

Description	Level A Description	Level B Description	Level C Description	Level D Description
Non-Target Population	Psychiatric symptoms or mild limitation in emotional, behavioral or adaptive functioning OR Sub-clinical V Code	Moderate limitation in emotional or adaptive functioning. CSIP requires problems with school, law, DSS abuse/neglect or parent with SA DX.	Serious emotional disturbance, and functional impairment that seriously interferes with functioning in family, school or community. Lack of social supports.	Serious emotional disturbance, and functional impairment that seriously interferes with functioning in family, school or community, homeless or at imminent risk for homelessness, more than one agency involved and the child is at risk of, or in out of home placement, or imminent danger to self or others.
<p>Must meet IPRS Target Population, Diagnostic and LOC/ASAM criteria Service bundles may be authorized if all services are listed separately on the Service Plan/PCP submitted</p>				
<p>Services Screening, Triage and Referral</p> <p>Assertive Outreach Attempting to engage non-registered people in the system.</p> <p>Referral to Community Resources to address primary issue. No auth.</p>	<p>Services Evaluation Regular (Intake) 90801- auth1 unit, OR H0031/ H0001, auth 2 hrs / 8 units for 30 days.</p> <p>Physician Services Initial or new Patient: Auth 1 -99204 & 8 -99214 for 12 months. Established Patient: Auth 9 -99214 for 12 months.</p> <p>Outpatient treatment individual CPT 908__ (licensed) auth up to 16 sess. OR H0004-all but HQ (provisionally licensed) auth up to 64 units for up to one year.</p> <p style="text-align: center;">OR</p> <p>Outpatient Group 90853(licensed) auth. up to 16 sessions, OR H0004HQ (provisionally licensed) auth up to 96 units for up to one year</p>	<p>Services Any services in previous level as applicable.</p> <p>MH/SA Targeted Case Management (CABHA only)- H0032 Auth 1 unit per calendar week (Sun through Sat), PCP required. Auth for 90 days/13 units, one re-auth up to 60 days /9 units. Specialist Review required for additional requests.</p> <p>CWI with TCM- COLLC,TRI are only Providers Auth 20 hrs/80 units of H0004, 30 hrs/120 units of H0004HR and H0004HQ, 22 units of MH/SA TCM – H0032, E&M Mod. New-99204 and 4 E&M Est.-99214). Recipients are allowed 30 hrs/120 units of therapy per authorization with a maximum of 20 hrs/80 units of Individual Therapy. Auth for 5 months.</p> <p>Community Respite - YP730 (CMSED, CMCS, CSCS, CDCS) Auth 10 units/calendar yr. May not be provided with: Fam Lvg, Grp Lvg, Res, FBC or Inpatient.</p> <p>Hourly Respite Individual-YP010, Group-YP011 (CMSED, CMCS, CSCS, CDCS) Auth up to 23 hrs/calendar yr to prevent out-of-home placement. May not be provided with any overnight service, day/evening activity or day trmt.</p> <p>Residential Level I-Fam. Type H0046 Auth via Care Review and according to Res Tx & R&B policy. Auth for 90 days with Care review. No reauth.</p> <p>MAJORS Youth who are adjudicated, undisciplined or on diversion contract and referred to MAJORS Assessor. For non-profit agencies all treatment requests billed under CSMAJ Target Population.</p> <p>YDC Community Placement- COLLC only Short term support program to transition adolescents leaving YDCs. Service will develop comprehensive PCP and arrange aftercare. Medicaid may be active but will not pay for these transitional services. Auth 4 units of MH/SA TCM (H0032) for 30 days.</p>	<p>Services Any services in previous levels as applicable.</p> <p>Mobile Crisis Management – (FH only) H 2011 Auth 8 hrs/32 units for 48 hrs.(2 days)</p> <p>CWI Intensive In-Home- COLLC,TRI are only Providers H2022 - Auth up to 50 units for 120 days.</p> <p>CWI MST- Youth Villages is only Provider H2033 – Auth up to 120 hrs / 480 units for 4 months.</p> <p>Grp. Living Moderate -YP770 Supervised Living Program provided with SAIOP authorized through Medicaid for adolescents 12 to 17 years old. (Vision Quest only) Adolescent ASAM Level III.5, S.A. diagnosis and CSSAD/CSMAJ T.P. Evidence of Care Review recommending this LOC. Auth. 90 days, 1 re-auth. May authorize initial 30 days if placement need is immediate and Care Review is scheduled.</p> <p>Residential Level II -H2020 (program type) or S5145 (family type) Auth via Care Review and according to Res Tx & R&B policy. Auth for 30 days up to a total of 90 days with Care review. No reauth.</p>	<p>Services Any services in previous levels as applicable.</p> <p>Community Respite - YA213 (CMSED, CMCS, CSCS, CDCS only) Auth 10 units/calendar yr. May not be provided with: Fam Lvg, Grp Lvg, Res, FBC or Inpatient.</p> <p>Hourly Respite- YA125 (CMSED, CMCS, CSCS, CDCS only) Auth up to 23 hrs/calendar yr to prevent out-of-home placement. May not be provided with any overnight service, day/evening activity or day treatment.</p> <p>Inpatient Hospitalization Auth up to 12 days. Must have discharge plan, CFT initiated and PC/Child and Fam Plan developed, including crisis plan, and show evidence of continuing dangerousness to self or others (severe aggression) or inability to care for basic needs. Reauth up to 30 days.</p> <p>Rapid Response Home Auth for 3 days per crisis provider for stabilization of acute mh/dd/sas problem that does not meet criteria for inpatient hospitalization or as a diversion from inpatient care. Reauth guidelines follow Res Tx II (family type) and are requested no later than the third day and every 30 days following.</p> <p>Residential PRTF Requires SOC Care Review, CON, CFT, a PC/Child and Family Plan including a crisis plan and a Discharge/Transition Plan signed by the LME Representative.</p>