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**KEPRO UTILIZATION  
MANAGEMENT GUIDELINES  
West Virginia  
OUT OF STATE PROVIDER  
SERVICES  
Version 2.0**

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KEPRO - West Virginia

# Service Utilization Management Guidelines

## Out-of-State Provider Services

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# Utilization Management Guidelines

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## Out-of-State Provider Services

### **KEPRO**

#### West Virginia Medicaid/Bureau for Children and Families ASO

These Utilization and Service Guidelines are organized to provide an overview of the services provided to West Virginia children and youth by out-of-state residential providers and reviewed by KEPRO. The Children's residential services definitions and utilization guidelines include the same requirements as comparable in-state Medicaid Rehabilitation services provided by licensed behavioral health providers. The applicable services for non-treatment services are included from the Utilization Management Guidelines developed for Socially Necessary Services and can be found in the Foster Care section of these guidelines. Notice that each service listing provides a definition, service tier, program option, initial authorization limits, increments of re-authorization, and service exclusions. In addition, the service listing provides member-specific criteria, which discusses the conditions for admission, continuing stay, discharge, clinical exclusions, and basic documentation requirements. The elements of these service listings will be the basis for utilization reviews and management by KEPRO.

KEPRO has developed the guidelines from the current Medicaid Clinic Option, Rehabilitation Option, and Targeted Case Management Service Codes, including the assignment of standard codes for each procedure and the Socially Necessary Services Guidelines promulgated by the Bureau for Children and Families. Admission and continuing stay criteria for these services are developed based upon the intensity of the service in question. Members are served best when services are tailored to individual needs and are provided in the least restrictive setting. The services provided by out-of-state providers require the submission of the full KEPRO CareConnection® data set (Tier 3 data set).

Services requiring completion of the West Virginia KEPRO CareConnection® include review of inpatient and Psychiatric Residential Treatment Facilities (PRTF) services, non-clinical alternative residential services and children's residential services. Prior authorizations are required for these services. To request an authorization, the service provider submits the appropriate required information to KEPRO. The provider will be notified if the request is approved, if additional information is needed to make the decision, and/or what alternative

services may be recommended. In the event the member needs service beyond the initial authorized units, the provider will submit another prior authorization request for the service (continued stay).

The provider will submit a prior authorization request before all the service has expired. After making a request for authorization, the decision will be transmitted to the provider to allow continued service provision and billing, or KEPRO will communicate with the provider to resolve the request.

The information submitted at Tier 3 of the West Virginia CareConnection® provides a clinically relevant summary but alone is not always sufficient documentation of medical necessity and/or service need (socially necessary services). KEPRO strives to assist the provider in developing an appropriate plan of care for each member. Typically, the vast majority of discrepancies between the request for service and final authorization are resolved through discussion and mutual agreement. In the event that a member truly does not have a demonstrated behavioral health (or ID/DD) diagnosis or a treatment service need that meets the guidelines for care, and an agreement cannot be reached for another service that better meets the need, the request will be denied. In this event, it is the provider's responsibility to share the denial with the member and their support system so that alternative arrangements may be made.

For Child Residential Services the provider must ensure that medical necessity is met and that proper documentation is maintained. These services are subject to retrospective review by KEPRO. Prior authorization approval does not guarantee payment for services. Prior authorization is an initial determination that medical necessity requirements are met for the requested service. The state of West Virginia uses the following definition of medical necessity:

“services and supplies that are (1) appropriate and necessary for the symptoms, diagnosis or treatment of an illness; (2) provided for the diagnosis or direct care of an illness; (3) within the standards of good practice; (4) not primarily for the convenience of the plan member or provider; and (5) the most appropriate level of care that can be safely provided.”

The West Virginia Medicaid Rehabilitation Services Manual more clearly defines the services and criteria utilized to meet parts (1) and (2) of the definition above. In determining the appropriateness and necessity of services under the Rehabilitation Options for the treatment of specific individuals, the diagnosis, level of functioning, clinical symptoms and stability, and available support system are evaluated. This is the current role of the ASO: to devise clinical rules and review processes that evaluate these characteristics of individuals and ensure that Rehabilitation services requested are medically necessary. The Utilization Management Guidelines published by KEPRO serve to outline the requirements for diagnosis, level of functional impairment and clinical symptoms of individuals

who require the service. Level of available support is evaluated based on treatment history, and the level of assistance required for the member to perform activities of daily living. Additionally, the UM guidelines outline standards of good clinical practice.

Part (4) of the definition, in the context of the Rehabilitation Options, relates to services requested by the member (or their guardian) that may be helpful but are not medically necessary, as well as to alternative and complementary services not addressed in the manuals. This portion of the definition prohibits the utilization of treatment codes to provide service that meets a member need but does not meet the medical necessity criteria. Prior authorization review will utilize these guidelines as well as specific clinical requirements for the specific service(s) requested.

Part (5) of the definition which refers to the “most appropriate level of care that can be safely provided”, in the context of service delivery under the Rehabilitation Option, relates to the least restrictive service acceptable to meet the member’s needs while ensuring that the member does not represent a direct danger to himself or others in the community.

Socially Necessary services are designed to complement medically necessary services and/or meet member needs not covered under medical necessity. While medically necessary behavioral health services are based on diagnosis, symptoms, functioning and level of support, socially necessary services are based upon the level of involvement with the Bureau for Children and Families needed to establish safety, permanency and well being.

While the information submitted on the West Virginia CareConnection® is a clinically relevant summary, it alone is not sufficient documentation of medical necessity. For this reason, KEPRO care managers may request additional information to make prior authorization decisions for members who do not clearly meet the UM guidelines for the service or do not clearly meet medical or social necessity requirements. The assessment, treatment plan, additional service plans, and documentation of services all serve to document the appropriateness and medical and social necessity of services provided to a member.

Retrospective reviews may determine that services as planned and documented do not meet the criteria requirements for the specific service. Through internal utilization management processes, providers need to ensure that documentation is complete and consistent throughout the clinical record.

The purpose of the utilization review and management system is to assure that the “rights” as listed above are in place for each member and to assure consistency in level and duration of treatment and support among service providers.

## KEPRO West Virginia Medicaid ASO Definitions

### ***Behavioral Health Rehabilitation Services:***

Includes the medical and remedial services included in the Rehabilitation Option, recommended by a physician or licensed psychologist, for the purpose of reducing physical or mental disability and restoration of a recipient to his/her best functional level.

- A. All services are subject to a determination of medical/clinical necessity. The following four factors will be included as part of this determination:
  1. Diagnosis
  2. Level of functioning
  3. Evidence of clinical stability
  4. Available support system
- B. Consideration of the above factors in the treatment planning process will be documented and re-evaluated at regular treatment plan reviews.
- C. When required, diagnostic and standardized instruments used to measure functioning which are approved by the Bureau for Medical Services, will be administered at the initial evaluation and, as necessary, to represent the clinical condition of the member.
- D. The results of above measures will be included as part of the clinical record and serve as a part of the required documentation of service needs and justification for the levels and type of services requested and provided.

### ***Socially Necessary Services:***

Services that target children/youth involved with the West Virginia Department of Health and Human Resources, Bureau for Children and Families (BCF) through Child Protective Services (CPS) or Youth Services (YS). Socially Necessary services are based on the level of service needed to establish safety, permanency and well being. The services are available on five levels of intensity: family support, family preservation, foster care (which includes those services provided by out-of-state providers), reunification and adoption preservation.

### **Member:**

- A. One who is determined Medicaid eligible for Behavioral Health Rehabilitation Services designated for all individuals with conditions associated with mental illness, substance abuse and/or drug dependence. **–or–**
- B. One who is eligible for the Behavioral Health Clinic Services receiving professional services at an organized medical facility, or distinct part of such a facility, neither of which is providing the member with room and board and professional services on a continuous 24 hour-a-day basis. **- and/or-**
- C. One who is eligible for Targeted Case Management Services:

1. Children with mental illness
  2. Adults with mental illness
  3. Children with substance-related disorders
  4. Adults with substance-related disorders
  5. Children who qualify for early intervention
  6. Children with mental retardation/developmental disabilities
  7. Adults with mental retardation/developmental disabilities **–and–**
- D. One who is approved for specific Clinic, Rehabilitation, and/or Targeted Case Management Services based on the following eligibility for specific service levels.

**Service Tier General Criteria:**

**Tier 1/Registration Services:**

- ❖ All Medicaid members with a known or suspected behavioral health disorder.
- ❖ Brief, low intensity outpatient services are required to treat the identified behavioral health condition, with the purpose of reducing symptoms and/or returning the individual to his/her previous level of functioning.

**Tier 2 Services:**

- ❖ Members who meet the following criteria:
  1. Member requires continued services 1-2 times a week or less.
  2. Symptoms are mild to moderate.
  3. Member manages tasks of community living with moderate to no support.
  4. Member has a severe and persistent behavioral health disorder requiring low intensity outpatient care.

**Tier 3 Services:**

- ❖ Members who meet the following criteria:
  1. Member requires services 3-5 days per week
  2. Symptoms are moderate to severe
  3. Member requires direct assistance to manage tasks of community living
  4. Member has a severe and persistent behavioral health disorder (MH or SA) which requires Intensive Services and in which the individual displays a high level of symptoms and a low level of functioning. The required services are often residential in nature and the withdrawal of these services may result in hospitalization or institutionalization.

**NOTE: All services included in this manual require Tier 3 data submission.**

## HOO19 U1 RESIDENTIAL CHILDREN'S SERVICE- LEVEL I

**Definition:** Criteria for admission require a multidisciplinary assessment of the social, communication, psychological, and daily living skills domains indicating their relevance for a plan of treatment. The treatment must be under the direction of a physician or licensed psychologist.

Children in need of this level of service display impaired abilities in the social, communication, or daily living skills domains.

This service is a structured group residential setting targeting youth with a confirmed DSM/ICD diagnosis that manifests itself in the form of moderate to severe adjustment difficulties in school, home and/or community.

This service offers assessment, treatment planning services, crisis intervention, clinical evaluation, case management, supportive counseling (individual and group), and basic living skills.

Must operate 24 hours a day, 365 days a year.

This service can be offered in conjunction with EPSDT Services.

<b>Service Tier</b>	3
<b>Target Population</b>	MH, SA, C
<b>Initial Authorization</b>	92 days/92 Units Unit = 1 Calendar Day
<b>Re-Authorization</b>	30 days/30 Units, 30 days/ 30 units
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. The child's age range is from eight (8) years of age up to but not including eighteen (18) years of age. EXCEPTION: When there is clinical justification noted in the member's case record documenting the need for the service either prior to the age of 8 or beyond the age of 18. A youth who remains in DHHR custody may be served up to the age of 21, <b>-or-</b></li> <li>2. The provider has a written contract specifying the residential children services,</li> <li>3. A behavioral health diagnosis that meets medical necessity for Level I Residential Children's Service, <b>-and-</b></li> <li>4. The child demonstrates low to moderate symptoms or functional impairment which interfere with age appropriate adaptive and psychological functioning and social problem solving that prohibit a relationship with a family, or whose family situation and functioning are such that the child cannot accept family ties or</li> </ol>



	<p>establish relationships in a less restrictive setting, <b>-and-</b></p> <ol style="list-style-type: none"> <li>5. The child's symptoms and functional impairment are such that the treatment needs are best met in a community-based structured setting where the client can remain involved in the community, school, and recreational activities, and cannot be successfully provided in a less intensive level of care, <b>-and-</b></li> <li>6. The child will have a CAFAS score indicating a level of functioning in the mild to moderate range, which indicates that this is an appropriate level of service, and a more appropriate living arrangement is not available, <b>-and-</b></li> <li>7. Admission is not used solely for providing special education, housing, and supervision or meeting other needs that are not medically necessary, <b>-or-</b></li> <li>8. The child is in need of a "step down" from a more restrictive level of care as part of a transitional discharge plan.</li> </ol>
<p><b>Continuing Stay Criteria</b></p>	<ol style="list-style-type: none"> <li>1. The child's age range is eight (8) years of age up to the age of 18 or to 21 if youth is in DHHR custody (or the provider has a specific contract to provide services for children below the age of eight (8) or above the age of eighteen (18) or has received a waiver to serve a child who does not meet the age requirements) <b>-and-</b></li> <li>2. The continued stay is not used solely for providing special education, housing, supervision, or meeting other needs that are not medically necessary <b>-and-</b></li> <li>3. The child continues to exhibit symptoms and/or functional impairment such that treatment needs are best met in community-based setting where the child can remain involved in the community school and recreational activities. <b>-or-</b></li> <li>4. The child has not completed the goals and objectives of the treatment plan which are critical to warrant transition to a less intensive level of service. <b>-or-</b></li> <li>5. The child has not demonstrated any progress toward treatment goals, but the treatment plan has been modified to introduce further evaluation in order to clarify the nature of</li> </ol>

	<p>identified problems and/or new therapeutic interventions have been initiated. <b>-or-</b></p> <p>6. The child demonstrates new symptoms or functional impairment in adaptive and/or psychological functioning, and/or psychological functioning and problem solving, which met the criteria for admission; <b>-or-</b></p> <p>7. The child's symptoms have diminished and functional impairment has improved, but there are continuing symptoms and functional impairment in the child's adaptive and or psychological functioning or social problem solving, and/or due to significant disruptions in the biological or adoptive family interactions. <b>-or-</b></p> <p>8. The child demonstrates an inability to sustain gains without the therapeutic service provided by the residential Children's Service-Level 1 program.</p>
<p><b>Discharge Criteria</b></p>	<p>1. The child has attained the age of eighteen (18) years of age (or 21 years of age if he remains in State custody).</p> <p>2. The child or family has attained goals as identified in the treatment plan or symptoms have abated to the point where the child may be served in a less intensive treatment service.</p> <p>3. The child demonstrates functional impairment and symptoms, which cannot be treated safely or effectively at this level of treatment, and the child requires a higher level of care.</p> <p>4. The child has been on runaway status/away from supervision for a period of 5 days or more.</p> <p>5. The child has refused treatment against medical advice for a period of five (5) days or more.</p> <p>6. Care appears to be custodial.</p>
<p><b>Service Exclusions</b></p>	<p>1. H0031 Mental Health Assessment by non-physician</p> <p>2. H0032 Mental Health Service Plan Development by a non-physician</p> <p>3. T1017 Targeted Case Management</p> <p>4. H0004 Supportive Individual Counseling</p> <p>5. H0004 HQ Supportive Group Counseling</p> <p>6. H2014 HN U4; H2014 HN U1; H2014 U4; H2014 H1 Skills Training and Development</p> <p>7. 2012 Day Treatment</p> <p>8. H2019 Therapeutic Behavioral Services Implementation (if there is a Therapeutic</p>

	Behavioral Services Plan prepared by a qualified Behavioral Management Specialist and authorized by KEPRO)
<b>Clinical Exclusions</b>	<ol style="list-style-type: none"> <li>1. Clearly documented evidence that the child is exhibiting an acute psychiatric episode.</li> <li>2. Severity of child's issues precludes provision of services in this level of care.</li> <li>3. The child can effectively and safely be treated at a lower level of care.</li> </ol>
<b>Documentation</b>	<ol style="list-style-type: none"> <li>1. There must be a permanent clinical record maintained in a manner consistent with applicable licensing regulations and agency record keeping policies. <ol style="list-style-type: none"> <li>1. The member's record must contain a Behavior Health Clinic/Rehabilitation Services Authorization for Services form signed by a physician or psychologist and indicating the need for Level I Children's Residential Services, results of the evaluation which establishes medical necessity for the level of service, and the member's individualized treatment plan. If an Initial Service Plan is created on day of intake, then a 72 Hour Authorization for Services Form is not required.</li> </ol> </li> <li>3. Documentation must also include: <ol style="list-style-type: none"> <li>a. behavioral observations of the child</li> <li>b. identification of the service components provided</li> <li>c. record of the child's program participation including specific times of program participation</li> <li>d. medication administration records</li> </ol> </li> </ol>

**Additional Service Criteria:** The child must be receiving medically necessary services as indicated by an Individualized Treatment Plan and the program must include the following elements:

1. Within 30 days of admission and every 90 days thereafter, continued interdisciplinary, individualized treatment planning based on multidisciplinary assessments designed to restore an acceptable level of adaptive and or psychological functioning and problem solving.
2. The child is receiving continued appropriate and timely evaluation of treatment needs, goals, and impediments; aftercare treatment needs; and active disposition planning.
3. The child is receiving continued multidisciplinary assessment of the social, physiological/biological, and developmental/cognitive processes and evaluation indicating their relevance for a plan of treatment.
4. The child is receiving skilled therapeutic milieu services provided by trained staff and supervised by licensed professional staff.
5. A licensed professional, having at least a Bachelor's degree in a human services field

and a minimum of one year of experience serving children and/or families, will provide the child with case management services. All other treatment services are provided by staff who meet licensing/credentialing standards for the specific service as defined in Chapters 300 and 500 of the Rehabilitation Service Manual.

6. The family system is receiving continued assessment and evaluation relevant to aftercare needs, services, and disposition planning.
7. Services that may be provided and billed separately:
  - a. H0004 HO Behavioral Health Counseling, Professional, Individual
  - b. H0004 HO HQ Behavioral Health Counseling, Professional, Group
  - c. H2019 HO Therapeutic Behavioral Services- Development
  - d. G9008 Physician Coordinated Care Oversight Services
  - e. H0032 AH Mental Health Service Planning by non-Physician (Psychologist)
  - f. 96100 Comprehensive evaluation by a Psychologist
  - g. 90801 Psychiatric diagnostic Interview Examination
  - h. 90862 Pharmacological Management
  - i. H2010 Mental Health Comprehensive Medication Services
  - j. T1023 Screening by Licensed Psychologist
  - k. H2011 Crisis Intervention

### **PROGRAM SERVICE ELEMENTS (All elements will always be met)**

A licensed professional, having at least a Bachelor's degree in a human services field and two years' experience serving children or families, will recommend the need for services to the physician or licensed psychologist who is to evaluate and to certify whether the youth meets the medical necessity criteria for this level of service.

A licensed professional having at least a Master's degree in a human services field and two years post graduate experience serving children or families, will provide clinical supervision to staff, and will review and sign off on all documentation of treatment, as necessary.

Provide appropriate and timely evaluation of: treatment needs, goals, and strengths; aftercare needs; and, active disposition planning. The interdisciplinary team establishes clearly defined treatment issues and measurable objectives. The treatment plan must, at a minimum, meet OHFLAC licensing standards.

All components of Residential Children's Service-Level I must be available on a 24-hour basis.

Focus of treatment is on the client's resources and strengths.

## H0019 U2 RESIDENTIAL CHILDREN'S SERVICE – LEVEL II

**Definition:** Criteria for admission require assessment and treatment of the family system, educational services, and a multidisciplinary assessment of the social, psychological, developmental/cognitive processes, and evaluations indicating their relevance for a plan of treatment. The treatment must be under the direction of a physician or licensed psychologist with experience in the treatment of children and adolescents.

Children served at this level are characterized by persistent patterns of disruptive behavior and exhibit disturbances in age-appropriate adaptive functioning and social problem-solving. Disturbance in psychological functioning is common and may then present some risk of causing harm to self or others.

This service is a structured group residential setting targeting youth with a confirmed DSM/ICD Diagnosis that manifests itself in the form of moderate to severe adjustment difficulties in school, home, and/or community.

This service offers assessment, treatment planning services, crisis intervention, clinical evaluation, case management, supportive counseling, basic living skills, individual, group and family psychotherapy, and behavior management services.

Must operate 24 hours a day, 365 days a year.

This service can be offered in conjunction with EPSDT Services.

<b>Service Tier</b>	3
<b>Target Population</b>	MH, SA, C
<b>Medicaid Option</b>	Out of State Providers
<b>Initial Authorization</b>	92 days/92 Units Unit = 1 calendar day
<b>Re-Authorization</b>	30 days/30 Units, 30 days/ 30 units
<b>Admission Criteria Elements (1-7 will always be met)</b>	<ol style="list-style-type: none"> <li>1. The child's age range is from eight (8) years of age up to but not including eighteen (18) years of up the age or 21, if the youth remains in DHHR custody or the provider has a written contract specifying that services can be provided for children under the age of 8 or over the age 18 or the provider has received a waiver to serve a child who does not meet the age requirements) <b>-and-</b></li> <li>2. A behavioral health diagnosis that meets medical necessity for Level II Residential Children's Services, <b>-and-</b></li> <li>3. The child demonstrates moderate to severe symptoms or functional impairments which interfere with age-appropriate adaptive and psychological functioning and social problem</li> </ol>

	<p>solving that prohibit a relationship with a family, or whose family situation and functioning level are such that the child can not accept family ties or establish relationships in a less restrictive setting, <b>-and-</b></p> <ol style="list-style-type: none"> <li>4. The child's symptoms or functional impairment are such that treatment can not be successfully provided in a less intensive level of care, <b>-and-</b></li> <li>5. The child's symptoms or functional impairments have existed for duration of six (6) months or longer, and are part of an established <u>and persistent</u> pattern of disruptive behavior at home, in school, or in the community, <b>-and-</b></li> <li>6. The child will have a CAFAS score indicating moderate to severe functional impairment and this is the appropriate level of service7. Admission is not used solely for providing special education, housing, supervision, or meeting other needs that are not medically necessary.</li> </ol>
<p><b>Continuing Criteria</b>                      <b>Stay</b></p>	<ol style="list-style-type: none"> <li>1. The child's age range is eight (8) years of age up to the age of 18 or up to the age of 21 for individuals who remain in DHHR custody or the provider has a specific contract to provide services for children below the age of eight (8) or above the age of eighteen (18) or the provider has received a waiver to serve a child who does not meet the age requirements, <b>-and-</b></li> <li>2. Continuing Stay is not used solely for providing special education, housing, supervision, or meeting other needs that are not medically necessary, <b>-and-</b></li> <li>3. The child continues to exhibit symptoms and functional impairments such that treatment goals have not been reached and a less intensive level of care would not adequately meet the child's needs, <b>-or-</b></li> <li>4. The child has not completed the goals and objectives of the treatment plan which are critical to warrant transition to a less intensive level of service, <b>-or-</b></li> <li>5. The child has not demonstrated any progress toward treatment goals, but the treatment plan has been modified to introduce further</li> </ol>

	<p>evaluation in order to clarify the nature of identified problems and/or new therapeutic interventions have been initiated, <b>-or-</b></p> <p>6. The child demonstrates new symptoms and functional impairments in adaptive and/or psychological functioning, and/or psychological functioning and problem solving, which meet the criteria for admission, <b>-or-</b></p> <p>7. The child's symptoms and functional impairments have diminished, but there are continuing symptoms and functional impairments in the child's adaptive and/or psychological functioning or social problem-solving, and/or due to significant disruptions in the biological or adoptive family interactions, <b>-or-</b></p> <p>8. The child demonstrates an inability to sustain gains without the therapeutic services provided by the Residential Children's Service – Level II program.</p>
<p><b>Discharge Criteria</b></p>	<p>1. The child has attained the age of eighteen (18) years of age or age 21 if the individual remains in DHHR custody or the provider has a specific contract to provide services for children below the age of eight (8) or above the age of eighteen (18) or the provider has received a waiver to serve a child who does not meet the age requirements).</p> <p>2. The child or family has attained goals as identified in the treatment plan, or symptoms and functional impairments have abated to the point where the child may be served in a less intensive treatment service.</p> <p>3. The child demonstrated symptoms and functional impairments, that cannot be treated safely or effectively at this level of treatment, and the child requires a higher level of care.</p> <p>4. The child has been on runaway status/away from supervision for a period of five (5) days or more.</p> <p>5. The child has refused treatment against medical advice for a period of five (5) days or more.</p> <p>6. Care appears to be custodial.</p>
<p><b>Service Exclusions</b></p>	<p>1. H0031 Mental Health Assessment by a non-physician</p>

	<ol style="list-style-type: none"> <li>2. T1023 Screening by Licensed Psychologist</li> <li>3. H0032 AH Mental Health Service Plan Development by a non-physician (Psychologist)</li> <li>4. H0032 Mental Health Service Plan Development by a non-physician</li> <li>5. H0004 Behavioral Health Counseling, Supportive, Individual</li> <li>6. H0004 HQ Behavioral Health Counseling, Supportive, Group</li> <li>7. H2014 HN U4; H2014 HN U1; H2014 U4; H2014 U1 Skills Training and Development</li> <li>8. H2012 Day Treatment</li> <li>9. H2011 Crisis Intervention</li> <li>10. H0004 HO Behavioral Health Counseling, Professional, Individual</li> <li>11. H0004 HO HQ Behavioral Health Counseling, Professional, Group</li> <li>12. H2019 HO Therapeutic Behavioral Services Development</li> <li>13. H2019 Therapeutic Behavioral Services Implementation</li> <li>14. T1017 Targeted Case Management</li> </ol>
<p><b>Clinical Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Clearly documented evidence that the child is exhibiting an acute psychiatric episode.</li> <li>2. Severity of child's issues precludes provision of services in this level of care.</li> <li>3. The child can effectively and safely be treated at a lower level of care.</li> </ol>



<p><b>Documentation</b></p>	<ol style="list-style-type: none"> <li>1. There must always be a permanent clinical record-maintained in a manner consistent with applicable licensing regulations and agency record keeping policies.</li> <li>1. The member's record must contain a Behavior Health Clinic/Rehabilitation Services Authorization for Services form signed by a physician or psychologist and indicating the need for Level II Children's Residential Services, results of the evaluation that establishes medical necessity for the level of service, and the member's individualized treatment plan. If an Initial Service Plan is created on day of intake, then a 72 Hour Authorization for Services Form is not required.</li> <li>2. Documentation must also include: <ol style="list-style-type: none"> <li>a. Behavioral observations of the youth</li> <li>b. Identification/documentation of the service components provided</li> <li>c. Record of the child's program participation including specific times of program participation</li> <li>d. Medication Administration Records</li> </ol> </li> </ol>
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**Additional Service Criteria:** The child must be receiving medically necessary services as indicated by an Individualized Treatment Plan and the program must include the following elements:

1. Within 30 days of admission and every 90 days thereafter, continued an individualized interdisciplinary, treatment plan based on member specific assessments, multidisciplinary assessments designed to restore an acceptable level of adaptive and/or psychological functioning and problem solving.
2. The child is receiving continued appropriate and timely evaluation of: treatment needs, goals, and impediments; aftercare treatment needs; and, active disposition planning. The treatment plan must, at a minimum, meet OHFLAC licensing standards.
3. The child is receiving continued multidisciplinary assessment of the social, physiological/biological, and developmental/cognitive processes and evaluation indicating their relevance for a plan of treatment.
4. The child is receiving skilled therapeutic milieu services provided by trained staff and supervised by licensed professional staff.
5. A licensed professional, having at least a Master's degree in a human services field with two years post graduate professional experience serving children and/or families, providing the child with individual, family, and group therapy and behavior management plan development, as indicated on the Individualized Treatment Plan.
6. A licensed professional, having at least a Bachelor's degree in a human services field and a minimum of one year of experience serving children and/or families, will provide the child with case management. All other treatment services are provided by staff who meet licensing/credentialing standards for the specific service as defined in Chapters 300 and 500 of the Rehabilitation Service Manual.
7. Therapeutic Behavioral Services and/or adjunctive therapies that have been selected as part of the individualized treatment program are being provided, and are designed to assist the child in achieving treatment goals and objectives.
8. Services that may be provided and billed separately:
  - a. 90862 H2010 Mental Health Comprehensive Medication Services
  - b. G9008 Physician Coordinated Care Oversight Services
  - c. 96100 Comprehensive Evaluation by Psychologist
  - d. 90801 Psychiatric Diagnostic Interview Examination
  - e. 90887 Case Consultation
  - f. Pharmacologic Management

## H0019 U3 RESIDENTIAL CHILDREN'S SERVICE – LEVEL III

**Definition:** Criteria for admission require assessment and treatment of the family system, educational services, and a multidisciplinary assessment of the social, psychological, physiological, developmental/cognitive processes, and evaluations indicating their relevance for a plan of treatment. The treatment must be under the direction of a physician or licensed psychologist with experience in the treatment of children and adolescents.

This service is a highly structured and intensively staffed group residential setting targeting youth with a confirmed DSM/ICD diagnosis that manifests itself in severe disturbances in conduct and emotions, and as a result, are unable to function in multiple areas of their lives.

This service offers assessment, treatment planning services, psychiatric services, crisis intervention, clinical evaluation, case management, supportive counseling, basic living skills, individual, group and family psychotherapy, and behavior management services.

Must operate 24 hours a day, 365 days a year.

This service can be offered in conjunction with EPSDT Services.

<b>Service Tier</b>	3
<b>Target Population</b>	MH, SA, C
<b>Medicaid Option</b>	Out of State Providers
<b>Initial Authorization</b>	92 days/92 units Unit = 1 calendar day
<b>Re-Authorization</b>	30 days/30 Units, 30 days/ 30 units
<b>Admission Criteria (Elements 1-7 will always be met)</b>	<ol style="list-style-type: none"> <li>1. The child's age range is from ten (10) years of age up to but not including eighteen (18) years of age (or the provider has a specific contract to provide services for children below the age of ten (10) or above the age of eighteen (18) or has received a waiver to serve a child who does not meet the age requirements, <b>-and-</b></li> <li>2. A behavioral health diagnosis that meets medical necessity for Residential Children's Service-Level III, <b>-and-</b></li> <li>3. The child has severe symptoms and functional impairments that interfere with age-appropriate adaptive and psychological functioning and social problem solving, <b>-and-</b></li> <li>4. The child's symptoms or functional impairment are such that treatment cannot be successfully provided in a less intensive level of care, <b>-and-</b></li> <li>5. The child's symptoms and functional</li> </ol>

	<p>impairments have existed for a duration of one year or longer, and are a part of an established pattern of disruptive behavior at home, in school, or in the community, <b>-and-</b></p> <ol style="list-style-type: none"> <li>6. The child will have a CAFAS score indicating severe functional impairment and that this is the appropriate level of care, <b>-and-</b></li> <li>7. The admission is not used solely for providing special education, housing, supervision, or meeting other needs that are not medically necessary, <b>-or-</b></li> <li>8. The child is in need of a “step down” from a more restrictive level of care as part of a transitional discharge plan (e.g., symptoms or functional impairments remain at a level that requires out-of-home treatment, but not at a level that would require continued psychiatric hospitalization).</li> </ol>
<p><b>Continuing Stay Criteria (Elements 1-2 will always be met as well as two additional elements from 3-8)</b></p>	<ol style="list-style-type: none"> <li>1. The child’s age range is ten (10) years of age up to 18 (unless child remains in DHHR custody until age 21), <b>-and-</b></li> <li>2. The continued stay is not used solely for providing special education, housing, supervision or meeting other needs that are not medically necessary, <b>-and-</b></li> <li>3. The child continues to exhibit an inability to sustain gains without the comprehensive program of therapeutic services provided by the Residential Children’s Service–Level III program, <b>-or-</b></li> <li>4. The child continues to exhibit symptoms and functional impairments so severe and complex that treatment goals have not been reached and a less intensive level of care would not adequately meet the child’s needs, <b>-or-</b></li> <li>5. The child’s symptoms and functional impairments which warranted admission to this level of service have been observed and documented, but treatment goals have not been reached and a less intensive level of care would not adequately meet the child’s needs, <b>-or-</b></li> <li>6. The child demonstrates new symptoms and functional impairments that interfere with age appropriate adaptive and/or psychological functioning, and/or psychological functioning and problem solving, which meet the criteria for admission, <b>-or-</b></li> </ol>

	<ol style="list-style-type: none"> <li>7. The child has not demonstrated any progress toward treatment goals, but the treatment plan has been modified to introduce further evaluation in order to clarify the nature of identified problems and/or new therapeutic interventions have been initiated, <b>-or-</b></li> <li>8. The child's symptoms and functional impairments have diminished, but there are continuing disturbances/behaviors/symptoms in the child's adaptive and/or psychological functioning or social problem-solving, and/or significant disruptions in the biological or adoptive family interactions.</li> </ol>
<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ol style="list-style-type: none"> <li>1. The child has attained the age of eighteen (18) years of age (or up to age 21 if the individual still remained in DHHR custody).</li> <li>2. The child or family has attained goals as identified in the treatment plan or symptoms and functional impairments have abated to the point where the child may be served in a less intensive treatment service.</li> <li>3. The child demonstrates symptoms or functional impairments which cannot be treated safely or effectively at this level of treatment, and the child requires a higher level of care.</li> <li>4. The child has been on runaway status/away from supervision for a period of five (5) days or more.</li> <li>5. The child has refused treatment against medical advice for a period of five (5) days or more.</li> <li>6. Care appears to be custodial.</li> </ol>
<p><b>Service Exclusions</b></p>	<p>No individual fee for service code under Clinic, Rehabilitation or Targeted Case Management may be billed while this code is being utilized.</p>
<p><b>Clinical Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Clearly documented evidence that the child is exhibiting an acute psychiatric episode that requires Psychiatric Residential Treatment Facility (PRTF) or Inpatient Psychiatric Treatment.</li> <li>2. Severity of child's issues precludes provision of services in this level of care.</li> <li>3. The child can effectively and safely be treated at a lower level of care.</li> </ol>
<p><b>Documentation Requirement</b></p>	<ol style="list-style-type: none"> <li>1. There must always be a permanent clinical record maintained in a manner consistent with</li> </ol>

	<p>applicable licensing regulations and agency record-keeping policies.</p> <ol style="list-style-type: none"> <li>1. The member's record must contain a Behavior Health Clinic/Rehabilitation Services Authorization for Services form signed by a physician or psychologist and indicating the need for Children's Residential Service- Level III, results of the evaluation that establishes medical necessity for the level of service, and the member's individualized treatment plan. If an Initial Service Plan is created on day of intake, then a 72 Hour Authorization for Services Form is not required.</li> <li>2. Documentation must also include: <ol style="list-style-type: none"> <li>a) Behavioral observations of the youth</li> <li>b) Identification of the treatment service components provided</li> <li>c) Record of the child's program participation including specific times of program participation</li> <li>d) Medication administration records</li> <li>e) Specific documentation of physical, chemical, or mechanical restraints, and crisis intervention</li> </ol> </li> </ol>
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**Additional Service Criteria:** The child must be receiving medically necessary services as indicated by an Individualized Treatment Plan and the program must include the following elements:

1. Within 30 days of admission and every 90 days thereafter continued individualized interdisciplinary, treatment plan based on member-specific assessments designed to restore an acceptable level of adaptive and/or psychological functioning and problem solving.
2. The child is receiving continued appropriate and timely evaluation of: treatment needs, goals, and impediments; aftercare treatment needs; and active disposition planning. The treatment plan must, at a minimum, meet OHFLAC licensing standards.
3. The child is receiving continued multidisciplinary assessment of the social, physiological/biological, and developmental/cognitive processes and evaluation indicating their relevance for a plan of treatment.
4. The child is receiving skilled therapeutic milieu services provided by trained staff and supervised by licensed professional staff. All components of Residential Children's Service-Level III must be available on a 24-hour basis, including 24-hour awake staff, and highly structured programs with formalized behavioral programs and therapeutic interventions.
5. A licensed professional, having at least, a Master's degree in a human services field with two years post graduate professional experience serving children and/or families, will provide clinical supervision to staff and will review and sign all documentation of treatment as necessary.
6. A licensed professional, having at least a Bachelor's degree in a human services field with a minimum of one year of experience serving children and/or families, will provide the child with case management; all other treatment services are provided by staff who

meet licensing/credentialing standards for the specific service as defined in Chapters 300 and 500 of the Rehabilitation Service Manual.

7. Focus of this intensive treatment program is on psychosocial rehabilitation aimed at returning the client to an adequate level of functioning. Focus of treatment is on the client's strengths and resources.
8. Therapeutic Behavioral Services and/or adjunctive therapies, which have been selected as part of the individualized treatment program, are being provided, and are designed to assist the child in achieving treatment goals and objectives.
9. The family system is receiving assessments and evaluations relevant to aftercare needs and disposition planning.

## 130NC Non-Clinical Alternative Placement-Child Protective Services

**Definition:** A residential placement that does not provide medically necessary behavioral health services. The environment is highly structured, regulated and intensively supervised. It is designed to provide intervention and support for juveniles who exhibit behavior problems, not related to a behavioral health diagnosis, which may endanger the community at large. Goals for the program are to develop acceptable social behaviors through skill development, teach youth to take responsibility for their behavior, and increase personal accountability. Some programs may also include restitution and community service.

<b>Service Tier</b>	3
<b>Target Population</b>	Child
<b>Initial Authorization</b>	92 days/92 Units Unit = 1 calendar day
<b>Re-Authorization</b>	30 days/30 Units, 30 days/ 30 units
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor agree that the youth cannot be maintained safely in the current placement.</li> <li>2. DHHR worker, family and DHHR supervisor recommend this service.</li> <li>3. Youth has displayed behaviors which are not related to a behavioral health condition, but are potentially dangerous to the community and are documented in the case record.</li> <li>4. Other community alternatives and/or juvenile justice placements have been explored and are not appropriate.</li> </ol>
<b>Continuing Stay Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor have reviewed progress since placement and believe the youth is still unable to be maintained safely in the community.</li> <li>2. MDT <b>or</b> DHHR worker, family and DHHR supervisor recommend the service continue.</li> <li>3. Youth's behavioral issues continue to the degree that potential danger to the community exists and are documented in the case record.</li> </ol>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ol style="list-style-type: none"> <li>1. Another service is warranted by change in the child's condition.</li> <li>2. Service is not helping to maintain safety in the current environment, resulting in a change of placement.</li> <li>3. No outlook for improvement with this level of service.</li> </ol>



	4. Service can now be provided through a community resource.
<b>Service Exclusions</b>	Those receiving Waiver or ICF/IID services are not eligible for this service.
<b>Clinical Exclusions</b>	<ol style="list-style-type: none"> <li>1. Severity of child's issues precludes provision of services in this level of care.</li> <li>2. The child can effectively and safely be treated at a lower level of care.</li> </ol>
<b>Documentation</b>	<ol style="list-style-type: none"> <li>1. There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>2. Daily case notes that include a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>3. A copy of the service plan must be present in the case record.</li> </ol>

**Additional Service Criteria:** Paraprofessional staff must have at least a High School Diploma/GED Certificate and one year's experience providing direct service to families. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

**Support Staff Minimum Qualifications:**

- Provider must be age eighteen (18) or older
- Provider must have a high school diploma or GED
- Must have a Criminal Investigation Bureau (CIB) background check indicating no misdemeanor or felony convictions of abuse and neglect of a child and/or abuse and neglect of an incapacitated adult. Agency must determine what other outcomes from the CIB background check will prohibit prospective employees from being hired.
- A APS/CPS screen is completed.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities
- Member Rights and Confidentiality Training
- Recognition and Reporting Abuse and Neglect Training
- Documentation Training

## 130RC Review of Care-Child Protective Services

**Definition:** An out of state residential placement in which the child/youth is in one or both of the following situations:

- The member no longer meets medical necessity for behavioral health services at the level of intensity that is being provided.
- The member requires residential services not currently available within the WV Medicaid Rehabilitation or Clinic Manuals.

<b>Service Tier</b>	3
<b>Target Population</b>	MH, SA, C, PRTF Decertification
<b>Initial Authorization</b>	30 days/30 units Unit = 1 calendar day
<b>Re-Authorization</b>	30 days/30 units
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor agree that the youth cannot be maintained safely in the current placement.</li> <li>2. DHHR worker, family and DHHR supervisor recommend this service.</li> <li>3. Youth has been decertified by the agency charged with evaluating medical necessity for Psychiatric Residential Treatment Facilities and there is not an existing appropriate step down level of care available within the West Virginia continuum of care—<b>or—</b></li> <li>4. Youth is clinically in need of residential services predominantly related to a diagnosis of Mental Retardation or Developmental Delay —<b>or—</b></li> <li>5. Youth is clinically in need of residential service at a level of care not available within the West Virginia continuum of care.</li> <li>6. Other clinical and/or community alternatives have been explored and are not appropriate.</li> <li>7. A specific treatment plan with clearly defined goals and objectives has been established.</li> </ol>
<b>Continuing Stay Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor have reviewed progress since placement and believe the youth is still unable to be maintained safely in the community.</li> <li>2. MDT <b>or</b> DHHR worker, family and DHHR supervisor recommend the service continue.</li> <li>3. Progress towards goals and objectives has been identified but not yet satisfactorily completed.</li> <li>4. An appropriate level of care is still not available within the West Virginia system of care.</li> </ol>

<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ol style="list-style-type: none"> <li>1. Another service is warranted by change in the child's condition.</li> <li>2. Service is not able to maintain safety in the current environment, resulting in a change of placement.</li> <li>3. No outlook for improvement with this level of service.</li> <li>4. Service can now be provided through a community resource.</li> <li>5. Goals and objectives have been substantially met.</li> </ol>
<p><b>Service Exclusions</b></p>	<p>Those receiving Waiver or ICF/ IID services are not eligible for this service.</p>
<p><b>Clinical Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Severity of child's issues precludes provision of services in this level of care.</li> <li>2. The child can effectively and safely be treated at a lower level of care.</li> </ol>
<p><b>Documentation</b></p>	<ol style="list-style-type: none"> <li>1. There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>2. Daily case notes that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>3. A copy of the service plan must be present in the case record.</li> </ol>

**Additional Service Criteria:** Paraprofessional staff must have at least a High School Diploma/GED Certificate and one year's experience providing direct service to families. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

**Support Staff Minimum Qualifications:**

- Provider must be age eighteen (18) or older
- Provider must have a high school diploma or GED
- Must have a Criminal Investigation Bureau (CIB) background check indicating no misdemeanor or felony convictions of abuse and neglect of a child and/or abuse and neglect of an incapacitated adult. Agency must determine what other outcomes from the CIB background check will prohibit prospective employees from being hired.
- A APS/CPS screen is completed.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Member Rights and Confidentiality Training.
- Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.

## 230NC Non-Clinical Alternative Placement-Youth Services

**Definition:** A residential placement that does not provide medically necessary behavioral health services. The environment is highly structured, regulated and intensively supervised. It is designed to provide intervention and support for juveniles who exhibit behavior problems, not related to a behavioral health diagnosis, which may endanger the community at large. Goals for the program are to develop acceptable social behaviors through skill development, teach youth to take responsibility for their behavior, and increase personal accountability. Some programs may also include restitution and community service.

<b>Service Tier</b>	III
<b>Target Population</b>	Child
<b>Initial Authorization</b>	92 days/92 units Unit = 1 calendar day
<b>Re-Authorization</b>	30 days/30 units
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor agree that the youth cannot be maintained safely in the current placement.</li> <li>2. DHHR worker, family and DHHR supervisor recommend this service.</li> <li>3. Youth has displayed behaviors which are not related to a behavioral health condition, but are potentially dangerous to the community and are documented in the case record.</li> <li>4. Other community alternatives and/or juvenile justice placements have been explored and are not appropriate.</li> </ol>
<b>Continuing Stay Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor have reviewed progress since placement and believe the youth is still unable to be maintained safely in the community.</li> <li>2. MDT <b>or</b> DHHR worker, family and DHHR supervisor recommend the service continue.</li> <li>3. Youth's behavioral issues continue to the degree that potential danger to the community exists and are documented in the case record.</li> </ol>
<b>Discharge Criteria (Any element may result in discharge or transfer)</b>	<ol style="list-style-type: none"> <li>1. Another service is warranted by change in the child's condition.</li> <li>2. Service is not helping to maintain safety in the current environment, resulting in a change of placement.</li> <li>3. No outlook for improvement with this level of service.</li> </ol>

	4. Service can now be provided through a community resource.
<b>Service Exclusions</b>	Those receiving Waiver or ICF/ IID services are not eligible for this service.
<b>Clinical Exclusions</b>	<ol style="list-style-type: none"> <li>1. Severity of child's issues precludes provision of services in this level of care.</li> <li>2. The child can effectively and safely be treated at a lower level of care.</li> </ol>
<b>Documentation</b>	<ol style="list-style-type: none"> <li>1. There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>2. Daily case notes that include a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>3. A copy of the service plan must be present in the case record.</li> </ol>

Additional Service Criteria: Paraprofessional staff must have at least a High School Diploma/GED Certificate and one year's experience providing direct service to families. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

Support Staff Minimum Qualifications:

- Provider must be age eighteen (18) or older
- Provider must have a high school diploma or GED
- Must have a Criminal Investigation Bureau (CIB) background check indicating no misdemeanor or felony convictions of abuse and neglect of a child and/or abuse and neglect of an incapacitated adult. Agency must determine what other outcomes from the CIB background check will prohibit prospective employees from being hired.
- A APS/CPS screen is completed.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
- Current certification in First Aid- documentation of First Aid certification must include the course name, the name of participant, the signature of the instructor and the date of class. Unless otherwise specified by the instructor, certification will be valid for a three (3) year period.
- Training indicating an overview of behavioral health conditions and developmental disabilities
- Member Rights and Confidentiality Training
- Recognition and Reporting Abuse and Neglect Training
- Documentation Training

## 230RC Review of Care-Youth Services

**Definition:** An out of state residential placement in which the child/youth is in one or both of the following situations:

- The member no longer meets medical necessity for behavioral health services at the level of intensity that is being provided.
- The member requires residential services not currently available within the WV Medicaid Rehabilitation or Clinic Manuals.

<b>Service Tier</b>	III
<b>Target Population</b>	MH, SA, C, PRTF Decertification
<b>Initial Authorization</b>	30 days/30 units Unit = 1 calendar day
<b>Re-Authorization</b>	30 units/30 Days
<b>Admission Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor agree that the youth cannot be maintained safely in the current placement.</li> <li>2. DHHR worker, family and DHHR supervisor recommend this service.</li> <li>3. Youth has been decertified by the agency charged with evaluating medical necessity for Psychiatric Residential Treatment Facilities and there is not an existing appropriate step down level of care available within the West Virginia continuum of care. <b>-or-</b></li> <li>4. Youth is clinically in need of residential services predominantly related to a diagnosis of Mental Retardation or Developmental Delay. <b>-or—</b></li> <li>5. Youth is clinically in need of residential service at a level of care not available within the West Virginia continuum of care.</li> <li>6. Other clinical and/or community alternatives have been explored and are not appropriate.</li> <li>7. A specific treatment plan with clearly defined goals and objectives has been established.</li> </ol>
<b>Continuing Stay Criteria</b>	<ol style="list-style-type: none"> <li>1. MDT <b>or</b> DHHR worker, family and DHHR supervisor have reviewed progress since placement and believe the youth is still unable to be maintained safely in the community.</li> <li>2. MDT <b>or</b> DHHR worker, family and DHHR supervisor recommend the service continue.</li> <li>3. Progress towards goals and objectives has been identified, but not yet satisfactorily completed.</li> <li>4. An appropriate level of care is still not available within the West Virginia system of care.</li> </ol>

<p><b>Discharge Criteria (Any element may result in discharge or transfer)</b></p>	<ol style="list-style-type: none"> <li>1. Another service is warranted by change in the child's condition.</li> <li>2. Service is not able to maintain safety in the current environment, resulting in a change of placement.</li> <li>3. No outlook for improvement with this level of service.</li> <li>4. Service can now be provided through a community resource.</li> <li>5. Goals and objectives have been substantially met.</li> </ol>
<p><b>Service Exclusions</b></p>	<p>Those receiving Waiver or ICF/IID services are not eligible for this service.</p>
<p><b>Clinical Exclusions</b></p>	<ol style="list-style-type: none"> <li>1. Severity of child's issues precludes provision of services in this level of care.</li> <li>2. The child can effectively and safely be treated at a lower level of care.</li> </ol>
<p><b>Documentation</b></p>	<ol style="list-style-type: none"> <li>1. There must always be a permanent case record maintained in a manner consistent with applicable licensing regulations and agency record-keeping policies.</li> <li>2. Daily case notes that includes a summary of the intervention, client's response, relation to the service plan, location, duration, start/stop time, signature of the provider and his/her title or credentials.</li> <li>3. A copy of the service plan must be present in the case record.</li> </ol>

Additional Service Criteria: Paraprofessional staff must have at least a High School Diploma/GED Certificate and one year's experience providing direct service to families. Paraprofessional staff must be under supervision of an individual with a BSW or related four-year degree, a social work license and have two years post college experience providing direct service to families.

**Support Staff Minimum Qualifications:**

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- Must have a Criminal Investigation Bureau (CIB) background check indicating no misdemeanor or felony convictions of abuse and neglect of a child and/or abuse and neglect of an incapacitated adult. Agency must determine what other outcomes from the CIB background check will prohibit prospective employees from being hired.
- APS/CPS screen is completed.
- Current certification in CPR- documentation must include the name of the course, name of participant, the signature of the instructor and date of class. Unless otherwise specified by the instructor, certification will be valid for a one (1) year period.
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- Training indicating an overview of behavioral health conditions and developmental disabilities.
- Member Rights and Confidentiality Training.
- Recognition and Reporting Abuse and Neglect Training.
- Documentation Training.