

**Service Unit Definitions**

Revised June 2019



JACKSON COUNTY  
**COMMUNITY MENTAL HEALTH FUND**

EXCELLENCE • ACCOUNTABILITY • COMPASSION

**Service:** A direct mental health service proposed by an agency to the Community 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:** Several services 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 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 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
<b>Acute Day Hospital</b> 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. <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 Max rate: \$155	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>	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 specified. Behavior and reinforcement graphed over time with progress notes.

Service	Definition	Staff Credentials	Documentation
<b>Case Support</b>  Unit = 1 hour Max 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. Signed not with provider name, service date and clock time.
<b>Case Management (CM)</b>  Unit = 1 hour Max Rate: \$75	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. <b>Agencies must obtain approval before billing case management.</b>	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. Signed note with provider name, service date and clock time.
<b>Care Coordination (CC)</b>  Unit = 1 hour Max Rate: \$90	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. In addition to the components of service, the agency has policies and procedures that support this level of service. <b>Agencies must obtain approval before billing care coordination.</b>	LCSW or above: highly experienced QMHP	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 signature, credential, service date and clock time.
<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	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 Max Rate: \$85	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 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.
<b>Individual Therapy</b> unit =1 hour Max Rate: \$85	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.
<b>Peer Support</b> unit = 1 hour Max rate: \$50	Part of a team that provides crisis, respite, transition, community engagement, recovery support. Works in an agency that: supervises peer support as a staff member; 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.

Service	Definition	Staff Credentials	Documentation
<b>Prescriber Support</b> unit=1 hour Max rate: <b>\$95</b>	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. <b><i>Agencies newly proposing Medication units must obtain prior approval.</i></b>		Record of prescription cost per client, dispensation date
<b>Psychiatric Services</b> 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.
<b>Psycho-Educational Group</b> 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.
<b>PSRC Psychosocial Rehabilitation</b> 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.
<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 provided on school premises, see below.			
<b>Support Groups</b> 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.

Service	Definition	Staff Credentials	Documentation
<b>Telepsychiatry</b> 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.
<b>Other</b>	Defined by applicant agency	Define	Definition uses this format
<b>School-Based Services</b>	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 below)

#### **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.

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 and is 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.