



Supporting equitable and quality mental health care in Jackson County

# Service Unit Definitions

Revised August 2024

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

**Unit:** A quantity of service used as the basis for billing. Partial Units of service may be billed in one-fourth (0.25) increments.

**Rate:** Established, billable 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 adhere to all Missouri licensure 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 Missouri Department of Mental Health (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 least annually.

Service	Definition	Staff Credentials	Documentation
Acute Day Hospital Unit =1 day/6 hours half day/3 hours Rate: \$300/day	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. <i>Unit is inclusive of all services except psychiatry, which is billed separately.</i>	As applicable per services as defined	Evaluation/Assessment, Treatment plan; documentation of clients attendance and services provided.
<b>Adv Practice RN Prescriber</b> Unit=1 hour Rate: \$180	Diagnostic evaluation, consultation, psychotropic medication prescription, management monitoring.	AP-RN	Completed consultation and/or prescription, individual case notes, service date, clock time
<b>Behavior Management</b> do not use	No longer a billable service. Replace with Behavioral Intervention.		
<b>Behavioral Intervention</b>  Unit =1 hour Rate: \$60	Therapeutic Intervention provided in the child's environment (home, classroom, public setting, etc.) to support development of internal self-regulation and coping skills in response to maladaptive behavior stemming from mental health issues and/or trauma. Cannot be billed separately if child placed in a residential treatment setting.	Minimum HSD with experience and specialized training.	Assessment/goal plan/measurable goals identifying behavior and tracking change; individual session notes.

Service	Definition	Staff Credentials	Documentation
<b>Case Support (CS)</b>  Unit = 1 hour Rate: \$45	A single interaction with, or on behalf of, a participant to address an immediate need or support and/or referral to an internal or community service. Does not require a case plan or determination of eligibility benefit.		Case note reflects precipitating need/request, referral identified with documentation of resolution, if any. Provider name, signature, service date and clock time.
<b>Case Management (CM)</b>  Unit = 1 hour  Rate: \$75  Agencies must obtain approval before billing case management.	A goal-directed service that focuses on coordination and linkage to services and supports that are vital to a client's overall stability and functioning. The approach to service is evidence-based and consistent with the agency's QA process. Services are multi-step and ensure timely access and response to a client's needs. Foundation components of CM are: formal case plan with client-centered goals determined from an assessment, ongoing monitoring, review, and update of goals, determination of benefit eligibility, and discharge planning and transition planning for youth 15 years and older.	REVISED 2022  Min. bachelors or relevant training/ experience; consistent staff/ participant relationship.	Formal case plan with client-centered goals determined from an assessment, ongoing monitoring, review, and update of goals, determination of benefit eligibility, and discharge planning and transition planning for youth 15 years and older. Provider name, signature, service date and clock time.
<b>Care Coordination (CC)</b>  Unit = 1 hour  Rate: \$90  Agencies must obtain approval before billing care coordination.	Meets case management definition and involves deliberately organizing a client's care activities and sharing information among all concerned with the client's care. CC meets all CM criteria and: Targets high acuity clients; practices multidisciplinary team coordination and support; demonstrates communication and advocacy with internal and external providers; is guided by a comprehensive assessment and treatment planning that includes social determinates; is based on consistent relationship/ engagement with client. The agency has policies and procedures that support this level of service.	REVISED 2022  Min. bachelors or training/ experience with intensive programming, persons with complex needs.	Case management documentation per above. SMI or high-risk due to trauma or severe co-occurring disorder. Document engagement, access, retention, collaboration with other interested parties (internal/external). Consistent staff/participant relationship; document response to turnover. Provider name, signature, service date and clock time.
<b>Crisis</b>  Unit = 1 hour  Rate = \$85	An intervention with an individual who is currently or has recently experienced a mental health/life crisis. An experience is defined as heightened stress/inability to cope in an individual's life when they experience a breakdown or disruption in their usual daily activities, family functioning, and/or in response to emotional/trauma trigger.	Staff qualification commensurate with acuity of encounter.	Progress note with summary, disposition, plan and applicable follow-up.
<b>Day Treatment</b>  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.

Service	Definition	Staff Credentials	Documentation
<b>Evaluation / Assessment</b> Unit =1 hour Rate: \$120	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.
<b>Family Therapy</b> Unit =1 hour Rate: \$130	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.
<b>Group Therapy</b> Unit =1 hour per person in group Rate: \$40	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.
<b>Independent Living</b> Unit = 1 day Rate: \$125	Program for youth/young adults transitioning to independent living. Program provides monitoring, skill and resource development, and mental health care while youth live independently, including group living if part of a step down program.	Staff credential commensurate with service provided	Documentation commensurate with service provided.
<b>Individual Therapy</b> Unit =1 hour Rate: \$115	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.
<del><b>Intake Call</b></del> do not use	No longer a billable service. May be eligible to replace with Case Support. Contact us prior to applying.		

Service	Definition	Staff Credentials	Documentation
<b>Peer Support</b> Unit = 1 hour Rate: <b>\$61</b>  see also: <b>Youth Peer Support</b> (below)	Individual with self-disclosed experience with SMI providing a supportive role for service participants as part of coordinated team providing crisis, respite, transition, community engagement, and recovery support.  <i>Agencies newly proposing Peer Support units must obtain prior approval.</i>	Formal training meeting either State certification standards or National Guidelines as applicable. Continuing Ed and certification as applicable.	Formal policy and procedure for supervision, support, and self-care / recovery guidance specific to the Peer Support Specialist.  Provider name, signature, service date and clock time per encounter. Goals, objectives/tasks, accomplishments/progress identified in formal case plan.
<b>Prescriber Support</b> Unit=1 hour Rate: \$105	Augments availability of prescriber for direct service by contacting pharmacies, collecting medical information/vital signs, preparing documentation, team communication with internal and external agencies.	RN	Completed prescriber consultation, individual case notes, service date, clock time
<b>Psychotropic Medication</b> Unit =cost per prescription	Prescription psychotropic medication provided to participant. <i>Agencies newly proposing Medication Units must obtain prior approval.</i>		Record of prescription cost per client, dispensation date
<b>Psychiatric Services</b> Unit =1 hour Rate: \$200	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.
<b>Psycho-Educational Group</b> Unit =1 hour Rate: \$90	Group activity for individuals presenting with a mental health related issue, intended to impart knowledge, skill development, and awareness of a common mental health issue that contribute to individuals' interpersonal, social, and/or family functioning. Psychoeducation groups should be incorporated into programming to support engagement while waiting for service, provide foundational guidance and information prior to beginning service, and/or be targeted to address specific aspects of knowledge and skill to compliment other treatment, and a means to measure intended outcome. Groups are structured, closed-ended, and/or may be curriculum based.	Staff/ professional and/or peer with experience in facilitation.	Session note that includes summary of topic, goal and participants' response, clock time, facilitator signature, participant sign-in sheet with confirmation of Jackson county residence.  Curriculum or other development and preparatory activities are indirect costs, and are not directly billable.

Service	Definition	Staff Credentials	Documentation
<b>PSRC Psychosocial Rehabilitation Group</b> Unit = 1 hour per person Rate: \$31	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.
<b>Reentry Bed Night</b> Unit = 1 night Rate: \$25	Room and board cost toward a bed night, for individuals re-entering community following incarceration or as required by a treatment court. <i>Agencies newly proposing Reentry Bed Night must obtain prior approval.</i>		Record of daily attendance
<b>Residential Treatment</b> Unit =1 day, must be present at midnight	Intensive goal-directed therapeutic services provided in a residential setting. <i>Unit is inclusive of all services except psychiatry, which is billed separately.</i>	As applicable per services defined.	Evaluation/Assessment, Treatment plan; documentation of client's attendance, including daily care oversight and monitoring, all other services provided.
<b>School-Based Services</b>	Any service unit provided on school premises is billed using the prefix "School-based." Important conditions and limitations apply. Please see page 7 below.	Same staff credentials as indicated for each service	Same documentation as indicated for the applicable service. Plus procedural safeguards documentation, detailed on page 7.
<b>Screening</b> do not use	No longer a billable service		
<b>Support Group</b> Unit =1 hour Rate: \$65	A voluntary group comprised of individuals with common mental health and /or trauma experiences or concerns. Intended to provide support, advice, and encouragement; facilitated by a staff/professional and/or peer with experience in facilitation.	Staff/professional and/or peer with experience in facilitation.	Session note - summary of topic, goal and participants' response, clock time, facilitator signature, participant sign-in sheet with confirmation of Jackson County residence
<b>Support Planning/ Intervention</b> do not use	No longer a billable service.		
<b>Telepsychiatry</b> Unit =1 hour Max Rate: \$230	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.

Service	Definition	Staff Credentials	Documentation
<b>Transitional Living</b> do not use	No Longer a billable service. Replace with Independent Living		
<b>Transportation</b> Applicant agency proposes cost basis	Approved on a case-by-case basis		Consistent with cost basis proposed by applicant agency. Cost documentation should available upon request.
<b>Youth Peer Support</b> Unit = 1 hour Rate: <b>\$50</b>	Meets Peer Support definition (above). Youth Peer Support applies to adult peer staff working with minor (under age 18) clients.  <i>Agencies newly proposing Youth Peer Support units must obtain prior approval.</i>	Formal training meeting either State certification standards or National Guidelines as applicable. Continuing Ed and certification as applicable.  Experience in service delivery with children and youth	Formal policy and procedure for supervision, support, and self-care / recovery guidance specific to the Peer Support Specialist.  Provider name, signature, service date and clock time per encounter. Goals, objectives/tasks, accomplishments/progress identified in formal case plan.
<b>Other</b>	Defined by applicant agency	Define	Definition uses this format

## School-Based Services

### Background

Some state and federal laws apply to mental health services in schools. For more information please see the Missouri Department of Elementary and Secondary Education (DESE) [Regulations Implementing Part B of the Individuals with Disabilities Education Act](#).

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

Procedural safeguards for **Parent Notification** include: How to obtain written Part B procedural safeguards; Explanation of service(s) the child will receive; 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, and responsible building and district officials for Part B special services, including contact information.

**District Compliance:** CMHF will consider funding for services only for local education agencies in compliance with the Missouri Department of Elementary and Secondary Education (DESE) Part B plan for special services. A compliance plan accepted by DESE serves as documentation.

**2021 Guidelines** The Board of Trustees adopted [guidelines to facilitate the review of funding requests for school-based services](#). In the future these may be revised and/or formalized as policies.

### 2022 Update

The Trustees are considering school-based mental health services on a case-by-case basis. Favorable consideration was recently given to:

- Services for students who are active clients of the provider agency (enrolled in care, formal case plan, client-centered goals based on assessment, etc).
- Services that incorporate family members into treatment.
- Services that fill gaps where Medicaid-funded treatment is present.

Funding was recently declined for:

- School-referred crisis services when the student is not an active client of the provider agency.
- Services for students with an individualized education plan (IEP).
- Program coordination and administration.