

Alternative and ILOS Services

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Child First	H2022 TJ	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-HE FCT H2022-HE U1 FCT 3 Month Outcome H2022-HE U2 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

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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 HF	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

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Community Living Facilities and Supports	T2016 U1 U5-Level 1; T2016 U2 U5-Level 2; T2016 U3 U5-Level 3; T2016 U4 U5-Level 4; T2016 U5-Level 5	Documentation of IDD Diagnosis, PCP, Snap/SIS Service Order (annually) and progress summary. Updated PCP and progress summary at reauthorization.	Prior authorization is required, reauthorization every 6 months to ensure Level of Care eligibility.	Medicaid
Long Term Residential Rehabilitation	YA328	Documentation of TBI Diagnosis, Service Order, PCP.	Prior authorization is required.	State
Assertive Engagment	YA341	Minimum standard is a daily service note that includes the member's name, date of service, purpose of contact, duration of contact, and the signature and credentials of the person providing the service.	No prior authorization required. Service is limited to 8 hours per month per member. Maximum per day is 2 hours. Use of Assertive Engagement is limited to the following times: <ul style="list-style-type: none"> • First 30 days following the provision of a crisis service (mobile crisis, behavioral health crisis care in an emergency department) • First 30 days following hospital discharge (community-based hospital, state psychiatric hospital) • First 30 days following ADATC or a detox/facility based crisis service discharge 	