

Transforming Lives. Building Community Well-Being.

# 2024-2025 Medicaid Adult Behavioral Health Services Benefit Plan

Service Code(s): Services Included (Sorted by Alphabetical Order):

H0040, H0040U1 Assertive Community Treatment Program

H2015HTHO, H2015HTHF, H2015HTHN, Community Support Team

H2015HTU1, H2015HTHM

H0035 Partial Hospitalization

H0038, H0038HQ Peer Support Services

H2017 Psychosocial Rehabilitation

Codes / modifier combinations not mentioned for specialized services will be found within contracts.

For Medicaid services, Child services are available through age 21. Adult services are available from age 21 and older.

When state Medicaid coverage provisions conflict with the coverage provisions in a Trillium policy, state Medicaid coverage provisions take precedence.





#### 2024-2025 Medicaid Adult BH Services Benefit Plan

#### Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP <u>must</u> contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the <u>NCDHHS Person-Centered Planning Training</u> webpage (PCP Guide). See the <u>JCB #445 Timelines for Implementation</u> for the implementation requirements for the new PCP guidance and templates.

#### <u>Life Domains</u> (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- Daily Life and Employment Domain: What a person does as part of everyday life.
- Community Living Domain: Where and how someone lives.
- Safety and Security Domain: Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- Healthy Living Domain: Managing and accessing health care and staying well.
- Social and Spirituality Domain: Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- *Citizenship and Advocacy Domain*: Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

#### Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

#### Action Plan (PCP Guide)

Revised: 07-24-2024

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- Long-Term Goal Development: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- Short-Term Goals: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities
  that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified
  needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART
  (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- Interventions: reflect how all team members contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically will be provided or done (e.g., title of service or action), WHEN it is being offered frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).



#### 2024-2025 Medicaid Adult BH Services Benefit Plan

#### Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

#### Signature Page (PCP Guide)

Revised: 07-24-2024

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan Dated signature is required. Inclusion of the required information on the signature page of the PCP template
  by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving
  enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.
- Service Order/Confirmation of Medical Necessity Dated signature is required, plus confirmation of medical necessity, indication of whether
  review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the
  individual.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
	An ACT team assists a	Initial Requests:	Length of Stay: Up to 180 days per authorization.	Clinical Coverage
Assertive	member in advancing	<b>1.</b> TAR: Prior authorization is required.	ecingin or otay. Op to 100 days per authorization.	Policy 8A-1:
Community	toward personal goals	2. CCA: Required, to include an ASAM	Units:	Assertive
Treatment	with a focus on	Score supported with detailed clinical	1. One unit = 1 event	Community
(ACT) Program	enhancing community	documentation on each of the six ASAM	2. One unit is auth'd per month, although a shadow	Treatment (ACT)
(7.01) 1.0g.u	integration and	dimensions if applicable	claim should be billed every time an encounter occurs.	Program
Code(s):	regaining valued roles	3. Complete PCP, to include all required	3. The expectation is most ACT members will receive	<u>r rogram</u>
<u> </u>	(example: worker,	signatures and the 3-page crisis plan:	more than 4 contacts per month, with most seeing at	Trillium CCB 007
H0040	daughter, resident,	Specific interventions, duration, and	least 3 team members in a given month.	(5/10/2016):
	spouse, tenant, or	frequency for each of the ACT Team staff		Medicaid Funded
H0040 U1:	friend). A fundamental	must be included. PCP must address the	Age Group: Adults (age 18 and older)	Services Plan
Shadow Claims	charge of ACT is to be	role of all team members including	, ,	Benefit Changes
	the first line (and	frequency and duration of each role.	Level of Care: While the LOCUS/ CALOCUS are	
	generally sole	4. Service Order: Required, signed by an	specifically no longer required, providers are still	PCP Guidance
	provider) of all the	MD/ DO, NP, PA, or a Licensed	expected to use a standardized assessment tool when	Documents &
	services that an ACT	Psychologist.	evaluating an individual for treatment services.	Templates
	member needs. A	5. Submission of applicable records that		
	member who is	support the member has met the medical	Service Specifics, Limitations, & Exclusions (not	APSM 45-2
	appropriate for ACT	necessity criteria.	all inclusive): Members with a primary dx of a SU,	Records
	does not benefit from		IDD, TBI, borderline personality disorder, or an autism	Management and
	receiving services	Reauthorization Requests:	spectrum disorder are not the intended member group	Documentation
	across multiple,	1. TAR: prior authorization required	for ACT and should not be referred if they do not have	Manuals
	disconnected	2. Complete PCP (including above detailed	a co-occurring psychiatric disorder. ACT cannot be	
	providers, and may	requirements): recently reviewed detailing	provided concurrently w/: Outpatient therapy, Med	
	become at greater risk	the member's progress with the service.	Management, or Psych Services; Mobile Crisis; PSR	
	of hospitalization,	3. Submission of applicable records that	(after a 30-day transition period); CST; Partial	
	homelessness,	support the member has met the medical	Hospitalization; Tenancy Support Services; Nursing	
	substance use,	necessity criteria.	home facility, or IPS-Supported Employment or LTVS.	
	victimization, and			
	incarceration.			

Provides direct support to adults with a MH, SU, or co-morbid disorder and who have complex and H2015 HT HF: LCAS, LCAS-A, CCS, CSAC  Provides direct support to adults with a MH, SU, or co-morbid disorder and who have complex and the Lead  Pass-Through Period: Up to 36 unmanaged units for an initial 30 calendar days. Up to calendar days. Unmanaged units are available only once per FY.  Initial Requests (after pass-through): available only once per FY.  Initial Requests (after pass-through): available only once per FY.  Initial Requests (after pass-through): available only once per FY.  Initial Requests (after pass-through): available only once per FY.  Initial Requests (after pass-through): available only once per FY.  Initial Requests (after pass-through): available only once per FY.  Initial Requests (after pass-through): available to members searching for stable housing and requiring permanent supportive housing interventions.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit.  In TAR: Prior authorization is required beyond the unmanaged limit	Service & Code	Brief Service	Auth Submission	Authorization Parameters	Source
Community Support Team (CST) Code(s): Complex and H2015 HT HO: Licensed Team LCAS, LCAS-A, CCS, CSAC H2015 HT HO: LCAS, LCAS-A, CCS, CSAC H2015 HT HI: NC Peer Support Specialist H2015 HT HM: Paraprofessional  R2015 HT		Description	Requirements	Helter and Heaveth of Otton	Ollistaat
Support Team (CST)  Code(s):  H2015 HT HO: Licensed Team LCAS, LCAS-A, CCS, CSAC  H2015 HT H1: NC Peer Support Specialist  H2015 HT H1: Rearporfessional  Milk and SU H2015 HT H1: Rearporfessional  Assist in restablishing the members community roles related to life domains.  With a MH, SU, or co-morbid disorder and who have complex and evaluable only once per FY.  Licensed Team LEad W H2015 HT H1: Licensed Team LCAS, LCAS-A, CCS, CSAC  H2015 HT H1: Requests (after pass-through): 1. TAR: Prior authorization is required beyond the unmanaged limit. 2. CCA: Required, to include an ASAM Score supported with detailed clinical documentation on each of the six ASAM dimensions if applicable and restore a member's ability to live  H2015 HT H1: RP2015 HT H1: RP2015 HT HM: R	0 : 1				
Code(s):					
and who have complex and who have complex and extensive treatment needs. Consists of Lead   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required beyond the unmanaged limit.   1. TAR: Prior authorization is required and SAM Score supported with detailed clinical documentation on each of the six ASAM   2. CA: Required, to include all required signatures and the 3-page crisis plan restore a member's ability to live successfully in the community. The Specialist of the am approach involves structured, face-to-face therapeutic interventions that assist in restablishing the members community roles related to life domains.   2. Camplete PCP: Required, signed by an MD/Do, NP, PA, or a Licensed Psychologist.   3. Transition/ Stepdown Plan: Encouraged 5. Transition/ Stepdown Plan: Encouraged 6. Submission of applicable records that support the member has met the medical necessity criteria.   2. Camplete PCP: recently reviewed detailing the member's progress with the service.   3. CCA: For services lasting more than six months, a new CCA or an addendum must be submitted.   4. Service Order: Service must be ordered at least annually.   3. CCA: For service service intensity titrates down as the supportive housing inderventions.   3. Reauth Request: up to 192 units for 90 calendar days. Up to 630 units for 90 calendar days.   4. It is expected that service intensity titrates down as the member deam provides and require					
Complex and extensive treatment clicensed Team Lead	(CST)		available only once per FY.		
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Licensed Team Lead  Needs. Consists of community-based MH and SU Services, and structured rehab increase and P.P. AP  H2015 HT HN: QP, AP  H2015 HT U1: NC Peer Support Specialist  H2015 HT HM: Paraprofessional  H2015 HT HM: Paraprofessional  H2015 HT HM: Paraprofessional  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members community roles related to life domains.  H2015 HT Minestablishing the members and the 3-page crisis plan disport to member and documentation on each of the six ASAM dimensions if applicable and properties and the 3-page crisis plan disport to member and documentation on each of the six ASAM dimensions if applicable and properties and the 3-page crisis plan disport to member and pocuments.  H2015 HT Minestablishing the member approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the member has ment the medical necessity criteria.  H2015 HT Minestable to united an ASAM dimensions if applicable and properties and the 3-page crisis plan dimensions if applicable and the spage crisis plan dimensions if applicable and the member and documentation on each of the six ASAM dimensions if applicable and the spage crisis plan dimensions if applicable and properties and the 3-page crisis plan dimensions if applicable and properties and the 3-page crisis plan dimensions in applic		•			
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H2015 HT HN: QP, AP  H2015 HT U1: NC Peer Support Specialist  H2015 HT HM: Paraprofessional  H2015 HT HM: Paraprofessional  H2015 HT II: NC Peer Support Specialist  H2015 HT HM: Paraprofessional  H2015 HT II: NC Peer Support Specialist  H2015 HT HM: Paraprofessional  H2015 HT II: NC Peer Support Specialist  H2015 HT HM: Paraprofessional  H2015 HT III: NC Peer Support Specialist  Submission of applicable records that support the member has met the medical necessity criteria.  Service Specifics, Limitations, & Exclusions (not all inclusive):  1. TAR: prior authorization required detailing the member's progress with the service.  2. Complete PCP: recently reviewed detailing the member's progress with the service.  3. CCA: For services lasting more than six months, a new CCA or an addendum must be submitted.  4. Service Order: Required, signed by an MD/ DO, NP, PA, or a Licensed Psychologist.  5. Transition/ Stepdown Plan: Encouraged 6. Submission of applicable records that support the member has met the medical necessity criteria.  Reauthorization Requests:  1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the member's progress with the service.  3. CCA: For services lasting more than six months, a new CCA or an addendum must be submitted.  4. Service Order: Required, signed by an MD/ DO, NP, PA, or a Licensed Psychologist.  5. Transition/ Stepdown Plan: Encouraged 6. Submission of applicable records that support the member has met the medical necessity criteria.  1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the member's provided in conjunction with ACTT or during the same auth period as any other State Plan service that contains duplicative service components. This includes Ps, as CCP 8G states that PSS must not be provided during the same auth period as CST, as a member who needs CST an	CCS, CSAC	interventions			
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team approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the members community roles related to life domains.  The domains of applicable records that support the member has met the medical necessity criteria.  Beauthorization Requests:  1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the member's progress with the service.  3. CCA: For services lasting more than six months, a new CCA or an addendum must be submitted.  4. Service Order: Service must be ordered at least annually.  treatment services.  Service Specifics, Limitations, & Exclusions (not all inclusive):  1. When helping a member transition to and from a service, CST services may be provided for a max of eight units for the first and last 30-day period for members auth'd for: ACTT, SAIOP, SACOT.  2. May not be provided in conjunction with ACTT or during the same auth period as any other State Plan service that contains duplicative service components. This includes PSS, as CCP 8G states that PSS must not be provided during the same auth period as CST, as a member who needs CST and peer support will be offered by peer	H2015 HT U1:	successfully in the	Psychologist.	providers are still expected to use a standardized	
H2015 HT HM: Paraprofessional	NC Peer Support	community. The	5. Transition/ Stepdown Plan: Encouraged	assessment tool when evaluating an individual for	
Face-to-face therapeutic interventions that assist in reestablishing the members community roles related to life domains.  Face-to-face therapeutic interventions that assist in reestablishing the members community roles related to life domains.  Faceuthorization Requests:  1. TAR: prior authorization required 2. Complete PCP: recently reviewed detailing the member's progress with the service.  3. CCA: For services lasting more than six months, a new CCA or an addendum must be submitted.  4. Service Specifics, Limitations, & Exclusions (not all inclusive):  1. When helping a member transition to and from a service, CST services may be provided for a max of eight units for the first and last 30-day period for members auth'd for: ACTT, SAIOP, SACOT.  2. May not be provided in conjunction with ACTT or during the same auth period as any other State Plan service that contains duplicative service components. This includes PSS, as CCP 8G states that PSS must not be provided during the same auth period as CST, as a member who needs CST and peer support will be offered by peer	Specialist	team approach	6. Submission of applicable records that	treatment services.	
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at least annually. needs CST and peer support will be offered by peer			4. Service Order: Service must be ordered		
support the member has met the medical					
necessity criteria.					

Service & Code	Brief Service	Auth Submission	Authorization Parameters	Source
	Description	Requirements	Length of Ctory Initial /ofter page	Oliniaal Cavaraga
Doutiel	A short-term service for	Pass-Through Period:	Length of Stay: Initial (after pass-	Clinical Coverage
Partial	acutely mentally ill	Prior authorization is not required for the first 7 days	through) and Reauthorization requests	Policy 8A:
Hospitalization	children or adults, which	(7 units)	shall not exceed 7 calendar days.	Enhanced Mental
•	provides a broad range of			Health and
Code(s): H0035	intensive therapeutic	Initial Requests (after pass-through):	<u>Units</u> :	Substance Abuse
	approaches which may	<b>1.</b> TAR: Prior authorization is required.	1. One unit = 1 event	Services, Partial
	include: group activities	2. CCA: Required	2. This is day or night service provided	<u>Hospitalization</u>
	or therapy, individual	3. Complete PCP: Required, to include all	a minimum of 4 hrs/day, 5 days/week,	<u>section</u>
	therapy, recreational	necessary signatures and the 3-page crisis plan.	and 12 months/year (excluding	
	therapy, community living	The amount, duration, and frequency of services	transportation time). Excludes legal or	APSM 45-2
	skills or training,	must be included. If limited information is available	governing body designated holidays.	Records
	increases the individual's	at admission, staff shall document on the PCP		Management and
	ability to relate to others	whatever is known and update it when additional	Age Group: Adults	Documentation
	and to function	information becomes available.	<del></del>	Manuals
	appropriately, coping	4. Service Order: Required, signed by a MD/DO,	Level of Care: While the LOCUS/	
	skills, medical services.	doctoral level licensed psychologist, psychiatric NP,	CALOCUS are specifically no longer	PCP Guidance
	This service is designed	psychiatric clinical nurse specialist.	required, providers are still expected to	Documents &
	to prevent hospitalization	<b>5.</b> Submission of applicable records that support the	use a standardized assessment tool	
	or to serve as an interim	member has met the medical necessity criteria.	when evaluating an individual for	<u>Templates</u>
	step for those leaving an	Thember has met the medical necessity chiena.	treatment services.	
	inpatient facility.	Reauthorization Requests:	treatment services.	
	inpatient facility.			
		1. TAR: prior authorization required.		
		2. Complete PCP: recently reviewed detailing the		
		member's progress with the service.		
		3. Submission of applicable records that support the		
		member has met the medical necessity criteria.		

Service & Code	Brief Service	Auth Submission	Authorization Parameters	Source
Service & Code	Description	Requirements	Authorization Parameters	Source
	An evidenced-based	Pass-Through Period:	Length of Stay:	Clinical Coverage
Peer Support	mental health model of	Prior authorization is not required for the	1. Up to a 90-day auth period per request.	Policy No 8G:
Services (PSS)	care that provides	first 6 hours (24 units) of service initiation.	2. Providers shall seek prior authorization if they	Peer Support
	community-based	Unmanaged units are available only once	are uncertain that the member has reached the	<u>Services</u>
Code(s):	recovery services	per FY.	unmanaged unit limit.	
	directly to a Medicaid-			JCB #J344: Peer
<b>H0038</b> : Peer	eligible adult member	Initial Requests (after pass-through):	<u>Units</u> :	Support Services
Support, Individual.	diagnosed with an MH	1. TAR: Prior authorization is required	1. One unit = 15 minutes	State Plan
The GT	or SU disorder. PSS	beyond the unmanaged limit.	2. Up to 270 units (individual and group	Amendment and
(Telehealth) and KX	provides structured,	2. CCA: Required, to include an ASAM	combined) for 90 days for the initial auth period	Policy Update
(Telephonic)	scheduled services that	Score supported with detailed clinical	(after pass-through). Up to 270 units for 90 days	
modifiers can be	promote recovery, self-	documentation on each of the six ASAM	for reauth periods, if medically necessary.	APSM 45-2
used with this	determination, self-	dimensions if applicable.		Records
service code.	advocacy, engagement	3. Complete PCP: Required, to include all	Age Group: Adults (age 18 and older)	Management and
	in self-care and	necessary signatures and the 3-page crisis	1 1 10 10 10 10 10 10 10 10 10 10 10 10	<u>Documentation</u>
H0038HQ: Peer	wellness and	plan.	Level of Care: While the LOCUS/ CALOCUS are	<u>Manuals</u>
Support, Group	enhancement of	4. Service Order: Required, signed by	specifically no longer required, providers are still	DOD Ovidens
	community living skills	physician or other licensed clinician (DO,	expected to use a standardized assessment tool	PCP Guidance
	of beneficiaries	NP, PA, PhD)	when evaluating an individual for treatment	Documents &
		5. Submission of applicable records that	services.	<u>Templates</u>
		support the member has met the medical	Carvina Chapitian Limitations & Evaluaions	
		necessity criteria.	Service Specifics, Limitations, & Exclusions (not all inclusive):	
		Reauthorization Requests:	1. Telehealth or telephonically, audio-only	
		TAR: prior authorization required	communication is limited to 20% or less of total	
		2. Complete PCP: recently reviewed	service time provided per fiscal year.	
		detailing the member's progress with the	2. May not be provided during the same auth	
		service	period as ACTT or CST. Member with a sole	
		3. Submission of applicable records that	diagnosis of IDD is not eligible this service.	
		support the member has met the medical	alagnosis of 155 to flot oligible tille colvide.	
		necessity criteria.		
		1 Hoodooky orkona.		

Service & Code	<b>Brief Service Description</b>	Auth Submission Requirements	Authorization Parameters	Source
	Service is designed to help	Initial Requests:	Length of Stay:	Clinical Coverage
Psychosocial	adults with psychiatric	1. TAR: Prior authorization is required.	Initial authorization for services must not	Policy 8A: Enhanced
Rehabilitation	disabilities increase their	2. CCA: Required	exceed 90 days.	Mental Health and
	functioning so that they	3. Complete PCP: Required, to include all	2. Reauthorization must not exceed 180 days.	Substance Abuse
Code(s): H2017	can be successful and	necessary signatures and the 3-page crisis		Services,
	satisfied in the	plan. The amount, duration, and frequency	Units:	<u>Psychosocial</u>
	environments of their	of services must be included.	1. One unit = 15 minutes	Rehabilitation section
	choice with the least	<b>4.</b> Service Order: Required, signed by an	2. The number of hours that a member	
	amount of ongoing	MD/DO, NP, PA, or a Licensed	receives PSR services are to be specified in	APSM 45-2 Records
	professional intervention.	Psychologist.	his or her PCP.	Management and
	PSR focuses on skill and	5. Transition/ Stepdown Plan: Encouraged		<u>Documentation</u>
	resource development	<b>6.</b> Submission of applicable records that	Age Group: Adults	<u>Manuals</u>
	related to life in the	support the member has met the medical		
	community and to	necessity criteria.	Level of Care: While the LOCUS/ CALOCUS	PCP Guidance
	increasing the participant's		are specifically <u>no longer required</u> , providers	Documents &
	ability to live as	Reauthorization Requests:	are still expected to use a standardized	<u>Templates</u>
	independently as possible,	1. TAR: prior authorization required	assessment tool when evaluating an individual	
	to manage their illness and	2. Complete PCP: recently reviewed	for treatment services.	
	their lives with as little	detailing the member's progress with the		
	professional intervention	service. For PSR, the PCP shall be	Service Specifics, Limitations, &	
	as possible, and to	reviewed at least every 6 months. The	Exclusions (not all inclusive):	
	participate in community	amount, duration, and frequency of	1. PSR cannot be provided during the same	
	opportunities related to	services must be included in a member's	authorization period as Partial Hospitalization,	
	functional, social,	PCP.	1915i Individual and Transitional Support, and	
	educational, and	3. Transition/ Stepdown Plan: Required.	ACTT.	
	vocational goals.	4. Submission of applicable records that	2. This service is to be available for a period of	
		support the member has met the medical	five or more hours per day at least five days	
		necessity criteria.	per week and it may be provided on weekends or in the evening.	