

<b>Service</b>	<b>Level A</b> Axis I or II with Mild Limitation in Emotional, Behavioral and Adaptive Functioning  Target Pop: AMI	<b>Level B</b> Axis I or co-morbidity Axis I & II or III and a Moderate Emotional, Behavioral or Adaptive Functioning & Treatment History  Target Pop: AMI	<b>Level C</b> Axis I or II and III &/or co-morbidity. Severe Emotional, Behavioral or Adaptive Functioning  Target Pop: AMI	<b>Level D</b> Axis I or co-morbidity Axis I & II or III and an Imminent Danger to Self or Others OR and inability to attend to basic needs  Target Pop: AMI
<b>Standard Services:</b>				
Diagnostic Assessment	1 event per year	1 event per year	1 event per year	1 event per year
Medication Evaluation	1 evaluation per year	1 evaluation per year	1 evaluation per year	1 evaluation per year
Medication Management	12 events a year - preauthorized	12 events a year - preauthorized	12 events a year - preauthorized	12 events a year - preauthorized
Specialized Evaluation	Authorize up to 1 event a year	Authorize up to 1 event a year	Authorize up to 1 event a year	Authorize up to 1 event a year
Psychological Testing	Authorize only by Specialist Review	Authorize only by Specialist Review	Authorize only by Specialist Review	Authorize only by Specialist Review
Residential Services	X	X	4 month authorization period	4 month authorization period
Community Support Team	X	X	Initial authorization for 30 days/16 hours. Reauthorize for 60 days 16 hours/month. Thereafter 8 hours/month. Maximum of 32 units in a 24 hr. period, unless specialist review. After 1 <sup>st</sup> reauthorization, provider must submit evidence of application for Medicaid prior to any	Initial authorization for 30 days/16 hours. Reauthorize for 60 days 16 hours/month. Thereafter 8 hours/month. Maximum of 32 units in a 24 hour period, unless specialist review. After 1 <sup>st</sup> reauthorization, provider must submit evidence of application for Medicaid prior

			further reauthorizations. Provider must also submit a step-down plan (PCP) after the first 90 days. Can authorize up to 16 units while in a psychiatric inpatient facility with Specialist Review.	to any further reauthorizations. Provider must also submit a step-down plan (PCP) after the first 90 days. Can authorize up to 16 units while in a psychiatric inpatient facility 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 per month of case management only on a case by case basis. Authorization period of 60 days per authorization.	4 hours per month of case management only on a case by case basis. Authorization period of 60 days per authorization.
Outpatient - Group	60 units for 6 months.	60 units for 6 months.	60 units for 6 months. May reauthorize for additional 60 units with specialist review.	60 units for 6 months. May reauthorize for additional 60 units. Additional units require Specialist Review.
Outpatient –Individual/family	8 sessions for the fiscal year.	8 sessions for the fiscal year.	8 sessions for the fiscal year. May reauthorize for additional 8 sessions with specialist review.	8 sessions for the fiscal year. May reauthorize for additional 8 sessions. Additional sessions require Specialist Review.
Assertive Community Treatment Team	X	X	Authorize 4 units for 30 days. Reauthorize every 30 days at same level. May not be provided with any other periodic service.	Authorize 4 units for 30 days. Reauthorize every 30 days at same level. May not be provided with any other periodic service.
Psychosocial Rehabilitation	X	Authorize every 4 months up to 3 days per week.	Authorize every 4 months up to 3 days per week.	Authorize every 4 months up to 3 days per week.
Supported Employment Individual and Group	X	Authorization for up to 5 days/week 6 hours/day for 4 months.	Authorization for up to 5 days/week 6 hours/day for 4 months.	X

Mobile Crisis	Preauthorized	Preauthorized	Preauthorized	Preauthorized
Facility Based Crisis	Authorized by Crisis Provider for up to 3 days (if a weekend). Initial authorization for 4 days. Utilization Review reauthorize for up to 7 total days.	Authorized by Crisis Provider for up to 3 days (if a weekend). Initial authorization for 4 days. Utilization Review reauthorize for up to 7 total days.	Authorized by Crisis Provider for up to 3 days (if a weekend). Initial authorization for 4 days. Utilization Review reauthorize for up to 7 total days.	Authorized by Crisis Provider for up to 3 days (if a weekend). Initial authorization for 4 days. Utilization Review reauthorize for up to 7 total days. .
Inpatient	X	Initial authorization for 4 days. Reauthorization for 3 additional days. Days 8-10 can only be authorized by Clinical Director. No authorizations past day 10.	Initial authorization for 4 days. Reauthorization for 3 additional days. Days 8-10 can only be authorized by Clinical Director. No authorizations past day 10.	Initial authorization for 4 days. Reauthorization for 3 additional days. Days 8-10 can only be authorized by Clinical director. No authorizations past day 10.