

**LEVELS OF CARE FOR AUTHORIZATION – Services found in the Health Care Authority Contract, Exhibit B: Behavioral Health Services**

<p><b>Acute Inpatient Care – Mental Health and SUD</b></p> <ul style="list-style-type: none"> <li>• Inpatient Psychiatric Services</li> <li>• E&amp;T Services provided at Community Hospitals or E&amp;T facilities</li> </ul> <p><b>Crisis Line and Crisis Intervention</b></p> <ul style="list-style-type: none"> <li>• Involuntary Commitment Investigations</li> <li>• Crisis Stabilization Services</li> <li>• Crisis Hotline</li> </ul> <p><b>Withdrawal Management (Detoxification)</b></p> <ul style="list-style-type: none"> <li>• Acute Withdrawal Management</li> <li>• Sub-Acute Withdrawal Management</li> <li>• Secure Withdrawal Management</li> </ul> <p><b>Crisis Stabilization in a Crisis Stabilization or Triage Facility</b></p> <p><b>Residential Treatment (with Room and Board and transportation)</b></p> <ul style="list-style-type: none"> <li>• Mental Health Residential</li> <li>• Intensive Inpatient Residential Treatment Services – SUD</li> <li>• Long Term Care Residential – SUD</li> <li>• Recovery House Residential Treatment – SUD</li> <li>• PPW Housing Support Services</li> <li>• Therapeutic Interventions for Children</li> </ul> <p><b>Intensive Outpatient Program</b></p> <ul style="list-style-type: none"> <li>• High Intensity Treatment</li> <li>• Intensive Outpatient Treatment – SUD</li> </ul>	<p><b>Initial Assessment (MH and SUD/ASAM) and Outpatient Services</b></p> <ul style="list-style-type: none"> <li>• Alcohol and Drug Information School</li> <li>• Assessment</li> <li>• Brief Intervention</li> <li>• Brief Outpatient Treatment</li> <li>• Case Management</li> <li>• Childcare Services</li> <li>• Community Outreach – SABG priority populations PPW and IUID</li> <li>• Continuing Education and Training</li> <li>• Day Support</li> <li>• Engagement and Referral</li> <li>• Evidenced Based/Wraparound Services/Intensive Home-based</li> <li>• Interim Services</li> <li>• Opiate Dependency/HIV Services Outreach</li> <li>• PPW Housing Support Services</li> <li>• Family Hardship</li> <li>• Family Treatment</li> <li>• Group Therapy</li> <li>• Individual Therapy</li> <li>• Intake Evaluation</li> <li>• Outpatient Treatment</li> <li>• Peer Support</li> <li>• Recovery Support Services</li> <li>• Rehabilitation Case Management</li> <li>• Sobering Services</li> <li>• Special Population Evaluation</li> <li>• TB Counseling, Screening, Testing and Referral</li> <li>• Therapeutic Psychoeducation</li> <li>• Therapeutic Interventions for Children</li> <li>• Transportation</li> </ul>
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<p><b>Medication Evaluation and Management</b></p> <ul style="list-style-type: none"> <li>• Medication Management</li> <li>• Medication Monitoring</li> </ul> <p><b>Medication Assisted Therapy</b></p> <ul style="list-style-type: none"> <li>• Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)</li> </ul>	<ul style="list-style-type: none"> <li>• Urinalysis/Screening Test</li> </ul> <p><b>High intensity Outpatient/Community Based Services</b></p> <ul style="list-style-type: none"> <li>• Program of Assertive Community Treatment (PACT)</li> </ul> <p><b>Psychological Testing</b></p> <ul style="list-style-type: none"> <li>• Psychological Assessment</li> </ul>
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**MEDICAL NECESSITY SERVICE GRID**

Service	Medically Necessary/Authorization Criteria
Assessment	Service is completed by a qualified professional (example an SUD assessment needs to be completed by certified SUD provider); and; Assessment is utilized to inform and shape ongoing treatment activities; and; Individual has NOT had a previous Assessment within the prior 12 months that demonstrated medical necessity for the services being requested
Brief Intervention	CA/LOCUS, CANS, ASAM
Brief Outpatient Treatment	CA/LOCUS, CANS, ASAM
Case Management	CA/LOCUS, CANS, ASAM
Day Support	CA/LOCUS
Engagement and Referral	Service completed by a qualified professional that are provided to develop an alliance with an individual for the purpose of bringing them into or keeping them in ongoing treatment. The activities occur primarily in the field rather the worker’s office, or at another service agency such as food bank or public shelter, or via telephone if a potential client calls the workers office seeking assistance or by referral. These services can also include case management. These services may be provided prior to Intake.

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Special Population Evaluation	Services is provided to reduce the adverse health effects of such use, promote the health of the individual, and reduce the risk of transmission of disease. (Note in general Engagement and Referral Services are associated with Alcohol/Drug Information School [not currently offered] and Interim Services). For Alcohol/Drug Information School: Provided as determined by a Court directed SUD diagnostic evaluation and treatment · Provider must be licensed or certified by the WA DOH. · Program meets requirements of RCW 46.61.5056. Interim Services are provided: to Individuals means who are currently waiting to enter a treatment program to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. To members of SABG priority populations, who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or Available Resources. Based on Thurston-Mason BH-ASO criteria.
Evidenced Based/Wraparound Services/Intensive Home-based	CA/LOCUS, CANS Intensive Home-Based Services (SMI/SED) means a range of services that are individualized, intensive, coordinated, comprehensive, culturally competent, and provided in the home.
Interim Services	ASAM
Opiate Dependency/HIV Services Outreach	ASAM
E&T Services provided at Community Hospitals or E&T facilities	CA/LOCUS, CANS
Family Treatment	CA/LOCUS, CANS
Group Therapy	CA/LOCUS, CANS, ASAM
High Intensity Treatment	CA/LOCUS, CANS
Individual Therapy	CA/LOCUS, CANS
Inpatient Psychiatric Services	CA/LOCUS, CANS
Intake Evaluation	The service is initiated prior to the provision of any other behavioral health services, except Crisis Services, Stabilization Services, and free-standing evaluation and treatment, and; the service is provided in a manner that is culturally and age relevant, and; the services provides an initial clinical assessment in order to guide outpatient Behavioral Health service delivery, and there are no other similar services available through other funding sources.

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Intensive Outpatient Treatment – SUD	ASAM
Intensive Inpatient Residential Treatment Services – SUD	ASAM
Long Term Care Residential – SUD	ASAM
Medication Management	CA/LOCUS, CANS, ASAM
Medication Monitoring	CA/LOCUS, CANS ASAM
Mental Health Residential	CA/LOCUS, CANS
Opioid Treatment Programs (OTPs)/Medication Assisted Treatment (MAT)	ASAM
Outpatient Treatment	CA/LOCUS, CANS, ASAM
Peer Support	CA/LOCUS, CANS
Psychological Assessment/Testing	A current medical or behavioral health evaluation has been conducted and a specific diagnostic or treatment question still exists which cannot be answered through further conventional interviewing, history-taking, or adequate trial of evidence-based treatment; (or) A diagnostic formulation and adequate trial of an evidence-based treatment has been attempted but has been unsuccessful or has not resulted in the expected progress; previous assessments have not be completed within 12 months.
Recovery House Residential Treatment – SUD	ASAM
Rehabilitation Case Management	CA/LOCUS, CANS, ASAM
Special Population Evaluation	Individual is a member of a group considered a “special population” (as defined either in Contract or by the ASO. Examples include children, or older adult; and, Evaluation is performed by a designated specialist; and, Evaluation is done as part of the assessment process or ongoing treatment planning; and, Evaluation is voluntary.

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<p>TB Counseling, Screening, Testing and Referral</p>	<p>Individual is residing/in treatment at a high-risk Behavioral health treatment settings (for example: correctional facilities, long-term care facilities or SUD treatment facility, Residential treatment facility or homeless shelters); or, Individual is at high risk for TB and is being treated in a Behavioral Health setting (those at high risk for developing TB disease include people with HIV infection, people who became infected with TB bacteria in the last 2 years, and people who inject illegal drugs); or Service is mandated by State, Federal or local guidelines for certain individuals such as for individuals being treated in a substance abuse treatment facilities, homeless shelters, and others settings; and, There are no other similar services available through other funding sources.</p>
<p>Therapeutic Psychoeducation</p>	<p>CA/LOCUS, CANS</p>
<p>Urinalysis/Screening Test</p>	<p>ASAM</p>
<p>TB Screening/Skin Test</p>	<p>Individual is residing/in treatment at a high-risk Behavioral health treatment settings (for example: correctional facilities, long-term care facilities or SUD treatment facility, Residential treatment facility or homeless shelters); or, Individual is at high risk for TB and is being treated in a Behavioral Health setting (those at high risk for developing TB disease include people with HIV infection, people who became infected with TB bacteria in the last 2 years, and people who inject illegal drugs); or Service is mandated by State, Federal or local guidelines for certain individuals such as for individuals being treated in a substance abuse treatment facilities, homeless shelters, and others settings; and, There are no other similar services available through other funding sources.</p>
<p>Withdrawal Management – Acute</p>	<p>ASAM</p>
<p>Withdrawal Management – Sub-Acute</p>	<p>ASAM</p>

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**NON-MEDICALLY NECESSARY SERVICE GRID**

Services	Authorization Criteria
Alcohol/Drug Information School	Not applicable as TMBH-ASO does not fund these services.
Childcare	<ul style="list-style-type: none"> <li>-Parent must reside in Thurston or Mason County.</li> <li>-Parent must be enrolled in behavioral health treatment.</li> <li>-Provided to parents in treatment to complete their treatment plan (time limited per treatment plan).</li> <li>-Childcare services must be provided by a licensed childcare provider.</li> </ul>
Community Outreach– SABG priority populations PPW and IUID	<ul style="list-style-type: none"> <li>-Individual must reside in Thurston and Mason County.</li> <li>-Individual must not be enrolled in behavioral health services but have a possible SUD and meet the definition for PPW* or IUID** (or both). This is for re-engaging the individual into or staying engaged in treatment.</li> </ul> <p>PPW* means: (i) women who are pregnant; (ii) women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children; or (iii) women who are parenting children, including those attempting to gain custody of children supervised by DCYF.</p> <p>IUID** – Individuals Using Intravenous Drugs.</p>
Continuing Education and Training	<ul style="list-style-type: none"> <li>-Provided to Network Provider or Thurston-Mason BH-ASO staff, within available resources, as part of a program of professional development.</li> <li>-Provider of service must be accredited either in WA State or Nationally.</li> <li>-Provider must provide evidence of assessment of participant knowledge and satisfaction with the training.</li> <li>-Requests are completed through Thurston-Mason BH-ASO using the Continuing Education Grant application process.</li> <li>-</li> </ul>
15.3.4.5 PPW Housing Support Services	<ul style="list-style-type: none"> <li>-Parent must reside in Thurston or Mason County.</li> <li>-Parent must be enrolled in behavioral health treatment.</li> </ul>

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	<p>-Parent must meet criteria as PPW* and have children under the age of six (6) in a transitional, licensed residential housing program designed exclusively for this population.</p> <p>PPW* means: (i) women who are pregnant; (ii) women who are postpartum during the first year after pregnancy completion regardless of the outcome of the pregnancy or placement of children; or (iii) women who are parenting children, including those attempting to gain custody of children supervised by DCYF.</p>
Recovery Support Services	<p>-Individual must reside in Thurston or Mason County.</p> <p>-Individual must be enrolled in or completed behavioral health treatment (LOCUS/ASAM).</p> <p>-The individual, or family, must have a behavioral health disorder.</p>
Sobering Services	<p>Not applicable as TMBH-ASO does not fund these services.</p>
Room and Board	<p>-Individual must reside in Thurston or Mason County.</p> <p>-Individual must be authorized by Thurston-Mason BH-ASO for ASAM Level of Care for SUD residential services (WM, SWMS, 3.1, 3.3, 3.5) or CA/LOCUS, CANS for MH residential services.</p>
Family Hardship	<p>Provision of transportation and lodging for family members traveling more than fifty miles from home to a treatment facility to support a Youth receiving services in a facility to allow the family to participate in treatment.</p> <p>Single Case Agreements are issued for SUD youth residential authorizations.</p> <p>-Individual must reside in Thurston or Mason County.</p> <p>-Individual must be authorized by Thurston-Mason BH-ASO for services in a licensed SUD youth residential facility.</p>

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Therapeutic Interventions for Children	<ul style="list-style-type: none"><li>-Parent must reside in Thurston or Mason County.</li><li>-Parent must be enrolled in behavioral health treatment.</li><li>-Provided to parents in a PPW SUD licensed residential program who have their child(ren) present in treatment with them and it is in their treatment plan.</li><li>-The SUD residential facility must be licensed as a childcare center adhering to TMBH-ASO Provider Guide Section 20.13.4: SUD Residential PPW Statement of Work.</li></ul>
Transportation	Not applicable as TMBH-ASO does not fund these services.