COMMUNITY MENTAL HEALTH FUND

Supporting equitable and quality mental health care in Jackson County.

Service Unit Definitions

Revised August 2026

This chart lists types of service the CMHF will fund, including defined unit, rate, provider credentials and required documentation.

PRIOR APPROVAL

Some services require prior approval before proposing as a new service in the application, and are marked accordingly. Contact your CMHF Program Liaison for more information.

Service units

SERVICE & UNIT	RATE	WHAT THE SERVICE IS	WHO CAN PROVIDE IT	WHAT TO DOCUMENT
Acute Day Hospital UNIT 1 day (6 hours)	**$300 / day**	Intensive, goal-directed treatment provided daily in an outpatient setting, Stabilization of acute or chronic symptoms that are limiting how a client functions. The rate covers all services except psychiatry, which may be billed separately.	Applicable to service delivered.	Evaluation/assessment, treatment plan, and records of client attendance. Service notes with provider signature and credential, service date and clock time.
APRN Prescriber UNIT 1 hour	**$180 / hour**	Diagnostic evaluation, psychotropic medication management.	Advanced Practice -RN.	Evaluation and service note with provider signature and credential, service date, and clock time.

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Behavioral Intervention UNIT 1 hour	**$60 / hour**	Treatment delivered in the child's own environment — home, classroom, or community — to build self-regulation and coping skills in response to behavior stemming from mental health issues or trauma. Cannot be billed separately if the child is in a residential treatment setting.	High school diploma minimum, plus relevant experience and specialized training.	Assessment and goal plan with measurable goals that identify the behavior and track change. Service notes with provider signature and credential, service date and clock time.
Care Coordination (CC) UNIT 1 hour PRIOR APPROVAL REQUIRED	**$90 / hour**	Meets the definition of Case Management and distinguished as: Serves high-acuity clients, requiring multidisciplinary team coordination and support, communication and advocacy with providers inside and outside the agency, comprehensive assessment and treatment planning that accounts for social determinants, and a consistent, engaged relationship with the client. The agency must have policies and procedures that support this level of service.	Bachelor's degree minimum, or equivalent training and experience with high-acuity individuals with complex needs.	As required for case management, and including: Assessment of high acuity/ complex trauma, documentation of collaboration with other interested parties, internal and external. Service notes with provider signature and credential, service date, and clock time.

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Case Management (CM) UNIT 1 hour PRIOR APPROVAL REQUIRED	**$75 / hour**	Evidenced based goal-directed service that coordinates and links a client to the services and supports essential to their overall stability and functioning, including assessment of social determinants and determination of benefit eligibility, discharge and transition planning.	Bachelor's degree minimum, or relevant training and experience. Consistent staff/participant relationship.	Formal case plan with client-centered goals drawn from an assessment; ongoing monitoring, review, and goal updates; benefit eligibility determination; and discharge and transition planning for youth 15 and older. Provider name, signature, service date, and clock time.
Case Support (CS) UNIT 1 hour	**$45 / hour**	A single or brief interaction(s) with an individual, or on their behalf, to address an immediate need or to refer them to a service inside or outside the agency. Does not require a case plan or a determination of benefit eligibility.	High school diploma minimum, plus relevant experience and training.	Documentation of need or request, referrals made (if any), and outcome of request. Service note with provider name, signature, service date, and clock time.
Crisis UNIT 1 hour	**$85 / hour**	An intervention with someone who is in, or has recently been through, a mental health or life crisis resulting in inability to cope and /or disruptive to the person's daily functioning.	Staff qualifications matching the acuity of the encounter.	Service note with provider name and credential. Summary, disposition, and follow up plan/resolution.
Day Treatment UNIT 1 day (6 hours)	Half day (3 hours) **variable**	Goal-directed treatment in a structured group setting, focused on stabilizing and managing acute or chronic symptoms that are limiting how a client functions. Less intensive than acute day hospital.	Applicable to services delivered	Evaluation/assessment, treatment plan, and records of client attendance. Service note with provider name an credential, service date and clock time.

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Evaluation / Assessment UNIT 1 hour	**$120 / hour**	Comprehensive psychosocial assessment through which a client is admitted to a program or begins treatment. May include formal diagnosis and the administration of validated clinical outcome assessment.	Licensed mental health professional or QMHP.	Completed evaluation and service notes with the provider name and credential, service date, and clock time.
Family Therapy UNIT 1 hour	**$130 / hour**	Face-to-face treatment applying evidenced based therapeutic techniques with a client and their identified family unit. Goal-directed, with the aim of identifying family dynamics that affect the client's psychological functioning.	Licensed mental health professional or QMHP.	Evaluation/assessment and a formal treatment plan with measurable goals and objectives. Session notes with provider name and credential, service date and clock time.
Group Therapy UNIT 1 hour per person in the group	**$40 / hour**	Evidenced based, goal-directed, face-to-face treatment in which a group of unrelated clients works on common problems that keep them from reaching their full interpersonal, social, or family functioning.	Licensed mental health professional or QMHP.	Evaluation/assessment and formal goals in relation to group treatment Individual session note for each participant noting individual's response in session, provider name and credential, service date and clock time.

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Independent Living UNIT 1 day	**$125 / day**	Program for youth / young adults transitioning to independent living. Provides monitoring, skill and resource development, and mental health and/or support services while the youth lives independently — including group living, when it is part of a step-down program.	Applicable to services provided.	Assessment, goal plan, service notes with provider name and credential, service date, clock time.
Individual Therapy UNIT 1 hour	**$115 / hour**	Evidenced based treatment to assist an individual address or prevent problems that keep them from reaching their full interpersonal, social, or family functioning. Goal-directed and designed to build on strengths and reduce problem behaviors or functional deficits.	Licensed mental health professional or QMHP.	Evaluation/assessment and a formal treatment plan with measurable goals and objectives. Session notes with provider name and credential , service date and clock time.
Peer Support UNIT 1 hour PRIOR APPROVAL REQUIRED	**$61 / hour**	Support and navigation of service engagement provided by a person with lived experience with SMI and/or other MH or trauma and recovery related experience. Agency must have policy and procedure for the Peer Support Specialist supervision and support.	Formal training meeting either State certification standards or National Guidelines, as applicable. Continuing education and certification as applicable.	Case plan and session notes with provider name and credential , service date, and clock time.

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Prescriber Support UNIT 1 hour	**$105 / hour**	In consultation with the prescriber, collecting medical information and vital signs, preparing documentation, and coordinating with internal and external agencies, including pharmacy.	RN, LPN	Session note with provider name and credential, service date, and clock time.
Psychiatric Services UNIT 1 hour	**$200 / hour**	Psychiatric diagnostic evaluation, medication monitoring and management.	M.D. / D.O. psychiatrist.	Completed evaluation and individual case notes signed with provider credentials, service date, and clock time.
Psychoeducational Group UNIT 1 hour	**$90 / hour**	Group activity for people facing a shared mental health issue, intended to build knowledge, skills, and awareness of an issue affecting their interpersonal, social, or family functioning. Groups are structured, closed-ended, and may be curriculum-based.	Staff, professional, and/or peer with experience in facilitation.	Session note with a summary of the topic, session objective and participants' responses. Facilitator name and signature, clock time. Participant sign-in sheet confirming Jackson County residence.

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Psychosocial Rehabilitation Group (PSRC) UNIT 1 hour per person	**$31 / hour**	Goal-directed programming for people with serious and persistent mental illness that improves their ability to function in the community. Emphasizes common sense and practical needs, and usually includes vocational and personal adjustment services aimed at preventing unnecessary hospitalization. May include community/social engagement activity.	Varies with the services delivered.	Assessment/Evaluation and record of client attendance and services provided.
Psychotropic Medication UNIT Cost per prescription PRIOR APPROVAL REQUIRED	**Variable**	Prescription psychotropic medication provided to a participant.	Not specified.	Record of the prescription cost per client and the dispensation date.
Reentry Bed Night UNIT 1 night PRIOR APPROVAL REQUIRED	**$25 / night**	Room and board cost for one bed night, for an individual re-entering the community after incarceration or as required by a treatment court.	Not specified.	Record of daily attendance.
Residential Treatment UNIT 1 day — client must be present at midnight	**variable**	Evidence based intensive, goal-directed treatment provided in a residential setting. The rate covers all services except psychiatry, which may be billed separately.	Applicable to service provided	Evaluation/assessment, treatment plan, and documentation of the client's attendance — including daily care oversight and monitoring. Service notes with provider name and credential , service date and clock time.

SERVICE & UNIT	RATE	WHAT THE SERVICE IS	WHO CAN PROVIDE IT	WHAT TO DOCUMENT
School-Based Services UNIT Applicable to service provided PRIOR APPROVAL REQUIRED	**Applicable to service provided.**	Any service listed in this document that is provided on school premises. Important conditions and limits apply — see the school-based services note at the end of this document.	Applicable to service provided	Applicable to service provided
Support Group UNIT 1 hour	**$65 / hour**	A voluntary facilitated group for individuals with shared mental health or trauma experiences or concerns, meeting to give and receive support and encouragement.	Staff, professional, and/or peer with experience in facilitation.	Session note with a summary of the topic and participants' responses, clock time, facilitator signature, and a participant sign-in sheet confirming Jackson County residence.
Telepsychiatry UNIT 1 hour	**$230 / hour maximum**	Psychiatric assessment and care delivered by videoconference. Agency staff set up the appointment, transmit records, and coordinate follow-up support services.	M.D. / D.O. psychiatrist.	Completed evaluation and individual session note with provider name and credential, service date, and clock time.
Transportation UNIT Proposed by the applicant agency	**Variable**	Provision of transportation to enable individuals to access service.	Not specified.	Consistent with the cost basis the proposed by the applicant agency, with cost documentation should be available on request.

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Youth Peer Support UNIT 1 hour PRIOR APPROVAL REQUIRED	**$50 / hour**	Meets the Peer Support definition above. Youth peer support applies to adult peer staff working with clients under age 18. A formal policy and procedure for the peer support specialist's supervision, support, and self-care/recovery guidance.	Formal training meeting either State certification standards or National Guidelines, as applicable. Continuing education and certification as applicable. Experience in service delivery with children and youth.	Consistent with Peer Support requirement above

Notice regarding School-Based services — conditions and limits

CMHF defines school based services as any service provided on school premises. Because some state and federal laws apply to mental health services delivered in schools, CMHF will consider funding these services only for local education agencies that comply with the Missouri Department of Elementary and Secondary Education (DESE) Part B plan for special services.

Parent consent. Procedural safeguards include parent consent. Documentation may be the consent for services obtained by the provider or the school; documentation that reasonable efforts were made to obtain consent; or documentation that minor consent was obtained as permitted by Missouri law (RSMo 431.056).

District compliance. CMHF will consider funding only for local education agencies in compliance with the DESE Part B plan for special services.

Reference: Missouri State Plan for Special Education — Regulations Implementing Part B of the Individuals with Disabilities Education Act (DESE)