

**UM  
Guidelines**

**Program: Adult MH**

**Authorization  
Period**

**365 days**

**Basic Service Package : 1**

<b>Services</b>	<b>Unit =</b>	<b>Initial Authorization</b>	<b>Services</b>	<b>Unit =</b>	<b>Initial Authorization</b>
Pharm. Mgmt	25 min	12 units	Routine Case Mgmt	15 min	24 units
Medication Training & Support Services (individual)	15 min	18 units	Medication Training & Support Services (group)	15 min	12 units
<b>Add-On Services – SP 1</b>					
<b>Services</b>	<b>Unit =</b>	<b>Initial Authorization</b>	<b>Services</b>	<b>Unit =</b>	<b>Initial Authorization</b>
Rehabilitative Services “Skills Training & Development” (Individual)	15 min	1 to 19 units	Supported Employment or Supported Housing (Includes both Billable “ <b>Skills Training &amp; Development</b> ” and non-billable Vocational-Specific Training or Housing-Specific support services)	15 min	1 to 24 units
Rehabilitative Services- “Skills Training & Development” (Group)	15 min	1 to 24 units	Crisis Intervention Services	15 min.	As necessary to stabilize the crisis Average Time = 4.5 hours per crisis episode (18 units)
“Day Programs for Acute Needs”	45-60 continuous min	1 to 24 units per acute episode			

Note: For initial authorizations where a single number is indicated (*i.e.*, Routine Case Management for 24 units), that is the expected average authorization at the local MHMR Center. For initial authorizations where a range is indicated (*i.e.*, Skills Training & Development (1 to 24 units), that is the range in which the expected average authorization at the local MHMR Center is expected to fall.

## Service Descriptions – SP-1

### Basic Services:

1. **Pharmacological management services:** supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.
2. **Routine Case Management:** includes basic facilitation of access to resources and services, coordination of services with consumer, as well as administration of TIMA scales. This service is generally facility-based and not generally delivered in-vivo.
3. “Medication Training & Support Services” (also referred to as “TIMA Patient and Family Education Program”), which includes education on diagnosis, medications, monitoring and management of symptoms, and side effects.

### Specialty “Add On” Services Available to People in this Service Package:

1. **Skills Training & Development** – the building of skills to facilitate community integration and tenure.
2. **Supported Employment** - provides individualized assistance in choosing and obtaining employment, at integrated work sites in jobs in the community of the consumer’s choice, and supports provided by identified staff who will assist individuals in keeping employment and/or finding another job as necessary. This includes “**Skills Training & Development**” related to addressing the symptoms of mental illness affecting an individual’s ability to obtain and retain employment, as well as non-billable vocational specific training.
3. **Supported Housing** - provides individualized assistance in choosing and obtaining integrated housing in the community of the consumer’s choice, and supports provided by identified staff who shall assist individuals in retaining housing and/or finding new housing as necessary. This includes “**Skills Training & Development**” related to addressing the symptoms of mental illnesses affecting an individual’s ability to obtain and retain housing, as well as non-billable housing specific support services (*e.g.*, locating housing, assistance with moving).
4. **Crisis Intervention Services** – these are individual interventions provided in response to a crisis in order to reduce symptoms of severe and persistent mental illness or serious emotional disturbance and to prevent admission of an individual to a more restrictive environment. This service may be delivered to anyone with a mental health crisis. This service does not require prior authorization.
5. **Day Programs for Acute Needs** – these are site-based rehabilitative day programs that provide short-term, intensive treatment in a highly structured environment to individuals who require multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to facilitate crisis resolution in order avoid placement in a more restrictive setting. This service is intended to stabilize individuals who are experiencing acute distress and who would be unable to function independently in the community without this intervention. Day Programs for Acute Needs are generally provided in settings such as Crisis Stabilization Units and Crisis Residential Settings.

**Service Package Definition – SP-1**

Services in this package are generally intended for individuals with major depressive disorder (GAF  $\leq$  50), bipolar disorder, or schizophrenia and related disorders who present with very little risk of harm and who have supports and a level of functioning that does not require higher levels of care.

The general focus of this array of services is to reduce or stabilize symptoms, improve the level of functioning, and/or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings, and are primarily limited to medication, rehabilitative services, and education.

**Basic Service Package Admission Criteria SP-1 (ALL criteria must be met)**

1. The person must be determined to have a major depressive disorder (GAF  $\leq$  50 at intake), a bipolar disorder, or schizophrenia and related disorders as described in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders. Persons who meet the definition of the priority population other than major depressive disorder (GAF  $\leq$  50 at intake), bipolar disorder or schizophrenia and related disorders, may be overridden into services if the override criteria are met (see below).
2. The person's disorder is amenable to medically-necessary pharmacological intervention.
3. The person is willing to participate in treatment.
4. Texas Recommended Authorization Guidelines (TRAG) indicates LOC-R of 1 or the person meets the override criteria and is overridden into service package 1.

Special Considerations: (In addition to the above criteria, ANY of the following may indicate this service package as the most appropriate level of care).

1. The person has been in another service package and progress has not been made for 6 months, but can benefit from ongoing medication treatment.
2. The person refuses more intensive services.
3. This package may also be provided to individuals eligible for other service packages but that due to lack of capacity must be served in Service Package 1 until capacity is available. [Note this provision does not apply to Medicaid-eligible individuals.]

**SP-1 Add-On Service Criteria (All criteria must be met for a specific service before it can be added.)**

For Skills Training & Development:

1. Diagnosis of Schizophrenia or Bipolar and significant functional impairments as indicated by a 3-5 on Dimension 4: Functional Impairment of the TRAG.
2. Capacity exists to provide this service in Service Package 1. [*Note this provision does not apply to Medicaid-eligible individuals.*]

For Supported Employment:

1. A diagnosis of Bipolar Disorder, Schizophrenia, or Major Depression and a score of a 3-5 on Dimension 5: Employment Problems of the TRAG.
2. Desire to work expressed by the consumer.
3. Capacity exists to provide this service in Service Package 1.

For Supported Housing:

1. A diagnosis of Bipolar Disorder, Schizophrenia, or Major depression and a score of 3, 4 or 5 on Dimension 6: Housing Instability of the TRAG.
2. Desire to obtain stable housing expressed by the consumer.
3. Capacity exists to provide this service in Service Package 1.

For Crisis Intervention Services:

1. The consumer is experiencing a mental health crisis– [**NOTE – NO PRIOR AUTHORIZATION IS REQUIRED FOR THIS SERVICE**].

For Day Programs for Acute Needs:

1. The individual is experiencing acute psychiatric symptoms or a crisis situation that could result in placement in a more restrictive setting if not addressed.
2. The person can benefit from short-term placement in a highly structured and safe environment with supervision to stabilize the individual or to prevent the individual from being placed in a more restrictive setting.
3. The environment in which the day program is provided is adequate to address the individual's needs and to prevent the individual from causing serious harm to self or others.
4. The individual does not currently need a more structured inpatient placement to stabilize acute psychiatric symptoms – such as a state or private psychiatric hospital.

<b>Indicators for increasing service package from SP-1 to higher level packages:</b>		
1. TRAG scores indicate a higher LOC-R. If at any point in time, the individual meets the admission criteria of a higher service package, the individual may be moved up accordingly.		
<b>SP-1 Discharge Criteria (ANY of these indicators would support discharge from this service package)</b>		
1. Clinical documentation exists to support that the consumer has obtained the maximum benefit from this service package and further treatment will not promote continued relief and/or change. ( <i>e.g.</i> , consumer has progressed sufficiently and thus no longer needs the service)		
2. Consumer is not receptive to <u>all</u> treatment even after reasonable efforts and accommodations have been made to engage the consumer, and the consumer is not at risk of harm to self or others if treatment is suspended. [Note: The refusal of, or non-compliance with one type of service does not affect the consumer's eligibility to receive other services]		
3. Consumer withdraws or requests discharge from treatment or moves outside service area.		
4. Community resources outside the local MHMR center have been identified that can provide the necessary services ( <i>e.g.</i> , there is a primary care physician available to provide medication-related services) and the individual has been successfully referred to those services.		
<b>Objective Measures:</b>		
1. Remission of major symptoms as evidenced by reduction and or stability in subscale scores. If in stage 1-2 of MDD algorithm and score on QIDS (SR and/or C) $\leq 8$ for 12 months, consumer may be released to primary care physician.		
<b>Qualifications of Providers – SP-1 (Services must be delivered by staff with these MINIMUM qualifications)</b>		
1. Pharmacological Management Services = MD (psychiatrist), RN, PA, Pharm.D., APN		
2. Routine Case Management = QMHP or CSSP		
3. Rehabilitative Services = QMHP, Licensed medical personnel, CSSP, or Peer Provider (consult Rule for specific credential requirements)		
4. Supported Employment = QMHP or CSSP		
5. Supported Housing = QMHP or CSSP		
<b>Criteria for Clinical Override into Service Package 1</b>		
<b>Reason for Deviation</b>	<b>Criteria</b>	<b>Scores</b>
Resource Limitations	Capacity does not exist in Service Package 2, 3, or 4. [ <i>Note this provision does not apply to Medicaid-eligible individuals.</i> ]	N/A
Consumer Choice	LOC – R identifies service packages 2, 3, or 4, but the consumer chooses to not accept this service. After aggressive and documented attempts at engagement, the person refuses to participate in service packages 2, 3, or 4.	N/A
Consumer Need	Person is identified as ineligible for services due to a diagnosis other than schizophrenia, Bipolar Disorder, or Major Depression, but scores indicate a need for Service Package 1.	N/A

Basic Service Package:2					
Service	Unit =	Initial Authorization	Service	Unit =	Initial Authorization
Pharm. Mgmt	25 min	6 units	Counseling (CBT) ( <i>individual &amp; group</i> )	15 min	80 units
Routine Case Management	15 min	12 units	“Medication Training & Support Services” ( <i>individual and group</i> )	15 min	8 units
Add-On Services – SP 2					
Service	Unit =	Initial Authorization	Service	Unit =	Initial Authorization
“Skills Training and Development”( <i>individual and group</i> )	15 min	5 to 10 units	Supported Employment or Supported Housing (Includes both Billable “Skills Training & Development” and non-billable Vocational Specific Training or Housing specific support services)	15 min	1 to 14 units
“Day Programs for Acute Needs”	45-60 continuous minutes	1 to 24 units per acute episode	Crisis Intervention Services	15 min	As necessary to stabilize the crisis Average Time = 4.5 hours per crisis episode (18 units)
Note: For initial authorizations where a single number is indicated ( <i>e.g.</i> , Routine Case Management for 12 units), that is the expected average authorization at the local MHMR Center. For initial authorizations where a range is indicated ( <i>e.g.</i> , Skills Training & Development 5 to 10 units), that is the range in which the expected average authorization at the local MHMR Center is expected to fall.					

## Service Descriptions – SP-2

### Basic Services:

1. **Pharmacological Management Services:** supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes 30 minutes of psychiatric evaluation per 180 days. For most individuals in SP2, this is a continuation of a service from SP1.
2. **Routine Case Management:** includes basic facilitation of access to resources and services, coordination of services with consumer and family, administration of TIMA scales. For most individuals in SP2, this is a continuation of the service from SP1.
3. **Counseling** (cognitive behavioral therapy – CBT) is provided in order to resolve a concrete problem in daily functioning (problem focused, solution oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM diagnosis. Counseling is intended to be brief, time-limited, and focused.
4. **Medication Training & Support Services** (also referred to as “TIMA Patient and Family Education Program”) including education on diagnosis, medications, monitoring, and management of symptoms and side effects.

### Specialty Services Available to Consumers in this Service Package:

1. **Skills Training & Development** – the building of skills in order to facilitate community integration and tenure.
2. **Supported Employment** - provides individualized assistance in selecting and obtaining employment, at integrated work sites in jobs in the community of the consumer’s choice, and supports provided by identified staff who shall assist individuals in retaining employment and/or finding another job as necessary. This includes “**Skills Training & Development**” related to addressing the symptoms of mental illnesses affecting an individual’s ability to obtain and retain employment, as well as non-billable vocational specific training.
3. **Supported Housing** - provides individualized assistance in choosing and obtaining integrated housing in the community of their choice, and supports provided by identified staff who shall assist individuals in retaining housing and/or finding new housing as necessary. This includes “**Skills Training & Development**” related to addressing the symptoms of mental illnesses affecting an individual’s ability to obtain and retain housing, as well as non-billable housing specific support services (e.g., locating housing, assistance with packing).
4. **Crisis Intervention Services** – these are individual interventions provided in response to a crisis in order to reduce symptoms of severe and persistent mental illness or serious emotional disturbance and to prevent admission of an individual to a more restrictive environment. This service may be delivered to anyone who is having / experiencing a mental health crisis. This service does not require prior authorization.
5. **Day Programs for Acute Needs** – these are site-based rehabilitative day programs that provide short-term, intensive treatment in a highly structured environment to individuals who require multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to facilitate crisis resolution in order avoid placement in a more restrictive setting. This service is intended to stabilize individuals who are experiencing acute distress and who would be unable to function independently in the community without this intervention. Day Programs for Acute Needs are generally provided in settings such as Crisis Stabilization Units and Crisis Residential Settings.

### Service Package Definition – SP-2

Services in this package are intended for individuals with residual symptoms of major depressive disorder (after medication treatment), with an intake GAF  $\leq$  50, who present very little risk of harm, who have supports, and a level of functioning that does not require more intensive levels of care, and who can benefit from psychotherapy.

The general focus of services in this package is to improve level of functioning and/or prevent deterioration of the person's condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings and include psychotherapy services in addition to those offered in Service Package 1.

### Basic Service Package Admission Criteria SP-2 (ALL criteria must be met or the person must meet criteria for an override)

1. The person must be determined to have a Major Depressive Disorder without psychotic features.
2. The person has major depressive disorder with an intake GAF  $\leq$  50 and still has a significant level of residual symptoms after two stages of the TIMA algorithm have been completed.
3. The consumer has a documented desire to engage in psychotherapy.
4. TRAGs indicate a LOC-R of 2.

<b>SP-2 Add-On Service Criteria (All criteria must be met for a specific service before that service can be added)</b>		
<p>For Skills Training &amp; Development:</p> <ol style="list-style-type: none"> <li>1. Diagnosis of Major Depressive Disorder and significant functional impairments as indicated by a 3-5 on Dimension 4: Functional Impairment of the TRAG.</li> <li>2. Capacity exists to provide this service in Service Package 2. <i>[Note this provision does not apply to Medicaid-eligible individuals.]</i></li> </ol> <p>Supported Employment</p> <ol style="list-style-type: none"> <li>1. Major Depressive Disorder and a score of a 3-5 on Dimension 5: Employment Problems of the TRAG.</li> <li>2. Desire to work as expressed by the consumer.</li> <li>3. Capacity exists to provide this service in Service Package 2.</li> </ol> <p>Supported Housing</p> <ol style="list-style-type: none"> <li>1. A diagnosis of Major Depressive Disorder and a score of 3, 4 or 5 on Dimension 6: Housing Instability of the TRAG.</li> <li>2. Desire to obtain stable housing expressed by the consumer.</li> <li>3. Capacity exists to provide this service in Service Package 2.</li> </ol> <p>For Crisis Intervention Services:</p> <ol style="list-style-type: none"> <li>1. The consumer is experiencing a mental health crisis– <b>[NOTE – NO PRIOR AUTHORIZATION IS REQUIRED FOR THIS SERVICE]</b></li> </ol> <p>For Day Programs for Acute Needs:</p> <ol style="list-style-type: none"> <li>1. The consumer is experiencing acute psychiatric symptoms or a crisis situation that could result in placement in a more restrictive setting if not addressed.</li> <li>2. The person can benefit from short-term placement in a highly structured and safe environment with supervision to stabilize the individual or to prevent the individual from being placed in a more restrictive setting.</li> <li>3. The environment in which the day program is provided is adequate to address the individual’s needs and to prevent the individual from causing serious harm to self or others.</li> <li>4. The individual does not currently need a more structured inpatient placement to stabilize acute psychiatric symptoms – such as a state or private psychiatric hospital.</li> </ol>		
<b>SP-2 Discharge Criteria (ANY of these indicators would support discharge from this Service Package)</b>		
<ol style="list-style-type: none"> <li>1. Consumer has met the psychotherapy objectives as defined upon admission to this Service Package.</li> <li>2. Consumer refuses to participate in psychotherapy. <i>[Note – a person discharged from this Service Package under this provision should generally be served in Service Package 1 unless clinically contraindicated]</i></li> </ol>		
<b>Qualifications of Providers SP-2 (Services must be delivered by staff with these MINIMUM qualifications)</b>		
<ol style="list-style-type: none"> <li>1. Pharmacological management services = MD (psychiatrist), RN, PA, Pharm.D., APN</li> <li>2. Routine Case Management = QMHP or CSSP</li> <li>3. Psychotherapy-CBT = LPC, LCSW, LMFT, Licensed Psychologist, or someone working on the corresponding licensure under the supervision of a licensed person.</li> <li>4. Rehabilitative Services = QMHP, Licensed medical personnel, CSSP, or Peer Provider (consult Rule for specific credential requirements for sub-component services)</li> <li>5. Supported Employment = QMHP or CSSP</li> <li>6. Supported Housing = QMHP or CSSP</li> </ol>		
<b>Criteria for Clinical Override into Service Package 2</b>		
<b>Reason for Deviation</b>	<b>Criteria</b>	<b>Scores</b>
Resource Limitations	Not Applicable	N/A
Consumer Choice	Patient with Major Depression refuses medications as first line treatment.	N/A
Consumer Need	<p>Person is identified to have a mood disorder diagnosis and a moderate to significant functional impairment.</p> <p>Person is identified as having Major Depressive Disorder with psychotic features (but the <u>psychosis is under control</u>) and significant functional impairment.</p>	<p>Any mood disorder diagnosis and a functional impairment score of 3 or 4</p> <p>MDD with psychosis and a score of 3-4 on functional impairment</p>



	Individual is a Hurricane Katrina evacuee from one of the federally designated counties or parishes in Louisiana, Mississippi, or Alabama and has a mood disorder diagnosis and is in need of counseling as well as routine case management and/or skills training to address deficits in functioning arising from the mood disorder.	
Continuity of Care	Not applicable	N/A



## Service Descriptions – SP-3

### Integrated Rehabilitative Teams:

This service package is a service delivery model that provides the defined services in an integrated treatment team structure. All persons served in SP-3 must at a minimum receive the following services unless the service is refused or is clinically contra-indicated (with documentation of the reason noted in the individual's medical record):

1. **Pharmacological management services:** supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes a 30-minute psychiatric evaluation every 180 days.
2. **Rehabilitative Services which include:**
  - a) "Medication Training & Support" that is education on diagnosis, medications, monitoring and management of symptoms and side effects (also referred to as "TIMA Patient and Family Education Program").
  - b) "Psychosocial Rehabilitative Services" (also referred to as Rehabilitative Case Management) provide a variable level of integrated support to individuals assigned to this package. Includes:
    - Assistance in accessing medical, social, educational, or other appropriate support services, as well as linkage to more intensive services if needed, in addition to monitoring (monthly or weekly as needed), assessment of service needs, service planning and coordination, administration of TIMA scales, and other TIMA medication management functions.
    - A basic level of rehabilitative services addressing daily and independent living skills to persons on their caseload.
    - Co-occurring Psychiatric and Substance use Disorder services.
3. **Medical:**
  - a) Psychosocial Rehabilitation - Medication related services – services to provide training regarding an individual's medications in order to increase the individual's compliance with medication treatment. These include training in self administration of the individual's medications, the importance of taking one's medications as prescribed, determining the effectiveness of the individual's medications, identifying side-effects of the individual's medications; and
  - b) Supplemental Nursing Services - provided in support of services provided by the physician, including but not limited to taking vital signs, weight monitoring, blood draws; etc. (Note: These services do not include nursing services that are incidental to a physician's office visit.)

### Specialty Services Available in this Service Package:

1. **Supported Employment** - provides individualized assistance in choosing and obtaining employment at integrated work sites in jobs in the community of one's choice, and supports provided by identified staff who will assist individuals in retaining employment and/or finding other jobs as necessary. This includes "Psychosocial Rehabilitative Services" related to addressing the symptoms of the mental illness affecting the individual's ability to obtain and retain employment, as well as non-billable vocational specific training. Need for Supported Employment is indicated by a score of 3-5 on Dimension 5: Employment Problems of the TRAG. For a subset of the population served in SP3 who have a need for Supported Employment, the following additional service will be provided based on selection by the individual and the treatment team.
2. **Supported Housing** - provides individualized assistance in choosing and obtaining integrated housing in the community of one's choice and supports provided by designated staff who shall assist individuals in retaining housing and/or finding new housing as necessary. This includes "Psychosocial Rehabilitative Services" related to addressing the symptoms of mental illnesses affecting an individual's ability to obtain and retain housing, as well as non-billable housing specific support services (*e.g.*, locating housing, assistance with moving). Need for Supported Housing is indicated by an allowable score on Dimension 6: Housing Instability of the TRAG (see "Add-on Service Criteria for SP-3"). For individuals who are a subset of the population served in SP3 and who have a need for Supported Housing, the following additional service will be provided based on the individual's preference and the conclusions of the treatment team.
3. **Crisis Intervention Services** - these are individual interventions provided by staff members other than members of the consumer's therapeutic team (SP-3 Team) in response to a crisis in order to (a) reduce symptoms of severe and persistent mental illnesses or serious emotional disturbances and (b) to prevent admission of an individual to a more restrictive environment. This service may be delivered to anyone who is having / experiencing a mental health crisis. This service does not require prior authorization. [NOTE: When members of the SP-3 Team address a crisis situation, the services are billed as Psychosocial Rehabilitation]
4. **Day Programs for Acute Needs** - these are site-based rehabilitative day programs that provide short-term, intensive treatment in a highly structured environment to individuals who require multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to facilitate crisis resolution in order to avoid placement in a more restrictive setting. This service is intended to stabilize individuals who are experiencing acute distress and who would be unable to function independently in the community without this intervention. Day Programs for Acute Needs are generally provided in settings such as Crisis Stabilization Units and Crisis Residential Settings.

**Admission Criteria for SP-3 (ALL of these criteria must be met or the criteria must be met for override)**

1. Must have a diagnosis of Schizophrenia or related disorder, Bipolar Disorder, or Major Depressive Disorder with psychotic features with a GAF rating  $\leq$  50.
2. TRAG indicates a LOC-R of 3

**Add-On Service Criteria SP- 3 (All criteria must be met for a specific service before that service can be added.)**

**Specialty Services:**

Crisis Intervention Services:

1. The individual is experiencing a mental health crisis
2. The staff member providing the service is not a member of the therapeutic team [NOTE - when a crisis intervention is provided by a member of the Consumers Therapeutic Team, it should coded as Psychosocial Rehabilitation]

Day Programs for Acute Needs:

1. The individual is experiencing acute psychiatric symptoms.
2. The individual can benefit from short-term placement in a supervised, highly structured and safe environment to either stabilize the individual or avoid placement in a more restrictive setting.
3. The environment in which the day program is provided must be adequate to either address the individual's needs or prevent the individual from causing serious harm to self or others.
4. The individual does not need a more structured inpatient placement to stabilize acute psychiatric symptoms - such as a state or private psychiatric hospital.

Supported Employment:

1. TRAG indicates a LOC-R of 3.
2. Person must be eligible and admitted to SP-3.
3. The individual and the team will determine access to Supported Employment based on an identified need on the TRAG of 3 – 5 on Dimension 5.

Supported Housing:

1. TRAG indicates a LOC-R of 3.
2. Person must be eligible and admitted to SP-3.
3. The individual and the team will determine access to Supported Housing based on an identified need on the TRAG of 3, 4 or 5 on Dimension 6.

**SP-3 Discharge Criteria or Step Down (ANY of these indicators would support discharge from this service package)**

1. TRAG indicates a lower LOC-R for two consecutive assessment periods.
2. Consumer's medical record indicates that the consumer has refused to participate in services at this intensity despite multiple and varied attempts at engagement, over a 90-day period [Note: Refusal of or non-compliance with a particular type of service does not affect the consumer's eligibility for other services.]
3. Consent for treatment is withdrawn or the consumer moves from service area.

For Supported Employment

1. Consumer's medical record indicates that no identifiable progress has been made within 6 months from the date of initial services.
2. Consumer has acquired and is stabilized in integrated employment.

For Supported Housing

1. Consumer's medical record indicates that no identifiable progress has been made within 6 months from the date of initial services.
2. Person acquires and retains stable integrated housing.

**SP-3 Qualifications of Providers (Services Must Be Provided by Staff With the Following Minimum Qualifications)**

1. Pharmacological management = MD (psychiatrist), RN, PA, Pharm.D., APN
2. Rehabilitative Services = QMHP, Licensed medical personnel, CSSP, or Peer Provider (consult Program Rules for specific credential requirements),
3. Medical = Medical related services - Licensed medical personnel
4. For providers serving persons with co-occurring psychiatric and substance abuse disorder, competencies for serving this population must be demonstrated as defined by DSHS standards.
5. Supported Employment = Employment Specialist - QMHP or CSSP
6. Supported Housing = QMHP or CSSP

<b>Criteria for Clinical Override into Service Package 3</b>		
<b>Reason for Deviation</b>	<b>Criteria</b>	<b>Scores</b>
Resource Limitations	LOC-R identifies the consumer as requiring Service Package 4. Capacity does not exist in Service Package 4 [NOTE: Medicaid-eligible individuals must be served in SP-3 when capacity in SP-4 does not exist.]	N/A
Consumer Choice	LOC – R identifies consumer as needing service package 4, but the consumer chooses to not receive this service. After aggressive and documented attempts at engagement, the person refuses to participate in service package 4.	N/A
Consumer Need	Priority population and TRAG indicates elevated needs in one of the following areas: support needs, long term hospitalization, functional impairments, housing stability, Co-occurring substance use, criminal justice involvement  or  Person has a history of deteriorating after Service Package 3 services have been removed.	Support needs 4-5  And one of the following  Hospitalizations 3-5  30 or more consecutive inpatient days in last episode  Housing Stability 4-5 Functional Impairment 4 Co-Occurring 3 Criminal Justice 3-5
Continuity of Care	LOC-R is 1. May not occur more than once	

**UM Guidelines**

ACT is a comprehensive wrap-around service that includes Pharmacological Management, **”Psychosocial Rehabilitative Services,”** Medical Related Services (Includes both **“Medication Training & Supports”** and **“Psychosocial Rehabilitative Services”** component “Medication related services”), Supported Employment, Supported Housing, and Co-occurring Psychiatric and Substance Use Disorder services

**Program:** ACT/ACT  
**ALTERNATIVE**  
**Service Package:** 4

**Authorization Period** 180 days  
Approval of waiver from ACT Services by DSHS required. Providing Intensive Case Management services with a team approach with an average of 10 hours of services per individual identified as needing ACT level services.

Service	Initial Authorization
<p>All <u>basic</u> services combined:</p> <p>Day programs for Acute Needs may be made available to anyone in this service package who meets the criteria for the service.</p> <p>Except for individuals who are authorized for Day Programs for Acute Needs, services may not be provided in a group format.</p>	<p>258 Units per Authorization Period = 645 min/month (For ACT 1 Unit = 15 minutes)</p> <p>24 Units of Day Program for Acute Needs may also be authorized initially for individuals who meet the criteria for this add-on service.</p>
<p>Note: For initial authorizations where a single number is indicated that is the expected average authorization at the local MHMR Center.</p>	

**Add-On Services Available In Service Package 4**

Service	Unit =	Initial Authorization	Service	Unit =	Initial Authorization
“Crisis Intervention Services”	15 min.	As necessary to stabilize the crisis Average Time = 4.5 hours per crisis episode (18 units)	“Day Programs for Acute Needs”	45-60 continuous minutes	24 units per acute episode

#### **Service Package Definition – SP-4**

A self-contained program which is the fixed point of responsibility for providing treatment, rehabilitation, and support services to identified consumers with severe and persistent mental illnesses and who have a history of multiple hospitalizations. Individuals that have experienced multiple hospitalizations and have needs that affect their ability to live independently in the community are appropriate for this level of care.

Using an integrated services approach, the **ACT team** merges clinical and rehabilitation staff expertise, *e.g.*, psychiatric, substance abuse, or employment, within one mobile service delivery system. Accordingly, there shall be minimal referral of consumers to other program entities for treatment, rehabilitation, and support services. The ACT team maintains a small consumer-to-clinician ratio (10:1). Staff-to-client ratio takes into consideration evening and weekend hours, needs of special populations, and geographical areas to be covered.

Flexibility, accessibility, and timeliness of service delivery are reflected in the team's ability to provide needed support and skills training to consumers and their natural support system on evenings and weekends as needed on a long-term basis. Services are provided out of the office 80% of the time. The ACT team maintains 24-hour responsibility and availability for covering and managing psychiatric crisis for ACT consumers. Team staffing must include 4 hours of dedicated Psychiatrist time per week per every 20 consumers served and there must be at least 1.0 FTE registered nurse providing direct services. Seventy-five percent of the ACT team members be degreed or licensed.

**ACT Alternative** - Approval of waiver from ACT services by DSHS required. Providing Intensive Case Management services with a team (see Service Package 3 for team configuration) identified as needing ACT level services. Services are provided out of the office 80% of the time and are needs-based. Individuals identified must be prioritized for supported housing, supported employment, and COPSD services access as needed.

### Service Descriptions – SP-4 (Basic Package Services)

1. **Pharmacological management services:** supervision of administration of medication, self-medication training for individual or family, monitoring of effects and side effects of medication, assessment of symptoms.
2. **Rehabilitative Services:**
  - a) **“Psychosocial Rehabilitative Services”** (also referred to as Rehabilitative Case Management) provides a variable level of integrated support to individuals assigned to this service package. Includes:
    - Assistance in accessing medical, social, educational, or other appropriate support services as well as linkage to more intensive services if needed, in addition to monitoring (weekly or monthly as needed), assessment of service needs, service planning and coordination, administration of TIMA scales, and other TIMA medication management functions.
    - A basic level of rehabilitative services addressing daily and independent living skills to persons on their caseload.
    - Co-occurring Psychiatric and Substance use Disorder services –when the symptoms of the mental illness are addressed in relation to substance use.
  - b) **Supported Employment** – this provides individualized assistance in choosing and obtaining employment at integrated work sites in jobs in the community of one’s choice, and supports provided by identified staff who shall assist individuals in retaining employment and/or finding other jobs as necessary. This includes “Psychosocial Rehabilitative Services” related to addressing the symptoms of any mental illness affecting an individual’s ability to obtain and retain employment, as well as non-billable vocational specific training.
  - c) **Supported Housing** services assist clients in choosing, obtaining, and maintaining regular integrated housing. This includes “Psychosocial Rehabilitation” services related to addressing the symptoms of mental illnesses that affect an individual’s ability to maintain housing, as well as non-billable activities that assist individuals in locating and obtaining housing.
  - d) **“Medication Training & Support”** – this is education regarding the diagnoses, medications, monitoring, and management of symptoms and side effects (also referred to as “TIMA Patient and Family Education Program”).
3. **Medical:**
  - a) Psychosocial Rehabilitation – Medication-related services – These include education and training regarding the individual’s prescribed medications for the purpose of enhancing compliance with pharmacological treatment. These focus on training in self-administration of the individual’s medications, the importance of taking the medications as prescribed, determining the effectiveness of the individual’s medications, identifying side-effects of the individual’s medications; and
  - b) Supplemental Nursing Services - provided in support of services provided by the physician, including but not limited to taking vital signs, weight monitoring, blood draws, etc. (Note: These services do not include nursing services that are incidental to a physician’s office visit.).

### Service Descriptions – SP-4 (Add-On Services)

1. **Crisis Intervention Services** are individual interventions provided by staff members other than members of the consumer’s therapeutic team (ACT Team) in response to a crisis in order to (a) reduce symptoms of severe and persistent mental illness or serious emotional disturbance and (b) reduce the risk of admission to a more restrictive environment. This service may be delivered to anyone who is having / experiencing a mental health crisis. This service does not require prior authorization. [NOTE: When members of the SP-4 (ACT) Team address a crisis situation, the services are billed as Psychosocial Rehabilitation.]
2. **Day Programs for Acute Needs** are site-based rehabilitative day programs that provide short-term, intensive treatment in a highly structured environment to individuals who require multidisciplinary treatment in order to stabilize acute psychiatric symptoms and to facilitate crisis resolution in order avoid placement in a more restrictive setting. This service is intended to stabilize individuals who are experiencing acute distress and who would be unable to function independently in the community without this intervention. Day Programs for Acute Needs are generally provided in settings such as Crisis Stabilization Units and Crisis Residential Settings.



**Add-On Service Criteria - SP- 4 (All criteria must be met for a specific service before that service can be added)**

Crisis Intervention Services:

1. The individual is experiencing a mental health crisis.
2. The staff member providing the service is not a member of the therapeutic team [NOTE - when a crisis intervention is provided by a member of the consumers therapeutic team, it should coded as Psychosocial Rehabilitation]

Day Programs for Acute Needs:

1. The individual is experiencing acute psychiatric symptoms.
2. The individual can benefit from short-term placement in a highly structured and safe environment with supervision to stabilize the individual or to prevent the individual from being placed in a more restrictive setting.
3. The environment in which the day program is provided must be adequate to address the individual's needs and to prevent the individual from causing serious harm to self or others
4. The individual does not need a more structured inpatient placement to stabilize acute psychiatric symptoms - such as a state or private psychiatric hospital.

**Admission Criteria – SP-4 (ALL of these criteria must be met or the consumer must meets criteria for override.)**

TRAG indicates a LOC-R of 4 or person meets override criteria.

**SP-4 Discharge Criteria or Service Package Reduction - Any of the following criteria is sufficient for discharge from this Service Package**

1. TRAG indicates a lower LOC-R for 2 consecutive authorization periods.
2. Despite multiple and varied documented assertive attempts at engagement, the consumer refuses to participate in services at this intensity and clinical judgement of risk supports the movement to a lower level of care.
3. The consumer moves outside of the geographic service area of the ACT team. To the extent possible, the ACT team must facilitate referral of the individual to a provider of services sufficient capable of satisfactorily to addressing the consumer's needs.
4. Consumer refuses services.

**Qualifications of Providers – SP-4**

All teams must adhere to established DSHS Mental Health Community Standards regarding expertise in housing, employment, substance abuse, and psychiatric treatment. Each service provider must be a QMHP, or upon waiver from the local authority, have a high school diploma with three years of experience in providing services to persons with mental illnesses. Seventy-five percent of the ACT team members must hold a bachelor's level degree or above. Service providers must receive clinical supervision from a Licensed Practitioner of the Healing Arts. Any individual that meets the minimum qualifications as a provider of this service can provide ongoing administrative/programmatic supervision of this service.

ACT Alternative – See Service Package 3 provider qualifications.

<b>Criteria for Clinical Override into Service Package 4</b>		
<b>Reason for Deviation</b>	<b>Criteria</b>	<b>Scores</b>
Resource Limitations	Not Applicable	
Consumer Choice	Not Applicable	
Consumer Need	<p>Priority Population and moderate scores in the areas of hospitalization, extended single episode of care in the hospital, significant criminal justice involvement or significant co-occurring substance use.</p> <p style="text-align: center;">or</p> <p>History of deterioration of condition when stepped down from Service Package 4</p>	<p>Hospitalization 3-5</p> <p>or</p> <p>Hospital stay greater than 60 days during a single episode</p> <p>Criminal Justice 5</p> <p>Co-Occurring use 4</p>
Continuity of Care	LOC-R is 1 or 3. May not occur more than once	





UM Guidelines

Flex. Benefit 1

Service	Initial Authorization	Service	Initial Authorization
Spot rental	1 month	Emergency food	1 time
Partial rental subsidy	3 months	Housewares	1 time
Respite	1 month	Residential Services	1 month
Utilities	2 months	Clothing	1 time

**Service Descriptions**

1. Spot rental assistance for up to 1 month.
2. Start deposits, first and last month's rent.
3. Partial rental subsidy for a maximum of 1 year.
4. Assistance with utilities (gas/electricity/water) for up to 2 months.
5. Emergency food.
6. Assistance with housewares, includes a one-time purchase of basic furniture and other essential housewares needed for living.
7. Assistance with clothing to meet basic needs.
8. Respite
9. Residential Services

This benefit is limited to \$500 per person per month. Local authority has the responsibility to evaluate need and prioritize use of available dollars.

**Flexible Benefit Definition**

Services for assisting individuals to access and maintain safe and affordable housing in the community. Services consist of assistance with rent and utility deposits, initial rent/utilities or temporary rental/utilities assistance or other necessities, to facilitate independent living.

A general formula guideline may be applied to calculate the amount of the stipend:

A.  $(\text{Amount of Income}) \times (0.30) = \text{Client Contribution}$

B.  $(\text{Cost of Housing}) - (\text{Client Contribution}) = \text{Center Contribution}$

This support is not intended as a source of funds for persons wishing to change residences for reasons not related to either one's mental illness or one's treatment plan (it is not simply a moving fund).

**Admission Criteria**

1. Individual must be actively working to access available housing or other resources related to this benefit.
2. Individual must be determined to be able to maintain housing on an extended basis.
3. Individuals who have previously received spot rental assistance at least once in the past year, who have an assessed need for budgeting training and have accepted such training.
4. Individual has attempted to access other available resources in the community.

**Discharge Criteria**

1. Individual has developed or maintained the financial means to retain housing.
2. Individual no longer meets the definition of priority population.
3. Individual has exhausted resource limitations of this benefit.
4. Individual refuses available funding sources.

**Objective measures:**

1. Individual is living independently in the community.

**Qualifications of Providers**

N/A

<b>Flex. Benefit 2</b>
<b>Service Descriptions</b>
<ol style="list-style-type: none"> <li>1. Payment for transportation to a private provider.</li> <li>2. Bus passes.</li> <li>3. Taxi services.</li> </ol> <p>This benefit is limited to \$50 per person per year. Lowest cost option is required. Local authority has the responsibility to evaluate need and prioritize use of available dollars. (Note: Medicaid recipients are also eligible for transportation through the Medicaid transportation program.)</p>
<b>Flexible Benefit Definition</b>
<p>Temporary transportation to meet needs of treatment plan or to address basic life needs that may have a clinical impact if not met.</p> <p>It is anticipated that most individuals will receive one-time situational/temporary transportation assistance. However, for some individuals, the plan may indicate that an extended period of assistance is necessary before other resources are available to the individual. These should be considered funds of last resort as applicable.</p> <p>This service is available to persons enrolled in any service package.</p>
<b>Admission Criteria</b>
<ol style="list-style-type: none"> <li>1. Individual is enrolled in services.</li> <li>2. Individual temporarily needs transportation assistance to meet treatment plan goals or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact.</li> <li>3. The individual does not have the ability to access and fund needed transportation services.</li> <li>4. Request for transportation is not for recreational and social needs.</li> <li>5. Individual participates in planning for reduced dependence on transportation assistance.</li> <li>6. The individual has not refused available transportation services.</li> </ol>
<b>Continued Stay Criteria</b>
<ol style="list-style-type: none"> <li>1. No other transportation supports have been identified.</li> <li>2. Individual continues to need transportation to access services identified in treatment plan or an extraordinary situation exists where basic life needs are addressed to avoid clinical impact.</li> <li>3. Individual participates in planning for reduced dependence on transportation assistance.</li> </ol>
<b>Discharge Criteria</b>
<ol style="list-style-type: none"> <li>1. Individual has access to community transportation services.</li> <li>2. Individual's treatment needs no longer require transportation services to support individual's participation.</li> <li>3. The individual has refused available transportation services.</li> <li>4. Individual has exhausted resource limitations of this benefit.</li> </ol>
<b>Qualifications of Providers</b>
Valid and appropriate driver's license