

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Child First	H2022 HE; H2022 HE U1 (encounters)	CCA, Service Order, PCP, and CALOCUS	Initial 60 calendar days of treatment without a prior authorization to complete the comprehensive battery of assessments. Services provided after this initial 60 day “pass-through” period require authorization. This pass-through is available only once per fiscal year. Average length of stay is 9 months, Services may continue beyond 12 months with preapproval.	Medicaid
Family Centered Treatment	H2022 U5 U1 FCT H2022 U5 U2 FCT 3 Month Outcome H2022 U5 U3 FCT 6 Month Outcome	CCA, Service Order, PCP, and CALOCUS	<p>No prior authorization is required for the initial length of stay is six months. Any services delivered beyond six months require authorization.</p> <p>Eligibility for Outcome Payments dependent upon the following criteria:</p> <ul style="list-style-type: none"> • Enrolled in Family Centered Treatment for at least 60 days • No inpatient admissions • No residential Level II or higher from discharge (planned or unplanned), • No return to Family Centered Treatment, admission to Intensive In-Home or Multisystemic Treatment. 	Medicaid

Alternative and ILOS Services

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Family Navigator	T2041 U5	An assessment of needs that demonstrates medical necessity shall be completed prior to provision of this service. This service is episodic in nature to provide support navigation related to specific identified needs. This service is not intended to be ongoing. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be utilized as a part of the current comprehensive clinical assessment. Relevant diagnostic information shall be obtained and be included in the PCP. A support needs matrix or SIS evaluation is a sufficient assessment for this service.	Prior authorization is required Medicaid funded services may cover up to 60 days for the initial authorization. This service is limited to 40 units per month.	Medicaid
High Fidelity Wrap Around	H0032 U5	CCA, Service Order, CALOCUS and PCP. PCP must include High Fidelity Wraparound in the goals and interventions.	Due to the complex nature and urgency of admission, a Comprehensive Clinical Assessment or Addendum with documentation of meeting the entrance criteria is acceptable for initiation of services with the submission of the PCP within 30 days of initial authorization. Before any service can be billed to Medicaid a written CCA and service order for medical necessity must be in place.	Medicaid

Alternative and ILOS Services

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Community Living Facilities and Support (CLFS)	T2016 U5 U1-Level 1; T2016 U5 U2-Level 2; T2016 U5 U3-Level 3; T2016 U5 U4-Level 4; T2016 U5 U6-Level 5	Documentation of IDD Diagnosis, PCP, Snap/SIS Service Order (annually) and progress summary. Individualized Meaningful day schedule will be provided identifying the member's chosen meaningful day activities, demonstrating distinction from the residential component of CLFS, and reflecting the minimum of 6 hours per day/5 days per week required meaningful day. Updated PCP and progress summary at reauthorization.	Prior authorization is required, reauthorization every 6 months to ensure Level of Care eligibility.	Medicaid
Behavioral Health-Crisis Assessment and Intervention (BH-CAI)	T2016 U5 Tier III T2016 U6 Tier IV	BH-CAI provides assessments and evaluations in a Behavioral Health Urgent Care (BHUC) setting. BHUC settings must be able to provide certain services including Involuntary Commitment (IVC) First Evaluations, medical screenings, and clinical evaluations. Law enforcement is also on site to meet first responders for an IVC.	No prior authorization is required. Encounters are documented and reported per event with the clinical assessment by a licensed clinician. Without that component the service is not billable. Other core elements include a triage determination, crisis intervention and disposition planning. Minimally documentation must be in the form of a progress note detailing each of these four elements. For community discharges it is expected the consumer will receive a copy of the crisis plan and follow up instructions at the time of release.	Medicaid