



# Arkansas Department of Human Services

## Division of Medical Services

Donaghey Plaza South

PO Box 1437, Slot 1100

Little Rock, Arkansas 72203-1437

Internet Address: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

Telephone (501) 682-8292 TDD (501) 682-6789 FAX (501) 682-1197

### OFFICIAL NOTICE

**DMS-2002-AR-6**

**DMS-2002-C-1**

**DMS-2002-DD-1**

**DMS-2002-YY-1**

**DMS-2002-YC-1**

**DMS-2002-SB-1**

**TO:** Health Care Provider – ARKids First-B, Child Health Management Services (CHMS), Licensed Mental Health Practitioners (LMHP), Rehabilitative Services for Persons with Mental Illness (RSPMI), Rehabilitative Services for Youth and Children (RSYC) and School-Based Mental Health Services (SBMH)

**DATE:**

**SUBJECT:** Prior Authorization for Outpatient Mental Health Services for Medicaid Recipients Under Age 21

I. Program Changes

Effective for dates of service on or after April 15, 2002, the following Medicaid program changes for mental health services provided to Medicaid eligible recipients by LMHP, RSPMI and SBMH providers will occur:

- A. Prior authorization (PA) will be required for certain outpatient mental health treatment services for Medicaid eligible recipients under age 21. The Department of Human Services (DHS) has entered into a contract with First Health Services of Arkansas, whose responsibilities will be to determine the medical necessity of outpatient mental health services for children and issue Prior Authorizations for affected services.
- B. Procedure code Z1546, Medication Administration by a Licensed Nurse, will be non-payable.

II. PA Process Manual

First Health Services of Arkansas will develop a provider manual describing the prior authorization process. The manual will include the process for requesting PA, the procedure codes that require PA, and the criteria used in the determination of medical necessity for the services.

III. Training

First Health Services of Arkansas will provide training on the PA process. A training schedule will be made available to all providers of outpatient mental health services for Medicaid eligible individuals under age 21.

IV. Appeals and Hearings

If benefits are denied by First Health Services of Arkansas, Medicaid recipients will have the option of requesting a Fair Hearing after all the provider's appeals have been exhausted. The request for a Fair Hearing may be made according to current policy.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

**If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.**

Thank you for your participation in the Arkansas Medicaid Program.

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Ray Hanley, Director

*Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:*  
[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2002  
CATEGORICALLY NEEDY

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) Services must be provided by a licensed psychologist and prescribed by a physician. Outpatient Psychology services are as follows:

- a. Diagnosis
- b. Diagnosis - Psychological Test/Evaluation
- c. Diagnosis - Psychological Testing Battery
- d. Interpretation of Diagnosis
- e. Crisis Management Visit
- f. Individual Outpatient - Therapy Session\*
- g. Marital/Family Therapy\*
- h. Individual Outpatient - Collateral Services\*
- i. Group Outpatient - Group Therapy\*

**\* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.**

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AMOUNT, DURATION AND SCOPE OF  
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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

5. Crisis Management Visit - An unscheduled direct service contact between an identified patient and school-based mental health services provider personnel for the purpose of preventing an inappropriate or more restrictive placement.

6. Individual Outpatient\* - Therapy Session - Scheduled individual outpatient care provided by school-based mental health services provider personnel to a patient for the purposes of treatment and remediation of a condition described in DSM-IV and subsequent revisions.

7. Marital/Family Therapy\* - Treatment provided to two or more family members and conducted by school-based mental health services provider personnel. The purpose of this service is the treatment and remediation of the recipient's psychiatric condition and must address marital/family issues that have a direct impact on the symptoms experienced by the recipient.

8. Individual Outpatient\* - Collateral Services - A face to face contact by school-based mental health services provider personnel with other professionals, caregivers or other parties on behalf of an identified patient to obtain relevant information necessary to the patient's assessment, evaluation and treatment.

9. Group Outpatient\* - Group Therapy - A direct service contact between a group of patients and school-based mental health services provider personnel for the purposes of treatment and remediation of a psychiatric condition.

\* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1,  
2002

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

19. Rehabilitative Services for Children (Continued)

(4) A statement of the persons responsible for implementing the plan of care; and

(5) A statement of the functional outcomes expected to be achieved through the provision of services and supports.

2. Therapeutic Foster Care - This residential service is provided to children whose plan of care indicates a need for a structured and consistent home environment in order to learn to manage their behavior. This twenty-four hour service consists of face-to-face interventions with a child to assist the child in understanding the consequences of inappropriate behaviors and adhering to a behavioral routine which minimizes inappropriate behaviors and their consequences. This service is provided for the purpose of the development, restoration, and/or maintenance of the child's mental or emotional growth and the development, restoration, and/or maintenance of the skills to manage his/her mental or emotional condition.

3. Residential Treatment - This residential service provides twenty-four hour treatment to children whose psychological or emotional problems related to neglect and/or abuse can best be restored by residential treatment in accordance with the child's plan of care. The objective of this service is to assist the child in improving or maintaining his/her highest functioning level through individual and group therapeutic interventions to improve or maintain the skills needed to safely and securely interact with other persons, through symptom management to allow the child to identify and minimize the negative effects of psychiatric or emotional symptoms which interfere with the child's personal development and community integration, and through supportive counseling with a child to develop, restore and/or maintain the child's mental or emotional growth.

PROVIDER QUALIFICATION

Rehabilitative services for children will be provided only through qualified provider agencies. Qualified provider agencies must meet the following rehabilitative services for children criteria:

1. Have full access to all pertinent records concerning the child's needs for services including records of the Arkansas District Courts, local Children's Service Agencies, and State Child and Family Services Agency,

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

20. Rehabilitative Services to Youth (Continued)

2. Therapy - This non-residential service provides for a therapeutic relationship between the client and a "qualified therapist" for the purpose of accomplishing changes that are identified as goals in the case plan through the use of various counseling techniques. Services to specific individuals include:

(a) Individual therapy,\*

(b) Group therapy,\*

(c) Family therapy\* (youth included), and

(d) Consultation with the referral source.

Qualified therapist is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph. D. level psychologist who is licensed in the State of Arkansas in either psychology, social work or professional counseling. To be considered as a "Qualified Therapist" the individual must be in good standing before the board to which he or she is licensed.

3. Emergency Shelter - This residential service provides services for youth whose circumstances or behavioral problems necessitate immediate removal from their homes or for youth released from a youth services facility who need temporary placement in the community until long term residential arrangements can be made. Emergency Shelter services include:

(a) Additional evaluation of the nature and extent of a youth's emotional and behavioral problems, including social assessment psychological evaluation, psychiatric evaluation and consultation with the referring agency, and

(b) Interventions to address the youth's emotional and behavioral problems.

The extent and depth of services provided to a youth in the Emergency Shelter program depends upon the individual needs of the youth and the referral source.

**\* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.**

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2002

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

20. Rehabilitative Services to Youth (Continued)

4. Therapeutic Foster Care - This residential service provides intensive therapeutic care for children provided in family homes which operate within a comprehensive residential treatment system or as an adjunct to a mental health treatment program and for which a service fee is paid to specially trained foster families. Care givers who provide this service in their homes, if not specially trained, are specifically qualified to provide the service because they have an educational or a professional background that attests to qualification equal to or greater than that of care givers who have received special training. Children to whom this service is provided have physical, emotional, or behavioral problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential program.

5. Therapeutic Group Home - This residential service provides twenty-four hour intensive therapeutic care provided in a small group home setting for youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment, as diagnosed by a qualified professional. The program is offered to prepare a juvenile for less intensive treatment, independent living, or to return to the community.

6. Residential Treatment - This residential service provides twenty-four hour treatment service available for up to one year for each individual, for youth whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in his or her own home. Residential Treatment services require the formulation and implementation of an individualized treatment plan with time-framed, measurable objectives for each youth.

Qualified professional is defined as a Master's level professional or Bachelor's level professional supervised by a Master's level clinician, or a Master's level psychologist supervised by a Ph. D. level psychologist who is licensed in the State of Arkansas in either psychology, social work or professional counseling. To be considered as a "Qualified Professional" the individual must be in good standing before the board to which he or she is licensed.

AMOUNT, DURATION AND SCOPE OF  
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Revised: April 1, 2002

CATEGORICALLY NEEDY

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed certified social worker (LCSW) who has a Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (CSWE). The LCSW must be State licensed and certified to practice as a Licensed Certified Social Worker (LCSW) in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.

c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LCSW services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session\*
5. Marital/Family Therapy\*
6. Individual Outpatient - Collateral Services\*
7. Group Outpatient - Group Therapy\*

2. Licensed Professional Counselors (LPC)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed professional counselor (LPC) who must possess a Master's degree in mental health counseling from an accredited college or university. The LPC must be licensed as a Licensed Professional Counselor and be in good standing with the Arkansas Board of Examiners in Counseling.

c. A referral must be made by a Medicaid enrolled physician documenting medical necessity. Covered outpatient LPC services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session\*
5. Marital/Family Therapy\*
6. Individual Outpatient - Collateral Services\*
7. Group Outpatient - Group Therapy\*

**\* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.**

AMOUNT, DURATION AND SCOPE OF  
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Revised: April 1, 2002

CATEGORICALLY NEEDY

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

3. Licensed Marriage and Family Therapist (LMFT)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.

c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session\*
5. Marital/Family Therapy\*
6. Individual Outpatient - Collateral Services\*
7. Group Outpatient - Group Therapy\*

22. Medical Supplies

1. MIC-KEY Skin Level Gastrostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000 MIC-KEY Skin Level Gastrostomy Tube and Supplies are covered for Medicaid eligible recipients under age 21. Services require prior authorization. The MIC-KEY kit is limited to two (2) per State Fiscal Year. Benefit extensions will be considered on a case by case basis based on medical necessity.

\* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

AMOUNT, DURATION AND SCOPE OF  
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Revised: April 1, 2002

CATEGORICALLY NEEDY

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

b. Screening services - Not Provided.

c. Preventive services - Not Provided.

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

a. Acute Outpatient Services

Diagnosis

Diagnosis - Psychological Test/Evaluation

Diagnosis - Psychological Testing Battery

Treatment Plan

Interpretation of Diagnosis

Diagnosis - Speech Evaluation

Individual Outpatient - Therapy Session <sup>2,3</sup>

Marital/Family Therapy <sup>3</sup>

Individual Outpatient - Speech Therapy <sup>1</sup>

Group Outpatient - Group Therapy <sup>2,3</sup>

Group Outpatient - Medication Maintenance

Group Outpatient - Speech Therapy <sup>1</sup>

<sup>1</sup> Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

<sup>2</sup> Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

<sup>3</sup> **Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.**

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CATEGORICALLY NEEDY

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment <sup>1</sup>

c. Restricted RSPMI Services

Assessment-Reassessment and Plan of Care  
Crisis Stabilization Intervention <sup>1</sup>  
On-Site Intervention <sup>1,2</sup>  
Off-Site Intervention <sup>1,2</sup>  
Rehabilitation Day Services <sup>1,2</sup>

d. Other RSPMI Services

Crisis Intervention  
Physical Examination  
Medication Maintenance by a Physician <sup>1,2</sup>  
Periodic Review of Plan of Care  
Routine Venipuncture for Collection of Specimen  
Catheterization for Collection of Specimen  
Collateral Intervention <sup>2</sup>

Inpatient Visits in Acute Care Hospitals

by Board Certified  
Psychiatrists

<sup>1</sup> Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

18. Rehabilitative Services (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

19. Rehabilitative Services for Children (Continued)

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

20. Rehabilitative Services to Youth (Continued)

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(b) Interventions to address the youth's emotional and behavioral problems.

The extent and depth of services provided to a youth in the Emergency Shelter program depends upon the individual needs of the youth and the referral source.

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

20. Rehabilitative Services to Youth (Continued)

4. Therapeutic Foster Care - This residential service provides intensive therapeutic care for children provided in family homes which operate within a comprehensive residential treatment system or as an adjunct to a mental health treatment program and for which a service fee is paid to specially trained foster families. Care givers who provide this service in their homes, if not specially trained, are specifically qualified to provide the service because they have an educational or a professional background that attests to qualification equal to or greater than that of care givers who have received special training. Children to whom this service is provided have physical, emotional, or behavioral problems which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential program.

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6. Residential Treatment - This residential service provides twenty-four hour treatment service available for up to one year for each individual, for youth whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in his or her own home. Residential Treatment services require the formulation and implementation of an individualized treatment plan with time-framed, measurable objectives for each youth.

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

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b. Services must be provided by a licensed certified social worker (LCSW) who has a Master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (CSWE). The LCSW must be State licensed and certified to practice as a Licensed Certified Social Worker (LCSW) in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.

c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LCSW services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session\*
5. Marital/Family Therapy\*
6. Individual Outpatient - Collateral Services\*
7. Group Outpatient - Group Therapy\*

2. Licensed Professional Counselors (LPC)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed professional counselor (LPC) who must possess a Master's degree in mental health counseling from an accredited college or university. The LPC must be licensed as a Licensed Professional Counselor and be in good standing with the Arkansas Board of Examiners in Counseling.

c. A referral must be made by a Medicaid enrolled physician documenting medical necessity. Covered outpatient LPC services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session\*
5. Marital/Family Therapy\*
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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

21. Other Licensed Practitioners (Continued)

3. Licensed Marriage and Family Therapist (LMFT)

a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.

b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.

c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:

1. Diagnosis
2. Interpretation of Diagnosis
3. Crisis Management Visit
4. Individual Outpatient - Therapy Session\*
5. Marital/Family Therapy\*
6. Individual Outpatient - Collateral Services\*
7. Group Outpatient - Group Therapy\*

22. Medical Supplies

1. MIC-KEY Skin Level Gastrostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000 MIC-KEY Skin Level Gastrostomy Tube and Supplies are covered for Medicaid eligible recipients under age 21. Services require prior authorization. The MIC-KEY kit is limited to two (2) per State Fiscal Year. Benefit extensions will be considered on a case by case basis based on medical necessity.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

b. Screening services - Not Provided.

c. Preventive services - Not Provided.

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

a. Acute Outpatient Services

Diagnosis

Diagnosis - Psychological Test/Evaluation

Diagnosis - Psychological Testing Battery

Treatment Plan

Interpretation of Diagnosis

Diagnosis - Speech Evaluation

Individual Outpatient - Therapy Session <sup>2,3</sup>

Marital/Family Therapy <sup>3</sup>

Individual Outpatient - Speech Therapy <sup>1</sup>

Group Outpatient - Group Therapy <sup>2,3</sup>

Group Outpatient - Medication Maintenance

Group Outpatient - Speech Therapy <sup>1</sup>

<sup>1</sup> Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

<sup>2</sup> Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

<sup>3</sup> **Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.**

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2002

MEDICALLY NEEDY

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. Acute Day Treatment <sup>1</sup>

c. Restricted RSPMI Services

Assessment-Reassessment and Plan of Care  
Crisis Stabilization Intervention <sup>1</sup>  
On-Site Intervention <sup>1,2</sup>  
Off-Site Intervention <sup>1,2</sup>  
Rehabilitation Day Services <sup>1,2</sup>

d. Other RSPMI Services

Crisis Intervention  
Physical Examination  
Medication Maintenance by a Physician <sup>1,2</sup>  
Periodic Review of Plan of Care  
Routine Venipuncture for Collection of Specimen  
Catheterization for Collection of Specimen  
Collateral Intervention <sup>2</sup>  
Inpatient Visits in Acute Care Hospitals by Board Certified Psychiatrists

<sup>1</sup> Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

<sup>2</sup> **Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.**