

Section:	Policy Name:	Policy Number:
Utilization Management	Levels of Care	04.10
Owner:	Reviewed By:	Total Pages:
Director of Clinical Quality	Director of Clinical Quality; Chief Administrative	5
	Officer; Medical Director	
Required By:	Final Approval By:	Date Approved:
☐ BBA ☐ MDHHS ☐ NCQA	Moira Kean	Jul 30, 2020
☐ Other (please specify):	Annewickham B.K. Ramosh	Jul 30, 2020
	Annethebran Jul 30, 2020 05:45 EDT) 8 K Ransesh (Jul 31, 2020 16:34 EDT)	
Application:	Line of Business:	Effective Date:
⊠ SWMBH Staff/Ops	☑ Medicaid ☐ Other (please specify):	7/28/2020
⊠ Participant CMHSPs	⊠ Healthy Michigan	
☐ SUD Providers	⊠ SUD Block Grant	
☐ MH/IDD Providers	⊠ SUD Medicaid	
☐ Other (please specify):	☑ MI Health Link	

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.

04.10 Levels of Care



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. <u>Core Service Menu:</u> The services which are available with defined Recommended Thresholds for an identified population at a given Level of Care.
- B. <u>Exception:</u> Service(s) that fall above the Recommended Threshold or outside of the Core Service Menu for a given Level of Care.
- C. <u>Level of Care:</u> Refers to the intensity of services (setting, frequency and mode) an individual will receive during a specific stage of treatment.
- D. <u>Medical Necessity</u>: 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. <u>Recommended Threshold:</u> 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. <u>Uniform Benefit/Uniformity of Benefit:</u> 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. <u>Utilization Review</u>: 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.

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- 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

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- 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

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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
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04.10 Levels of Care

Final Audit Report

2020-07-31

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SWMBH CORE SERVICE MENU - YOUTH WITH SEVERE EMOTIONAL DISTURBANCES Version Date: 5/4/2022

Southwest Michigan

Dates: Endorsement 5/9/22 Regional Utilization Management Committee

The SWANBH Core Service Menu is intended as guidelines, not to be interpreted as caps on services or as one-size-fits-ell service packages. An assessment score does not directly equate to approval for service(s), Services at supports, stage of change, service history, and clinician judgement. Clinical assessments shall combine does documentation of nigibility for FiFP speciality services, as outlined in MPN BY/DD Chapter, section 1.6; as well as documentation and necessity of each requested submission services are outlined in MPN BY/DD Chapter, section 1.6; as well as documentation of nigibility for FiFP speciality services, as outlined in MPN BY/DD Chapter, section 1.6; as well as documentation of nigibility for FiFP speciality services, as outlined in MPN BY/DD Chapter, section 1.6; as well as documentation of nigibility for FiFP speciality services, as outlined in MPN BY/DD Chapter, section 1.6; as well as the security of the services have a common, uniform benefit for Medical services across the region, informed by consistent, standardized assessments.

Services not requiring authorisation: Screening and Emergency/Crisis services (MCCC2, \$9424, T1202), Medication injections (96372 and 96508), Prevention (\$9482, T12027)

Assessments (HCC31, 90792, 90792) and Sehavior Treatment Review will be monitored outside of the Core Service Menu and authorized per the CAPI'S policies, 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 raview at the local CAHSP by a Utilization Management Professional, Including but not limited to: CLS/PC Per Diem, Family Training, Nutrition Services, OT/PT/SLP, Respite, Prevention Services, Prognological Testing, Still Bailding, and Supported

This list is not all-inclusive. Any other services not listed require raview at the local CAHSP by a Utilization Management Professional, Including but not limited to: CLS/PC Per Diem, Family Training, Nutrition Services, OT/PT/SLP, Respite, Prevention Services, Prognological Testing, Still Bailding, and Supported

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14	8 Treatment Planning (H0032)		7 Treatment Planning (H0032)	71	7 Treatment Planning (H0032)		Treatment Planning (H0032)	CCBHC Damonstration Situate Individuals requesting
125	125 Targeted Case Management (T1017)	12	125 Targeted Case Managemont (71017)	125	125 Targeted Case Management (T1017)	12	Targeted Case Management (T1027)	section 1.6 and SWMBH SMI and SED Specialty Services Eligibility Policy.
13	13 Psychiatric office visit (992XX)	**************************************	13 Psychiatric office visit (99200)	13,	10 Psychiatric office visit (992XX)		Psychiatric office visit (992XX)	are delivered at this level, clinical assessment shall contain clear documentation regarding eligibility for
700	625 Multi-systemic therapy (H2033)	62	625 Multi-systemic therapy (H2033)	625	Multi-systemic therapy (H2033)		Multi-systemic therapy (H2033)	or Line approval by a Utilization Management professional through the Exception raview process. If PIKP services
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30	30 Group Therapy (90853)	3	30 Group Therapy (90853)	30	30 Group Therapy (90853)	3	Group Therapy (90853)	of the first eight subscales of the CAFAS, OR one 30 on any subscale of the CAFAS, except for substance abuse Group Therepy (90853)
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SWMBH CORE SERVICE MENU - ADULTS WITH MENTAL ILLNESS Version Date:

Endorsement Dates:

Southwest Michigan

5/4/2022

5/9/22 Regional Utilization Management Committee

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					requiring on review.	units of outpatient or group therapy, 8 on its of peer supports services, and 4 psychlatric office visits, without	country comparisons are instrument represent services for mild to moderate mental filters with a qualifying diagram's at 10005 100 1 may receive up to 12	Cigiblisty.	as outlined in MPM 9H/100 Chapter, section 1.6 and SWM9H Policy 211, SMI and SED Specialty Services	through the Exception review process. If PIMP services are delivered at this level, clinical assessment shall contain delivered of this level, clinical assessment shall contain delivered on the services.	All service requests in this level require review and approval by a Utilization Management professional	Plan or Medicaid fee-for service.	individuals with mild/moderate emotional disturbance, hypically presenting at LOCUS lavel 2 or lower, will be	Services / Annual Threshold for UM Review in Units		Prior Psychiatric Respirationant: No hespiralizations in thrpast year. Reseasory: Engaged with perfectional supports in an outpainer/folfine-based veiting: Ell/Crist Services: Maintail and ell Dor crists services. Recovery environment is stable and support-her.	Comorbidity: Low Mi/Low SA Slik of Psychiatric Hospitalization: Minimal to no risk Treatment: May include use of psychiatric medication but Tront required.	with maintaining recovery "Diagnosis Mood Disorders/Personality Disorders/ Unspecified Disproxy/Short Term Crisis Diagnosis, stable sometimes for 3-c months	rements over minist impartment in the community, ministral encouragement with instance common stage, extently utilizing self improvement and beatment with sequincy assistance.	10000	Level D and Level 1
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SWMBH CORE SERVICE MENU - ADULTS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES

Version Date:

Endorsement Dates:

Southwest Michigan

7/11/22 Regional Utilization Management Committee and Regional Clinical Practices Committee
The SUMBISH Core Sorvice Manay is intended as guidelines, not to be interpreted as cape on services are to placify determined based on a combination of Academent, Person-Centered
This SUMBISH Core Sorvice Manay is intended as guidelines, not to be interpreted as cape on services are to placify determined by the product of the produc

standardised assessments.

Services for requiring authorization: Screening and Emergency/Citids services (HIDDD, SS484, TIDDB), Medication injections (95372 and 95258), Prevention (S5482, TIDDP)

Assessments (HIDDB, 2072, 1972) 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, Aary other services not listed require review at the local CHM15P by a Utilization Management Professional, including but not limited to: CLS/PC Per Diem, Femily Training, Nutrition Services, Psychological Testing, and Supported Independent Uving.

									Complete Control Control	Orhandialifortions	SS ASE, Medical, and Behavior Scores Coher Indicators for services at 1346
Treatment Planning (H0032)	Targeted Case Management	Supported Employment (H2023)	Skill-Building/Non-Vocational [H2014/H2014HK]	Respite Services, 15 minute (T1005)	Psychiatric office visit (992XX)	Nursing Services (T1002)	Fiscal Intermediary Services	Family and Individual Therapy (9083X, 9084X)	Community Living Supports 15 minutes (H2015)		
6 Treatment Planning (H0032)	Targeted Case Management 100 (T1017)	1675 Supported Employment (H2023) 2800	liding/Non-Vocational H2014HK1		×	6 Nursing Services (T1002)	12 (T2025) Fiscal Intermediary Services	idual Therapy 15	2500		And Score 2-27, and Sehavioral support needs (now medical and behavioral support needs). And Score 2-27, and Sehavioral support needs (now medical score 0-4), and Sehavior 0-3 Behavior 0-3 Functional Levels twick prompts, coeching, and/or training needed to engage in or complete daily (living, antivides and to access the community. We handwright Health to to medicate behavioral issues, May prequire a behavior support plan to ensure consistency and presentire approaches. Physical Health Comorbidity: Medical/health needs are stable. May require assistance and prempts to ensure healthcare needs are met. Sefery Rubar Ridds managed with prompting, supervision, and/or reminders.
6 Treatment Planning (H0032)	100 (T1017)	123)	3500 Skill-Building/Non-Vocational 35 (H2014/H2014HK) 35		7 Psychiatric office visit (992XX)	12 Nursing Services (T1002)	Fiscal Intermediary Services (T2025)	Family and Individual Therapy (9083X, 9084X)	Community Living Supports 15 az		Lavel 3 High functional support needs, low modelal and behavioral support needs. All Score 2.3+, and Medical Score 2.3+, and Seehalvior 2.3+, and seeded engage in or complose daily activities and to access the community. Some hand-on physical support/guidance needed. Selanwarel Health; No to moderate behavioral scores. Ma require a behavioral support plan to ensure consistency any procedure approaches. Selanwarel Health Comorbidity: Medical/Inselth needs are stable. Requires assistance and/or prompts to ensure beauthcare needs are met. Selevy Relax Salecy risks may be present that need to be addressed or monitorest; includes safety to self and safet in the community.
6 Treatment Planning (H0032)	100 (TLO17) Targeted Case Management 10	2800 Supported Employment (H2023) 280	3500 Skill-Building/Non-Vocational 350 (H2014/H2014HK)	1400 Respite Services, 15 minute 270	7 Psychiatric office visit (992XX)	14 Nursing Services (T1002)	12 Fiscal Intermediary Services 1	lividual Therapy	3225 Community Living Supports 15 32. minutes (H2015)		Any functional su moderate medical moderate medical Acc - Any Score. Medical Score 4-6 Behavior-24 Functional Level: Functional Level: Affect Individuals' this level: Behavioral Health (Individuals' this level: Behavioral Health (Individuals' functional treatment plan individuals' ord dange condeten tro-catell' treatment plan. Physical Health (Individuals' treatment plan. Physical Health (Individuals' treatment plan. Correspicts and assistance and according to the correspicts and assistance safety to need environment need environment
6 Treatment Planning (H0032)	100 Targeted Case Management (T1017))23)	3500 Skill-Building/Non-Vocational 3		×	14 Nursing Services (T1002)	Fiscal Intermediary Services (T2025)	15 Family and Individual Therapy (9083X, 9084X)			
6 Treatment Planning (H0032)	100 Targeted Case Management 100	2800 Supported Employment (H2023) 2800	3500 Skill-Building/Non-Vocational 3500 (HZ014/HZ014HK)	3000 Respite Services, 15 minute 3000 (T1005)	7 Psychiatric office visit (992XX)	14 Nursing Services (T1002)	Fiscal Intermediary Services 12 (T2025)	15 Family and Individual Therapy 15 (9083X, 9084X)	3225 Community Living Supports 15 5675 minutes (H2015)		Any functional support needs, Ang fu

SWMBH CORE SERVICE MENU - PERSONS WITH SUBSTANCE USE DISORDERS

Endorsement Dates: Version Date:

12.20.22

Regional Substance Use Directors Workgroup 12/20/2022. Regional Utilization Management Committee 11/14/2022

Southwest Michigan

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.

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													Typical Services in this Level of Care		Other clarifications	Level description*	Level Name	
Treatment Planning (T1007)	Recovery Coach (Peer Services) (H0038)	Psychlatric office visit (992XX)	Methadone Administration (H0020)	Intensive Outpatient Treatment (H0015)	Individual or Family Therapy (5083X, 5084X)	Individual Counseling (H0004)	Group Therapy (90853)	Group Counseling (H0005)	Early Intervention (H0022)	80307)	Drug Screen (H0003, H0048, 80305, 80306,	Care Coordination (HODSO)	Services / Annual Threshold* for UM Review in Units	A detailed description of the services typically offered in each level of care, the care setting. Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013).	Persons with co-occurring disorders may have assessment health-related services.	Assessment and education for individuals who, for a kno 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.	Early Intervention	Level 0.5
0 Treatment Planning (T1007)) (H0038)	0 Psychiatric office visit (992XX) 16 F	0 Methadone Administration (H0020)	0 Intensive Outpatient Treatment (H0015) 0 I	6 Individual or Family Therapy (9083X, 9084X) 30 I	25 Individual Counseling (H0004) 75	0 Group Therapy (90853) 40 (0 Group Counseling (H0005)	10 Early Intervention (H0022) 0 E	0 80306 80307) 0 8	Drug Screen (H0003, H0048, 80305,	0 Care Coordination (H0050) 75 (Services / Annual Threshold* for UM Review in Units	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 Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013).	Persons with co-occurring disorders may have assessments completed from both MI and SUD populations, and may receive services from both funding strea health-related services.	Assessment and education for individuals who, for a known Recovery or motivational enhancement therapies and counseling available to maintain problems, or for whom there is not yet sufficient Typically consists of less than 9 hours of service/week for stability for those with severe opioid information to document a diagnosable substance use adults, or less than 5 hours a week for adolescents.	Outpatient	Level 1 Transaction of the Level 1 Transaction o
3 Treatment Planning (T1007)	150 Recovery Coach (Peer Services) (H0038) 150	16 Psychiatric office visit (992XX)	0 Methadone Administration (H0020) 365	0 Intensive Outpatient Treatment (H0015) 0	30 Individual or Family Therapy (9083X, 9084X) 40	75 Individual Counseling (H0004)	40 Group Therapy (90853) 40	40 Group Counseling (H0005) 40	0 Early Intervention (H002Z)	0 80306, 80307)	Drug Screen (H0003, H0048, 80305,	75 Care Coordination (H0050) 10	Services / Annual Threshold* for UM Review in Units	who would benefit from each level of care using the ASAN	sive services from both funding streams, Refer to Core Serv	gonist medication multidimensional use disorder.	Opioid Treatment Program	Level 1 OTP
3 Treatment Planning (T1007)	150 Recovery Coach (Peer Services) (H0038) 50	16 Psychiatric office visit (992XX)	365 Methadone Administration (H0020)	0 Intensive Outpatient Treatment (H0015) 50	40 Individual or Family Therapy (9083X, 9084X) 12	115 Individual Counseling (HDOO4) 50	40 Group Therapy (90853) 52	40 Group Counseling (H0005)	0 Early Intervention (H0022)	0 80306, 80307)	Drug Screen (H0003, H0048, 80305,	10 Care Coordination (H0050) 25	Services / Annual Threshold* for UM Review in Units	of care using the ASAM criteria, begins on page 179 of The ASAM Criteria:	ms. Refer to Core Service Menu for Adults with Mental Illness for behavioral	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).	intensive Outpatient	level 2.1