

Service	Level A Mild emotional, behavioral or adaptive limitations or sub-clinical V code ASAM: .5 or I Target Pop: CMSED	Level B Moderate emotional behavioral or adaptive limitations ASAM: II.I Target Pop: CMSED	Level C Severe emotional Behavioral or adaptive Limitations ASAM: II.5 Target Pop: CMSED, CMAJ	Level D Level C and an imminent danger to self or others. ASAM: >II.5 Target Pop: CMSED, CMAJ
Standard Services:				
Diagnostic Admission Exam	1 event per year	1 event per year	1 event per year	1 event per year
Specialized SA Evaluation	Authorize up to one event per year	Authorize up to 1 event per year	Authorize up to 1 event per year	Authorize up to 1 event per year
Diag. Interview Exam (Med. Eval.)	Authorize up to 1 evaluation per year	Authorize up to 1 evaluation per year	Authorize up to 1 evaluation per year	Authorize up to 1 evaluation per year
Medication Review/Mgmt.	Up to 12 events a year preauthorized	Up to 12 events per year preauthorized	Up to 12 events per year preauthorized	Up to 12 events per year preauthorized
Specialized Evaluation	Authorize up to 1 per	Authorize up to 1 per year	Authorized up to 1 per year	Authorize up to 1 per year

DRAFT 9-7-07
 REVISED 9-14-07
 REVISED 2-12-2009
 Revised 7/9/2009
 Revised 9/17/2009
 Revised 7/1/2010

	year			
Psychological testing	Only authorize with Specialist Review	Only authorize under Specialist Review	Only authorize under Specialist Review	Only authorize under Specialist Review
Outpatient Therapy - Group	60 units for 6 months.	60 units for 6 months.	60 units for six months. May reauthorize for additional 60 units with specialist review.	60 units for six months. May reauthorize for additional 60 units. Additional units require Specialist Review.
Outpatient – Individual/Family	Authorize up to 10 sessions for one year.	Authorize up to 10 sessions for one year.	Authorize up to 10 sessions for the year. May request an additional 40 units for the year with specialist review.	Authorize up to 10 sessions for the year. May request an additional 40 units for the year with specialist review.
Community Support		4 hours per month of case management only on a case by case basis. Authorization period of 60 days per authorization.	4 hours of case management per 30 days only on a case by case basis. Authorization period of 60 days per authorization.	4 hours of case management per 30 days only on a case by case basis. Authorization period of 60 days per authorization.
Multisystemic Therapy	X	X	Initial authorization for 30 days/12 contacts. Authorize for 2 additional 60 day time periods, additional reauthorization requires Specialist Review. Maximum number of units every three months is 480.	Initial authorization for 30 days/12 contacts. Authorize for 2 additional 60 day time periods, additional reauthorization requires Specialist Review. Maximum number of units every three months is 480.
Intensive In Home	X	Initial authorization for 30 days/18 contacts. Authorize 16 contacts for 2 additional 60 day time periods, additional reauthorization requires Specialist Review. Contacts of	Initial authorization for 30 days/18 contacts. Authorize 16 contacts for 2 additional 60 day time periods, additional reauthorization requires Specialist Review. Contacts of	Initial authorization for 30 days/18 contacts. Authorize 16 contacts for 2 additional 60 day time periods, additional reauthorization requires Specialist Review. Contacts of less than 2 hours duration can be billed at an hourly rate.

		less than 2 hours duration can be billed at an hourly rate.	less than 2 hours duration can be billed at an hourly rate.	
Respite YP 730	Initial authorization in crisis situation 7 days. Scheduled respite to be authorized as requested in PCP.	Initial authorization in crisis situation 7 days. Scheduled respite to be authorized as requested in PCP.	Initial authorization in crisis situation 7 days. Scheduled respite to be authorized as requested in PCP.	X
Respite YA 213	X	X	Initial authorization in crisis situation 7 days. Scheduled respite to be authorized as requested in PCP. (CMSED only)	Initial authorization in crisis situation 7 days. Scheduled respite to be authorized as requested in PCP. (CMSED only)
Residential Level II, III, and IV	X	30 events for 30 days. New requests subject to available funding and involvement of care coordination in treatment team.	30 events for 30 days. New requests subject to available funding and involvement of care coordination in treatment team.	30 events for 30 days. New requests subject to available funding and involvement of care coordination in treatment team.
Inpatient	X	Initial authorization for 4 days. Reauthorization for additional 3 days. Days 8-10 can only be authorized by Clinical director. No authorizations past day 10.	Initial authorization for 4 days. Reauthorization for additional 3 days. Days 8-10 can only be authorized by Clinical director. No authorizations past day 10.	Initial authorization for 4 days. Reauthorization for additional 3 days. Days 8-10 can only be authorized by Clinical Director. No authorizations past day 10.
Mobile Crisis	Preauthorized	Preauthorized	Preauthorized	Preauthorized
Crisis Homes	Initial authorization for 4 days by either Utilization	Initial authorization for 4 days by either Utilization Review or Crisis Provider.	Initial authorization for 4 days by either Utilization Review or Crisis Provider.	Initial authorization for 4 days by either Utilization Review or Crisis Provider.

	Review or Crisis Provider.			
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*** Note: Family treatment model is treatment of choice for children and individual sessions should only be utilized as a complement to the family treatment or in situations where family treatment is not feasible for legitimate reasons. In the latter cases, the rationale for providing individual treatment in place of family treatment must be available for the utilization review process.