Testing, Skill Building, and Supported Independent Living.

LOCUS Algorithm Level	Level 0 and Level 1	Level 2	Level 3	Level 4	Level 5	Level 6																																																																																																				
Level Description	Minimal / Basic Services (0) and Recovery Maintenance and Health Management (1)	Low / Low Intensity Community Based Services	Moderate / High Intensity Community Based Services	High / Medically Monitored Non-Residential Services	Intense / Medically Monitored Residential Services	Acute / Medically Managed Residential Services																																																																																																				
Other indicators for services at this level	<p>Functional Level: Minimal impairment of functioning, minimal to no risk of harm to self or others, resides independent in the community, minimal encouragement with linking/coordinating, actively utilizing self improvement and treatment skills acquired, assistance with maintaining recovery</p> <p>*Diagnosis: Mood Disorders/Personality Disorders/ Unspecified Diagnosis/Short Term Crisis Diagnosis, stable symptoms for 3-6 months</p> <p>Comorbidity: Low MI/Low SA</p> <p>Risk of Psychiatric Hospitalization: Minimal to no risk</p> <p>Treatment: May include use of psychiatric medication but not required</p> <p>Prior Psychiatric Hospitalizations: No hospitalizations in the past year</p> <p>Recovery: Engaged with professional supports in an outpatient/office-based setting.</p> <p>ED/Crisis Services: Minimal use of ED or crisis services. Recovery environment is stable and supportive.</p>	<p>Functional Level: Low impairment of functioning in few areas, low to minimal risk of harm to self or others, able to reside independently in the community, minimal assistance with linking/ coordinating, actively utilizing self improvement and treatment skills acquired</p> <p>Diagnosis: Psychotic Disorders/ Mood Disorders/ Anxiety Disorders/ Personality Disorders/ Unspecified Diagnosis/Short Term Crisis Diagnosis – well managed through medications/treatment including EBP/s/therapy</p> <p>Comorbidity: Low MI/Low SA</p> <p>Risk of psychiatric hospitalization: Minimal to low risk</p> <p>Treatment: Can include use of psychiatric medication but not required</p> <p>Prior Psychiatric Hospitalizations: Infrequent to no hospitalizations in the past year</p> <p>Recovery: Mildly stressful environment- periods of transition, living in a supportive environment, engaged with professional supports in an outpatient/office-based setting.</p> <p>ED/Crisis Services: Low/infrequent use of ED or crisis services.</p>	<p>Functional Level: Low to Moderate impairment of functioning in some areas, low to moderate risk of harm to self or others, with minimal support able to reside independently in the community, occasionally involved in risky activities, regular assistance with linking/coordinating, developing skills and self-advocacy, some deficits in ADLs, lower levels of social supports, deteriorated relationships; possible involvement in the criminal justice system</p> <p>Diagnosis: Psychotic Disorders/Mood Disorders/ Personality Disorders – generally well managed through medications/ treatment/support</p> <p>Comorbidity: High MI/Low SA or Low MI/Low SA, ongoing medical conditions may exist</p> <p>Risk of psychiatric hospitalization: Low to moderate risk</p> <p>Treatment: Includes use of psychotropic medications</p> <p>Recovery: Moderately stressful environment</p> <p>ED/Crisis Services: May have moderate to frequent use of ED/Crisis Services</p>	<p>Functional Level: Significant impairment of functioning in most areas, withdrawal from social interactions, disruptions in relationships, moderate to significant risk of harm to self or others, with significant level of support, able to reside independently in the community, engaged in high risk activities and possible involvement in the criminal justice system, ADLs neglected or significantly impaired</p> <p>Diagnosis: Psychotic Disorders, Significant Mood Disorders possibly coupled with Personality Disorder(s)</p> <p>Comorbidity: High MI/High SA or High MI/Low SA, ongoing medical conditions may exist</p> <p>Risk of Psychiatric Hospitalization: Moderate to significant risk of institutionalization and/or placement outside of current community, transitioning out of Specialized Residential setting, frequent psychiatric hospitalizations, unstable housing; history of impulsive behaviors or suicidal ideation</p> <p>Treatment: Includes use of psychotropic medications; treatment needs require intensive management by multidisciplinary treatment team</p> <p>Recovery: History of poor response to treatment</p> <p>ED/Crisis Services: May have frequent use of ED or Crisis Services</p>	<p>Potentially Subscale score that could bump to this level.</p> <p>Functional Level: Inability to function in most areas, persistent danger to self and others, regardless of level of support customer unable to reside independently in the community; chronic mental illness contributes to low intellectual functioning or poor attention to ADLs; poor outcomes in other less restrictive settings, need for intensive supports to interact in the community and/or attend to medical conditions</p> <p>Diagnosis: Psychotic or Mood Disorders, chronic unremitting or severe exacerbation of symptoms</p> <p>Co-morbidity: High MI/High SA or High MI/Low SA, likely have co-morbid medical conditions</p> <p>Psychiatric Hospitalization/ Institutionalization: At significant risk of institutionalization and/or placement outside of current community, possibly residing in Specialized Residential setting or in SIPs with significant supports</p> <p>Treatment: Includes use of psychotropic medications</p> <p>Recovery: Poor response to treatment</p> <p>ED/Crisis Services: May have frequent use of ED or Crisis Services</p>	Meets acute Intensity of Service/Severity of Illness criteria																																																																																																				
Other clarifications		<p><i>Individuals with SMI whose LOCUS-generated level of care is 2 must be assessed for eligibility for Medicaid speciality supports and services prior to beginning services, and minimally once a year thereafter.</i></p> <p>Clinical assessment must contain clear documentation of eligibility for PIHP services, in accordance with MPM BH/IDD Chapter, section 1.6 and SWMBH SMI and SED Specialty Services Eligibility Policy.</p>		Supported Independent Living may be indicated at this level. All requests for residential services require UM and approval.	Supported Independent Living or CLS/Personal Care in a specialized residential setting may be indicated at this level. All requests for residential services require UM and approval.	At his level, typically a pre-admission screening or PASSAR would be conducted																																																																																																				
Typical CMHSP Services in this Level of Care	<p>Services / Annual Threshold for UM Review in Units</p> <p>Individuals with mild/moderate emotional disturbance, typically presenting at CAFAS Level 1 or lower, will be referred for services funded through their Medicaid Health Plan or Medicaid fee-for service.</p> <p>All service requests in this level require review and approval by a Utilization Management professional through the Exception review process. If PIHP services are delivered at this level, clinical assessment shall contain clear documentation regarding eligibility for PIHP services, as outlined in MPM BH/IDD Chapter, section 1.6 and SWMBH SMI and SED Specialty Services Eligibility Policy.</p>	<p>Services / Annual Threshold for UM Review in Units</p> <table border="1"> <tr> <td>Assertive Community Treatment (H0039)</td> <td>0</td> </tr> <tr> <td>Behavior Treatment Review (H2000,H2000TS)</td> <td>14**</td> </tr> <tr> <td>Clubhouse Psychosocial Rehabilitation Programs (H2030)</td> <td>0</td> </tr> <tr> <td>Community Living Supports 15 minutes (H2015)</td> <td>0</td> </tr> <tr> <td>DBT (H2019)</td> <td>0</td> </tr> <tr> <td>Family and Outpatient Therapy (9083X, 9084X)</td> <td>19**</td> </tr> <tr> <td>Fiscal Intermediary Services (T2025)</td> <td>0</td> </tr> <tr> <td>Group Therapy (90853)</td> <td>26**</td> </tr> <tr> <td>Nursing Services (T1002)</td> <td>10**</td> </tr> <tr> <td>Patient Education (S9445, S9446)</td> 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Group Therapy (90853)	30																																																																																																									
Nursing Services (T1002)	10																																																																																																									
Patient Education (S9445, S9446, S9446TT)	6																																																																																																									
Assertive Community Treatment (H0039)	416																																																																																																									
Behavior Treatment Review (H2000,H2000TS)	14																																																																																																									
Clubhouse Psychosocial Rehabilitation Programs (H2030)	3175																																																																																																									
Community Living Supports 15 minutes (H2015)	900																																																																																																									
DBT (H2019)	500																																																																																																									
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LOCUS Algorithm Level	Level 0 and Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
			Peer Services (H0038)	200**	Peer Services (H0038)	225	Peer Services (H0038)	225	Peer Services (H0038)	250	Peer Services (H0038)	325
			Psychiatric office visit (992XX)	7**	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7
			Supported Employment (H2023)	0	Supported Employment (H2023)	350	Supported Employment (H2023)	350	Supported Employment (H2023)	350	Supported Employment (H2023)	350
			Supports Coordination (T1016)	25**	Supports Coordination (T1016)	100	Supports Coordination (T1016)	125	Supports Coordination (T1016)	125	Supports Coordination (T1016)	125
			Targeted Case Management (T1017)	100**	Targeted Case Management (T1017)	150	Targeted Case Management (T1017)	150	Targeted Case Management (T1017)	150	Targeted Case Management (T1017)	150
			Treatment Planning (H0032)	3**	Treatment Planning (H0032)	3	Treatment Planning (H0032)	3	Treatment Planning (H0032)	3	Treatment Planning (H0032)	3

*Diagnoses are typical and not all inclusive or required to be eligible for services in a level

**Services may only be authorized if individual has been positively assessed as meeting SMI criteria, minimally at intake and annually thereafter.

Service thresholds listed above include all Medicaid specialty behavioral health services authorized/delivered using the HCPCS/CPT codes listed, with any applicable modifiers, unless otherwise indicated.

SWMBH CORE SERVICE MENU - YOUTH WITH SEVERE EMOTIONAL DISTURBANCES

Version Date: 6/3/2019

Endorsement: Regional Utilization Management Regional Operations Committee

Dates: 5/13/19 5/22/19

The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services or as one-size-fits-all service packages. An assessment score does not directly equate to approval for service(s). Services are typically determined based on a combination of Assessment, Person-Centered Planning process, consideration of natural supports, stage of change, service history, and clinician judgement. Clinical assessments shall contain clear documentation of eligibility for PIHP specialty services, as outlined in MPM BH/IDD Chapter, section 1.6.; as well as documentation supporting the medical necessity of each requested/authorized service.

Some court-ordered individuals may be required by judge's order into a level of care incongruent with the assessment score. Funding via PIHP Medicaid funds is contingent upon documented medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHSPs, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for Medicaid services across the region, informed by consistent, standardized assessments.

Services not requiring authorization: Screening and Emergency/Crisis services (H0002, S9484, T1023), Medication Injections (96372 and 99506), Prevention (S9482, T1027)

Assessments (H0031, 90791, 90792) will be monitored outside of the Core Service Menu. Review and authorization for Acute Psychiatric Services and ECT are managed through the pre-screen and concurrent authorization processes.

This list is not all-inclusive. Any other services not listed require review at the local CMHSP by a Utilization Management Professional, including but not limited to: CLS/PC Per Diem, Family Training, Nutrition Services, OT/PT/SLP, Respite, Prevention Services, Psychological Testing, Skill Building, and Supported Independent Living.



Level Description	Level 0	Level 1	Level 2	Level 3	Level 4																																																																																						
CAFAS/PECFAS Total Score	Mild 0-40	Low 50-70	Moderate 80-110	High 120-150	Intense 160-240																																																																																						
Other indicators for services at this level	<p>Functional Level: Child/family with minimal impairments who may require limited services to maintain stability; mild family/relationship issues; adjustment difficulties; mild difficulties in school/day care settings</p> <p>Risk of Psychiatric Hospitalization: Minimal to no risk</p> <p>Prior Psychiatric Hospitalizations: No hospitalizations in the past year</p> <p>ED/Crisis Services: Minimal use of ED or crisis services.</p> <p>Thinking/Communication: Thought, as reflected by communication, is not disordered or eccentric.</p> <p>Substance Use: N/A</p>	<p>Functional Level: Ability to function with age level in some areas, overall stable living environment, service needs focus on building resiliency and other protective factors in child/family, crisis intervention services not needed or needed infrequently; minimal or fewer impairments in functional domains</p> <p>Risk of Psychiatric Hospitalization: Minimal to no risk</p> <p>Prior Psychiatric Hospitalizations: Infrequent to no hospitalizations in the past year</p> <p>Treatment: Significant progress in treatment; Reduction or stabilization of symptoms; transitioning from higher level of care, or may need additional supports.</p> <p>ED/Crisis Services: Low/infrequent use of ED or crisis services.</p> <p>Thinking/Communication: Occasional difficulty in communications, in behavior, or in interactions with others due to any of the following: eccentric or odd speech, expression of odd beliefs, or, if older than eight years old, magical thinking; unusual perceptual experiences not qualifying as pathological hallucinations.</p> <p>Substance Use: Pattern of substance use likely impairs functioning</p>	<p>Functional Level: Moderate to significant inability to function in some areas, instability in living environment, multiple service needs, family requires regular support, crisis intervention service(s) needed</p> <p>Risk of Psychiatric Hospitalization: Low to moderate risk</p> <p>Placement: At risk for out of home placement</p> <p>Behavior: Displays disruptive behavior</p> <p>ED/Crisis Services: Moderate to frequent use of ED/Crisis Services</p> <p>Thinking/Communication: Frequent difficulty in communication or behavior, or specialized setting or supervision needed due to any of the following: communications do not "flow", are irrelevant, or disorganized; frequent distortion of thinking; intermittent hallucinations that interfere with normal functioning; preoccupying cognitions or fantasies with bizarre, odd, or gross themes.</p> <p>Substance Use: Substance use has serious negative consequences</p>	<p>Functional Level: Inability to function in most areas, persistent danger to self and others. Caregiver functioning puts child at significant risk</p> <p>Treatment: At significant risk of institutionalization or placement outside of current community, may be residing in a Specialized Residential Setting. Involved in numerous provider systems i.e. Criminal Justice, Dept. of Human Services, or School.</p> <p>Risk of Psychiatric Hospitalization: Moderate to significant risk of institutionalization and/or placement outside of current setting; frequent psychiatric hospitalizations, history of impulsive behaviors or suicidal ideation</p> <p>Placement: Treatment needs beyond Home Based Services</p> <p>Behavior: Significant difficulties in school/day care settings.</p> <p>Thinking/Communication: Cannot interact adequately in the community due to any of the following conditions: communications impairments; speech or nonverbal behavior is extremely odd and/or noncommunicative; strange or bizarre behavior; frequent and/or disruptive delusions or hallucinations; short-term memory loss/disorientation to time or place</p>	<p>Potentially Subscale score that could bump to this level.</p> <p>Functional Level: Total assistance needed on a daily basis</p> <p>Treatment: Ongoing treatment may require enhanced Specialty Professional Staff (Behavior Specialist, OT, PT, etc.)</p> <p>Risk of Psychiatric Hospitalization: Significant risk of institutionalization and/or placement outside of current community.</p> <p>Behavior: Displays high risk, impulsive, potentially dangerous behavior towards self/others</p> <p>Substance Use: Substance use dominates life, usage is out of control and serves no social function</p>																																																																																						
Other clarifications		Clinical assessment shall contain clear documentation regarding eligibility for PIHP services, as outlined in MPM BH/IDD Chapter, section 1.6 and SWMBH SMI and SED Specialty Services Eligibility Policy.																																																																																									
Typical CMHSP Services in this Level of Care	<p>Services / Annual Threshold for UM Review in Units</p> <p>Individuals with mild/moderate emotional disturbance, typically presenting at CAFAS Level 1 or lower, will be referred for services funded through their Medicaid Health Plan or Medicaid fee-for service.</p> <p>All service requests in this level require review and approval by a Utilization Management professional through the Exception review process. If PIHP services are delivered at this level, clinical assessment shall contain clear documentation regarding eligibility for PIHP services, as outlined in MPM BH/IDD Chapter, section 1.6 and SWMBH SMI and SED Specialty Services Eligibility Policy.</p>	<p>Services / Annual Threshold for UM Review in Units</p> <table border="1"> <tr> <td>Community Living Supports 15 minutes (H2015)</td> <td>0</td> <td>Community Living Supports 15 minutes (H2015)</td> <td>1200</td> </tr> <tr> <td>Family and Outpatient Therapy (9083X, 9084X)</td> <td>25</td> <td>Family and Outpatient Therapy (9083X, 9084X)</td> <td>25</td> </tr> <tr> <td>Family Training (S5111)</td> <td>0</td> <td>Family Training (S5111)</td> <td>25</td> </tr> <tr> <td>Group Therapy (90853)</td> <td>25</td> <td>Group Therapy (90853)</td> <td>25</td> </tr> <tr> <td>Home Based (H0036)</td> <td>0</td> <td>Home Based (H0036)</td> <td>325</td> </tr> <tr> <td>Multi-systemic therapy (H2033)</td> <td>0</td> <td>Multi-systemic therapy (H2033)</td> <td>625</td> </tr> <tr> <td>Psychiatric office visit (992XX)</td> <td>9</td> <td>Psychiatric office visit (992XX)</td> <td>9</td> </tr> <tr> <td>Supports Coordination (T1016)</td> <td>25</td> <td>Supports Coordination (T1016)</td> <td>25</td> </tr> <tr> <td>Targeted Case Management (T1017)</td> <td>100</td> <td>Targeted Case Management (T1017)</td> <td>100</td> </tr> <tr> <td>Treatment Planning (H0032)</td> <td>6</td> <td>Treatment Planning (H0032)</td> <td>6</td> </tr> <tr> <td>Wraparound Services (H2021)</td> <td>0</td> <td>Wraparound Services (H2021)</td> <td>200</td> </tr> </table>	Community Living Supports 15 minutes (H2015)	0	Community Living Supports 15 minutes (H2015)	1200	Family and Outpatient Therapy (9083X, 9084X)	25	Family and Outpatient Therapy (9083X, 9084X)	25	Family Training (S5111)	0	Family Training (S5111)	25	Group Therapy (90853)	25	Group Therapy (90853)	25	Home Based (H0036)	0	Home Based (H0036)	325	Multi-systemic therapy (H2033)	0	Multi-systemic therapy (H2033)	625	Psychiatric office visit (992XX)	9	Psychiatric office visit (992XX)	9	Supports Coordination (T1016)	25	Supports Coordination (T1016)	25	Targeted Case Management (T1017)	100	Targeted Case Management (T1017)	100	Treatment Planning (H0032)	6	Treatment Planning (H0032)	6	Wraparound Services (H2021)	0	Wraparound Services (H2021)	200	<table border="1"> <tr> <td>Community Living Supports 15 minutes (H2015)</td> <td>1200</td> <td>Community Living Supports 15 minutes (H2015)</td> <td>1475</td> </tr> <tr> <td>Family and Outpatient Therapy (9083X, 9084X)</td> <td>25</td> <td>Family and Outpatient Therapy (9083X, 9084X)</td> <td>25</td> </tr> <tr> <td>Family Training (S5111)</td> <td>25</td> <td>Family Training (S5111)</td> <td>25</td> </tr> <tr> <td>Group Therapy (90853)</td> <td>25</td> <td>Group Therapy (90853)</td> <td>25</td> </tr> <tr> <td>Home Based (H0036)</td> <td>425</td> <td>Home Based (H0036)</td> <td>425</td> </tr> <tr> <td>Multi-systemic therapy (H2033)</td> <td>625</td> <td>Multi-systemic therapy (H2033)</td> <td>700</td> </tr> <tr> <td>Psychiatric office visit (992XX)</td> <td>9</td> <td>Psychiatric office visit (992XX)</td> <td>9</td> </tr> <tr> <td>Supports Coordination (T1016)</td> <td>25</td> <td>Supports Coordination (T1016)</td> <td>25</td> </tr> <tr> <td>Targeted Case Management (T1017)</td> <td>100</td> <td>Targeted Case Management (T1017)</td> <td>100</td> </tr> <tr> <td>Treatment Planning (H0032)</td> <td>6</td> <td>Treatment Planning (H0032)</td> <td>6</td> </tr> <tr> <td>Wraparound Services (H2021)</td> <td>225</td> <td>Wraparound Services (H2021)</td> <td>225</td> </tr> </table>	Community Living Supports 15 minutes (H2015)	1200	Community Living Supports 15 minutes (H2015)	1475	Family and Outpatient Therapy (9083X, 9084X)	25	Family and Outpatient Therapy (9083X, 9084X)	25	Family Training (S5111)	25	Family Training (S5111)	25	Group Therapy (90853)	25	Group Therapy (90853)	25	Home Based (H0036)	425	Home Based (H0036)	425	Multi-systemic therapy (H2033)	625	Multi-systemic therapy (H2033)	700	Psychiatric office visit (992XX)	9	Psychiatric office visit (992XX)	9	Supports Coordination (T1016)	25	Supports Coordination (T1016)	25	Targeted Case Management (T1017)	100	Targeted Case Management (T1017)	100	Treatment Planning (H0032)	6	Treatment Planning (H0032)	6	Wraparound Services (H2021)	225	Wraparound Services (H2021)	225
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Service thresholds listed above include all Medicaid specialty behavioral health services authorized/delivered using the HCPCS/CPT codes listed, with any applicable modifiers, unless otherwise indicated.

SWMBH CORE SERVICE MENU - ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Version Date: 10/1/2019

Endorsement Dates:

Regional Utilization Management Committee: 10/14/2019 Regional Clinical Practices Committee: 10/14/2019 Regional Operations Committee: 10/30/2019



The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services or as one-size-fits-all service packages. An assessment score does not directly equate to approval for a service(s). Services are typically determined based on a combination of Assessment, Person-Centered Planning process, consideration of natural supports, stage of change, service history, and clinician judgement. Clinical assessments shall contain clear documentation of eligibility for PHP specialty services, as outlined in MPM BH/IDD Chapter, section 1.6.; as well as documentation supporting the medical necessity of each requested/authorized service.

Some court-ordered individuals may be required by judge's order into a level of care incongruent with the assessment score. Funding via PHP Medicaid funds is contingent upon documented medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHSPs, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for Medicaid services across the region, informed by consistent, standardized assessments.

Services not requiring authorization: Screening and Emergency/Crisis services (H0002, S9484, T1023), Medication Injections (96372 and 99506), Prevention (S9482, T1027)

Assessments (H0031, 90791, 90792) will be monitored outside of the Core Service Menu. Review and authorization for Acute Psychiatric Services and ECT are managed through the pre-screen and concurrent authorization processes.

This list is not all-inclusive. Any other services not listed require review at the local CMHSP by a Utilization Management Professional, including but not limited to: CLS/PC Per Diem, Family Training, Nutrition Services, Prevention Services, Psychological Testing, and Supported Independent Living.

Level	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6				
Level Description	Low functional support needs, low medical and behavioral support needs	Moderate functional support needs, low medical and behavioral support needs	High functional support needs, low medical and behavioral support needs	Any functional support needs, moderate medical and/or behavioral support needs	Any functional support needs, high medical and/or behavioral support needs	Any functional support needs, extraordinary medical and/or behavioral support needs				
SIS ABE*, Medical, and Behavior Scores	ABE Score 0-22, and Medical Score 0-3, and Behavior Score 0-3	ABE Score 23-27, and Medical Score 0-3, and Behavior 0-3	ABE Score 28+, and Medical Score 0-3, and Behavior 0-3	ABE - Any Score. Medical Score 4-6 OR Behavior 4-6	ABE - Any Score. Medical Score 7-9 OR Behavior 7-9	ABE - Any Score. Medical 10+ OR Behavior 10+				
Other indicators for services at this level	<p>Functional Level: Requires minimal prompts/reminders to engage in or complete daily living activities and to access the community.</p> <p>Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches.</p> <p>Physical Health Comorbidity: Medical/health needs are stable and maintained with minimal support.</p> <p>Safety Risks: None or managed with minimal prompting, supervision, or reminders</p>	<p>Functional Level: Verbal prompts, coaching, and/or training needed to engage in or complete daily living activities and to access the community.</p> <p>Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches.</p> <p>Physical Health Comorbidity: Medical/health needs are stable. May require assistance and prompts to ensure healthcare needs are met.</p> <p>Safety Risks: Risks managed with prompting, supervision, and/or reminders</p>	<p>Functional Level: Frequent assistance, guidance, and/or prompting needed engage in or complete daily activities and to access the community. Some hands-on physical support/guidance needed.</p> <p>Behavioral Health: No to moderate behavioral issues. May require a behavior support plan to ensure consistency and proactive approaches.</p> <p>Physical Health Comorbidity: Medical/health needs are stable. Requires assistance and/or prompts to ensure healthcare needs are met.</p> <p>Safety Risks: Safety risks may be present that need to be addressed or monitored; includes safety to self and safety in the community.</p>	<p>Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level.</p> <p>Behavioral Health: May have potentially harmful, injurious or dangerous behaviors requiring frequent and consistent proactive interventions, and a formal behavior treatment plan.</p> <p>Physical Health Comorbidity: May have medical/health needs requiring weekly (or more) monitoring and/or oversight and assistance</p> <p>Safety Risks: Safety risks to self or others may exist, includes safety to self and safety in the community. May need environmental accommodations.</p>	<p>Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level.</p> <p>Behavioral Health: May have potentially harmful, injurious or dangerous behaviors requiring a high level of supervision, consistent proactive interventions, and a formal behavior treatment plan.</p> <p>Physical Health Comorbidity: May have extensive medical/health needs, requiring daily (or more) monitoring and/or oversight and hands on assistance. Nursing services may be required to develop and train on health care protocols.</p> <p>Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.</p>	<p>Functional Level: Medical or behavioral needs adversely affect individuals' functioning and need for assistance at this level.</p> <p>Behavioral Health: May have frequent potentially harmful, injurious or dangerous behaviors requiring near continuous supervision, consistent proactive interventions, and a formal behavior treatment plan.</p> <p>Physical Health Comorbidity: May have extensive medical/health needs, requiring monitoring and/or oversight multiple times during the day. Nursing services typically required to develop and train on health care protocols.</p> <p>Safety Risks: Active safety risk to self or others due to medical or behavioral risks. May need environmental accommodations.</p>				
Other clarifications										
Typical CMHSP Services in this Level of Care	Behavior Treatment Review (H2000,H2000TS)	0	Behavior Treatment Review (H2000,H2000TS)	0	Behavior Treatment Review (H2000,H2000TS)	18	Behavior Treatment Review (H2000,H2000TS)	18	Behavior Treatment Review (H2000,H2000TS)	18
	Community Living Supports 15 minutes (H2015)	1625	Community Living Supports 15 minutes (H2015)	2425	Community Living Supports 15 minutes (H2015)	3225	Community Living Supports 15 minutes (H2015)	3225	Community Living Supports 15 minutes (H2015)	5675
	Family and Outpatient Therapy (9083X, 9084X)	19	Family and Outpatient Therapy (9083X, 9084X)	19	Family and Outpatient Therapy (9083X, 9084X)	19	Family and Outpatient Therapy (9083X, 9084X)	19	Family and Outpatient Therapy (9083X, 9084X)	19
	Fiscal Intermediary Services (T2025)	12	Fiscal Intermediary Services (T2025)	12	Fiscal Intermediary Services (T2025)	12	Fiscal Intermediary Services (T2025)	12	Fiscal Intermediary Services (T2025)	12
	Nursing Services (T1002)	17	Nursing Services (T1002)	17	Nursing Services (T1002)	17	Nursing Services (T1002)	17	Nursing Services (T1002)	17
	Occupational Therapy and Physical Therapy	0	Occupational Therapy and Physical Therapy	0	Occupational Therapy and Physical Therapy	0	Occupational Therapy and Physical Therapy	0	Occupational Therapy and Physical Therapy	1
	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7	Psychiatric office visit (992XX)	7
	Respite Services, 15 minute (T1005)	0	Respite Services, 15 minute (T1005)	1000	Respite Services, 15 minute (T1005)	1000	Respite Services, 15 minute (T1005)	1000	Respite Services, 15 minute (T1005)	1000
	Skill-Building/Non-Vocational (H2014/H2014HK)	1950	Skill-Building/Non-Vocational (H2014/H2014HK)	2175	Skill-Building/Non-Vocational (H2014/H2014HK)	3125	Skill-Building/Non-Vocational (H2014/H2014HK)	3125	Skill-Building/Non-Vocational (H2014/H2014HK)	3125
	Supported Employment (H2023)	875	Supported Employment (H2023)	1675	Supported Employment (H2023)	2800	Supported Employment (H2023)	2800	Supported Employment (H2023)	2800
	Supports Coordination (T1016)	100	Supports Coordination (T1016)	100	Supports Coordination (T1016)	100	Supports Coordination (T1016)	100	Supports Coordination (T1016)	100
	Targeted Case Management (T1017)	75	Targeted Case Management (T1017)	75	Targeted Case Management (T1017)	75	Targeted Case Management (T1017)	75	Targeted Case Management (T1017)	75
Treatment Planning (H0032)	6	Treatment Planning (H0032)	6	Treatment Planning (H0032)	6	Treatment Planning (H0032)	6	Treatment Planning (H0032)	6	

*ABE score is the composite score of support needs in three specific areas of the SIS: Part A: Home Living Activities; Part B: Community Living Activities; and Part E: Health and Safety Activities
 SWMBH will review Authorization & actual utilization data to identify cases for oversight and monitoring for over-and -under utilization

SWMBH CORE SERVICE MENU - PERSONS WITH SUBSTANCE USE DISORDERS

Version Date:
Endorsement Dates:

4/20/2020
Regional Substance Use Directors Workgroup 6/16/20. Regional Utilization Management Committee 7/13/20



The SWMBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services. Authorization thresholds for the ASAM Core Service Menu are based on the level of care (LOC) the person was referred to. In cases where referred LOC differs from the recommended LOC, the record should document this, along with the rationale for the discrepancy. Services are typically determined based on a combination of assessment, planning process, consideration of natural supports, stage of change, service history, and clinician judgement. Clinical assessments shall contain documentation supporting the medical necessity of each requested/authorized service.

Some court-ordered individuals may be required by judge's order into a level of care incongruent with the assessment score. Funding via PIHP Medicaid funds requires medical necessity for the services being delivered.

SWMBH is responsible to ensure that LOC guidelines are being used consistently by CMHSPs, as well as to ensure that appropriate exceptions, appeal mechanisms and documentation are in place. Goal is to have a common, uniform benefit for SUD services across the region, informed by consistent, standardized assessments.

This list is not all-inclusive. Any other services not listed (e.g., residential, withdrawal management, childcare services) require UM review at the CMHSP or SWMBH.

ASAM Referred Level	Level 0.5	Level 1	Level 1 OTP	Level 2.1
Level Name	Early Intervention	Outpatient	Opioid Treatment Program	Intensive Outpatient
Level description*	Assessment and education for individuals who, for a known reason, are at risk of developing substance-related problems, or for whom there is not yet sufficient information to document a diagnosable substance use disorder.	Recovery or motivational enhancement therapies and strategies that may be delivered in a variety of settings. Typically consists of less than 9 hours of service/week for adults, or less than 6 hours a week for adolescents.	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder.	Intensive education and treatment to individuals with multidimensional instability, delivered on an outpatient basis, allowing individuals to apply skills in the "real world." Typically consists of 9 or more hours of service a week (adults) or 6 or more hours (adolescents).
Other clarifications	<p>Persons with co-occurring disorders may have assessments completed from both MI and SUD populations, and may receive services from both funding streams. Refer to Core Service Menu for Adults with Mental Illness for behavioral health-related services.</p> <p>A detailed description of the services typically offered in each level of care, the care setting, and how to identify patients who would benefit from each level of care using the ASAM criteria, begins on page 179 of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013).</p>			
Typical Services in this Level of Care	Services / Annual Threshold* for UM Review in Units	Services / Annual Threshold* for UM Review in Units	Services / Annual Threshold* for UM Review in Units	Services / Annual Threshold* for UM Review in Units
	Care Coordination (H0050) 0	Care Coordination (H0050) 75	Care Coordination (H0050) 75	Care Coordination (H0050) 75
	Drug Screen (H0003, H0048, 80305, 80306, 80307) 0	Drug Screen (H0003, H0048, 80305, 80306, 80307) 0	Drug Screen (H0003, H0048, 80305, 80306, 80307) 0	Drug Screen (H0003, H0048, 80305, 80306, 80307) 17
	Early Intervention (H0022) 10	Early Intervention (H0022) 0	Early Intervention (H0022) 0	Early Intervention (H0022) 0
	Group Counseling (H0005) 0	Group Counseling (H0005) 50	Group Counseling (H0005) 50	Group Counseling (H0005) 50
	Group Therapy (90853) 0	Group Therapy (90853) 50	Group Therapy (90853) 50	Group Therapy (90853) 50
	Individual Counseling (H0004) 25	Individual Counseling (H0004) 100	Individual Counseling (H0004) 150	Individual Counseling (H0004) 50
	Individual or Family Therapy (9083X, 9084X) 0	Individual or Family Therapy (9083X, 9084X) 25	Individual or Family Therapy (9083X, 9084X) 50	Individual or Family Therapy (9083X, 9084X) 12
	Intensive Outpatient Treatment (H0015) 0	Intensive Outpatient Treatment (H0015) 0	Intensive Outpatient Treatment (H0015) 0	Intensive Outpatient Treatment (H0015) 50
	Methadone Administration (H0020) 0	Methadone Administration (H0020) 0	Methadone Administration (H0020) 365	Methadone Administration (H0020) 0
	Psychiatric office visit (992XX) 0	Psychiatric office visit (992XX) 16	Psychiatric office visit (992XX) 16	Psychiatric office visit (992XX) 16
	Recovery Coach (Peer Services) (H0038) 16	Recovery Coach (Peer Services) (H0038) 150	Recovery Coach (Peer Services) (H0038) 150	Recovery Coach (Peer Services) (H0038) 150
	Treatment Planning (T1007) 0	Treatment Planning (T1007) 3	Treatment Planning (T1007) 3	Treatment Planning (T1007) 3

Date	Which Population	Change made	Staff
4/20/2020	IDD	Corrected ABE range for level 1 to 0-22 (was 0-23). Removed comments and red highlights. Corrected Methadone	M Kean
4/20/2020	SUD	admin to 365 Removed asterisks regarding modifiers and added language clarifying expectations for assessment for SMI criteria at level	M Kean
7/23/2020	MIA	2.	M Kean