

Service Unit Definitions

Revised May 2017



JACKSON COUNTY
COMMUNITY MENTAL HEALTH FUND

EXCELLENCE • ACCOUNTABILITY • COMPASSION

Service: A direct mental health service proposed by an agency to the Mental Health Fund. The applicant can reduce proposal narrative by using the definitions below. If the applicant proposes another service or defines the service differently, proposal narrative must provide the definition, using the format below.

Unit: A quantity of service used as the basis for billing.

Max Rate: Individual, Group and Family Therapies, Psychiatry and Telepsychiatry have maximum unit costs, shown below.

Definition: Essential characteristics of the service. If applicant proposes another service or defines the service differently, proposal narrative must indicate, using the same format.

Staff Credentials: Credentials must be consistent with state license requirements. Provisionally-licensed staff or those under clinical supervision must provide documentation of state-registered and approved supervision. Documentation must be co-signed by clinical supervisor. QMHPs (Qualified Mental Health Professionals) may be billed only by DMH-designated Community Mental Health Centers.

Documentation: Information that authenticates the provision of services, that is available for on-site audit, and is required for billing. Treatment Plan/Case Plan requires documentation of review commensurate with the client's treatment needs and length of treatment, at a minimum annually.

Service	Definition	Staff Credentials	Documentation
Psychiatric Services (Unit =1 hour) Max Rate: \$195	Psychiatric diagnostic evaluation, medication monitoring and management, and medical diagnostic evaluation aimed at assessing the client's physical, emotional, and neurological functioning.	M.D./D.O. psychiatrist	Completed evaluation, individual case notes signed with provider credentials, service date and clock time.
Telepsychiatry (Unit =1 hour) Max Rate: \$200	Delivery of psychiatric assessment and care through videoconferencing. Agency staff facilitate appointment, transmit records and coordinate follow-up support services.	M.D./D.O. psychiatrist	Completed evaluation, individual case notes signed with provider credentials, service date and clock time.
Medication (unit =cost per prescription)	Prescription psychotropic medication provided to participant. Agencies newly proposing Medication units must obtain prior approval.		Record of prescription cost per client, dispensation date

Evaluation / Assessment (unit =1 hour)	Diagnostic interview by which the client is admitted to program and/or begins treatment. Includes initial interview, psychosocial assessment and disposition. May include communication with family/significant others or other resources/providers, and initial treatment planning.	Licensed mental health professional or QMHP	Completed evaluation, individual notes signed with provider credential, service date and clock time.
Individual Therapy (unit =1 hour) Max Rate: \$80	Face to Face intervention using specialized therapeutic techniques through which an individual is assisted in dealing with or preventing problems which prohibit achievement of maximum potential for interpersonal, social, and/or family functioning. Treatment is goal directed and designed to maximize strengths and reduce problem behaviors and/or functional deficits.	licensed mental health professional or QMHP	Evaluation/Assessment and formal treatment plan with measurable goals and objectives; individual notes for ongoing treatment must be signed with provider credentials, including service date and clock time.
Family Therapy (unit =1 hour) Max Rate: \$80	Face to face intervention where specialized therapeutic techniques are applied to a client and his/her identified family unit. Treatment is goal directed, with the intention to identify family dynamics that contribute to the clients psychological functioning.	licensed mental health professional or QMHP	Evaluation/Assessment and formal treatment plan with measurable goals and objectives; individual notes for ongoing treatment must be signed with provider credentials, including service date and clock time.
Group Therapy (unit =1 hour per person in group) Max Rate: \$40 per participant	Goal directed face to face intervention utilizing specialized therapeutic techniques through which a collection of unrelated clients is assisted in dealing with common presenting problems which deter them from achieving maximum potential for interpersonal, social, and/or family functioning.	licensed mental health professional or QMHP	Evaluation/Assessment and formal treatment plan with measurable goals and objectives; individual notes for ongoing treatment must be signed with provider credentials, including service date and clock time.
Psycho-Educational Group (unit =1 hour)	Goal directed series of planned activities, often curriculum based with a group of unrelated clients who present with a mental health related issue. Service is intended to impart knowledge, skill development, and awareness of mental health issues that contribute to the individuals interpersonal, social, and/or family functioning.	Minimum BA or equivalent, depends on content.	Date, clock time and summary note of session, signature of provider, sign in sheets of attendees with county residence declaration (zip code). Curriculum or other development and preparatory activities are indirect costs, and are not directly billable.
Support Groups (unit =1 hour)	Loosely structured group meeting of unrelated individuals for the purpose of social and emotional support as related to past or current related mental health treatment issues.	Described by applicant	Sign-in sheets, date and clock time, session summary, confirmation of county residency (zip code), facilitator signature.
Acute Day Hospital (unit =1 day or 6 hours) ½ day =3 hrs	Intensive goal directed therapeutic services provided on a daily basis in an outpatient setting which focus on the stabilization and management of acute or chronic symptoms resulting in functional deficits. Unit is inclusive of all services with exception of psychiatry which is billed separately.	As applicable per services as defined	Evaluation/Assessment, Treatment plan; documentation of clients attendance and services provided.

Residential Treatment (unit =1 day, must be present at midnight)	Intensive goal directed therapeutic services provided in a residential setting. Unit is inclusive of all services with exception of psychiatry which is billed separately.	As applicable per services defined.	Evaluation/Assessment, Treatment plan; documentation of client's attendance, including daily care oversight and monitoring, all other services provided.
Day Treatment (unit =1 day or 6 hours) ½ day (3 hrs)	Goal directed therapeutic services in a structured group setting which focus on the stabilization and management of acute or chronic symptoms resulting in functional deficits. Less intensive than acute day hospital. Unit is inclusive of all services with exception of psychiatry which is billed separately.	As applicable per services defined.	Evaluation/Assessment, Treatment plan; documentation of clients attendance and services provided.
PSRC Psychosocial Rehabilitation (unit =1 hour)	Goal directed programming for the serious and persistently mentally ill which improve their ability to function in the community, emphasizing common sense, practical needs and usually involves vocational and personal adjustment services geared toward the prevention of unnecessary hospitalization.	As applicable per services defined.	Evaluation/Assessment, Treatment plan; documentation of clients attendance and services provided.
Case Management (unit =1 hour)	Goal directed activities focused on the coordination and linkage to services and supports which are vital to the clients overall stability and functioning. May include transportation, contact with other service providers, case staffing or treatment review. Activity must be related to service needs and the coordination and monitoring of such. Documentation, ancillary activities, and staff supervision are not billable.	BA May distinguish BA and MA level of service based on clinical complexity.	Case plan with measurable goals and objectives; individual notes with provider credential and signature noting service date and time.
Peer Support (unit = 1 hour)	Part of a team that provides crisis, respite, transition, community engagement, recovery support. Works in an agency that: supervises as staff; provides peer support/coaching; self-care and modeling recovery.	Self-disclosed experience with SMI. Formal training using established curriculum; Continuing Ed and certification as applicable.	Identified in formal case plan, curriculum (if used); Shows progress on specific goals and objectives. QA/QI supervision. Signed with date and clock time.
Behavior Management	Analyzes functions and antecedents of a maladaptive behavior. Identifies and implements research-based strategies and interventions.	Training, and oversight on observation, charting, positive reinforcement.	Plan with baseline and target behavior operationally defined and quantified. Positive reinforcement and schedule. Behavior and reinforcement graphed over time with progress notes.
Other	Defined by applicant agency	Define	Definition uses this format

School-Based Services	Use "School-Based" as a PREFIX for any of the above services that are delivered on School Premises.	Same staff credentials as indicated for each service	Same documentation as indicated for the applicable service, above. Plus document: -Consent -Notification -DESE Local Compliance Plan Certification Statement -Applicable IEPs and 504 Plans available at site review (see belo)
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School-Based Services Documentation

Document one of the following as Consent for Levy services: 1) parent gave consent; or: 2) Reasonable Efforts were made and what they were; or: 3) minor consent as permitted by law (RSMo 431.056).

Document that Parent Notification included:

- How the parent can obtain complete procedural safeguards in DESE Missouri Part b Plan
- Plain language explanation of service(s) child will receive, reason, intended outcomes
- Parent right to request meeting with school staff regarding mental health services, at school expense
- Parent right to request that the school evaluate the child for learning, behavioral or emotional concerns, and if in disagreement, to request re-evaluation, at school expense
- Whether or not Mental Health Providers are school personnel, their supervisor; contact information
- Responsible building and district officials for Part b special services; contact information

DESE Local Compliance Plan Certification Statement

- Levy contracts stipulate School-based services are billable only for districts with a DESE-approved local compliance plan. Applicant e-mails the one-page certification(s) or Plan(s) in PDF format as proposal addenda. Plan Certification is required for billing school-based services in a district or charter. Late transmittal does not enable retroactive billing.

Applicable individual special education plans are available at site review if Levy funding is potentially being used.

- When the child has an IEP or 504 Plan with school-based mental health services that may be Levy funded, the Plan shall be made available for site review upon reasonable prior request. Levy audit is not an evaluation of the IEP; purpose is billing review and reporting to the Board of Trustees regarding utilization of funds.