

Oklahoma Department of Mental Health
and Substance Abuse Services

SERVICES MANUAL

FY2012

PURPOSE

This Services Manual is intended as a reference document for Oklahoma Department of Mental Health and Substance Abuse contracted providers. It contains requirements for provision and reimbursement of behavioral health services.

SERVICE QUESTIONS- WHO TO CONTACT

For mental health service questions please call Jacki Millspaugh, Director of Treatment and Recovery, Mental Health Recovery Division, (405) 522-3863.

For substance abuse service questions please call Van Rhodes, Medicaid Programs Manager, Substance Abuse Recovery Division, (405) 795-1724.

Questions about contract issues should be addressed to: Maggie Green, Fiscal Program Manager, (405) 522-5778

TABLE OF CONTENTS

OUTPATIENT SERVICES (OO)	9
LEVELS OF SERVICE PROVIDERS	9
<i>Behavioral Health Aide (BHA)</i>	9
<i>Behavioral Health Case Manager (BHCM)</i>	9
<i>Behavioral Health Rehabilitation Specialist (BHRS)</i>	9
<i>Certified Alcohol and Drug Counselor (CADC)</i>	9
<i>Certified Alcohol and Drug Counselor Under Supervision (CADC-U)</i>	9
<i>Employment Consultant (EC)</i>	9
<i>Family Support and Training Provider (FSP)</i>	10
<i>Intensive Case Manager (ICM)</i>	10
<i>Licensed Behavioral Health Professional (LBHP)</i>	10
<i>Licensed Mental Health Professional (LMHP)</i>	10
<i>Recovery Support Specialist (RSS)</i>	10
SERVICE DEFINITIONS	12
<i>Academic Services</i>	12
DAY SCHOOL	12
<i>Case Management Services</i>	12
CASE MANAGEMENT SERVICES.....	12
CASE MANAGEMENT (TRAVEL COMPONENT).....	13
CUSTOMER ADVOCACY	14
CUSTOMER FOLLOW-UP SERVICES.....	14
HOME AND COMMUNITY BASED TRAVEL.....	15
INTENSIVE CASE MANAGEMENT SERVICES	16
<i>Clinical Testing Services</i>	17
CLINICAL TESTING	17
<i>Consultation, Education, Training, and System Support Services</i>	17
CONSULTATION	17
EDUCATION.....	17
INTRA-AGENCY CLINICAL CONSULTATION	18
SYSTEM SUPPORT.....	18
TRAINING	18
TREATMENT TEAM MEETING.....	19
<i>Court Related Services</i>	19
COMPETENCY EVALUATION	19
COURT RELATED SERVICES.....	19
DIVORCE VISITATION ARBITRATION SERVICES	20
<i>Crisis Intervention Services</i>	20
CRISIS INTERVENTION SERVICES	20
<i>Employment Services</i>	21
EMPLOYMENT TRAINING.....	21
JOB RETENTION SUPPORT	22
PRE-VOCATIONAL SERVICES	22
VOCATIONAL SERVICES.....	22
<i>Medication Services</i>	23
MEDICATION TRAINING AND SUPPORT	23
PHARMACOLOGICAL MANAGEMENT	23
TOBACCO CESSATION COUNSELING- PHYSICIAN.....	24
<i>Outreach and Prevention Services</i>	24
COMMUNITY OUTREACH.....	24
INTENSIVE OUTREACH	25
PREVENTION/SUPPORT TYPE ACTIVITIES	25
SUBSTANCE ABUSE EARLY INTERVENTION	25
<i>PACT Services</i>	26
ACT (FACE TO FACE).....	26
ACT (FACE TO FACE) – GROUP.....	26

TARGETED CASE MANAGEMENT (ACT).....	26
MEDICATION REMINDER SERVICE (ACT) (NON-FACE TO FACE).....	26
SCREENING (ACT).....	27
ORAL/INJECTION MEDICATION ADMINISTRATION (ACT) (RN).....	27
PHARMACOLOGICAL MANAGEMENT (ACT).....	27
TRAVEL (ACT).....	27
<i>Psychotherapy Services</i>	28
FAMILY PSYCHOTHERAPY.....	28
GROUP PSYCHOTHERAPY.....	29
INDIVIDUAL PSYCHOTHERAPY.....	29
<i>Rehabilitation and Skill Development Services</i>	30
CLUBHOUSE.....	30
GROUP REHABILITATIVE TREATMENT.....	30
ILLNESS MANAGEMENT AND RECOVERY (IMR).....	31
INDIVIDUAL REHABILITATIVE TREATMENT.....	31
PSYCHIATRIC REHABILITATION SERVICES.....	32
WELLNESS RESOURCE SKILLS DEVELOPMENT.....	32
<i>Screening and Assessment Services</i>	33
BEHAVIORAL HEALTH ASSESSMENT (NON-MD) MODERATE COMPLEXITY.....	33
BEHAVIORAL HEALTH ASSESSMENT (NON-MD) LOW COMPLEXITY.....	34
CLINICAL EVALUATION AND ASSESSMENT FOR CHILDREN IN SPECIALTY SETTINGS.....	35
SCREENING AND REFERRAL.....	35
<i>Service Plan Development and Review</i>	36
BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT MODERATE COMPLEXITY.....	36
BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT LOW COMPLEXITY.....	37
<i>Service Related Travel</i>	38
TRAVEL.....	38
<i>Specialized Substance Abuse Services</i>	38
DRUG SCREEN.....	38
<i>Therapeutic Behavioral Services</i>	38
BEHAVIORAL HEALTH AIDE.....	38
COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST.....	39
COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST- GROUP.....	40
FAMILY TRAINING AND SUPPORT.....	40
COMMUNITY LIVING PROGRAMS (CL).....	42
SERVICE DEFINITIONS.....	42
<i>Community Housing Programs</i>	42
FAMILY SELF SUFFICIENCY PROGRAM.....	42
PERMANENT SUPPORTED HOUSING PROGRAMS.....	42
SAFE HAVEN.....	43
SUPERVISED TRANSITIONAL LIVING PROGRAMS.....	43
SUPPORTED TRANSITIONAL HOUSING PROGRAMS.....	43
<i>Halfway House Programs</i>	44
HALFWAY HOUSE.....	44
HALFWAY HOUSE SERVICES FOR ADOLESCENTS.....	44
HALFWAY HOUSE SERVICES FOR CO-OCCURRING DISORDERS.....	44
HALFWAY HOUSE SERVICES FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS.....	44
HALFWAY HOUSE SERVICES FOR PREGNANT & POST PARTUM WOMEN.....	45
HALFWAY HOUSE SERVICES FOR WOMEN WITH DEPENDENT CHILDREN.....	45
<i>Residential Care Services</i>	45
ENHANCED RESIDENTIAL CARE.....	45
RESIDENTIAL CARE.....	45
RESIDENTIAL CARE RECOVERY ENHANCEMENT.....	46
RESIDENTIAL CARE TRANSITIONAL SERVICES- MENTAL HEALTH.....	46
RESIDENTIAL TREATMENT (CI).....	47
SERVICE DEFINITIONS.....	47
ENHANCED RESIDENTIAL TREATMENT – MENTAL HEALTH.....	47

INTENSIVE RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS	47
INTENSIVE RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN	47
INTENSIVE RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS IN INTENSIVE RESIDENTIAL TREATMENT	48
INTENSIVE RESIDENTIAL SUBSTANCE ABUSE TREATMENT	48
RESIDENTIAL TREATMENT -- SUBSTANCE ABUSE.....	48
RESIDENTIAL TREATMENT FOR ADOLESCENTS.....	48
RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS.....	49
RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN.....	49
RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS IN RESIDENTIAL TREATMENT.....	49
DETOX (SN)	50
SERVICE DEFINITIONS	50
INPATIENT MEDICAL DETOXIFICATION.....	50
MEDICALLY SUPERVISED DETOXIFICATION SERVICES	50
NON-MEDICAL DETOXIFICATION SERVICES	50
NON-MEDICAL DETOXIFICATION SERVICES FOR WOMEN WITH DEPENDENT CHILDREN AND PREGNANT WOMEN.....	50
COMMUNITY-BASED STRUCTURED CRISIS CARE (SC).....	51
SERVICE DEFINITION.....	51
COMMUNITY BASED STRUCTURED EMERGENCY CARE.....	51
HOSPITALIZATION (HA).....	52
SERVICE DEFINITIONS	52
ACUTE INPATIENT.....	52
INTERMEDIATE INPATIENT TREATMENT	52
SCREENING AND ASSESSMENT TOOLS	53
CLIENT ASSESSMENT RECORD (CAR)	54
GENERAL INFORMATION	54
CAR DOMAIN DEFINITIONS.....	54
LEVEL OF FUNCTIONING RATING SCALE	55
CAR DOMAIN SCORING EXAMPLES.....	56
FEELING / MOOD AFFECT	56
THINKING/MENTAL PROCESS.....	57
SUBSTANCE USE	58
MEDICAL/PHYSICAL	59
FAMILY	60
INTERPERSONAL	61
ROLE PERFORMANCE	62
SOCIO-LEGAL	63
SELF CARE/BASIC NEEDS	64
CAR ASSESSMENT GUIDE	65
CAR 1 FEELING/MOOD/AFFECT.....	65
CAR 2 THINKING/MENTAL PROCESS.....	65
CAR 3 SUBSTANCE USE.....	66
CAR 4 MEDICAL/PHYSICAL.....	66
CAR 5 FAMILY.....	66
CAR 6 INTERPERSONAL.....	67
CAR 7 ROLE PERFORMANCE	67
CAR 8 SOCIO-LEGAL	68
CAR 9 SELF CARE/BASIC NEEDS	68
ADDICTION SEVERITY INDEX (ASI)	70
TEEN ADDICTION SEVERITY INDEX (T-ASI).....	70
OUTPATIENT LEVELS OF CARE REQUIREMENTS (At a Glance).....	71

DOCUMENTATION	73
PRIOR AUTHORIZATION	77
APS HOURS OF OPERATIONS.....	78
PRIOR AUTHORIZATION OF BEHAVIORAL HEALTH SERVICES	78
WEB REQUESTS	78
PROVIDER ELIGIBILITY	79
NEWLY CERTIFIED FACILITIES/SITES.....	79
RECIPIENT ELIGIBILITY.....	80
PCP BEHAVIORAL HEALTH SCREENING AND REFERRAL.....	81
EDUCATIONAL OPPORTUNITIES.....	81
PRIOR AUTHORIZATION PROCESS.....	81
CUSTOMER DATA CORE (CDC).....	82
OUTPATIENT REQUEST FOR PRIOR AUTHORIZATION.....	83
TYPES OF PA REQUESTS	83
<i>Initial Request for Treatment:</i>	83
<i>Extension Request:</i>	84
<i>Substance Abuse/Integrated Request:</i>	84
<i>Modification of Current Authorization Request:</i>	84
<i>Correction Request:</i>	85
<i>Status Request:</i>	85
<i>Request for an Extra Unit BH Service Plan Development, Low Complexity:</i>	85
TYPES OF RESPONSES	85
<i>Clinical Correction Notice:</i>	85
<i>Clinical Correction Notice Response:</i>	85
<i>Courtesy Review Decision (For SoonerCare Only Providers):</i>	85
<i>Courtesy Review Decision Response (For SoonerCare Only Providers):</i>	86
<i>Technical Denial Decision:</i>	86
REFERRALS AND APPEALS PROCESS	86
<i>Referral to a Consultant</i>	86
<i>Appeals Process</i>	86
MEMBER CHANGES SERVICE PROVIDER FACILITY	87
MEMBERS TRANSFERING FROM ONE AGENCY SITE TO ANOTHER.....	87
TRANSFERING MULTIPLE CLIENTS FROM ONE SITE TO ANOTHER	87
COLLABORATION BETWEEN PROVIDERS ON MEMBER CARE.....	87
AUTHORIZATION NUMBERS.....	88
SERVICES REQUIRING NO PRIOR AUTHORIZATION.....	88
AXIS IV DIAGNOSIS INFORMATION.....	89
LEVELS OF CARE AND SPECIALIZED SERVICES.....	90
<i>Adult Mental Health Criteria</i>	92
<i>SUBSTANCE ABUSE/INTEGRATED ADULT</i>	93
<i>Child Mental Health Criteria (Under 21)</i>	94
<i>SUBSTANCE ABUSE/INTEGRATED Criteria Child (Under 21)</i>	95
<i>Child (0 – 36 Months of Age) Criteria</i>	96
<i>CRITERIA FOR CHILDREN IN RBMS, TFC, AND THERAPEUTIC GROUP HOMES (Levels C and E)</i>	97
<i>ICF/MR Criteria</i>	98
<i>Exceptional Case Criteria</i>	99
<i>Psychological Evaluation Criteria for OPBH Agencies</i>	100
<i>Automatic Step Down / After Care Criteria</i>	101
<i>Children’s Partial Hospitalization Program</i>	102
<i>Children’s Day Treatment</i>	104
<i>Intensive Outpatient Program (Under Development)</i>	105
<i>Adult SMI and Older Adult Day Treatment</i>	106
<i>ODMHSAS Instant Prior Authorization Criteria</i>	107
<i>CRITERIA REFERENCE FORM FOR LEVELS OF CARE AND SPECIALIZED SERVICES</i>	108
<i>HOW TO IMPROVE CHANCES FOR AUTO-AUTHORIZATION OF OUTPATIENT REQUESTS SUBMITTED ON CARECONNECTION ®</i>	109
COMMON ACRONYMS	111

BILLING PROCEDURES	113
A. OKMMIS PROVIDER BILLING & PROCEDURE MANUAL.....	114
B. ON THE WEB/SECURE SITE.....	114
C. AVAILABLE SERVICES ON THE OHCA SECURE WEB SITE	114
D. HP FIELD CONSULTANTS	114
ODMHSAS RATE SHEETS	116
ODMHSAS ONLY SERVICES	142
BILLABLE OUTPATIENT SERVICES BY LEVEL OF SERVICE PROVIDER	145
ODMHSAS SERVICE MANUAL REVISIONS	147

LEVELS OF CARE AND SERVICES

OUTPATIENT SERVICES (OO)

LEVELS OF SERVICE PROVIDERS

Behavioral Health Aide (BHA)

Individuals must have completed 60 hours or equivalent of college credit or may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two years of college experience, and: (i) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and (ii) must be supervised by a bachelor's level individual with a minimum of two years case management experience or care coordination experience; and (iii) treatment plans must be overseen and approved by a LBHP; and (iv) must function under the general direction of a LBHP and/or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

Behavioral Health Case Manager (BHCM)

An individual certified as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

Note: There are three levels of Behavioral Health Case Manager-

Behavioral Health Case Manager I- Completed 60 college credit hours or high school diploma and 36 total months of experience working with persons who have a mental illness.

Behavioral Health Case Manager II- Any bachelor's or master's degree earned from a regionally accredited college or university recognized by the United States Department of Education; or Licensed Registered Nurse; or Certified Alcohol and Drug Counselor.

Behavioral Health Case Manager III- Licensed Behavioral Health Professional.

Behavioral Health Rehabilitation Specialist (BHRS)

1) Bachelor degree or above, and ODMHSAS training as a Behavioral Health Rehabilitation Specialist; or 2) CPRP (Certified Psychiatric Rehabilitation Practitioner) credential; or 3) Certification as an Alcohol and Drug Counselor (CADC).

Certified Alcohol and Drug Counselor (CADC)

Oklahoma certification as an Alcohol and Drug Counselor.

Certified Alcohol and Drug Counselor Under Supervision (CADC-U)

Under supervision to attain Oklahoma certification as an Alcohol and Drug Counselor.

Employment Consultant (EC)

Individual who (i) has a high school diploma or equivalent; and (ii) successful completion of Job Coach training.

Family Support and Training Provider (FSP)

An FSP must (i) have a high school diploma or equivalent; (ii) be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED); (iii) successful completion of Family Support Training according to a curriculum approved by the ODMHSAS; (iv) pass OSBI background check; and (v) treatment plans must be overseen and approved by a LBHP; and (vi) must function under the general direction of a LBHP or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

Intensive Case Manager (ICM)

An individual who is designated as an ICM and carries a caseload size of not more than twenty-five (25) individuals. They are certified as a Behavioral Health Case Manager II or III, and have: 1) a minimum of 2 years Behavioral Health Case Management experience, 2) crisis diversion experience, and 3) successfully completed ODMHSAS ICM training.

Licensed Behavioral Health Professional (LBHP)

LBHPs are 1) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry. 2) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the following licensing boards: (A) Psychology; (B) Social Work (clinical specialty only); (C) Professional Counselor; (D) Marriage and Family Therapist; (E) Behavioral Practitioner; or (F) Alcohol and Drug Counselor. 3) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided. 4) A Physician Assistant who is licensed in good standing in the state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

Note: An LBHP is not equivalent to an LMHP in 43A required for involuntary commitment.

Licensed Mental Health Professional (LMHP)

As defined in Title 43A 1-103(11).

Recovery Support Specialist (RSS)

An individual who has completed the ODMHSAS RSS training [also referred to as Peer Recovery Support Specialist (PRSS) training] and has passed the ODMHSAS RSS exam.

Notes:

- All gambling services must be provided by a service provider that either has National Certification as a Gambling Counselor (NCGC) or is under supervision for the NCGC.
- The service provider that is at the originating site with the consumer, to present the consumer to the service provider who is performing the service via telemedicine, must be an Oklahoma Licensed or Certified health care professional. This can include a Certified Behavioral Health Case Manager, or a Certified Alcohol and Drug Counselor.

SERVICE DEFINITIONS

Academic Services

DAY SCHOOL

Therapeutic/accredited academic services.

Staff Requirement: [SA] LBHP, CADC, or CADC-U

	Billing Code	Rate/Unit
SA	T1018 HF	\$5.00 / 1 hour

Case Management Services

CASE MANAGEMENT SERVICES

Planned referral, linkage, monitoring and support, and advocacy provided in partnership with a customer to support that customer in self sufficiency and community tenure. Case management actions may take place in the individual's home, in the community, or in the facility. A DMHSAS Certified Behavioral Health Case Manager, in accordance with a service plan developed with and approved by the customer and qualified staff, must provide the services. The plan must demonstrate the customer's need for specific services provided. Billable activities include: completion of a strengths based assessment; development of case management care plan; referral, linkage and advocacy to assist with gaining access to appropriate community resources; monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress; follow-up contact with the customer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan); and crisis diversion (unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community) to assist customer(s) from progression to a higher level of care.

Case management services can also be provided in an inpatient setting to assist with transition and discharge planning. These services should be billed under the Outpatient in Inpatient Setting codes listed below.

Note: Intra-agency referral, linkage and advocacy contacts are not to be reported. Face-to-face and non face-to-face contacts with treatment or service providers (including Intra-agency) for the purposes of monitoring customer attendance of scheduled physician/medication, counseling, rehabilitation, or other supportive service appointments (as delineated on the service plan) can be billed.

Wraparound Facilitation: Used in Systems of Care (SOC).

Staff Requirement: [MH, SA and GA] BHCM I, II, or III

			Billing Code	Rate/Unit
MH	Outpatient	BHCM III	T1017 HE, HO	\$16.38 / 15 minutes
		BHCM II	T1017 HE, HN	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK	\$16.38 / 15 minutes
		BHCM II	T1017 HE, HN, HK	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
	Wraparound Facilitation (SOC)	BHCM III, Wraparound Facilitator	T1016 HE, TF	\$21.61 / 15 minutes
BHCM II, Wraparound Facilitator		T1017 HE, TF	\$16.21 / 15 minutes	
MH- Community Support Services PA Group Only	Outpatient	BHCM III	T1017 HE, HO, U1	\$16.38 / 15 minutes
		BHCM II	T1017 HE, HN, U1	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes
	Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes
		BHCM II	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes
		BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes
SA	Outpatient	BHCM III	T1017 HF, HO	\$16.38 / 15 minutes
		BHCM II	T1017 HF, HN	\$16.38 / 15 minutes
		BHCM I	T1017 HF, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting	BHCM III	T1017 HF, HO, HK	\$16.38 / 15 minutes
		BHCM II	T1017 HF, HN, HK	\$16.38 / 15 minutes
		BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
	Wraparound Facilitation (SOC)	BHCM III, Wraparound Facilitator	T1016 HF, TF	\$21.61 / 15 minutes
BHCM II, Wraparound Facilitator		T1017 HF, TF	\$16.21 / 15 minutes	
GA	Outpatient	BHCM III	T1017 HV, HO	\$16.38 / 15 minutes
		BHCM II	T1017 HV, HN	\$16.38 / 15 minutes
		BHCM I	T1017 HV, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting	BHCM III	T1017 HV, HO, HK	\$16.38 / 15 minutes
		BHCM II	T1017 HV, HN, HK	\$16.38 / 15 minutes
		BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes

CASE MANAGEMENT (TRAVEL COMPONENT)

This service is dedicated to the following activities: transportation for the customer and remaining with a customer until a needed supportive service is provided (if the need for this level of service is clearly documented in the plan); travel time to and from meetings for the purpose of development or implementation of the individual care plan (including customer “no show”).

Staff Requirement: [MH, SA and GA] BHCM I, II, or III

	Billing Code	Rate/Unit
MH	S0215 HE	\$16.38 / 15 minutes
MH- <i>Community Support Services PA Group Only</i>	S0215 HE, U1	\$16.38 / 15 minutes
SA	S0215 HF	\$16.38 / 15 minutes
GA	S0215 HV	\$16.38 / 15 minutes
SOC	S0215 HE, HA	\$16.38 / 15 minutes

CUSTOMER ADVOCACY

The assistance provided, face to face or by telephone, which supports, supplements, intervenes and/or links the customer with the appropriate service components. This can include medical, dental, financial, employment, legal, and housing assistance.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] This service can only be provided by contracted Advocacy Groups.

	Billing Code	Rate/Unit
MH	H0006 HE, TF	\$12.50 / 15 minutes
SA	H0006 HF, TF	\$12.50 / 15 minutes
GA	H0006 HV, TF	\$12.50 / 15 minutes

CUSTOMER FOLLOW-UP SERVICES

This service includes 1) follow-up contact with a customer to re-engage them in treatment if their service plan has expired; 2) assistance with transition/discharge planning for individuals in residential treatment (except for psychiatric residential treatment which should be provided under case management), halfway house, detox (medical and non-medical), jail or prison, nursing home, and follow-up after crisis intervention; and 3) for follow-up contact with the customer if they miss any scheduled appointments (including physician/medication, therapy, rehabilitation, or other supportive service appointments as delineated on the service plan)- when the service duration is less than eight (8) minutes (if the service duration is eight (8) or more minutes, the service provided must be billed as Case Management).

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Required: Face-to-face; telephone contacts; written documentation is required for all telephone contacts. Customer does not need to be present.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide service functions 1) & 2). Service function 3) must be provided by BHCM I, II, or III.

		Billing Code	Rate/Unit
MH	1) & 2)	H0006 HE	\$0.83 / 1 minutes
	1) & 2) <i>Community Support Services PA Group Only</i>	H0006 HE, U1	\$0.83 / 1 minutes
	3)	H0006 HE, TG	\$0.83 / 1 minutes
	3) <i>Community Support Services PA Group Only</i>	H0006 HE, TG, U1	\$0.83 / 1 minutes
SA		H0006 HF	\$12.50 / 15 minutes
GA		H0006 HV	\$12.50 / 15 minutes

HOME AND COMMUNITY BASED TRAVEL

This service is dedicated to travel for the purpose of providing psychotherapy, crisis intervention, individual rehabilitation, and Systems of Care family training and support and behavioral health aide services in the home/community. Travel can be to the individual's home, to various locations within the community, or to facilities where the client is receiving other related services. Travel time can be billed if the travel is related to the provision of one of the previously mentioned services and out-of-office settings are the preferred location for the service needed as documented in the service plan. Travel can be reported if the customer does not show for the appointment.

Staff Requirement: Psychotherapy and Crisis Intervention travel-

[MH and GA]
[SA]

LBHP
LBHP or
CADC*

* For a CADC, Crisis Intervention travel is for SA related crisis intervention only

Individual Rehabilitation travel-

[MH and GA]
[SA]

BHRS or LBHP
BHRS or LBHP

Systems of Care-

FSP (for Family Training & Support)
BHA (for Behavioral Health Aide)

		Billing Code	Rate/Unit
MH		S0215 HE, TG	\$16.38 / 15 minutes
SA		S0215 HF, TG	\$10.00 / 15 minutes
GA		S0215 HV, TG	\$16.38 / 15 minutes
SOC	FT&S	S0215 HE, HA, TG	\$9.75 / 15 minutes
	BHA	S0215 HE, HA, TF	\$7.77 / 15 minutes

INTENSIVE CASE MANAGEMENT SERVICES

Services shall focus on the treatment of: 1) individuals with a serious mental illness who are also identified as high utilizers of mental health services, and 2) individuals who are severely affected by substance use , and need extra assistance in accessing services and developing the skills necessary to remain in the community. The primary functions of intensive case management services are to assure an adequate and appropriate range of services are being provided to individuals to include: linkage with the mental health and/or substance abuse service systems, linkage with needed support system, and coordination of the various system components in order to achieve a successful outcome; aggressive outreach; and client education and resource skills development. Intensive Case management services can also be provided in an inpatient setting to assist with transition and discharge planning under the following circumstances: Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases (“IMD”- any facility which is 17 beds or more and the primary treatment is psychiatric) or individuals who are inmates of public institutions) may be considered to be transitioning to the community during the last 60 consecutive days of a long-term, institutional stay that is 180 consecutive days or longer in duration. For a short term, institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge. If an individual is in need of assistance with transition and discharge planning, and does not meet these circumstances, the service can be billed under the Outpatient in Inpatient Setting codes listed below.

Note: This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used). This service can only be provided to individuals age 18 and older.

Outpatient in Inpatient Setting: Transition/discharge planning services that do not meet the circumstances listed in the Intensive Case Management definition above should be billed using the “Outpatient in Inpatient Setting” codes below.

Staff Requirement: [MH, SA and GA] ICM

			Billing Code	Rate/Unit
MH	Outpatient	ICM (BHCM III)	T1016 HE, TG	\$20.31 / 15 minutes
		ICM (BHCM II)	T1017 HE, TG	\$16.38 / 15 minutes
	Outpatient in inpatient setting	ICM (BHCM III)	T1016 HE, TG, HK	\$20.31 / 15 minutes
		ICM (BHCM II)	T1017 HE, TG, HK	\$16.38 / 15 minutes
SA	Outpatient	ICM (BHCM III)	T2022 HF, TG	\$20.31 / 15 minutes
		ICM (BHCM II)	T2023 HF, TG	\$16.38 / 15 minutes
	Outpatient in inpatient setting	ICM (BHCM III)	T2022 HF, TG, HK	\$20.31 / 15 minutes
		ICM (BHCM II)	T2023 HF, TG, HK	\$16.38 / 15 minutes

GA	Outpatient	ICM (BHCM III)	T2022 HV, TG	\$20.31 / 15 minutes
		ICM (BHCM II)	T2023 HV, TG	\$16.38 / 15 minutes
	Outpatient in inpatient setting	ICM (BHCM III)	T2022 HV, TG, HK	\$20.31 / 15 minutes
		ICM (BHCM II)	T2023 HV, TG, HK	\$16.38 / 15 minutes

Clinical Testing Services

CLINICAL TESTING

Clinical Testing is utilized when an accurate diagnosis and determination of treatment needs cannot be made otherwise. Tests selected are currently accepted test batteries.

Required: Face-to-face and written report.

Staff Requirement: [MH and SA] Psychologist, Psychometrist, or LBHP (as allowed by License regulations).

	Billing Code	Rate/Unit
MH	96101 HE, HP	\$73.28 / 1 hour
MH (SA)	96101 HF, HP	\$73.28 / 1 hour

Consultation, Education, Training, and System Support Services

CONSULTATION

A formal and structured process of interaction between staff member(s) and unrelated individuals, groups, or agencies for the purpose of problem solving and/or enhancing their capacity to manage customers or programs.

Note: Up to 2 people participating in Consultation can bill for the meeting. This service can only be reported with a generic Customer ID (999999992).

Required: Written documentation.

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	99368 HE, TG	\$0.00 / 15 minutes
SA	99368 HF, TG	\$7.00 / 15 minutes
GA	99368 HV, TG	\$7.00 / 15 minutes

EDUCATION

Systematic presentation of selected information to impart knowledge or instructions, to increase understanding of specific issues or programs, and to examine attitudes and/or behaviors.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Written documentation.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	97537 HE, TF	\$0.00 / 15 minutes

INTRA-AGENCY CLINICAL CONSULTATION

A formal and structured process of interaction among staff from the same agency for the purpose of discussion and problem-solving regarding effective utilization of treatment modalities and supports in clinical service provision.

Note: Up to 4 people participating in Intra-agency Clinical Consultation can bill for the meeting. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH] 2 or more staff, any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	99368 HE	\$5.00 / 15 minutes

SYSTEM SUPPORT

Services provided as technical, professional, or informational assistance which may or may not be directly related to the treatment of a specific customer.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Face-to-face; telephone contacts; individual or group activity. Written documentation.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	99368 HE, TF	\$0.00 / 15 minutes

TRAINING

A structured, formal process by which information is delivered to or received by staff for orientation purposes, enhancement or treatment procedures, on-going in-service, or accreditation for professional/contractual requirements.

Note: This service can only be reported with a generic Customer ID (999999992).

Required: Face-to-face; individual or group activity. Written documentation. For SA training must be CEU approved.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	97537 HE	\$0.00 / 15 minutes
SA	97537 HF	\$7.00 / 15 minutes

TREATMENT TEAM MEETING

A formal and structured process of interaction among staff from the same agency for the purpose of evaluating and updating the treatment plan based on the customer’s documented progress, when the customer is not present.

Note: This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [SA and GA] 2 or more staff designated as providing services for an identified customer.

	Billing Code	Rate/Unit
SA	99368 HF	\$7.00 / 15 minutes
GA	99368 HV	\$7.00 / 15 minutes
Prison Related(RSAT, RSAT aftercare & SPTU)	99368 HF, QJ	\$5.00 / 15 minutes

Court Related Services

COMPETENCY EVALUATION

In-depth clinical evaluation on individuals charged with a crime for the purpose of determining if the individual has a mental disorder that could interfere with his/her ability to defend oneself. The evaluation should be conducted on an outpatient basis. If needed, the evaluation may be conducted in the jail. Can include up to 2 hours non face-to-face time for report preparation.

Required: Face-to-face and written report.

Staff Requirement: Must meet designation of the ODMHSAS to be a Competency Evaluator.

	Billing Code	Rate/Unit
MH	H2000 HE, H9	\$33.77 / 30 minutes

COURT RELATED SERVICES

Time spent working with the court system to provide an overview of presenting problems of an individual. Should include recommendations to relevant resources and assistance to ensure individuals continue to receive needed services. Includes court appearances, telephone contacts, travel time, and time spent writing reports to the court or attorneys.

Note: This service must occur in conjunction with a face-to-face service provided during the calendar month. For family court related services provided through TANF/Child Welfare contracts, time spent writing reports can include reports to OKDHS workers.

Staff Requirement: Staff working in Specialty Courts and Jail Diversion programs.

	Billing Code	Rate/Unit
MH	T1016 HE, H9	\$13.75 / 15 minutes
SA	T1016 HF, H9	\$13.75 / 15 minutes

DIVORCE VISITATION ARBITRATION SERVICES

Services to include but not be limited to: Arbitration and mediation in contested child custody matters; court-order visitation supervision; provision of individual and/or group counseling to children/families regarding divorce and related issues; and crisis diversion. Services may also include screening and referral.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH] BHRS or LBHP

	Billing Code	Rate/Unit
MH	H0022 HE	\$8.25 / 15 minutes

Crisis Intervention Services

CRISIS INTERVENTION SERVICES

An unanticipated, unscheduled emergency intervention, face-to-face or telephone, to resolve immediate, overwhelming problems that severely impair the individual’s ability to function or maintain in the community. Must include but not limited to: 24-hour/7 day per week triage, evaluation and stabilization; access to inpatient treatment, diagnosis and evaluation in external settings, such as jails and general hospitals; and referral services. Also, can include mobile crisis intervention services provided to individuals (and their families when appropriate) in their residence or natural setting. The crisis situation and significant functional impairment must be clearly documented.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999991), except for Telemedicine services which can only be reported with a unique ID. For a CADAC, Substance Abuse related crisis does not include diagnosis or providing intervention for someone who is suicidal or homicidal- these crisis services can only be provided by an LBHP.

Staff Requirement: [MH] LBHP
 [SA] LBHP or
 CADAC (for SA related crisis only)
 [GA] LBHP or CADAC with NCGC (including under supervision for NCGC)

		Billing Code	Rate/Unit	
MH	Face to Face	H2011 HE	\$27.86 / 15 minutes	
	Telephone	H0030 HE	\$19.50 / 15 minutes	
	Telemedicine	H2011 HE, GT	\$27.86 / 15 minutes	
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event	
Separator				
MH- <i>Community Support Services PA Group Only</i>	Face to Face	H2011 HE, U1	\$27.86 / 15 minutes	
	Telephone	H0030 HE, U1	\$19.50 / 15 minutes	
	Telemedicine	H2011 HE, GT, U1	\$27.86 / 15 minutes	
	Telemedicine Originating Site Fee	Q3014 HE, U1	\$23.35 / Event	
Separator				
SA	Face to Face	LBHP	H2011 HF	\$27.86 / 15 minutes
		CADC	H2011 HF, HN	\$16.25 / 15 minutes
	Telephone	LBHP	H0030 HF	\$19.50 / 15 minutes
		CADC	H0030 HF, HN	\$10.00 / 15 minutes
	Telemedicine- LBHP		H2011 HF, GT	\$27.86 / 15 minutes
	Telemedicine- CADC		H2011 HF, HN, GT	\$16.25 / 15 minutes
	Telemedicine Originating Site Fee		Q3014 HF	\$23.35 / Event
Separator				
GA	Face to Face	(2) LBHP with NCGC	H2011 HV	\$27.86 / 15 minutes
		(1) CADC with NCGC	H2011 HV, HN	\$16.25 / 15 minutes
	Telephone	(2) LBHP with NCGC	H0030 HV	\$19.50 / 15 minutes
		(1) CADC with NCGC	H0030 HV, HN	\$10.00 / 15 minutes

Employment Services

EMPLOYMENT TRAINING

Time actually spent, on-the-job-site, working with the individual, managers, supervisors, co-workers, business customers, and including active observation. Includes anything that is done on-the-job-site to assist the individual.

Required: Face-to-face; individual or group activity.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2025 HE	\$8.44 / 30 minutes

<i>Community Support Services PA Group Only</i>	H2025 HE, U1	\$8.44 / 30 minutes
---	--------------	---------------------

JOB RETENTION SUPPORT

A minimum of two contacts per month for a 3-month period with the focus of each contact being job retention and related support. Each contact must be documented in the clinical record and describe one or more of the following direct services: work adjustment counseling, job accommodation negotiation, after work support group, or other specifically described work related supports. Contacts can be in an individual or group setting.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2026 HE	\$420.00 / 3 months
<i>Community Support Services PA Group Only</i>	H2026 HE, U1	\$420.00 / 3 months

PRE-VOCATIONAL SERVICES

Services that focus on development of general work behavior. The purpose of pre-vocational services is to utilize individual and group work-related activities to: assist individuals with developing positive work attitudes, personal characteristics and work behaviors; to develop functional capacities; and to obtain optimum levels of vocational development.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2014 HE, TF	\$8.44 / 30 minutes
<i>Community Support Services PA Group Only</i>	H2014 HE, TF, U1	\$8.44 / 30 minutes
SA	H2014 HF, TF	\$8.44 / 30 minutes

VOCATIONAL SERVICES

The process of developing or creating appropriate employment situations for individuals with a serious mental illness who desire employment to include, but not limited to: the identification of employment positions, conducting job analysis, matching individuals to specific jobs, facilitating job expansion or advancement and communicating with employers about training needs.

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service (Employment Consultants, or other staff who have completed some form of job coach training, are preferred).

	Billing Code	Rate/Unit
MH	H2014 HE	\$8.44 / 30 minutes
<i>Community Support Services PA Group Only</i>	H2014 HE, U1	\$8.44 / 30 minutes

Medication Services

MEDICATION TRAINING AND SUPPORT

The medication training and support service is a documented review and educational session by a licensed registered nurse, or physician assistant focusing on the customer's response to medication and compliance with the medication regimen. The customer must be present at the time of the service. The review will include current medications and vital signs. A physician is not required to be present, but must be available for consult, if necessary. The service is designed to maintain the customer on the lowest level of the least intrusive medications, encourage normalization and prevent hospitalization.

Staff Requirement: Licensed registered nurse or physician assistant under the supervision of a physician.

	Billing Code	Rate/Unit
MH	H0034 HE	\$23.64 / 15 minutes

PHARMACOLOGICAL MANAGEMENT

Pharmacological management is a face-to-face interaction between the patient and a physician, or a physician's assistant or nurse practitioner under the supervision of a physician, which includes prescribing (physician's assistants and nurse practitioners may write medication orders or prescriptions consistent with state and federal law), use and review of medication. It includes review of possible side effects and any possible drug interactions with the patient. Medication compliance must also be documented. The service will include at a minimum a review of current medications, vital signs, and a problem focused history and examination.

Note: This service is reimbursed by visit and can be reimbursed for up to 6 visits per day.

- 1-15 minutes (1 visit)
- 16-30 minutes (2 visits)
- 31-45 minutes (3 visits)
- 46-60 minutes (4 visits)
- 61-75 minutes (5 visits)
- 76-90 minutes (6 visits)

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Staff Requirement: Licensed physician, or physician assistant or nurse practitioner under the supervision of a physician.

		Billing Code	Rate/Unit
MH		90862 HE	\$49.40 / Visit
	Telemedicine	90862 HE, GT	\$49.40 / Visit
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event

TOBACCO CESSATION COUNSELING- PHYSICIAN

This service covers the provision of tobacco cessation counseling, for individuals age 12 and older, utilizing the “5As” approach to tobacco cessation developed by the Agency for Healthcare Research and endorsed by the U.S. Public Health Service.

Note: Services must include the completion of a separate progress note with member-specific information addressing the 5As counseling. Progress notes must also include beginning and ending times for performing the service, and signature and credentials of the direct service provider. There is a limit of eight (8) services per individual per year.

Staff Requirement: Licensed physician, physician assistant, or nurse practitioner.

	Billing Code	Rate/Unit
3-10 minutes	99406 HE	\$12.47/event
Over 10 minutes	99407 HE	\$24.03/event

Outreach and Prevention Services

COMMUNITY OUTREACH

Activities in a face-to-face group setting directed toward identifying potential customers or persons who are at risk; explaining possible symptoms and behaviors; and explaining available service options and other actions to aid recovery/rehabilitation.

Note: This service is to be used for individuals who are not already admitted for services. This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

		Billing Code	Rate/Unit
MH		H0023 HE	\$20.00 / 30 minutes
	<i>Recovery Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes
SA		H0023 HF	\$20.00 / 30 minutes
GA		H0023 HV	\$20.00 / 30 minutes

INTENSIVE OUTREACH

Activities directed toward potential customer or persons who are at risk, with the purpose of establishing trust and rapport, explaining services available, and dispelling likely or actual resistance to services on the part of the potential customer.

Note: This service is to be used for individuals who are not already admitted for services, and can be provided either face to face, or through telephone contact. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	H0023 HE, TF	\$10.00 / 15 minutes
<i>Recovery Services PA Group Only</i>	H0023 HE, TF, U1	\$10.00 / 15 minutes
SA	H0023 HF, TF	\$10.00 / 15 minutes
GA	H0023 HV, TF	\$10.00 / 15 minutes

PREVENTION/SUPPORT TYPE ACTIVITIES

Minimum group size of 3. Participants do not have to be admitted into the system as DMHSAS customers. Prevention services are planned group activities to reduce the risk individuals will experience substance abuse, and/or mental health problems (both initial onset and to reduce the risk of increased problems once problems have been identified). Participants can be children and/or caretakers of children, adults and/or identified natural supports. Examples of allowable activities will include parenting groups, support groups for children or caretakers, support groups for adults and/or identified natural supports, and focused groups for high-risk children and youth. Documentation of activities and participants will be required.

Note: Group size should not exceed eight (8) participants, and this service has a limit of 1 ½ hours per day. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). For the specialized activities provided through designated advocacy organizations, the group size may not exceed twenty (20).

Staff Requirement: [MH] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	H0024 HE	\$18.50 / 30 minutes

SUBSTANCE ABUSE EARLY INTERVENTION

A school based/sanctioned service provided by substance abuse treatment and prevention professionals to youth who are, or who have been, using or abusing substances. Services are for the purpose of assisting youth in the identification of personal substance abuse problems and developing motivation for corrective action and may include screening; therapeutic education on substance abuse; brief family

counseling; evaluation to guide referral and assistance with therapeutic linkages. Services may be provided individually, to families or to groups of up to ten (10) youth Face-to-face is required.

Note: This service can only be reported with a generic Customer ID (999999992).

Staff Requirement: [SA] LBHP, CADC, CADC-U, or Certified Prevention Specialist
(Only LBHP and CADC can provide the brief family counseling service component)

	Billing Code	Rate/Unit
SA	H0022 HF	\$11.00 / 15 minutes

PACT Services

NOTE: For reporting purposes only.

ACT (FACE TO FACE)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	H0039 HE	\$24.60 / 15 minutes
SA	H0039 HF	\$24.60 / 15 minutes
Co-occurring	H0039 HH	\$24.60 / 15 minutes

ACT (FACE TO FACE) – GROUP

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	H0039 HE, HQ, HK	\$5.99 / 15 minutes
SA	H0039 HF, HQ, HK	\$5.99 / 15 minutes
Co-occurring	H0039 HH, HQ, HK	\$5.99 / 15 minutes

TARGETED CASE MANAGEMENT (ACT)

Staff Requirement: CM I, II, III

	Billing Code	Rate/Unit
MH	T1017 HE	\$15.23 / 15 minutes
SA	T1017 HF	\$15.23 / 15 minutes
Co-occurring	T1017 HH	\$15.23 / 15 minutes

MEDICATION REMINDER SERVICE (ACT) (NON-FACE TO FACE)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	S5185 HE	\$18.00 / Month
SA	S5185 HF	\$18.00 / Month
Co-occurring	S5185 HH	\$18.00 / Month

SCREENING (ACT)

Staff Requirement: PACT Team (Tx Team)

	Billing Code	Rate/Unit
MH	T1023 HE	\$55.80 / Event
SA	T1023 HF	\$55.80 / Event
Co-occurring	T1023 HH	\$55.80 / Event

ORAL/INJECTION MEDICATION ADMINISTRATION (ACT) (RN)

Staff Requirement: RN

	Billing Code	Rate/Unit
MH	T1502 HE	\$20.24 / Visit
SA	T1502 HF	\$20.24 / Visit
Co-occurring	T1502 HH	\$20.24 / Visit

PHARMACOLOGICAL MANAGEMENT (ACT)

(see definition and staff requirement under Medication Services)

		Billing Code	Rate/Unit
MH		90862 HE	\$49.40 / Visit
	Telemedicine	90862 HE, GT	\$49.40 / Visit
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		90862 HF	\$49.40 / Visit
	Telemedicine	90862 HF, GT	\$49.40 / Visit
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
CO		90862 HH	\$49.40 / Visit
	Telemedicine	90862 HH, GT	\$49.40 / Visit
	Telemedicine Originating Site Fee	Q3014 HH	\$23.35 /Event

TRAVEL (ACT)

*This service is for tracking purposes only and will pay \$0.00, however, the claims system requires a rate amount so you will enter \$0.51

	Billing Code	Rate/Unit
MH	S0215 HE, TF	\$0.51 / Minute

Psychotherapy Services

FAMILY PSYCHOTHERAPY

A face-to-face therapeutic session conducted by a Clinician with family members/couples conducted in accordance with a documented service plan focusing on treating family/marital problems and goals. The service must be provided to specifically benefit a DMHSAS eligible individual as identified in a service plan and use generally accepted treatment methods for this modality of treatment.

Note: This service is typically inclusive of the identified consumer, but may be performed if indicated without the consumer's presence. When the consumer is an adult, his/her permission must be obtained in writing.

Staff Requirement: [MH LBHP
 [SA] LBHP or CADC
 [GA] LBHP or CADC with NCGC (including under supervision for NCGC)

			Billing Code	Rate/Unit
MH	w/ customer present		H0004 HE, HR	\$21.36 / 15 minutes
	w/out customer present		H0004 HE, HS	\$21.36 / 15 minutes
SA	w/ customer present	LBHP	H0004 HF, HR	\$21.36 / 15 minutes
		CADC	H0004 HF, HR, HN	\$16.25 / 15 minutes
	w/out customer present	LBHP	H0004 HF, HS	\$21.36 / 15 minutes
		CADC	H0004 HF, HS, HN	\$16.25 / 15 minutes
GA	w/ customer present	(2) LBHP with NCGC	H0004 HV, HR	\$21.36 / 15 minutes
		(1) CADC with NCGC	H0004 HV, HR, HN	\$16.25 / 15 minutes
	w/out customer present	(2) LBHP with NCGC	H0004 HV, HS	\$21.36 / 15 minutes
		(1) CADC with NCGC	H0004 HV, HS, HN	\$16.25 / 15 minutes
Prison Related	w/ customer present	LBHP	H0004 HF, HR, QJ	\$21.36 / 15 minutes
		CADC	H0004 HF, HR, HN, QJ	\$16.25 / 15 minutes
	w/out customer present	LBHP	H0004 HF, HS, QJ	\$21.36 / 15 minutes
		CADC	H0004 HF, HS, HN, QJ	\$16.25 / 15 minutes

GROUP PSYCHOTHERAPY

A face-to-face therapeutic session with a group of individuals using the interaction of the Clinician and two or more customers to promote positive emotional or behavioral change. The focus of the group must be directly related to goals and objectives of the individual customer service plan and use a generally accepted framework for this modality of treatment. This service does not include social skill development or daily living skill activities. Group Psychotherapy for adults is limited to eight total clients, except for the residents of nursing and ICF/MR facilities where the limit is six total residents. Group size is limited to a total of six clients for all children. A group may not consist solely of related individuals.

Prison Related: For Prison Related group psychotherapy, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH] LBHP
 [SA] LBHP or CADC
 [GA] LBHP or CADC with NCGC (including under supervision for NCGC)

		Billing Code	Rate/Unit
MH		H0004 HE, HQ	\$9.28 / 15 minutes
SA	LBHP	H0004 HF, HQ	\$9.28 / 15 minutes
	CADC	H0004 HF, HQ, HN	\$8.00 / 15 minutes
GA	(2) LBHP with NCGC	H0004 HV, HQ	\$9.28 / 15 minutes
	(1) CADC with NCGC	H0004 HV, HQ, HN	\$8.00 / 15 minutes
Prison Related (RSAT Aftercare & Wraparound)		H0004 HF, HQ, QJ	\$7.50 / 15 minutes

INDIVIDUAL PSYCHOTHERAPY

A face-to-face therapeutic session with one on one interaction between a Clinician and a customer to promote emotional or psychological change to alleviate disorders. Psychotherapy must be goal directed and use a generally accepted approach to treatment such as cognitive behavioral treatment, narrative therapy, solution focused brief therapy or another widely accepted theoretical framework for treatment, in accordance with an individualized service plan.

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Staff Requirement: [MH] LBHP
 [SA] LBHP or CADC
 [GA] LBHP or CADC with NCGC (including under supervision for NCGC)

		Billing Code	Rate/Unit
MH		H0004 HE	\$18.57 / 15 minutes
	Telemedicine	H0004 HE, GT	\$18.57 / 15 minutes
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event
SA	LBHP	H0004 HF	\$18.57 / 15 minutes
	CADC	H0004 HF, HN	\$14.00 /15 minutes
	Telemedicine- LBHP	H0004 HF, GT	\$18.57 / 15 minutes
	Telemedicine- CADC	H0004 HF, HN, GT	\$14.00 / 15 minutes
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 / Event
GA	(2) LBHP with NCGC	H0004 HV	\$18.57 / 15 minutes
	(1) CADC with NCGC	H0004 HV, HN	\$14.00 /15 minutes
Prison Related	LBHP	H0004 HF, QJ	\$18.57 / 15 minutes
	CADC	H0004 HF, HN, QJ	\$14.00 /15 minutes

Rehabilitation and Skill Development Services

CLUBHOUSE

A psychiatric rehabilitation program that adheres to the International Standards for Clubhouse Programs and that has been certified as a Clubhouse program through the International Center for Clubhouse Development (ICCD).

Staff Requirement: [MH] Completion of orientation in the ICCD Clubhouse model.

	Billing Code	Rate/Unit
MH	H2030 HE	\$4.22 / 15 minutes

GROUP REHABILITATIVE TREATMENT

A face-to-face, group service provided by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. This service includes educational and supportive services regarding independent living, self care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Travel time to and from activities is not included. The maximum staffing ratio is fourteen customers to one qualified staff for adults age 18 and older, and eight customers to one qualified staff for children under the age of 18.

Note: This service is generally performed with only customers, but may include the customer and the customer's family/support system in a group that focuses on the customer's diagnosis, symptom/behavior management, and recovery based curriculum.

Prison Related: For Prison Related group rehabilitative treatment, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and GA] BHRS or LBHP
[SA] BHRS or LBHP

	Billing Code	Rate/Unit
MH	H2017 HE, HQ	\$4.22 / 15 minutes
SA	H2017 HF, HQ	\$4.22 / 15 minutes
GA	H2017 HV, HQ	\$4.22 / 15 minutes
Prison Related	H2017, HF, HQ, QJ	\$4.22 / 15 minutes
Prison Related (SPTU & RSAT- 12)	H0004 HF, HQ, TF, QJ	\$2.00 / 15 minutes

ILLNESS MANAGEMENT AND RECOVERY (IMR)

Psychiatric Rehabilitation program staff who have received ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR Programs, and who are providing curriculum based life skills training through IMR should utilize the following code/modifier to report time spent doing IMR:

Staff Requirement: [MH] BHRS or LBHP, and completion of ODMHSAS facilitated training on Illness Management and Recovery (IMR) for PSR Programs.

	Billing Code	Rate/Unit
MH	H2017 HE, HQ, TF, TG	\$4.22 / 15 minutes

INDIVIDUAL REHABILITATIVE TREATMENT

A face-to-face service, provided one on one by qualified staff to develop skills necessary to perform activities of daily living and successful integration into community life. This service includes educational and supportive services regarding independent living, self care, social skills regarding development, lifestyle changes and recovery principles and practices (including relapse prevention). Services provided typically take the form of curriculum based education and skills practice, and should be goal specific in accordance with an individualized service plan. Travel time to and from treatment sessions is not included.

Note: This service is generally performed with only customers, but may include the customer and the customer’s family/support system during a service that focuses on the customer’s diagnosis, symptom/behavior management, and recovery based curriculum.

Staff Requirement: [MH and GA] BHRS or LBHP
[SA] BHRS or LBHP

	Billing Code	Rate/Unit
MH	H2017 HE	\$15.20 / 15 minutes
SA	H2017 HF	\$15.20 / 15 minutes
GA	H2017 HV	\$15.20 / 15 minutes

PSYCHIATRIC REHABILITATION SERVICES

Therapeutic day program designed to provide an array of services that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence. Program services shall seek to optimize the participant's potential for occupational achievement, goal setting, skill development, and increased quality of life, therefore maximizing the individual's independence from institutional care and supports in favor of community and peer support. Program service elements include curriculum based life skills training (covering self-management of illness, independent living skills, social skills, and work related skills) with a multi-dynamic learning approach and an explicit focus on generalization to contexts beyond the immediate learning task and transfer of skills to real life situations. Service elements also include a work unit's component where members and staff work side by side to complete the work of the program, and a community based supports component that provides on-going in home or community based support services, based on customer need and choice, in the areas of housing, employment, education and the development of natural supports.

Note: Group activity. Provided to adults age 18 or older.

Staff Requirement: [MH] BHRS or LBHP, and completion of orientation in the PSR model.

	Billing Code	Rate/Unit
MH	H2017 HE, HQ, TF	\$4.22 / 15 minutes

WELLNESS RESOURCE SKILLS DEVELOPMENT

The process of providing direction and coordinating support activities that promote good physical health. The focus of these activities should include areas such as nutrition, exercise, support with averting or managing physical health concerns like heart disease, diabetes, and cholesterol, and support regarding the effects medications have on physical health. Services can include support groups, exercise groups, and individual physical wellness plan development, implementation assistance and support. Services can also include the provision of the Live Longer, Live Stronger program.

Note: Curriculum based education and skill training may be provided and billed under rehabilitation services.

Required: Face-to-face; individual or group activity. Group size should not exceed ten (10) participants, and this service has a limit of 2 ½ hours per day.

Staff Requirement: [MH and SA] Any level of ODMHSAS outpatient service provider can provide this service, except for the Live Longer, Live Stronger program for which the service provider has to have received specialized training.

	Billing Code	Rate/Unit
MH	T1012 HE	\$4.50 / 15 minutes

Community Support Services PA Group Only	T1012 HE, U1	\$4.50 / 15 minutes
SA	T1012 HF	\$4.50 / 15 minutes

Screening and Assessment Services

BEHAVIORAL HEALTH ASSESSMENT (NON-MD) MODERATE COMPLEXITY

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer (and family, if deemed appropriate); may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. This includes independent evaluations performed for children. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan.

Note: Bill the “date of service” as the date when the assessment is fully completed and it has been signed by the LBHP. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it has been more than one year since the previous assessment.

Required: Face-to-face and written report (assessment documentation). ***Minimum face-to-face time of two hours or more.***

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Medically Supervised Detox: For Medically Supervised Detox assessment, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and SA] LBHP
 [GA] LBHP or CADC with NCGC (including under supervision for NCGC)

		Billing Code	Rate/Unit
MH		H0031 HE	\$122.61 / Event
	Telemedicine	H0031 HE, GT	\$122.61 / Event
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		H0031 HF	\$122.61 / Event
	Telemedicine	H0031 HF, GT	\$122.61 / Event
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event

GA (2) LBHP with NCGC	H0031 HV	\$122.61 / Event
GA (1) CADC with NCGC	H0031 HV, HN	\$122.61 / Event
Medically Supervised Detox	H0031 HF, TD	\$122.61 / Event

BEHAVIORAL HEALTH ASSESSMENT (NON-MD) LOW COMPLEXITY

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer (and family, if deemed appropriate); may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. This includes independent evaluations performed for children. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan.

Note: Bill the “date of service” as the date when the assessment is fully completed and it has been signed by the LBHP. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it has been more than one year since the previous assessment.

Required: Face-to-face and written report (assessment documentation). ***Minimum face-to-face time of one and one half hours.***

Telemedicine: The Telemedicine Originating Site Fee is submitted from the location where the customer is located. The telemedicine service is submitted from the location where the clinician is located.

Prison Related: For Prison Related assessment, providers will need to follow contract requirements for service provision.

Medically Supervised Detox: For Medically Supervised Detox assessment, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and SA] LBHP
 [GA] LBHP or CADC with NCGC (including under supervision for NCGC)

		Billing Code	Rate/Unit
MH		H0031 HE, TF	\$81.74 / Event
	Telemedicine	H0031 HE, TF, GT	\$81.74 / Event
	Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
SA		H0031 HF, TF	\$81.74/ Event
	Telemedicine	H0031 HF, TF, GT	\$81.74 / Event
	Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event

GA (2) LBHP with NCGC	H0031 HV, TF	\$81.74 / Event
GA (1) CADC with NCGC	H0031 HV, TF, HN	\$81.74 / Event
Prison Related (SPTU/RSAT)	H0031 HF, TF, HQ, QJ	\$81.74 / Event
Medically Supervised Detox	H0031 HF, TF, TD	\$81.74 / Event

CLINICAL EVALUATION AND ASSESSMENT FOR CHILDREN IN SPECIALTY SETTINGS

A face-to-face formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an interview with the customer, care givers, and family, if deemed appropriate, an observation of child (children) in interaction with other children and care givers. It may also include psychological testing, scaling of the severity of each problem identified for treatment; and /or pertinent collaborative information. The evaluation will determine an appropriate course of assistance which will be reflected in the service plan or formal consultation plan and report discussed with the care givers. Can include up to 2 hours non face-to-face time (of the qualified staff) for report preparation, in addition to direct observation and interaction with the child (or children) and care givers.

Note: This service can only be provided by providers who have a Child Care Consulting contract or for Systems of Care as defined below. This service can be reported with either a unique Customer ID or a generic Customer ID (999999992).

Systems of Care (SOC): This service can be provided by designated SOC staff in relation to strengths, needs and cultural discovery; crisis plan; safety plan; and functional assessment, and can include up to 6 hours of non face-to-face time for report preparation.

Staff Requirement: [MH] LBHP

	Billing Code	Rate/Unit
MH	S9482 HE	\$40.87 / 30 minutes
SOC	S9482 HE, TF	\$16.38 / 15 minutes

SCREENING AND REFERRAL

A formal process of evaluation of the Presenting problems of an individual which results in the referral of the individual to relevant service resources. The evaluation process is to determine the likelihood that an individual may be experiencing mental health, substance abuse, trauma, or gambling related disorders. The purpose is not to establish the presence or specific type of such disorder but to establish the need for referral for more in-depth clinical evaluation and assessment and/or referral to relevant service resources. Services can include the time spent on screening (face to face and by telephone), time spent on assisting with intake documentation, and time spent on referral to external agencies at the time of screening and admission only.

Note: This service can be reported with either a unique Customer ID or a generic Customer ID (999999992). Up to two (2) units/events of this service can be billed; only one unit/event can be billed per day.

Required: Written documentation is required for all contacts.

Prison Related: For Prison-related screening, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and GA] BHRS or LBHP
[SA] BHRS or LBHP

	Billing Code	Rate/Unit
MH	H0002 HE, HN	\$25.32 / Event
SA	H0002 HF, HN	\$25.32 / Event
Co-Occurring	H0002 HH, HN	\$25.32 / Event
GA	H0002 HV, HN	\$25.32 / Event
Screening TANF (Group)	H0002 HF	\$10.00 / 15 minutes
Screening Prison-related	H0002 HF, HQ, QJ	\$20.00 / 30 minutes

Service Plan Development and Review

BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT MODERATE COMPLEXITY

The process of developing a written plan based on the assessments (conducted by LBHP) that identify the clinical needs/problems necessitating treatment. This process includes establishing goals and objectives; planning appropriate interventions; identifying treatment modalities, responsible staff, and discharge criteria. Customer involvement must be clearly documented, if the customer is 14 years of age or older. If the customer is under 18 years of age, the parent or guardian must also be involved; as allowed by law.

Note: Treatment team members can assist with writing the service plan, with oversight from LBHP. The LBHP must complete the assessment, review and sign the service plan. One unit of Behavioral Health Service Plan Development Moderate Complexity per customer per provider is allowed without prior authorization. If determined by the ODMHSAS or its designated agent, one additional unit per year may be authorized.

Required: Face-to-face; written documentation which must include customer participation and signature.

Prison Related: For Prison Related service plan development, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and SA] LBHP

[GA] LBHP or CADC with NCGC (including under supervision for NCGC)

	Billing Code	Rate/Unit
MH	H0032 HE	\$135.08 / Event
SA	H0032 HF	\$135.08 / Event
GA (2) LBHP with NCGC	H0032 HV	\$135.08 / Event
GA (1) CADC with NCGC	H0032 HV, HN	\$135.08 / Event
Prison Related	H0032 HF, QJ	\$60.00 / Event

BEHAVIORAL HEALTH SERVICE PLAN DEVELOPMENT LOW COMPLEXITY

A comprehensive review and evaluation of the current treatment of the customer. This includes a review of the service plan with the customer and the update of the plan as required. For mental health it includes the CAR evaluation, and for substance abuse it includes the ASI. This review may be in the form of a multi-disciplinary staffing or at times only the clinician and customer. All compensable service plan reviews must include an update to the individual service plan. Customer involvement must be clearly documented, if the customer is 14 years of age or older. If the customer is under 18 years of age, the parent or guardian must also be involved; as allowed by law.

Note: Treatment team members can assist with writing the service plan, with oversight from LBHP. The LBHP must complete the assessment, review and sign the service plan. Service plan updates are required every six months during active treatment. Updates can be conducted whenever needed as determined by the clinician and the customer. Updates to goals, objectives, service provider, services, and service frequency, can be documented in a progress note until the six month review/update is due.

Required: Face-to-face; written documentation which must include customer participation and signature.

Prison Related: For Prison Related service plan development, providers will need to follow contract requirements for service provision.

Staff Requirement: [MH and SA] LBHP
 [GA] LBHP or CADC with NCGC (including under supervision for NCGC)

	Billing Code	Rate/Unit
MH	H0032 HE, TF	\$84.48 / Event
SA	H0032 HF, TF	\$84.48 / Event
GA (2) LBHP with NCGC	H0032 HV, TF	\$84.48 / Event
GA (1) CADC with NCGC	H0032 HV, TF, HN	\$84.48 / Event

Prison Related	H0032 HF, TF, QJ	\$40.00 / Event
----------------	------------------	-----------------

Service Related Travel

TRAVEL

Report the number of miles traveled. Travel can be to the individuals' home, to various locations within the community or to facilities where the customer is receiving other related services.

Reporting for Disaster Travel: submitted services rendered for those agencies entering disaster related services, with Contract Source 81. The Program Manager for Disaster Planning and Recovery will inform agencies of which disaster code to use.

Reporting for Non-Disaster Travel: for designated contractors only.

Note: This service can only be reported with a generic Customer ID (999999993 for disaster related travel, and 999999992 for non-disaster related travel).

Staff Requirement: [MH, SA and GA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
MH	S0215 HE, TF	\$0.51 / mile
<i>Community Support Services PA Group Only</i>	S0215 HE, TF, U1	\$0.51 / mile
SA	S0215 HF, TF	\$0.51 / mile
GA	S0215 HV, TF	\$0.51 / mile

Specialized Substance Abuse Services

DRUG SCREEN

A drug screen is a method of testing for the use of drugs by clients in substance abuse treatment. It must be qualitative and test for multiple drug classes, and will include Urine Analysis (U.A's). U.A's should be administered if indicated by the clinical interview or assessments administered to the clients. Appropriate documentation is required.

Staff Requirement: [SA] Any level of ODMHSAS outpatient service provider can provide this service.

	Billing Code	Rate/Unit
SA	H0003 HF	\$19.10 / Screen

Therapeutic Behavioral Services

BEHAVIORAL HEALTH AIDE

This service provides the training and support necessary to ensure active participation of the customer (and family) in the service plan development process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment

process. Training may be provided, such as life skills remedial training in the home, school or community setting, to include training and remediation of children and the families on behavioral, interpersonal, communication, self help, safety, substance use decisions, and daily living skills. This may involve assisting the customer and/or family in the acquisition of knowledge and skills necessary to understand and address specific needs relation to the mental illness and treatment; development and enhancement of specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Face to face. Individual activity. Provided to children or youth under the age of 21. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used).

Staff Requirement: [MH and SA] BHA

		Billing Code	Rate/Unit
MH	Outpatient	H2019 HE	\$7.77 / 15 minutes
	Outpatient in Inpatient Setting	H2019 HE, HK	\$7.77 / 15 minutes
SA	Outpatient	H2019 HF	\$7.77 / 15 minutes
	Outpatient in Inpatient Setting	H2019 HF, HK	\$7.77 / 15 minutes

COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST

This service provides the training and support necessary to ensure active participation of the customer (and family when applicable) in the service plan development process and with the on-going implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to the customer to assist with their recovery process. This may involve assisting the customer in the acquisition of knowledge and skills necessary to understand and address specific needs in relation to their mental illness and treatment; development and enhancement of problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; development and enhancement of communication and socialization skills; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Face to face or phone contact. Individual activity. Provided to adults age 18 or older. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used). If a telephone service is being provided and the service provided is compensable as Case

Management (like monitoring), and the RSS providing the service is Case Management Certified, the service should be billed as Case Management.

Staff Requirement: [MH and SA] RSS

		Billing Code	Rate/Unit
MH	Outpatient	H2015 HE	\$9.75 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HE, HK	\$9.75 / 15 minutes
	Telephone	H2015 HE, TF	\$0.65 / 1 minute
<hr/>			
<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$9.75 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HE, HK, U1	\$9.75 / 15 minutes
	Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute
<hr/>			
SA	Outpatient	H2015 HF	\$9.75 / 15 minutes
	Outpatient in Inpatient Setting	H2015 HF, HK	\$9.75 / 15 minutes
	Telephone	H2015 HF, TF	\$0.65 / 1 minute

COMMUNITY RECOVERY SUPPORT / RECOVERY SUPPORT SPECIALIST-GROUP

Face-to-face group community recovery support services conducted by trained individuals who have experienced similar behavioral health problems. This service can include the facilitation of Wellness Recovery Action Plans (WRAP).

Note: Group activity. Provided to adults age 18 or older.

Staff Requirement: [MH and SA] RSS

	Billing Code	Rate/Unit
MH	H2015 HE, HQ	\$1.45 / 15 minutes
<i>Community Support Services PA Group Only</i>	H2015 HE, HQ, U1	\$1.45 / 15 minutes
SA	H2015 HF, HQ	\$1.45 / 15 minutes

FAMILY TRAINING AND SUPPORT

This service provides the training and support necessary to ensure active participation of the family or consumer in the treatment planning process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to family members to increase their ability to provide a safe and supportive environment in the home and community. This may involve assisting the consumer or family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on

medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Individual activity. Provided to children or youth under the age of 21. This service can be provided in an inpatient setting to assist with transition/discharge planning (specific code for inpatient setting should be used).

Staff Requirement: [MH and SA] FSP

		Billing Code		Rate/Unit
MH	Outpatient	Face to face	T1027 HE	\$9.75 / 15 minutes
		Telephone	T1027 HE, TF	\$0.65 / 1 minute
	Outpatient in Inpatient Setting	T1027 HE, HK		\$9.75 / 15 minutes
SA	Outpatient	Face to face	T1027 HF	\$9.75 / 15 minutes
		Telephone	T1027 HF, TF	\$0.65 / 1 minute
	Outpatient in Inpatient Setting	T1027 HF, HK		\$9.75 / 15 minutes

COMMUNITY LIVING PROGRAMS (CL)

SERVICE DEFINITIONS

Community Housing Programs

NOTE: Community Housing Programs are not considered all inclusive days of service. A day of service should be reported for the customer, as well as all hourly services provided to that customer within the day.

FAMILY SELF SUFFICIENCY PROGRAM

This is a time limited (12 months or less) housing program for families of children with SED. The service is for 1) homeless families, 2) families at risk of losing housing or 3) families in crisis. Assisting families to create a stable home environment is intended to reduce out-of-home placement, increase school attendance, and reduce or mitigate contacts with law enforcement for the SED child(ren) within the family. The program should also assist the family in establishing residential stability and increased economic self sufficiency.

The program should incorporate elements of a system of care for SED families including blended funding, wraparound services, collaboration with other service providers, and strengths based, family directed plans and services.

The service should be reported for the child with SED.

	Billing Code	Rate/Unit
MH	H0043 HE, HA	\$55.00 / Day

PERMANENT SUPPORTED HOUSING PROGRAMS

Programs assist consumers in the acquisition of permanent, scattered-site and congregate housing in the community. The consumer/resident shall be the lessee. On-site or off-site supports/contact shall be provided at least once per month. Independent living skills training will be offered. Psychosocial rehabilitation services shall be made available, and socialization and recreational opportunities will be offered or arranged for at least twice a week.

Note: If a person is referred to the program prior to finding housing, the process of acquiring permanent housing in the community would be covered under this service and Case Management could not be billed for these activities. Once housing has been acquired, the following services would be included: offering social/recreational opportunities 2x weekly, offering independent living skills training, and providing additional on-site or off site supports at least once per month. This would also include Case Management services related to maintaining housing (ex. advocacy with landlord

and neighbors, rental assistance, home maintenance, etc.), and Individual and group rehab service related to housing (ex. understanding and adhering to lease agreements, being a good tenant and neighbor, home safety and maintenance, etc.). Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc) could be billed for non-housing related issues.

	Billing Code	Rate/Unit
MH	H0043 HE, TF	\$12.50 / Day

SAFE HAVEN

A temporary shelter for a homeless person with mental illness. Each individual has a private room. The length of stay is not defined and can be long term. Safe Haven services assist homeless persons build relationships with mental health service providers, access community programs, and facilitate the eventual transition to permanent housing.

	Billing Code	Rate/Unit
MH	H0043 HE	\$30.00 / Day

SUPERVISED TRANSITIONAL LIVING PROGRAMS

Programs are supervised places of temporary transitional residence for mental health consumers needing on-site support twenty-four (24) hours a day. These programs are intended to assist residents with stabilization and acquisition of skills necessary to transition to an independent living situation. Twenty hours of meaningful activity offered each week, with at least ten hours provided on-site and with a least eight of those 10 hours focusing specifically on independent living skills training.

Note: This service includes the following: funding 24 hour on-site staffing (staff on site at all times). Offering 20 hours of meaningful activity each week (ex. housing support groups, social/rec. activities, independent living skills training, etc.), with at least ten hours provided on-site and with at least 8 of those 10 focusing specifically on independent living skills. Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing (independent living) related issues.

	Billing Code	Rate/Unit
MH	H0043 HE, TG	\$70.00 / Day

SUPPORTED TRANSITIONAL HOUSING PROGRAMS

Programs are group apartment living or other residential settings with staff available as needed. Programs offer or make available to residents: psychosocial rehabilitation services, one evening or weekend socialization and recreational activity per week, eight hours of meaningful activity per week with at least five of those hours including on-site independent living skills training.

Note: This service includes the following: the provision of one evening or weekend social/rec. activity per week, offering 8 hours of meaningful activity each week (ex. housing support groups, social/rec. activities, independent living skills training, etc.),

with at least five hours provided on-site and focusing specifically on independent living skills. Other ODMHSAS services (ex: Case Management, PSR, Therapy, etc.) could be billed for non-housing (independent living) related issues.

	Billing Code	Rate/Unit
MH	H0043 HE, TG, TF	\$55.00 / Day

Halfway House Programs

NOTE: No hourly services should be reported for customers admitted in Halfway House. For customers who are seen but not admitted, Screening and Referral and assessment services can be reported as hourly services.

HALFWAY HOUSE

A low intensity addiction treatment in a supportive living environment to facilitate the individual's re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow up, and community ancillary services in an environment supporting continued abstinence. Customers participate in at least six (6) hours of structured addiction rehabilitation services weekly.

	Billing Code	Rate/Unit
SA	H2034 HF	\$46.00 / Day

HALFWAY HOUSE SERVICES FOR ADOLESCENTS

A low intensity addiction treatment in a supportive living environment to facilitate the adolescent's re-integration into the community, most often following completion of primary treatment. Major emphasis is on continuing substance abuse care and follow-up for adolescents.

	Billing Code	Rate/Unit
SA	H2034 HF, HA	\$63.00 / Day

HALFWAY HOUSE SERVICES FOR CO-OCCURRING DISORDERS

Addiction/chemical dependency and mental health services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of supportive services.

	Billing Code	Rate/Unit
SA	H2034 HH	\$46.00 / Day

HALFWAY HOUSE SERVICES FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS

Halfway house services are designed to aid the dependent children of recovering substance abusers by placement with their parent in a supportive setting including

provision of room and board with a limited structure program that includes prevention services.

	Billing Code	Rate/Unit
SA	H2034 HF, HD, HA	\$63.00 / Day

HALFWAY HOUSE SERVICES FOR PREGNANT & POST PARTUM WOMEN

Addiction and chemical dependency services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of supportive services for pregnant/post partum women.

	Billing Code	Rate/Unit
SA	H2034 HF, HD, TF	\$117.00 / Day

HALFWAY HOUSE SERVICES FOR WOMEN WITH DEPENDENT CHILDREN

Addiction and chemical dependency services in a residential setting providing a planned regimen of twenty-four (24) hour supervised living arrangements, to include professionally directed evaluation, care, and treatment. Treatment offers individualized services and treatment, and clients must participate in at least six (6) hours of supportive services, parenting, and child development services per week for adults, and six (6) therapeutic hours of services for children (excluding infants).

	Billing Code	Rate/Unit
SA	H2034 HF, HD	\$63.00 / Day

Residential Care Services

NOTE: Residential Care Services are not considered all inclusive days of service. A day of service should be reported for the customer, as well as all hourly services provided to that customer within the day.

ENHANCED RESIDENTIAL CARE

This service is the same as T2033 HE, Residential Care, with the additional requirements noted in Residential Care Standard OAC 450:16.

	Billing Code	Rate/Unit
MH	T2033 HE, TG	\$61.73 / Day

RESIDENTIAL CARE

The provision of twenty-four-hour supportive assistance to include physical exercise, daily living skills, and socialization activities to those clients with a Serious Mental Illness who are pre-authorized to live in a residential care facility.

	Billing Code	Rate/Unit
MH	T2033 HE	\$10.00 / Day

RESIDENTIAL CARE RECOVERY ENHANCEMENT

The provision of additional supportive assistance to promote the recovery and independence of residents, as demonstrated by designation of the provider as a Recovery Home.

	Billing Code	Rate/Unit
MH	T2033 HE, TF	\$11.00 / Day

RESIDENTIAL CARE TRANSITIONAL SERVICES- MENTAL HEALTH

Services to assist people with mental illness or co-occurring disorders who request assistance with transition from a residential care home into community based permanent housing. Service recipients choose the community and type of housing they live in, and they hold their own lease. The landlord may not be a Residential Care facility. The following services shall be offered or arranged for: assistance with locating housing; transportation to Doctor/treatment and grocery store; opportunities for socialization including evening and weekend opportunities; assistance with housing related deposits; and assistance with independent living skills (ex: budgeting, planning of meals, housekeeping skills, etc.). In addition, 24 hour access to support will be provided, with at least 1 face to face contact provided per week. And linkage to community supports will be provided (ex: outpatient mental health services, natural supports, etc.) to ensure long term housing success. This service can be provided a maximum of 90 days per person. Up to 10 of those days can be billed while the service recipient is residing in a Residential Care home (to allow time to find and arrange for permanent housing). Service recipients cannot be charged for this service.

	Billing Code	Rate/Unit
MH	T2033 HE, 52	\$10.00 / Day

RESIDENTIAL TREATMENT (CI)

SERVICE DEFINITIONS

NOTE: All services in the Intensive Residential Treatment Level of Care are all inclusive days of service. No hourly services should be reported for customers admitted in Residential Treatment. For customers who are seen but not admitted, Screening and Referral and assessment services can be reported as hourly services.

ENHANCED RESIDENTIAL TREATMENT – MENTAL HEALTH

Enhanced Residential (live in) treatment for persons with mental illness who require specialized psychiatric treatment requiring 24 hour, seven day per week medical supervision and an active rehabilitation program as a result of their mental illness. Treatment offers access to individual and/or group counseling, activities therapy, medication administration by licensed staff, psychiatric rehabilitation, and physician on site 3 days per week in either a JCAHO or CARF accredited facility.

	Billing Code	Rate/Unit
MH	H0019 HE, TF	\$225.00 / Day

INTENSIVE RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS

An intensive individualized treatment program for adolescents and children with behavioral health disorders who require more intensive care than outpatient treatment. This is a structured program designed to arrest the progression of the disease through the provision of an organized, medically supervised, therapeutic environment. A minimum of 22 hours per week of treatment is required in addition to the minimum hours per week of educational services required by state and federal law.

	Billing Code	Rate/Unit
MH	H0019 HE, HA, TG	\$281.61 / Day
SA	H0019 HF, HA, TG	\$281.61 / Day
Co-Occurring	H0019 HH, HA, TG	\$281.61 / Day

INTENSIVE RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN

Treatment offers intensive primary treatment and clients must participate in at least thirty-five (35) therapeutic hours of substance abuse, parenting and child development services per week in addition to life skills, recreational, an self-help supportive meetings and other therapies. In accordance with an approved treatment plan in a state certified facility with medical support available.

Note: Admission is allowable to those women who enter a program without her child with the understanding that eventual reunification while in program is sought and is the goal.

	Billing Code	Rate/Unit
SA	H0019 HF, HD, TF	\$125.28 / Day

INTENSIVE RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS IN INTENSIVE RESIDENTIAL TREATMENT

School age children will participate in at least seven (7) hours and children not attending school will participate in at least twelve (12) hours of substance abuse service per week in addition to daily living skills and recreational activities, designed to teach children about self esteem, safety, addiction, coping skills and how to tell when they perceive things are wrong. In accordance with an approved treatment plan in a state certified facility with medical support available.

	Billing Code	Rate/Unit
SA	H0019 HF, HD, HA, TF	\$125.28 / Day

INTENSIVE RESIDENTIAL SUBSTANCE ABUSE TREATMENT

Addiction and chemical dependency treatment in a residential (live-in) setting, licensed by the Joint Commission on Accreditation of Healthcare Organizations, which provides a twenty-four hour professionally directed therapeutic regimen. Treatment offers intensive primary treatment and clients must participate in at least thirty-seven (37) hours of substance abuse services per week in addition to life skills, recreational and self-help supportive meetings. Physician, licensed nursing, pharmaceutical, psychiatric, dietician and medical laboratory services must be available 24 hours a day, seven days a week.

	Billing Code	Rate/Unit
SA	H0019 HF, TF	\$160.00 / Day

RESIDENTIAL TREATMENT -- SUBSTANCE ABUSE

Addiction and chemical dependency treatment in a residential (live-in) setting which provides a twenty-four hour professionally directed therapeutic regiment. Treatment offers intensive primary treatment and clients must participate in at least twenty-four (24) hours of substance abuse services per week, in addition to life skills, recreational and self-help supportive meetings.

	Billing Code	Rate/Unit
SA	H0019 HF, U1	\$74.00 / Day

RESIDENTIAL TREATMENT FOR ADOLESCENTS

Addiction and chemical dependency treatment in a residential setting providing a planned regimen of twenty-four (24) hour professionally directed evaluation, care and treatment for chemically dependent adolescents. Adolescents not attending academic training shall participate in at least twenty-one (21) substance abuse treatment related hours per week. Clients attending academic training shall participate in fifteen (15) or more hours of substance abuse related treatment per week. At a minimum, ten (10) hours shall be devoted to therapeutic services including group, individual and family therapy. The remaining hours shall be devoted to life skills, pro-social skills, and

recreational activities. These services shall be in addition to other activities such as support groups, meetings and religious participation.

	Billing Code	Rate/Unit
SA	H0019 HF, HA, U1	\$135.00 / Day
Co-Occurring	H0019 HH, HA, U1	\$135.00 / Day

RESIDENTIAL TREATMENT FOR ADULTS WITH CO-OCCURRING DISORDERS

Addiction/chemical dependency and mental health treatment in a residential setting that provides a planned regimen of twenty-four (24) hour structured evaluation, care, and treatment. Clients shall participate in at least twenty-four (24) treatment hours of mental health or substance abuse services per week, excluding community support groups.

	Billing Code	Rate/Unit
Co-Occurring	H0019 HH, U1	\$82.00 / Day

RESIDENTIAL TREATMENT FOR WOMEN WITH DEPENDENT CHILDREN

Addiction and chemical dependency treatment in a residential setting providing a planned regimen of twenty-four (24) hours of professionally directed evaluation, care and treatment. Clients shall participate in at least twenty-four (24) treatment hours of substance abuse, parenting, and child development services per week for adults [Exception: TANF recipients with Oklahoma Department of Human Services approved documentation shall participate in least 21 hours of treatment; documentation should be reflected in consumer record], and twelve (12) structured hours for children [Exception: unless clinically indicated, structured services may be reduced to six (6) hours per week for children attending school.]

	Billing Code	Rate/Unit
SA	H0019 HF, HD, U1	\$95.00 / Day

RESIDENTIAL TREATMENT FOR DEPENDENT CHILDREN OF SUBSTANCE ABUSERS IN RESIDENTIAL TREATMENT

Twenty-four hour supportive care in a residential setting for dependent children of substance abusers receiving residential care. Includes requirements and emphasis on prevention and daily living skills in accordance with an approved treatment plan in a state certified facility with medical support available.

	Billing Code	Rate/Unit
SA	H0019 HF, HD, HA, U1	\$80.00 / Day

DETOX (SN)

SERVICE DEFINITIONS

NOTE: Detoxification services are all inclusive days of service. No hourly services should be reported for customers admitted in Detox. For customers who are seen but not admitted, Screening and Referral and assessment services can be reported as hourly services.

INPATIENT MEDICAL DETOXIFICATION

Medical detoxification consists of diagnostic and treatment services for clients with alcohol/drug intoxication, delirium tremens, physical, and/or neurological complications resulting from intoxication. Medical detoxification shall be located in a licensed or accredited hospital and meet standards and criteria of that facility.

	Billing Code	Rate/Unit
SA	H0009 HF	\$62.00 / Day

MEDICALLY SUPERVISED DETOXIFICATION SERVICES

Detoxification outside of medical settings, supervised by a licensed nursing supervisor, for intoxicated individuals, and individuals withdrawing from alcohol and other drugs, presenting with no apparent medical or neurological symptoms as a result of their use of substances that would require hospitalization as determined by an examining physician.

	Billing Code	Rate/Unit
SA	H0010 HF	\$122.00 / Day

NON-MEDICAL DETOXIFICATION SERVICES

Services in a social (non-medical) setting, with trained professionals, for intoxicated individuals and individuals withdrawing from alcohol or drugs presenting no apparent medical or neurological symptoms as a result of their use of substances.

	Billing Code	Rate/Unit
SA	H0014 HF	\$82.00 / Day

NON-MEDICAL DETOXIFICATION SERVICES FOR WOMEN WITH DEPENDENT CHILDREN AND PREGNANT WOMEN

Services provided to women in a social (non-medical) setting, with trained professionals, for intoxicated individuals and individuals withdrawing from alcohol or drugs, presenting no apparent medical or neurological symptoms as a result of their use of substances.

	Billing Code	Rate/Unit
SA	H0014 HF, HA	\$94.00 / Day

COMMUNITY-BASED STRUCTURED CRISIS CARE (SC)

SERVICE DEFINITION

NOTE: Community-Based Structured Crisis Care (SC) should be reported in hours.

COMMUNITY BASED STRUCTURED EMERGENCY CARE

Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided in a behavioral health care setting. Crisis stabilization includes 1 hour increments of care with the ability to provide a protective environment, basic supportive care, pharmacological treatment, detoxification, medical assessment and treatment and referral services to appropriate level and type of service.

	Billing Code	Rate/Unit
MH	S9484 HE	\$19.50 / Hour

HOSPITALIZATION (HA)

SERVICE DEFINITIONS

NOTE: For reporting purposes only.

ACUTE INPATIENT

Short-term psychiatric treatment within a licensed psychiatric inpatient treatment unit for evaluation, rapid stabilization and treatment of acute symptoms and risk factors, with the expectation the person will be moved to a less intensive level of care. EOD cases would most often fit this category.

		Billing Code	Rate/Unit
MH	Low Complexity	99222 HE	\$0.00 /Day
	Moderate Complexity	99222 HE,HA	\$0.00 /Day

INTERMEDIATE INPATIENT TREATMENT

Inpatient psychiatric treatment on a specialized psychiatric treatment unit for persons who require 24-hour medical supervision and are in need of an active rehabilitation program as a result of a mental illness. Treatment is anticipated to be longer than acute inpatient treatment.

		Billing Code	Rate/Unit
MH		99221 HE	\$0.00 / Day

SCREENING AND ASSESSMENT TOOLS

CLIENT ASSESSMENT RECORD (CAR)

GENERAL INFORMATION

The purpose of the Client Assessment Record (CAR) is to give clinicians a tool to evaluate the functioning level of their customers.

The clinician must have knowledge of the customer's behavior and adjustment to his/her community based on the assessment, and other information. The knowledge must be gained through direct contact (face-to-face interview). It can also include by systematic review of the customer's functioning with individuals who have observed and are acquainted with the customer.

The CAR levels of functioning have been structured within a "normal curve" format, ranging from Above Average Functioning (1-10) to Extreme Psychopathology (50). Pathology begins in the 20-29 range. The CAR format provides a broad spectrum of functioning and permits a range within which customers can be described.

The clinician's rating in each domain needs to be based on assessment information: 1) the frequency of the behavior (How often does the behavior occur?); 2) the intensity of the behavior (How severe is the behavior?); 3) duration of the behavior (How long does the behavior last?); and 4) the impact the symptoms/behaviors have on daily functioning, to establish the severity of the customer's current condition.

Only current information is to be rated, not historical information.

CAR DOMAIN DEFINITIONS

- 1. FEELING/MOOD/AFFECT:** Measures the extent to which the person's emotional life is well moderated or out of control.
- 2. THINKING/MENTAL PROCESS:** Measures the extent to which the person is capable of and actually uses clear, well-oriented thought processes. Adequacy of memory and overall intellectual functioning are also to be considered in this scale.
- 3. SUBSTANCE USE:** Measures the extent to which a person's current use of synthetic or natural substances is controlled and adaptive for general well-being and functioning. Although alcohol and illegal drugs are obvious substances of concern, any substance can be subjected to maladaptive use or abuse, especially if compounded by special medical or social situations.
- 4. MEDICAL/PHYSICAL:** Measures the extent to which a person is subject to illness, injury and/or disabling physical conditions, regardless of causation. Demonstrable physical effects of psychological processes are included, but not the effects of prescribed psychotropic medications. Physical problems resulting from assault, rape, or abuse are included.
- 5. FAMILY:** Measures the adequacy with which the customer functions within his/her family and current living situation. Relationship issues with family members are included as well as the adequacy of the family constellation to function as a unit.
- 6. INTERPERSONAL:** Measures the adequacy with which the person is able to establish and maintain interpersonal relationships. Relationships involving persons other than family members should be compared to similar relationships by others of the same age, gender, culture, and life circumstances.
- 7. ROLE PERFORMANCE:** Measures the effectiveness with which the person manages the role most relevant to his or her contribution to society. The choice of whether job, school, or home

management (or some combination) is most relevant for the person being rated depends on that person's age, gender, culture and life circumstances. If disabled, intellectually, mentally or physically, the client would be scored relative to others with the same disability and in the same situation. Whichever role is chosen as most relevant, the scale is used to indicate the effectiveness of functioning within the role at the present time.

8. **SOCIO-LEGAL:** Measures the extent and ease with which the person is able to maintain conduct within the limits prescribed by societal rules and social mores. It may be helpful to consider this scale as a continuum extending from pro-social to anti-social functioning. *****Other Behavioral Non-Chemical Addictions would be rated here: gambling, internet, pornography, sexual, etc.**
9. **SELF CARE/BASIC NEEDS:** Measures the adequacy with which the person is able to care for him/herself and provide his/her own needs such as food, clothing, shelter and transportation. If the customer lives in a supportive or dependent situation for reasons other than lack of ability (e.g. confined on criminal sentence), estimate the ability to make arrangements independently and freely. Children, the disabled and elderly persons who are cared for by others should also be rated on their own ability to make arrangements compared to others their age.

LEVEL OF FUNCTIONING RATING SCALE

- **1 - 9 (Above Average):** Functioning in the particular domain is consistently better than that which is typical for age, gender, and subculture, or consistently average with occasional prominent episodes of superior, excellent functioning. Functioning is never below typical expectations for the average person.
- **10 - 19 (Average):** Functioning in the particular domain as well as most people of same age, gender, and subculture. Given the same environmental forces is able to meet usual expectations consistently. Has the ability to manage life circumstances.
- **20 - 29 (Mild to Moderate):** Functioning in the particular domain falls short of average expectation most of the time, but is not usually seen as seriously disrupted. Dysfunction may not be evident in brief or casual observation and usually does not clearly influence other areas of functioning. Problems require assistance and/or interfere with normal functioning.
- **30 - 39 (Moderate to Severe):** Functioning in the particular domain is clearly marginal or inadequate, not meeting the usual expectations of current life circumstances. The dysfunction is often disruptive and self-defeating with respect to other areas of functioning. Moderate dysfunction may be apparent in brief or casual interview or observation. Serious dysfunction is evident.
- **40 - 49 (Incapacitating):** Any attempts to function in the particular domain are marked by obvious failures, usually disrupting the efforts of others or of the social context. Severe dysfunction in any area usually involves some impairment in other areas. Hospitalization or other external control may be required to avoid life-threatening consequences of the dysfunction. Out of control all or most of the time.
- **50 (EXTREME):** The extreme rating for each scale, suggests behavior or situations totally out of control, unacceptable, and potentially life threatening. This score indicates issues that are so severe it would not be generally used with someone seeking outpatient care.

CAR DOMAIN SCORING EXAMPLES

FEELING / MOOD AFFECT

1 – 9 (ABOVE AVERAGE): Anxiety, depression, or disturbance of mood is absent or rare. The person's emotional life is characterized by appropriate cheer and optimism given a realistic assessment of his/her situation. Emotional control is flexible, with both positive and negative feelings clearly recognized and viewed as within his/her control. Reactions to stressful situations are clearly adaptive and time limited.

10 – 19 (AVERAGE): No disruption of daily life due to anxiety, depression or disturbance of mood. Emotional control shows consistency and flexibility. A variety of feelings and moods occur, but generally the person is comfortable, with some degree of pleasant or warm affect. When strong or persistent emotions occur, the object and approximate causes are readily identified.

ADULT: Able to cope, either alone or with the help of others, with stressful situations. Not overwhelmed when circumstances seem to go against him/her. Doesn't dwell on worries; tries to work out problems. Frustration, anger, guilt, loneliness, and boredom are usually transient in nature and resolve quickly. Considers self a worthy person.

CHILD: Not overwhelmed when circumstances seem to go against him/her. Frustration, anger, guilt, loneliness, and boredom are usually transient in nature and resolve quickly. Reactions to stressful events are age appropriate.

20 – 29 (Mild to Moderate): Occasional disruption due to intense feelings. Emotional life is occasionally characterized by volatile moods or persistent intense feelings that tend not to respond to changes in situations. Activity levels may occasionally be inappropriate or there may be disturbance in sleep patterns.

ADULT: Tends to worry or be slightly depressed most of the time. Feels responsible for circumstances but helpless about changing them. Feels guilty, worthless and unloved, causing irritability, frustration and anger.

CHILD: Frustration, anger, loneliness', and boredom persist beyond the precipitating situation. May be slightly depressed and/or anxious MOST OF THE TIME.

30 – 39 (Moderate to Severe): Occasional major (severe) or frequent moderate disruptions of daily life due to emotional state. Uncontrolled emotions are clearly disruptive, affecting other aspects of the person's life. Person does not feel capable of exerting consistent an effective control on own emotional life.

ADULT: The level of anxiety and tension (intense feelings) is frequently high. There are marked frequent, volatile changes in mood. Depression is out of proportion to the situation, frequently incapacitation. Feels worthless and rejected most of the time. Becomes easily frustrated and angry.

CHILD: Symptoms of distress are pervasive and do not respond to encouragement or reassurance. May be moderately depressed and/or anxious most of the time or severely anxious/depressed occasionally.

40 – 49 (Incapacitating): Severe disruption or incapacitation by feelings of distress. Unable to control one's emotions, which affects all of the person's behavior and communication. Lack of emotional control renders communication difficult even if the person is intellectually intact.

ADULT: Emotional responses are highly inappropriate most of the time. Changes from high to low moods make a person incapable of functioning. Constantly feels worthless with extreme guilt and anger. Depression and/or anxiety incapacitate person to a significant degree most of the time.

CHILD: Emotional responses are highly inappropriate most of the time. Reactions display extreme guilt and anger that is incapacitating.

50 (EXTREME): Emotional reactions or their absence appears wholly controlled by forces outside the individual and bears no relationship to the situation.

Scoring Tips:

- When determining if a person scores in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Unable to control one's emotions, which affects all of the person's behavior and communication."

THINKING/MENTAL PROCESS

This domain refers to the person's intellectual functioning and thought processes only. If there is a lowering of functioning level in either one, please rate the more severe of the two.

1 – 9 (ABOVE AVERAGE): Superior intellectual capacity and functioning. Thinking seems consistently clear, well organized, rational and realistic. The person may indulge in irrational or unrealistic thinking, or fantasy, but is always able to identify it as such, clearly distinguishing it from more rational realistic thought.

10 – 19 (AVERAGE): No evidence of disruption of daily life due to thought and thinking difficulties. Person has at least average intellectual capacity. Thinking is generally accurate and realistic. Judgment is characteristically adequate. Thinking is rarely distorted by beliefs with no objective basis.

ADULT: Capable of rational thinking and logical thought processes. Oriented in all spheres. No memory loss.

CHILD: Intellectual capacity and logical thinking are developed appropriately for age.

20 – 29 (Mild to Moderate): Occasional disruption of daily life due to impaired thought and thinking processes. Intellectual capacity slightly below average ("Dull Normal" to Borderline) and/or thinking occasionally distorted by defensive, emotional factors and other personal features. Poor judgment may occur often, but is not characteristic of the person. Communications may involve misunderstandings due to mild thought disorders. Includes specific impairments of learning or attention and the ability to generalize from acquired knowledge.

ADULT: Borderline retardation; but can function well in many areas. Peculiar beliefs or perceptions may occasionally impair functioning. Occasionally forgetful, but is able to compensate.

CHILD: Bordering retardation or developmentally delayed, but can function well in many areas. Inability to distinguish between fantasy and reality may, on occasion, impair functioning.

30 – 39 (Moderate to Severe): Frequent or consistent interference with daily life due to impaired thinking. Mild to moderate mental retardation and/or frequent distortion of thinking due to emotional and/or other personal factors may occur. Frequent substitution of fantasy for reality, isolated delusions, or infrequent hallucinations may be present. Poor judgment is characteristic at this level.

ADULT: Mild to moderate retardation, but can function with supervision. Delusions and/or hallucinations interfere with normal daily functioning. Frequently disoriented as to time, place, or person. Person is unable to remember recent or past events.

CHILD: Mild to moderate retardation. May be preoccupied by unusual thoughts of attachments.

40 – 49 (Incapacitating): Incapacitated due to impaired thought and thinking processes. Severe to profound mental retardation and/or extreme disruption or absence of rational thinking may exist. Delusions or frequent hallucination that the person cannot distinguish from reality may occur. Communication is extremely difficult.

ADULT: Unable to function independently. Severely disoriented most of the time. Significant loss of memory.

CHILD: Severely disoriented most of the time. Loss of memory. If speech is present, it may manifest itself in peculiar patterns.

50 (EXTREME): Profound retardation, comatose, or vegetative. No process that would ordinarily be considered "thinking" can be detected, although person may appear to be conscious. Communication is virtually impossible. Extreme catatonia.

NOTE: A score of 40 or more in this domain must include a statement indicating the customer's ability to participate in treatment planning and benefit from the OP services requested.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Severely disoriented most of the time"

SUBSTANCE USE

1 – 9 (ABOVE AVERAGE): All substances are used adaptively with good control. Substances known to be harmful are used sparingly, if at all.

10 – 19 (AVERAGE): No impairment of functioning due to substance use. Substance use is controlled so that it is not apparently detrimental to the person's over-all functioning or well-being. Substances used and amount of use are within commonly accepted range of the person's subculture. Infrequent excesses may occur in situations where such indulges have no serious consequences.

ADULT: No functional impairment noted from any substance use. Reports occasional use of alcohol with no adverse effects.

CHILD: No effects from intake of alcohol drugs, or tobacco other than possible one occurrence of experimentation.

20 – 29 (Mild to Moderate): Occasional or mild difficulties in functioning due to substance use. Weak control with respect to one or more substances. May depend on maladaptive substance use to escape stress or avoid direct resolution of problems, occasionally resulting in increased impairment and/or financial problems.

ADULT: Occasional apathy and/or hostility due to substance use. Occasional difficulty at work due to hangover or using on the job.

CHILD: Occasional incidence of experimentation with alcohol, drugs or other substance with potential adverse effects.

30 – 39 (Moderate to Severe): Frequent difficulties in functioning due to substance use. Has little control over substance use. Lifestyle revolves around acquisition and abuse of one or more substances. Has difficulty on the job, at home and /or in other situations.

ADULT: Needs alcohol, drugs or other substances to cope much of the time, without them, feels upset and irritable. Frequent hangovers/highs or other effects of substance abuse that are causing difficulty on the job, at home and/or other situations.

CHILD: Repeated use of alcohol, drugs, or other substances causing difficulty at home and/or school.

40 – 49 (Incapacitating): Disabled or incapacitated due to substance use. Substance abuse dominates the person's life to the almost total exclusion of other aspects. Serious medical and/or social consequences are accepted as necessary inconveniences. Control is absent, except as necessary to avoid detection of an illegal substance.

ADULT: Major focus on obtaining desired substance. Other functions ignored. Unable to hold job due to use of alcohol, drugs or other substances

CHILD: Unable to function at home or in school due to substance use. Life revolves around obtaining desired substance.

50 (EXTREME): Constantly high or intoxicated with no regard for basic needs or elemental personal safety. May include extreme vegetative existence.

NOTE: The use of substances by family members is recorded in domain #5, as it relates to the family's ability to operate as a functional unit.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Substance abuse dominated the person's life to the almost total exclusion of other aspects".
- In addition to scoring substance use in this domain, you can also score substance dependence for someone who is not using at this time. Example of this would be- how frequently is someone thinking of using and how does that impact their daily functioning (i.e. if someone is thinking of using all the time, and is participating in 5 AA meetings daily to keep from using- this may be impacting their ability to hold down a job, etc.).

MEDICAL/PHYSICAL

1 – 9 (ABOVE AVERAGE): Consistently enjoys excellent health. Infrequent minor ills cause little discomfort, and are marked by rapid recovery. Physical injury is rare and healing is rapid. Not ill or injured at this time of rating and in good physical condition.

10 – 19 (AVERAGE): No physical problems that interfere with daily life. Generally good health without undue distress or disruption due to common ailments and minor injuries. Any chronic medical/physical condition is sufficiently controlled or compensated for as to cause no more discomfort or inconvenience than is typical for the age. No life-threatening conditions are present.

ADULT: Occasional common colds, fatigue, headaches, gastrointestinal upsets, and common ailments that is endemic in the community. No sensory aids required. No medications.

CHILD: Occasional common ailments. Rapid recovery with no long-term effects. No sensory aids required. No medications.

20 – 29 (Mild to Moderate): Occasional or mild physical problems that interfere with daily living. Physical condition worse than what is typical of age, sex, and culture and life circumstances; manifested by mild chronic disability, illness or injury, or common illness more frequent than most. Includes most persons without specific disability, but frequent undiagnosed physical complaints. Disorders in this range could become life threatening only with protracted lack of care.

ADULT: Controlled allergies. Needs glasses, hearing aid, or other prostheses, but can function without them. Needs medication on a regular basis to control chronic medical problem.

CHILD: Illnesses more frequent than average. Controlled allergies. Needs glasses, hearing aid, or other prostheses, etc.

30 – 39 (Moderate to Severe): Frequent and/or chronic problems with health. Person suffers from serious injury, illness or other physical condition that definitely limits physical functioning (though it may not impair psychological functioning or productivity in appropriately selected roles). Includes conditions that would be life threatening without appropriate daily care. Cases requiring hospitalization or daily nursing care should be rated 30 or above, but many less critical cases may be in this range also.

ADULT: Diabetes, asthma, moderate over/underweight or other evidence of eating disorder. Cannot function without function without glasses, hearing aid or other prostheses. Heavy dependence on medications to alleviate symptoms of chronic illness.

CHILD: Diabetes, asthma, moderate over/underweight or other evidence of eating disorder. Cannot function without glasses, hearing aid, or other prostheses. Physical problems secondary to abuse. Heavy dependence on medication.

40 – 49 (Incapacitating): Incapacitated due to medical/physical health. The person is physically incapacitated by injury, illness, or other physical condition. Condition may be temporary, permanent or progressive, but all cases in this range require at least regular nursing-type care.

ADULT: Medical/physical problems are irreversible and incapacitating. Must have special medication in order to survive.

CHILD: Medical/physical problems are irreversible and incapacitating.

50 (EXTREME): Critical medical/physical condition requiring constant professional attention to maintain life. Include all persons in a general hospital intensive care unit.

NOTE: Include how the medical condition limits the customer's day-to-day function for score of 20 and above.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "but all cases in this range require at least regular nursing-type care".
- When determining if a person scored in the 30-39 range, please note that just having Diabetes, Asthma, etc. does not automatically equate a score in this range. In addition, symptoms/condition "definitely limits physical functioning".

FAMILY

1 – 9 (ABOVE AVERAGE): Family unit functions cohesively with strong mutual support for its members. Individual differences are valued.

10 – 19 (AVERAGE): Major conflicts are rare or resolved without great difficulty. Relationships with other family members are usually mutually satisfying.

*****DEFAULT TO AVERAGE RATING IF ADULT HAS NO FAMILY OR LACK OF FAMILY CONTACT. Feelings about lack of contact would be noted in domain #1*****

ADULT: Primary relationships are good with normal amount of difficulties. Feels good with family relationships and secure in parent role. Destructive behavior among family members is rare.

CHILD: Conflicts with parents or siblings are transient; family is able to resolve most differences promptly. Parenting is supportive and family is stable.

20 – 29 (Mild to Moderate): Relationships within the family are mildly unsatisfactory. May include evidence of occasional violence among family members. Family disruption is evident. Significant friction and turmoil evidenced, on some consistent basis, which is not easily resolved.

ADULT: Family difficulties such that client occasionally thinks of leaving. Some strife with children.

CHILD: Problems with parents or other family members are persistent, leading to generally unsatisfactory family life. Evidence of recurring conflict or even violence involving adults and children.

30 – 39 (Moderate to Severe): Occasional major or frequent minor disruption of family relationships. Family does not function as a unit. Frequent turbulence and occasional violence involving adults and children.

ADULT: Turbulent primary relationship or especially disturbing break-up. Adult rage and/or violence directed toward each other or children.

CHILD: Family inadequately supportive of child. Constant turmoil and friction. Family unit is disintegrating.

40- 49 (Incapacitating): Extensive disruption of family unit. Relationships within family are either extremely tenuous or extremely destructive.

ADULT: Not capable of forming primary relationships. Unable to function in parenting role. Abusive or abused.

CHILD: Isolated. Lacking family support. Abused or neglected.

50 (EXTREME): Total breakdown in relationships within family. Relationships that exist are physically dangerous or psychologically devastating.

NOTE: For adults, note and score current, ACTIVE family problems only. For children report and score the behavior of the current family as it affects the child.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “Abusive or abused” for adults, and “Abused or neglected” for children.
- Score only the current family system (in the last 30 days). Family system can include anyone that the person identifies as family (ex: common law husband/wife might be scored here). Please note that if someone is identified and scored as family, they should not be included and scored again under domain 6. Interpersonal.

INTERPERSONAL

1 – 9 (ABOVE AVERAGE): Relationships are smooth and mutually satisfying. Conflicts that develop are easily resolved. Person is able to choose among response styles to capably fit into a variety of relationships. Social skills are highly developed.

ADULT: Has wide variety of social relationships and is sought out by others.

CHILD: Social skills highly developed for age.

10 – 19 (AVERAGE): Interpersonal relationships are mostly fruitful and mutually satisfying. Major conflicts are rare or resolved without great difficulty. The person appears to be held in esteem within his or her culture.

ADULT: Good relationship with friends. Forms good working relationships with co-worker.

CHILD: Client is able to relate well to peers or adults without persistent difficulty.

20 – 29 (Mild to Moderate): Occasional or mild disruption of relationships with others. Relationships are mildly unsatisfactory although generally adequate. May appear lonely or alienated although general functioning is mostly appropriate.

ADULT: Some difficulty in developing or keeping friends. Problems with co-workers occasionally interfere with getting work done.

CHILD: Some difficulty in forming or keeping friendships. May seem lonely or shy.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of interpersonal relationships. May be actively disliked or virtually unknown by many with whom there is daily contact. Relationships are usually fraught with difficulty.

ADULT: Has difficulty making and keeping friends such that the relationships are strained or tenuous. Generally rejects or is rejected by co-workers; tenuous job relationships.

CHILD: Unable to attract friendships. Persistent quarreling or social withdrawal. Has not developed age social skills.

40 – 49 (Incapacitating): Serious disruption of interpersonal relationships or incapacitation of ability to form relationships. No close relationships; few, if any, casual associations which are satisfying.

ADULT: Socially extremely isolated. Argumentative style or extremely dependent style makes work relationships virtually impossible.

CHILD: Socially extremely isolated. Rejected, unable to attach to peers appropriately.

50 (EXTEME): Relationship formation does not appear possible at the time of the rating.

NOTE: Relationships with family members are reported in domain #5.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “No close relationships”.
- This domain scores only the person’s ability to make and maintain relationships outside of the family system- not the type of people they choose to have relationships with. If they are maintaining relationships with people who are getting them into trouble/putting them at risk, this may be a consideration for poor judgment when scoring in domain #2.

ROLE PERFORMANCE

1 – 9 (ABOVE AVERAGE): The relevant role is managed in a superior manner. All tasks are done effectively at or before the time expected. The efficiency of function is such that most of the tasks appear easier than for others of the same age, sex, culture, and role choice.

10 – 19 (AVERAGE): Reasonably comfortable and competent in relevant roles. The necessary tasks are accomplished adequately and usually within the expected time. There are occasional problems, but these are resolved and satisfaction is derived from the chosen role.

ADULT: Holds a job for several years, without major difficulty. Student maintains acceptable grades with minimum of difficulty. Shares responsibility in childcare. Home chores accomplished.

CHILD: Maintains acceptable grades and attendance. No evidence of behavior problems.

20 – 29 (Mild to Moderate): Occasional or mild disruption of role performance. Dysfunction may take the form of chronic, mild overall inadequacy or sporadic failures of a more dramatic sort. In any case, performance often falls short of expectation because of lack of ability or appropriate motivation.

ADULT: Unstable work history. Home chores frequently left undone; bills paid late.

CHILD: Poor grades in school. Frequent absences. Occasional disruptive behavior at school.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of role performance. Contribution in the most relevant role is clearly marginal. Client seldom meets usual expectations and there is a high frequency of significant consequences, i.e. firing, suspension.

ADULT: Frequently in trouble at work, or frequently fired. Home chores ignored; some bills defaulted.

CHILD: Expelled from school. Constantly disruptive and unable to function in school.

40 – 49 (Incapacitating): Severe disruption of role performance due to serious incapacity or absent motivation. Attempts, if any, at productive functioning are ineffective and marked by clear failure.

ADULT: Client not employable. Is unable to comply with rules and regulations or fulfill ANY of the expectations of the client's current life circumstance.

CHILD: Expelled from school. Constantly disruptive and unable to function in school.

50 (EXTREME): Productive functioning of any kind is not only absent, but also inconceivable at the time of rating.

NOTE: Identify and assess only the customer's primary role. Family role would be described in domain #5. If residing in an RCF, RCF resident would be considered the primary role. Score functioning relative to others in the same life circumstance.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Attempts, if any, at productive functioning are ineffective and marked by clear failure".

SOCIO-LEGAL

1 – 9 (ABOVE AVERAGE): Almost conforms to rules and laws with ease, abiding by the “spirit” as well as the “letter” of the law. Any rate deviations from rules or regulations are for altruistic purposes.

10 – 19 (AVERAGE): No disruption of socio-legal functioning problems. Basically a law-abiding person. Not deliberately dishonest, conforms to most standards of relevant culture. Occasional breaking or bending of rules with no harm to others.

ADULT: No encounters with the law, other than minor traffic violations.

CHILD: Generally conforms to rules. Misbehavior is non-repetitive, exploratory or mischievous.

20- 29 (Mild to Moderate): Occasional or mild disruption of socio-legal functioning. Occasionally bends or violates rules or laws for personal gain, or convenience, when detection is unlikely and personal harm to others is not obvious. Cannot always be relied on; may be in some trouble with the law or other authority more frequently than most peers; has no conscious desire to harm others.

ADULT: Many traffic tickets. Creates hazard to others through disregard of normal safety practices.

CHILD: Disregards rules. May cheat or deceive for own gain

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of socio-legal functioning. Conforms to rules only when more convenient or profitable than violation. Personal gain outweighs concern for others leading to frequent and/or serious violation of laws and other codes. May be seen as dangerous as well as unreliable.

ADULT: Frequent contacts with the law, on probation, or paroled after being incarcerated for a felony. Criminal involvement. Disregard for safety of others.

CHILD: Unable to consider rights of others at age appropriate level. Shows little concern for consequences of actions. Frequent contact with the law. Delinquent type behaviors.

40 – 49 (Incapacitating): Serious disruption of socio-legal functioning. Actions are out of control without regard for rules and law. Seriously disruptive to society and/or pervasively dangerous to the safety of others.

ADULT: In confinement or imminent risk of confinement due to illegal activities. Imminent danger to others or property.

CHILD: In confinement or imminent risk of confinement due to delinquent acts.

50 (EXTREME): Total uncontrolled or antisocial behavior. Socially destructive and personally dangerous to almost all unguarded persons.

NOTE: Since danger to others is a clear component of scores of 30 and over, a clear statement as to the customer’s danger to others must be included in the request.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “In confinement or imminent risk of confinement” due to illegal activities/ delinquent acts.

SELF CARE/BASIC NEEDS

1 – 9 (ABOVE AVERAGE): Due to the fundamental nature of this realm of behavior, “above average” may be rated only where needs can be adequately and independently obtained in spite of some serious obstacle such as extreme age, serious physical handicap, severe poverty or social ostracism.

10 – 19 (AVERAGE): Customer is able to care for self and obtain or arrange for adequate meeting of all basic needs without undue effort.

ADULT: Able to obtain or arrange for adequate housing, food, clothing and money without significant difficulty. Has arranged dependable transportation.

CHILD: Able to care for self as well as most children of same age and developmental level.

20 – 29 (Mild to Moderate): Occasional or mild disruption of ability to obtain or arrange for adequate basic needs. Disruption is not life threatening, even if continued indefinitely. Needs can be adequately met only with partial dependence on illegitimate means, such as stealing, begging, coercion or fraudulent manipulation.

ADULT: Occasional assistance required in order to obtain housing, food and/or clothing. Frequently has difficulty securing own transportation. Frequently short of funds.

CHILD: More dependent upon family or others for self care than would be developmentally appropriate for age.

30 – 39 (Moderate to Severe): Occasional major or frequent disruption of ability to obtain or arrange for at least some basic needs. Include denial of need for assistance or support, meeting needs wholly through illegitimate means. Unable to maintain hygiene, diet, clothing and/or prepare food.

ADULT: Considerable assistance required in order to obtain housing, food and/or clothing. Consistent difficulty in arranging for adequate finances. Usually depends on others for transportation. May need assistance in caring for self.

CHILD: Ability to care for self considerably below age and developmental expectation.

40 – 49 (Incapacitating): Severe disruption of ability to independently meet or arrange for the majority of basic needs by legitimate or illegitimate means. Unable to care for self in a safe and sanitary manner.

ADULT: Housing, food and/or clothing must be provided or arranged for by others. Incapable of obtaining any means of financial support. Totally dependent on others for transportation.

CHILD: Cannot care for self. Extremely dependent for age and developmental level.

50 (EXTREME): Person totally unable to meet or arrange for any basic needs. Would soon die without complete supportive care.

NOTE: When rating a child in this domain, rate on child’s functioning only, without regard to adequacy of parent’s provisions for basic needs. The developmental level of the child must also be considered.

Scoring Tips:

- When determining if a person scored in the 40-49 range, remember that symptoms must be at a level that is “incapacitating”. A good guide for this is “Severe disruption of ability to independently meet or arrange for the majority of basic needs by legitimate or illegitimate means”.

CAR ASSESSMENT GUIDE

The CAR Assessment Guide provides examples of questions you can ask for each CAR domain to help collect the information you need to determine the most accurate score.

CAR 1 *FEELING/MOOD/AFFECT*

- How have you been feeling (i.e., nervous, worried, depressed, angry)?
- What has your mood been like?
- How often do you feel this way and for how long?
- Has there been any change in your sleep habits over the past month?
- Has there been any change in your eating habits over the past month?
- Has there been anything bothering you over the past month? If yes, please explain.
- Have your feelings/mood been interfering with your relationships? If yes, please give specific examples and frequency of occurrence?
- Have your feelings/mood been interfering with your job? If yes, please give specific examples and frequency of occurrence?
- Have your feelings/mood been interfering with your ability to complete household responsibilities? If yes, please give specific examples and frequency of occurrence?
- Have you been told that you seem depressed, anxious, or overly sad during the last month?
- Have you felt like hurting yourself or others during the past month?

CAR 2 *THINKING/MENTAL PROCESS*

- Have you experienced any difficulties with your memory over the past month? If yes, please give specific examples and how difficulties have impacted daily functioning.
- Have you experienced any difficulties with concentration? If yes, please give specific examples and how difficulties have impacted daily functioning.
- Have you been told that you have a learning disability or do you think you have problems with learning or thinking? If yes, please give specific examples and how difficulties have impacted daily functioning during the past month.
- Have you had any recurring thoughts during the past month that bother you? If yes, please explain. Do these interfere with your daily functioning in any way? If yes, please give specific examples.
- Do you ever hear voices or see things that other people can't hear or see? If yes, please give specific examples. Has this occurred within the past month? If yes, how often has this occurred and for how long? Does this interfere with your daily functioning in any way? If yes, please give specific examples.
- Orientation questions:
 - Who am I?
 - Where are we?
 - Why are we here today?
 - What is today's date?
 - Who is the President of the United States?
- Have you had any thoughts that people are against you or are out to get you over the past month? If yes, please explain.
- Do you feel that you have used poor judgment in any of your decision making over the past month or has anyone told you that you were not using good judgment or making poor decisions? If yes, please explain. How is this impacting your life (give specific examples)?

- Does anyone ever tell you that they have problems understanding what you are trying to say? If yes, please explain. Has this occurred during the past month? If yes, how is this impacting your life (give specific examples)?

CAR 3 *SUBSTANCE USE*

- Have you used alcohol and/or other drugs during the last month? If yes,
 - What type(s) of substance was used?
 - How much have you used and how often?
 - What are some of the reasons you used?
 - How do you access the alcohol and/or other drugs (pay for them, trade favors, given to you, steal them)?
 - How has substance use impacted your daily functioning (relationships, work, household responsibilities, health)?
- Have you thought about using alcohol and/or other drugs during the past month? If yes,
 - What type(s) of substance have you thought about using?
 - How often do you think about using?
 - What do you do to keep from using (If attends AA/NA meetings how often)? How much time do you spend on these activities?
 - Do your thoughts of use and/or activities to avoid using negatively impact your daily functioning in any way (relationships, work, household responsibilities, health)? If yes, please give specific examples.

CAR 4 *MEDICAL/PHYSICAL*

- Do you have any current medical/physical conditions? If yes,
 - What type of medical/physical conditions do you have?
 - Do your conditions require special care (medication, diet, nursing care)? If yes, please specify.
 - Do your conditions currently impact your daily functioning (relationships, work, household responsibilities, self care)? If yes, please give specific examples and frequency of occurrence.
- Are you currently taking medication for medical/physical condition(s) and/or for psychiatric reasons? If yes,
 - What medication(s) are you taking?
 - At what dosage is your medication prescribed?
 - What condition/symptoms was your medication prescribed for?
 - Does your medication help reduce/control your symptoms?

CAR 5 *FAMILY*

- Do you live with family members? If yes,
 - Which family member or family members do you live with (parents, siblings, husband, children, partner)?
 - Are there any current problems at home? If yes, please give specific examples and frequency of problems.
 - How do you get along with the family member(s) you live with? If the answer is not well, then give specific examples and frequency.
 - How do family members treat you? If the answer is not well, then give specific examples and frequency.
- If you do not live with family members, do you live with a foster family? If yes,

- How do you get along with your foster family members (foster parents, foster siblings)? If the answer is not well, then give specific examples and frequency.
- How do foster family members treat you? If the answer is not well, then give specific examples and frequency.
- Are there any current problems at home? If yes, please give specific examples and frequency.
- Do you have any visitation with your biological family? If yes, what type of contact (phone, supervised, etc.), frequency and duration of contact? Was the interaction positive? If no, please give specific examples of what made the interaction negative.
- If you do not live with family members, have you had contact with any family members during the past month? If yes,
 - What type of contact have you had (phone, in-person)?
 - How often was the contact and what was the duration of contact?
 - Was the interaction positive? If no, please give specific examples.

CAR 6 *INTERPERSONAL*

- Do you have any close friends? If yes,
 - How many close friends do you have?
 - What makes them a close friend?
 - How long have you been close friends? If not long, have you had many long-term friendships? If no, what do you think interferes with maintaining long-term friendships?
 - How much and what type of contact (phone, in person) have you had with your close friend(s) during the past month? Is this less or more contact than you usually have?
 - How have you been getting along with your close friends during the past month? If not well, please give specific examples and frequency.
- If no,
 - If you have no close friends, would you like some? If yes, what are some of the things that might be interfering with you achieving this?
- Do you find it easy to make friends? If no, what makes it hard?
- How are your relationships at Work/School/Day Care/ Day Program? Have you had any conflicts during the last month? If yes, please give specific examples and frequency.
- Do you find the friendships you have to be satisfying? If no, please explain.

CAR 7 *ROLE PERFORMANCE*

- Are you currently employed? If yes,
 - How long have you worked there?
 - How do you like your job?
 - Do you have any current problems at work? If yes, give specific examples of type of problem(s), and frequency of problems?
 - Are you currently at risk of losing your job?
- Are you currently a student? If yes,
 - Do you like school?
 - What kind of grades do you make? If poor grades, why?
 - How do you get along with your teachers?
 - Do you ever get in trouble at school? If yes, what for and how often?
 - Have you been suspended or expelled during the past month?
- Are you currently responsible for managing your home? If yes,

- Have you paid your bills on time during the past month? If not, how late were/are bills, and have there been any consequences for paying late (utilities turned off or current cut-off notice, recent eviction or current eviction notice)?
- Are you able to keep your house clean? If no, give specific example of how dirty, frequency, current obstacles to keeping a clean house, and any consequences that have occurred (poor health, letter from landlord, eviction notice).
- Do you have any children living in your home? If yes, are you able to adequately care for them (prepare and serve nutritious meals, maintain a safe and sanitary living environment, meet their basic needs)?
- Do you have any other responsibilities? If yes,
 - What are your responsibilities in your family and/or at your house (this would also include Nursing Home, RCF, or ICFMR)?
 - Do you always fulfill all of your responsibilities? If no, please give specific examples of when you have not fulfilled your responsibilities, how often this occurs, any consequences that have occurred, and possible reasons for not fulfilling responsibilities.

CAR 8 SOCIO-LEGAL

- Would other people say you are an honest person? If no, please explain.
- Have you broken a law or been accused of breaking a law within the last month? If yes, please give specific examples and include frequency of occurrence and any consequence that may have occurred as a result.
- Have you broken any rules or been accused of breaking the rules during the last month (at home, work, school, treatment, etc.)? If yes, please give specific examples and include frequency of occurrence and any consequence that may have occurred as a result.
- Have you hurt anyone during the past month (family member, friend, stranger, animals, etc.)? If yes, please explain.
- Do you think of yourself, or do others see you, as dangerous?
- Are you currently on probation or parole? If yes, have you been meeting the requirements of your probation or parole during the past month?

CAR 9 SELF CARE/BASIC NEEDS

Age 18 or Over

- If you are age 18 or older, do you currently arrange for your own housing, food (purchasing and preparing), clothing (purchasing and maintaining/laundry), money, transportation without difficulty? If no,
 - What areas are you unable to arrange for or having difficulty with?
 - Please give some specific examples of the difficulties you are having?
 - How often do these difficulties occur?
 - Have you received any assistance from anyone to help arrange for these things within the last month? If yes, please explain the type and amount of assistance.
- If you are taking medication, are you taking it as prescribed? If no, please explain.
- If on a special diet (diabetes, etc.), are you following your dietary requirements? If no, please explain.
- *Observe for Hygiene maintenance*

Under age 18

For children under the age of 18, questions should be asked based on the developmental appropriateness for the age group of the child being assessed. It is recommended that the clinician have a resource available reflecting the appropriate developmental expectations for each age group, and that this information be utilized to help structure questions and assess client abilities based on age expectation.

Addiction Severity Index (ASI)

The Addiction Severity Index (ASI) was developed in 1980 by A. Thomas McLellan Ph.D. as an interview tool for substance-dependent patients. The ASI was originally created to evaluate outcomes for several different substance abuse programs. In hopes of being able to capture any possible outcome information the tool was designed to cover a broad range of potential areas that the treatment may have affected. For this reason the instrument measures seven different problem areas (listed below) and the clinician assigns a severity score to each problem area following the completion of the structured interview. Each problem area receives a severity score from 0 to 9 with 9 being the most severe.

Problem Areas

- Medical Status
- Employment/Support Status
- Alcohol
- Drugs
- Legal Status
- Family/Social Relationships
- Psychiatric Status

Prior to administering this instrument clinicians must complete the ASI training, which is offered by the Oklahoma Department of Mental Health and Substance Abuse Services. The ASI is designed for adults age eighteen (18) and above and is not to be used with adolescents.

Teen Addiction Severity Index (T-ASI)

The Teen Addiction Severity Index (T-ASI) was developed in 1992 by Yifrah Kaminer, M.D. The tool is designed as a brief structured interview to provide information about aspects of an adolescent's life that may contribute to his/her substance abuse issues. The T-ASI is a modified version of the ASI described in the above section. The questions and categories being assessed were changed to better fit with this population. This instrument may be administered separately to both the adolescent and their parent. The T-ASI was designed to be a first step in developing a member profile that can be used for both research and treatment. The instrument is also designed as a follow up to treatment to help measure the progress a member has made after completing treatment. The T-ASI has six problem areas that are rated from 0 to 4 with 4 being the most severe.

Problem Areas

- Chemical (Substance) Use
- School Status
- Employment/Support Status
- Family Relations
- Peer/Social Relationships
- Legal Status
- Psychiatric Status

Prior to administering this instrument clinicians must complete the T-ASI training, which is offered by the Oklahoma Department of Mental Health and Substance Abuse Services. The T-ASI is designed for children age twelve (12) through seventeen (17).

OUTPATIENT LEVELS OF CARE REQUIREMENTS (At a Glance)

PREVENTION AND RECOVERY MAINTENANCE		Monthly Caps: Adult- \$367 Child- \$431
MH	SA	
Diagnostic Requirements: <ol style="list-style-type: none"> a. Axis I primary diagnosis: <ul style="list-style-type: none"> • Prevention – may include 799.9 Deferred Diagnosis or Provisional Diagnosis • Recovery Maintenance – excludes 799.9 Deferred Diagnosis and Provisional Diagnosis b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	Diagnostic Requirements: <ol style="list-style-type: none"> a. Axis I Substance-Related Disorder 	
CAR Scores must be listed	ASI or T-ASI Scores must be listed. For Integrated, the CAR Scores must be listed in addition to the ASI or T-ASI.	
LEVEL ONE		Monthly Caps: Adult- \$495.00 Child- \$623.00
MH	SA	
Diagnostic Requirements: <ol style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	Diagnostic Requirements: <ol style="list-style-type: none"> a. Axis I Substance-Related Disorder 	
CAR Scores (a minimum of the following): <ol style="list-style-type: none"> a. 20-29 in 4 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or c. 20-29 in 3 domains and 30-39 in 1 or more domains (Domains 1-9). 	<u>ASI Scores:</u> <ol style="list-style-type: none"> a. 4 or above in 2 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> <ol style="list-style-type: none"> a. 2 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores (if Integrated):</u> <ol style="list-style-type: none"> a. 20-29 in 3 domains (Domains 1-9); or b. 30-39 in 2 domains (Domains 1-9); or c. 20-29 in 2 domains and 30-39 in 1 or more domains (Domains 1-9). 	
LEVEL TWO		Monthly Caps: Adult- \$665.00 Child- \$815.00
MH	SA	
Diagnostic Requirements: <ol style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric 	Diagnostic Requirements: <ol style="list-style-type: none"> a. Axis I Substance-Related Disorder 	

supporting evidence)	
CAR Scores (a minimum of the following): a. 30-39 in 3 domains (Domains 1-9); or b. 40-49 in 1 domain (Domains 1-9).	<u>ASI Scores:</u> a. 5 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> a. 3 or above in 2 areas, must include at least a 2 in Chemical Use Problem Area; or b. 4 in 1 area, must include at least a 2 in Chemical Use Problem Area. <u>CAR Scores</u> (if Integrated): Same as MH requirements
LEVEL THREE	
Monthly Caps: Adult- \$867.00 Child- \$867.00	
MH	SA
Diagnostic Requirements: a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence)	Diagnostic Requirements: a. Axis I Substance-Related Disorder
CAR Scores (a minimum of the following): a. 30-39 in 4 domains with 2 domains being in 1, 6, 7, or 9 (Domains 1-9); or b. 40-49 in 2 domains with 1 domain in 1, 6, 7, or 9 (Domains 1-9); or c. 30-39 in 2 domains and 40-49 in 1 domain with either the 40 or 2 of the 30's being in domains 1, 6, 7, or 9	<u>ASI Scores:</u> a. 6 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> a. 3 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area; or b. 4 in 2 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores</u> (if Integrated): Same as MH requirements
LEVEL FOUR	
Monthly Caps: Adult- \$1,171.00 Child- \$1,171.00	
MH	SA
Diagnostic Requirements: a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence)	Diagnostic Requirements: a. Axis I Substance-Related Disorder
CAR Scores (a minimum of the following): <u>Adult-</u> a. 40 in 4 domains, with 1 being 1, 6, 7, or 9 <u>Child-</u> a. 40 in 3 domains, with 1 being in 1, 6, 7, or 9	<u>ASI Scores:</u> a. 7 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area <u>T-ASI:</u> a. 4 in 3 areas, must include at least a 2 in Chemical Use Problem Area <u>CAR Scores</u> (if Integrated): Same as MH requirements

DOCUMENTATION

GUIDELINES FOR CLINICAL DOCUMENTATION

ASSESSMENT

Mental Health Providers

All programs shall complete a comprehensive clinical assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. The program shall develop a psychological-social evaluation which contains, but is not limited to the following assessment areas:

- 1) Psychiatric history;
- 2) Health status;
- 3) Social development and functioning;
- 4) Family and relationships;
- 5) Alcohol and drug use history;
- 6) Education and employment;
- 7) Current living situation;
- 8) Assessment summary and diagnosis;
- 9) Signature of the assessor and date of the assessment.

Substance Abuse Providers

Upon determination of appropriate admission, consumer assessment demographic information should contain but not be limited to the following:

- 1) Date of initial contact requesting services;
- 2) Date of the intake;
- 3) Consumer's name;
- 4) Gender;
- 5) Birth date;
- 6) Home address;
- 7) Telephone number;
- 8) Referral source;
- 9) Reason for referral;
- 10) Significant other to be notified in case of emergency; and
- 11) Customer data core content.

All programs should complete a psychological-social assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. The program should develop a psychological-social evaluation which contains, but is not limited to the following:

- 1) Identification of the consumer's strengths, needs, abilities, and preferences;
- 2) History of the presenting problem;
- 3) Previous treatment history, to include substance abuse and mental health;
- 4) Health history and current biomedical conditions and complications;
- 5) Alcohol and drug use history;
- 6) History of trauma;
- 7) Family and social history, including family history of alcohol and drug use;
- 8) Educational attainment, difficulties, and history;
- 9) Cultural and religious orientation;

- 10) Vocational, occupational and military history;
- 11) Sexual history, including HIV, AIDS and STD at-risk behaviors;
- 12) Marital or significant other relationship history;
- 13) Recreational and leisure history;
- 14) Legal history;
- 15) Present living arrangement;
- 16) Economic resources;
- 17) Level of functioning;
- 18) Current support system including peer and other recovery supports;
- 19) Current medications, if applicable, and shall include obtainable information regarding the name of prescribing physician, name of medication, strength and dosage, and length of time consumer was on the medication;
- 20) Consumer's expectations in terms of service; and
- 21) Assessment summary or diagnosis, and signature of the assessor and date of the assessment.

SERVICE PLAN

Comprehensive service plan contents should address the following:

- 1) Consumer strengths, needs, abilities, and preferences;
- 2) Identified presenting challenges, needs and diagnosis;
- 3) Goals for treatment with specific, measurable, attainable, realistic and time limited objectives;
- 4) Type and frequency of services to be provided;
- 5) Description of consumer's involvement in, and response to, the service plan, and his or her signature and date;
- 6) The practitioner(s) name and credentials who will be providing the services identified in the service plan;
- 7) Specific discharge criteria (for SA providers, includes criteria which may be stated in the ASAM PPC); and
- 8) Dated signatures for the consumer and/or parent/guardian as applicable, and the primary service practitioner.

Service plan updates should address the following:

- (1) Progress on previous service plan goals and/or objectives;
- (2) A statement documenting a review of the current service plan and an explanation if no changes are to be made to the service plan;
- (3) Change in goals and/or objectives based upon consumer's progress or identification of new needs, and challenges;
- (4) Change in frequency and/or type of services provided;
- (5) Change in practitioner(s) who will be responsible for providing services on the plan;
- (6) Change in discharge criteria; and
- (7) Dated signatures for the consumer and/or parent/guardian as applicable, and the primary service practitioner.

PROGRESS NOTES

Progress notes, except for in PSR programs, should address the following:

- (1) Date;
- (2) Person(s) to whom services were rendered;
- (3) Start and stop time for each timed treatment session or service;
- (4) Signature of the service provider;
- (5) Credentials of the service provider;
- (6) Specific service plan need(s), goals and/or objectives addressed;
- (7) Services provided to address need(s), goals and/or objectives;
- (8) Progress or barriers to progress made in treatment as it relates to the goals and/or objectives;
- (9) Consumer (and family, when applicable) response to the session or service provided; and
- (10) Any new need(s), goals and/or objectives identified during the session or service.

Progress notes for PSR programs should address the following:

- (1) Date attended, or date(s) attended during the week for a weekly summary note;
- (2) Start and stop time(s) for each day attended;
- (3) Specific goal(s) and/or objectives addressed during the day or during the week;
- (4) Type of skills training provided during the day or during the week;
- (5) Consumer satisfaction with staff intervention(s);
- (6) Progress, or barriers to progress, made toward goals and objectives;
- (7) Any new goal(s) or objective(s) identified during the day or during the week;
- (8) Signature of the lead psychiatric rehabilitation practitioner; and
- (9) Credentials of the lead psychiatric rehabilitation practitioner.

Progress notes should be documented according to the following time frames:

- (1) Outpatient staff must document each visit or transaction, except for assessment completion or service plan development, including missed appointments;
- (2) Community living program staff shall complete a summary note monthly identifying the name of the person served and the day(s) the person received the service;
- (3) Inpatient: nursing service is to document on each shift. Each member of the treatment team shall write a weekly progress note for the first two months and monthly thereafter; and
- (4) PSR staff must maintain a daily, member sign-in/sign-out record of member attendance, and shall write a progress note daily or a summary progress note weekly.

PRIOR AUTHORIZATION

Individuals enrolled in the following plans require prior authorization for behavioral health services by APS Healthcare, Inc.:

- SoonerCare Choice,
- Traditional fee-for-service SoonerCare, and
- Insure Oklahoma - Individual Plan (aka OEPIIC-IP)
- ODMHSAS contracted providers as specified by ODMHSAS

APS HOURS OF OPERATIONS

APS office hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday, except national holidays. APS staff are available after hours for initial inpatient prior authorization calls only.

INFORMATIONAL WEB SITE FOR PROVIDERS SPONSORED BY APS

Forms and Manuals are located at www.SoonerPRO.com

In order to ensure that you will receive regular updates on system changes (changes in requirements, process, etc.) be sure to subscribe to e-mail updates on SoonerPRO.

The APS Help Desk can be reached at SoonerProHelpDesk@apshealthcare.com.

Please do not send requests, service plans or any other HIPPA Protected Health Information by e-mail or through the SoonerPro website.

PRIOR AUTHORIZATION OF BEHAVIORAL HEALTH SERVICES

- Providers can submit Customer Data Core (CDC), prior authorization requests and other information in one of the following ways:
 - APS CareConnection®, available through www.SoonerPRO.com (Click on the APS CareConnection® link on the homepage) or visit <https://careconnectionok.apshealthcare.com>
 - EDI (electronic data interface) – Some local software vendors have developed systems to allow agencies to use their own paperwork and “upload” the required elements to CareConnection®.
- All electronically submitted requests will be completed within a five business day timeframe.
- SoonerCare and ODMHSAS outpatient prior authorizations are issued for 1-6 months, depending on request type or level of care.
- All Insure Oklahoma prior authorizations are issued for 1-3 months, regardless of level of care.
- Providers may also call APS at (800)762-1560 for assistance in completing the request forms, or any other questions regarding the PA process.
- Billing questions should be directed to the OHCA (HP) Provider Helpline at 1-800-522-0114.

WEB REQUESTS

Providers are encouraged to utilize the internet-based request system, CareConnection®. Providers who choose this option will need to register their staff with APS to obtain user log in identification information. The request form may be downloaded from www.SoonerPro.com (Resources tab, Downloadable Forms from the left hand navigation bar, CareConnection Forms folder) and faxed to APS at 800-762-1639. Providers must designate staff as one of the following roles:

- Utilization Manager: able to submit requests to APS and view all requests submitted by the agency,
- Direct Service Provider: able to submit requests to APS as determined by the agency and able to view only their own requests, or
- Delegate: not able to submit requests to APS but able to view their own requests.

Providers may register as many employees as they wish. All employees will have their own logons and passwords to APS CareConnection®.

APS CareConnection® and SoonerPro are different websites:

- Agencies and their staff members may subscribe for email Community Bulletin Board updates at www.SoonerPro.com. Registration is not required to download forms or view information.
- APS must process CareConnection® (secure) registrations. Assigned logons and passwords will be emailed to staff members within three business days.

The organization/agency logon for CareConnection® will be created by APS with the receipt of the first request to register an employee in APS CareConnection® and the agency record will be associated with the SoonerCare numbers on the request.

If you did not include all locations/SoonerCare numbers, you may not be able to submit a request for that SoonerCare provider number. Please notify APS by calling or sending an email to SoonerProHelpDesk@apshealthcare.com to add your SoonerCare provider number to the correct site.

Providers using the web application will have the ability to save the request on the APS system and to print a hardcopy of the document.

PROVIDER ELIGIBILITY

Each site must be clearly affiliated with and under the direct supervision and control of the contracting facility. Each site operated by an outpatient behavioral health facility must have a separate provider number. Failure to obtain and utilize site-specific provider numbers will result in disallowance of services. Questions about how to become a SoonerCare Provider may be addressed with OHCA's Contracts Services Division (Provider Enrollment), or with ODMHSAS for ODMHSAS contracted facilities.

NEWLY CERTIFIED FACILITIES/SITES

Facilities need to submit information (mailing address, telephone and fax numbers) to the Director of Provider Relations and Training at APS (See Provider Change of Demographic Information Request). Providers begin submitting requests prior to receiving their new provider number from OHCA. In this situation, complete requests will receive a "Courtesy Review" decision which will suffice until the facility acquires their new provider number. When the new provider number has been acquired, the provider will be responsible to notify APS immediately, by fax or mail. Once the provider number has been verified and entered into the APS database, PA numbers can be issued to the facility.

Download the APS provider registration request from www.SoonerPro.com and submit via fax to 1-800-762-1639.

CLOSED SITES

If you have a closed site or agency office, please fax a letter to Provider Enrollments at (405) 530-3224. The faxed letter needs to include the following information:

- The letter needs to be on the agency letterhead,
- It needs to be signed by someone who is authorized to sign contracts for the agency.
- They need to request OHCA to “terminate the contract for the site.”
- Name of the closed agency/site.
- Provider number of the closed site.
- Address of the closed site.

This will help all of us. OHCA and the public, to have an accurate, active provider list for referrals. If you have any questions about this process, please call provider enrollment at (800) 522-0114, option 5.

RECIPIENT ELIGIBILITY

APS CareConnection® verifies recipient eligibility against the Medicaid Management Information System (MMIS) eligibility file.

For SoonerCare providers, if the eligibility file indicates that the recipient is currently not eligible, providers may submit a “Courtesy Review” request and APS will complete the review based on the information submitted. The review will remain in “Courtesy Review” status until benefits have been determined, at which time it is the provider’s responsibility to notify APS, by fax or mail. Once APS has verified the eligibility, an authorization number will be assigned. A PA number will not be assigned when the recipient is currently not eligible or if the Health Program does not include behavioral health benefits. The PA will date back to when the request was originally received by APS, subject to the eligibility dates contained in the MMIS system.

For ODMHSAS, if the individual does not have SoonerCare, or ODMHSAS eligibility, providers will need to request a Member Id on Medicaid on the Web. For ODMHSAS Adolescent Inpatient patients who are identified as eligible for ODMHSAS, but ineligible for SoonerCare, providers will need to complete a telephonic review with APS (in case the individual becomes SoonerCare eligible).

Providers may check the OHCA Recipient Eligibility Verification System (REVS) at 1-800-522-0310. For instructions on using REVS, call 1-800-767-3949. Providers can also check eligibility through Medicaid on the Web/SoonerCare Secure Site with their 8-digit pin number, or call the OHCA Provider Helpline at 1-800-522-0114 for assistance.

SOONERCARE LIMITATIONS AND EXCLUSIONS

Payment is not made for outpatient behavioral health services for children who are receiving Residential Behavioral Management Services in a Group Home or Therapeutic Foster Care unless authorized by the OHCA or its designated agent as medically necessary. Adults and children in Facility Based Crisis Intervention Services cannot receive additional outpatient behavioral health services. Residents of nursing facilities are not eligible for outpatient behavioral health services.

Payment is not made to outpatient behavioral agencies or providers for SoonerCare members who have medically necessary IEP health-related services provided by the school. In these circumstances, the school is the SoonerCare contracted provider. Individual therapists and other medical providers may not directly bill the OHCA for these services. The individual provider may contract with the school to seek reimbursement from the school; the OHCA is not a party to these relationships and is not liable for payment. If you have further questions regarding IDEA (Individuals with Disabilities Education Act) medical billing related questions, you can contact Sue Robertson with OHCA at (405) 522-7269.

In accordance with 42 CFR 435.1008 children in correctional institutions (including detention centers) are not eligible for behavioral health services. 435.1008 in part states FFP (Federal Financial Participation) is not available in expenditures for services provided to: (1) Individuals who are inmates of public institutions as defined in 435.1009. 435.1009 in part- Inmate of a public institution means a person who is living in a public institution.

PCP BEHAVIORAL HEALTH SCREENING AND REFERRAL

PCPs who are Medical Home providers have been encouraged to conduct a screening and brief intervention for their clients for the purpose of identifying behavioral health problems, and to make referrals to LBHPs for a more thorough assessment and services, if needed. All agencies are encouraged to make contact with the PCP/Medical Home offices in the areas they serve so that the physician can refer easily to agencies for an LBHP evaluation; it is expected that the client be seen within 72 hours after seeing the physician. The LBHP in the agency is expected to contact the referring physician with results of the assessment and plan of service, in order to work collaboratively with the client's Medical Home.

EDUCATIONAL OPPORTUNITIES

APS offers monthly Introduction to the Outpatient Prior Authorization Process and CareConnection® training via the web. Please click on the News tab on www.SoonerPro.com and select Provider Trainings for details.

APS will announce additional training sessions on www.SoonerPro.com website.

Providers are encouraged to recommend training topics to APS. APS will also work with providers to identify locations, training topics, develop specific training programs and conduct on-site training sessions at the request of providers.

All training materials and requests must be approved by OHCA in advance.

PRIOR AUTHORIZATION PROCESS

There are two types of processes for Prior Authorization (PA):

- 1). Instant Prior Authorization - services are authorized automatically with the submission of a Customer Data Core (CDC).

The Instant PA process applies to the following:

- Activation of Pre-admission Services for both SoonerCare and ODMHSAS recipients (additional information below*); and
- Activation of the following services for ODMHSAS recipients:
 - Detox- level of care SN, 7 day authorization period;
 - Halfway house- level of care CL, 6 month authorization period;
 - Residential Treatment (Substance Abuse and Mental Health)- level of care CI, 6 month authorization period;
 - Community Based Structured Crisis Care (CBSCC)- level of care SC, 5 day authorization period;
 - Mental Health Housing and Residential Care Services- service focus 11, level of care CL, 6 month authorization period;
 - Mental Health Inpatient- level of care HA, 10 day authorization period;
 - Recovery Services- service focus 11, level of care OO, 6 month authorization period;
 - Day School and Divorce Arbitration- service focus 23, 6 month authorization period;
 - Prison-related Services- service focus 09, 6 month authorization period.

2.) Outpatient Request for Prior Authorization – services are authorized with the submission of a CDC and a PA Request which must meet medical necessity criteria.

*Pre-Admission Services

Providers are encouraged to utilize the Pre-admission Services prior to submitting an Outpatient Request for Prior Authorization. Information about the Pre-admission Services is as follows:

- In CareConnection®, submission of Section One which is Transaction Type 21 on the Customer Data Core (CDC) is required for all outpatient behavioral health agencies.
- Once the CDC Transaction Type 21 has been submitted in CareConnection® an instant authorization number for the Pre-admission Services (PG038) will be issued. The start date of the authorization will be the Transaction Date listed on the CDC.
- The CDC section one (Transaction Type 21) can be submitted in CareConnection® up to seven days after the date of the first appointment (transaction) with the member/customer. The Pre-admission Services authorization is the only time that a retroactive authorization can be issued.
- The length of the authorization for PG038 is 30 days. The end date of PG038 can be extended if needed.
- PG038 *includes* the initial assessment code (H0031) and Service Plan Development code (H0032).
- The maximum benefit amount for PG038 is \$483.00. This total of \$483.00 includes the assessment (H0031) and the Service Plan Development (H0032).
- The Pre-admission Services, Procedure Code Group PG038 has a listing of procedure codes which can be used as clinically appropriate and medically necessary. Daily limits still apply. The procedure codes in the Pre-admission Services can be utilized in any order and frequency.
- The services listed as Pre-admission Services can be located at <http://www.soonerpro.com/Resources/Manuals.aspx> under Outpatient (“Procedure Code Groups”).
- Once the Initial Prior Authorization Request has been approved in CareConnection®, the PG038 will be end dated. The PG038 will end date the day prior to the start of the initial prior authorization request.
- One per consumer, per agency unless there has been a gap in service of more than six months and it has been more than one year since the previous Pre-Admission PA was issued.
- For SoonerCare, a completed initial assessment and a valid service plan are required before providing any of the services approved in the initial request for treatment authorization (level of care procedure code groups).

CUSTOMER DATA CORE (CDC)

- The Customer Data Core (CDC) is a multi-purpose form. This form records pre-admissions, admissions, changes in treatment, level of care, and discharges. The CDC collects socio-demographic information about the customer in addition to diagnostic information. The CDC is designed to collect National Outcome Measures (NOMs).

- The collection of CDC information or NOMs will allow agencies to obtain [outcome monitoring reports](#). The reports were designed for each agency to look at its own practices and to compare agency to agency.
- For questions, please call the ODMHSAS Helpdesk at (405)522-0318 or 1-877-522-0318 or you may send an email to the helpdesk@odmhsas.org.
- For all initial and extension requests, section two of the CDC will be required.
- When you cannot complete the data fields for the CAR, ASI, or T-ASI, please enter the following numbers:
 - CAR: 99
 - ASI: 9
 - T-ASI: 9
- If the customer is under 18, section three will be required.
- The CDC must be completed within 30 days of the PA Request.

OUTPATIENT REQUEST FOR PRIOR AUTHORIZATION

In addition to submitting a CDC, the Outpatient Request for Prior Authorization also requires a completed PA Request:

- PA Requests need to be submitted no less than five (5) calendar days and no more than fifteen (15) calendar days in advance of the expiration of the current authorization period.
- All PA Requests must be dated within 30 days of receipt by APS.
- Requests that are over 30 days old, based on the date the CAR, ASI or T-ASI evaluation was completed and the date that APS received the Request, will be technically denied.
- APS will not retroactively authorize or back date any Outpatient Behavioral Health Services, unless so specified, for example the Pre-Admission Services PA or the Admit to Outpatient/Step-Down PA. The start date for services cannot precede the date that APS received the complete PA Request. Time required for APS to complete the review process will not change the start date for services.
- The PA Request that is submitted to APS for review is not the same thing as a service plan.
- The responsible Licensed Behavioral Health Providers (LBHP) must ensure the accuracy and the appropriateness of the PA Request. Clinicians submitting a web Request are responsible for ensuring that their agency has all required signatures and signature dates on the service plan by submitting their electronic signature.
- Since PA numbers are facility/site specific, all services and the corresponding facility/site must be identified in the request.

Types of PA Requests

Initial Request for Treatment:

- An Initial Request for Treatment is submitted when an individual has not received outpatient behavioral health services, except for Pre-admission Services, within the last six (6) months.
- Completion of the CDC is required within 30 days of the PA Request.
- PA numbers are not issued until a completed PA Request and CDC have been received.
- The PA Request and CDC can be submitted on CareConnection® or uploaded to CareConnection® via EDI.

Extension Request:

- The member has been receiving outpatient behavioral health services within your agency within the last six (6) months, and the member meets medical necessity criteria for continued treatment.
- Completion of the CDC on is required within 30 days of the PA Request.
- If the member changes levels of care to or from a specialized level such as RBMS or ICF-MR during an authorization period, a modification request must be submitted to begin the new level of care. APS will adjust the current PA accordingly.
- If the member has an inpatient behavioral health admission during an authorization period, the provider may continue to bill on the existing PA number from the day of the inpatient discharge forward through the end of the PA. ODMHSAS-funded providers may provide a limited number of outpatient services to the individual while in inpatient, if included in their contract and authorized. These services include Case Management, Intensive Case Management, Community Recovery Support/ Recovery Support Specialist, Family Training and Support, and Behavioral Health Aide.
- If the member's PA number has expired during the inpatient stay, an extension request will need to be submitted to resume services. An Automatic Step Down/After Care- PG014 can be requested or whatever level of care is clinically appropriate.
- The PA Request and CDC can be submitted on CareConnection® or uploaded to CareConnection® via EDI.

Substance Abuse/Integrated Request:

- If you are submitting a Substance Abuse/Integrated Request, you will complete either the CAR or the ASI/T-ASI. If you choose to complete the ASI/T-ASI, enter 0 (zero) for the CAR scores and complete the ASI/T-ASI scores. For ODMHSAS recipients, the ASI/T-ASI is required on all Substance Abuse Requests, and both the ASI/T-ASI and CAR are required on all Integrated Requests.

Modification of Current Authorization Request:

- The member symptoms require more frequent services than the procedure group allows. Current monthly limit must be near exhaustion before a modification can be requested.
- If the member changes levels of care to or from a specialized level such as RBMS or ICF-MR during an authorization period, a modification request must be submitted to begin the new level of care. APS will adjust the current PA accordingly.
- The Modification Request must be within the current PA period.
- The time period of an authorization will not be modified.
- The number of Modification Requests submitted within an authorization period should not exceed one per month.
- The start date of the modified authorization will be the date the Modification Request is received by APS.
- The end date of the Modification Request will remain the same as the current authorization.
- The modification must clearly state the reason for the requested modification.
- A new CAR, ASI, or T-ASI will need to be submitted if it has been more than 30 days since the current PA was issued.
- Interpretive summary needs to be updated to include the current, critical, clinical information in behaviorally descriptive terms to support the need for the higher procedure group.
- APS processes these requests within 3 business days.

The modification request can be submitted on CareConnection® if the original request was submitted on CareConnection®. If the original request was uploaded to CareConnection® via EDI, the modification can be submitted by faxing either a completely new Outpatient Request for Prior Authorization, OR the last Request with updated information, to APS.

Correction Request:

- A Correction Request must be submitted when a provider finds any errors or discrepancies on a PA (i.e., typographical error, wrong provider number, wrong procedure group code, wrong Recipient ID number, etc.) regardless of who made the error. APS processes these requests within five (5) business days.
- A Correction Request must also be submitted if the PA needs to be split between two different sites within the same agency. Be sure to provide the dollar amounts of how the monthly cap will be split.
- If the request was submitted via CareConnection®, the correction request can be submitted on CareConnection®.

Status Request:

- If a facility has not received a response from APS on an Initial, Extension, or Modification Request, Clinical Correction Notice Response or Correction Request within five (5) full business days, providers may locate the review status in APS CareConnection®.
- All submission types; faxed, Modification or Correction Requests, any CareConnection®, or any EDI upload can check the status of their request anytime on CareConnection.

Request for an Extra Unit BH Service Plan Development, Low Complexity:

- This procedure code group (H0032 TF) is available when the authorization has expired, but the time requirements to complete another behavioral health service plan development, moderate complexity are not met.

Types of Responses

Clinical Correction Notice:

- An APS Reviewer will assess each request for overall completeness of the required elements and all necessary supporting documentation.
- If the faxed request is incomplete, or the review coordinator needs additional information to determine the medical necessity of the requested services, the facility responsible for the request will receive a fax titled “Clinical Correction Notice” stating what additional information is needed to process the request.
- If the CareConnection® request is incomplete, it will be returned to the provider for correction. The status of the request in CareConnection® will be “CORRECTION”; the Note to Provider in the Services Requested section of the request will state what additional information is needed to process the review. Once the corrections are complete, submit the request to APS for final processing.
- The facility has ten (10) calendar days from the date on the Clinical Correction Notice in which to respond. If there is no response within the required 10 days, the request will be technically denied.
- All requests with a Clinical Correction Notice generated will be dated from the date the original request was received if the provider responds within the 10 calendar days.

Clinical Correction Notice Response:

- When a provider responds to an APS Clinical Correction Notice, all requested information must be addressed to avoid a Technical Denial.
- Add the information to the CareConnection® request as indicated in the Note to Provider, save the request and then submit to APS.

Courtesy Review Decision (For SoonerCare Only Providers):

- A Courtesy Review Response is required from a provider when responding to an APS Courtesy Review decision notice.

- The one page “Courtesy Review Response” and requested information regarding member’s eligibility. The Courtesy Review Response notifies APS that the member is eligible for services, and requests a PA number for the services that have been authorized. This applies to EDI uploaded requests and those submitted via CareConnection®.
- It is the provider’s responsibility to notify APS when a recipient becomes eligible for SoonerCare/Insure Oklahoma.

Courtesy Review Decision Response (For SoonerCare Only Providers):

- A Courtesy Review Response is required from a provider when responding to an APS Courtesy Review decision notice. It is the provider’s responsibility to notify APS when a recipient becomes eligible for SoonerCare/Insure Oklahoma.
- Forms to Submit: The one page “Courtesy Review Response” and requested information regarding member’s eligibility. The Courtesy Review Response notifies APS that the member is eligible for services, and requests a PA number for the services that have been authorized. This applies to faxed requests, EDI uploaded requests and those submitted via CareConnection®.
- It is the provider’s responsibility to notify APS when a recipient becomes eligible for SoonerCare/Insure Oklahoma.

Technical Denial Decision:

- APS will issue a Technical Denial when a provider fails to show that a member meets the Medical Necessity Criteria for the services being requested.
- APS may issue a Technical Denial in response to Initial, Extension, and Modification Requests, or Clinical Correction Notice Response.

REFERRALS AND APPEALS PROCESS

Referral to a Consultant

- If the Clinical Reviewer is unable to determine the medical necessity of a request based upon the criteria, the case will be referred to a Clinical Consultant. APS will provide notification back to the provider within 5 business days of receiving the completed request concerning the outcome of the REFERRAL. The referral decision may be an approval of the original request, a modification of the request, or a denial. When a consultant requires more information, the Clinical Reviewer will indicate the needed information in the Note to Provider in the Services Requested section of the CareConnection® request and return the request to the provider for correction. The provider has ten (10) calendar days to submit the needed information to APS. The start date for services will be the date the request was submitted to APS and the provider will not lose days based on the provider’s response time if the information is received within the ten calendar days. If there is no response within the ten calendar days, a technical denial will be issued.

Appeals Process

SoonerCare:

- If the recipient (or parent/guardian of a minor) wishes to appeal a decision, a hearing with OHCA may be requested. This request must be filed within twenty (20) days of receipt of the denial decision. Contact the Docket Clerk, OHCA, (405) 522-7217. The recipient will be further instructed on filing appeals through the Oklahoma Health Care Authority and the appropriate forms necessary for completion.

ODMHSAS:

- If the recipient (or parent/guardian of a minor) wishes to appeal a decision, they may contact Jacki Millspaugh, Director of Treatment and Recovery, at (405) 522-3863.

MEMBER CHANGES SERVICE PROVIDER FACILITY

- There are several instances when members may change their service provider. A member may choose to discontinue receiving behavioral health services from one facility and receive those services from another facility. When this occurs, the latter facility submits a complete PA request and in the first line of the interpretive summary documents a letter of termination has been signed and includes the date the member and/or legal guardian signed the letter indicating his/her desire to change behavioral health service providers.
- If an agency does not have a letter of termination, one can be found on www.SoonerPRO.com.
- If a facility submits a PA request for a member who has a current authorization with another facility, a Clinical Correction Notice will be issued to the facility requesting a termination letter or a letter of collaboration.
- The current PA will be end-dated and a new PA will be issued when a termination letter is received.

MEMBERS TRANSFERING FROM ONE AGENCY SITE TO ANOTHER

- A member may choose to transfer to another site/location within the same agency, because of a clinician transfer, convenience of location, or the facility will close a site and transfer members to another. Each site operated by an outpatient mental health facility must have a site-specific provider identification number. Authorizations are member and site-specific. Therefore, the site the member transfers to faxes the one page "Outpatient Transfer Request" found on www.SoonerPro.com showing the required end date for the old site and begin date for the new site. The current PA will be end-dated and a new PA will be issued for the new site with the same end date of the original PA. The procedure group will be prorated based upon the original PA.

TRANSFERRING MULTIPLE CLIENTS FROM ONE SITE TO ANOTHER

- This procedure has been set up for providers with multiple sites that may need to move a large group of members from one facility site to another. This will occur when a new site is opened or a current site is closed. To request the transfer process for a group of members the provider will need to contact the APS BH Manager to discuss the specific facility.
- If the APS BH Manager approves the group for the transfer process, the facility will fax the one page "Outpatient Transfer Request" for each member being transferred.
- The request must include the date of the transfer. APS will then end date the current authorization at the old site the day prior to the transfer date. The procedure group will be prorated based on the original PA. A new PA number will be generated for the new site. The start date will be the date indicated on the request with the end date being the end date of the original authorization from the old site.
- The transfer procedure is not designed for clinicians that are changing provider agencies and their members who are following them.

COLLABORATION BETWEEN PROVIDERS ON MEMBER CARE

- Many facilities are not able to provide a full array of services to members in need and/or members may not choose to receive all of their services from one facility. It is expected that facilities will collaborate on behalf of the member's best interests and choice of facility.

- When there are two agencies requesting behavioral health services for a member, a letter of collaboration is required. The letter of collaboration should be signed and dated by both the providers and by the member and/or legal guardian indicating his/her desire for services to be provided by both facilities. The letter must indicate how the facilities will split the monthly dollar cap for the level of CAR/ASI/T-ASI indicated.
- When two or more agencies, or two or more sites within the same agency, are collaborating on a client's care, they will share the monthly limit based on the Level of Care indicated by the CAR/ASI/T-ASI; each agency does not get the maximum monthly limit.
- If the authorization for one of the agencies has been issued, it will be modified if it is different from what is indicated on the letter of collaboration.
- SoonerCare covers children who receive hospice services. When a child is in hospice they can only receive continued BH services and medication training/support IF these services were initiated prior to the Hospice admission, or when needed for other BH issues outside of their terminal illness diagnosis and treatment. Once the child is admitted to hospice APS will need a letter of collaboration to ensure there is no duplication of services.
- If an agency does not have a letter of collaboration, one can be found on www.SoonerPRO.com.
- If the request is being submitted via CareConnection®, the provider will document that the Letter of Collaboration is on file and include the name of each agency as well as how the facilities will split the monthly dollar cap for the level of CAR/ASI/T-ASI indicated in the "Current" section of the CareConnection® request.
- If there is a question about the letter of collaboration or the dollar values are being disputed, the APS reviewer may require the providers fax the Letter of Collaboration.

MEMBER NAME AND/OR SOONERCARE ID NUMBER CHANGES

A member's name and/or SoonerCare ID number may change as the result of an adoption or change in custody. Authorizations are member and site-specific. Therefore, the agency will need to fax the one page "Outpatient Transfer Request" found on www.SoonerPro.com showing both the member's old name and SoonerCare ID number as well as the member's new name and new SoonerCare ID number. The current PA will be end-dated and a new PA will be issued for the name and/or ID with the same end date of the original PA. The procedure group will be prorated based upon the original PA.

AUTHORIZATION NUMBERS

APS will assign a recipient and provider site-specific PA number to each approved PA request. This recipient and provider site-specific PA number will be submitted to the MMIS on a batch basis each night. Each PA number will be associated with from/through dates by service and month to indicate the length of time and the procedure group being authorized by APS.

SERVICES REQUIRING NO PRIOR AUTHORIZATION

The following services for each SoonerCare fee-for-service member do not require prior authorization. The annual (calendar year) maximum allotted is identified.

Medication Training & Support	1 unit is allowed per month, per member, without prior authorization.
Crisis Intervention	All units allowed w/o PA, following OAC 317:30-5-241.

The following services for ODMHSAS consumers do not require prior authorization.

Generic ID Services	e.g. consultation, training, outreach
Non-ID Crisis Services	Crisis when the customer can't be identified
Disaster Services	Invoked for specific disasters
Competency Evaluation	Clinical evaluation to determine an individual's ability to defend themselves against criminal charges
Pharmacological Management	i.e. Med Clinic
Telemedicine Originating Site	Used when providing telemedicine services
Customer Follow-Up Services	Follow-up services that do not fall within the allowable functions under Case Management
Clinical Evaluation and Assessment for Children in Specialty Settings	Evaluation and Assessment services provided through Child Care Consulting contracts or Systems of Care
Tobacco Cessation Counseling-Physician	Physician's service using the "5As" approach to tobacco cessation

AXIS IV DIAGNOSIS INFORMATION

- There is a scale on DSM-IV-TR--called Axis IV--which divides stressors into general categories. Axis IV is a six point rating scale for psychosocial stressors that contribute to the presentation of the current disorder. The coding ranges from none to catastrophic.
 - None: No identifiable stressors.
 - Mild: Starting graduate school, having a child leave home.
 - Moderate: Marriage, marital separation, loss of job.
 - Severe: Divorce, birth of first child, extreme poverty.

Here are a few examples:

- **AXIS IV: PSYCHOSOCIAL STRESSORS**
 - Problems with primary support group--e.g., death of a family member; health problems in family; disruption of family by separation, divorce, or estrangement; removal from the home; remarriage of parent; sexual or physical abuse; parental overprotection; neglect of child; inadequate discipline; discord with siblings; birth of a sibling
 - Problems related to the social environment--e.g., death or loss of friend; inadequate social support; living alone; difficulty with acculturation; discrimination; adjustment to life-cycle transition (such as retirement)
 - Educational problems--e.g., illiteracy; academic problems; discord with teachers or classmates; inadequate school environment
 - Occupational problems--e.g., unemployment; threat of job loss; stressful work schedule; difficult work conditions; job dissatisfaction; job change; discord with boss or co-workers

- Housing problems--e.g., homelessness; inadequate housing; unsafe neighborhood; discord with neighbors or landlord
- Economic problems--e.g., extreme poverty; inadequate finances; insufficient welfare support
- Problems with access to health care services--e.g., inadequate health care services; transportation to health care facilities unavailable; inadequate health insurance
- Problems related to interaction with the legal system/crime--e.g., arrest; incarceration; litigation; victim of crime
- Other psychosocial and environmental problems--e.g., exposure to disasters, war, other hostilities; discord with non-family caregivers such as counselor, social worker, or physician; unavailability of social service agencies

LEVELS OF CARE AND SPECIALIZED SERVICES

Levels/Services	OHCA & ODMHSAS	OHCA Only	ODMHSAS Only
Pre-admission	X		
Prevention and Recovery Maintenance, I, II, III, & IV	X		
0-36 months levels of care	X		
RBMS		X	
ICF/MR		X	
Psychological Evaluation		X	
Exceptional Case	X		
Automatic Step Down/After Care	X		
Children's Day Treatment		X	
TANF/ Child Welfare	X		
Adult Drug Court Outpatient			X
Prison Related Services			X
Recovery Services			X
Non-ODMHSAS/Non-OHCA Funded Services			X
Detox			X
Halfway House			X
Residential Treatment			X
Day School			X
CBSCC			X
Mental Health Housing and Residential Care Services			X
Mental Health Inpatient			X
Generic ID Services			X

Non ID Crisis Services			X
Disaster Services			X
Mobile Crisis			X
Long-Term Inpatient			X
Med Clinic Only			X
Family Support Contacts			X

Levels of Care and Specialized Services can include other categories as determined by OHCA, and ODMHSAS. For a list of current Levels of Care/Specialized Services Prior Authorization Groups, including the dollar cap allowed and the list of services for each group, go to <http://www.soonerpro.com/Resources/Manuals.aspx> under Outpatient (“Procedure Code Groups”).

The numerically based levels of care are designed to reflect the member's acuity as each level of care, in ascending order. Some examples of additional levels of care are Exceptional Case, 0-36 months, ICF/MR, Recovery Maintenance/Relapse Prevention, RBMS, Med Clinic Only, Halfway House, and Mental Health Inpatient.

In order to be eligible for any type of outpatient authorization, the individual must be able to actively participate in and derive a reasonable benefit from treatment as evident by sufficient affective, adaptive and cognitive abilities, communication skills and short term memory.

Individuals who fall into one of these categories would be considered inappropriate for an outpatient authorization:

- a. Imminent danger to self and/or others (medically unstable.)
- b. Extreme level of functional impairment, meeting medical necessity criteria for inpatient hospitalization

The OHCA, ODMHSAS, or their designated agent may also require supporting documentation for any data submitted by the provider. The request may be denied if such information is not provided within ten calendar days of notification of the Clinical Correction Notice.

**Adult Mental Health Criteria
(OHCA- 21 and older; ODMHSAS- 18 and older)**

Level One – Adult General Requirements:
1. Experiencing <i>slight to moderate</i> functional impairment.
2. DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality Disorder
3. CAR Scores (a minimum of the following): a. 20 – 29 in 4 domains (Domains 1 – 9) OR b. 30 – 39 in 2 domains (Domains 1 – 9) OR c. 20 – 29 in 3 domains and 30 – 39 in 1 or more domains (Domains 1 – 9)
Level Two – Adult General Requirements:
1. Experiencing <i>moderate</i> functional impairment.
2. DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality Disorder
3. CAR Scores (a minimum of the following): a. 30 – 39 in 3 domains (Domains 1 – 9) OR b. 40 – 49 in 1 domains (Domains 1 – 9)
Level Three – Adult General Requirements:
1. Experiencing <i>moderate to severe</i> functional impairment.
2. DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality Disorder
3. CAR Scores (a minimum of the following): a. 30 – 39 in 4 domains with 2 domains being in 1,6,7, or 9 OR b. 40 – 49 in 2 domains with 1 domain in 1,6,7 or 9 OR c. 30 – 39 in 2 domains AND 40 in 1 domain with EITHER the 40 or 2 of the 30's being in domains 1,6,7 or 9
Level Four – Adult General Requirements:
1. Experiencing <i>very severe (incapacitating)</i> functional impairment and potential risk for hospitalization without intensive outpatient services.
2. DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality Disorder
3. CAR Scores (a minimum of the following): 40 in 4 domains, with 1 being in 1, 6, 7 or 9
Prevention and Recovery Maintenance Level Criteria – Adult
1. Experiencing <i>slight</i> functional impairment.
2. DSM IV-TR (in ICD 9 Format) Diagnosis (a OR BOTH a AND b): a. Axis I primary diagnosis: <ul style="list-style-type: none"> • Prevention – may include 799.9 Deferred Diagnosis or Provisional Diagnosis • Recovery Maintenance – excludes 799.9 Deferred Diagnosis and Provisional Diagnosis b. Axis II personality disorders
3. CAR Scores must be listed on the prior authorization form

**SUBSTANCE ABUSE/INTEGRATED ADULT
(OHCA- 21 and older; ODMHSAS- 18 and older)**

Level One – Adult SA/Integrated General Requirements:
1. Experiencing <i>slight to moderate</i> functional impairment.
2. DSM IV-TR (in ICD 9 Format) Diagnosis: a. Axis I Substance-Related Disorder
3. Assessment Results (Use the CAR or ASI*) 1. CAR Scores (A minimum of ONE of the following) (Substance Abuse and Integrated Requests using the CAR assessment must meet ONE condition in either a, b, or c AND domain 3 must have a score of 20 or higher.) a. 20 – 29 in 3 domains (Domains 1 – 9) OR b. 30 – 39 in 2 domains (Domains 1 – 9) OR c. 20 – 29 in 2 domains and 30 – 39 in 1 or more domains (Domains 1 – 9) 2. ASI Scores: a. 4 or above in 2 areas, must include at least a 4 in Alcohol or Drug Problem Area
Level Two – Adult SA/Integrated General Requirements:
1. Experiencing <i>moderate</i> impairments in functioning.
2. DSM IV-TR (in ICD 9 Format) Diagnosis: a. Axis I Substance-Related Disorder
3. Assessment Results (Use the CAR or ASI*) 1. CAR Scores (A minimum of ONE of the following) (A minimum of ONE of the following) (Substance Abuse and Integrated Requests using the CAR assessment must meet ONE condition in either a or b AND domain 3 must have a score of 20 or higher.) a. 30 – 39 in 3 domains (Domains 1 – 9)OR b. 40 – 49 in 1 domains (Domains 1 – 9) OR 2. ASI Scores a. 5 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area
Level Three – Adult SA/Integrated General Requirements:
1. Experiencing <i>moderate to severe</i> functional impairment.
2. DSM IV-TR (in ICD 9 Format) Diagnosis: a. Axis I Substance-Related Disorder
3. Assessment Results (Use the CAR or ASI*): 1. CAR Scores (A minimum of ONE of the following) (Substance Abuse and Integrated Requests using the CAR assessment must meet ONE condition in either a, b, or c AND domain 3 must have a score of 20 or higher.) a. 30 – 39 in 4 domains, with 2 domains being in 1,6,7 or 9; OR b. 40-49 in 2 domains, with 1 domain in 1,6,7 or 9; OR c. 30 – 39 in 2 domains and 40-49 in 1 domain, with either the 40 or 2 of the 30's being in domain 1,6,7 or 9 2. ASI Scores a. 6 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area
Level Four – Adult SA/Integrated General Requirements:
1. Experiencing <i>very severe (incapacitating)</i> functional impairment and potential risk for 24-hour inpatient type care without intensive outpatient services.
2. DSM IV-TR (in ICD 9 Format) Diagnosis: a. Axis I Substance-Related Disorder
3. Assessment Results (Use the CAR or ASI*): 1. CAR Scores (Substance Abuse and Integrated Requests using the CAR assessment must have a score of 20 or higher in domain 3.) a. 40-49 in 4 domains, with 1 domain being in 1, 6, 7, or 9 2. ASI Scores a. 7 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area
Prevention and Recovery Maintenance Level Criteria – Adult SA/Integrated
1. Experiencing <i>slight</i> functional impairment
2. DSM IV-TR (in ICD 9 Format) Diagnosis: a. Axis I Substance-Related Disorder
3. CAR Scores or ASI Scores* must be listed on the prior authorization form

*For ODMHSAS the ASI is required for all Substance Abuse Requests and both the ASI and the CAR are required for all Integrated Requests.

Child Mental Health Criteria (Under 21)

Level One – Child MH General Requirements:	
1.	Experiencing <i>slight to moderate</i> functional impairment.
2.	DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis (a OR BOTH a AND b): <ol style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders only for 18 – 20 years of age. (If younger than 18 must include well documented psychiatric supporting evidence.)
3.	CAR Scores (a minimum of the following): <ol style="list-style-type: none"> a. 20 – 29 in 4 domains (Domains 1 – 9) OR b. 30 – 39 in 2 domains (Domains 1 – 9) OR c. 20 – 29 in 3 domains and 30 – 39 in 1 or more domains (Domains 1 – 9)
Level Two – Child MH General Requirements:	
1.	Experiencing <i>moderate</i> functional impairment.
2.	DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): <ol style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders only for 18 – 20 years of age. (If younger than 18 must include well documented psychiatric supporting evidence.)
3.	CAR Scores (a minimum of the following): <ol style="list-style-type: none"> a. 30 – 39 in 3 domains (Domains 1 – 9) OR b. 40 – 49 in 1 domains (Domains 1 – 9)
Level Three – Child MH General Requirements:	
1.	Experiencing <i>moderate to severe</i> functional impairment.
2.	DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): <ol style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders only for 18 – 20 years of age. (If younger than 18 must include well documented psychiatric supporting evidence.)
3.	CAR Scores (a minimum of the following): <ol style="list-style-type: none"> a. 30 – 39 in 4 domains with 2 domains being in 1,6,7, or 9 OR b. 40 – 49 in 2 domains with 1 domain in 1,6,7 or 9 OR c. 30 – 39 in 2 domains AND 40-49 in 1 domain with EITHER the 40 or 2 of the 30's being in domains 1,6,7 or 9
Level Four – Child MH General Requirements:	
1.	Experiencing <i>very severe (incapacitating)</i> functional impairment and potential risk for hospitalization without intensive outpatient services.
2.	DSM IV-TR (in ICD 9 Format) Diagnosis (a OR both a AND b): <ol style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders only for 18 – 20 years of age. (If younger than 18 must include well documented psychiatric supporting evidence.)
3.	CAR Scores (a minimum of the following): 40-49 in 3 domains, with 1 being in 1, 6, 7 or 9
Prevention and Recovery Maintenance Level Criteria – MH Child	
1.	Experiencing <i>slight</i> functional impairment
4.	DSM IV-TR (in ICD 9 Format) Diagnosis (a OR BOTH a AND b): <ol style="list-style-type: none"> a. Axis I primary diagnosis: <ul style="list-style-type: none"> • Prevention – may include 799.9 Deferred Diagnosis or Provisional Diagnosis • Recovery Maintenance – excludes 799.9 Deferred Diagnosis and Provisional Diagnosis b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence.)
2.	CAR Scores must be listed on the prior authorization form

SUBSTANCE ABUSE/INTEGRATED Criteria Child (Under 21)

Level One – Child SA/Integrated General Requirements:
1. Experiencing <i>slight to moderate</i> functional impairment.
2. DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis a. <u>Axis I Substance-Related Disorder</u>
3. Substance Abuse and Integrated Requests using the CAR assessment must meet ONE condition in either a, b, or c AND domain 3 must have a score of 20 or higher. a. 20 - 29 in 3 or more domains (domains 1 - 9); OR b. 30 - 39 in 2 domains (domains 1 - 9); OR c. 20 - 29 in 2 domains AND 30 - 39 in 1 domain or more (domains 1 - 9)
4. <u>T-ASI Scores</u> a. 2 or above in 3 areas, must include at least a 2 in Chemical Use Problem Area
5. <u>ASI Score</u> a. 4 or above in 2 areas, must include at least a 4 in Alcohol or Drug Problem Area
Level Two – Child SA/Integrated General Requirements:
1. Experiencing <i>moderate</i> functional impairment.
2. DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis b. <u>Axis I Substance-Related Disorder</u>
3. Substance Abuse and Integrated Requests using the CAR assessment must meet ONE condition in either a or b AND domain 3 must have a score of 20 or higher a. 30 - 39 in 3 domains (domains 1 - 9); OR b. 40 - 49 in 1 domain (domains 1 - 9)
4. <u>T-ASI Scores</u> a. 3 or above in 2 areas; must include at least a 2 in Chemical Use Problem Area OR b. 4 in one area; must include at least a 2 in Chemical Use Problem Area
5. <u>ASI Scores</u> a. 5 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area
Level Three – Child SA/Integrated General Requirements:
1. Experiencing <i>moderate to severe</i> functional impairment.
2. DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis a) <u>Axis I Substance-Related Disorder</u>
3. Substance Abuse and Integrated Requests using the CAR assessment must meet ONE condition in either a, b, or c AND domain 3 must have a score of 20 or higher. a. 30 - 39 in 4 domains, with 2 domains being in 1, 6, 7, or 9; OR b. 40 - 49 in 2 domains, with 1 domain being in 1, 6, 7, or 9; OR c. 30 - 39 in 2 domains AND 40 - 49 in 1 domain, with EITHER the 40 OR 2 of the 30's being in domains 1, 6, 7, or 9
4. <u>T-ASI Scores</u> a. 3 or above in 3 areas; must include at least a 2 in Chemical Use Problem Area OR b. 4 in 2 areas; must include at least a 2 in Chemical Use Problem Area
5. <u>ASI Scores</u> a. 6 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area
Level Four – Child SA/Integrated General Requirements:
1. Experiencing <i>very severe (incapacitating)</i> functional impairment and potential risk for hospitalization without intensive outpatient services.
2. DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis a. <u>Axis I Substance-Related Disorder</u>
3. Substance Abuse and Integrated Requests using the CAR assessment must have a score of 40 or higher in domain 3 a. 40 - 49 in 3 domains, with 1 domain being in 1, 6, 7, or 9
4. <u>T-ASI Scores</u> a. 4 in 3 areas; must include a 4 in the Chemical Use Problem Area
5. <u>ASI Scores</u> a. 7 or above in 3 areas, must include at least a 4 in Alcohol or Drug Problem Area
Prevention and Recovery Maintenance Level Criteria – SA/Integrated Child
1. Experiencing <i>slight</i> functional impairment
2. DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis a. <u>Axis I Substance-Related Disorder</u>
3. CAR Scores, T-ASI, or ASI Scores must be listed on the prior authorization form

*For ODMHSAS the T-ASI (ages 12-17) or ASI (ages 18 and above) is required.

Child (0 – 36 Months of Age) Criteria

All prior authorization decisions will be based upon the following criteria for children 0-36 months of age:

1. Therapist's credentials must include degree and licensure. In addition, the services being provided to this population must be within the scope of practice of the therapist.
Competency in one of the following areas is required:
 - a) Early Childhood Development, diagnosis, and treatment
 - b) Infant Mental Health, diagnosis, and treatment.
 - c) Clinical experience with this age group.
 - d) Under supervision with a clinician with training/experience with this age group.
2. Service plan goals and objectives must be age and developmentally appropriate.
3. Developmental level of the child.
4. DC: 0-3 R (IN ICD-9 FORMAT) Diagnosis for the member/child. Diagnosis is for the child, not the parent.
5. Presenting Problem(s) listed.
6. Interactive Counseling is considered appropriate when:
 - a) The above conditions (#1-5) are met
 - b) For short-term assessment purposes
 - c) Clear evidence that the child can engage in symbolic play
7. CAR domains 1 - 9 must meet the level of care being requested and Caregiver Resources noted on the Addendum page as part of the member record

FOR CHILDREN 0-18 MONTHS of Age (IN ADDITION TO #1-7):

1. Developmentally APPROPRIATE therapeutic modalities, services, and/interventions must have a primary focus on the attachment between the child and parental figure(s):
 - a) Family Psychotherapy
2. Developmentally INAPPROPRIATE therapeutic services:
 - a) Interactive Psychotherapy
 - b) Group Psychotherapy\Psychosocial Rehabilitation (Individual or Group)

OR CHILDREN 19-36 MONTHS of Age (IN ADDITION TO #1-7):

1. Developmentally APPROPRIATE therapeutic modalities, services, and/or interventions:
 - a) Family Psychotherapy
2. The following MAY be deemed developmentally APPROPRIATE in SOME cases:
 - a) Interactive Psychotherapy (Limited - primarily used for observation for assessment purposes with clear evidence child can engage in symbolic play)
 - b) Psychosocial Rehabilitation (Individual) (FOR PARENTING SKILLS TRAINING ONLY)

**CRITERIA FOR CHILDREN IN
RESIDENTIAL BEHAVIOR MANAGEMENT SERVICES (RBMS),
THERAPEUTIC FOSTER CARE (TFC) AND
THERAPEUTIC GROUP HOMES (Levels C and E)
WHO NEED ADDITIONAL OPBH SERVICES**

General Requirements (Must meet all of the following conditions):

1. Appropriate (Must meet ALL of the following conditions)
 - a) Experiencing severe functional impairment, illustrating the need for additional treatment beyond the required services; AND
 - b) Demonstrates the need for specialized treatment to augment the services provided by the RBMS; AND
 - c) Able to actively participate in and derive a reasonable benefit from treatment as evidenced by sufficient affective, adaptive and cognitive abilities, communication skills, and short-term memory
2. Inappropriate
 - a) Imminent danger to self and/or others (medically unstable); AND/OR Extreme level of functional impairment, meeting medical necessity criteria for acute inpatient hospitalization

Assessment Results (Must meet ONE condition in BOTH 1 AND 2):

1. DSM-IV-TR (IN ICD-9 FORMAT) DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis (a or both a and b)
 - a) Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5 , and provisional diagnoses.
 - b) Axis II personality disorders, ONLY for 18 - 20 years of age
(If younger than 18, must include well documented psychiatric supporting evidence)
2. CAR Scores (A minimum of ONE of the following) (CAR descriptors for domains 1 – 9 must be appropriately documented. Caregiver Resources must be documented as noted on the Addendum as part of the member record.) . .
 - a) 30 - 39 in 4 domains, with 2 domains being in 1, 6, 7, or 9; OR
 - b) 40 - 49 in 2 domains, with 1 domain being in 1, 6, 7, or 9; OR
 - c) 30 - 39 in 2 domains AND 40 - 49 in 1 domain, with the 40 or 2 -30's being in 1, 6, 7, or 9

The T-ASI can be used for those children in need of SA treatment. T-ASI Scores:

- a) 3 or above in 3 areas; must include at least a 2 in Chemical Use Problem Area OR
 - b) 4 in 2 areas; must include at least a 2 in Chemical Use Problem Area
3. An explanation of the need for the specialized or additional treatment or therapeutic intervention employed by the therapist that is not being provided by the TFC or group home under their per diem treatment services requirement.

OPBH Agency Services NOT allowed for fee-for-service SoonerCare members receiving RBMS:

1. Case Management
2. Psychosocial Rehabilitation (Individual or Group)
3. Mental Health Service Plan Development

ICF/MR Criteria

General Requirements (Must meet all of the following conditions):

<ol style="list-style-type: none"> 1. Appropriate (Must meet ALL of the following conditions) <ol style="list-style-type: none"> a) Functional improvement is a realistic expectation; AND b) Potential risk for hospitalization without intensive outpatient services; AND c) Able to actively participate in and derive a reasonable benefit from treatment as evidenced by sufficient affective, adaptive and cognitive abilities, communication skills, and short-term memory 2. Inappropriate <ol style="list-style-type: none"> a) Imminent danger to self and/or others (medically unstable); AND/OR b) Inability to actively participate in treatment 	<ol style="list-style-type: none"> 1. DSM-IV-TR (IN ICD-9 FORMAT) DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis (BOTH a AND b) <ol style="list-style-type: none"> b. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5 , and provisional diagnoses. c. Axis II diagnosis, with documented IQ score 2. Submission of a letter from the ICF/MR facility indicating the DSM-IV-TR (IN ICD-9 FORMAT) DSM-IV-TR (IN ICD-9 FORMAT) (IN ICD-9 FORMAT) multi-axial diagnoses, specific behavioral concerns, reason for referral, and signed by an ICF/MR representative. 3. Submission of the Individual Habilitation Plan that reflects the member's need for the requested behavioral health services. The current annual plan is required including signature page and legible date of most recent update/revision. 4. Major discrepancies between information obtained from the ICF-MR and providers documentation are to be resolved by the provider. It must be clear the member can benefit from outpatient counseling services. 5. Submission of Psychological Testing documenting IQ Score, Vineland Adaptive Scale, and any additional clinical assessment reports that support the requested services. 6. Communication domain at the end of the CAR must be completed; AND 7. For SEVERE or PROFOUND MR diagnosis, the approach(s) to treatment, such as behavior modification, applied behavior analysis, or another widely accepted theoretical framework for treating members with this diagnosis, must be noted in the Addendum as part of the member record.
--	---

Services NOT allowed for fee-for-service SoonerCare members in a 24-hr setting

1. Case Management
2. Psychosocial Rehabilitation (Individual or Group)
3. Medication Training and Support

Exceptional Case Criteria

General Requirements (Must meet all of the following conditions):

1. It is recognized that there may be cases in which the member's condition is severe enough to require a higher intensity of services than is allowed by the Medical Necessity Criteria in the Level(s) of Care. Providers may request additional services beyond the maximum allowed in the Level(s) of Care when cases would fit into this category. These cases will be considered "Exceptional" and will not be maintained at this same level of intensity each PA period.
2. This level of care is allowed for exceptional cases in which the child or adult's condition requires more than is offered in the Level(s) of Care, but who are not in need of the level of services provided at Acute inpatient level of care.
3. The provider must submit a request to APS using the standard PA Request Packet and specify that this is a request for Exceptional Case. A Clinical Reviewer will review the first request.
4. Subsequent, additional requests for exceptional case will be automatically referred to a Clinical Consultant to evaluate the appropriateness of the requested services for the clinical manifestations identified. Supporting documentation will be required to substantiate the additional requested services above and beyond the Level(s) of Care.

Appropriate (Any/or all of the following)

1. Experiencing extreme functional impairment, but does not meet medical necessity criteria for Acute inpatient hospitalization;
2. Medically stable (i.e., not an imminent danger to self and/or others);
3. Stepping down from a higher level of care (Acute/RTC/Inpatient.);
4. Without intensive services, there is an escalation of symptoms (e.g., an increase in aggressive behavior or a decreased ability to perform ADL's, but is medically stable).

Inappropriate

1. Imminent danger to self and/or others (medically unstable); AND/OR
2. Extreme level of functional impairment, meeting medical necessity criteria for inpatient hospitalization.

Amount of Service Allowable

Requests for this level of service will be covered for a period of one (1) to three (3) months. Prior authorization will be required monthly.

Psychological Evaluation Criteria for OPBH Agencies

General Requirements	Assessment Results
<p>1. Appropriate (Must meet ALL of the following conditions)</p> <ul style="list-style-type: none"> a) Member is experiencing difficulty in functioning with origins not clearly determined; AND b) An evaluation has been recommended and/or requested by a psychiatrist, psychologist, or a licensed mental health professional; AND c) Results of evaluation will directly impact current treatment strategies. d) If member has been tested recently a different testing battery will be performed. <p>2. Inappropriate</p> <ul style="list-style-type: none"> a) Evaluation results will not directly impact current treatment or discharge; AND/OR b) Evaluation results will be utilized for academic placement/purposes only; AND/OR c) An equivalent psychological evaluation has been conducted by another provider (including private psychologists) within the current calendar year. 	<p>1. DSM-IV-TR (IN ICD-9 FORMAT) DSM-IV-TR (IN ICD-9 FORMAT) Diagnosis – all five axes must be completed:</p> <ul style="list-style-type: none"> a) Axis I primary diagnosis (INCLUDING V and 900 codes, Deferred, and Provisional Diagnosis).
	<p>Submission Requirements (must include ALL of the following information):</p>
	<ul style="list-style-type: none"> 1. Entire prior authorization form; AND 2. Treatment plan must document: <ul style="list-style-type: none"> a) What tests will be used? b) How many hours will the testing require? c) Who will be performing the tests, and what are their credentials? d) What is the reason for the testing? e) How the evaluation results will specifically affect goals and objectives for the member?
	<p>Notes:</p> <ul style="list-style-type: none"> 1. A psychological technician is defined by the State Board of Examiners of Psychologists as being "under the direct supervision of a licensed psychologist" (Title 59 O.S. 1991, Section 1353.6) and "the Rules of the Board (Section 575:10-1-7) describe the hiring of a psychological technician, a dependent assistant to the psychologist." 2. <i>Outpatient Behavioral Health Agencies (OPBH) can use a Licensed Behavioral Health Provider (LPBH) to perform psychological testing as long as it is in their scope of practice.</i>

Automatic Step Down / After Care Criteria

General Requirements (Must meet all of the following conditions):

1. The OHCA State Plan targets those members who are discharging from, or are denied an admission to acute, residential treatment center, crisis stabilization, group home or TFC levels of care.
2. For continuity and expediency, the Individual Plan of Care and Assessment from the higher level of care facility will be provided at the time of the member's discharge from that facility or at time of being denied for admission. This will serve as the treatment guide for the outpatient provider/agency the first 30 days of outpatient care.
3. If this PA is being issued for a consumer new to the agency, a treatment plan review will not be issued as the initial assessment and service plan do not currently require prior authorization.
4. If this PA is being issued for a consumer that is already receiving outpatient services from the requesting provider, a treatment plan review will need to be included in the request by checking the appropriate box. If the current outpatient provider requests this 30 day PA, their current PA will be end dated to avoid overlapping authorization of services and dates.
5. Following the initial step down authorization, an extension of services may be requested from APS by submitting the request via CareConnection or faxing an Outpatient Prior Authorization Request Packet. The extension should be received by APS not more than 15 calendar days and no later than five (5) calendar days before the end of the current authorization period. An APS Behavioral Health Review Coordinator will review the extension request within three (3) business days of receipt, utilizing the Medical Necessity Criteria for continued care.

Amount of Service Allowable	For those members preparing to discharge or who have been denied admission to acute, RTC, crisis stabilization, group home or TFC, PHP/Day Tx/IOP, APS will authorize services for the first 30 (thirty) days at the time the provider accepts the initial referral and faxes the Admit to Outpatient Services form to APS at 1-800-762-1639.
-----------------------------	---

Recommended Protocol for Automatic Authorization Period	Time Frame Requirement	Provider
<ul style="list-style-type: none"> ▪ First outpatient appointment with the OPBH Agency 	No more than 7 days	Agency Provider
<ul style="list-style-type: none"> ▪ Continuing face to face visits 	One or more per week	LBHP/Case Manager
<ul style="list-style-type: none"> ▪ For new consumers, the assessment and service plan 	Within 30 days of discharge	LBHP
<ul style="list-style-type: none"> ▪ For established consumers, service plan 	Within 30 days of discharge	LBHP
<ul style="list-style-type: none"> ▪ Continued counseling services: Appointments must be kept. Follow up efforts must be documented if appointments are missed. 	On going	Staff
<ul style="list-style-type: none"> ▪ Outreach: Home visits or phone contact by case manager if appointments are missed. 	Within 24 hours of missed appointments	Case Manager

After the first 14 day of missed appointments, if the client/guardian does not respond to letters, phone calls or other attempts to engage them in initiating or continuing in services, the outpatient provider/facility will provide this information to an APS Behavioral Health Review Coordinator either by fax or phone.

Children's Partial Hospitalization Program

Service Definition and Requirements

- At least 5 days per week, up to 4 hours therapeutic services per day. Closed on legal holidays.
- Required Therapeutic Services:
 - Psychiatrist/physician face to face\visit 2 times per month (Medical Evaluation is billed separately by the physician)
 - Crisis management services are available 24 hours a day, 7 days a week
 - Psychotherapies– Minimum of 4 hours per week
 - IT and/or FT, minimum of 2 sessions per wk. Programs need to focus strongly on family involvement in the treatment.
 - GT minimum of 2 sessions per wk
- Interchangeable Therapeutic Services to include the following:
 - Diagnostic Services (comprehensive psychological testing by a licensed psychologist is billed separately.)
 - BHRS / alcohol and other drug education
 - Case management
 - Medication Training & Support
 - Expressive Therapy
- OT/PT/Speech should come from the ISD (Independent School District)
- Group size: Not to exceed 8 as clinically appropriate given diagnostic and developmental functioning.
- Therapeutic holds are strongly discouraged but if necessary for the welfare of the child MUST follow accreditation requirements.
- Trauma-Informed Care (TIC) recommended. NCTIC@abtassoc.com
www.mentalhealth.samhsa.gov/nctic

Target Population

- SoonerCare eligibility and MNC.
- 20 and younger (only)

Documentation Requirements

- A nursing health assessment within 24 hours of admission. A physical examination and medical history is coordinated with the Primary Care Physician.
- 1. Service Plan updates are required every 3 months or more frequently based on clinical need.
- 2. The length of the program varies based on the Individual's needs and medical necessity.
- 3. Active involvement of the individual, family, caretakers, or significant others involved in the individual's treatment is required.

Staffing Requirements

- RN trained and competent in the delivery of behavioral health services is available on site during program hours to provide necessary nursing care and/or psychiatric nursing care. (1 RN at minimum for program that can be backed up by an LPN but an RN must always be onsite). Nursing staff administers medications, follows up with families on medication compliance, restraint assessments.
- Medical Director is a psychiatrist .
- A psychiatrist/physician is available 24 hours a day, 7 days a week
- Per OAC 317:30-5-240.

Service/Reimbursement Limitations

- Accreditation required (CARF, JCAHO, COA)
- Monthly cap (Benefit Limit):
 - 3 hours x \$42.80= \$128.40 x 5days= \$642.00 per mo x 4.33 wks= \$2,779.86 monthly cap
 - Physician services and medications are separately billable and not part of this cap
 - Can bill up to 4 hours per day, but the monthly cap does not change

Service Code Modifiers

HE – Mental Health

HF – Substance Abuse or Integrated

Prior Authorization

- A. General Requirements for Admission and Continued Stay in Partial Hospitalization Program:**
1. The member needs to meet CALOCUS Level 4. You may photocopy and use this instrument in the

original form. The manual for the CALOCUS is available as PDF:

<http://www.wpic.pitt.edu/aacp/finds/CALOCUSv15.pdf>. (CALOCUS is not required for step downs from an inpatient level of care: acute or RTC.)

2. The CAR will be reported on the CDC.
3. Current DSM IV Axis I Diagnosis (**in ICD-9 format**) that is consistent with symptoms
4. Individual's condition can be expected to be stabilized at this level of care.
5. All less intensive levels of treatment have been determined to be unsafe or unsuccessful.

B. Admission Criteria Severity of Illness

Clinical Findings – *Must have either 1 or 2 to qualify:*

1. The member's condition is severe enough to require a higher intensity of services than is allowed by the Medical Necessity Criteria in the other outpatient Level(s) of Care. PHP is allowed for cases in which the child's condition may meet an inpatient level of care such as residential criteria, but there is evidence of a stable and safe living environment and the member's safety can be maintained during non-treatment hours. The goal is for the member to be treated at the least intensive setting able to meet the individual's medical needs. The partial hospitalization program can safely substitute for or shorten a hospital stay to prevent deterioration that would lead to a re-hospitalization
2. The member has been discharged from a higher level of care and continues to require intensive, structured treatment program to maintain progress and stability during a period of transition to a lower level of care. A CALOCUS is not required if the member is stepping down from a higher level of care (e.g., Acute or RTC).

C. Continued Stay Criteria

Must continue to have all of the following to qualify in addition to the general requirements (Part A) listed above:

1. Progress in relation to specific symptoms/impairments/dysfunction is clearly evident, documented, and can be described in objective terms, but goals of treatment have not been achieved.
2. Family system (caretaker, significant others) compliance with treatment is occurring. Active involvement and responsiveness to treatment recommendations of the Individual, family, caretakers, or significant others involved in the Individual's treatment is required.
3. Documentation must indicate continued risk and must address lack of and/or insufficient response to the treatment plan.
4. Clinical attempts at therapeutic re-entry into a less restrictive level of care have, or would, result in exacerbation of the mental disorder to the degree that would warrant the continued need for partial hospitalization services.
5. There is documented active planning for transition to a less intensive level of care.
6. Coordination with the school system is required and should be on-going from the time of admission.

D. Amount of Allowable Service

- Initial requests for this level of service will be covered for a period of (1) to three (3) months.
- Extension requests are based on continued MNC documentation; be covered for a period of (1) to three (3) months; and family system is actively involved and responsive to treatment recommendations.

Children's Day Treatment

Service Definition and Requirements

- The program is available: At least four days per week. At least 3 hours per day.
- Treatment activities to include the following every week:
 - FT – *at least one hour per week* (Additional hours of FT may be substituted for other day treatment services. A strong family treatment focus is strongly encouraged and supported. It is seen as an integral part of day treatment.)
 - GT – *at least two hours per week*
 - IT – *at least one hour per week*
- And at least one of the following per day:
 - Medication training and support (nursing) – *once monthly if on medications*
 - BHRS to include alcohol and other drug education if clinically necessary and appropriate – *utilize Individual and Group Rehab to meet the additional hours per day requirement for day treatment.*
 - Case Management – *as needed and part of weekly hours for the client*
 - Occupational therapy - *as needed and part of weekly hours for the client*
 - Expressive therapy - *as needed and part of weekly hours for the client*
- On-call crisis intervention services 24 hours a day, 7 days a week. (When persons served have psychiatric needs, psychiatric services are available which include the availability of a psychiatrist 24 hours a day, 7 days a week. A psychiatrist can be available either on site or on call but is available at all times.)
- The program provides: Assessment and diagnostic services and/or medication monitoring, when necessary.
- Making all of the necessary provisions and/or linkage with educational activities/vocational activities is a requirement.
- Group size: Not to exceed 8 as clinically appropriate given diagnostic and developmental functioning.

Target Population

- SoonerCare eligibility and MNC.
- 20 and younger (only).

Documentation Requirements

- Service Plan updates are required every 3 months.

Staffing Requirements

- Directed by an LBHP
- Multi-disciplinary team, Per OAC 317:30-5-240.
- Psychiatric services are available to persons served, including crisis intervention services 24 hours a day, 7 days a week

Service/Reimbursement Limitations

- Accreditation required (CARF, JCAHO, COA)

Service Code Modifiers

HE – Mental Health
 HF – Substance Abuse or Integrated

Intensive Outpatient Program (Under Development)

Service Definition and Requirements

- Minimum of 9 direct contact hours per week (Minimum of 2 hours per week by LBHP) (CARF: In an intensive outpatient treatment, the person served and/or family members are provided with at least nine direct contact hours per week.)
- LBHP conducts assessment to determine appropriateness of program admission
- Treatment must include a minimum of IT, FT, GT, and PSR
- 24, 7 crisis intervention services
- Group size: Not to exceed 8 as clinically appropriate given diagnostic and developmental functioning.

Target Population

- SoonerCare eligibility and MNC.

Documentation Requirements

- Service Plan updates are required every 3 months.

Staffing Requirements

- Per OAC 317:30-5-240.

Service/Reimbursement Limitations

- Accreditation required (CARF, JCAHO, COA)

Service Code Modifiers

HE – Mental Health

HF – Substance Abuse or Integrated

**Adult SMI and Older Adult Day Treatment
(Under Development)**

Service Definition and Requirements
<ul style="list-style-type: none"> • Minimum of 5 days per week, minimum 5-6 hours per day • Assessment and diagnostic services • Directed by a LBHP • Treatment activities include: <ul style="list-style-type: none"> ○ Service Planning ○ BHRS ○ IT ○ GT ○ MT&S ○ CM • Medication monitoring • Group size: Not to exceed 8 as clinically appropriate given diagnostic and developmental functioning.
Target Population
<ul style="list-style-type: none"> • SoonerCare eligibility and MNC.
Documentation Requirements
<ul style="list-style-type: none"> • Service Plan updates are required every 3 months.
Staffing Requirements
<ul style="list-style-type: none"> • Multi-disciplinary team • Per OAC 317:30-5-240.
Service/Reimbursement Limitations
<ul style="list-style-type: none"> • Accreditation required (CARF, JCAHO, COA)
Service Code Modifiers
HE – Mental Health HF – Substance Abuse or Integrated

ODMHSAS Instant Prior Authorization Criteria

Prison-related Services (DH502):
<ol style="list-style-type: none"> 1. For prison-related contracts 2. Service focus = 09 3. Age ≥ 16
Recovery Services (DH503):
<ol style="list-style-type: none"> 1. For ICCD Clubhouse, Consumer to Consumer and Day Center programs 2. Service focus = 11 3. SMI = 1
Non-ODMHSAS / Non-OHCA Funded Services (DH504):
<ol style="list-style-type: none"> 1. For customers whose funding source is not ODMHSAS or SoonerCare 2. Used for reporting purposes only
Detox (DH505):
<ol style="list-style-type: none"> 1. For substance abuse detoxification programs 2. Level of Care = SN
Halfway House (DH506):
<ol style="list-style-type: none"> 1. For substance abuse halfway house programs 2. Level of Care = CL and Service Focus not equal 11
Residential Treatment (DH507):
<ol style="list-style-type: none"> 1. For mental health and substance abuse residential treatment programs 2. Level of Care = CI
Day School (DH508):
<ol style="list-style-type: none"> 1. For day school contracts 2. Service Focus = 23
Community-based Structured Crisis Care (DH509):
<ol style="list-style-type: none"> 1. For community-based structured crisis care programs 2. Level of Care = SC
Mental Health Housing and Residential Care Services (DH510):
<ol style="list-style-type: none"> 1. For mental health housing programs and residential care facilities 2. Level of Care = CL and Service Focus = 11 3. SMI = 1
Mental Health Inpatient (DH511):
<ol style="list-style-type: none"> 1. For mental health inpatient program 2. Level of Care = HA
Mobile Crisis (DH514):
<ol style="list-style-type: none"> 1. For specialized mobile crisis contracts 2. Service Focus = 26
Long-Term Inpatient (DH516):
<ol style="list-style-type: none"> 1. For long-term care provided at Griffin Memorial Hospital and the Oklahoma Forensic Center 2. Level of Care = HA and Service Focus = 27
Med Clinic Only (DH517):
<ol style="list-style-type: none"> 1. For customers who only require pharmacological services 2. Service Focus = 24
Family Support Contacts (DH518):
<ol style="list-style-type: none"> 1. For providing services to family members on behalf of the admitted customer 2. Transaction type = 25

CRITERIA REFERENCE FORM FOR LEVELS OF CARE AND SPECIALIZED SERVICES

LEVEL OF CARE	CAR SCORES
Prevention & Recovery Maintenance	CAR or ASI/T-ASI scores must be documented.
Child (0-36 months)	Complete all domains (1-11)
Mental Health- Child Level 1	20 - 29 in 4 domains (1 - 9); OR 30 - 39 in 2 domains (1 - 9); OR 20 - 29 in 3 domains AND 30 - 39 in 1 or more domains (1 - 9)
Mental Health - Child Level 2	30 - 39 in 3 domains (1 - 9); OR 40 - 49 in 1 domain (1 - 9)
Mental Health -Child Level 3	30 – 39 in 4 domains, w/ 2 in 1, 6, 7 or 9; OR 40 – 49 in 2 domains, w/ 1 in 1, 6, 7 or 9; OR 30 - 39 in 2 domains AND 40 - 49 in 1 domain, w/ 1-40 OR 2-30s in 1, 6, 7 or 9
Mental Health - Child Level 4	40 - 49 in 3 domains, with 1 in 1, 6, 7 or 9
Substance Abuse/Integrated - Child Level 1	<u>CAR</u> : Level 1 AND domain 3 with a score of 20 or higher; OR <u>T-ASI</u> : 2 or above in 3 areas; AND at least a 2 in Chemical Use Problem Area; OR <u>ASI</u> : 4 or above in 2 areas; AND at least a 4 in Alcohol and Drug Problem Area
Substance Abuse/Integrated - Child Level 2	<u>CAR</u> : Level 2 AND domain 3 with a score of 20 or higher; OR <u>T-ASI</u> : 3 or above in 2 areas; OR 4 in 1 area; AND at least a 2 in Chemical Use Problem Area; OR <u>ASI</u> : 5 or above in 3 areas; AND at least a 4 in Alcohol or Drug Problem Area
Substance Abuse/Integrated - Child Level 3	<u>CAR</u> : Level 3 AND domain 3 with a score of 20 or higher; OR <u>T-ASI</u> : 3 or above in 3 areas; OR 4 in 2 areas; AND at least a 2 in Chemical Use Problem Area; OR <u>ASI</u> : 6 or above in 3 areas; AND at least a 4 in Alcohol or Drug Problem Area
Substance Abuse/Integrated - Child Level 4	<u>CAR</u> : Level 4 AND domain 3 with a score of 20 or higher; OR <u>T-ASI</u> : 4 in 3 areas; AND at least a 2 in Chemical Use Problem Area; OR <u>ASI</u> : 7 or above in 3 areas; AND at least a 4 in Alcohol or Drug Problem Area
Child RBMS	30 - 39 in 4 domains, with 2 in 1, 6, 7 or 9; OR 40 - 49 in 2 domains, with 1 in 1, 6, 7 or 9; OR 30 - 39 in 2 domains AND 40 - 49 in 1 domain, with 1-40 or 2-30s in 1, 6, 7 or 9; OR T-ASI 3 or above in 3 areas; OR 4 in 2 areas; AND at least a 2 in Chemical Use Problem Area
Mental Health - Adult Level 1	20 - 29 in 4 domains (1 - 9); OR 30 - 39 in 2 domains (1 - 9); OR 20 - 29 in 3 domains (1 - 9) AND 30 - 39 in 1 or more domains (1-9)
Mental Health - Adult Level 2	30 - 39 in 3 domains (1 - 9); OR 40 - 49 in 1 domain (1 - 9)
Mental Health - Adult Level 3	30 – 39 in 4 domains, with 2 in 1, 6, 7 or 9; OR 40 – 49 in 2 domains, with 1 in 1, 6, 7 or 9; OR 30 - 39 in 2 domains AND 40 - 49 in 1 domain, with EITHER 1-40 OR 2-30s in 1, 6, 7 or 9
Mental Health Adult Level 4	40 - 49 in 4 domains (1 - 9), with 1 in 1, 6, 7 or 9
Substance Abuse/Integrated- Adult Level 1	<u>CAR</u> : Level 1 AND domain 3 with a score of 20 or higher; OR <u>ASI</u> : 4 or above in 2 areas; AND at least 4 in Alcohol or Drug Problem Area
Substance Abuse/Integrated- Adult Level 2	<u>CAR</u> : Level 2 AND domain 3 with a score 20 or higher; OR <u>ASI</u> : 5 or above in 3 areas; AND at least a 4 in Alcohol or Drug Problem Area
Substance Abuse/Integrated - Adult Level 3	<u>CAR</u> : Level 3 AND domain 3 with a score 20 or higher; OR <u>ASI</u> : 6 or above in 3 areas; AND at least a 4 in Alcohol or Drug Problem Area
Substance Abuse/Integrated - Adult Level 4	<u>CAR</u> : Level 4 AND domain 3 with a score 20 or higher; OR <u>ASI</u> : 7 or above in 3 areas; AND at least a 4 in Alcohol or Drug Problem Area
ICF/MR	Complete all domains

HOW TO IMPROVE CHANCES FOR AUTO-AUTHORIZATION OF OUTPATIENT REQUESTS SUBMITTED ON CARECONNECTION®

1. These statuses will exist in CareConnection® when a request executes the auto authorization rules:
 - a. Request status = Final-Approved or CR-Approved; service status = CM_AUTH. The request has passed all auto auth rules and is approved.
 - b. Request status = Submitted, service status = CM_REV. The request will not auto auth and is forced to manual review.
 - c. Request status = Hold_Submit, service status = FAIL_AUTH. The request has failed one or more checks and is NOT forced to manual review. The user will have the opportunity to correct errors and resubmit, both thru the web application AND thru EDI re-submission.
2. Any CDC meeting qualifications defined by DMHSAS will automatically generate a PA request in the background. This request will immediately be approved (PA number assigned) and exported to MMIS that evening. The term for this is “instant authorization”. These are limited to transaction 21 (generates PG038 for initial services), and some DMH only codes.
3. The requested start date cannot be earlier than the date the request is submitted to APS Healthcare:
 - a. On the web, the submit date is when the “Submit” button is pressed and no errors are generated.
 - b. For EDI files, the submit date is the <CreateDate> in the header record of the file.
4. If this is an extension request, be sure that the new requested start date does not overlap the end date of the old authorization. The only exception is if a request for initial services (PG038) is the only historical record. The issues discussed above still apply.
5. The only review types subject to auto authorization are:
 - Mental Health - OP
 - Substance Abuse - OP
 - Integrated - OP
 - Prevention and Recovery
 - Admit to Outpatient
6. The requesting facility must be the treating provider.
7. Axis I must be completed. Deferred (799.9) and None (V71.09 or V65.5) are not acceptable for a primary Axis I diagnosis.

For substance abuse/integrated requests, a substance abuse diagnosis is required in Axis I (301...301.9).

8. Axis II must be completed. The “None” codes above are allowed (v65.5, v71.09 or 799.9), as are MR diagnoses (317, 318, 318.1, 318.2, 319), borderline intellectual functioning (v62.89), and personality disorders (301....301.9).

If a personality disorder diagnosis is for a minor consumer, the request will be forced to manual review. This is not true for an adult.

9. Axis III is a free field text that must be completed. Report medical issues only.
10. Axis IV – at least one psychosocial stressor must be something other than None/NA.
 - Level 1 - At least one stressor should be mild or moderate. Does not allow severe
 - Level 2 - At least one stressor should be moderate. Does not allow severe
 - Level 3 - At least one stressor should be moderate or severe
 - Level 4 - At least one stressor should be severe

When you are rating these areas, think of them as you would the CAR score ranges for the related CAR domains. If the CAR score is 20-29, that would be mild; 30-39 moderate; 40-49 severe.

For example:

If you score the CAR family domain a 34, then the rating for the Primary Support in the Axis IV would be Moderate.

11. Axis V must be completed. This is the GAF score outlined in the DSM-TR. If this is an initial request, unknown or 0 (zero) are acceptable values for the past score.
12. The first item in the Services Requested section of the request is “Level” with a drop-down of I, II, III, IV, etc. To improve your auto-auth chances, be sure to indicate the CAR or ASI/T-ASI level as supported by the scores in this section. If you have questions, please refer to the Provider Manual on SoonerPro (<http://www.soonerpro.com/Resources/Manuals.aspx>) .
13. The procedure group (PG) code requested must not exceed the level as indicated and must be supported by the CAR or ASI/T-ASI scores. It can be a lower level PG code if that is the frequency of services being provided, but it cannot be higher.
10. PG033 should ONLY be requested if there is a gap between the end date of a previous PA period and the start date of the current request. Adding this service to an initial or extension request will stop the request from auto-auth'ing, so it should only be added when needed and explanation supplied for why it is requested.

(R 03-26-10)

GENERAL CARECONNECTION® TIPS

1. CareConnection® is going to default for the majority of requests to 6 months. If you are requesting a shorter PA, enter the number of months in the Length of Service and when you **tab** to the end date, it will automatically calculate the correct end date.
2. The Current section of the request is not a required field in CareConnection® for outpatient services; the Interpretive Summary is required and that is where the *current critical clinical information* supporting the need for the client to receive services or continue in services with your agency is to be documented.
3. The Current section of the request is a good place to place comments for the reviewers that you want to stand out from the rest of the request. This is where you will:
 - a. Clearly state the reason for submitting a Correction or Modification. If this is a Modification or Correction, do not request all the services again; only request the services that need modification or correction.
 - b. Document that you have a letter of termination on file. Include the date the client/guardian signed the letter.

- c. Document that you have a letter of collaboration on file. Include the name of all collaborating agencies, date the letter was signed, the level of care agreed upon by the agencies, and amount of money to be allotted to each agency.
4. If you upload your requests via EDI and the Current section is not part of your EDI program, the above items in #3 are to be placed in the first line of the interpretive summary.
5. If you are submitting a Substance Abuse/Integrated Request, you do not have to complete both the CAR and the ASI/T-ASI*. If you choose to complete the ASI/T-ASI, you will enter 0 (zero) for the CAR scores and complete the ASI/T-ASI scores. *For ODMHSAS requests, you will need to complete the ASI for Substance Abuse Requests, and both the ASI and the CAR for integrated requests.
6. If the client has an Axis II diagnosis of Mental Retardation, the IQ score is still required. This is usually documented in the Thinking/Mental Process section of the CAR, but is accepted in the interpretive summary as well.
7. If the request is an extension request, progress must be included and is acceptable either in the objectives section or in the interpretive summary.

COMMON ACRONYMS

ABD = Aid to Blind or Disabled

AODTP = Alcohol and Other Drug Treatment Professional

APS = APS Healthcare, Inc.

ARC = Area Resource Coordinator

ASI = Addiction Severity Index

BHP = Behavioral Health Professional

CAR = Client Assessment Record

CCPS = Consolidated Claims Processing System

CDC = Customer Data Core

CMHC = Community Mental Health Center

CW = Child Welfare Division of DHS or Case Worker

DHS = Oklahoma Department of Human Services

DMHSAS (DMH) = Oklahoma Department of Mental Health and Substance Abuse Services

EDOD = Estimated Date of Discharge

FFS = Fee-for-Service

HMO = Health Maintenance Organization

ICF/MR = Intermediate Care Facility for the Mentally Retarded

ICPC = Interstate Compact on Placement of Children

IHS = Indian Health Service

IMD = Institution for Mental Diseases

INT = In Need of Treatment

LOC = Level of Care

MMIS = Medicaid Management Information System

OAC = Oklahoma Administrative Code

OEPIC-IP = Oklahoma Employee/Employer Partnership for Insurance Coverage – Individual Plan aka Insure Oklahoma

OHCA = Oklahoma Health Care Authority

OJA = Office of Juvenile Affairs

PA = Prior Authorization

PCP = Primary Care Physician
PRTF = Psychiatric Residential Treatment Facility
RBMS = Residential Behavior Management Setting
RID = Recipient Identification Number
RTC = Residential Treatment Center
RVU = Relative Value Unit
SSN = Social Security Number
TANF = Temporary Aid to Needy Families
T-ASI = Teen Addiction Severity Index

BILLING PROCEDURES

A. [OKMMIS Provider Billing & Procedure Manual](#)

B. [On the web/Secure Site](#)

Medicaid on the Web is the OHCA's secure Web site, offering providers, both SoonerCare and ODMHSAS, a number of services from submitting claims on the Web to fast verification of claim status. New providers are assigned a PIN to access the Web site.

To access the page, go to www.okhca.org, click on the Provider tab and choose Secure Site from the drop-down menu. For more information on logging in for the first time and entering the secure site, look under the Help tab on the Web site. Medicaid on the Web is available from 5 to 1 a.m.

C. Available Services on the OHCA Secure Web Site

The following services are available to Medicaid on the Web users:

- Global messaging (can be specific to one or all providers).
- Claims submission.
- Claims inquiry.
- Prior authorization submission.
- Provider PA notices.
- Prior authorization inquiry.
- Procedure pricing.
- Financial warrant amount.
- Eligibility verification.
- Managed Care rosters.

D. HP Field Consultants

The Oklahoma Health Care Authority (OHCA) is the state agency responsible for the administration of the Oklahoma Medicaid program. The OHCA has a contractual agreement with Electronic Data Systems (HP) to be the fiscal agent for the Oklahoma Medicaid program.

HP has a team of regional field consultants with knowledge of Oklahoma SoonerCare and ODMHSAS billing requirements and claim-processing procedures. Training is offered on billing, eligibility verification system, Electronic Data Interchange (EDI) and Medicaid SoonerCare Programs.

Field consultants provide training through on-site visits and workshops. They encourage providers to use electronic claim submission because it's fast, easy to use and saves money.

The focus of a field consultant is to

1. train newly enrolled providers;
2. contact and visit high-volume providers; and
3. conduct provider training workshops.

Providers may contact their field consultant by telephone to request a visit for training at the provider's location. Field consultants are responsible for arranging their own schedules. They are available Tuesday through Thursday for onsite provider visits. Provider on-site visits are normally scheduled two weeks in advance. Since field consultants are often out of the office, please allow a minimum of 48 hours for telephone calls to be returned.

E. ODMHSAS Generic Services

When billing ODMHSAS generic service codes, the diagnostic codes that can be used when filling a claim are as follows: 799.90, V65.5, or V71.9 (be sure to enter them without the period).

NOTE: For SoonerCare or ODMHSAS claim research, contact the OHCA (HP) Call Center at 800-522-0114 or 405-522-6205. Field consultants are the last resource for any claim inquiry questions.

ODMHSAS RATE SHEETS

ODMHSAS RATE SHEET (by service category)

SERVICE		BILLING CODE	RATE/UNIT		
Academic Services					
Day School	SA	T1018 HF	\$5.00 / 1 hour		
Case Management Services					
Case Management Services	MH	Outpatient	BHCM III	T1017 HE, HO	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
		Wraparound Facilitation (SOC)	BHCM III Wraparound Facilitator	T1016 HE, TF	\$21.61 / 15 minutes
			BHCM II Wraparound Facilitator	T1017 HE, TF	\$16.21 / 15 minutes
		Community Support Services PA Group Only	Outpatient	BHCM III	T1017 HE, HO, U1
	BHCM II			T1017 HE, HN, U1	\$16.38 / 15 minutes
	BHCM I			T1017 HE, HM, U1	\$16.38 / 15 minutes
	Outpatient in inpatient setting		BHCM III	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes
	SA	Outpatient	BHCM III	T1017 HF, HO	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	BHCM III	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
		Wraparound Facilitation (SOC)	BHCM III Wraparound Facilitator	T1016 HF, TF	\$21.61 / 15 minutes
			BHCM II Wraparound Facilitator	T1017 HF, TF	\$16.21 / 15 minutes
		GA	Outpatient	BHCM III	T1017 HV, HO
	BHCM II			T1017 HV, HN	\$16.38 / 15 minutes
	BHCM I			T1017 HV, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting		BHCM III	T1017 HV, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HV, HN, HK	\$16.38 / 15 minutes
BHCM I			T1017 HV, HM, HK	\$16.38 / 15 minutes	

SERVICE				BILLING CODE	RATE/UNIT	
Case Management Travel Component	MH			S0215 HE	\$16.38 / 15 minutes	
			<i>Community Support Services PA Group Only</i>	S0215 HE, U1	\$16.38 / 15 minutes	
	SA			S0215 HF	\$16.38 / 15 minutes	
	GA			S0215 HV	\$16.38 / 15 minutes	
	SOC			S0215 HE, HA	\$16.38 / 15 minutes	
Customer Advocacy	MH			H0006 HE, TF	\$12.50 / 15 minutes	
	SA			H0006 HF, TF	\$12.50 / 15 minutes	
	GA			H0006 HV, TF	\$12.50 / 15 minutes	
Customer Follow-Up Services	MH	1) & 2)		H0006 HE	\$0.83 / 1 minutes	
			<i>1) & 2) Community Support Services PA Group Only</i>	H0006 HE, U1	\$0.83 / 1 minutes	
		3)		H0006 HE, TG	\$0.83 / 1 minutes	
			<i>3) Community Support Services PA Group Only</i>	H0006 HE, TG, U1	\$0.83 / 1 minutes	
	SA			H0006 HF	\$12.50 / 15 minutes	
	GA			H0006 HV	\$12.50 / 15 minutes	
Home and Community Based Travel	MH			S0215 HE, TG	\$16.38 / 15 minutes	
	SA			S0215 HF, TG	\$10.00 / 15 minutes	
	GA			S0215 HV, TG	\$16.38 / 15 minutes	
	SOC	FT&S			S0215 HE, HA, TG	\$9.75 / 15 minutes
		BHA			S0215 HE, HA, TF	\$7.77 / 15 minutes
Intensive Case Management Services	MH	Outpatient	ICM (BHCM III)	T1016 HE, TG	\$20.31 / 15 minutes	
			ICM (BHCM II)	T1017 HE, TG	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	ICM (BHCM III)	T1016 HE, TG, HK	\$20.31 / 15 minutes	
			BHCM II	T1017 HE, TG, HK	\$16.38 / 15 minutes	
	SA	Outpatient	ICM (BHCM III)	T2022 HF, TG	\$20.31 / 15 minutes	
			ICM (BHCM II)	T2023 HF, TG	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	ICM (BHCM III)	T2022 HF, TG, HK	\$20.31 / 15 minutes	
			BHCM II	T2023 HF, TG, HK	\$16.38 / 15 minutes	
	GA	Outpatient	ICM (BHCM III)	T2022 HV, TG	\$20.31 / 15 minutes	
			ICM (BHCM II)	T2023 HV, TG	\$16.38 / 15 minutes	
		Outpatient in inpatient setting	ICM (BHCM III)	T2022 HV, TG, HK	\$20.31 / 15 minutes	
			BHCM II	T2023 HV, TG, HK	\$16.38 / 15 minutes	
Clinical Testing Services						
Clinical Testing	MH			96101 HE, HP	\$73.28 / 1 hour	
	MH (SA)			96101 HF, HP	\$73.28 / 1 hour	

SERVICE		BILLING CODE	RATE/UNIT		
Consultation, Education, Training, and System Support Services					
Consultation	MH	99368 HE, TG	\$0.00 / 15 minutes		
	SA	99368 HF, TG	\$7.00 / 15 minutes		
	GA	99368 HV, TG	\$7.00 / 15 minutes		
Education	MH	97537 HE, TF	\$0.00 / 15 minutes		
Intra-Agency Clinical Consultation	MH	99368 HE	\$5.00 / 15 minutes		
System Support	MH	99368 HE, TF	\$0.00 / 15 minutes		
Training	MH	97537 HE	\$0.00 / 15 minutes		
	SA	97537 HF	\$7.00 / 15 minutes		
Treatment Team Meeting	SA	99368 HF	\$7.00 / 15 minutes		
	GA	99368 HV	\$7.00 / 15 minutes		
	Prison Related (RSAT, RSAT aftercare & SPTU)	99368 HF, QJ	\$5.00 / 15 minutes		
Court Related Services					
Competency Evaluation	MH	H2000 HE, H9	\$33.77 / 30 minutes		
Court Related Services	MH	T1016 HE, H9	\$13.75 / 15 minutes		
	SA	T1016 HF, H9	\$13.75 / 15 minutes		
Divorce Visitation Arbitration Services	MH	H0022 HE	\$8.25 / 15 minutes		
Crisis Intervention Services					
Crisis Intervention Counseling	MH	Face to Face	H2011 HE	\$27.86 / 15 minutes	
		Telephone	H0030 HE	\$19.50 / 15 minutes	
		Telemedicine	H2011 HE, GT	\$27.86 / 15 minutes	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
	<i>Community Support Services PA Group Only</i>	Face to Face	H2011 HE, U1	\$27.86 / 15 minutes	
		Telephone	H0030 HE, U1	\$19.50 / 15 minutes	
		Telemedicine	H2011 HE, GT, U1	\$27.86 / 15 minutes	
		Telemedicine Originating Site Fee	Q3014 HE, U1	\$23.35 /Event	
	SA	Face to Face	LBHP	H2011 HF	\$27.86 / 15 minutes
			CADC	H2011 HF, HN	\$16.25 / 15 minutes
		Telephone	LBHP	H0030 HF	\$19.50 / 15 minutes
			CADC	H0030 HF, HN	\$10.00 / 15 minutes
		Telemedicine- LBHP	H2011 HF, GT	\$27.86 / 15 minutes	
		Telemedicine- CADC	H2011 HF, HN, GT	\$16.25 / 15 minutes	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	

SERVICE				BILLING CODE	RATE/UNIT
	GA	Face to Face	(2) LBHP with NCGC	H2011 HV	\$27.86 / 15 minutes
			(1) CADC with NCGC	H2011 HV, HN	\$16.25 / 15 minutes
	Telephone		(2) LBHP with NCGC	H0030 HV	\$19.50 / 15 minutes
			(1) CADC with NCGC	H0030 HV, HN	\$10.00 / 15 minutes
Employment Services					
Employment Training	MH			H2025 HE	\$8.44 / 30 minutes
		<i>Community Support Services PA Group Only</i>		H2025 HE, U1	\$8.44 / 30 minutes
Job Retention Support	MH			H2026 HE	\$420.00 / 3 months
		<i>Community Support Services PA Group Only</i>		H2026 HE, U1	\$420.00 / 3 months
Prevocational Services	MH			H2014 HE, TF	\$8.44 / 30 minutes
		<i>Community Support Services PA Group Only</i>		H2014 HE, TF, U1	\$8.44 / 30 minutes
	SA			H2014 HF, TF	\$8.44 / 30 minutes
Vocational Services	MH			H2014 HE	\$8.44 / 30 minutes
		<i>Community Support Services PA Group Only</i>		H2014 HE, U1	\$8.44 / 30 minutes
Medication Services					
Medication Training and Support	MH			H0034 HE	\$23.64 / 15 minutes
Pharmacological Management	MH			90862 HE	\$49.40 / Visit
		Telemedicine		90862 HE, GT	\$49.40 / Visit
		Telemedicine Originating Site Fee		Q3014 HE	\$23.35 /Event
Tobacco Cessation Counseling-Physician	3-10 minutes			99406 HE	\$12.47/event
	Over 10 minutes			99407 HE	\$24.03/event
Outreach and Prevention Services					
Community Outreach	MH			H0023 HE	\$20.00 / 30 minutes
		<i>Community Support Services PA Group Only</i>		H0023 HE, U1	\$20.00 / 30 minutes
	SA			H0023 HF	\$20.00 / 30 minutes
	GA			H0023 HV	\$20.00 / 30 minutes
Intensive Outreach	MH			H0023 HE, TF	\$10.00 / 15 minutes
		<i>Community Support Services PA Group Only</i>		H0023 HE, TF, U1	\$10.00 / 15 minutes
	SA			H0023 HF, TF	\$10.00 / 15 minutes
	GA			H0023 HV, TF	\$10.00 / 15 minutes
Prevention/Support Type Activities	MH			H0024 HE	\$18.50 / 30 minutes
Substance Abuse Early Intervention	SA			H0022 HF	\$11.00 / 15 minutes
PACT Services					
ACT (Face to Face)	MH			H0039 HE	\$24.60 / 15 minutes
	SA			H0039 HF	\$24.60 / 15 minutes
	Co-occurring			H0039 HH	\$24.60 / 15 minutes

SERVICE		BILLING CODE		RATE/UNIT		
ACT (Face to Face)- Group	MH	H0039 HE, HQ, HK		\$5.99 / 15 minutes		
	SA	H0039 HF, HQ, HK		\$5.99 / 15 minutes		
	Co-occurring	H0039 HH, HQ, HK		\$5.99 / 15 minutes		
Targeted Case Management, Intensive (ACT)	MH	T1017 HE		\$15.23 / 15 minutes		
	SA	T1017 HF		\$15.23 / 15 minutes		
	Co-occurring	T1017 HH		\$15.23 / 15 minutes		
Medication Reminder Service (ACT- Non Face to Face)	MH	S5185 HE		\$18.00 / Month		
	SA	S5185 HF		\$18.00 / Month		
	Co-occurring	S5185 HH		\$18.00 / Month		
Screening (ACT)	MH	T1023 HE		\$55.80 / Event		
	SA	T1023 HF		\$55.80 / Event		
	Co-occurring	T1023 HH		\$55.80 / Event		
Oral/Injection Medication Administration (ACT- RN)	MH	T1502 HE		\$20.24 / Visit		
	SA	T1502 HF		\$20.24 / Visit		
	Co-occurring	T1502 HH		\$20.24 / Visit		
Travel (ACT)		S0215 HE, TF		\$0.51 / minute		
Pharmacological Management (ACT)	MH		90862 HE		\$49.40 / Visit	
		Telemedicine	90862 HE, GT		\$49.40 / Visit	
		Telemedicine Originating Site fee	Q3014 HE		\$23.35 /Event	
	SA		90862 HF		\$49.40 / Visit	
		Telemedicine	90862 HF, GT		\$49.40 / Visit	
		Telemedicine Originating Site fee	Q3014 HF		\$23.35 /Event	
	CO		90862 HH		\$49.40 / Visit	
		Telemedicine	90862 HH, GT		\$49.40 / Visit	
		Telemedicine Originating Site fee	Q3014 HH		\$23.35 /Event	
Psychotherapy Services						
Family Psychotherapy	MH	w/ customer present	H0004 HE, HR		\$21.36 / 15 minutes	
		w/out customer present	H0004 HE, HS		\$21.36 / 15 minutes	
	SA	w/ customer present	LBHP	H0004 HF, HR		\$21.36 / 15 minutes
			CADC	H0004 HF, HR, HN		\$16.25 / 15 minutes
	w/out customer present	LBHP	H0004 HF, HS		\$21.36 / 15 minutes	
			CADC	H0004 HF, HS, HN		\$16.25 / 15 minutes

SERVICE				BILLING CODE	RATE/UNIT	
	GA	w/ customer present	(2) LBHP with NCGC	H0004 HV, HR	\$21.36 / 15 minutes	
			(1) CADC with NCGC	H0004 HV, HR, HN	\$16.25 / 15 minutes	
		w/out customer present	(2) LBHP with NCGC	H0004 HV, HS	\$21.36 / 15 minutes	
			(1) CADC with NCGC	H0004 HV, HS, HN	\$16.25 / 15 minutes	
	Prison Related	w/ customer present	LBHP	H0004 HF, HR, QJ	\$21.36 / 15 minutes	
			CADC	H0004 HF, HR, HN, QJ	\$16.25 / 15 minutes	
		w/out customer present	LBHP	H0004 HF, HS, QJ	\$21.36 / 15 minutes	
			CADC	H0004 HF, HS, HN, QJ	\$16.25 / 15 minutes	
	Group Psychotherapy	MH			H0004 HE, HQ	\$9.28 / 15 minutes
		SA	LBHP		H0004 HF, HQ	\$9.28 / 15 minutes
CADC				H0004 HF, HQ, HN	\$8.00 / 15 minutes	
GA		(2) LBHP with NCGC		H0004 HV, HQ	\$9.28 / 15 minutes	
		(1) CADC with NCGC		H0004 HV, HQ, HN	\$8.00 / 15 minutes	
Prison Related (RSAT Aftercare & Wraparound)				H0004 HF, HQ, QJ	\$7.50 / 15 minutes	
Individual Psychotherapy	MH			H0004 HE	\$18.57 / 15 minutes	
		Telemedicine		H0004 HE, GT	\$18.57 / 15 minutes	
		Telemedicine Originating Site fee		Q3014 HE	\$23.35 / Event	
	SA	LBHP		H0004 HF	\$18.57 / 15 minutes	
		CADC		H0004 HF, HN	\$14.00 /15 minutes	
		Telemedicine- LBHP		H0004 HF, GT	\$18.57 / 15 minutes	
		Telemedicine- CADC		H0004 HF, HN, GT	\$14.00 /15 minutes	
		Telemedicine Originating Site fee		Q3014 HF	\$23.35 / Event	
	GA	(2) LBHP with NCGC		H0004 HV	\$18.57 / 15 minutes	
		(1) CADC with NCGC		H0004 HV, HN	\$14.00 /15 minutes	
	Prison Related	LBHP		H0004 HF, QJ	\$18.57 / 15 minutes	
		CADC		H0004 HF, HN, QJ	\$14.00 /15 minutes	
	Rehabilitation and Skills Development Services					
Clubhouse	MH			H2030 HE	\$4.22 / 15 minutes	
Group Rehabilitative Treatment	MH			H2017 HE, HQ	\$4.22 / 15 minutes	
	SA			H2017 HF, HQ	\$4.22 / 15 minutes	
	GA			H2017 HV, HQ	\$4.22 / 15 minutes	
	Prison Related			H2017, HF, HQ, QJ	\$4.22 / 15 minutes	
	Prison Related (SPTU & RSAT- 12)			H0004 HF, HQ, TF, QJ	\$2.00 / 15 minutes	
Illness Management and Recovery	MH			H2017 HE, HQ, TF, TG	\$4.22 / 15 minutes	

SERVICE		BILLING CODE	RATE/UNIT	
Individual Rehabilitative Treatment	MH	H2017 HE	\$15.20 / 15 minutes	
	SA	H2017 HF	\$15.20 / 15 minutes	
	GA	H2017 HV	\$15.20 / 15 minutes	
Psychiatric Rehabilitation Services	MH	H2017 HE, HQ, TF	\$4.22 / 15 minutes	
Wellness Resource Skills Development	MH	T1012 HE	\$4.50 / 15 minutes	
		<i>Community Support Services PA Group Only</i>	T1012 HE, U1	\$4.50 / 15 minutes
	SA	T1012 HF	\$4.50 / 15 minutes	
Screening and Assessment Services				
Behavioral Health Assessment (Non-MD) Moderate Complexity	MH		H0031 HE	\$122.61 / Event
		Telemedicine	H0031 HE, GT	\$122.61 / Event
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
	SA		H0031 HF	\$122.61 / Event
		Telemedicine	H0031 HF, GT	\$122.61 / Event
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
	GA (2) LBHP w/ NCGC	H0031 HV	\$122.61 / Event	
	GA (1) CADC w/ NCGC	H0031 HV, HN	\$122.61 / Event	
Behavioral Health Assessment (Non-MD) Low Complexity	MH		H0031 HE, TF	\$81.74 / Event
		Telemedicine	H0031 HE, TF, GT	\$81.74 / Event
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
	SA		H0031 HF, TF	\$81.74/ Event
		Telemedicine	H0031 HF, TF, GT	\$81.74/ Event
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
	GA (2) LBHP w/ NCGC	H0031 HV, TF	\$81.74 / Event	
	GA (1) CADC w/ NCGC	H0031 HV, TF, HN	\$81.74 / Event	
	Prison Related (SPTU/RSAT)	H0031 HF, TF, HQ, QJ	\$81.74 / Event	
Clinical Evaluation and Assessment for Children in Specialty Settings	MH	S9482 HE	\$40.87 / 30 minutes	
	SOC	S9482 HE, TF	\$16.38 / 15 minutes	

SERVICE		BILLING CODE	RATE/UNIT	
Screening and Referral	MH	H0002 HE, HN	\$25.32 / Event	
	SA	H0002 HF, HN	\$25.32 / Event	
	Co-Occurring	H0002 HH, HN	\$25.32 / Event	
	GA	H0002 HV, HN	\$25.32 / Event	
	Screening TANF (group)	H0002 HF	\$10.00 / 15 minutes	
	Screening Prison-related	H0002 HF, HQ, QJ	\$20.00 / 30 minutes	
Service Plan Development and Review				
Behavioral Health Service Plan Development Moderate Complexity	MH	H0032 HE	\$135.08 / Event	
	SA	H0032 HF	\$135.08 / Event	
	GA (2) LBHP w/ NCGC	H0032 HV	\$135.08 / Event	
	GA (1) CADC w/ NCGC	H0032 HV, HN	\$135.08 / Event	
	Prison Related	H0032 HF, QJ	\$60.00 / Event	
Behavioral Health Service Plan Development Low Complexity	MH	H0032 HE, TF	\$84.48 / Event	
	SA	H0032 HF, TF	\$84.48 / Event	
	GA (2) LBHP w/ NCGC	H0032 HV, TF	\$84.48 / Event	
	GA (1) CADC w/ NCGC	H0032 HV, TF, HN	\$84.48 / Event	
	Prison Related	H0032 HF, TF, QJ	\$40.00 / Event	
Service Related Travel				
Travel	MH	S0215 HE, TF	\$0.51 / mile	
	SA	S0215 HF, TF	\$0.51 / mile	
	GA	S0215 HV, TF	\$0.51 / mile	
Specialized Substance Abuse Services				
Drug Screen	SA	H0003 HF	\$19.10 / Screen	
Therapeutic Behavioral Services				
Behavioral Health Aide	MH	Outpatient	H2019 HE	\$7.77 / 15 minutes
		Outpatient in inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes
	SA	Outpatient	H2019 HF	\$7.77 / 15 minutes
		Outpatient in inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes
Community Recovery Support / Recovery Support Specialist	MH	Outpatient	H2015 HE	\$9.75 / 15 minutes
		Outpatient in inpatient setting	H2015 HE, HK	\$9.75 / 15 minutes
		Telephone	H2015 HE, TF	\$0.65 / 1 minute
	Community Support Services PA Group Only	Outpatient	H2015 HE, U1	\$9.75 / 15 minutes
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$9.75 / 15 minutes
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute

SERVICE			BILLING CODE	RATE/UNIT	
	SA	Outpatient	H2015 HF	\$9.75 / 15 minutes	
		Outpatient in inpatient setting	H2015 HF, HK	\$9.75 / 15 minutes	
		Telephone	H2015 HF, TF	\$0.65 / 1 minute	
Community Recovery Support / Recovery Support Specialist-Group	MH		H2015 HE, HQ	\$1.45 / 15 minutes	
		<i>Community Support Services PA Group Only</i>	H2015 HE, HQ, U1	\$1.45 / 15 minutes	
	SA		H2015 HF, HQ	\$1.45 / 15 minutes	
Family Training and Support	MH	Outpatient	Face-to-face	T1027 HE	\$9.75 / 15 minutes
			Telephone	T1027 HE, TF	\$0.65 / 1 minute
		Outpatient in inpatient setting	T1027 HE, HK	\$9.75 / 15 minutes	
	SA	Outpatient	Face-to-face	T1027 HF	\$9.75 / 15 minutes
			Telephone	T1027 HF, TF	\$0.65 / 1 minute
		Outpatient in inpatient setting	T1027 HF, HK	\$9.75 / 15 minutes	
Community Housing Programs					
Family Self Sufficiency Program	MH		H0043 HE, HA	\$55.00 / Day	
Permanent Supported Housing Programs	MH		H0043 HE, TF	\$12.50 / Day	
Safe Haven	MH		H0043 HE	\$30.00 / Day	
Supervised Transitional Living Programs	MH		H0043 HE, TG	\$70.00 / Day	
Supported Transitional Housing Programs	MH		H0043 HE, TG, TF	\$55.00 / Day	
Halfway House Programs					
Halfway House	SA		H2034 HF	\$46.00 / Day	
Halfway House Services for Adolescents	SA		H2034 HF, HA	\$63.00 / Day	
Halfway House Services for Co-occurring Disorders	SA		H2034 HH	\$46.00 / Day	
Halfway House Services for Dependent Children of Substance Abusers	SA		H2034 HF, HD, HA	\$63.00 / Day	
Halfway House Services For Pregnant & Post Partum Women	SA		H2034 HF, HD, TF	\$117.00 / Day	

SERVICE		BILLING CODE	RATE/UNIT
Halfway House Services for Women with Dependent Children	SA	H2034 HF, HD	\$63.00 / Day
Residential Care Services			
Enhanced Residential Care	MH	T2033 HE, TG	\$61.73 / Day
Residential Care	MH	T2033 HE	\$10.00 / Day
Residential Care Recovery Enhancement	MH	T2033 HE, TF	\$11.00 / Day
Residential Care Transitional Services-Mental Health	MH	T2033 HE, 52	\$10.00 / Day
Residential Treatment			
Enhanced Residential Treatment – Mental Health	MH	H0019 HE, TF	\$225.00 / Day
Intensive Residential Treatment for Children and Adolescents	MH	H0019 HE, HA, TG	\$281.61 / Day
	SA	H0019 HF, HA, TG	\$281.61 / Day
	Co-Occurring	H0019 HH, HA, TG	\$281.61 / Day
Intensive Residential Treatment for Women with Dependent Children	SA	H0019 HF, HD, TF	\$125.28 / Day
Intensive Residential Treatment for Dependent Children of Substance Abusers in Intensive Residential Treatment	SA	H0019 HF, HD, HA, TF	\$125.28 / Day
Intensive Residential Substance Abuse Treatment	SA	H0019 HF, TF	\$160.00 / Day
Residential Treatment – Substance Abuse	SA	H0019 HF, U1	\$74.00 / Day
Residential Treatment for Adolescents	SA	H0019 HF, HA, U1	\$135.00 / Day
	Co-Occurring	H0019 HH, HA, U1	\$135.00 / Day

SERVICE		BILLING CODE	RATE/UNIT	
Residential Treatment for Adults with Co-occurring Disorders	Co-Occurring	H0019 HH, U1	\$82.00 / Day	
Residential Treatment for Women with Dependent Children	SA	H0019 HF, HD, U1	\$95.00 / Day	
Residential Treatment for Dependent Children of Substance Abusers in Residential Tx	SA	H0019 HF, HD, HA, U1	\$80.00 / Day	
Detox				
Inpatient Medical Detoxification	SA	H0009 HF	\$62.00 / Day	
Medically Supervised Detoxification Services	SA	H0010 HF	\$122.00 / Day	
Non-Medical Detoxification Services	SA	H0014 HF	\$82.00 / Day	
Non-Medical Detoxification Services for women with Dependent Children and Pregnant Women	SA	H0014 HF, HA	\$94.00 / Day	
Community-Based Structured Crisis Care				
Community Based Structured Emergency Care	MH	S9484 HE	\$19.50 / Hour	
Hospitalization				
Acute Inpatient	MH	Low Complexity	99222 HE	\$0.00 /Day
		Moderate Complexity	99222 HE,HA	\$0.00 /Day
Intermediate Inpatient	MH	99221 HE	\$0.00 / Day	

ODMHSAS RATE SHEET (alphabetical by service)

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
ACT (Face to Face)	MH	H0039 HE	\$24.60 / 15 minutes		
	SA	H0039 HF	\$24.60 / 15 minutes		
	Co-occurring	H0039 HH	\$24.60 / 15 minutes		
ACT (Face to Face)-Group	MH	H0039 HE, HQ, HK	\$5.99 / 15 minutes		
	SA	H0039 HF, HQ, HK	\$5.99 / 15 minutes		
	Co-occurring	H0039 HH, HQ, HK	\$5.99 / 15 minutes		
Acute Inpatient	MH	Low Complexity	99222 HE	\$0.00 /Day	001D
		Moderate Complexity	99222 HE,HA	\$0.00 /Day	
Behavioral Health Aide	MH	Outpatient	H2019 HE	\$7.77 / 15 minutes	141
		Outpatient in an inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes	
	SA	Outpatient	H2019 HF	\$7.77 / 15 minutes	
		Outpatient in an inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes	
Behavioral Health Assessment (Non-MD) Low Complexity	MH		H0031 HE, TF	\$81.74 / Event	101
		Telemedicine	H0031 HE, TF, GT	\$81.74 / Event	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
	SA		H0031 HF, TF	\$81.74/ Event	
		Telemedicine	H0031 HF, TF, GT	\$81.74/ Event	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	
	GA (2) LBHP w/ NCGC	H0031 HV, TF	\$81.74 / Event		
	GA (1) CADC w/ NCGC	H0031 HV, TF, HN	\$81.74 / Event		
	Prison Related (SPTU/RSAT)	H0031 HF, TF, HQ, QJ	\$81.74 / Event		
	Medically Supervised Detox	H0031 HF, TF, TD	\$81.74 / Event		
Behavioral Health Assessment (Non-MD) Moderate Complexity	MH		H0031 HE	\$122.61 / Event	101
		Telemedicine	H0031 HE, GT	\$122.61 / Event	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
	SA		H0031 HF	\$122.61 / Event	
		Telemedicine	H0031 HF, GT	\$122.61 / Event	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
	GA (2) LBHP w/ NCGC		H0031 HV	\$122.61 / Event		
	GA (1) CADC w/ NCGC		H0031 HV, HN	\$122.61 / Event		
	Medically Supervised Detox		H0031 HF, TD	\$122.61 / Event		
Behavioral Health Service Plan Development Low Complexity	MH		H0032 HE, TF	\$84.48 / Event	300	
	SA		H0032 HF, TF	\$84.48 / Event		
	GA (2) LBHP w/ NCGC		H0032 HV, TF	\$84.48 / Event		
	GA (1) CADC w/ NCGC		H0032 HV, TF, HN	\$84.48 / Event		
	Prison Related		H0032 HF, TF, QJ	\$40.00 / Event		
	MH		H0032 HE	\$135.08 / Event		
Behavioral Health Service Plan Development Moderate Complexity	SA		H0032 HF	\$135.08 / Event	400	
	GA (2) LBHP w/ NCGC		H0032 HV	\$135.08 / Event		
	GA (1) CADC w/ NCGC		H0032 HV, HN	\$135.08 / Event		
	Prison Related		H0032 HF, QJ	\$60.00 / Event		
	MH		H0032 HE	\$135.08 / Event		
Case Management Services	MH	Outpatient	BHCM III	T1017 HE, HO	\$16.38 / 15 minutes	225
			BHCM II	T1017 HE, HN	\$16.38 / 15 minutes	
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes	
	Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK	\$16.38 / 15 minutes		
		BHCM II	T1017 HE, HN, HK	\$16.38 / 15 minutes		
		BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes		
	Wraparound Facilitation (SOC)	BHCM III, Wraparound Facilitator	T1016 HE, TF	\$21.61 / 15 minutes		
		BHCM II, Wraparound Facilitator	T1017 HE, TF	\$16.21 / 15 minutes		

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
	<i>Community Support Services PA Group Only</i>	Outpatient	BHCM III	T1017 HE, HO, U1	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN, U1	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, U1	\$16.38 / 15 minutes
		Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK, U1	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN, HK, U1	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK, U1	\$16.38 / 15 minutes
	SA	Outpatient	BHCM III	T1017 HF, HO	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	BHCM III	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
		Wraparound Facilitation (SOC)	BHCM III, Wraparound Facilitator	T1016 HF, TF	\$21.61 / 15 minutes
			BHCM II, Wraparound Facilitator	T1017 HF, TF	\$16.21 / 15 minutes
		GA	Outpatient	BHCM III	T1017 HV, HO
	BHCM II			T1017 HV, HN	\$16.38 / 15 minutes
	BHCM I			T1017 HV, HM	\$16.38 / 15 minutes
	Outpatient in inpatient setting		BHCM III	T1017 HV, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HV, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes	852
		<i>Community Support Services PA Group Only</i>	S0215 HE, U1	\$16.38 / 15 minutes	
	SA	S0215 HF	\$16.38 / 15 minutes		
	GA	S0215 HV	\$16.38 / 15 minutes		
	SOC	S0215 HE, HA	\$16.38 / 15 minutes		
Clinical Evaluation and Assessment for Children in Specialty Settings	MH		S9482 HE	\$40.87 / 30 minutes	110
	SOC		S9482 HE, TF	\$16.38 / 15 minutes	
Clinical Testing	MH		96101 HE, HP	\$73.28 / 1 hour	106
	MH (SA)		96101 HF, HP	\$73.28 / 1 hour	
Clubhouse	MH		H2030 HE	\$4.22 / 15 minutes	435
Community Based Structured Emergency Care	MH		S9484 HE	\$19.50 / Hour	002E
Community Outreach	MH		H0023 HE	\$20.00 / 30 minutes	551
		<i>Community Support Services PA Group Only</i>	H0023 HE, U1	\$20.00 / 30 minutes	
	SA	H0023 HF	\$20.00 / 30 minutes		
	GA	H0023 HV	\$20.00 / 30 minutes		
Community Recovery Support / Recovery Support Specialist	MH	Outpatient	H2015 HE	\$9.75 / 15 minutes	141
		Outpatient in inpatient setting	H2015 HE, HK	\$9.75 / 15 minutes	
		Telephone	H2015 HE, TF	\$0.65 / 1 minute	
	<i>Community Support Services PA Group Only</i>	Outpatient	H2015 HE, U1	\$9.75 / 15 minutes	
		Outpatient in inpatient setting	H2015 HE, HK, U1	\$9.75 / 15 minutes	
		Telephone	H2015 HE, TF, U1	\$0.65 / 1 minute	
	SA	Outpatient	H2015 HF	\$9.75 / 15 minutes	
		Outpatient in inpatient setting	H2015 HF, HK	\$9.75 / 15 minutes	
		Telephone	H2015 HF, TF	\$0.65 / 1 minute	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE
Community Recovery Support / Recovery Support Specialist- Group	MH		H2015 HE, HQ	\$1.45 / 15 minutes	241
		<i>Community Support Services PA Group Only</i>	H2015 HE, HQ, U1	\$1.45 / 15 minutes	
	SA		H2015 HF, HQ	\$1.45 / 15 minutes	
Competency Evaluation	MH		H2000 HE, H9	\$33.77 / 30 minutes	100
Consultation	MH		99368 HE, TG	\$0.00 / 15 minutes	500
	SA		99368 HF, TG	\$7.00 / 15 minutes	
	GA		99368 HV, TG	\$7.00 / 15 minutes	
Court Related Services	MH		T1016 HE, H9	\$13.75 / 15 minutes	109
	SA		T1016 HF, H9	\$13.75 / 15 minutes	
Crisis Intervention Counseling	MH	Face to Face	H2011 HE	\$27.86 / 15 minutes	133- Face to Face 134- Telephone
		Telephone	H0030 HE	\$19.50 / 15 minutes	
		Telemedicine	H2011 HE, GT	\$27.86 / 15 minutes	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event	
	MH- <i>Community Support Services PA Group Only</i>	Face to Face	H2011 HE, U1	\$27.86 / 15 minutes	
		Telephone	H0030 HE, U1	\$19.50 / 15 minutes	
		Telemedicine	H2011 HE, GT, U1	\$27.86 / 15 minutes	
		Telemedicine Originating Site Fee	Q3014 HE, U1	\$23.35 / Event	
	SA	Face to Face	LBHP	H2011 HF	\$27.86 / 15 minutes
			CADC	H2011 HF, HN	\$16.25 / 15 minutes
		Telephone	LBHP	H0030 HF	\$19.50 / 15 minutes
			CADC	H0030 HF, HN	\$10.00 / 15 minutes

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
		Telemedicine- LBHP	H2011 HF, GT	\$27.86 / 15 minutes		
		Telemedicine- CADC	H2011 HF, HN, GT	\$16.25 / 15 minutes		
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 / Event		
	GA	Face to Face	(2) LBHP with NCGC	H2011 HV		\$27.86 / 15 minutes
			(1) CADC with NCGC	H2011 HV, HN		\$16.25 / 15 minutes
		Telephone	(2) LBHP with NCGC	H0030 HV		\$19.50 / 15 minutes
			(1) CADC with NCGC	H0030 HV, HN		\$10.00 / 15 minutes
	Customer Advocacy	MH		H0006 HE, TF		\$12.50 / 15 minutes
SA		H0006 HF, TF	\$12.50 / 15 minutes			
GA		H0006 HV, TF	\$12.50 / 15 minutes			
Customer Follow-Up Services	MH	1) & 2)	H0006 HE	\$0.83 / 1 minutes	204	
		1) & 2) <i>Community Support Services PA Group Only</i>	H0006 HE, U1	\$0.83 / 1 minutes		
		3)	H0006 HE, TG	\$0.83 / 1 minutes		
		3) <i>Community Support Services PA Group Only</i>	H0006 HE, TG, U1	\$0.83 / 1 minutes		
	SA		H0006 HF	\$12.50 / 15 minutes		
	GA		H0006 HV	\$12.50 / 15 minutes		
Day School	SA		T1018 HF	\$5.00 / 1 hour	004E	
Divorce Visitation Arbitration Services	MH		H0022 HE	\$8.25 / 15 minutes	590	
Drug Screen	SA		H0003 HF	\$19.10 / Screen	309	
Education	MH		97537 HE, TF	\$0.00 / 15 minutes	501	
Employment Training	MH		H2025 HE	\$8.44 / 30 minutes	243	
		<i>Community Support Services PA Group Only</i>	H2025 HE, U1	\$8.44 / 30 minutes		
Enhanced Residential Care	MH		T2033 HE, TG	\$61.73 / Day	003P	

SERVICE			BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Enhanced Residential Treatment – Mental Health	MH		H0019 HE, TF	\$225.00 / Day	002Q	
Family Psychotherapy	MH	w/ customer present		H0004 HE, HR	\$21.36 / 15 minutes	137
		w/out customer present		H0004 HE, HS	\$21.36 / 15 minutes	
	SA	w/ customer present	LBHP	H0004 HF, HR	\$21.36 / 15 minutes	
			CADC	H0004 HF, HR, HN	\$16.25 / 15 minutes	
		w/out customer present	LBHP	H0004 HF, HS	\$21.36 / 15 minutes	
			CADC	H0004 HF, HS, HN	\$16.25 / 15 minutes	
	GA	w/ customer present	(2) LBHP with NCGC	H0004 HV, HR	\$21.36 / 15 minutes	
			(1) CADC with NCGC	H0004 HV, HR, HN	\$16.25 / 15 minutes	
		w/out customer present	(2) LBHP with NCGC	H0004 HV, HS	\$21.36 / 15 minutes	
			(1) CADC with NCGC	H0004 HV, HS, HN	\$16.25 / 15 minutes	
	Prison Related	w/ customer present	LBHP	H0004 HF, HR, QJ	\$21.36 / 15 minutes	
			CADC	H0004 HF, HR, HN, QJ	\$16.25 / 15 minutes	
		w/out customer present	LBHP	H0004 HF, HS, QJ	\$21.36 / 15 minutes	
			CADC	H0004 HF, HS, HN, QJ	\$16.25 / 15 minutes	
Family Self Sufficiency Program	MH		H0043 HE, HA	\$55.00 / Day	004E	
Family Training and Support	MH	Outpatient	Face-to-face	T1027 HE	\$9.75 / 15 minutes	141
			Telephone	T1027 HE, TF	\$0.65 / 1 minute	
		Outpatient in inpatient setting		T1027 HE, HK	\$9.75 / 15 minutes	
	SA	Outpatient	Face-to-face	T1027 HF	\$9.75 / 15 minutes	
			Telephone	T1027 HF, TF	\$0.65 / 1 minute	
		Outpatient in inpatient setting		T1027 HF, HK	\$9.75 / 15 minutes	

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Group Psychotherapy	MH	H0004 HE, HQ	\$9.28 / 15 minutes	136	
	SA	LBHP	H0004 HF, HQ		\$9.28 / 15 minutes
		CADC	H0004 HF, HQ, HN		\$8.00 / 15 minutes
	GA	(2) LBHP with NCGC	H0004 HV, HQ		\$9.28 / 15 minutes
		(1) CADC with NCGC	H0004 HV, HQ, HN		\$8.00 / 15 minutes
	Prison Related (RSAT Aftercare & Wraparound)		H0004 HF, HQ, QJ		\$7.50 / 15 minutes
Group Rehabilitative Treatment	MH	H2017 HE, HQ	\$4.22 / 15 minutes	217	
	SA	H2017 HF, HQ	\$4.22 / 15 minutes		
	GA	H2017 HV, HQ	\$4.22 / 15 minutes		
	Prison Related		H2017, HF, HQ, QJ		\$4.22 / 15 minutes
	Prison Related (SPTU & RSAT- 12)		H0004 HF, HQ, TF, QJ		\$2.00 / 15 minutes
Halfway House	SA	H2034 HF	\$46.00 / Day	003B	
Halfway House Services for Adolescents	SA	H2034 HF, HA	\$63.00 / Day	003Y	
Halfway House Services for Co-occurring Disorders	SA	H2034 HH	\$46.00 / Day	003T	
Halfway House Services for Dependent Children of Substance Abusers	SA	H2034 HF, HD, HA	\$63.00 / Day	003M	
Halfway House Services For Pregnant & Post Partum Women	SA	H2034 HF, HD, TF	\$117.00 / Day	003A	
Halfway House Services for Women with Dependent Children	SA	H2034 HF, HD	\$63.00 / Day	003S	

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Halfway House Services For Pregnant & Post Partum Women	SA	H2034 HF, HD, TF	\$117.00 / Day	003A	
Halfway House Services for Women with Dependent Children	SA	H2034 HF, HD	\$63.00 / Day	003S	
Home and Community Based Travel	MH	S0215 HE, TG	\$16.38 / 15 minutes	852	
	SA	S0215 HF, TG	\$10.00 / 15 minutes		
	GA	S0215 HV, TG	\$16.38 / 15 minutes		
	SOC	FT&S	S0215 HE, HA,TG		\$9.75 / 15 minutes
		BHA	S0215 HE, HA, TF		\$7.77 / 15 minutes
Illness Management and Recovery	MH	H2017 HE, HQ, TF, TG	\$4.22 / 15 minutes	436	
Individual Psychotherapy	MH		H0004 HE	\$18.57 / 15 minutes	135
		Telemedicine	H0004 HE, GT	\$18.57 / 15 minutes	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 / Event	
	SA	LBHP	H0004 HF	\$18.57 / 15 minutes	
		CADC	H0004 HF, HN	\$14.00 /15 minutes	
		Telemedicine- LBHP	H0004 HF, GT	\$18.57 / 15 minutes	
		Telemedicine- CADC	H0004 HF, HN, GT	\$14.00 /15 minutes	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 / Event	
		GA	(2) LBHP with NCGC	H0004 HV	
	(1) CADC with NCGC		H0004 HV, HN	\$14.00 /15 minutes	
	Prison Related	LBHP	H0004 HF, QJ	\$18.57 / 15 minutes	
		CADC	H0004 HF, HN, QJ	\$14.00 /15 minutes	

SERVICE				BILLING CODE	RATE/UNIT	OLD ICIS CODE		
Individual Rehabilitative Treatment	MH			H2017 HE	\$15.20 / 15 minutes	216		
	SA			H2017 HF	\$15.20 / 15 minutes			
	GA			H2017 HV	\$15.20 / 15 minutes			
Inpatient Medical Detoxification	SA			H0009 HF	\$62.00 / Day	001B		
Intensive Case Management Services	MH	Outpatient	ICM (BHCM III)	T1016 HE, TG	\$20.31 / 15 minutes	213		
			ICM (BHCM II)	T1017 HE, TG	\$16.38 / 15 minutes			
		Outpatient in inpatient setting	ICM (BHCM III)	T1016 HE, TG, HK	\$20.31 / 15 minutes			
			ICM (BHCM II)	T1017 HE, TG, HK	\$16.38 / 15 minutes			
	SA	Outpatient	ICM (BHCM III)	T2022 HF, TG	\$20.31 / 15 minutes			
			ICM (BHCM II)	T2023 HF, TG	\$16.38 / 15 minutes			
		Outpatient in inpatient setting	ICM (BHCM III)	T2022 HF, TG, HK	\$20.31 / 15 minutes			
			ICM (BHCM II)	T2023 HF, TG, HK	\$16.38 / 15 minutes			
	GA	Outpatient	ICM (BHCM III)	T2022 HV, TG	\$20.31 / 15 minutes			
			ICM (BHCM II)	T2023 HV, TG	\$16.38 / 15 minutes			
		Outpatient in inpatient setting	ICM (BHCM III)	T2022 HV, TG, HK	\$20.31 / 15 minutes			
			ICM (BHCM II)	T2023 HV, TG, HK	\$16.38 / 15 minutes			
	Intensive Outreach	MH			H0023 HE, TF		\$10.00 / 15 minutes	550
			<i>Community Support Services PA Group Only</i>		H0023 HE, TF, U1		\$10.00 / 15 minutes	
		SA			H0023 HF, TF		\$10.00 / 15 minutes	
		GA			H0023 HV, TF		\$10.00 / 15 minutes	
Intensive Residential Substance Abuse Treatment	SA			H0019 HF, TF	\$160.00 / Day	002N		

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE
Intensive Residential Treatment for Children and Adolescents	MH	H0019 HE, HA, TG	\$281.61 / Day	002R
	SA	H0019 HF, HA, TG	\$281.61 / Day	
	Co-Occurring	H0019 HH, HA, TG	\$281.61 / Day	
Intensive Residential Treatment for Dependent Children of Substance Abusers in Intensive Residential Tx	SA	H0019 HF, HD, HA, TF	\$125.28 / Day	002V
Intensive Residential Treatment for Women with Dependent Children	SA	H0019 HF, HD, TF	\$125.28 / Day	002T
Intermediate Inpatient Treatment	MH	99221 HE	\$0.00 / Day	001A
Intra-Agency Clinical Consultation	MH	99368 HE	\$5.00 / 15 minutes	505
Job Retention Support	MH	H2026 HE	\$420.00 / 3 months	570
		<i>Community Support Services PA Group Only</i>	H2026 HE, U1	
Medically Supervised Detoxification Services	SA	H0010 HF	\$122.00 / Day	002B
Medication Reminder Service (Non Face to Face) (ACT)	MH	S5185 HE	\$18.00 / Month	
	SA	S5185 HF	\$18.00 / Month	
	Co-occurring	S5185 HH	\$18.00 / Month	
Medication Training and Support	MH	H0034 HE	\$23.64 / 15 minutes	305
Non-Medical Detoxification Services	SA	H0014 HF	\$82.00 / Day	002C
Non-Medical Detoxification Services for women with Dependent Children and Pregnant Women	SA	H0014 HF, HA	\$94.00 / Day	002K
Oral/Injection Medication Administration (RN) (ACT)	MH	T1502 HE	\$20.24 / Visit	
	SA	T1502 HF	\$20.24 / Visit	
	Co-occurring	T1502 HH	\$20.24 / Visit	
Permanent Supported Housing Programs	MH	H0043 HE, TF	\$12.50 / Day	003Z

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE	
Pharmacological Management	MH		90862 HE	\$49.40 / Visit	304
		Telemedicine	90862 HE, GT	\$49.40 / Visit	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
Pharmacological Management (ACT)	MH		90862 HE	\$49.40 / Visit	
		Telemedicine	90862 HE, GT	\$49.40 / Visit	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
	SA		90862 HF	\$49.40 / Visit	
		Telemedicine	90862 HF, GT	\$49.40 / Visit	
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event	
	CO		90862 HH	\$49.40 / Visit	
		Telemedicine	90862 HH, GT	\$49.40 / Visit	
		Telemedicine Originating Site Fee	Q3014 HH	\$23.35 /Event	
Prevention/Support Type Activities	MH		H0024 HE	\$18.50 / 30 minutes	561
Prevocational Services	MH		H2014 HE, TF	\$8.44 / 30 minutes	245
		<i>Community Support Services PA Group Only</i>	H2014 HE, TF, U1	\$8.44 / 30 minutes	
	SA		H2014 HF, TF	\$8.44 / 30 minutes	
Psychiatric Rehabilitation Services	MH		H2017 HE, HQ, TF	\$4.22 / 15 minutes	431
Residential Care	MH		T2033 HE	\$10.00 / Day	003K
Residential Care Recovery Enhancement	MH		T2033 HE, TF	\$11.00 / Day	003L
Residential Care Transitional Services-Mental Health	MH		T2033 HE, 52	\$10.00 / Day	003K
Residential Treatment for Adolescents	SA		H0019 HF, HA, U1	\$135.00 / Day	002G
	Co-Occurring		H0019 HH, HA, U1	\$135.00 / Day	
Residential Treatment for Dependent Children of Substance Abusers in Residential Treatment	SA		H0019 HF, HD, HA, U1	\$80.00 / Day	002M

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE
Residential Treatment for Adults with Co-occurring Disorders	Co-Occurring	H0019 HH, U1	\$82.00 / Day	002J
Residential Treatment for Women with Dependent Children	SA	H0019 HF, HD, U1	\$95.00 / Day	002H
Residential Treatment – Substance Abuse	SA	H0019 HF, U1	\$74.00 / Day	002A
Safe Haven	MH	H0043 HE	\$30.00 / Day	003Q
Screening (ACT)	MH	T1023 HE	\$55.80 / Event	
	SA	T1023 HF	\$55.80 / Event	
	Co-occurring	T1023 HH	\$55.80 / Event	
Screening and Referral	MH	H0002 HE, HN	\$25.32 / Event	105
	SA	H0002 HF, HN	\$25.32 / Event	
	Co-Occurring	H0002 HH, HN	\$25.32 / Event	
	GA	H0002 HV, HN	\$25.32 / Event	
	Screening TANF (group)	H0002 HF	\$10.00 / 15 minutes	
	Screening Prison-related	H0002 HF, HQ, QJ	\$20.00 / 30 minutes	
Substance Abuse Early Intervention	SA	H0022 HF	\$11.00 / 15 minutes	560
Supervised Transitional Living Programs	MH	H0043 HE, TG	\$70.00 / Day	003C
Supported Transitional Housing Programs	MH	H0043 HE, TG, TF	\$55.00 / Day	003E
System Support	MH	99368 HE, TF	\$0.00 / 15 minutes	504
Targeted Case Management, Intensive (ACT)	MH	T1017 HE	\$15.23 / 15 minutes	
	SA	T1017 HF	\$15.23 / 15 minutes	
	Co-occurring	T1017 HH	\$15.23 / 15 minutes	
Tobacco Cessation Counseling-Physician	3-10 minutes	99406 HE	\$12.47/event	
	Over 10 minutes	99407 HE	\$24.03/event	
Training	MH	97537 HE	\$0.00 / 15 minutes	503
	SA	97537 HF	\$7.00 / 15 minutes	

SERVICE		BILLING CODE	RATE/UNIT	OLD ICIS CODE
Travel	MH	S0215 HE, TF	\$0.51 / mile	845
	SA	S0215 HF, TF	\$0.51 / mile	
	GA	S0215 HV, TF	\$0.51 / mile	
Travel (ACT)		S0215 HE, TF	\$0.51 / minute	
Treatment Team Meeting	SA	99368 HF	\$7.00 / 15 minutes	505
	GA	99368 HV	\$7.00 / 15 minutes	
	Prison Related (RSAT, RSAT aftercare & SPTU)	99368 HF, QJ	\$5.00 / 15 minutes	
Vocational Services	MH	H2014 HE	\$8.44 / 30 minutes	244
		<i>Community Support Services PA Group Only</i>	H2014 HE, U1 \$8.44 / 30 minutes	
Wellness Resource Skills Development	MH	T1012 HE	\$4.50 / 15 minutes	205
		<i>Community Support Services PA Group Only</i>	T1012 HE, U1 \$4.50 / 15 minutes	
	SA	T1012 HF	\$4.50 / 15 minutes	

ODMHSAS ONLY SERVICES

Services Billable for ODMHSAS Customers Only (Not Medicaid Recipients)

Behavioral Health Aide	MH	Outpatient in an inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes	
	SA	Outpatient in an inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes	
Case Management Services	MH	Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
	SA	Outpatient in inpatient setting	BHCM III	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
	GA	Outpatient in inpatient setting	BHCM III	T1017 HV, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HV, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HV, HM, HK	\$16.38 / 15 minutes
Case Management Travel Component	MH		S0215 HE	\$16.38 / 15 minutes	
	SA		S0215 HF	\$16.38 / 15 minutes	
	GA		S0215 HV	\$16.38 / 15 minutes	
Community Recovery Support / Recovery Support Specialist	MH	Outpatient in inpatient setting	H2015 HE, HK	\$9.75 / 15 minutes	
	SA	Outpatient in inpatient setting	H2015 HF, HK	\$9.75 / 15 minutes	
Competency Evaluation	MH		H2000 HE, H9	\$33.77 / 30 minutes	
Family Training and Support	MH	Outpatient in inpatient setting	T1027 HE, HK	\$9.75 / 15 minutes	
	SA	Outpatient in inpatient setting	T1027 HF, HK	\$9.75 / 15 minutes	
Home and Community Based Travel	MH		S0215 HE, TG	\$16.38 / 15 minutes	
	SA		S0215 HF, TG	\$10.00 / 15 minutes	
	GA		S0215 HV, TG	\$16.38 / 15 minutes	
Intensive Case Management Services	MH	Outpatient in inpatient setting	ICM (BHCM III)	T1016 HE, TG, HK	
			ICM (BHCM II)	T1017 HE, TG, HK	
	SA	Outpatient	ICM (BHCM III)	T2022 HF, TG	
			ICM (BHCM II)	T2023 HF, TG	
		Outpatient in inpatient setting	ICM (BHCM III)	T2022 HF, TG, HK	
			ICM (BHCM II)	T2023 HF, TG, HK	
	GA	Outpatient	ICM (BHCM III)	T2022 HV, TG	
			ICM (BHCM II)	T2023 HV, TG	
Outpatient in inpatient setting		ICM (BHCM III)	T2022 HV, TG, HK		
		ICM (BHCM II)	T2023 HV, TG, HK		
Pharmacological Management	MH		90862 HE	\$49.40 / Visit	
		Telemedicine	90862 HE, GT	\$49.40 / Visit	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	
Pharmacological Management (ACT)	MH		90862 HE	\$49.40 / Visit	
		Telemedicine	90862 HE, GT	\$49.40 / Visit	
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event	

	SA		90862 HF	\$49.40 / Visit
		Telemedicine	90862 HF, GT	\$49.40 / Visit
		Telemedicine Originating Site Fee	Q3014 HF	\$23.35 /Event
	CO		90862 HH	\$49.40 / Visit
		Telemedicine	90862 HH, GT	\$49.40 / Visit
		Telemedicine Originating Site Fee	Q3014 HH	\$23.35 /Event

BILLABLE OUTPATIENT SERVICES

by level of service provider

FY 2011 BILLABLE OUTPATIENT SERVICES by Level of Service Provider

Please note that a direct service provider may meet eligibility requirements for more than one level of service provider, and is able to bill the services listed under each level they meet requirements for* (Ex: A CADC is eligible to provide the services listed under CADC, and since CADCs meet eligibility requirements for BHRIS they are also eligible to provide services under BHRIS. In addition, if a CADC is certified as a Behavioral Health Case Manager they are eligible to provide the services listed under that level as well.)

Behavioral Health Aide	Employment Consultant	LBHP	Recovery Support Specialist
-Behavioral Health Aide - Home and Community Based Travel (for Behavioral Health Aide service only)	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services	-Day School -Home and Community Based Travel -Clinical Testing (as allowed by License regulations) -Competency Evaluation (must meet designation of ODMHSAS to be a Competency Evaluator) -Divorce Visitation Arbitration Services -Crisis Intervention Services -Behavioral Health Assessment (Non-MD) Moderate Complexity -Behavioral Health Assessment (Non-MD) Low Complexity -Clinical Evaluation and Assessment for Children in Specialty Settings -Screening and Referral -Substance Abuse Early Intervention	-Community Recovery Support/Recovery Support Specialist -Community Recovery Support/Recovery Support Specialist (group)
Behavioral Health Case Manager			CADC-US
-Case Management Services -Case Management Travel Component			-Day School -Substance Abuse Early Intervention
Behavioral Health Rehabilitation Specialist (BHRIS)	Family Support Provider		CADC
-Home and Community Based Travel (for Individual Rehabilitation travel only) -Divorce Visitation Arbitration Services -Screening and Referral -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model)	-Family Training and Support -Home and Community Based Travel (for Family Training and Support only)	-Individual Psychotherapy -Group Psychotherapy -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Behavioral Health Service Plan Development Moderate Complexity -Behavioral Health Service Plan Development Low Complexity	-Day School -Home and Community Based Travel (for SA related crisis intervention only) -Crisis Intervention Services (for SA related crisis only) -Substance Abuse Early Intervention -Family Psychotherapy -Group Psychotherapy -Individual Psychotherapy
	Intensive Case Manager		
	-Intensive Case Management Services		
Any Level of Service Provider Can Provide These Services (Any level listed above)			
-Customer Follow-Up Services -Consultation -Education -Intra-agency Clinical Consultation -System Support -Training -Treatment Team Meeting	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services -Community Outreach -Intensive Outreach -Prevention/Support Type Activities	-Wellness Resource Skills Development -Travel -Drug Screen	

*Actual services eligible for reimbursement may vary by provider agency (based on individual agency contracts)

ODMHSAS Service Manual Revisions

July 1, 2011

- Revised Behavioral Health Case Manager level definitions (under Levels of Service Providers section) to match up with Chapter 50 Standards and Criteria for Certified Behavioral Health Case Managers.
- Revised Customer Advocacy definition to clarify that the service can be provided both face to face and by telephone.
- Revised Home and Community Based Travel definition to clarify under what circumstances the service can be billed.
- Added a “Note” to Individual Rehabilitative Treatment.
- Revised service definition for both Individual and Group Rehabilitative Treatment to help clarify service provision.
- Revised staff requirements for Court Related Services.
- Deleted Prison Related (RSAT Wraparound) code/rate under the Treatment Team Meeting service.
- Deleted Prison Related (SPTU & RSAT 9) code/rate under the Group Rehabilitative Treatment service.
- Changed rate for Prison Related (SPTU & RSAT 12) under Group Rehabilitative Treatment.
- Deleted DUI ADSAC Assessment service.
- Added gambling codes and rates for CADCs with NCGC under the following services:
 - Family Psychotherapy
 - Group Psychotherapy
 - Individual Psychotherapy
- Added a section that reflects those services that ODMHSAS pays for only ODMHSAS customers (not Medicaid recipients).