

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

UM Guidelines	Program: CHILD MH	
Level of Care 1.1 Externalizing Disorders	Authorized Period 90 days	
Service	Unit	Authorization
Skills Training and Development	15 minutes	75 units (any externalizing disorder other than ADHD)
Skills Training and Development	15 minutes	48 units (ADHD without a comorbid externalizing disorder)
Medication Training and Support	15 minutes	24
Routine Case Management	15 minutes	24
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted for children and adolescents with externalizing disorders (e.g., ADD/ADHD, Conduct or Oppositional Defiant Disorder) and a moderate level of functional impairment. The focus of the intervention is on psychosocial skill development in the child and the enhancement of parenting skills, especially in child behavior management. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This level of care is generally considered short-term and time-limited.

The general goal of services at this level of care is to reduce or stabilize symptoms, decrease functional impairment or prevent deterioration of the child's condition. Family support is facilitated through linkage to natural and community resources. Services are provided in the office, school, home or other community setting.

- Service Definitions**
1. Skills Training and Development: a structured intervention to provide and improve skills needed for the child to function appropriately in the community, and to enhance child behavior management and increase the skills necessary to manage/decrease the child's level of functional impairment.
  2. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
  3. Routine Case Management: facilitation of child/family's access to community resources and continuity of care between services.
  4. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.

**Admission Criteria (All criteria must be met)**

**Diagnosis**

1. Axis I diagnosis of ADHD, Conduct Disorder, Oppositional Defiant Disorder or other disruptive behavioral Axis I diagnosis, with the exception of a single diagnosis of mental retardation, developmental delay or substance abuse.

**CA – TRAG**

1. Scores indicates a Level of Care 1.1.
2. The child and family are willing to participate in treatment.

**Special Considerations**  
(In addition to the above criteria, any of the following may indicate this as the most appropriate level of care)

1. The child or parent refuses more intensive services.
2. The child is eligible for a higher level of care but due to lack of service capacity is served in this LOC. This does **not** apply for Medicaid enrollees.

# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

### Add-Ons

If clinically indicated, a psychiatric evaluation, medication management and skills training and development in groups can be authorized in addition to LOC 1.1 services. Medication management is the first line treatment for children with a diagnosis of ADHD and referral for an evaluation for this service should occur, unless there is documented clinical justification (e.g., treated by pediatrician) or family refusal.

### Service Definition

1. Psychiatric Evaluation: a psychiatric clinical diagnostic interview
2. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.
3. Skills Training and Development (Group): a structured intervention provided in a group setting to provide and improve skills needed for the child to function appropriately in the community and to enhance child behavior management and increase the skills necessary to manage/decrease child's level of functional impairment. Group Skills Training and Development is limited to no more than 6 children per group.

**NOTE – Medicaid reimbursement for Skills Training and Development in groups is not currently available.**

### Criteria for Level of Care Review

1. **Continued Stay:** this LOC will terminate in 90 days unless additional skill deficits are identified that require the provision of different skills training interventions for the child and/or parent, warranting a re-authorization of the LOC.
2. **Indication for potential increase in LOC:** CA-TRAG scores indicate a higher LOC. If at any point in time, the child meets the admission criteria for a higher LOC, the higher LOC may be authorized.
3. **Discharge Criteria:**
  - Authorized treatment has been completed and the child can continue with progress without additional treatment at this LOC. Parents may continue to participate in support groups without assignment to a LOC.
  - Authorized treatment has been completed and the child is authorized for LOC 4 Aftercare Services.
  - The child's condition has worsened and requires a higher level of care.
  - The child or family terminates services.

### Expected Outcomes

1. Parent and/or child self-report reduction or stabilization in presenting problem severity or functional impairment on the CA-TRAG.
2. Family is better able to use natural and community support systems as resources.

### Provider/Qualifications

1. Skills Training and Development: QMHP-CS, CSSP
2. Medication Training and Support: QMHP-CS, CSSP
3. Routine Case Management: QMHP-CS, CSSP
4. Parent Support Group: paraprofessional, QMHP-CS
5. Psychiatric Evaluation: MD psychiatrist (preferably a child psychiatrist)
6. Medication Management: MD, RN, PA, Pharm D, APN, LVN

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Level of Care</b> <b>1.2 Internalizing Disorders</b>	<b>Authorized Period</b> <b>90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Counseling	60 minutes	12 units
Medication Training and Support	15 minutes	24
Routine Case Management	15 minutes	24
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted for children and adolescents with internalizing disorders (depressive or anxiety disorders) and a moderate level of functional impairment. The focus of the intervention is on child and family counseling using **Cognitive Behavioral Therapy (CBT)** for ages 9 & above and CBT or other therapy approaches for children ages 3 through 8. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This LOC is generally considered short-term and time-limited. The general goal of services at this level of care is to reduce or stabilize symptoms, decrease functional impairment or prevent deterioration of the child's condition. Family support is facilitated through linkage to natural and community resources and parent support groups. Services are provided in the office, school, home or other community setting.

- Service Definitions**
1. Counseling: 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-IV diagnoses. Counseling is intended to be brief, time-limited and focused.
  2. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
  3. Routine Case Management: facilitation of child/family's access to community resources and continuity of care between services.
  4. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.

# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

### Admission Criteria (All criteria must be met)

#### Diagnosis

Axis I diagnosis of depressive or anxiety disorders. A child with a single diagnosis of mental retardation, developmental delay, or substance abuse is not eligible.

#### CA – TRAG

1. Meets criteria on CA-TRAG for Level of Care 1.2.
2. The child and family are willing to participate in treatment.

#### Special Considerations

(In addition to the above criteria, any of the following may indicate this as the most appropriate level of care)

1. The child or parent refuses more intensive services.
2. The child is eligible for a higher level of care but due to lack of service capacity is served in this LOC. This does not apply to Medicaid enrollees.

### Add-Ons

If clinically indicated, psychiatric evaluation, medication management, group and family counseling can be authorized in addition to LOC 1.2 services.

#### Service Definition

1. Psychiatric Evaluation: a psychiatric clinical diagnostic interview
2. Group Counseling: provided in a group setting 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–IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.
3. Family Counseling: provided to children and their families 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–IV diagnoses (CBT).
4. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.

### Criteria for Level of Care Review

1. Continued Stay: Up to 8 additional units of counseling (CBT) sessions may be re-authorized if indicated to achieve identified treatment goals. Other services offered in this package may be reauthorized at the same level as the initial authorization.
2. Indication for potential increase in LOC: CA-TRAG scores indicate a higher LOC. If at any point in time, the child meets the admission criteria for a higher LOC, the LOC may be authorized.
3. Discharge Criteria:
  - Authorized treatment has been completed and the child can continue with progress without additional treatment at this LOC. Parents can continue to participate in support groups without assignment to a LOC.
  - Authorized treatment has been completed and the child is authorized for LOC 4 Aftercare Services.
  - The child's condition has worsened and requires a higher level of care.
  - The child or family terminates services.

#### Expected Outcomes

1. Parent and child self-report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
2. Family is better able to use natural and community support systems as resources.

# **Resiliency and Disease Management Utilization Management Guidelines Children's Services**

## **Provider/Qualifications**

1. Counseling: LPHA, intern
2. Group Counseling: LPHA, intern
3. Medication Training and Support: QMHP-CS, CSSP
4. Routine Case Management: QMHP-CS, CSSP
5. Parent Support Group: paraprofessional, QMHP-CS
6. Psychiatric Evaluation: MD psychiatrist (preferably a child psychiatrist)
7. Medication Management: MD, RN, PA, Pharm D, APN, LVN

# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Level of Care</b> <b>2.1 Externalizing Disorders (MST option)</b>	<b>Authorized Period</b> <b>90 days</b>

Service	Unit	Authorization
Multi-Systemic Therapy	60 minutes	60 units
Family Partner	15 minutes	24
Medication Training and Support	15 minutes	24
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted to youth with externalizing disorders and high levels of severe disruptive or aggressive behaviors who are in the juvenile justice system and at high risk of out of home placement or further penetration in the juvenile justice system due to presenting behaviors. Intensive parent-to-parent peer support is available to the family. The family service plan is developed using a wraparound planning approach.

**Service Definitions**

1. Multi-Systemic Therapy (MST): a comprehensive, intensive in-home and community-based treatment model. Service components include intensive case management, counseling (*including family and group*), and skills training and development (individual). Services are provided at an average of 8 hours/week. Family service planning is done through a wraparound planning approach. Extensive collaboration with juvenile justice professionals is required.
2. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
3. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
4. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.

**Admission Criteria**

**Diagnosis**  
An Axis I primary diagnosis of ADHD, Conduct Disorder or Oppositional Defiant Disorder. A co-occurring diagnosis of Depression or Bipolar Disorder may also be present. A single diagnosis of mental retardation, developmental delay or substance abuse is not eligible.

**CA – TRAG**

1. Meets criteria on CA-TRAG for Level of Care 2.1.
2. Because of the nature of this intervention, the child and family must commit to the family service plan and to participation in treatment.

**Special Considerations**  
(In addition to the above criteria, any of the following may indicate this as the most appropriate level of care)

- A certified MST team is available in the provider network and accessible.

**The Local Authority UM Manager must prior authorize LOC 2.1 before services can be started to verify MST availability and juvenile justice involvement.**

# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

### Add-Ons

If clinically indicated, a psychiatric evaluation, medication management and flex funds can be authorized in addition to LOC 2.1.

1. Psychiatric Evaluation: a psychiatric clinical diagnostic interview
2. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.
3. Flex Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flex funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.

### Criteria for Level of Care Review

1. **Continued Stay:** Up to 90 additional days of MST may be authorized if indicated to achieve identified treatment goals.
2. **Discharge Criteria:**
  - Authorized treatment has been completed and the child can continue with progress without additional treatment at this LOC.
  - Authorized treatment has been completed and the child is authorized for LOC 4 Aftercare Services.
  - The child/family have stabilized but require services at a lower level of care to maintain stability.
  - The child or family terminates services.

### Expected Outcomes

1. Reduction or stabilization in presenting problem severity or functional impairment as determined by CA-TRAG.
2. Risk of out of home placement or juvenile involvement is decreased.
3. Family is better able to use natural and community support systems as resources.

### Provider/Qualifications

1. MST team member: LPHA or QMHP-CS under supervision (as permitted by MST certification)
2. Family Partner: paraprofessional
3. Medication Training and Support: QMHP-CS, CSSP
4. Parent Support Group: paraprofessional; QMHP-CS
5. Psychiatric Evaluation: MD psychiatrist (preferably a child psychiatrist)
6. Medication Management: MD, RN, Pharm D, PA, APN, LVN

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Level of Care</b> <b>2.2 Externalizing Disorders</b>	<b>Authorized Period</b> <b>90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Intensive Case Management	15 minutes	75 units
Skills Training and Development	15 minutes	75 (any externalizing disorder other than ADHD)
Skills Training and Development	15 minutes	48 (ADHD without a comorbid externalizing disorder)
Medication Training and Support	15 minutes	24
Family Partner	15 minutes	24
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted at children and adolescents with externalizing disorders and moderate to high functional impairment at home, school or in the community. The need for intensive case management and significant parent support is indicated. The family service plan is developed using a wraparound planning approach. Multi-Systemic Therapy is either not appropriate due to lack of juvenile justice involvement or unavailable.

- Service Definitions**
1. Intensive Case Management: activities that assist the child/family including service planning and coordination, monitoring service effectiveness, and proactive crisis planning and management.
  2. Skills Training and Development: a structured intervention to provide and improve skills needed for the child to function appropriately in the community and to enhance child behavior management and increase the skills necessary to manage/decrease child's level of functional impairment.
  3. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
  4. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
  5. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.



# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

### Add-Ons

If clinically indicated, a psychiatric evaluation, medication management, skills training and development in groups and flex funds can be authorized in addition to LOC 2.2. Medication management is the first line treatment for children with a diagnosis of ADHD and referral for an evaluation for this service should occur, unless there is documented clinical justification (e.g., treated by pediatrician) or family refusal.

1. Psychiatric Evaluation: a psychiatric clinical diagnostic interview
2. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.
3. Skills Training and Development (group): a structured intervention provided in a group setting to provide and improve skills needed for the child to function appropriately in the community and to enhance child behavior management and increase the skills necessary to manage/decrease child's level of functional impairment. Group Skills Training and Development is limited to no more than 6 children per group. **NOTE – Medicaid reimbursement for Skills Training and Development in groups is not currently available.**
4. Flex Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flex funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.

### Criteria for Level of Care Review

1. **Continued Stay:** Up to 90 additional days may be re-authorized if indicated to achieve identified treatment goals.
2. **Discharge Criteria:**
  - Authorized treatment has been completed and the child can continue with progress without additional treatment at this LOC.
  - Authorized treatment has been completed and the child is authorized for LOC 4 Aftercare Services.
  - The child/family have stabilized but require treatment at a lower level of care to maintain stability.
  - The child or family terminates services.

### Expected Outcomes

1. Parent and child report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
2. Risk of out of home placement or juvenile involvement is diminished.
3. Family is able to use natural and community support systems as resources.

### Provider/Qualifications

1. Intensive Case Management: QMHP-CS, CSSP
2. Skills Training and Development: QMHP-CS, CSSP
3. Medication Training and Support: QMHP-CS, CSSP
4. Family Partner: paraprofessional
5. Parent Support Group: paraprofessional; QMHP-CS
6. Psychiatric Evaluation: MD psychiatrist (preferably a child psychiatrist)
7. Medication Management: MD, RN, PA, Pharm D, APN, LVN

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Level of Care</b> <b>2.3 Internalizing Disorders</b>	<b>Authorized Period</b> <b>90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Intensive Case Management	15 minutes	75 units
Counseling	60 minutes	24
Medication Training and Support	15 minutes	24
Family Partner	15 minutes	24
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted to children and adolescents with depressive or anxiety disorders and a moderate to high level of problem severity or functional impairment. The focus of the intervention is on child and family counseling using **Cognitive Behavioral Therapy (CBT)** *for ages 9 & above* and **CBT or other therapy approaches for children ages 3 through 8**. Multiple family concerns and significant parental stress indicate the need for intensive case management and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

- Service Definitions**
1. Intensive Case Management: activities that assist the child/family including service planning and coordination, monitoring service effectiveness, and proactive crisis planning and management.
  2. Counseling: 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-IV diagnoses. Counseling is intended to be brief, time-limited and problem-focused.
  3. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
  4. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
  5. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.

**Admission Criteria**

**Diagnosis**

- Axis I primary diagnosis of depressive or anxiety disorders.
- A child with a single diagnosis of mental retardation, developmental delay, autism or substance abuse is not eligible.

**CA – TRAG**

- Meets criteria on CA-TRAG for Level of Care 2.3.
- The child and family are willing to participate in treatment.

**Special Considerations**  
(In addition to the above criteria, any of the following may indicate this as the most appropriate level of care)

- None.

# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

### Add-Ons

As clinically indicated, a psychiatric evaluation, medication management, group and family counseling, and flex funds can be authorized in addition to LOC 2.3 services.

1. Psychiatric Evaluation: a psychiatric clinical diagnostic interview.
2. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.
3. Group Counseling: provided in a group setting 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-IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.
4. Family Therapy: provided to children and their families 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-IV diagnoses (CBT).
5. Flex Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flex funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.

### Criteria for Level of Care Review

1. **Continued Stay:** Up to 8 additional units of child or family counseling may be re-authorized if indicated to achieve identified treatment goals. Other services offered in this package may be reauthorized at the same level as the initial authorization.
2. **Discharge Criteria:**
  - Authorized treatment has been provided and the child can continue with progress without additional treatment at this LOC.
  - Authorized treatment has been provided and the child is authorized for LOC 4 Aftercare Services.
  - The child or family terminates services.

### Expected Outcomes

1. Parent and child self-report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
2. Family is able to use natural and community support systems as resources.

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

## **Provider/Qualifications**

1. Intensive Case Management: QMHP-CS, CSSP
2. Counseling: LPHA, intern
3. Group Counseling: LPHA, intern
4. Family Therapy: LPHA, intern
5. Medication Training and Support: QMHP-CS, CSSP
6. Family Partner: paraprofessional
7. Parent Support Group: paraprofessional; QMHP-CS
8. Psychiatric Evaluation: MD psychiatrist (preferably a child psychiatrist)
9. Medication Management: MD, RN, PA, Pharm D, APN, LVN

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Level of Care: 2.4 Major Disorders (Bipolar Disorder, Schizophrenia, Major Depression with Psychotic Features, and other psychotic disorders)</b>	<b>Authorized Period</b>  <b>90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Intensive Case Management	15 minutes	75 units
Medication Training and Support	15 minutes	24
Family Partner	15 minutes	24
Medication Management	15 minutes	12
Psychiatric Evaluation	90 minutes	once
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted for children and adolescents who are diagnosed with Bipolar Disorder, Schizophrenia, Major Depression with Psychosis, or other psychotic disorders and are not yet stable on medication. The major focus is on stabilizing the child and providing information and support to the family.

- Service Definition**
1. Intensive Case Management: activities that assist the child/family including service planning and coordination, monitoring service effectiveness, and proactive crisis planning and management.
  2. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
  3. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
  4. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.
  5. Psychiatric Evaluation: a psychiatric clinical diagnostic interview.
  6. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.

**Admission Criteria**

**Diagnosis**

- Axis I diagnosis of Bipolar Disorder, Schizophrenia, Major Depression with Psychosis or other psychotic disorder.
- A child with a single diagnosis of mental retardation, developmental delay, or substance abuse is not eligible.

**CA – TRAG**

- Meets criteria on CA-TRAG for Level of Care 2.4.
- The child and family are willing to participate in treatment.

**Special Considerations**  
(In addition to the above criteria, any of the following may indicate this as the most appropriate level of care)

- None

# Resiliency and Disease Management Utilization Management Guidelines

## Children's Services

### Add-Ons

As clinically indicated, flex funds may be authorized in addition to LOC 2.4 services.

- Flex Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flex funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.

### Criteria for Level of Care Review

1. **Continued Stay:** Up to 90 additional days may be authorized if indicated to achieve identified treatment goals.
2. **Discharge Criteria:**
  - Authorized treatment has been completed and the child can continue with progress without additional treatment at this LOC.
  - The child is stabilized and needs LOC 1 or LOC 2 treatment or LOC 4 Aftercare services.
  - The child or family terminates services.

### Expected Outcomes

1. Parent and child report reduction or stabilization in presenting problem severity or functional impairment through the CA-TRAG.
2. Family is better able to use natural and community support systems as resources.
3. Achievement of medical stability allowing the child to transition to less intensive services.

### Provider/Qualifications

1. Intensive Case Management: QMHP-CS, CSSP
2. Medication Training and Support: QMHP-CS, CSSP
3. Family Partner: paraprofessional
4. Medication Management: MD, RN, PA, Pharm D, APN, LVN
5. Psychiatric Evaluation: MD psychiatrist (preferably a child psychiatrist)
6. Parent Support Group: paraprofessional; QMHP-CS

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Level of Care: 4 - Aftercare Services</b>	<b>Authorized Period 90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Medication Management	15 minutes	6 units
Routine Case Management	15 minutes	6
Parent Support Group	60 minutes	12

**Purpose of Level of Care**

This level of care is targeted to children and adolescents who have stabilized in terms of problem severity and functioning and require only medication and medication management to maintain their stability. If CA-TRAG scores indicate the need for a more intensive LOC, LOC 4 can only be authorized if 1) the parent refuses the recommended LOC, wants medication-only services and medication is clinically indicated; or 2) if the individual is NOT Medicaid eligible and the recommended LOC is not available due to limited resources but severe presenting problems that are responsive to medication suggest an authorization for LOC 4 during the waiting period.

- Service Definitions**
1. Medication Management: a service provided by a licensed medical professional to a child or family to determine symptom remission and the medication regime needed to initiate and/or maintain the child's plan of care.
  2. Routine Case Management: facilitation of child/family's access to community resources and continuity of care between services.
  3. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.

**Admission Criteria**

**Diagnosis**  
Any Axis I diagnosis except a single diagnosis of mental retardation, developmental delay or substance abuse.

**CA – TRAG**

1. Meet criteria for LOC 4.
2. Child and family agree to treatment.

**Special Considerations**  
(In addition to the above criteria, any of the following may indicate this as the most appropriate level of care)

1. The child is stable on psychotropic medication, does not currently require psychosocial treatment but lacks access to medication from other resources (e.g., has lost insurance coverage).
2. The child is on the waiting list for another level of care but the severity of presenting problems indicates the appropriate utilization of LOC 4 while waiting for other treatment.
3. The eligibility assessment indicates eligibility for another level of care but the parent refuses the level of care, requests medication-only services, and medication-only service is an appropriate intervention. A psychiatric evaluation must provide evidence that a medication-only service is clinically appropriate if the parent refuses the initial LOC indicated.

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

## Criteria for Level of Care Review

1. **Continued Stay:** The LOC-A Authorization period is automatically set to 90 days based on clinical guidelines. For Update Assessments with "Extended Review Period" (when LOC-R=4 and LOC-A=4 Aftercare), Assessment and Authorization are extended to 180 days. LOC-R is calculated to 4=Aftercare when Section 1: CA-TRAG Dimension 10 and "Successfully Completed Service Package 1 or 2?" have both been selected.
2. **Indication for potential increase in LOC:** Child condition worsens as indicated by CA-TRAG and indicates authorization of LOC 1, 2 or Crisis Services.
3. **Discharge Criteria:**
  - The child is able to access medication services through another resource (e.g., insurance coverage). Referral to a community provider should be facilitated whenever possible.
  - The child's condition has worsened and CA-TRAG indicates a more intensive level of care is needed.
  - The child or family terminates services.
  - The child is on the waiting list for another level of care and the level of care becomes available.

## Expected Outcomes

1. Maintenance of stable functioning and/or problem severity as self-reported on the Ohio Scales scores.
2. Family is able to use natural and community support systems as resources.

## Provider/Qualifications

1. Medication Management: MD, RN, PA, Pharm D, APN, LVN
2. Routine Case Management: QMHP-CS, CSSP
3. Parent Support Group: paraprofessional or QMHP-CS



# Resiliency and Disease Management Utilization Management Guidelines Children's Services

UM Guidelines	Program: CHILD MH	
Level of Care 0 Crisis Services	Authorized Period Up to 7 days	
<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Crisis Services (Includes " <b>Crisis Intervention Services</b> ")	15 min	15 units
Psychiatric Services	visit	3

**Purpose of Level of Care**

Services in this package are brief interventions provided in the community that will ameliorate the crisis situation and prevent utilization of more intensive services. The desired outcome is resolution of the crisis and avoidance of more intensive and restrictive intervention.

- Service Definitions**
1. Crisis Intervention Services- includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
  2. Psychiatric Services - include services provided by a physician including injections, medication adjustments, evaluation, and medical referrals.

- Admission Criteria**  
(ALL of these criteria must be met)
1. The individual is determined in crisis as per the TRAG.
  2. The individual has an identified issue or goal that cannot be resolved at this point in time with a less restrictive intervention.

- Criteria for Level of Care Review**
1. If the child is currently being served in LOC 1 or 4, the child must be reassessed to determine the most appropriate LOC. This assessment must be completed prior to the expiration of this LOC. If the child remains in LOC 4 a clinical justification must be provided.
  2. **Indication for potential increase in LOC:** Child condition worsens as indicated by CA-TRAG and indicates authorization of LOC 1, 2 or Crisis Services.
  3. **Discharge Criteria:**
    - Identified crisis is resolved.
    - Referred to a higher level of crisis.

- Qualifications of Providers**
1. Crisis Intervention Services: QMHP
  2. Psychiatric Services: MD (psychiatrist)

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Specialty Service: Psychiatric Evaluation</b>	<b>Authorized Period 90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Psychiatric Evaluation	90 minutes	once

<b>Service Definition</b>
<p>Psychiatric Evaluation: a clinical diagnostic interview.</p> <p><b>Eligibility</b>            The UM Manager may prior authorize a psychiatric evaluation upon request by the caregiver or provider. Indicators for the need for a psychiatric evaluation include, but are not limited to: 1) a serious risk of harm to self or others; 2) a CA-TRAG score of "4" or higher on the Serious Disruptive or Aggressive Behavior Domain; 3) a diagnosis of ADHD or any psychotic disorder; 4) depression with any major change in weight or significant disruption in sleep patterns; 5) atypical or unusual mental health or physical features; 6) failure to improve after 90 days in treatment; or 7) significant chronic medical condition. A psychiatric evaluation should be authorized for children meeting these criteria unless there is documentation of clinical justification or refusal by the LAR.</p>

<b>Provider/Qualifications</b>
Psychiatric Evaluation: MD

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>
<b>Specialty Service: Medication Management</b>	<b>Authorized Period 90 days</b>

<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Medication Management	15 minutes	12 units

<b>Service Definition</b>
Medication Management: supervision of administration of medication, monitoring of effects and side effects of medication, and assessment of symptoms.

<b>Eligibility Criteria</b>
Medication and medication management can be authorized to augment treatment for a child or adolescent receiving LOC 1 or 2 services, upon physician approval. Medication-only services are authorized as LOC 4.

<b>Provider/Qualifications</b>
Medication Management: MD, RN, PA, Pharm D, APN, LVN

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

<b>UM Guidelines</b>	<b>Program: CHILD MH</b>	
<b>Specialty Service: Family Counseling</b>	<b>Authorized Period: per episode of care</b>	
<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Family Counseling	60	12

<b>Service Definition</b>
Family Counseling: provided to children and their families 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-IV diagnoses (CBT).

<b>Eligibility Criteria</b>
Child or adolescent must meet the eligibility for service packages 1.2 or 2.3

<b>Provider/Qualifications</b>
Family Counseling: LPHA, intern

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

UM Guidelines	Program: CHILD MH	
Specialty Service: Group Counseling	Authorized Period: per episode of care	
Service	Unit	Authorization
Group Counseling	60 minutes	12

Service Definition
<p>Group Counseling: provided in a group setting 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-IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.</p>

Eligibility Criteria
<p>Child or adolescent must meet the eligibility for service packages 1.2 or 2.3</p>

Provider/Qualifications
<p>Group Counseling: LPHA, intern</p>

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

UM Guidelines	Program: CHILD MH	
<b>Specialty Service: Skills Training and Development in Groups</b>	<b>Authorized Period: per episode of care</b>	
<b>Service</b>	<b>Unit</b>	<b>Authorization</b>
Skills Training and Development (Groups)	15 minutes	30

### Service Definition

Skills Training and Development (group): a structured intervention provided in a group setting to provide and improve skills needed for the child to function appropriately in the community and to enhance child behavior management and increase the skills necessary to manage/decrease child's level of functional impairment. Group Skills Training and Development is limited to no more than 6 children per group.

***NOTE – Medicaid reimbursement for Skills Training and Development in groups is not currently available.***

### Eligibility Criteria

Child or adolescent must meet the eligibility for service packages 1.1 or 2.2

### Provider/Qualifications

Skills Training and Development: QMHP-CS, CSSP

# Resiliency and Disease Management Utilization Management Guidelines Children's Services

UM Guidelines	Program: CHILD MH	
Specialty Service: Flex Funds	Authorized Period: per episode of care	
Service	Unit	Authorization
Flex Funds	N/A	\$1,500/family cap

### Service Definition

Flex Funds: non-clinical supports that augment the service plan to reduce symptomatology and maintain quality of life and family integration. Examples include respite, mentors, child care, and transportation assistance.

### Eligibility Criteria

Access to flex funds is limited to children and adolescents enrolled in LOC 2 and their families. The use of flex funds to augment treatment must be specifically defined in the wraparound service plan. Flex funds must be prior authorized by the UM Manager. The UM manager may develop a local process by which a limited amount of flex funds are authorized for "immediate" for use by the wraparound team when prior authorization is not feasible. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.