

Attachment F

Med-QUEST Division Behavioral Health Protocol

I. OVERVIEW

The Med-QUEST Division (MQD) is responsible for providing behavioral health services to all its beneficiaries. MQD provides standard behavioral health services to all beneficiaries and specialized behavioral health services to beneficiaries with serious mental illness (SMI), serious and persistent mental illness (SPMI), or requiring support for emotional and behavioral development (SEBD).

Regardless of the type of behavioral health service a beneficiary receives or where the beneficiary receives his/her behavioral health services, the beneficiary continues to have access to all of the other services for which he/she is eligible, including:

- Primary and acute care services from his/her health plan;
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services if he/she is under the age of 21;
- Home and community based services/long-term supports and services (HCBS/LTSS) services under the section 1115 demonstration waiver; and
- Services or under the Developmental Disabilities or Intellectual Disabilities (DD/ID) 1915(c) waiver.

All beneficiaries have access to standard behavioral health services through the contracted managed care health plans. The standard behavioral health services include inpatient psychiatric hospitalization, medications, medication management, psychiatric and psychological evaluation and management, and alcohol and drug dependency treatment services.

Beneficiaries with SMI, SPMI, or SEBD may be in need of specialized behavioral health services. For children (individuals <21), the SEBD services are provided through the Department of Health (DOH) Child and Adolescent Mental Health Division (CAMHD); for adults (individuals ≥21) the SMI/SPMI services are provided through the DOH Adult Mental Health Division (AMHD), the MQD's behavioral health program Community Care Services (CCS), or the managed care health plans. Regardless of how adults with SMI/SPMI access specialized behavioral health services, all have access to the same services, and MQD ensures no duplication. The available specialized services include:

- For children: multidimensional treatment foster care, family therapy, functional family therapy, parent skills training, intensive home and community based intervention, community-based residential programs, and hospital-based residential programs, and
- For adults: crisis management, crisis and specialized residential treatment, intensive care coordination/case management, psychosocial rehabilitation, clubhouse, peer

specialist, representative payee, supportive employment, supportive housing partial or intensive outpatient hospitalization, and therapeutic living supports.

See Addendum A for an overview of the behavioral health services delivery systems for individuals with SMI, SPMI, or SEBD; and see Addendum B for a detailed description of the services provided by CAMHD, AMHD, CCS, and the managed care health plans.

II. RECEIPT OF BEHAVIORAL HEALTH SERVICES BY CHILDREN (INDIVIDUALS <21 YEARS)

A. Clinical Criteria

Beneficiaries <21 years old with a diagnosis of SEBD are eligible for additional behavioral health services within CAMHD if meeting the following criteria:

- The beneficiary is age three through twenty (3-20) years;
- The beneficiary falls under one of the qualifying diagnoses (see Addendum C);
- The beneficiary demonstrates presence of a qualifying diagnosis for at least six (6) months or is expected to demonstrate the qualifying diagnosis for the next six (6) months; and
- The beneficiary's Child and Adolescent Functional Assessment Scale (CAFAS) score is > 80.
- Beneficiaries who do not meet the eligibility criteria, but based upon assessment by the CAMHD medical director that additional behavioral health services are medically necessary for the member's health and safety, shall be evaluated on a case-by-case basis for provisional eligibility.

B. Service Delivery

MQD has a Memorandum of Understanding (MOU) with CAMHD to provide services to Medicaid beneficiaries. The CAMHD is responsible for providing SEBD services to all individuals age three through twenty (3-20) years who meet eligibility criteria. CAMHD provides services to approximately 900 children. CAMHD had previously functioned as a Pre-paid Inpatient Health Plan (PIHP) but changed to billing these services to MQD through a fee-for-service (FFS) process effective October 1, 2008.

The health plan can make a referral to CAMHD through use the SEBD Referral Form developed by CAMHD. The health plan will continue to provide behavioral health services even after CAMHD admits the individual into their program. In these cases, the health plan will not provide services offered by CAMHD, and CAMHD will not provide services offered by the health plan. The MQD informs the health plans, via the 834-transaction file, when an individual is receiving services through the CAMHD program. When a child is no longer eligible for services through CAMHD, CAMHD will coordinate transition of care with the child's health plan. The health plan will be notified that the individual is no longer receiving services via CAMHD via the 834-transaction file.

Referrals to CAMHD can also occur through the school, parent, child, or the health plan. CAMHD considers all referrals through an assessment process. Even if a child qualifies for SEBD services, parents can choose to have their children's behavioral health services provided through the child's health plan. However, the health plans are only able to provide the behavioral health services identified in their contract. CAMHD would need to be involved for any specialized behavioral health services. These additional behavioral health services include both intensive case management and targeted case management and are distinct from the services provided through the health plans.

III. RECEIPT OF SPECIALIZED BEHAVIORAL HEALTH SERVICES BY ADULTS (INDIVIDUALS \geq 21 YEARS)

A. Clinical Criteria

Beneficiaries \geq 21 years old with a SMI or SPMI are eligible for specialized behavioral health services if they meet the following criteria:

- The beneficiary falls under one of the qualifying diagnoses (see Addendum C);
- The beneficiary demonstrates presence of a qualifying diagnosis for at least twelve (12) months or is expected to demonstrate the qualifying diagnosis for the next twelve (12) months; and
- The beneficiary meets at least one of the criteria below demonstrating instability and/or functional impairment:
 - Global Assessment of Functioning (GAF) $<$ 50;
 - Clinical records demonstrate that the beneficiary is currently unstable under current treatment or plan of care (ex. multiple hospitalizations in the last year and currently unstable, substantial history of crises and currently unstable to include but not limited to consistently noncompliant with medications and follow-up, unengaged with providers, significant and consistent isolation, resource deficit causing instability, significant co-occurring medical illness causing instability, poor coping/independent living/problem solving skills causing instability, at risk for hospitalization); or
 - Beneficiary is under Protective Services or requires intervention by housing or law enforcement officials.
- Beneficiaries who do not meet the requirements listed above, but based upon an assessment by a programmatic medical director, that additional behavioral health services are medically necessary for the member's health and safety, shall be evaluated on a case-by-case basis for provisional eligibility.

B. Service Delivery

The current organization for the delivery of specialized behavioral health services is largely historical. Around the time that the QUEST program was implemented in the mid-1990's, for which specialized behavioral health services were carved out, the CCS program was created due to the lack of

behavioral health services for Medicaid beneficiaries with a SMI/SPMI. (AMHD had a limited service package at that time.) In the early 2000 timeframe, AMHD expanded its services significantly, largely modeling the CCS services, due to a mandated court decree that was withdrawn in 2006. However, MQD continued to offer its CCS program despite the expansion of services within AMHD.

CCS predominately served non-Aged, Blind and Disabled (ABD) individuals, and AMHD largely served ABDs. When QExA was implemented as managed care for the ABD population, specialized behavioral health services remained carved out. Over the years as individuals were offered choice, an increasing number of non-ABDs began to receive their services through AMHD, and an increasing number of ABDs began to receive their services through CCS.

In an effort to improve integration between medical and behavioral health care, effective July 1, 2010, the MQD transitioned all behavioral health services provided to QUEST adult beneficiaries by AMHD and the CCS program into the QUEST health plans. MQD observed that neither behavioral health outcomes nor medical outcomes were improved for this population, and the fragmentation among multiple health plans created confusion for patients and providers alike.

Effective March 1, 2013, CCS will be converted from primarily a third party administrator contract to a Pre-paid Inpatient Health Plan (PIHP), and MQD intends to transition all adults to receive their specialized behavioral health services through CCS. The following describes the current alternative service delivery options for adults until all adults can be transitioned to the CCS program to receive their specialized behavioral health services as described in this protocol.

1. AMHD

MQD had a MOU with AMHD to provide services to Medicaid beneficiaries. Currently, AMHD provides specialized behavioral health services to approximately 1,200 Medicaid ABD adults, until this population can be transitioned to the CCS program. AMHD bills specialized behavioral health services to the MQD through a FFS process.

Referrals to AMHD occur through either the beneficiary (self-referral) by calling the AMHD access line, or by beneficiary choice after a health plan referral and determination of eligibility. AMHD considers all referrals through an assessment process and uses the same criteria as listed in section A above. If the individual meets criteria, AMHD will notify MQD, develop an individual service plan, and begin providing services.

Currently, the QExA health plans make referrals for adult members identified with a SMI/SPMI. All referrals are reviewed by a MQD

physician for eligibility. Eligible beneficiaries can choose to receive their specialized behavioral health services through AMHD or CCS, until the transition at which time they will only be able to receive the specialized behavioral health services through CCS.

The specialized behavioral health services provided by AMHD include both intensive case management and targeted case management. These services are distinct from the services provided through the managed care health plans.

2. CCS

The CCS program provides specialized behavioral health services to approximately 900 Medicaid ABD adults. MQD awards the CCS program to a contractor through a Request for Proposals (RFP) to provide specialized behavioral health services to eligible adults as a PIHP. Certain new services may be reimbursed on a fee-for-service basis until able to be incorporated into the capitation rates.

Currently, the QExA health plans make referrals for adult members identified with a SMI/SPMI. All referrals are reviewed by a MQD physician for eligibility. Eligible beneficiaries can choose to receive their specialized behavioral health services through AMHD or CCS, until the transition at which time they will only be able to receive the specialized behavioral health services through CCS. Once enrolled in CCS, CCS performs an assessment and develops an individual service plan.

3. Managed Care Health Plans

All managed care health plans provide all their beneficiaries with first line behavioral health services. Currently, the QUEST health plans also provide approximately 2,000 adults with specialized behavioral health services, until this population is transitioned to receive specialized behavioral health services through CCS. Payment to the health plans is incorporated into their capitation rates. The health plans identify adult members with a SMI/SPMI and perform an assessment to develop an individual service plan. Certain specialized services are provided by CCS instead of the health plan.

Regardless of the specialized behavioral health service delivery option an adult utilizes, the individual will have access to the same specialized behavioral health services. This will be clear, and the delivery system will be more integrated, once MQD successfully transitions all adults with SMI/SPMI to receive their specialized behavioral health services through the CCS program.

IV. COVERED SPECIALIZED BEHAVIORAL HEALTH SERVICES

The standard behavioral health services are State plan services. The covered specialized behavioral health services include those covered under the State plan and those covered under the section 1115 demonstration. These services may be provided through CAMHD or through AMHD, CCS, or health plans. The State plan services are listed below with details available in the State plan. The 1115 demonstration services are described in detail below, and these services are not available through the health plans. Individuals receiving specialized behavioral health services through the health plans in need of these additional services can receive them either through AMHD or CCS.

A. State Plan Standard Behavioral Health Services

1. Acute Psychiatric Hospitalization
2. Diagnostic/Laboratory Services
3. Electroconvulsive Therapy
4. Evaluation and Management
5. Methadone Treatment
6. Prescription Medications
7. Substance Abuse Treatment
8. Transportation

B. State Plan Specialized Behavioral Health Services

1. Assertive Community Treatment (intensive case management and community-based residential programs)
2. Biopsychosocial Rehabilitation
3. Crisis Management
4. Crisis Residential Services
5. Hospital-based Residential Programs
6. Intensive Family Intervention
7. Intensive Outpatient Hospital Services
8. Therapeutic Living Supports and Therapeutic Foster Care Supports
(Addendum D includes the State plan pages for these Community Mental Health Rehabilitative Services)

C. 1115 Demonstration Specialized Behavioral Health Services

1. Clubhouse
 - a. A Clubhouse is a local community center that offers people who have mental illness opportunities to achieve their full potential by forming a community of people who are working together to achieve a common goal. A Clubhouse is organized to support people living with mental illness.
 - b. Clubhouse is an organization accredited by International Center for Clubhouse Development (ICCD). ICCD is an organization that provides resources for communities to create solutions for people with mental illness.

- c. MQD would reimburse this service utilizing half-day and full-days attending Clubhouse.
- 2. Peer Specialist
 - a. The peer specialist works in collaboration with interdisciplinary team members to assist beneficiaries to:
 - i. Understand recovery and the value of every individual's recovery experience;
 - ii. Identify strengths and needs for recovery;
 - iii. Understand and set goals for recovery;
 - iv. Determine the objectives needed to reach beneficiary-centered recovery goals; and
 - v. Help beneficiaries create, maintain and utilize their own recovery plan.
 - b. Peer specialists shall be certified by AMHD as part of their Hawaii Certified peer specialist (HCPS) program. Peer specialists are persons who have self-identified themselves as receiving (or previously received) mental health services for their own personal recovery.
 - c. These individuals help SMI beneficiaries by providing support to others who are facing a similar situation they have faced in the past. Peer specialists promote self-determination, personal responsibility, and community integration for beneficiaries.
- 3. Representative Payee
 - a. A representative payee is an individual or organization that is chosen for a beneficiary that cannot manage or direct someone else to manage his or her money. This benefit is only for those without access to the social security representative payee program.
 - b. The main responsibilities of a payee are to use the beneficiary's income to pay for the current and foreseeable needs of the beneficiary and properly save any income not needed to meet current needs. A payee must also keep records of expenses. Reports shall be provided quarterly on each beneficiary's account.
- 4. Supportive Employment
 - a. Supported employment includes activities needed to obtain and sustain paid work within the general workforce by beneficiaries and includes assisting the participant in locating and acquiring a job, or working with an employer to develop or customize a job on behalf of the beneficiary, transitioning the beneficiary from volunteer work to paid employment, and assisting the beneficiary in maintaining an individual job in the general workforce at or above the state's minimum wage.
 - b. Supported employment support is conducted in a variety of settings to include self-employment. With regard to self-employment, individual employment support services may include:
 - i. Aiding the beneficiary to identify potential business opportunities;
 - ii. Assisting in the development of a business plan, including potential sources of business financing and other assistance in including potential sources of business financing and other assistance in developing and launching a business;

- iii. Identifying the supports that are necessary in order for the beneficiary to operate the business; and
- iv. Providing ongoing assistance, counseling and guidance once the business has been launched.

5. Supportive Housing

- a. This is housing-based care management focused on ensuring housing stability, recognizing housing's role as an essential platform for recovery and improved health.
- b. The service will include assisting individuals with finding and retaining housing such as Section 8, Section 811, other Housing and Urban Development (HUD) programs, and public housing.
- c. Available to previously homeless individuals or others in public housing.

Addendum A. Overview of Behavioral Health Service Delivery

	Adults without SMI/SPMI	Non-ABD Adults with SMI/SPMI	ABD Adults with SMI/SPMI Enrolled in AMHD	ABD Adults with SMI/SPMI Enrolled in CCS	Children with SEBD Enrolled in CAMHD
Standard Behavioral Health Services					
Acute Psychiatric Hospitalization	HP	HP	HP	CCS	HP
Diagnostic/laboratory Services	HP	HP	HP	CCS	HP
Electroconvulsive Therapy	HP	HP	HP	CCS	HP
Evaluation and Management	HP	HP	HP	CCS	CAMHD/HP
Methadone Treatment	HP	HP	HP	CCS	HP
Prescription Medications	HP	HP	HP	CCS	HP
Substance Abuse Treatment	HP	HP	HP	CCS	HP
Transportation	HP	HP	HP	CCS	HP
Specialized State Plan Behavioral Health Services					
Biopsychosocial Rehabilitation	n/a	HP	AMHD	CCS	n/a
Community Based Residential Programs	n/a	n/a	n/a	n/a	CAMHD
Crisis Management	n/a	HP	AMHD	CCS	CAMHD
Crisis Residential Services	n/a	CCS	AMHD	CCS	CAMHD
Hospital-based Residential Services	n/a	n/a	n/a	n/a	CAMHD
Intensive Case Management	n/a	HP	AMHD	CCS	CAMHD
Intensive Family Intervention	n/a	n/a	n/a	n/a	CAMHD
Intensive Outpatient Hospital Services	n/a	HP	AMHD	CCS	CAMHD
Therapeutic Living Supports and Therapeutic Foster Care Supports	n/a	HP	AMHD	CCS	CAMHD
Specialized 1115 Behavioral Health Services					
Clubhouse	n/a	HP	AMHD	CCS	n/a

Peer Specialist	n/a	HP	AMHD	CCS	n/a
Representative Payee	n/a	CCS	AMHD	CCS	n/a
Supportive Employment	n/a	CCS	AMHD	CCS	n/a
Supportive Housing	n/a	CCS	AMHD	CCS	n/a

Legend:

ABD	Aged, Blind, or Disabled
AMHD	Adult Mental Health Division in the Department of Health
HP	Health Plan
CAMHD	Child and Adolescent Mental Health Division in the Department of Health
CCS	Community Care Services program
SEBD	Support for Emotional and Behavioral Development
SMI	Severe Mental Illness
SPMI	Serious and Persistent Mental Illness

Addendum B. Details of Covered Behavioral Health Services

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
Payment methodology	N/A	Payment to health plans Capitation	Payment to DOH-AMHD Billed FFS to MQD	Payment to the Behavioral Health Organization Capitation/FFS	Payment to DOH-CAMHD Billed FFS to MQD
Standard Behavioral Health Services					
Acute psychiatric hospitalization	Hospitals licensed to provide psychiatric services	Twenty-four (24) hour care for acute psychiatric illnesses including: <ul style="list-style-type: none"> ○ Room and board ○ Nursing care ○ Medical supplies and equipment ○ Diagnostic services ○ Physician services ○ Other practitioner services as needed ○ Other medically necessary services ○ Pharmaceuticals ○ Rehabilitation services, as needed 	Provided by health plan	Twenty-four (24) hour care for acute psychiatric illnesses including: <ul style="list-style-type: none"> ○ Room and board ○ Nursing care ○ Medical supplies and equipment ○ Diagnostic services ○ Physician services ○ Other practitioner services, as needed ○ Other medically necessary services ○ Pharmaceuticals ○ Rehabilitation services, as needed 	Provided by health plan
Diagnostic/laboratory services	Laboratories	Diagnostic/laboratory services including: <ul style="list-style-type: none"> ○ Psychological testing ○ Screening for drug and alcohol problems ○ Other medically necessary diagnostic services 	Provided by health plan	Diagnostic/laboratory services including: <ul style="list-style-type: none"> ○ Psychological testing ○ Screening for drug and alcohol problems ○ Other medically necessary diagnostic services 	Provided by health plan
Electro-	Acute Psychiatric	ECT	Provided by health plan	ECT	Provided by health plan

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
convulsive Therapy (ECT)	Hospital Outpatient facility	<ul style="list-style-type: none"> ○ Medically necessary, may do more than one/day ○ Inclusive of anesthesia 		<ul style="list-style-type: none"> ○ Medically necessary, may do more than one/day ○ Inclusive of anesthesia 	
Evaluation and Management	Qualified licensed behavioral health professional: psychiatrists, psychologists, behavioral health advanced practice registered nurse (APRN) with prescriptive authority (APRN Rx), clinical social workers, mental health counselors, and marriage family therapists	Psychiatric or psychological evaluation Individual and group counseling and monitoring	Psychiatric or psychological evaluation for SMI/SPMI Individual and group counseling and monitoring for SMI/SPMI HP provides individual and group counseling and monitoring for non-SMI/SPMI	Psychiatric, psychological or neuropsychological evaluation for SMI/SPMI Individual and group counseling and monitoring for SMI/SPMI HP provides individual and group counseling and monitoring for non-SMI/SPMI	Psychiatric, psychological or neuropsychological evaluation for SEBD Individual and group counseling and monitoring for children requiring SEBD HP provides individual and group counseling and monitoring for all other children
Methadone Treatment	Methadone clinics	Methadone treatment services which include the provision of methadone or a suitable alternative (e.g. LAAM), as well as outpatient counseling services	Provided by health plan	Methadone treatment services which include the provision of methadone or a suitable alternative (e.g. LAAM), as well as outpatient counseling services	Provided by health plan
Prescription Medications	Providers licensed to prescribe (e.g. Psychiatrist and APRN Rx). Medications are dispensed by licensed pharmacies.	Prescribed drugs including medication management and patient counseling	Provided by health plan	Prescribed drugs including medication management and patient counseling	Provided by health plan

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
Substance Abuse Treatment	<p>Certified substance abuse counselors*</p> <p>Specialized residential treatment facilities</p> <p>Facilities licensed to perform substance abuse treatment</p>	<p>Substance Abuse – Residential:</p> <ul style="list-style-type: none"> ○ Medically necessary services based on American Society of Addiction Medicine (ASAM) <p>Substance Abuse – Out-patient:</p> <ul style="list-style-type: none"> ○ Screening ○ Treatment and treatment planning ○ Therapy/counseling ○ Therapeutic support & education ○ Homebound services ○ Continuous treatment teams ○ Other medically necessary ○ Screening for drugs and alcohol 	Provided by health plan	<p>Substance Abuse – Residential:</p> <ul style="list-style-type: none"> ○ Medically necessary services based on American Society of Addiction Medicine (ASAM) <p>Substance Abuse – Out-patient:</p> <ul style="list-style-type: none"> ○ Screening ○ Treatment and treatment planning ○ Therapy/counseling ○ Therapeutic support & education ○ Homebound services ○ Continuous treatment teams ○ Other medically necessary ○ Screening for drugs and alcohol 	Provided by health plan
Transportation	Approved transportation providers to include medical vans, taxi cabs, bus services, and handicap bus services.	<p>Transportation</p> <ul style="list-style-type: none"> ○ Air ○ Ground for medically necessary services 	Provided by health plan	<p>Transportation</p> <ul style="list-style-type: none"> ○ Air ○ Ground for medically necessary services 	Provided by health plan
Specialized Behavioral Health Services					
Biopsychosocial Rehabilitative Programs	<p>AMHD</p> <p>Qualified Mental Health Provider**</p>	Psychosocial Rehabilitative Programs	Psychosocial Rehabilitative Programs	Psychosocial Rehabilitative Programs	Not provided

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
Clubhouse*	AMHD	Beneficiaries participate in programs that support them in obtaining employment, education and housing.	Beneficiaries participate in programs that support them in obtaining employment, education and housing.	Beneficiaries participate in programs that support them in obtaining employment, education and housing.	Not provided
Community Based Residential Programs	Small homes certified to perform community based residential programs. Each home is staffed with several qualified mental health professionals.	Not provided	Not provided	Not provided	These programs provide twenty-four (24) hour integrated evidence-based services that address the behavioral and emotional problems related to sexual offending, aggression, or deviance, which prevent the youth from taking part in family and/or community life.
Crisis Management	Qualified Mental Health Provider**	Crisis Management Services <ul style="list-style-type: none"> ○ 24-hour crisis hotline ○ Mobile outreach services ○ Crisis intervention/stabilization services 	Crisis Management Services <ul style="list-style-type: none"> ○ 24-hour crisis hotline ○ Mobile outreach services ○ Crisis intervention/stabilization services 	Crisis Management Services <ul style="list-style-type: none"> ○ 24-hour crisis hotline ○ Mobile outreach services ○ Crisis intervention/stabilization services 	Crisis Management Services <ul style="list-style-type: none"> ○ 24-hour crisis hotline ○ Mobile outreach services ○ Crisis intervention/stabilization services
Crisis Residential Services	Qualified Mental Health Provider**	Not provided	Crisis Residential Services	Crisis Residential Services	Crisis Residential Services
Hospital based residential programs	Acute psychiatric hospital	Not provided	Not provided	Not provided	Hospital based residential treatment
Intensive Case Management	Qualified Mental Health Provider**	Care Coordination/Case Management	Intensive case management/ community based case	Care Coordination/Case Management	Intensive case management/ community based case

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
	Health plan	<ul style="list-style-type: none"> ○ Case assessment ○ Case planning (service planning, care planning) ○ Outreach ○ Ongoing monitoring and service coordination 	<p>management</p> <p>Targeted Case Management</p>	<ul style="list-style-type: none"> ○ Case assessment ○ Case planning (service planning, care planning) ○ Outreach ○ Ongoing monitoring and service coordination 	<p>management</p> <p>Targeted Case Management</p>
Intensive family intervention	Qualified licensed behavioral health professional: psychiatrists, psychologists, behavioral health advanced practice registered nurse (APRN) with prescriptive authority (APRN Rx), clinical social workers, mental health counselors, and marriage family therapists	Not provided	Not provided	Not provided	Intensive family intervention
Intensive Outpatient Hospital Services	<p>Acute psychiatric hospitals</p> <p>Qualified Mental Health Provider**</p>	<p>Intensive Outpatient Hospital Services</p> <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy 	<p>Intensive Outpatient Hospital Services</p> <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy 	<p>Intensive Outpatient Hospital Services:</p> <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy 	<p>Intensive Outpatient Hospital Services:</p> <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
		and aftercare ○ Other medically necessary services	and aftercare ○ Other medically necessary services	and aftercare ○ Other medically necessary services	and aftercare ○ Other medically necessary services
Peer Specialist*	Certified peer specialists	Structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community skills.	Structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community skills.	Structured activities within a peer support center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community skills.	Not provided
Representative Payee*	Qualified Mental Health Provider**	Not provided	Assist beneficiary in managing their financial status.	Assist beneficiary in managing their financial status.	Not provided
Supportive Employment*	Qualified Mental Health Provider**	Not provided	Activities to obtain and sustain paid work by beneficiaries.	Activities to obtain and sustain paid work by beneficiaries.	Not provided
Supportive Housing*	Qualified Mental Health Provider**	Not provided	Housing-based care management focused on ensuring housing stability.	Housing-based care management focused on ensuring housing stability.	Not provided
Therapeutic Living Supports and Therapeutic Foster Care Supports	Specialized residential treatment facility	Specialized residential treatment facilities	Specialized residential treatment facilities	Specialized residential treatment facilities	Therapeutic living and therapeutic foster care supports

Legend:

*	Approved waiver services
**	Medicaid provider that offers multiple behavioral health services in one organization in order to provide continuity for the participants in the behavioral health program. Qualified providers are licensed or certified as required by Hawaii Revised Statutes.

Addendum C: Eligibility Diagnoses for Specialized Behavioral Health Services

Support for Emotional and Behavioral Development

Eligible Diagnoses

- Demonstrates the presence of a primary DSM (most current edition) Axis I diagnosis for at least six (6) months or is expected to demonstrate the diagnosis for the next six (6) months. See excluded diagnoses in the next section.

*Excluded Diagnoses**

- Mental Retardation** (317, 318.0, 318.1, 318.2, 319)
- Pervasive Developmental Disorders** (299.0, 299.80, 299.10)
- Learning Disorders (315.0, 315.1, 315.2, 315.9)
- Motor Skills Disorders (315.3)
- Communication Disorders (315.31, 315.32, 315.39, 307.0, 307.9)
- Substance Abuse Disorders
- Mental Disorders Due to a General Medical Condition
- Delirium, Dementia, Amnestic, and other Cognitive Disorders
- Factitious Disorders
- Feeding Disorders of Infancy or Childhood
- Elimination Disorders
- Sexual Dysfunctions
- Sleep Disorders

* If a diagnosis listed above is the **ONLY** DSM (most current edition) diagnosis, the child/youth is ineligible for SEBD services. However, these diagnoses may and often do co-exist with other DSM diagnoses, which would not make the child/youth ineligible for SEBD services.

** Co-occurring diagnoses of Mental Retardation and Pervasive Developmental Disorders require close collaboration and coordination with State of Hawaii Department of Health (DOH) and State of Hawaii Department of Education (DOE) services. The health plan, with CAMHD, is responsible for coordinating these services. These diagnoses may be subject to a forty-five (45) day limit on hospital-based residential services, after which utilization review and coordination of services with DOE need to occur.

Severe Mental Illness/ Serious and Persistent Mental Illness

Eligible Diagnoses

- Schizophrenic Disorders (295.1X, 295.2X, 295.3X, 295.6X, 295.9X)
- Schizoaffective Disorders (295.70)

- Delusional Disorders (297.1)
- Mood Disorders- Bipolar Disorders (296.0, 296.4X, 296.5X, 296.6X, 296.7, 296.89)
- Mood Disorders- Depressive Disorders (296.24, 296.33, 296.34)
- Post-traumatic stress disorder
- Substance induced psychosis

Addendum D
SUPPLEMENT TO ATTACHMENT 3.1-A and 3.1-B

12d. Same as 6b

Limitations on prescription eyeglasses are as follows:

Trifocal lenses are covered only for those currently wearing these lenses satisfactorily and for specific job requirements.

Tinted or coated lenses are excluded except for persons with aphakia, albinism, glaucoma, etc. exclusive of photophobia not associated with such conditions.

Oversize lenses are excluded.

Bilateral plano glasses covered as safety glasses for persons with one remaining eye.

Individuals with presbyopia who require no or minimal distance correction shall be fitted with ready made half glasses instead of bifocal. Contact lenses for cosmetic purposes and blended bifocals are excluded.

13a. Certain categories of diagnostic procedures or out-of-state procedures require prior authorization.

13d. Rehabilitative services are subject to the limitations specified on these supplement pages for particular services, i.e., physical therapy, speech therapy, etc.

Community Mental Health Rehabilitative Services: Medicaid Rehab Option

The covered Community Mental Health Rehabilitative Services will be available to all Medicaid eligibles who are medically determined to need mental health and/or drug abuse/alcohol services. These services must be recommended by a physician or other licensed practitioner to promote the maximum reduction and/or restoration of a recipient to his/her best possible functional level relevant to their diagnosis of mental illness and/or abuse of drugs/alcohol.

Individuals who are mentally retarded (MR) or developmentally delayed (DD) are not eligible for these services, including MR/DD individuals who are in Home & Community Based Waiver programs.

These services are to be provided by the following qualified mental health professionals: licensed psychiatrist, licensed psychologist, licensed clinical social worker (CSW) with experience in behavioral health, licensed advance practical nurse (APRN) in behavioral health, or a licensed Marriage and Family Therapist (LMFT) with experience in behavioral health. Additionally, provider qualifications must be in

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compliance with requirements and standards of a national accreditation organization (JCAHO, CARF, COA).

The services are defined as follows:

1. **Crisis Management.** This service provides mobile assessment for individuals in an active state of crisis (24 hours per day, 7 days per week) and can occur in a variety of community settings including the consumer's home. Immediate response is required. Included in Crisis Management services are an assessment of risk, mental status, and medical stability, and immediate crisis resolution and de-escalation. If necessary, this may include referral to licensed psychiatrist, licensed psychologist, or to an inpatient acute care hospital. The presenting crisis situation may necessitate that the services be provided in the consumer's home or natural environment setting. Thus, crisis management services may be provided in the home, school, work environment or other community setting as well as in a health care setting. These services are provided through JCAHO, CARF, or COA accredited agencies. In addition, agencies must have staff that includes one or more qualified mental health professionals. If the services are provided by staff other than a qualified mental health professional, the staff must be supervised at a minimum by a qualified mental health professional.
2. **Crisis Residential Services.** Crisis Residential Services are short-term, interventions provided to individuals experiencing crisis to address the cause of the crisis and to avert or delay the need for acute psychiatric inpatient hospitalization or inpatient hospital based psychiatric care at levels of care below acute psychiatric inpatient. Crisis Residential Services are for individuals who are experiencing a period of acute stress that significantly impairs the capacity to cope with normal life circumstances. The program provides psychiatric services that address the psychiatric, psychological, and behavioral health needs of the individuals. Specific services are: psychiatric medical assessment, crisis stabilization and intervention, medication management and monitoring, individual, group and/or family counseling, and daily living skills training. Services are provided in a licensed residential program, licensed therapeutic group home or foster home setting. All crisis residential programs will have less than 16 beds. The services do not include payment for room and board. The staff providing crisis residential services must be qualified mental health professionals. If the services are provided by staff other than a qualified mental health professional, the staff must be supervised at a minimum by a qualified mental health professional.
3. **Biopsychosocial Rehabilitative Programs :** A therapeutic day rehabilitative social skill building service which allows individuals with serious mental illness to gain the necessary social and communication skills necessary to allow them to remain in or return to naturally occurring community programs.

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Services include group skill building activities that focus on the development of problem-solving techniques, social skills and medication education and symptom management. All services provided must be part of the individual's plan of care. The therapeutic value of the specific therapeutic recreational activities must be clearly described and justified in the plan of care. At a minimum the plan of care must define the goals/objectives for the individual, educate the individual about his/her mental illness, how to avoid complications and relapse, and provide opportunities for him/her to learn basic living skills and improve interpersonal skills. Services are provided by qualified mental health professionals or staff that are under the supervision of a qualified mental health professional. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of a national accreditation organization (JCAHO, CARF, COA).

4. **Intensive Family Intervention.** These are time limited intensive interventions intended to stabilize the living arrangement, promote reunification or prevent the utilization of out of home therapeutic resources (i.e. psychiatric hospital, therapeutic foster care, residential treatment facility) for children with serious emotional or behavioral disturbance or adults with serious mental illness. These services: 1) diffuse the current crisis, evaluate its nature and intervene to reduce the likelihood of a recurrence; 2) assess and monitor the service needs of the identified individual so that he/she can be safely maintained in the family; 3) ensure the clinical appropriateness of services provided; and 4) improve the individual's ability to care for self and the family's capacity to care for the individual. This service includes focused evaluations and assessments, crisis case management, behavior management, counseling, and other therapeutic rehabilitative mental health services toward improving the individual's ability to function in the family. Services are directed towards the identified individual within the family. Services can be provided in-home, school or other natural environment. Services are provided by a multidisciplinary team comprised of qualified mental health professionals. If the services are provided by staff other than that listed above, the staff must be supervised by one of the licensed disciplines noted above and at a minimum be a qualified mental health professional. Additionally, provider qualifications must be in compliance with requirements and standards of a national accreditation organization (JCAHO, CARF, COA).
5. **Therapeutic Living Supports and Therapeutic Foster Care Supports.** These are services covered in settings such as group living arrangements or therapeutic foster homes. Group living arrangements usually provide services for 3 to 6 individuals per home but not more than 15. Therapeutic foster homes provide services for a maximum of 15 individuals per home. Although these group living arrangements and therapeutic foster homes may provide 24 hour per day of residential care, only the therapeutic services provided are covered. There is no reimbursement of room and board charges. Covered

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Approval Date: MAY 15 2002

Effective Date: 07/01/01

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therapeutic supports are only available when the identified individual resides in a licensed group living arrangement or licensed therapeutic foster home. The identified individual must be either a child with serious emotional or behavioral disturbance or the adult with a serious mental illness. Services provided in therapeutic group homes and therapeutic foster homes include: supervision, monitoring and developing independence of activities of daily living and behavioral management, medication monitoring, counseling and training (individual, group, family), directed at the amelioration of functional and behavioral deficits and based on the individual's plan of care developed by a team of licensed and qualified mental health professionals. Services are provided in a licensed facility and are provided by a qualified mental health professional or staff under the supervision of a qualified mental health professional with 24-hour on-call coverage by a licensed psychiatrist or psychologist.

6. **Intensive outpatient hospital services.** These are outpatient hospital services for the purpose of providing stabilization of psychiatric impairments as well as enabling the individual to reside in the community or to return to the community from a more restrictive setting. Services are provided to an individual who is either a child with serious emotional or behavioral disturbance or an adult with a serious mental illness. In addition, the adult or child must meet at least two of the following criteria: 1) at high risk for acute inpatient hospitalization, homelessness or (for children) out-of-home placement because of their behavioral health condition; 2) exhibits inappropriate behavior that generates repeated encounters with mental health professionals, educational and social agencies, and/or the police; or 3) are unable to recognize personal danger, inappropriate social behavior, and recognize and control behavior that presents a danger to others. The goals of service are clearly identified in an individualized plan of care. The short term and long term goals and continuing care plan are established prior to admission through a comprehensive assessment of the consumer to include a severity-adjusted rating of each clinical issue and strength. Treatment is time-limited, ambulatory and active offering intensive, coordinated clinical services provided by a multi-disciplinary team. This service includes medication administration and a medication management plan. Services are available at least 20 hours per week. All services are provided by qualified mental health professionals, or by individuals under the supervision of a qualified mental health professional. Additionally, provider qualifications must be in compliance with requirements and standards of a national accreditation organization (JCAHO, CARF, COA). Registered nurses or licensed practical nurses must be available for nursing interventions and administration of medications. Licensed psychiatrists or psychologist must be actively involved in the development, monitoring, and modification of the plan of care. The services must be provided in the outpatient area or clinic of a licensed JCAHO certified hospital or other licensed facility that is Medicare certified for

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coverage of partial hospitalization/day treatment. These services are not provided to individuals in the inpatient hospital setting and do not include acute inpatient hospital stays.

7. **Assertive Community Treatment (ACT)**. This is an intensive community rehabilitation service for individuals who are either children with serious emotional or behavioral disturbance or adults with a serious mental illness. In addition, the adult or child must meet at least two of the following criteria: 1) at high risk for acute inpatient hospitalization, homelessness or (for children) out-of-home placement because of their behavioral health condition; 2) exhibits inappropriate behavior that generates repeated encounters with mental health professionals, educational and social agencies, and/or the police; or 3) is unable to recognize personal danger, inappropriate social behavior, and recognize and control behavior that presents a danger to others. The ACT rehabilitative treatment services are to restore and rehabilitate the individual to his/her maximum functional level. Treatment interventions include crisis management (crisis assessment, intervention and stabilization); individual restorative interventions for the development of interpersonal, community coping and independent living skills; services to assist the individual develop symptom monitoring and management skills; medication prescription, administration and monitoring medication and self medication; and treatment for substance abuse or other co-occurring disorders. Services include 24 hours a day, 7 days a week coverage, crisis stabilization, treatment, and counseling. Also, individuals included in ACT receive case management to assist them in obtaining needed medical and rehabilitative treatment services within their ACT treatment plan. Services can be provided to individuals in their home, work or other community settings. ACT services are provided by agencies whose staffs include one or more licensed qualified mental health professionals. If the services are provided by staff other than a licensed qualified mental health professional, the staff must be supervised by a licensed qualified mental health professional. Provider qualifications to provide these services are ensured by provider compliance with requirements and standards of a national accreditation organization (JCAHO, CARF, COA). Case management is an integral part of this service and reimbursement for case management as a separate service is not allowed. If biopsychosocial rehabilitation is part of the individual's plan of care under intensive case management, reimbursement for biopsychosocial rehabilitation as a separate service is not allowed.

13d. **Limitations continued**

The covered services are available only to Medicaid eligible recipients with a written plan of care developed with the participation of a licensed psychiatrist or psychologist. Services provided must be medically necessary. Prior approval is required.

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15a. Authorization by the department's medical consultant for the recommended level of
& care is required.

15b.

16. Psychiatric services for individuals under age 21.

Provides secure locked residential treatment consisting of highly structured daily programming, close supervision, educational services, and integrated service planning designed for severely emotionally/behaviorally disturbed to function in a less restrictive setting. Services include multi-disciplinary assessment of the child, skilled milieu of services by trained staff who are supervised by a licensed professional on a 24 hour per day basis, individual psychotherapy and/or counseling, individualized adjunctive therapies, and substance abuse education and counseling, as appropriate and as part of an interdisciplinary treatment plan. Services are required to be staff secure at all times. Hospital-based residential services are provided in a licensed inpatient facility serving individuals who are under the age of 21 and are provided by a qualified mental health professional. If the services are provided by staff other than that listed above, the staff must be supervised by a qualified mental health professional.

Services are not limited and must be authorized.

In communities where a psychiatric facility is not readily available, emergency inpatient psychiatric services may be provided for up to forty-eight hours at the closest licensed general hospital.

17. Limited to nurse midwives sponsored by a physician.

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Approval Date: MAY 15 2002 Effective Date: 07/01/01