

Resiliency and Disease Management Utilization Management Guidelines Children's Services

SERVICE PACKAGE 1.1: Externalizing Disorders

UM Guidelines	Program: CHILD MH	
Service Package 1.1 Externalizing Disorders	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Skills Training and Development	15 minutes	75 units (any externalizing disorder other than ADHD)
Skills Training and Development	15 minutes	48 units (ADHD without a comorbid externalizing disorder)
Medication Training and Support	15 minutes	24 units
Routine Case Management	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Specialty Services (Add-Ons)	Requires Additional Authorization Based on Individual Need	
	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Skills Training and Development (group)	15 minutes	30 units
Family Training	15 minutes	30 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	6 units
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Flexible Benefits	\$1	200 units
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Service Package

This service package (SP) is targeted for children and adolescents with externalizing disorders (e.g., ADD/ADHD, Conduct or Oppositional Defiant Disorder) and a moderate level of functional impairment. The focus of the intervention is on psychosocial skill development in the child and the enhancement of parenting skills, especially in child behavior management. Access to parent

Resiliency and Disease Management Utilization Management Guidelines Children's Services

support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This Service Package is generally considered short-term and time-limited.

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

Crisis services are available to children and adolescents served in Service Package 1.1 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Service Definitions

1. Skills Training and Development: a structured intervention to provide and improve skills needed for the child to function appropriately in the home, school, and community, and to enhance child behavior management skills of parents/caregivers and increase the skills necessary to manage/decrease the child's level of functional impairment.
2. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
3. Routine Case Management: facilitation of child/family's access to community resources and continuity of care between services.
4. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
5. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
6. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
7. Skills Training and Development (Group): a structured intervention provided in a group setting to provide and improve skills needed for the child to function appropriately in the community and to enhance child behavior management and increase the skills necessary to manage/decrease child's level of functional impairment. Group Skills Training and Development is limited to no more than 6 children per group. **NOTE – Medicaid reimbursement for Skills Training and Development in groups is not currently available.**
8. Family Training: a training service provided to the client's primary caregivers to assist the caregivers in coping with and managing the client's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. May be provided individually or in group format.
9. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
10. Safety Monitoring: ongoing observation of an individual to ensure the individual's safety.
11. Laboratory Services: same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
12. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another.
13. Crisis Flexible Benefits: non-clinical supports intended to reduce the crisis situation, reduce symptomatology, and enhance the ability of the individual to remain in the home and/or

Resiliency and Disease Management Utilization Management Guidelines Children's Services

community. Examples include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.

14. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
15. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
16. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria (All criteria must be met)

Diagnosis

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

CA – TRAG

1. Scores indicates a Service Package 1.1.
2. The child and family are willing to participate in treatment.

Special Considerations

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

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

Add-Ons

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

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 1.1, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

1. **Continued Stay:** this level of care will terminate in 90 days unless additional skill deficits are identified that require the provision of different skills training interventions for the child and/or parent, warranting a re-authorization of the level of care.
2. **Indication for potential increase in level of care:** CA-TRAG scores indicate a higher level of care. If at any point in time, the child meets the admission criteria for a higher level of care, the higher level of care may be authorized.
3. **Discharge Criteria:**

Resiliency and Disease Management Utilization Management Guidelines Children's Services

- Authorized treatment has been completed and the child can continue with progress without additional treatment at this level of care. Parents may continue to participate in support groups without assignment to a level of care.
- Authorized treatment has been completed and the child is authorized for SP 4 Aftercare Services.
- The child's condition has worsened and requires a higher level of care.
- The child or family terminates services.

Expected Outcomes

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

Provider/Qualifications

1. Skills Training and Development: QMHP-CS, CSSP
2. Medication Training and Support: QMHP-CS, CSSP
3. Routine Case Management: QMHP-CS, CSSP
4. Parent Support Group: paraprofessional, QMHP-CS
5. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
6. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
7. Family Training: QMHP-CS, CSSP
8. Crisis Intervention Services: QMHP-CS
9. Safety Monitoring: QMHP-CS or trained and competent adult
10. Crisis Transportation: No restrictions
11. Crisis Respite: Trained and competent adult
12. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
13. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Special Considerations

Following a crisis, providers should consider the need to reassess the child/adolescent to determine if a more intensive service package is indicated.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

SERVICE PACKAGE 1.2: Internalizing Disorders

UM Guidelines	Program: CHILD MH	
Service Package 1.2 Internalizing Disorders	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Counseling	60 minutes	12 units
Medication Training and Support	15 minutes	24 units
Routine Case Management	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Specialty Services (Add-Ons)	Requires Additional Authorization Based on Individual Need	
	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Counseling (group)	60 minutes	12 units
Family Counseling	60 minutes	12 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	6 units
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Flexible Benefits	\$1	200 units
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Service Package

This service package is targeted for children and adolescents with internalizing disorders (depressive or anxiety disorders) and a moderate level of functional impairment. The focus of the intervention is on child and family counseling using **Cognitive Behavioral Therapy (CBT)** *for ages 9 & above* and CBT or other therapy approaches for children *ages 3 through 8*. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This service package is generally considered short-term and time-limited. The general goal of services at this

Resiliency and Disease Management Utilization Management Guidelines Children's Services

level of care is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child and family. Family support is facilitated through linkage to natural and community resources and parent support groups. Services are provided in the office, school, home or other community setting.

Crisis services are available to children and adolescents served in Service Package 1.2 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Service Definitions

1. **Counseling:** provided in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses. Counseling is intended to be brief, time-limited and focused.
2. **Medication Training and Support:** information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
3. **Routine Case Management:** facilitation of child/family's access to community resources and continuity of care between services.
4. **Parent Support Group:** support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
5. **Psychiatric Diagnostic Interview Examination:** a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
6. **Pharmacological Management:** provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
7. **Group Counseling:** provided in a group setting in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.
8. **Family Counseling:** provided to children and their families order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT).
9. **Crisis Intervention Services:** includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
10. **Safety Monitoring:** ongoing observation of an individual to ensure the individual's safety.
11. **Laboratory Services:** same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
12. **Crisis Transportation:** the transporting of individuals receiving crisis services from one location to another.
13. **Crisis Flexible Benefits:** non-clinical supports intended to reduce the crisis situation, reduce symptomatology, and enhance the ability of the individual to remain in the home and/or community. Examples include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.
14. **Crisis Respite:** community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists

Resiliency and Disease Management Utilization Management Guidelines Children's Services

caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.

15. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
16. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria (All criteria must be met)

Diagnosis

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

CA – TRAG

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

Special Considerations

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

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

Add-Ons

If clinically indicated, psychiatric diagnostic interview examination, pharmacological management, group and family counseling can be authorized in addition to SP 1.2 core services.

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 1.2, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

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

Resiliency and Disease Management Utilization Management Guidelines Children's Services

Expected Outcomes

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

Provider/Qualifications

1. Counseling: LPHA, intern
2. Medication Training and Support: QMHP-CS, CSSP
3. Routine Case Management: QMHP-CS, CSSP
4. Parent Support Group: paraprofessional, QMHP-CS
5. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
6. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
7. Group Counseling: LPHA, intern
8. Family Counseling: LPHA, intern
9. Crisis Intervention Services: QMHP-CS
10. Safety Monitoring: QMHP-CS or trained and competent adult
11. Crisis Transportation: No restrictions
14. Crisis Respite: Trained and competent adult
15. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
12. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Special Considerations

Following a crisis, providers should consider the need to reassess the child/adolescent to determine if a more intensive service package is indicated.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

SERVICE PACKAGE 2.1: Multi-systemic Therapy

UM Guidelines	Program: CHILD MH	
Service Package 2.1 Multi-systemic Therapy	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Multi-systemic Therapy	60 minutes	60 units
Medication Training and Support	15 minutes	24 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Specialty Services (Add-Ons)	Requires Additional Authorization Based on Individual Need	
	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Flexible Funds	\$1	1500 units (cap)
Family Training	15 minutes	30 units
Family Case Management	15 minutes	12 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	6 units
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Level of Care

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

Crisis services are available to children and adolescents served in Service Package 2.1 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

Service Definitions

1. Multi-systemic Therapy (MST): a comprehensive, intensive in-home and community-based treatment model. Service components include intensive case management, counseling, and skills training and development (individual). Services are provided at an average of 8 hours/week. Family service planning is done through a wraparound planning approach. Extensive collaboration with juvenile justice professionals is required.
2. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
3. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
4. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
5. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
6. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
7. Flexible Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flex funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.
8. Family Training: a training service provided to the client's primary caregivers to assist the caregivers in coping with and managing the client's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. May be provided individually or in group format.
9. Family Case Management: Activities to assist the client's family members in accessing and coordinating necessary care and services appropriate to the family members' needs.
10. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
11. Safety Monitoring: ongoing observation of an individual to ensure the individual's safety
12. Laboratory Services: same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
13. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another.
14. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
15. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

16. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria

Diagnosis

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

CA – TRAG

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

Special Considerations

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

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

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

Add-Ons

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

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 2.1, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

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

Expected Outcomes

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

Provider/Qualifications

1. MST team member: LPHA or QMHP-CS under supervision (as permitted by MST certification)

Resiliency and Disease Management Utilization Management Guidelines Children's Services

2. Medication Training and Support: QMHP-CS, CSSP
3. Family Partner: paraprofessional
4. Parent Support Group: paraprofessional; QMHP-CS
5. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
6. Pharmacological Management: MD, RN, Pharm D, PA, APN, LVN
7. Family Training: QMHP-CS, CSSP
8. Family Case Management: QMHP-CS, CSSP
9. Crisis Intervention Services: QMHP-CS
10. Safety Monitoring: QMHP-CS or trained and competent adult
11. Crisis Transportation: No restrictions
16. Crisis Respite: Trained and competent adult
17. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
12. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Resiliency and Disease Management Utilization Management Guidelines Children's Services

13. LEVEL OF CARE 2.2: Externalizing Disorders

UM Guidelines	Program: CHILD MH	
Level of Care 2.2 Externalizing Disorders	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Intensive Case Management	15 minutes	75 units
Skills Training and Development	15 minutes	75 units (any externalizing disorder other than ADHD)
Skills Training and Development	15 minutes	48 units (ADHD without a comorbid externalizing disorder)
Medication Training and Support	15 minutes	24 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Specialty Services (Add-Ons)	Requires Additional Authorization Based on Individual Need	
	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Skills Training and Development (group)	15 minutes	30 units
Flexible Funds	\$1	1500 units (cap)
Family Training	15 minutes	30 units
Family Case Management	15 minutes	12 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	6 units
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Resiliency and Disease Management Utilization Management Guidelines Children's Services

Purpose of Level of Care

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

Crisis services are available to children and adolescents served in SP 2.2 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Service Definitions

1. Intensive Case Management: activities that assist the child/family including service planning and coordination, monitoring service effectiveness, and proactive crisis planning and management.
2. Skills Training and Development: a structured intervention to provide and improve skills needed for the child to function appropriately in the home, school, and community and to enhance child behavior management skills of parents/caregivers and increase the skills necessary to manage/decrease child's level of functional impairment.
3. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
4. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
5. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
6. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
7. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
8. Skills Training and Development (group): a structured intervention provided in a group setting to provide and improve skills needed for the child to function appropriately in the community and to enhance child behavior management and increase the skills necessary to manage/decrease child's level of functional impairment. Group Skills Training and Development is limited to no more than 6 children per group. **NOTE – Medicaid reimbursement for Skills Training and Development in groups is not currently available.**
9. Flexible Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flexible funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.
10. Family Training: a training service provided to the client's primary caregivers to assist the caregivers in coping with and managing the client's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. May be provided individually or in group format.
11. Family Case Management: activities to assist the client's family members in accessing and coordinating necessary care and services appropriate to the family members' needs.
12. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

13. Safety Monitoring: ongoing observation of an individual to ensure the individual's safety.
14. Laboratory Services: same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
15. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another.
16. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
17. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
18. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Add-Ons

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

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 2.2, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

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

Expected Outcomes

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

Provider/Qualifications

1. Intensive Case Management: QMHP-CS, CSSP
2. Skills Training and Development: QMHP-CS, CSSP

Resiliency and Disease Management Utilization Management Guidelines Children's Services

3. Medication Training and Support: QMHP-CS, CSSP
4. Family Partner: paraprofessional
5. Parent Support Group: paraprofessional; QMHP-CS
6. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
7. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
8. Family Training: QMHP-CS, CSSP
9. Family Case Management: QMHP-CS, CSSP
10. Crisis Intervention Services: QMHP-CS
11. Safety Monitoring: QMHP-CS or trained and competent adult
12. Crisis Transportation: No restrictions
18. Crisis Respite: Trained and competent adult
19. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
13. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Resiliency and Disease Management Utilization Management Guidelines Children's Services

LEVEL OF CARE 2.3: Internalizing Disorders

UM Guidelines	Program: CHILD MH	
Level of Care 2.3 Internalizing Disorders	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Intensive Case Management	15 minutes	75 units
Counseling	60 minutes	12 units
Medication Training and Support	15 minutes	24 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Specialty Services (Add-Ons)	Requires Additional Authorization Based on Individual Need	
	Unit	Expected Average Utilization
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Counseling (group)	60 minutes	12 units
Flexible Funds	\$1	1500 units (cap)
Family Counseling	60 minutes	12 units
Family Case Management	15 minutes	12 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	6 units
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Level of Care

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

Resiliency and Disease Management Utilization Management Guidelines Children's Services

and the availability of parent-to-parent peer support. The family service plan is developed using a wraparound planning approach.

These services are available to children and adolescents served in SP 2.3 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Service Definitions

1. **Intensive Case Management:** activities that assist the child/family including service planning and coordination, monitoring service effectiveness, and proactive crisis planning and management.
2. **Counseling:** provided in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses. Counseling is intended to be brief, time-limited and problem-focused.
3. **Medication Training and Support:** information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
4. **Family Partner:** peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
5. **Parent Support Group:** support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
6. **Psychiatric Diagnostic Interview Examination:** a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
7. **Pharmacological Management:** provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
8. **Group Counseling:** provided in a group setting in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.
9. **Flexible Funds:** non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flexible funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.
10. **Family Counseling:** provided to children and their families order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT).
11. **Family Case Management:** activities to assist the client's family members in accessing and coordinating necessary care and services appropriate to the family members' needs.
12. **Crisis Intervention Services:** includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
13. **Safety Monitoring:** ongoing observation of an individual to ensure the individual's safety.
14. **Laboratory Services:** same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
15. **Crisis Transportation:** the transporting of individuals receiving crisis services from one location to another.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

16. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
17. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
18. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria

Diagnosis

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

CA – TRAG

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

Add-Ons

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

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 2.3, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

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

Expected Outcomes

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

Provider/Qualifications

1. Intensive Case Management: QMHP-CS, CSSP
2. Counseling: LPHA, intern

Resiliency and Disease Management Utilization Management Guidelines Children's Services

3. Medication Training and Support: QMHP-CS, CSSP
4. Family Partner: paraprofessional
5. Parent Support Group: paraprofessional; QMHP-CS
6. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
7. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
8. Group Counseling: LPHA, intern
9. Family Counseling: LPHA, intern
10. Family Case Management: QMHP-CS, CSSP
11. Crisis Intervention Services: QMHP-CS
12. Safety Monitoring: QMHP-CS or trained paraprofessional (Behavioral Health Technician)
13. Crisis Transportation: No restrictions
14. Crisis Respite: Trained and competent adult
15. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
16. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Resiliency and Disease Management Utilization Management Guidelines Children's Services

LEVEL OF CARE 2.4: Major Disorders (Bipolar Disorder, Schizophrenia, Major Depression with Psychotic Features, and other psychotic disorders)

UM Guidelines	Program: CHILD MH	
Level of Care 2.4 Major Disorders	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Intensive Case Management	15 minutes	75 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	12 units
Medication Training and Support	15 minutes	24 units
Family Partner	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Specialty Services (Add-Ons)	Requires Additional Authorization Based on Individual Need	
	Unit	Expected Average Utilization
Flexible Funds	\$1	1500 units (cap)
Family Case Management	15 minutes	12 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	6 units
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Level of Care

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

Crisis services are available to children and adolescents served in SP 2.4 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

Service Definition

1. Intensive Case Management: activities that assist the child/family including service planning and coordination, monitoring service effectiveness, and proactive crisis planning and management.
2. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
3. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
4. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
5. Family Partner: peer mentoring, education and support provided by an experienced parent to the caregivers of a child in service.
6. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
7. Flexible Funds: non-clinical supports that that augment the service plan to reduce symptomatology and maintain quality of life and family integration. The provider may request authorization of flexible funds to augment the family service plan, up to a \$1,500/family cap. The UM manager may authorize an exception to the \$1,500 per family cap with documented justification.
8. Family Case Management: activities to assist the client's family members in accessing and coordinating necessary care and services appropriate to the family members' needs.
9. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
10. Safety Monitoring: ongoing observation of an individual to ensure the individual's safety.
11. Laboratory Services: same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
12. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another.
13. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
14. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
15. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria

Diagnosis

Resiliency and Disease Management Utilization Management Guidelines Children's Services

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

CA – TRAG

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

Add-Ons

As clinically indicated, flexible funds and family case management may be authorized in addition to SP 2.4 services.

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 2.4, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

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

Expected Outcomes

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

Provider/Qualifications

1. Intensive Case Management: QMHP-CS, CSSP
2. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
3. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
4. Medication Training and Support: QMHP-CS, CSSP
5. Family Partner: paraprofessional
6. Parent Support Group: paraprofessional; QMHP-CS
7. Family Case Management: QMHP-CS, CSSP
8. Crisis Intervention Services: QMHP-CS
9. Safety Monitoring: QMHP-CS or trained and competent adult
10. Crisis Transportation: No restrictions
11. Crisis Respite: Trained and competent adult
12. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
13. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Resiliency and Disease Management Utilization Management Guidelines Children's Services

LEVEL OF CARE 4: Aftercare Services

UM Guidelines	Program: CHILD MH	
Level of Care 4 Aftercare Services	Authorized Period 90 days	
Core Services	Available to All Individuals Authorized for This Service Package	
	Unit	Expected Average Utilization
Pharmacological Management	15 minutes	6 units
Routine Case Management	15 minutes	6 units
Medication Training and Support	15 minutes	12 units
Engagement Activity (if underserved)	15 minutes	24 units
Parent Support Group	60 minutes	12 units
Crisis Services	Available to All Individuals During Psychiatric Crisis	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Safety Monitoring	15 minutes	8 units
Laboratory Services	Undefined	As medically indicated
Crisis Flexible Benefits	\$1	200 units
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Level of Care

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

Crisis services are available to children and adolescents served in SP 4 when the child or adolescent experiences a psychiatric crisis. Services are intended to stabilize the crisis situation and prevent utilization of more intensive or restrictive interventions.

Service Definitions

1. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a

Resiliency and Disease Management Utilization Management Guidelines Children's Services

- single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
2. Routine Case Management: facilitation of child/family's access to community resources and continuity of care between services.
 3. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
 4. Engagement Activities: activities to develop treatment alliance and rapport and to enhance understanding of how services may benefit recovery and resiliency goals.
 5. Parent Support Group: support and informational meetings for parents of children receiving services that are facilitated and routinely scheduled.
 6. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
 7. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
 8. Safety Monitoring: ongoing observation of an individual to ensure the individual's safety.
 9. Laboratory Services: same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
 10. Crisis Flexible Benefits: non-clinical supports intended to reduce the crisis situation, reduce symptomatology, and enhance the ability of the individual to remain in the home and/or community. Examples include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.
 11. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another.
 12. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
 13. Extended Observation: up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
 14. Children's Crisis Residential Services: short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria

Diagnosis

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

CA – TRAG

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

Special Considerations

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

Resiliency and Disease Management Utilization Management Guidelines Children's Services

1. The child is stable on psychotropic medication, does not currently require psychosocial treatment but lacks access to medication from other resources (e.g., has lost insurance coverage).
2. The child is on the waiting list for another level of care but the severity of presenting problems indicates the appropriate utilization of SP 4 while waiting for other treatment.
3. The eligibility assessment indicates eligibility for another level of care but the parent refuses the level of care, requests medication-only services, and medication-only service is an appropriate intervention. A psychiatric evaluation must provide evidence that a medication-only service is clinically appropriate if the parent refuses the initial level of care indicated.
4. Although a provider will utilize engagement strategies in the provision of all services, Engagement Activities, as defined here, is only authorized for children and their caregivers when the child is recommended for SP 1.1, 1.2, 2.1, 2.2, 2.3, or 2.4 but authorized in SP 4 due to consumer choice.

Crisis Services

If the child experiences a psychiatric emergency while receiving services in SP 4, the child has access to all medically necessary crisis services without prior authorization. Crisis services must be authorized within 2 business days following their provision.

Criteria for Level of Care Review

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

Expected Outcomes

1. Maintenance of stable functioning and/or problem severity as self-reported on the Ohio Scales scores.
2. Family is able to use natural and community support systems as resources.
3. Engagement in services reflective of child and family needs if underserved.

Provider/Qualifications

1. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
2. Routine Case Management: QMHP-CS, CSSP
3. Medication Training and Support: QMHP-CS, CSSP
4. Engagement Activity: paraprofessional or QMHP-CS
5. Parent Support Group: paraprofessional or QMHP-CS
6. Crisis Intervention Services: QMHP-CS
7. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
8. Safety Monitoring: QMHP-CS or trained and competent adult
9. Crisis Transportation: No restrictions
10. Crisis Respite: Trained and competent adult

Resiliency and Disease Management Utilization Management Guidelines Children's Services

11. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
12. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Special Considerations

Following a crisis, providers should consider the need to reassess the child/adolescent to determine if a more intensive service package is indicated.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

SERVICE PACKAGE 0: CRISIS SERVICES

UM Guidelines	Program: CHILD MH	
Service Package 0 Crisis Services	Authorized Period 7 days	
Core Services	Available to All Individuals Authorized for This Service Package As Needed	
	Unit	Expected Average Utilization
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Laboratory Services	Undefined	As medically indicated
Safety Monitoring	15 minutes	8 units
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Flexible Benefits	\$1	200 units
Crisis Respite	15 minutes/1 bedday	24 units/3 units
Extended Observation	1 bedday	1 unit
Children's Crisis Residential	1 bedday	4 units

Purpose of Service Package

Services in this package are brief interventions provided in the community or a residential setting that will ameliorate the crisis situation and prevent utilization of more intensive services. The desired outcome is resolution of the crisis, avoidance of more intensive and restrictive intervention, and prevention of additional crisis events.

Crisis Service Definitions

1. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
2. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family to evaluate the individual's psychiatric diagnoses and treatment needs.
3. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
4. Laboratory Services: Same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
5. Safety Monitoring: ongoing observation of an individual to ensure the individual's safety
6. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another. Crisis transportation may consist of time provided by staff to transport an individual or it may consist of financial reimbursement for transportation provided by law enforcement or ambulance services.
7. Crisis Flexible Benefits: Non-clinical supports intended to reduce the crisis situation, reduce symptomatology, and enhance the ability of the individual to remain in the home and/or community. Examples include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

8. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.
9. Extended Observation: Up to 48 hour emergency and crisis stabilization service that provides emergency stabilization in a secure and protected, clinically staffed (including medical and nursing professionals), psychiatrically supervised treatment environment with immediate access to urgent or emergent medical evaluation and treatment. Individuals are provided appropriate and coordinated transfer to a higher level of care when needed.
10. Children's Crisis Residential Services: Short-term, community-based residential treatment to persons with some risk of harm who may have fairly severe functional impairment and who require direct supervision and care but do not require hospitalization.

Admission Criteria (All criteria must be met)

Diagnosis

No mental health diagnosis is required.

CA-TRAG

Meets criteria on CA-TRAG for Service Package 0.

Special Considerations

The individual meets the definition of a crisis cited in the Community Standards Rule:

Crisis--A situation in which:

(A) because of a mental health condition:

(i) the individual presents an immediate danger to self or others; or

(ii) the individual's mental or physical health is at risk of serious deterioration; or

(B) an individual believes that he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.

Criteria for Level of Care Review

1. **Continued Stay:** Up to 7 additional days may be authorized, as medically necessary.
2. **Indication for potential increase in level of care:** If a child or adolescent cannot be treated safely or effectively within this Service Package, evaluation for potential hospitalization is indicated.
3. **Discharge Criteria:**
 - Identified crisis is resolved and the individual has been transitioned to SP 5, SP 1.1, SP 1.2, SP 2.1, SP 2.2, SP 2.3, SP2.4 or SP 4 .
 - Identified crisis is resolved and the individual is placed on a waiting list for an appropriate service package.
 - The child and their family are referred and linked to community resources outside the DSHS system.
 - The child or family terminates services.

Expected Outcomes

- The child decreases their risk of placement in a more restrictive environment, such as a psychiatric hospital, residential treatment center, or juvenile detention center.
- The child and/or family reports a reduction or stabilization in presenting problem severity or functional impairment.
- The child or family is engaged in appropriate follow-up treatment and linked with natural and community support systems.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

Qualifications of Providers

1. Crisis Intervention Services: QMHP-CS
2. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
3. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
4. Safety Monitoring: QMHP-CS or trained and competent adult
5. Crisis Transportation: No restrictions
6. Crisis Respite: Trained and competent adult
7. Extended Observation: Meet staffing requirements in Performance Contract (Information Item V)
8. Children's Crisis Residential: Meet staffing requirements in Performance Contract (Information Item V)

Resiliency and Disease Management Utilization Management Guidelines Children's Services

SERVICE PACKAGE 5: CRISIS FOLLOW-UP SERVICES

UM Guidelines	Program: CHILD MH	
Service Package 5 Community Follow-up Services	Authorized Period 30 days	
Core Services	Available to All Individuals Authorized for This Service Package As Needed	
	Unit	Expected Average Utilization
Crisis Follow-up and Relapse Prevention	15 minutes	32 units
Medication Training and Supports	15 minutes	12 units
Counseling	15 minutes	32 units
Counseling (Group)	15 minutes	32 units
Family Counseling	15 minutes	32 units
Routine Case Management	15 minutes	16 units
Crisis Intervention Services	15 minutes	15 units
Psychiatric Diagnostic Interview Examination	Event	1 unit
Pharmacological Management	15 minutes	10 units
Laboratory Services	Undefined	As medically indicated
Crisis Transportation	Event / \$1	1 unit / As necessary
Crisis Flexible Benefits	\$1	200 units
Crisis Respite	15 minutes/1 bedday	24 units/3 units

Purpose of Service Package

This Service Package is targeted toward youth who have been discharged from crisis services or hospitalization. Youth may enter the Service Package because they are ineligible for further community-based treatment through the Local Mental Health Authority or because they need brief follow-up while awaiting access to services with a non-LMHA provider in the community. The major focus is on ameliorating the situation that gave rise to the crisis event, ensuring stability, and preventing future crisis events. This service includes ongoing assessment to determine crisis status and needs, provides time-limited (up to 30 days) brief, solution-focused interventions to individuals and families and focuses on providing guidance and developing problem-solving techniques to enable the individual to adapt and cope with the situation and stressors that prompted the crisis event.

Service Definitions

1. Crisis Follow-up and Relapse Prevention: a service provided to individuals who are not in imminent danger of harm to self or others but require additional assistance to avoid reoccurrence of the crisis event.
2. Medication Training and Support: information provided to the child and family on the mental health disorder, medications, monitoring of symptoms and side effects.
3. Counseling: brief, focused, individual, family, and group cognitive-behavioral therapy aimed at the reduction or elimination of a client's symptoms or emotional distress and of emotional disturbance and increasing the individual's ability to perform activities of daily living.
4. Group Counseling: provided in a group setting in order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV

Resiliency and Disease Management Utilization Management Guidelines Children's Services

- diagnoses (CBT). Group Counseling is intended to be brief, time-limited and focused and limited to no more than 6 children per group.
5. Family Counseling: provided to children and their families order to resolve a concrete problem in daily functioning (problem-focused, solution-oriented) or symptoms resulting from maladaptive thoughts, feelings, interpersonal disturbances, and/or experiences consistent with DSM-IV diagnoses (CBT).
 6. Routine Case Management: facilitation of child/family's access to community resources and continuity of care between services.
 7. Crisis Intervention Services: includes face-to-face evaluation of risk, provision of skills training and guidance, and coordination of emergency services.
 8. Psychiatric Diagnostic Interview Examination: a face-to-face interview with the individual and family seeking services to evaluate the individual's priority population diagnostic eligibility and treatment needs.
 9. Pharmacological Management: provided to a client by a physician or other prescribing professional to determine symptom remission and the medication regimen needed, or supplemental nursing services provided by an RN or LVN in response to a crisis, to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the clients a single dose of medication to be taken orally), and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family. Supplemental nursing services are not incidental to another service.
 10. Laboratory Services: same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.
 11. Crisis Transportation: the transporting of individuals receiving crisis services from one location to another.
 12. Crisis Flexible Benefits: non-clinical supports intended to reduce the crisis situation, reduce symptomatology, and enhance the ability of the individual to remain in the home and/or community. Examples include home safety modifications, child care to allow the family to participate in treatment activities, and transportation assistance.
 13. Crisis Respite: community crisis respite services provide short-term, community-based residential or in-home crisis services to persons who have low risk of harm to self or others, and may have some functional impairment which requires direct supervision and care but does not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assists caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis.

Admission Criteria

(ALL of these criteria must be met)

1. The individual has been released from crisis services or hospitalization.
2. The individual is not eligible for Service Packages 1-4 or has opted to seek services from another provider, but continued follow-up is indicated until referral access is complete.

Criteria for Level of Care Review

1. **Indication for potential increase in level of care:** Child's condition worsens as indicated by CA-TRAG and indicates authorization of SP 1, 2 or Crisis Services.
2. **Discharge Criteria:**
 - a. Identified crisis is resolved and no further service in the DSHS system is needed;
 - b. Identified crisis is resolved and the individual has been transitioned to SP 1 through SP 4;
 - c. Identified crisis is resolved and the individual is placed on a waiting list for SP 1 through SP 4; and
 - d. Referred and linked to community resources outside of the DSHS system.

Resiliency and Disease Management Utilization Management Guidelines Children's Services

Reason for Deviation

1. Resource Limitations - LOC-R identifies services packages 1 - 4, but capacity does not exist in service packages 1 - 4.
2. Consumer Choice - LOC-R identifies services packages 1 - 4, but the consumer chooses to not accept this service. After aggressive and documented attempts at engagement, the consumer refuses to participate in services packages 1 - 4.
3. Consumer Need - Person is identified as ineligible for services, but scores indicate a need for short-term intervention.
4. Continuity of Care - Person is identified as ineligible for services, but has been discharged from a State or Community Mental Health Hospital.
5. Other - Person is identified as ineligible for services, but scores indicate a need for short-term intervention. Requires a text note justification.

Qualifications of Providers

1. Crisis Follow-up and Relapse Prevention: QMHP-CS
2. Medication Training and Support: QMHP-CS, CSSP
3. Counseling: LPHA or intern
4. Group Counseling: LPHA, intern
5. Family Counseling: LPHA, intern
6. Routine Case Management: QMHP-CS
7. Crisis Intervention Services: QMHP-CS
8. Psychiatric Diagnostic Interview Examination: MD psychiatrist (preferably a child psychiatrist)
9. Pharmacological Management: MD, RN, PA, Pharm D, APN, LVN
10. Crisis Transportation: No restrictions
11. Crisis Respite: Trained and competent adult