

**MENTAL ILLNESS  
COMMUNITY PROGRAM  
CONTRACT SERVICE  
DELIVERY MANUAL**

**MENTAL ILLNESS DIVISION  
ALABAMA DEPARTMENT OF MENTAL HEALTH  
100 North Union Street  
Montgomery, AL 36130**

**MARCH 2026**

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## INTRODUCTION

### I. PURPOSE

To establish an organized and comprehensive community-based system of care for Adults with Serious Mental Illness (SMI) and Children and Adolescents with Severe Emotional Disturbance (SED).

### II. TARGET POPULATIONS

Persons who must rely upon public mental health services and who meet the following criteria:

#### a. Serious Mental Illness (SMI) – Adults

#### Alabama Department of Mental Health Mental Illness Division

#### DEFINITION OF SERIOUS MENTAL ILLNESS/ DESCRIPTION OF CONTRACT ELIGIBLE CLIENTS (ADULTS)

**CATEGORY A.** For the purposes of this agreement, the definition of an adult is an individual, age 18 years or older, and a legal resident of the state of Alabama. Persons who meet the diagnosis and disability criteria for serious mental illness listed below in Section 1 or who meet the criteria for high risk listed below in Section 2.

#### **Section 1: Persons who are Seriously Mentally Ill:**

**Diagnosis:** Any ICD diagnosis listed below in combination with at least two criteria from the disability category. A primary diagnosis of a “Z” code, substance use, autism spectrum disorder, developmental/intellectual disability, organic mental disorder, or traumatic brain injury does not meet the criteria.

- *Schizophrenia and Other Psychotic Disorders (F20 – F29)*
  - *With the **exclusion** of:*
    1. *F21 A – Schizotypal Personality D/O*
  
- *Mood Disorders (Major): (F30 – F33.9)*
  - *With the **exclusion** of:*
    1. *F32.0 – Mild Depressive Episode*
    2. *F32.8 – Premenstrual Dysphoric D/O*
    3. *F32.9 – Unspecified Depressive D/O*
  
- *Severe Anxiety Disorders: (F40.00, F40.01, F40.02, F41.0, F42)*
  - *With the **exclusion** of:*
    1. *F41.1 – Generalized Anxiety D/O*
    2. *F41.2 – Mixed Anxiety and Depression D/O*
    3. *F41.3 – Other Mixed Anxiety D/O*
    4. *F41.8 – Other Specified Anxiety D/O*
    5. *F41.9 – Unspecified Anxiety D/O*
    6. *F42.9 – Unspecified OCD*
    7. *F40.10 – Social Anxiety D/O*

**Disability:** (must meet at least two criteria listed below as a result of one of the above diagnoses):

1. Is unemployed, is employed with specialized employment services, or has markedly limited skills and a poor work history.
2. Shows severe inability to establish or maintain personal social support systems.
3. Shows deficits in basic living skills.
4. Exhibits inappropriate social behavior.

**Section 2: High Risk (must meet one of the criteria listed below):**

1. A person who has a history of ADMH supported inpatient or public residential treatment as a result of a mental illness diagnosis.
2. A person who without outpatient intervention would become at imminent risk of needing inpatient hospitalization.

**CATEGORY B.** An individual regardless of diagnosis shall be eligible for an intake as determined appropriate, as well as prehospital screening and crisis intervention as needed.

**b. Serious Emotional Disturbance (SED) – Children/Adolescents**

**Alabama Department of Mental Health  
Mental Illness Division**

**DEFINITION OF SERIOUS EMOTIONAL DISTURBANCE/  
DESCRIPTION OF CONTRACT ELIGIBLE CLIENTS  
(CHILDREN AND ADOLESCENTS)**

**CATEGORY A.** For the purposes of this agreement, the definition of a child or adolescent is an individual up to their 21<sup>st</sup> birthday and a legal resident of the state of Alabama. To be eligible for contract services he/she *must* meet the following criteria for (I & II) *or* (I & III):

**I. Diagnosis**

Must have a current ICD diagnosis. A primary diagnosis of a “Z” code, substance use, autism spectrum disorder, developmental/intellectual disability, organic mental disorder, or traumatic brain injury does not meet the criteria.

**II. Separated from Family (Out-of-Home Placement)**

Separated from family due to a child or an adolescent’s admission to, residing in, or returning from an out-of-home placement in a psychiatric hospital, a residential treatment program, therapeutic foster care home, or group treatment program as the result of a serious emotional disturbance.

**III. Functional Impairments/Symptoms/Risk of Separation**

Functional impairment is defined as a behavior or condition that substantially interferes with or limits a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent or continuous duration are included unless they are temporary and expected responses to stressful events in the environment.

Must have A or B or C as the result of a serious emotional disturbance:

**A. Functional Impairment**

Must have substantial impairment in one of the following capacities to function (corresponding to expected developmental level):

1. Autonomous Functioning: Performance of the age appropriate activities of daily living, i.e., personal hygiene, grooming, mobility;
2. Functioning in the Community - i.e., relationships with neighbors, involvement in recreational activities;
3. Functioning in the Family or Family Equivalent - i.e., relationships with parents/parent surrogates, siblings, relatives;
4. Functioning in School/Work - i.e., relationships with peers/teachers/co-workers, adequate completion of school work.

**B. Symptoms**

Must have one of the following:

1. Features Associated with Psychotic Disorders
2. Suicidal or Homicidal Gesture or Ideation

C. *Risk of Separation*

Without treatment there is imminent risk of separation from the family/family equivalent or placement in a more restrictive treatment setting.

CATEGORY B. An individual regardless of diagnosis shall be eligible for an intake as determined appropriate, as well as prehospital screening and crisis intervention as needed.

### **III. GENERAL PROVISIONS**

#### **A. HIGH RISK FOLLOW-UP**

Contractor understands and agrees to the following obligations pertaining to the **SMI, SED, and former patients of ADMH mental illness hospitals (ADMH operated or contracted)**:

1. Follow-up contact by appropriate staff must occur when any such person fails to attend scheduled services. This follow-up must occur no later than fifteen (15) calendar days after the end of the month in which the service was scheduled.
2. All patients discharged or on a temporary visit immediately preceding a planned discharge from any ADMH mental illness commitment (State Hospital/Designated Mental Health Facility – DMHF, either ADMH operated or contracted) must be reintegrated into outpatient (aftercare) services as soon as possible after each discharge. An initial face-to-face contact with the former patient, or someone responsible for his/her care, for the aforesaid purpose must occur no later than three (3) business days after notification by an ADMH mental illness state hospital/DMHF (operated or contracted) that it has discharged a patient into a community in the region served by Contractor.

#### **B. EMERGENCY SERVICES/CRISIS RESPONSE CAPABILITY**

- The CMHC will have procedures in place that makes a telephone number(s) available within the catchment area so that families, consumers, and other emergency responders can reach a CMHC professional staff member 24 hours per day, 7 days per week, **no exception**.
- The procedure will outline there is twenty-four (24) hours per day, seven (7) days per week capability to respond to an emergency need for mental health services for enrolled recipients. Such capability shall include:
  - Telephone response by a credentialed staff member (a direct service provider with at least a bachelor's degree, registered nurse, or Certified Mental Health Peer Specialist (Adult, Youth, Parent)) or
  - Face-to-face response by a credentialed staff member (a direct service provider with at least a bachelor's degree, registered nurse, or Certified Mental Health Peer Specialist (Adult, Youth, Parent)).
  - Adequate provision for handling special and difficult cases, e.g. violent/suicidal, or limited English proficient.
  - When an answering service is used, instructions must be provided in the proper handling of emergency calls. It is the CMHCs responsibility to ensure the answering service is appropriately trained.
  - Staff involved in face-to-face, virtual, or telephonic emergency services shall be trained in crisis intervention techniques.
  - A master's level clinical staff member with at least two (2) years of post-master's clinical experience shall be available as a backup to those persons providing emergency telephone service.
  - There shall be documentation of all after-hours incoming emergency calls, including time, nature of the emergency, telephone number of caller (if possible), and disposition. There is documentation of each face-to-face contact including disposition after the initial emergency interview.
  - All emergency contacts should document any referral to any other agency or non-agency services.
  - There is documentation of follow-up on disposition recommendations in all high-risk crisis situations.
- The policies and procedures will outline how calls from consumers who are deaf or who have limited English proficiency will be handled.
- The policies and procedures will result in all telephone calls being answered by a person who, if not a credentialed staff member, can get a credentialed staff member on the phone within 30 minutes.
- When a consumer calls the CMHC after hours, depending on the assessment of the consumer's needs by the mental health center staff (either on the telephone and/or in consultation with the CMHC supervisor), the consumer may be directed by the CMHC staff to one of the following options:

- (1) Call their primary care giver (public or private) the next day:
- (2) Call the CMHC the next day for an intake appointment:
- (3) For a crisis that the CMHC has the capacity to handle, proceed to a designated location for a face-to-face assessment. For purposes of face to face by CMHC, a hospital emergency room is not a designated location, unless the CMHC and hospital have agreed to the designation:
- (4) For a crisis more than a CMHC can address, go to the nearest Crisis Center or hospital emergency room, if the consumer feels that at any point he/she can no longer be safe where they are. Presentation to a Crisis Center or hospital emergency room does not automatically require a face-to-face assessment by the CMHC.

In addition, CMHC's may also provide crisis residential services either through a certified crisis residential program or through use of crisis respite services in another type of residential program. CMHC's may also facilitate access to local inpatient units by prior arrangement with a local hospital.

For CMHC consumers being served in a Crisis Center or general acute care hospital, if the Crisis Center or general acute care hospital has involved the CMHC with discharge planning, the CMHC will make every effort to see the person for follow up within three days of discharge. And, if CMHC staff are aware of the inpatient hospitalization or placement at Crisis Center, they will also try to maintain contact with the consumer while he/she is in the hospital or Crisis Center. For consumers who have never been consumers of the CMHC, but are being referred there for follow up care, they will be seen as quickly as possible.

The specific response to a consumer and/or family in crisis will depend upon whether or not the individual is known to the CMHC, where the person is located, and what resources are available at that particular time. If a formal agreement is in place between a general acute care hospital and CMHC, arrangements may be made to meet the consumer and family at a local hospital emergency room for face-to-face assessment, or the individual may be referred to the emergency room for assessment for admission to inpatient status. If such referral is made the CMHC staff should call the emergency room staff to provide any information known about the consumer's medications, medical history, etc. In cases where the consumer is known to the CMHC, every effort will be made to first use CMHC resources to deal with the crisis.

C. **FEES**

Contractor is part of the public safety net system for the SMI and SED populations. The Contractor agrees to discount fees charged to consumers. Such fees shall be based upon the income of the consumer and the number of other persons who are also dependent upon that income. The income eligibility for a family is defined as a group bound in a legal relationship claimed for income tax purposes. Contract eligible persons shall not be refused services due to their inability to pay a service fee. Contractor is to have policies that are approved by ADMH MI Community Programs that establishes a sliding fee scale which is based on income, resulting in low to no-cost services to consumers with low income. Contractor further understands that consumer fees are unallowable for Medicaid funded services.

D. **REPORTING (CDR, MICRS, GATEWAY, ABHAS, and THERAP)**

1. Contractor will electronically report consumer information monthly, or time intervals determined by ADMH, to the ADMH Central Data Repository (CDR). The data elements that must be reported are identified in the Community Services Subsystem (CSS): Uniform Data Collection and Reporting Requirements, Effective October 1, 1997(as may be amended from time to time). The aforementioned data is required to be reported on ALL service recipients of the Contractor. These electronic transmissions will be received by ADMH no later than fifteen (15) calendar days following the end of each calendar month.
2. Contractor will enter required data into the ADMH web-based systems, to include, but not limited to, Mental Illness Community Residential System (MICRS), Gateway commitment system, Alabama Behavioral Health Assessment System (ABHAS) – Child and Adolescent Needs and Strengths (CANS) functional

- assessment tool and THERAP for Incident Management reporting.
3. Reported services must be traceable to individual consumer records maintained by Contractor.

E. **PAYMENT PROCESS**

ADMH payments to the Contractor for services contained in Exhibit MI-6 are described in the CSDM.

For non-invoiced services, payments will be paid in non-invoiced payment (monthly, quarterly, etc.) schedule as determined by ADMH for the contract period listed in Exhibit MI-6. Invoiced payments shall be submitted for those services identified outside of the non-invoiced scheduled payments and can include payment for activities to include, but not limited to, limited English proficiency, nursing home monitoring, state level required trainings, housing support service, etc.

Starting January 1, 2026, ADMH implemented a new process for receiving and processing 1/12<sup>th</sup> payments. The 1/12<sup>th</sup> payments will no longer be generated by ADMH to be paid. The 1/12<sup>th</sup> payments will be required to be invoiced by the Community Mental Health Center (CMHC) for services provided. This change is being put into effect in order to avoid duplicate payments, payments for services no longer being rendered, to assist with confusion of what is being paid, and to verify the accuracy of payments.

The 1/12<sup>th</sup> invoices must be submitted by the 10<sup>th</sup> of every month.

The following MI Community Program services only require the CMHC to send in the invoice of the 1/12<sup>th</sup> amount by service/program, **with no supporting documents**, needed outlined from your MI-6 budget exhibit. All of these can be on the same 1/12<sup>th</sup> monthly invoice. Please note, these could be subject to change:

1. MI
  - a. General Ambulatory
  - b. Census Reduction
  - c. Extended Care Reduction
  - d. CMHC level Nursing Home/ALF/SCALF Monitoring
2. C&A
  - a. None at this time
3. Housing Residential (each housing/residential listed separately on invoice)
  - a. Semi-Independent Unsupervised
  - b. Semi-Independent Intensive
  - c. MOMs
  - d. 3-bed Small Capacity Group Homes
  - e. Specialized Basic Group Homes
  - f. Specialized Behavioral Group Homes
  - g. Specialized Medical Group Homes
  - h. Specialized Forensic Group Homes
  - i. Specialized Forensic MOMs
  - j. Specialized Deaf Programs
  - k. Crisis Residential Units
4. Crisis Services
  - a. Adult Crisis Centers
  - b. C&A Crisis Centers
  - c. 988 Crisis Line
5. Specialty/Training
  - a. Uncompensated Care – 1/12<sup>th</sup> Lump Sum Invoice Required submitted between (October 1<sup>st</sup> – December 31<sup>st</sup> – first quarter of every fiscal year)
6. Grants
  - a. None at this time.

The following MI Community Program services require the CMHC to send in the invoice of the 1/12<sup>th</sup> amount by service/program, with required supporting documents needed outlined from your

MI-6 budget exhibit and supporting exhibits. The areas will require separate 1/12<sup>th</sup> invoices per program. Please note **the supporting documents required** will be outlined in your exhibits and in the MI Contract Service Delivery Manual (CSDM). Please note, these could be subject to change:

1. MI
  - a. Adult Case Manager
  - b. ACT/PACT Teams
  - c. Adult In-Home Intervention Teams
  - d. Stepping Up Case Managers
  - e. UR Coordinators
2. C&A
  - a. Child Set-Aside
  - b. C&A Case Manager
  - c. C&A IHI
  - d. C&A Certified Peer Specialists
  - e. ESPDT
  - f. Children's First
  - g. Juvenile Court Liaison
  - h. School Based Mental Health Collaboration
3. Housing Residential (each housing/residential listed separately on invoice)
  - a. EBP Supportive Housing Program
  - b. Foster Care Homes
  - c. Supported Housing
  - d. Semi-Independent Unsupervised
  - e. Semi-Independent Intensive
  - f. MI/SU Co-Occurring Programs
  - g. C&A Residential
  - h. Crisis Stabilization Programs
4. Crisis Services
  - a. Adult Rural Mobile Crisis Services
  - b. Adult Mobile Crisis Services
5. Specialty/Training
  - a. None at this time
6. Grants
  - a. None at this time

The following MI Community Program services will maintain the **current expense-based invoice process**: Please note, these could be subject to change:

1. MI
  - a. Certified Peer Specialist
  - b. Supported Employment IPS
  - c. First Episode Psychosis
  - d. PATH – Homeless
  - e. Limited English Proficiency Access
  - f. Forensic Evaluations
2. C&A
  - a. OUR Kids
3. Housing Residential (each housing/residential listed separately on invoice)
  - a. HUD Shelter Plus Care
  - b. Housing Support Pool
  - c. Inpatient Services
4. Crisis Services
  - a. C&A Mobile Crisis Services
5. Specialty/Training
  - a. Statewide NH/ALF/SCALF Pool
  - b. Statewide Residential Risk Pool
  - c. Statewide Adult Case Management Certification
6. Grants

- a. None at this time

As noted, any of the above could be subject to change. If any changes are made, the CMHC will be notified. Also, when any new services/programs are implemented, they will be clearly outlined in the Exhibit/Scope of Work and the CSDM for impacted CMHCs. All changes will be reflected in Contract Amendments for each CMHC whereas language will be updated.

Furthermore, all invoices will require an ADMH **approved attestation** form to be signed by the Executive Director or their authorizing authority. All invoices for MI Community Programs will continue to be sent directly to Khaliah Lamar, Fiscal Manager MICP, [khaliah.lamar@mh.alabama.gov](mailto:khaliah.lamar@mh.alabama.gov).

Please note, the Medicaid Match withhold will no longer be drawn from the 1/12<sup>th</sup> payments and will be utilized as expense-based payments based on utilization of Medicaid Claims through the 837/835 Medicaid billing process, with a reconciliation process at the end of the fiscal year.

**For Statewide Funding Pools, please see below. Please refer to the Contract Services Delivery Manual for further detail:**

**Housing Support Services**

ADMH shall make available \$250,000 for the Housing Support services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for Housing Support is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$250,000 used for all providers.

**Limited English Proficiency Services (LEP Services)**

ADMH shall make available \$50,000 the Limited English Proficiency Services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for Limited English Proficiency Services is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$50,000 used for all providers.

**Residential Risk Pool Services**

ADMH shall make available \$140,961 for the Residential Risk Pool services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for Residential Risk Pool funds is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$140,961 used for all providers.

**Nursing Home Sponsorship**

ADMH shall make available \$286,089 for the statewide Nursing Home Sponsorship services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for statewide Nursing Home Sponsorship is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$286,089 used for all providers.

**Assisted Living/Skilled Assisted Living (ALF/SCALF) Sponsorship**

ADMH shall make available \$741,340 for the statewide ALF/SCALF Sponsorship services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for statewide ALF/SCALF Sponsorship is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$741,340 used for all providers.

**PATH Support Services**

ADMH shall make available \$15,797 for the PATH Support services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for PATH Support is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$15,797 used for all providers.

**F. MEDICAID PAYMENTS FOR MI SERVICES**

- A. Contractor understands and agrees that the state funds provided by ADMH in this contract, as specified in Exhibit MI-6, will be FIRST used to cover Contractor's share of the state costs ("State Match") associated with the delivery of Medicaid and Transportation Services (50.00 %). The approved Medicaid rate (**federal and state**) will be used for this contract. The current FMAP is determined by the Federal Government and is subject to change. If the Federal Government changes the rate, you will be notified immediately by ADMH.
- B. If Contractor's State Match share of Medicaid exceeds the amount of state funds provided by ADMH in this contract, Contractor shall then become responsible for all State Match payments in excess of the state funds allocation. Contractor will then be required to provide its own eligible non-federal funds to be used for the additional State Match. Said funds must be identified within its accounting records for audit purposes.
- C. Contractor understands that Medicaid funding is passed through from the Alabama Medicaid Agency. This funding comes from the U.S. Department of Health and Human Services Medical Assistance Program (Catalog of Federal Assistance Number 93.778) and is subject to Title XIX of the Social Security Act of 1965 and the administrative regulations found in the Code of Federal Regulations, 42 CFR Part 430 to End.

**G. OTHER AGREEMENTS**

- A. Contractor understands and agrees that victims of an officially declared natural disaster or severe local emergency who seek services as a result of the disaster/emergency are eligible for a period of three months following the date of admission after the disaster/emergency, to the extent that funds are available.
- B. Contractor agrees to continue to develop and implement the Quality Improvement Plan (QIP) as approved by the Performance Improvement (PI) committee. The QIP includes, but is not limited to, consumer satisfaction surveys, consumer quality of life surveys, and family satisfaction surveys as approved by ADMH for statewide use.
- C. Contractor understands and agrees that it shall, as documented by letter of agreement, designate a liaison to each juvenile court in its catchment area. The liaison will work proactively with the juvenile court(s) on a consultative basis regarding alternatives to, and appropriateness of, mental health commitment of juveniles. The liaison will facilitate prompt and timely mental health assessment and referral for service as appropriate. The liaison will consult with the Office of Child and Family Services regarding potential or pending mental health commitment proceedings for a juvenile.
- D. Contractor shall document the participation of consumers and families in the service planning, treatment planning, and evaluation process.
- E. Mental Illness Federal Block Grant Program  
Contractor understands that the federal funding in this agreement, identified as Activity Codes 1090 and 1100, comes from the U.S. Department of Human Services Community Mental Health Service Block Grant (Catalog of Federal Domestic Assistance Number 93.958, Grant Number B1 AL CMHS) and is subject to Subpart I & II, Part B, Title XIX, of the Public Health Services Act and the administrative regulations found in the Code of Federal Regulations, 2 CFR 200/45 CFR Part 75.
- F. Relating to Community Mental Health Service Block Grant, (Catalog of Federal Domestic Assistance Number 93.958, Grant Number B1 AL CMHS); The Provider agrees that it will not expend the grant:
  - 1. to provide inpatient services;
  - 2. to make cash payments to intended recipients of health services;
  - 3. to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
  - 4. to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds, or
  - 5. to provide financial assistance to any entity other than a public or non-profit private entity
  - 6. provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with

the etiologic agent for AIDS.

G. PATH Program

Contractor understands and agrees that the federal funding in this agreement, identified as Activity Code 1460, comes from the U.S. Department of Human Services Projects for Assistance in Transition from Homelessness (Catalog of Federal Domestic Assistance Number 93.150, Grant Number SMX060001) and is subject to Public Law 101-645, Title V, Subtitle B and the administrative regulations found in the Code of Federal Regulations, 2 CFR 200/45 CFR Part 75.

H. Shelter Plus Care Program

Contractor understands that the federal funding in this agreement, identified as Activity code 1240, comes from the Department of Housing and Urban Development Shelter Plus Care Program (Catalog of Federal Domestic Assistance Number 14.238) and is subject to Subtitle F of Title IV of the Stewart B. McKinney Homeless Assistance Act 42 U.S.C. 11301 et seq and the HUD Shelter Plus Care Program final rule published March 15, 1993 at 58 FR 13884 and codified at 24 CFR part 582.

I. Utilization Review (UR)

The Contractor understands that it is responsible for participating in the statewide Utilization Review process for adult residential services and commitment process. The Contractor agrees that it will provide data on individual consumers through ADMH approved data systems and UR process to include, but not limited to, the Mental Illness Vacancy Reporting System, CDR, MICRS, and Gateway in the form and manner specified by ADMH and will share clinical information with the regional Utilization Review Coordinators and appropriate staff members from other community mental health centers within the ADMH contract system as necessary to coordinate placements, to ensure continuity of care, and to monitor utilization of residential resources. The Contractor further agrees that it will permit the Utilization Review Coordinators to visit the residential programs and have access to residents for the purposes of carrying out the Utilization Review functions specified in the Contract Service Delivery Manual. The Contractor further agrees the Utilization Review Coordinators will coordinate directly with ADMH staff, as well as staff throughout their regions and state hospitals.

I. Nursing Delegation Program (NDP)

J. CMHCs are required to following all ADMH administrative code, rules, regulations, and policies required for NDP, as well as be in compliance with the Alabama Board of Nursing (ABN).

K. The contractor agrees that it will be subject to decertification by ADMH if out of compliance with the contract.

**Contractor shall document the participation of consumers and families in the service planning and evaluation process.**

Nothing in this manual should be construed to prohibit treating individuals with **both mental illness and substance use disorders**. While there are no specific provisions in this Manual relative to integrated services for co-occurring disorders, it is the preferred course of treatment. Mental illness services may be provided as part of a purposefully designed and executed integrated treatment program or in combination with substance use services offered directly by the provider of the mental illness services or by another provider of substance use services.

Nothing in this manual should be construed to prohibit treating individuals with **both mental illness and Developmental Disabilities, such as ID or ASD**. While there are no specific provisions in this Manual relative to coordinated services for dually diagnosed individuals, it is the preferred course of treatment. Mental illness services may be provided in combination with intellectual disabilities or ASD services offered directly by the provider of the mental illness services or by another provider of such services.

The Contractor understands and agrees that it will cooperate with the **Office of Deaf Services (ODS)** serving its area. The Contractor shall inform the ODS when a consumer who is deaf/hard of hearing presents for services and shall coordinate provision of interpreter services with the ODS. Further, the ODS shall be involved in treatment

planning for consumers who are deaf/hard of hearing through consultation with the Contractor’s staff and/or participation in treatment planning conferences.

**CONTRACT CODES/MODIFIERS**

**I. CONTRACT CODES**

<b>2025/2026 CONTRACT CODES</b>	
<b>Date 12/01/2025</b>	
<b>FUNDING SOURCE</b>	<b>CONTRACT CODE</b>
General	000
PATH Grant	001
Set a Side	003
Forensic (non-settlement)	006
Crisis Stabilization	007
Transitional Age Group Home	008
Rural Mobile Crisis Teams (MCT) for Cahaba, Northwest, West AL, Wellstone	010
Mobile Crisis Team (MCT) through SAMHSA – SpectraCare	013
Mobile Crisis Team (MCT) through Crisis Center – AltaPointe, Carastar, Integrea, East Central	014
Crisis Centers – AltaPointe, Wellstone, Carastar, JBS, SpectraCare, Indian Rivers	015
C&A Mobile Crisis Team (MCT)– JBS, AltaPointe, Wellstone	016
C&A Crisis Center– Wellstone	017
Mobile Crisis Team (MCT) through Federal Grant – Wellstone and South Central	018
Children First – SMART – Glenwood	043
Juvenile Court Liaison	044
Specialized OUR Kids – JBS RAP	045
OUR Kids After-school Program – Wellstone	049
School-Based Mental Health Collaboration	050
School-Based Mental Health Collaboration – Special Funding	051
First Episode Psychosis – NOVA – JBS, Wellstone, AltaPointe	055
Certified Community Behavioral Health Clinics – CCBHC	056
Region 1 Post Commitment	059
Region 3 Post Commitment (Carastar, East Central)	060
Region 2 Post Commitment	061
Opioid Phase I Inpatient Hillcrest Project – JBS	064
Opioid Phase II Inpatient Hillcrest Project – JBS	065
Specialized State Funded Inpatient Hillcrest Project – JBS	066
Forensic Settlement – Northwest, Integrea, East Central, JBS/Hillcrest, South Central, JBS MOM	076
Rural Mobile Crisis Program – Southwest	082
Crisis Urgent Care Program – South Central	085
Certified Peer Support Specialists – Adults	100
Adult Residential Care Home (Specialized Basic)	121
Semi-Independent Living (Intensive)	123
Housing Support Poo611 of Funds	124
Crisis Residential Unit (CRU)	125
Supported Housing	127
Foster Home	128

Nursing Home Funds – CMHC Level	129
C&A Residential Care Home/Severe – AltaPointe BayPointe	132
Child Short-term Treatment and Evaluation (STTEP) – JBS/UHS	133
Adult Residential Care Home (Specialized-Behavioral)	211
Adult Residential Care Home (Specialized Medical)	212
Three Bed Residential	213
MI/SU – Co-Occurring	227
MI/ID – Dual Diagnosed	229
PACT (JBS and UAB)	304
ACT	305
Our Kids – SED Hybrid – JBS	441
Individual Placement and Supports (IPS) – Supported Employment Program - Altapointe, Central Alabama Wellness, Carastar	650
Individual Placement and Supports (IPS) – Supported Employment Program - JBS, Indian Rivers	651
Stepping Up	658
In Home Intervention – Adult – Non-Traditional	701
In Home Intervention - Transitional Age – AltaPointe	708
In Home Intervention – Adult	709
In Home Intervention - Child/Adol	710
C&A – ADAP Settlement (EPSDT)	711
In-Home Intervention - Children First for East Central, Riverbend	742
Children First - Case Management - Altapointe, Cahaba, Indian Rivers, Carastar, Northwest, Spectracare, Wellstone	743
Case Management – C&A	745
Case Management – Adult	747
Clarke County Detention Project – Southwest	748
Escambia County Detention Project – Southwest	749
Etowah County FOCUS Project – CED	750
Etowah County Probate Program – CED	752
Brief Psychiatric Care Clinic – JBS	753
Medicaid Transportation	800
Meals Observation Medications (MOM) Residential Apartments	916
Evidence-Based Practice Supportive Housing Program (EBP SHP)	927
Residential Deaf Programs	993

## **II. CONTRACT MODIFIERS**

<b>CONTRACT ACTIVITY/PROCEDURE CODE MODIFIERS</b>	
<b>Modifier</b>	<b>Description</b>
AJ	Licensed Certified Social Worker
FQ	Audio Only

GT	Telemedicine/Audio Visual
HA	Child and Adolescent
HB	Adult In-Home Intervention
HD	Special Women's for Substance Use (Pregnant & Parenting Women)
HE	Mental Illness
HF	Substance Use
HH	Dual Diagnosis
HM	Certified Nursing Assistant (CNA); Certified Medical Assistant (CMA); Medication Assistant Certified (MAC) Worker
HO	An individual with a master's degree or above, not yet licensed, but meets the requirements as set forth in Chapter 105 of the Alabama Medicaid Provider Billing Manual
HQ	PACT or Group Services
HS	Youth Parent
HT	Team
TG	Complex/high tech level of care
U1	Adult Case Management or RN Services
U2	LPN Services
U3	Children Case Management
U6	Licensed Professional Counselor (LPC)
U7	Licensed Marriage and Family Therapist (LMFT)
U8	Assists with Services
U9	Substance Use Case Management (previously Oil Spill)
UA	High Intensity
UH	After-hours
UK	HICC internal linkages or intra-agency work with providers (within CMHC)
52	Partial Month
R1	Adult Residential Care Home (Specialized Basic)
R2	Adult Residential Care Home Specialized – Behavior
R3	Adult Residential Care Home Specialized – Medical
R4	Three Bed Group Home
R5	Meals Observation Medications (MOM) Residential Apartments
R6	Foster Home
R7	Semi-Independent Living (Intensive)
R9	Crisis Residential Unit (CRU)
RA	Residential Deaf Programs
RB	Residential Dual Diagnosed (MI/ID/DD)
RC	Residential Co-occurring (MI/SU)
RJ	Child/Adolescent Residential Care Home/Severe
RK	Child/Adolescent Residential Care Home
RL	Child/Adolescent Crisis Residential Unit
RM	Child Short-term Treatment & Evaluation (STTEP)
RN	Transitional Age
Q2	Demonstration Procedure/Service (CCBHC)

## **SERVICES**

### **I. REQUIRED CREDENTIALS FOR SERVICE STAFF**

#### **Service Staff Definitions:**

- **Rehabilitative Services Professional:**
  - A psychologist licensed under Alabama law
  - A professional counselor licensed under Alabama law
  - An associate licensed counselor under Alabama law
  - An independent Clinical social worker licensed under Alabama law
  - A licensed master social worker licensed under Alabama law
  - A marriage and family therapist licensed under Alabama law
  - A marriage and family therapist associate licensed under Alabama law
  - A registered nurse licensed under Alabama law who has completed a master's degree in psychiatric nursing
  - A Master's Level Clinician is an individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other human service field areas and is under the supervision of a master's level or above clinician with two years of postgraduate clinical experience.
- A **physician (MD)** licensed under Alabama law
- A **physician assistant (PA)** licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners
- A **Certified Registered Nurse Practitioner (CRNP)** licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses or a multistate licensure privilege
- A **pharmacist** licensed under Alabama state law may provide medication monitoring
- A **Registered Nurse (RN)** licensed under Alabama state law
- A **Practical Nurse licensed (LPN)** under Alabama state law
- **Qualified Mental Health Provider – Bachelor's** – A person with a Bachelor's Degree in a human services field
- **Qualified Mental Health Provider– Non-Degreed** – A person with a high school diploma or GED supervised by a Rehabilitative Services Professional
- A **Nursing Assistant certified (CNA)** pursuant to Alabama State Law.
- A **Certified Medical Assistant (CMA)** certified through the American Association of Medical Assistants (AAMA) or the American Medical Technologists (AMT).
- **Medication Assistant Certified (MAC) Worker** – A person working under a Medication Assistance Supervising (MAS) nurse that meets the Alabama Board of Nursing requirements
- A **Certified Mental Health Youth Peer Specialist – Youth (CPS-Y)** who has personal experience with children and adolescent's mental health, who is willing to share his/her personal experiences, who has at least a high school diploma or GED, and who has satisfactorily completed a Mental Health Youth Peer Specialist training program approved by the state. Certified Mental Health Peer Specialist must be supervised by a Rehabilitative Services Professional.
- A **Certified Mental Health Adult Peer Specialist (CPS-A)** who has personal experience with recovery from mental illness, who is willing to share his/her personal experiences, who has at least a high school diploma or GED, and who has satisfactorily completed a Mental Health Peer Specialist training program approved by the state. A Mental Health Certified Adult Peer Specialist must be supervised by a Rehabilitative Services Professional.
- A **Mental Health Parent Peer Support Specialist (CPS – P)** provider who is parenting or has parented a child experiencing mental, emotional, or behavioral health disorders and can articulate the understanding of their experience with another parent or family member. This individual may be a birth parent, adoptive parent, family member standing in for an absent parent, or other person chosen by the family or youth to have the role of parent. This individual has at least a high school diploma or GED and has satisfactorily completed a Mental Health Parent Peer Support Provider training program approved by state. A Mental Health Parent Peer Support Specialist must be supervised by a Rehabilitative Services Professional.

**II. MI GENERAL AMBULATORY**

The contract amount for each contracted 310 Board Community Mental Health Center (CMHC) in the General Ambulatory line is listed in MI-6. The funds must be used for CMHC outpatient services to include clinic-based services, outreach services, day programs, etc. that are required to be provided to be a certified/contracted CMHC.

For payment of MI General Ambulatory, each CMHC is REQUIRED to submit MONTHLY the 1/12<sup>th</sup> amount through an invoice with no needed support document but with attestation signed by Executive Director/CEO.

**III. GENERAL OUTPATIENT (REQUIRED)**

**1. INTAKE/EVALUATION**

Definition:

Initial clinical evaluation of the recipient’s request for assistance. The intake evaluation presents psychological and social functioning, recipient’s reported physical and medical condition, the need for additional evaluation and/or treatment, and the recipient’s fitness for rehabilitative services.

Key service functions include the following:

- A clinical interview with the recipient and/or collateral
- Screening for needed medical, psychiatric, or neurological assessment, as well as other specialized evaluations, including communication assessments for consumers who are deaf
- A brief mental status evaluation
- Review of the recipient’s presenting problem, symptoms, functional deficits, and history
- Initial diagnostic formulation
- Development of an initial treatment plan for subsequent treatment and/or evaluation
- Referral to other medical, professional, or community services as indicated

Eligible Staff:

Clinical evaluation and assessments of a mental illness recipient may be performed by a person who possesses any one or more of the following qualifications:

- Rehabilitative Services Professional (all types)

<u>HCPS/CPT Code:</u>	90791-HE
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Code:</u>	1500
<u>Contract Codes:</u>	000, 001, 003, 006, 007, 008,010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 658, 701, 748, 749, 750, 752, 753, 916, 927, 993
<u>Reporting Unit:</u>	Episode
<u>Maximum Billable Unit(s):</u>	Unlimited
<u>Contract Rate:</u>	\$195.46

Reporting Combination Restrictions:

May not be billed in combination with Treatment Plan Review (H0032), Individual Counseling (90832-HF, 90834-HF, 90837-HF), Group Counseling (90853-HF), Family Counseling (90846-HF, 90847-HF), Multi Family Group Psychotherapy (90849-HF).

ation:

Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment and that protects the recipient’s rights to privacy and confidentiality, to include inpatient hospitals and inpatient psychiatric residential facilities.

*Additional Information*

An intake evaluation must be performed for each recipient considered for initial entry into a treatment program. This requirement applies to any organized program or course of covered services that a recipient enters or attends to receive scheduled or planned rehabilitative services. Individuals who are transferred between programs within an agency do not require a new intake at the time of transfer.

The intake evaluation process determines the recipient's need for rehabilitative services based upon an assessment that must include relevant information from the following areas:

- Family history
- Educational history
- Relevant medical background
- Employment/Vocational history
- Psychological/psychiatric treatment history
- Military service history
- Legal history
- Alcohol/Drug use history
- Mental status examination
- A description/summary of the significant problems that the recipient experiences

The intake evaluation process also results in the development of a written treatment plan (service plan, individualized family service plan, plan of care, etc.) that includes elements defined, completed by the fifth outpatient client visit or within ten working days after admission in all day programs or residential program for mental illness recipients; and, completed by the tenth day after admission to an outpatient program or by the fifth day after admission to a residential program or other time limits that may be specified under program specific requirements. The treatment plan will do the following:

- Identify the clinical issues that will be the focus of treatment.
- Specify those services necessary to meet the recipient's needs.
- Include referrals as appropriate for needed services not provided directly by the agency.
- Identify expected processes/outcomes toward which the recipient and therapist will be working to impact upon the specific clinical issues.
- Be approved in writing by a licensed psychologist, graduate level certified licensed social worker, licensed professional counselor, a licensed marriage and family therapist, a Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses, a registered nurse licensed under Alabama law with master's degree in psychiatric nursing, a physician licensed under Alabama law, or a physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners. For SA services, the patient, counselor, and licensed staff as noted above must all approve the treatment plan prior to the provision of SA treatment services.
- Except as noted above, services may be provided and billed between the initial Intake service and the development of the treatment plan within the allowed time frames. Once the Treatment Plan is developed, service types must be specified in the treatment plan, with the exception of crisis intervention and resolution, mental health care coordination, behavioral health placement assessment, and treatment plan review. Changes in the treatment plan must be approved by a person licensed under Alabama law to practice psychology, certified social work, professional counseling, marriage and family therapy, or medicine; or a registered nurse licensed under Alabama law with master's degree in psychiatric nursing.
- For ADMH Mental Illness providers, Z04.6 is covered for this service.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ).

2. **INDIVIDUAL THERAPY/COUNSELING**

Definition:

The utilization of professional skills by a qualified practitioner to assist a recipient in a face-to-face, one-to-one psychotherapeutic encounter in achieving specific objectives of treatment or care for a mental health disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Individual Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services.

Key service functions include the following:

- Interaction where interventions are tailored toward achieving specific goals and/or objectives of the recipient's treatment plan:
- On-going assessment of the recipient's presenting condition and progress made in treatment.

Eligible Staff:

- Rehabilitative Services Professional (all types)

<u>HCPS/CPT Code(s):</u>	90832-HE/ 90834-HE/ 90837-HE
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Code:</u>	1527/ 1528/ 1529
<u>Contract Codes:</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 125, 127, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 658, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 916, 993
<u>Reporting Unit:</u>	30 min./ 45 min./ 60 min.
<u>Maximum Billable Unit(s):</u>	1 unit per day/52 units per year
<u>Contract Rate:</u>	\$85.07/ \$112.29/ \$164.84

Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035), Adult Intensive Day Treatment (H2012), Child & Adolescent Day Treatment (H2012-HA), In-Home Intervention (H2021, H2022-HA), ACT (H0040), PACT (H0040-HQ),

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient's rights to privacy and confidentiality.

Additional information:

The Z code unspecified psychosocial circumstance is covered only for children and adolescents.

Max Unit = 1 per day

Billing = 1 of the following codes:

- Code 90832 = therapy given for 16 to 37 minutes
- Code 90834 = therapy given for 38 to 52 minutes
- Code 90837 = therapy given for 53 minutes or greater

\* This service may be provided via audio and visual telehealth (GT) or audio only (FQ).

3. **FAMILY THERAPY/COUNSELING**

Definition:

A recipient focused intervention that may include the recipient, his/her collateral\* and a qualified practitioner. This service is designed to maximize strengths and to reduce behavior problems and/or functional deficits stemming from the existence of a mental health disorder that interferes with the recipient’s personal, familial, vocational, and/or community functioning.

Key service functions include the following:

- Interaction where interventions are tailored toward achieving specific goals and/or objectives of the recipient’s treatment plan:
- On-going assessment of the recipient’s presenting condition and progress being made in treatment.

Eligible Staff:

- Rehabilitative Services Professional (all types)

<u>HCPS/CPT Code(s):</u>	90846-HE (Fam Tx w/o pt)/ 90847-HE (Fam Tx w. pt)/ 90849-HE (Multi-fam group)
<u>Other Modifiers:</u>	GT: FQ (90846/90847): GT (90849)
<u>Activity Codes:</u>	1545/1540/1547
<u>Contract Codes:</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 125, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 916, 993
<u>Reporting Unit:</u>	1 episode/day; 104 units/year
<u>Maximum Billable Unit(s):</u>	Minimum of 60 minutes
<u>Contract Rate:</u>	\$107.37/\$111.15/\$38.56

Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035), Adult Intensive Day Treatment (H2012), Child and Adolescent Day Treatment (H2012-HA), In-Home Intervention (H2021, H2022-HA), ACT (H0040), PACT (H0040-HQ).

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient’s rights to privacy and confidentiality.

Additional information:

- Family therapy is defined as the treatment of family members as a family unit, rather than an individual patient. When family therapy without the patient present (90846) or family therapy with the patient present (90847) is provided, the session is billed as one service (one family unit), regardless of the number of individuals present at the session.
- When a family consists of eligible adult and child(ren) and the therapy is not directed at one specific child, services may be directed to the adult for effective treatment of the family unit to address the adult’s issues and impact on the family. If the adult is not eligible and the family therapy is directed to the adult and not the child, the service may not be billed using the child’s recipient id number.
- If there is more than one eligible child and no child is exclusively identified as the primary recipient of treatment, then the oldest child’s recipient id number must be used for billing purposes. When a specific child is identified as the primary patient of treatment, that child’s recipient ID number must be used for billing purposes. A family may be biological, foster, adoptive or other family unit.
- A family is not a group, and providers may not submit a bill for each eligible person attending the same family therapy session.
- All members of the family in attendance for the session will sign/mark the signature log or progress note to

document their participation in the session (in addition to the therapist documenting their presence/participation).

- The Z code unspecified psychosocial circumstance is covered only for children and adolescents.
- 90846 and 90847 may be provided via audio and visual telehealth (GT) or audio only (FQ).
- 90849 may be provided via audio and visual telehealth (GT).

4. **PHYSICIAN/MEDICAL ASSESSMENT AND TREATMENT**

Definition:

Contact with a recipient during which a qualified practitioner provides psychotherapy and/or medical management services. Services may include physical examinations, evaluation of co-morbid medical conditions, development or management of medication regimens, the provision of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic services, or the provision of educational services related to management of a physical, mental health, or substance use disorder.

Key service functions include the following:

- Specialized medical/psychiatric assessment of physiological phenomena
- Psychiatric diagnostic evaluation
- Medical/psychiatric therapeutic services
- Assessment of the appropriateness of initiating or continuing the use of psychotropic or detoxification medication
- Assessment of the need for inpatient hospitalization

Eligible Staff:

- Physician medical assessment and treatment may be performed by a physician licensed under Alabama law to practice medicine or osteopathy,
- a physician assistant licensed under Alabama law and practicing within the guidelines as outlined by the Alabama Board of Medical Examiners, or
- a Certified Registered Nurse Practitioner (CRNP) licensed under Alabama law practicing within the scope as defined by the Joint Committee of the Alabama Board of Nursing and the Alabama Board of Medical Examiners for Advanced Practice Nurses.

<u>HCPS/CPT Code(s):</u>	H0004 – HE
<u>Other Modifiers:</u>	GT: HQ
<u>Activity Code:</u>	1560
<u>Contract Code(s):</u>	000, 001, 003, 007, 010, 013, 014, 015, 016, 017, 018, 043, 055, 082, 125, 212, 304, 305, 441, 500, 748, 749, 753, 916
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	6 per day, 52 per year
<u>Contract Rate:</u>	\$54.60 per unit

Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035), ACT (H0040), PACT (H0040-HQ).

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient’s rights to privacy and confidentiality.

Additional Information:

- All services rendered by a physician, physician assistant, or nurse practitioner that meet the definition above should be billed under this code including those rendered via teleconference with a direct service or consultation recipient.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ).

5. **MEDICATION MONITORING (NON-PHYSICIAN)**

Definition:

Contact between the recipient and an eligible provider staff who is monitoring compliance with dosage instructions; educating the recipient and/or collateral of expected effects of medications; assessing the recipient’s need to see the physician; and recommending changes in the medication regimen.

Key service functions include:

- a) review of the overt physiological effects of medication;
- b) monitoring compliance with dosage instructions;
- c) instructing the consumer and/or caregivers of expected effects;
- d) assessing the consumer’s need to see the physician; and
- e) recommending changes in the medication regimen.

Eligible Staff:

- Rehabilitative Services Professional (all types)
- Qualified Mental Health Provider – Bachelor’s
- Registered Nurse licensed under Alabama law
- Licensed Practical Nurse licensed under Alabama law
- Pharmacist licensed under Alabama law

<u>HCPS/CPT Code(s):</u>	H0034-HE
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Code:</u>	1580
<u>Contract Code(s):</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 658, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 927, 916, 927, 993
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	2 per day, 52 per year
<u>Contract Rate:</u>	\$23.10 per unit

Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035), In-Home Intervention (H2021, H2022-HA), ACT (H0040), PACT (H0040-HQ).

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the consumer and staff member, that affords an adequate therapeutic environment and protects the consumers’ rights to privacy and confidentiality.

Additional Information

- The code Z 65.9 unspecified psychosocial circumstance is covered only for children and adolescents.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ).

6. **TREATMENT PLAN REVIEW**

Definition:

Review and/or revision of a recipient’s individualized mental health and/or substance use disorder treatment plan by a qualified practitioner who is not routinely directly involved in providing services to the recipient. This review will evaluate the recipient’s progress toward treatment objectives, the appropriateness of services being provided, and the need for a recipient’s continued participation in treatment. This service does not include those activities or costs associated with direct interaction between a recipient and his or her primary therapist regarding the recipient’s treatment plan. That interaction must be billed through an alternative service, such as individual counseling. This review shall determine:

- a) the consumer’s progress toward treatment objectives;
- b) the appropriateness of the services being furnished;
- c) the need for a consumer’s continued participation in treatment.

Eligible Staff:

Any staff member who possesses any one or more of the following qualifications:

- Physician
- Physician Assistant
- Certified Registered Nurse Practitioner (CRNP)
- Rehabilitative Services Professional (licensed only)

<u>HCPS/CPT Code(s):</u>	H0032-HE
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1640
<u>Contract Code(s):</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 701, 708, 709, 710, 742, 748, 749, 753, 916, 927, 993
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	1 event with up to 2 units every 6 months; 4 per year
<u>Contract Rate:</u>	\$23.10 per unit

Reporting Combination Restrictions:

May not be billed in combination with Intake Evaluation (90791), Child and Adolescent In-Home Intervention (H2022-HA), ACT (H0040), and PACT (H0040-HQ).

Location:

This service may be provided wherever the recipient’s clinical record is stored. This service may be billed while a recipient is in an inpatient setting since it is not a face-to-face service.

Additional Requirements:

The recipient’s treatment plan must be reviewed at least every six months. In cases where only an intake or diagnostic assessment is provided with no further treatment, treatment plan reviews are not covered. One treatment plan review will be covered following a six-month interval of no services delivered; any subsequent reviews with no intervening treatment are disallowed.

Providers must document this review in the recipient’s clinical record by noting on the treatment plan that it has been reviewed and updated or continued without change.

This is not a face-to-face service.

7. **CRISIS INTERVENTION**

Definition:

Immediate emergency intervention with a recipient, or the recipient’s collateral\* (in person or by telephone) to ameliorate a maladaptive emotional/behavioral reaction by the recipient. Service is designed to resolve crisis and develop symptomatic relief, increase knowledge of resources to assist in mitigating a future crisis, and facilitate return to pre-crisis routine functioning. Interventions include a brief, situational assessment; verbal interventions to de-escalate the crisis; assistance in immediate crisis resolution; mobilization of natural and formal support systems; and referral to alternate services at the appropriate level.

Key service functions include the following:

- Specifying factors that led to the recipient’s crisis state, when known
- Identifying the maladaptive reactions exhibited by the recipient
- Evaluating the potential for rapid regression
- Resolving the crisis
- Referring the recipient for treatment at an alternative setting, when indicated

Eligible Staff:

- Rehabilitative Services Professional (all types)
- Licensed Registered Nurse
- Licensed Practical Nurse
- Certified Nursing Assistant
- Qualified Mental Health Provider – Bachelor’s
- Certified Mental Health Peer Specialist (Youth, Adult, and Parent)

<u>HCPS/CPT Code(s):</u>	H2011-HE: H2011 – HE: UH (after hours)
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Code:</u>	1590; 1598
<u>Contract Code(s):</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 082, 100, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 658, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 916, 927,993
<u>Reporting Unit:</u>	15 minutes increments
<u>Maximum Billable Unit(s):</u>	20 per day, 7300 per calendar year
<u>Contract Rate:</u>	\$23.10 per unit

ADMH Reporting Combination Restrictions:

May not be billed in combination with In-Home Intervention (H2021, H2022-HA), ACT(H0040), PACT (H0040-HQ)

Location:

The only excluded settings are hospitals for admitted consumers. Services provided in an emergency room prior to the consumer’s admission to the hospital are eligible. Services can be delivered in any setting convenient for both the consumer and staff member, that affords an adequate therapeutic environment and protects the consumers’ rights to privacy and confidentiality.

Additional information

- If the recipient is unable to sign a receipt for service or if the service is rendered by phone or telehealth, the documentation in the recipient’s record should so indicate.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ).
- The Z code unspecified psychosocial circumstance is covered only for children and adolescents, or adults receiving DHR protective services. For ADMH Mental Illness providers, Z04.6 is covered for this service.

8. **BEHAVIORAL HEALTH PLACEMENT ASSESSMENT (FORMALLY CALLED PRE-HOSPITALIZATION SCREENING/COURT SCREENING)**

Definition:

A structured interview process conducted by a qualified professional for the purpose of identifying a recipient’s presenting strengths and needs and establishing a corresponding recommendation for placement in an appropriate level of care. This process may incorporate determination of the appropriateness of admission/commitment to a state psychiatric hospital or a local inpatient psychiatric unit.

Key service functions include the following:

- a) A clinical assessment of the recipient’s needs for local or state psychiatric hospitalization
- b) An assessment of whether the recipient meets involuntary commitment criteria, if applicable
- c) Preparation of reports for the judicial system and/or testimony presented during the course of commitment hearing
- d) An assessment of whether other less restrictive treatment alternatives are appropriate and available
- e) Referral to other appropriate and available treatment alternatives

Eligible Staff:

Behavioral Health Placement Assessment may be performed by a person who possesses any one or more of the following qualifications:

- a) Rehabilitative Services Professional (all types)
- b) Licensed registered nurse

<u>HCPS/CPT Code(s):</u>	H0002-HE
<u>Other Modifiers:</u>	GT
<u>Activity Code:</u>	1550
<u>Contract Codes:</u>	000, 001, 003, 007, 010, 013, 014, 015, 016, 017, 018, 044, 045, 049, 050, 051, 055, 082, 304, 305, 441, 442, 500, 658, 701, 748, 749, 750, 752, 753,
<u>Reporting Unit:</u>	30-minute increments
<u>Maximum Billable Unit(s):</u>	4 units per day; 16 units per year
<u>Contract Rate:</u>	\$46.20 per unit

ADMH Reporting Combination Restrictions:

None

Location:

Services can be delivered in any setting that is convenient for both the consumer and staff member, that affords an adequate therapeutic environment, and that protects the consumers’ rights to privacy and confidentiality.

Additional Information:

- Providers may bill for time spent in court testimony while a recipient is in an inpatient unit.
- For ADMH Mental Illness providers, Z04.6 is covered for this service.
- For ADMH Mental Illness providers, this service also covers children/adolescent assessments for appropriate level of care and/or appropriate community-based services to divert from out of home placement.
- This service may be provided via audio/visual telehealth (GT).

9. **MEDICATION ADMINISTRATION**

Definition:

Administration of oral or injectable medications under the direction of a physician, physician assistant, or certified registered nurse practitioner.

Eligible Staff:

- A registered nurse licensed under Alabama law
- A licensed practical nurse licensed under Alabama law under the direction of a physician
- MAC Worker (Oral Medications Only)

<u>HCPS/CPT Code(s):</u>	96372-HE (injectable); H0033-HE (oral)
<u>Other Modifiers:</u>	NA
<u>Activity Code(s):</u>	1570/ 1575
<u>Contract Code(s):</u>	000, 003, 007, 010, 013, 014, 015, 016, 017, 018, 055, 082, 125, 212, 304, 305, 500, 701, 708, 709, 710, 742, 753, 916
<u>Reporting Unit:</u>	1 episode
<u>Maximum Billable Unit(s):</u>	3 per day, 1,095 per year
<u>Contract Rate:</u>	\$23.12/\$14.70

ADMH Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035), ACT (H0040), PACT (H0040-HQ).

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the consumer and staff member, that affords an adequate therapeutic environment and protects the consumers' rights to privacy and confidentiality.

Additional Information:

- This service does NOT include the intravenous administration of medications, nor does it include the preparation of medication trays in a residential setting. Procedure codes 96372 HE and H0033 HE may be span billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 1,095 units per year.
- Utilization will be monitored through retrospective reviews.
- For payment processing 96372, only one claim can be processed per day (1-3) for a maximum unit of three (3).
- For payment processing H0033, only one claim can be processed per day (1-3) for a maximum unit of three (3).
- This service may be provided face to face only.
- MAC Worker can only administer oral medications under delegation of a MAS nurse.

10. **MENTAL HEALTH CARE COORDINATION (PREVIOUSLY MENTAL HEALTH CASE CONSULTATION)**

Definition:

Services to assist an identified Medicaid recipient to receive coordinated mental health services from external agencies, providers or independent practitioners.

Key service functions include written or oral interaction in a clinical capacity in order to assist another provider in addressing the specific rehabilitative needs of the recipient, as well as to support continuation of care for the recipient in another setting.

Eligible Staff:

- a) Rehabilitative Services Professional (all types)
- b) Licensed Registered Nurse
- c) Licensed Practical Nurse
- d) Certified Nursing Assistant
- e) Qualified Mental Health Provider – Bachelor’s

<u>HCPS/CPT Code(s):</u>	H0046-HE
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Code:</u>	1650
<u>Contract Code(s):</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 916, 927, 993
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	24 per day, 312 per year
<u>Contract Rate:</u>	\$23.10 per unit

ADMH Reporting Combination Restrictions:

ACT (H0040), PACT (H0040-HQ), In-Home Intervention (H2021, H2022-HA).

Location:

There are no excluded settings. This service may be billed while a consumer is in an inpatient setting since it is not a face-to-face service.

Additional Information:

- Medicaid covers this service for mental illness diagnoses only. The Z code unspecified psychosocial circumstance is covered only for children and adolescents.
- Consults may be billed for the staff time spent obtaining prior authorizations and overrides for prescription medications. In addition to the eligible staff listed above LPNs may bill for their time directly related to performing this activity. LPNs are not eligible to bill for consults for any other type of activity. Acceptable documentation can be a progress note entered in the recipient’s record, or the approved authorization/override form filed in the record and dated and signed by the staff member performing the work.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ).

11. **CERTIFIED PEER SPECIALIST-ADULT PEER SUPPORTS SERVICES (CPS-A)**

Definition:

Peer Support Service – Adult - Adult Peer Support services provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialist - Adult. Adult Peer Support service actively engages and empowers an individual and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency, and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions. Peer supports provide effective techniques that focus on the individual’s self-management and decision making about healthy choices, which ultimately extend the members’ lifespan.

Eligible Staff:

- a) Certified Mental Health Peer Specialist – Adult

Certified Mental Health Peer Specialists (ADMH-MI) – Adult must successfully complete an approved ADMH Peer training program within six (6) months of date of hire.

<u>HCPS/CPT Code(s):</u>	Peer Services-Adult (H0038 HE (ind):H0038-HE:HQ (Group)
<u>Other Modifiers:</u>	<u>GT/FQ (Ind): GT (Group)</u>
<u>Activity Code:</u>	<u>2310 (Adult-ind); 2315 (Adult-group)</u>
<u>Contract Code(s):</u>	000, 001, 006, 007, 008, 010, 013, 014, 015, 018, 055, 076, 082, 100, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 701, 708, 709, 748, 749, 750, 752, 753, 916, 927, 993
<u>Reporting Unit:</u>	<u>15-minute increments</u>
<u>Maximum Billable Unit(s):</u>	<u>20 units per day (ind); 8 units per day (group); 2,080 units per year (ind)</u>
<u>Contract Rate:</u>	<u>\$21.31 per unit (ind); \$4.65 per unit (group)</u>

ADMH Reporting Combination Restrictions:

- Certified Peer Services – Adult may not be billed in combination with Therapeutic Mentoring (H2019), Certified Peer Services – Youth (H0038 HE: HA), and Adult In-Home Intervention (H2021) if one of the team members is a Certified Peer Specialist-Adult.

Location:

Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient’s rights to privacy and confidentiality, to include inpatient hospitals and inpatient psychiatric residential facilities.

Additional Information:

- Peer Services should follow service delivery patterns taught in the ADMH approved Certified Peer Specialist training to maintain the consistency and fidelity of the model.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ) when provided in an individual setting.
- This service may be provided via audio and visual telehealth (GT) when provided in a group setting.
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of CPS-A
  - Credentials

- Level of FTE
- Hire/Start Date
- End Hire Date
- Vacancy(ies)
- **ADMH will verify data being reported through CDR**
- The Invoice has to have attestation signed by Executive Director/CEO.

CMHC CPS-A	Contract Code	Activity Code(s)	Comment	Type of Monthly Invoice
AltaPointe – North	100/056	2310/2315	1 CPS-A– CCBHC Carve In	Monthly Verification for CCBHC State Match
AltaPointe – South	100/056	2310/2315	8.5 CPS-A - CCBHC Carve In	Monthly Verification for CCBHC State Match
Cahaba	100	2310/2315	1 CPS-A	Expense-Based
CAW	100	2310/2315	1 CPS-A	Expense-Based
Carastar	100	2310/2315	1 CPS-A	Expense-Based
Integrea	100	2310/2315	1 CPS-A	Expense-Based
Indian Rivers	100	2310/2315	1 CPS-A	Expense-Based
JBS	100	2310/2315	1 CPS-A	Expense-Based
Eastside	100	2310/2315	1 CPS-A	Expense-Based
UAB	100	2310/2315	1 CPS-A	Expense-Based
Mountain Lakes	100/056	2310/2315	1 CPS-A – CCBHC Carve In	Monthly Verification for CCBHC State Match
Northwest	100	2310/2315	1 CPS-A	Expense-Based
Southwest	100	2310/2315	1 CPS-A	Expense-Based
Wellstone – Madison	100/056	2310/2315	1 CPS-A – CCBHC Carve In	Monthly Verification for CCBHC State Match
Wellstone – Cullman	100/056	2310/2315	1 CPS-A – CCBHC Carve In	Monthly Verification for CCBHC State Match

**12. CERTIFIED PEER SPECIALIST - YOUTH PEER SUPPORT SERVICES (CPS-Y)**

Definition:

Peer Support Service – Adult - Adult Peer Support services provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialist - Adult. Adult Peer Support service actively engages and empowers an individual and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency, and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions. Peer supports provide effective techniques that focus on the individual’s self-management and decision making about healthy choices, which ultimately extend the members’ lifespan.

Eligible Staff:

- III. Certified Mental Health Peer Specialist – Youth

Certified Mental Health Peer Specialists (ADMH-MI) – Youth t must successfully complete an approved ADMH Peer training program within six (6) months of date of hire.

<u>HCPS/CPT Code(s):</u>	Peer Services-Youth (H0038-HE: HA (Ind); H0038-HE: HA:HQ (Group),
<u>Other Modifiers:</u>	<u>GT/FQ (Ind): GT (Group)</u>
<u>Activity Code(s):</u>	<u>2320 (Youth-ind); 2325 (Youth-group);</u>
<u>Contract Code(s):</u>	<u>003, 016, 017, 049, 055, 500, 708, 710, 711, 742</u>
<u>Reporting Unit:</u>	<u>15-minute increments</u>
<u>Maximum Billable Unit(s):</u>	<u>20 units per day (ind); 8 units per day (group); 2,080 units per year (ind)</u>
<u>Contract Rate:</u>	<u>\$21.31 per unit (ind); \$4.65 per unit (group)</u>

ADMH Reporting Combination Restrictions:

- Certified Peer Services – Youth may not be billed in combination with Therapeutic Mentoring (H2019), and Certified Peer Services – Adult (H0038 HE: HB) and C&A In-Home Intervention (H2022 - HA) if one of the team members is a Certified Peer Specialist-Youth.

Location:

Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient’s rights to privacy and confidentiality, to include inpatient hospitals and inpatient psychiatric residential facilities.

Additional Information:

- MI Youth Peer Services and/or MI Parent Peer Services can be billed during a Child and Family Care Team meeting the Target 10 SED care plan is being developed or reviewed, if they are providing peer service that is documented on the treatment plan.
- Peer Services should follow service delivery patterns taught in the ADMH approved Certified Peer Specialist training to maintain the consistency and fidelity of the model.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ) when provided in an individual setting.
- This service may be provided via audio and visual telehealth (GT) when provided in a group setting.
- CPS-Y REQUIRES Monthly Invoice with required support documents that are outlined in the C&A Monthly Reporting Template.
- **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

**13. CERTIFIED PEER SPECIALIST-PARENT PEER SUPPORT SERVICES (CPS-P)**

Definition:

Peer Support Service – Adult - Adult Peer Support services provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills, by Certified Peer Specialist - Adult. Adult Peer Support service actively engages and empowers an individual and his/her identified supports in leading and directing the design of the service plan and thereby ensures that the plan reflects the needs and preferences of the individual (and family when appropriate) with the goal of active participation in this process. Additionally, this service provides support and coaching interventions to individuals (and family when appropriate) to promote recovery, resiliency, and healthy lifestyles and to reduce identifiable behavioral health and physical health risks and increase healthy behaviors intended to prevent the onset of disease or lessen the impact of existing chronic health conditions. Peer supports provide effective techniques that focus on the individual’s self-management and decision making about healthy choices, which ultimately extend the members’ lifespan. Family peer specialists assist children, youth, and families to participate in the wraparound planning process, access services, and navigate complicated adult/child-serving agencies.

Eligible Staff:

- IV. Certified Mental Health Peer Specialist – Parent

Certified Mental Health Peer Specialists (ADMH-MI) – Parent must successfully complete an approved ADMH Peer training program within six (6) months of date of hire.

<u>HCPS/CPT Code(s):</u>	Peer Services-Parent (H0038 HE: HS (ind); H0038-HE: HS:HQ (Group))
<u>Other Modifier(s):</u>	GT/FQ (Ind); GT (Group)
<u>Activity Code(s):</u>	2330 (Parent-ind); 2335 (Parent-group)
<u>Contract Code(s):</u>	003, 016, 017, 049, 055, 711
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	20 units per day (ind); 8 units per day (group); 2,080 units per year (ind)
<u>Contract Rate:</u>	\$21.31 per unit (ind); \$4.65 per unit

ADMH Reporting Combination Restrictions:

- None

Location:

Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient’s rights to privacy and confidentiality, to include inpatient hospitals and inpatient psychiatric residential facilities.

Additional Information:

- MI Youth Peer Services and/or MI Parent Peer Services can be billed during a Child and Family Care Team meeting the Target 10 SED care plan is being developed or reviewed, if they are providing peer service that is documented on the treatment plan.
- Peer Services should follow service delivery patterns taught in the ADMH approved Certified Peer Specialist training to maintain the consistency and fidelity of the model.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ) when provided in an individual setting.
- This service may be provided via audio and visual telehealth (GT) when provided in a group setting.
- CPS-P REQUIRES Monthly Invoice with required support documents that are outlined in the C&A Monthly Reporting Template.
- **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

**14. THERAPEUTIC MENTORING**

Definition:

Therapeutic Mentoring Services provide a structured one on one intervention to a child or youth and their families that is designed to ameliorate behavioral health-related conditions that prevent age-appropriate social functioning. This service includes supporting and preparing the child or youth in age-appropriate behaviors by restoring daily living, social and communication skills that have been adversely impacted by a behavioral health condition. These services must be delivered according to an individualized treatment plan and progress towards meeting the identified goals must be monitored and communicated regularly to the clinician so that the treatment plan can be modified as necessary. Therapeutic mentoring may take place in a variety of settings including the home, school, or other community settings. The therapeutic mentor does not provide social, educational, recreational, or vocational services.

Component Services include:

- a) Basic Living Skills
- b) Social Skills Training
- c) Coping Skills Training
- d) Assessment
- e) Plan Review
- f) Progress Reporting
- g) Transition Planning

Eligible Staff:

- a) Rehabilitative Services Professional (all types)
- b) Licensed Registered Nurse
- c) Licensed Practical Nurse
- d) Qualified Mental Health Provider – Bachelor’s Or,
- e) Qualified Mental Health Provider – Non-Degreed

Therapeutic Mentors must successfully complete an approved AMA Therapeutic Mentor training program authorized by the appropriate participating state agency within six (6) months of date of hire.

<u>HCPS/CPT Code(s):</u>	H2019-HE: HA (ind); H2019-HE: HQ (group)
<u>Other Modifiers:</u>	GT
<u>Activity Code(s):</u>	2340 (ind); 2345 (group)
<u>Contract Code(s):</u>	003, 049, 711
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	8 units per day (ind); 8 units per day (group); 416 units per year
<u>Contract Rate:</u>	\$14.70 per unit (ind); \$4.20 per unit (group)

ADMH Reporting Combination Restrictions:

May not be billed in combination with C&A In-Home Intervention (H2022-HA), Certified Youth Peer Services (H0038 HE:HA or HE:HA:HQ, or Certified Adult Peer Services (H0038 HE:HB or HE:HB:HQ)

Location:

The only excluded settings are hospitals and inpatient psychiatric residential facilities. Services can be delivered in any community settings that are convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient’s rights to privacy and confidentiality.

Additional Information:

- Therapeutic Mentoring should follow service delivery patterns taught in the ADMH approved Therapeutic Mentoring training to maintain the consistency and fidelity of the model.
- This service may be provided via audio and visual telehealth (GT).
- TM services REQUIRES Monthly Invoice with required support documents that are outlined in the C&A Monthly Reporting Template.
- **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

**IV. GENERAL OUTPATIENT (OPTIONAL)**

1. **DIAGNOSTIC TESTING – PHYSICIAN OR PSYCHOLOGIST**

Definition:

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour in a face-to-face interaction between the recipient and the psychologist or psychiatrist and interpretation of the test results to assist with a definitive diagnosis. Once the diagnosis has been confirmed, this information is used to guide proper treatment by the development of an individualized, person-centered treatment plan.

Eligible Staff:

- A psychiatrist licensed under Alabama law
- A psychologist licensed under Alabama law

<u>HCPCS/CPT Code(s):</u>	96130-HE, 96131-HE, 96136-HE, 96137-HE
<u>Other Modifiers:</u>	GT
<u>Activity Code(s):</u>	1511
<u>Contract Codes:</u>	000, 003, 015, 017
<u>Reporting Unit:</u>	1.0 hour/30 min increments
<u>Maximum Billable Unit(s):</u>	96130 - 1 per year: 96131 - 7 per year: 96136 - 1 per year: 96137 - 11 per year
<u>Contract Rate:</u>	\$132.70/\$98.68/\$49.15/\$44.24

ADMH Reporting Combination Restrictions:

None

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient’s rights to privacy and confidentiality.

Additional Information

**Professional and Technical Activities Performed by the Psychologist:** Please note that the new codes do not crosswalk on a one-to-one basis with the deleted codes. The single code, 96101, will now be billed using up to four (4) codes; two (2) codes for Psychological Evaluation Services (96130, 96131) and two (2) for Test Administration and Scoring (96136, 96137).

- Evaluation services include interpretation of test results and clinical data, integration of patient data, clinical decision-making, treatment planning, report generation, and interactive feedback to the patient, family member(s) or caregiver(s).
  - The first hour of psychological evaluation is billed using 96130 and each additional hour needed to complete the service is billed with the add-on code 96131.
  - CPT Time Rules allow an additional unit of a time-based code to be reported as long as the mid-point of the stated amount of time is passed. Beyond the first hour (96130), at least an additional 31 minutes of work must be performed to bill the first unit of the add-on code 96131.
- Evaluation services must always be performed by the professional prior to test administration and may be billed on the same or different days.
- Test administration and scoring services performed by the psychologist includes time spent to administer and score a minimum of two (2) psychological tests.
  - The first 30 minutes of test administration and scoring is billed using 96136 and each additional 30-minute increment needed to complete the service is billed with code 96137.

- CPT time rules apply to the add-on code if, beyond the first 30 minutes, at least an additional 16 minutes of work is performed.
- Diagnostic testing may be billed at any time during treatment so long as the annual cap is not exceeded.
- The time started and time ended of service delivery will not include time spent for scoring, interpretation and report writing. Billing should reflect the total time for face-to-face administration, scoring, interpretation, and report writing. The test(s) given on the date of service billed must be documented in the treatment note for post payment review purposes.
- Intellectual Disability and Developmental Disability/Autism Spectrum diagnosis codes (ICD-10 F70-F89) are not covered for treatment services; however, Medicaid will cover diagnostic testing and mental status exams (96130/96131, 96136/96137,96138/96139, 96116 and 96146), even if the resulting diagnosis is intellectual/developmental disability secondary to a primary mental health diagnoses.
  - This service may be provided via audio and visual telehealth (GT).

2. **DIAGNOSTIC TESTING – TECHNICIAN ADMINISTERED**

Definition:

Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour in a face-to-face interaction between the recipient and the technician and interpreted by a qualified health care professional to assist with a definitive diagnosis. Once the diagnosis has been confirmed, this information is used to guide proper treatment by the development of an individualized, person-centered treatment plan.

Eligible Staff:

- Rehabilitative Services Professional licensed, (operating within their scope of practice)
- An individual possessing a master’s degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling, or other human service field areas and who meets at least one of the following qualifications:
  - Has successfully completed a practicum as a part of the requirements for the degree
  - Has six months of post master’s level clinical experience supervised by a master’s level or above clinician with two years of postgraduate clinical experience.

<u>HCPS/CPT Code(s):</u>	96130-HE, 96131-HE, 96138-HE, 96139-HE
<u>Other Modifiers:</u>	GT
<u>Other Modifiers:</u>	U6/U7/AJ/HO
<u>ADMH Activity Code:</u>	1512
<u>Contract Codes:</u>	000, 003, 015, 017
<u>Reporting Unit:</u>	1.0 hour/30min increments
<u>Maximum Billable Unit(s):</u>	96130 - 1 per year: 96131- 7 per year: 96138 - 1 per year: 96139 - 11 per year:
<u>Contract Rate:</u>	\$85.92/ \$65.45/ \$38.92/ \$38.92

ADMH Reporting Combination Restrictions:

None

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient’s rights to privacy and confidentiality.

Additional Information

Please note that the new codes do not crosswalk on a one-to-one basis with the deleted codes. The single code, 96101, will now be billed using up to four (4) codes; two (2) codes for Psychological Evaluation Services (96130, 96131) and two (2) for Test Administration and Scoring (96138, 96139).

- Psychological Evaluation services include interpretation of test results and clinical data, integration of patient data, clinical decision-making, treatment planning, report generation, and interactive feedback to the patient, family member(s) or caregiver(s).
  - The first hour of psychological evaluation is billed using 96130 and each additional hour needed to complete the service is billed with the add-on code 96131.
  - CPT Time Rules allow an additional unit of a time-based code to be reported as long as the mid-point of the stated amount of time is passed. Beyond the first hour (96130), at least an additional 31 minutes of work must be performed to bill the first unit of the add-on code 96131.
- Evaluation services must always be performed by the professional prior to test administration and may be billed on the same or different days.
- Test administration and scoring services performed by the Technician includes time spent to administer and score a minimum of two (2) psychological tests.

- The first 30 minutes of test administration and scoring is billed using 96136 and each additional 30-minute increment needed to complete the service is billed with code 96137.
- CPT time rules apply to the add-on code if, beyond the first 30 minutes, at least an additional 16 minutes of work is performed.
- Diagnostic testing may be billed at any time during treatment so long as the annual cap is not exceeded.
- Intellectual Disability and Developmental Disability/Autism Spectrum diagnosis codes (ICD-10 F70-F89 ) are not covered for treatment services; however, Medicaid will cover diagnostic testing, status exam (96130/96131, 96136/96137,96138/96139, 96116 and 96146), even if the resulting diagnosis is intellectual/developmental disability secondary to a primary mental health diagnoses.
  - This service may be provided via audio and visual telehealth (GT).

3. **DIAGNOSTIC TESTING – COMPUTER ADMINISTERED**

Definition:

Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only.

Eligible Staff:

Diagnostic testing-procedure code 96146 must be administered by a computer and interpreted by a *computer*.

<u>HCPS/CPT Code(s):</u>	96146-HE
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1513
<u>Contract Codes</u>	000, 003, 015, 017
<u>Reporting Unit:</u>	1.0-hour increments
<u>Maximum Billable Unit(s):</u>	1 hour per consumer per year
<u>Contract Rate:</u>	\$2.27 per hour

ADMH Reporting Combination Restrictions:

None

Location:

The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient’s rights to privacy and confidentiality.

Additional Information:

- Automated interpretation of diagnostic testing is not billable. Diagnostic testing may be billed at any time during treatment so long as the annual cap is not exceeded.
- Intellectual Disability and Developmental Disability/Autism Spectrum diagnosis codes (ICD-10 F70-F89) are not covered for treatment services; however, Medicaid will cover diagnostic testing, status exam (96130/96131, 96136/96137,96138/96139, 96116 and 96146), even if the resulting diagnosis is intellectual/developmental disability secondary to a primary mental health diagnoses.
- This service may be provided by computer only.

4. **GROUP COUNSELING**

Definition:

The utilization of professional skills by a qualified practitioner to assist two or more unrelated recipients in a group setting in achieving specific objectives of treatment or care for mental health disorder. Services are generally directed toward alleviating maladaptive functioning and behavioral, psychological, and/or emotional disturbances, and utilization of the shared experiences of the group's members to assist in restoration of each participant to a level of functioning capable of supporting and sustaining recovery. Group Counseling may consist of insight oriented, behavior modifying, supportive, or interactive psychotherapeutic service strategies.

Key service functions include the following:

- Interaction where interventions are tailored toward achieving specific goals and/or objectives of the recipient's treatment plan.
- On-going assessment of the recipient's presenting condition and progress being made in treatment.

Eligible Staff:

- Rehabilitative Services Professional (all types)

<u>HCPS/CPT Code(s):</u>	90853-HE
<u>Other Modifiers:</u>	GT
<u>Activity Code:</u>	1530
<u>Contract Codes:</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 125, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 701, 709, 711, 748, 749, 750, 753, 993
<u>Reporting Unit:</u>	1 episode/day; 104 units/year
<u>Maximum Billable Unit(s):</u>	Minimum of 60 minutes
<u>Contract Rate:</u>	\$29.87 per person

ADMH Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035), Adult Intensive Day Treatment (H2012), Child & Adolescent Day Treatment (H2012-HA), ACT (H0040), PACT (H0040-HQ).

Location:

- The only excluded settings are hospitals. Services can be delivered in any setting convenient for both the recipient and staff member, that affords an adequate therapeutic environment and protects the recipient's rights to privacy and confidentiality.
- This service may be provided via audio and visual telehealth (GT).

5. **BASIC LIVING SKILLS**

Definition:

Psychosocial services provided to an individual or group to restore skills that enable a recipient to establish and improve community tenure and to increase his or her capacity for age-appropriate independent living. This service also includes training about the nature of illness, symptoms, and the recipient’s role in management of the illness.

Key services functions include the following:

- a) Training and assistance in restoring skills such as personal hygiene, housekeeping, meal preparation, shopping, laundry, money management, using public transportation, medication management, healthy lifestyle, stress management, and behavior education appropriate to the age and setting of the recipient
- b) Patient education about the nature of the illness, symptoms, and the recipient’s role in management of the illness

Eligible Staff:

Basic living skills may be provided by an individual **SUPERVISED** by a staff member who meets at least one of the following qualifications:

- a) Rehabilitative Services Professional (all types),
- b) Licensed Registered nurse,

<u>HCPS/CPT Code(s):</u>	H0036-HE (individual); H0036-HE: HQ (group)
<u>Other Modifiers:</u>	NA
<u>Activity Code(s):</u>	1600 (individual); 1610 (group)
<u>Contract Code(s):</u>	000, 001, 003, 006, 008, 015, 017, 043, 044, 045, 049, 050, 051, 055, 076, 082, 100, 119, 121, 123, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 916, 927, 993
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	2080 units per year; 20 per day (individual); 8 per day (group)
<u>Contract Rate:</u>	\$14.70 per unit (individual); \$ 4.20 per unit (group).

ADMH Reporting Combination Restrictions:

May not be billed in combination with In-Home Intervention (H2021, H2022-HA), ACT (H0040), PACT (H0040-HQ).

Location:

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient’s rights to privacy and confidentiality.

Additional Information:

- Individual Basic Living Skills means the skill can only be taught to one recipient at a time per staff member. Group Basic Living Skills is a skill that is being taught to two or more recipients during the same period of time.
- This service may be provided face to face only.

It is not intended that outpatient consumers who receive Day Treatment services will routinely receive additional Basic Living Skills and Family Support services outside of the Day Treatment setting. This occurrence should be rare. Residential consumers who attend Day Treatment may also appropriately receive Basic Living Skills and/or Family Support in the residential setting.

6. **PSYCHOEDUCATION SERVICES (FORMERLY FAMILY SUPPORT)**

Definition:

Structured, topic specific educational services provided to assist the recipient and the families\* of recipients in understanding the nature of the identified behavioral health disorder, symptoms, management of the disorder, how to help the recipient be supported in the community and to identify strategies to support restoration of the recipient to his/her best possible level of functioning.

Key service functions include, as appropriate, but are not limited to education about the following:

- a) The nature of the illness
- b) Expected symptoms
- c) Medication management
- d) Ways in which the family member can cope with the illness
- e) Ways in which the family member can support the recipient

Eligible Staff:

Psychoeducational services may be provided by an individual **SUPERVISED** by a staff member who meets at least one of the following qualifications:

- a) Rehabilitative Services Professional (all types),

<u>HCPS/CPT Code(s):</u>	H2027-HE (individual); H2027-HE: HQ (group)
<u>Other Modifiers:</u>	GT: FQ (Ind): GT (Group)
<u>Activity Code(s):</u>	1620 (individual); 1630 (group)
<u>Contract Code(s): (Individual)</u>	000, 001, 003, 006, 007, 008, 010, 013, 014, 015, 016, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 119, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 658, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 916, 927, 993
<u>Contract Code(s): (Group):</u>	000, 001, 003, 006, 007, 008, 015, 017, 018, 043, 044, 045, 049, 050, 051, 055, 076, 082, 121, 125, 211, 212, 213, 227, 229, 304, 305, 441, 442, 500, 658, 701, 708, 709, 710, 711, 742, 748, 749, 750, 752, 753, 993
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	416 units per year; 8 per days (individual); 8 per day (group)
<u>Contract Rate:</u>	\$14.70 per unit (individual). \$ 4.20 per unit group).

ADMH Reporting Combination Restrictions:

May not be billed in combination with In-Home Intervention (H2021, H2022-HA) ACT (H0040), PACT (H0040-HQ)

Location:

Services can be delivered in any setting that is convenient for both the consumer and staff member, that affords an adequate therapeutic environment, and that protects the consumers' rights to privacy and confidentiality.

Additional Information:

- It is not intended that outpatient consumers who receive Day Treatment services in excess of the minimum of four (4) hours will routinely receive reimbursement for additional Basic Living Skills and Family Support services outside of the Day Treatment setting. This occurrence should be rare. Residential consumers who attend Day Treatment may also appropriately receive Basic Living Skills and/or Family Support in the residential setting. May not be billed in combination with C&A In-home Intervention, PACT, Family Therapy, and ACT.
- This service may be provided via audio and visual telehealth (GT) or audio only (FQ) for individual services.
- This service may be provided via audio and visual telehealth (GT) for group services.

7. **NURSING ASSESSMENT AND CARE**

Definition:

Nursing Assessment and Care services includes contacts with an individual to monitor, evaluate, assess, establish nursing goals, and/or carry out physicians' orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of an individual as specified in the individualized recovery plan. It includes providing special nursing assessments to observe, monitor and care for physical, nutritional and psychological issues or crises manifested in the course of the individual's treatment; to assess and monitor individual's response to medication to determine the need to continue medication and/or for a physician referral for a medication review; assessing and monitoring an individual's medical and other health issues that are either directly related to the mental health or substance related disorder, or to the treatment of the disorder (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures, etc.); venipuncture required to monitor and assess mental health, substance disorders or directly related conditions, and to monitor side effects of psychotropic medication; consultation with the individual's family and/or significant others for the benefit of the client about medical and nutritional issues; to determine biological, psychological, and social factors which impact the individual's physical health and to subsequently promote wellness and healthy behavior and provide medication education and medication self-administration training to the individual and family.

Eligible Staff:

- a) Licensed Registered Nurse
- b) Licensed Practical Nurse

<u>HCPS/CPT Code(s):</u>	T1001-HE: U1 (RN): T1001-HE: U2 (LPN): T1002-HE: U1 (RN): T1003-HE: U2 (LPN)
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Code(s):</u>	1581 (T1001); 1582 (T1002); 1583 (T1003)
<u>Contract Code(T1001 – U1):</u>	000, 001, 003, 006, 007, 008, 015, 017, 055, 076, 082, 121, 125, 128, 211, 212, 213, 227, 229, 304, 305, 701, 709, 753, 916, 993
<u>Contract Code (T1001 – U2):</u>	000, 001, 003, 006, 007, 008, 015, 017, 055, 076, 082, 121, 125, 128, 211, 212, 213, 227, 229, 304, 305, 701, 753, 916, 993
<u>Contract Code (T1002 – U1):</u>	000, 001, 003, 006, 007, 008, 015, 017, 055, 076, 082, 121, 125, 128, 211, 212, 213, 227, 229, 304, 305, 701, 709, 753, 916, 993
<u>Contract Code (T1003 – U2):</u>	000, 001, 003, 006, 007, 008, 015, 017, 055, 076, 082, 121, 125, 128, 211, 212, 213, 227, 229, 304, 305, 701, 753, 916, 993
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	6 units per day; 1,496 units per year
<u>Contract Rate:</u>	\$40.92 (T1001); \$40.92 (T1002); \$31.51 (T1003)

ADMH Reporting Combination Restrictions:

None

Location:

The only excluded settings are nursing homes and hospitals. Services can be delivered in any community settings that are convenient for both the recipient and staff member, that affords an adequate therapeutic environment, and that protects the recipient's rights to privacy and confidentiality.

Additional Information:

- T1001 - Nursing Assessment and Care
- T1002 – RN Services
- T1003 – LPN Services

Modifiers

- U1 = RN
- U2 = LPN
- HM = CNA, CMA, MAC Worker

T1001 – Nursing Assessment and Care –

- To monitor, evaluate, assess, and establish nursing goals;
- To provide special nursing assessment to observe, monitor and care; for physical, nutritional, and psychological issues or crisis manifested; in the course of the individual's treatment;
- To assess and monitor response to medication to determine the need to continue medication and/or for a physician referral for a medication review;
- To assess and monitor medical and other health issues that are either directly related to the mental health or substance related disorder, or to the treatment of the disorder (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures).
- Can be used by all appropriate staff eligible types with using required modifiers that indicate credentials to ensure operation within their scope of practice.

T1002 – RN Services –

- Carry out physicians' orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of an individual as specified in the individualized treatment plan;
- Venipuncture required to monitor and assess mental health, substance disorders or directly related conditions, and to monitor side effects of psychotropic medication;
- Consultation with the individual's family and/or significant others for the benefit of the recipient about medical and nutritional issues;
- Determining biological, psychological, and social factors which impact the recipient's physical health and to subsequently promote wellness and health behavior;
- Providing medication education and medication self-administration training to the recipient and family.
- Can only be provided by RN, using U1 modifier

T1003 – LPN Services –

- Carry out physicians' orders regarding treatment and rehabilitation of the physical and/or behavioral health conditions of an individual as specified in the individualized treatment plan;
- Venipuncture required to monitor and assess mental health, substance disorders or directly related conditions, and to monitor side effects of psychotropic medication;
- Consultation with the individual's family and/or significant others for the benefit of the recipient about medical and nutritional issues;
- Determining biological, psychological, and social factors which impact the recipient's physical health and to subsequently promote wellness and health behavior;
- Providing medication education and medication self-administration training to the recipient and family.
- Can only be provided by LPN, using U2 modifier

Additional Information

- These services may be provided via audio and visual telehealth (GT) or audio only (FQ).

**V. OUTREACH SERVICES**

1. **CASE MANAGEMENT - ADULT**

Definition:

Adult Intensive Case Management services are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services.

Eligible Staff:

Must comply with Community Mental Health Program Administrative Code.

<u>HCPS/CPT Code(s):</u>	G9008-U1 (Adults)
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1700 (adult)
<u>Contract Codes (Adult TCM):</u>	000, 001, 006, 007, 008, 015, 017, 055, 076, 082, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 658, 701, 708, 709, 747, 748, 749, 750, 753, 916, 927, 993
<u>Reporting Unit:</u>	1 unit = 5 minutes
<u>Maximum Billable Unit(s):</u>	5-minute increments
<u>Contract Rate:</u>	\$7.19 per unit

ADMH Reporting Combination Restrictions:

May not be billed in combination with PACT and ACT.

Location:

Targeted Case Management cannot provide services in total care environments, such as nursing facilities, hospitals, and residential programs for adults ages 21 and older. Case management services will be available for up to 180 consecutive days prior to DISCHARGE of a covered stay in an approved medical institution. The target group does not include individuals between ages 21 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. Also excluded are adults 21 and older receiving services in an Institution for Mental Disease (IMD).

Additional Information:

The following documentation and/or forms are required and must be readily identifiable in the consumer's record:

- a) Needs Assessment - the SUN-R is the required form for adults.
- b) Case Plan - Goals, methods of accomplishment, and approval of same.
- c) Service Notes - Notation by Case Manager of date, service duration, nature of service, and Case Manager's signature.
- d) Release of information Forms conforming to MI Community Programs Administrative Code.

If services as described in the care/case plan have not been implemented, a statement is present in the record identifying the reasons.

Additional Information:

- These services may be provided via audio and visual telehealth (GT) or audio only (FQ).
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of Adult CM
  - Credentials
  - Level of FTE

- Hire/Start Date
- End Hire Date
- Vacancy(ies)
- **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC Adult CM	Contract Code	Activity Code(s)	Comments	Type of Monthly Invoice
CED	747	1700	2 Adult CM	1/12 <sup>th</sup> with Support Documents
Highland	747	1700	Part of IHI Funding	1/12 <sup>th</sup> with Support Documents
JBS	747	1700	1 Adult CM/RTC assigned	1/12 <sup>th</sup> with Support Documents
Wellstone - Cullman	747/056	1700	2 Adult CM – CCBHC Carved in	Monthly Verification for CCBHC State Match

2. **ADULT IN-HOME INTERVENTION (IHI)**

Definition:

Home based services provided by a treatment team (two-person team) to serve individuals who refuse other outpatient services and/or who need temporary additional support due to increased symptoms or transition from a more intense level of services, to defuse an immediate crisis situation, stabilize the living arrangement, and/or prevent out of home placement of the recipient.

Key service functions include the following when provided by a team composed of a Rehabilitative Services Professional (master’s level clinician) and either a Qualified Mental Health Provider – Bachelor’s or a Certified Peer Specialist - Adult:

- a. Individual or family counseling
- b. Crisis intervention
- c. Mental Health Care Coordination
- d. Basic Living Skills
- e. Psychoeducational Services
- f. Case Management
- g. Medication Monitoring
- h. Peer Services (only when team member is a Certified Mental Health Peer Specialist – Adult)

Key service functions include the following when provided by a team composed of a Registered Nurse and a Qualified Mental Health Provider – Bachelor’s or a Certified Mental Health Peer Specialist - Adult:

- a. Crisis Intervention
- b. Mental health Care Coordination
- c. Basic Living Skills
- d. Psychoeducational Services
- e. Case Management
- f. Medication Monitoring
- g. Medicaid Administration
- h. Peer Services (only when team member is a Certified Mental Health Peer Specialist – Adult)

Eligible Staff:

In-home intervention for mental illness recipients is provided by a two-person team minimally composed of the following:

- a. A rehabilitative services professional (Master’s level) or
- b. A registered nurse licensed under Alabama law AND EITHER
- c. A Qualified Mental Health Provider – Bachelor’s or
- d. A Certified Mental Health Peer Specialist - Adult

All team members must successfully complete an ADMH approved case management-training program.

<u>HCPS/CPT Code(s):</u>	H2021-HE: HB
<u>Other Modifiers:</u>	HT (Team)
<u>Activity Code:</u>	1660 (team together)
<u>Contract Codes (Adult TCM):</u>	708, 709
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	24 per day, 2016 per year
<u>Contract Rate:</u>	\$44.10 per unit

**ADMH Reporting Combination Restrictions:**

<i>When team is a Rehab Services Professional AND either a Qualified MH Provider – Bachelor’s OR CPS-Adult</i>	May not be billed in combination with Individual Counseling (90832, 90834, 90837), Family Counseling (90846, 90847, 90849), Mental Health Care Coordination (H0046), Case Management, Psychoeducational Services (H2027), Basic Living Skills (H0036), or Medication Monitoring (H0034). Also, CPS-Adult (H0038-HE) and Therapeutic Mentoring (H2019) when the team member is a Certified Mental Health Peer Specialist – Adult.
<b>Billing Restrictions:</b> <i>When team is a Registered Nurse AND either a Qualified MH Provider – Bachelor’s OR CPS-Adult</i>	May not be billed in combination with Mental Health Care Coordination (H0046), Case Management, Psychoeducational Services (H2027), Basic Living Skills (H0036), Medication Administration (96372), Medication Monitoring (H0034). Also, CPS-Adult (H0038-HE) and Therapeutic Mentoring (H2019) when the team member is a Certified Mental Health Peer Specialist – Adult.

**Location:**

The team will generally work together but may work independently. Both team members will be known to the consumer and his/her support network. Consumers will not receive from staff outside the team individual, family, medication monitoring, basic living skills, family support, or case management from other staff while being served by the team, except during a brief transition period to other services, if necessary.

Please note that in-home intervention, while by definition and practice is usually provided in the recipient’s home, infrequently may be provided in other locations. Such exceptions will not render the service ineligible for billing as In-Home Intervention.

When the Adult In-Home Intervention team members are together in the same location providing services as a team, H2021 must be billed and unbundled services cannot be billed for that time period. When the team members work independently of each other, each team member must document as to the specific service rendered and bill under the applicable code [i.e. Individual Counseling (90832, 90834, 90837), Mental Health Care Coordination (H0046), etc.] and the billing restrictions will not apply. Travel time to and from the service location must be excluded from the billing.

Utilization will be monitored through retrospective reviews.

**Additional Information:**

- This is a face-to-face service. However, the following may be provided via telehealth (audio/visual (GT) or audio only (FQ). It is not billed separately.
  - Crisis Intervention
  - Care Coordination/Case Consultation
  - Psychoeducation
  - Medication Monitoring
  - Peer Services
  - Case Management
  
- Below lists the CMHCs who have dedicated funding that **REQUIRES** Monthly Invoice with required support documents that include the following:
  - Name of all IHI Team members
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
  
- The Invoice must have attestation signed by Executive Director/CEO.

<b>CMHC Adult IHI</b>	<b>Contract Code</b>	<b>Activity Code(s)</b>	<b>Comments</b>	<b>Type of Monthly Invoice</b>
AltaPointe	709	Eligible Service Codes	2 – IHI Teams	1/12 <sup>th</sup> with Support Documents
Cahaba	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents
CAW	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents
East Central	709	Eligible Service Codes	3 – IHI Teams	1/12 <sup>th</sup> with Support Documents
Highland	709	Eligible Service Codes	2 – IHI Teams and 1 CM	1/12 <sup>th</sup> with Support Documents
Indian Rivers	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents
JBS	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents
Mountain Lakes	709	Eligible Service Codes	2 – IHI Teams	1/12 <sup>th</sup> with Support Documents
North Central	709	Eligible Service Codes	2 – IHI Teams	1/12 <sup>th</sup> with Support Documents
Northwest	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents
Riverbend	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents
South Central	709	Eligible Service Codes	2 – IHI Teams	1/12 <sup>th</sup> with Support Documents
Southwest	709	Eligible Service Codes	3 – IHI Teams	1/12 <sup>th</sup> with Support Documents
Wellstone – Cullman	709	Eligible Service Codes	1 – IHI Team	1/12 <sup>th</sup> with Support Documents

3. **NON-TRADITIONAL ADULT IN-HOME INTERVENTION - UNBUNDLED**

Definition:

Outreach team services provided by a combination of treatment staff to serve individuals who need a higher level of care and/or who may have refused other outpatient services and/or who need temporary additional support due to increased symptoms or transition from a more intense level of services, to defuse an immediate crisis situation, stabilize the living arrangement, and/or prevent out of home placement of the recipient.

Key service functions include the following based on the ADMH approved service team configuration. All approved program descriptions will ensure that staff provide services within their scope of practice:

- i. Individual or family counseling
- j. Crisis intervention
- k. Mental Health Care Coordination
- l. Basic Living Skills
- m. Psychoeducational Services
- n. Case Management
- o. Medication Monitoring
- p. Peer Services- Adult (CPS-A)
- i. Medicaid Administration

Eligible Staff:

NON-TRADITIONAL Adult In-home intervention for mental illness recipients is based on the approval from ADMH for the contract service team. Members could include the following:

- e. A rehabilitative services professional (Master’s level) or
- f. A registered nurse licensed under Alabama law (RN)
- g. A practical nurse licensed under Alabama law (LPN)
- h. A Qualified Mental Health Provider – Bachelor’s or
- i. A Certified Mental Health Peer Specialist – Adult (CPS-A)

All team members must successfully complete an ADMH approved case management-training program of case management is being provided. For CPS-A, they must successfully complete an ADMH approved CPS-A training/certification.

<u>HCPS/CPT Code(s):</u>	Eligible Service Codes - HE
<u>Other Modifiers:</u>	GT: FQ
<u>Activity Codes:</u>	Eligible Service Codes
<u>Contract Codes (Adult TCM):</u>	701
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	See HCPS/CPT Code per Eligible Service
<u>Contract Rate:</u>	See HCPS/CPT Code per Eligible Service

ADMH Reporting Combination Restrictions:

May not be billed in combination with Adult Intensive Day Treatment (H2012), Child & Adolescent Day Treatment (H2012-HA), In-Home Intervention (H2021, H2022-HA), ACT (H0040), PACT (H0040-HQ),

Location:

The team will generally work together but may work independently. All team members will be known to the consumer and his/her support network. Consumers will not receive from staff outside the team individual, family, medication monitoring, basic living skills, family support, or case management from other staff while being served by the team, except during a brief transition period to other services, if necessary.

**Additional Information:**

- These services may be provided via audio and visual telehealth (GT) or audio only (FQ).
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of all Non-Traditional IHI Team members
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice has to have attestation signed by Executive Director/CEO.

CMHC	Name Non-Traditional Teams	Contract Code	Activity Code(s)	Comments	Type of Monthly Invoice
AltaPointe	Bridge Teams	701	Eligible Service Codes	2 teams. Each team has 2 therapists and 6 CMs	1/12 <sup>th</sup> with Support Documents
AltaPointe	Transitional Age	708	Eligible Service Codes	3-person team	1/12 <sup>th</sup> with Support Documents
Cahaba	Bridge Team	701	Eligible Service Codes	3-person team (JBS Contract)	1/12 <sup>th</sup> with Support Documents
Carastar	Bridge Team	701	Eligible Service Codes	2-person team	1/12 <sup>th</sup> with Support Documents
Carastar	Probate Team	701	Eligible Service Codes	3-person team	1/12 <sup>th</sup> with Support Documents
CAW	Bridge Team	701	Eligible Service Codes	3-person team (JBS Contract)	1/12 <sup>th</sup> with Support Documents
Indian Rivers	MH Court Team	701	Eligible Service Codes	2-person team	1/12 <sup>th</sup> with Support Documents
Indian Rivers	Diversion Team	701	Eligible Service Codes	6-person team	1/12 <sup>th</sup> with Support Documents
JBS	Probate Court SOC	701	Eligible Service Codes	2-person team	1/12 <sup>th</sup> with Support Documents
JBS	Public Health Team	701	Eligible Service Codes	3-person team	1/12 <sup>th</sup> with Support Documents
JBS	Peer Bridger Team	701	Eligible Service Codes	Multiple Peer Bridgers	1/12 <sup>th</sup> with Support Documents
Wellstone	Bridge Team	701	Eligible Service Codes	3-person team + psychiatry	1/12 <sup>th</sup> with Support Documents
West Alabama	Bridge Team	701	Eligible Service Codes	Bridge/IHI Team - 2 positions - 1- Nurse: 1 CM. JBS Contract	1/12 <sup>th</sup> with Support Documents

**4/5. ASSERTIVE COMMUNITY TREATMENT TEAM(ACT)/ PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT (PACT)**

Definition:

Treatment services provided primarily in a non-treatment setting by a member of an ACT or PACT team, staffed pursuant to ADMH regulations promulgated in the Alabama Administrative Code for adult recipients with serious mental illness or co-occurring substance use and mental health disorders who are in a high-risk period due to an exacerbation of the behavioral health disorder and/or returning from an episode of inpatient/residential psychiatric care, or who are consistently resistant to traditional clinic-based treatment interventions and are difficult to engage in an ongoing treatment program.

Key service functions include, but are not limited to, the following:

- Intake
- Medical assessment and treatment
- Medication administration
- Medication monitoring
- Individual, group, and/or family counseling
- Crisis intervention
- Mental health care coordination
- Case management
- Psychoeducational Services
- Basic living skills

The only services that may be billed in addition to ACT or PACT are Partial Hospitalization (H0035), Intensive Day Treatment (H2012), and Rehabilitative Day Program (H2017).

Eligible Staff:

The program must be staffed by an assigned team with a minimum of three FTE staff. The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

Of the three FTE staff, it is required to have a least:

- 1 full-time Rehabilitative Services Professional (master’s level clinician)
- 1 full-time Qualified Mental Health Provider – Bachelor’s, and
- .50 FTE of either an RN or LPN.

There must be an assigned (ACT or PACT) team that is identifiable by job title, job description, and job function. The team must be staffed in accordance with ADMH certification standards. Each member of the team must be known to the recipient and must individually provide services to each recipient in the team’s caseload. The team will conduct a staffing of all assigned cases at least twice weekly. The caseload cannot exceed a 1:12 staff to recipient ratio on an ACT team where the part-time psychiatrist is not counted as one staff member or a 1:10 staff to recipient ratio on a PACT team.

<u>HCPS/CPT Code(s):</u>	<u>H0040-HE (ACT); H0040-HE: HQ (PACT)</u>
<u>Other Modifiers:</u>	<u>NA</u>
<u>Activity Code:</u>	<u>1800 (ACT); 1804 (PACT)</u>
<u>Contract Code ACT:</u>	<u>305</u>
<u>Contract Code PACT:</u>	<u>304</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>ADMH Contract Rate:</u>	<u>\$31.50 per day (ACT); \$44.10 per day (PACT)</u>

ADMH Reporting Combination Restrictions:

May not be billed in combination with Intake Evaluation (90791), Medical Assessment and Treatment (H0004), Medication Administration (96372-HE), Medication Monitoring (H0034), Basic Living Skills (H0036), Psychoeducation (H2027),

Individual (90804-HE), Family (90846-HE, 90847-HE, 90849-HE), Group Counseling (90853-HE), Crisis Intervention (H2011), Mental Health Care Coordination (H0046) , or Treatment Plan Review (H0032).

Location:

The only excluded settings are nursing homes. ACT and PACT services may be billed on a daily basis even though the recipient might not be seen or contacted by the team each day. ACT and PACT services may be billed while a recipient is hospitalized briefly for stabilization or medical treatment. Services can be delivered in any setting that is convenient for both the family and staff member, that affords an adequate service environment, and that protects the recipient’s rights to privacy and confidentiality.

Additional Information:

- Documentation of the required staffing and all recipient contacts by ACT and PACT team members shall be included in the recipient’s medical record. All service documentation shall follow the guidelines in Section 105.2.3.
- Recipient signatures are not required for ACT and PACT key service functions; however, services which are provided outside the ACT and PACT benefit will require recipient signatures.
- H0040 and H0040-HQ may be span-billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 365 units per calendar year.
- H0040, H0040 HE:HA, and H0040 HE:HQ services delivered by the psychiatrist or physician extender (CRNP and PA) can be delivered both face to face and their telemedicine (virtual).
- Utilization will be monitored through retrospective reviews.

This is a face-to-face service. However, the following may be provided via telehealth (audio/visual (GT) or audio only (FQ). It is not billed separately.

- Intake
- Medical assessment and treatment
- Medication Monitoring
- Crisis Intervention
- Care Coordination/Case Consultation
- Psychoeducation
- Peer Services
- Case Management
  
- Below lists the CMHCs who have dedicated funding that **REQUIRES** Monthly Invoice with required support documents that include the following:
  - Name of all ACT/PACT Team members
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC – ACT	Contract Code	Activity Code(s)	Comments	Type of Monthly Invoice
AltaPointe	305	1800	4 Teams	1/12 <sup>th</sup> with Support Documents
Carastar	305	1800	1 Team	1/12 <sup>th</sup> with Support Documents
CED	305	1800	1 Team	1/12 <sup>th</sup> with Support Documents
CED	305	1800	ACT Team Extender	1/12 <sup>th</sup> with Support Documents
East Alabama	305	1800	1 Team	1/12 <sup>th</sup> with Support Documents
Eastside	305	1800	1 Team	1/12 <sup>th</sup> with Support Documents

<b>Indian Rivers</b>	<b>305</b>	<b>1800</b>	<b>1 Team</b>	1/12 <sup>th</sup> with Support Documents
<b>Mountain Lakes</b>	<b>305</b>	<b>1800</b>	<b>2 Teams</b>	1/12 <sup>th</sup> with Support Documents
<b>North Central</b>	<b>305</b>	<b>1800</b>	<b>1 Team</b>	1/12 <sup>th</sup> with Support Documents
<b>Riverbend</b>	<b>305</b>	<b>1800</b>	<b>1 Team</b>	1/12 <sup>th</sup> with Support Documents
<b>SpectraCare</b>	<b>305</b>	<b>1800</b>	<b>1 Team</b>	1/12 <sup>th</sup> with Support Documents
<b>Wellstone</b>	<b>305</b>	<b>1800</b>	<b>1 Team + 2 additional staff</b>	1/12 <sup>th</sup> with Support Documents

<b>CMHC – PACT</b>	<b>Contract Code</b>	<b>Activity Code(s)</b>	<b>Comments</b>	<b>Type of Monthly Invoice</b>
<b>JBS</b>	<b>304</b>	<b>1804</b>	<b>1 Team</b>	1/12 <sup>th</sup> with Support Documents
<b>UAB</b>	<b>304</b>	<b>1804</b>	<b>1 Team</b>	1/12 <sup>th</sup> with Support Documents

**6. INDIVIDUALIZED PLACEMENT AND SUPPORT – SUPPORTED EMPLOYMENT (IPS-SEP)- SUSTAINED IPS PROGRAMS – AltaPointe, CAW, Carastar**

**Definition:** Supported Employment services for adults with a serious mental illness diagnosis (SMI) seeking competitive employment who would not have a viable employment opportunity without this service. Individual Placement and Support – Supported Employment (IPS) services are operated in a manner consistent with principles of evidence-based IPS model (below) and the 25-point IPS fidelity scale (IPS Employment Center).

1. Focus on Competitive Employment
2. Eligibility Based on Client Choice (Zero-Exclusion)
3. Integration of Rehabilitation and Mental Health Services
4. Attention to Individual Preferences
5. Personalized Benefits Counseling
6. Rapid Job Search
7. Systematic Job Development
8. Time Unlimited and Individualized Support

Key Service Functions will include:

- o Vocational assessment.
- o Employment search plan to include career/education training.
- o Rapid job search/job development.
- o Job coaching/job supports.
- o Follow along employment/education supports.
- o Assertive engagement and outreach.
- o Benefits/incentives planning.
- o Peer support.

**Eligible Staff:** The program is staffed by qualified individuals whose primary job function is IPS – Supported Employment. At minimum, the team will include 2 FTE IPS Employment Specialists, 1 PTE Program Coordinator, 1 FTE Certified Benefits Specialist, and 1 FTE Adult MI Certified Peer Specialist. Team members must have successfully completed all required trainings and certifications.

<u>HCPS/CPT Code(s):</u>	H2025 - HE
Employment Specialist	00001*, 00002*, 00003*, 00004*, 00005, 00006, 00007, 00008, 00009, 00010, 00011, 00012, 00013, 00014, 00015, 00016, 00017
Benefits Specialist	00018, 00019, 00020, 00021
Peer Specialist	00022, 00023, 00024, 00025
<u>Other Modifiers:</u>	NA
<u>Contract Code:</u>	650
<u>Activity Codes:</u>	2600
Employment Specialist	2650*,2651*,2652*,2653*,2654,2655,2656,2657,2658,2659,2660,2661,2662,2663,2664,2665,2666.
Benefits Specialist	2667,2668,2669,2670.
Peer Specialist	2671,2672,2673,2674.
<u>Reporting Unit(s):</u>	*indicates 1 episode; others are in 15 min increments
<u>Contract Rate:</u>	See Exhibit MI-IPS

**ADMH Reporting Combination Restrictions:** Not to be reported in combination with Contract Code 651.

**Location:** Employment services are provided in natural community settings by Employment Specialist at 65% or more of

total scheduled work hours.

Payment Methodology: ADMH payments to Contractor for services described in this section shall be based on actual expenditures based on the total amount for services listed in Exhibit MI-IPS

Other Agreements:

- A. Contractor will participate in ADMH’s independent annual fidelity reviews.
- B. Contractor will maintain a minimum fidelity score of 100 in lieu of the Alabama Department of Rehabilitation CARF accreditation requirements.
- C. Contractor will comply with ADMH Administrative Code.
- D. Contractor will comply with all requirements as indicated in the 25-point IPS fidelity scale (IPS Employment Center).

Additional Information:

- Prior approval from ADMH has to be secured for this service may be provided via audio and visual telehealth (GT) or audio only (FQ) or through written communication. Once ADMH approved is secured, the utilization has to be reflected in an ADMH approved Program Description.
- Below lists the CMHCs who have dedicated funding that **REQUIRES** Monthly Invoice with required support documents that include the following:
  - Name of all IPS SEP Team members
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	650	Appropriate service Codes	Expense-Based with Support Documents
Carastar	650	Appropriate service Codes	Expense-Based with Support Documents
CAW	650	Appropriate service Codes	Expense-Based with Support Documents

**7. FIRST EPISODE PSYCHOSIS (FEP) – AltaPointe, JBS, Wellstone**

Definition:

Treatment services provided primarily in a non-treatment setting by a member of an FEP team, staffed pursuant to ADMH regulations promulgated in the Alabama Administrative Code for young adult recipients with serious mental illness (SMI), ages 15 – 30. The FEP program provides a coordinated array of recovery-oriented services and supports to the individual and their family. Services include family support through Multi-Family Groups, Youth and Parent Peer Supports, Supported Employment and Education (using the Individual Placement and Support (IPS) model), Care Coordination, Cognitive Behavioral Therapy, and Low Dose Anti-Psychotic medication management, as needed.

The three-year FEP programs utilize a coordinated care approach which emphasizes shared decision-making with the client, as the focal point of any intervention.

Key service functions include, but are not limited to, the following:

- Intake
- Medical assessment and treatment
- Medication administration
- Medication monitoring
- Individual, group, and/or family counseling
- Crisis intervention
- Pre-hospitalization Screening
- Mental health Care Coordination/Case Consultation
- Case management
- Psychoeducational Services (Family Support)
- Basic living skills
- Peer Support Services – Youth
- Peer Support Services – Parent
- Community Integration Support Services
- Education/Employment Services.
- Community Outreach
- Treatment Plan Review

Eligible Staff:

The program must be staffed by an assigned team with a minimum of 4.83 FTE staff. The program staff are required to follow the current Community Mental Health Program Administrative Code or subsequent revisions.

Staffing patterns are required to have a least:

- 1 FTE Rehabilitative Services Professional (master’s level clinician)
- 1 FTE Case Manager – Bachelor’s level (must complete ADMH approved Case Management certification)
- 1 FTE Supported Employment/Education Specialist (must complete ADMH approved IPS SEP education program)
- .50 FTE Certified Peer Specialist – Youth (must complete ADMH approved CPS-Youth certification)
- .50 FTE Certified Peer Specialist – Parent (must completed ADMH approved CPS-Parent certification)
- .33 FTE Psychiatrist or PA/CRNP working under supervision of psychiatrist.
- .50 FTE of either an RN or LPN

There must be an assigned FEP team that is identifiable by job title, job description, and job function. The team must be staffed in accordance with ADMH certification administrative code. Each member of the team must be known to the recipient and must individually provide services to each recipient in the team’s careload. The team will conduct a staffing of all assigned cases as required by ADMH. The caseload cannot exceed a 1:10 staff to recipient ratio, excluding the psychiatrist, or CRNP/PA working under the supervision of a psychiatrist, and the nurse.

<u>HCPS/CPT Code(s):</u>	Eligible Service Codes – HE

<u>Other Modifiers:</u>	FT:FQ
<u>ADMH Contract Code:</u>	055
<u>ADMH Activity Codes:</u>	
Therapist	1500, 1527, 1528, 1529, 1530, 1540, 1545, 1547, 1550, 1580, 1590, 1598, 1600, 1610, 1620, 1630, 1640, 1650
Case Manager	1590, 1598, 1700, 1710
Supported Employment/Educational Specialist	1580, 1590, 1598, 1600, 1610, 1620, 1630, 1650, 1710
Certified Peer Specialist – Youth	1590, 1598, 1620, 1630, 2310, 2315, 2320, 2325
Certified Peer Specialist – Parent	1590, 1598, 1620, 1630, 2330, 2335
Psychiatrist	1560
RN/LPN	1570, 1575, 1581, 1582 (RN only), 1583 (LPN only), 1590, 1598
<u>ADMH Contract Rate:</u>	See Exhibit MI-6 & MI-FEP

ADMH Reporting Combination Restrictions:  
TBD

Location:

The only excluded settings are nursing homes. Some FEP services may be billed while a recipient is hospitalized briefly for stabilization or medical treatment. Services can be delivered in any setting that is convenient for both the family and staff member, that affords an adequate service environment, and that protects the recipient’s rights to privacy and confidentiality.

Additional Information:

- This is a face-to-face service. However, the following may be provided via telehealth (audio/visual (GT) or audio only (FQ). It is not billed separately.
  - Intake
  - Medical assessment and treatment
  - Medication Monitoring
  - Crisis Intervention
  - Care Coordination/Case Consultation
  - Psychoeducation
  - Peer Services
  - Case Management
- Below lists the CMHCs who have dedicated funding that **REQUIRES** Monthly Invoice with required support documents that include the following:
  - Name of all FEP Team members
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC FEP	Name	Contract Code	Activity Code(s)	Comments	Type of Monthly Invoice
AltaPointe	Nova – Mobile/Washington	055	Eligible Service Codes	7.5 FTE	Expense-Based w/ Sup. Docs
AltaPointe	Nova – Baldwin	055	Eligible Service Codes	5.5 FTE	Expense-Based w/ Sup. Docs
JBS	Nova – Birmingham	055	Eligible Service Codes	11.4 FTE	Expense-Based w/ Sup. Docs
Wellstone	Nova – Madison	055	Eligible Service Codes	4.83 FTE	Expense-Based w/ Sup. Docs

**8. TARGETED CASE MANAGEMENT TCM) – CHILD AND ADOLESCENT LOW INTENSITY CARE COORDINATION (LICC) – TARGET 3**

Definition:

Intensive C&A Targeted Case Management services are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services.

Eligible Staff:

Must comply with MI Community Program certification administrative code.

<u>HCPS/CPT Code(s):</u>	G9002-U3 (LICC)
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1710 (LICC) – Target 3
<u>Contract Codes (LICC):</u>	003, 043, 045, 055, 441, 442,500, 708, 743, 745
<u>Reporting Unit:</u>	1 unit = 5 minutes
<u>Maximum Billable Unit(s):</u>	5-minute increments
<u>Contract Rate:</u>	\$7.19 per unit

ADMH Reporting Combination Restrictions:

May not be billed in combination with PACT, ACT, Adult Case management (Target 1 TCM), or HICC (Target 10 TCM).

Location:

Targeted Case Management cannot provide services in total care environments, such as nursing facilities, hospitals, and residential programs for adults ages 21 and older. Case management services will be available for up to 180 consecutive days prior to DISCHARGE of a covered stay in an approved medical institution. The target group does not include individuals between ages 21 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. Also excluded are adults 21 and older receiving services in an Institution for Mental Disease (IMD).

Additional Information:

The following documentation and/or forms are required and must be readily identifiable in the consumer’s record:

- a) Needs Assessment - The CANS is the required functional assessment tool for Children/Adolescents.
- b) Case Plan - Goals, methods of accomplishment, and approval of same.
- c) Service Notes - Notation by LICC of date, service duration, nature of service, and LICC’s signature.
- d) Release of information Forms conforming to MI Community Programs Administrative Code.

If services as described in the care/case plan have not been implemented, a statement is present in the record identifying the reasons.

Additional Information:

- This service may be provided via audio and visual telehealth (GT) or audio only (FQ) or through written communication.
- CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of LICC
  - Credentials
  - Level of FTE

- Hire/Start Date
- End Hire Date
- Vacancy(ies)
- **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

**9. CASE MANAGEMENT (TCM)– HIGH INTENSITY CARE COORDINATION (HICC) – TARGET 10**

Definition:

Intensive C&A Case management services are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services.

Eligible Staff:

Must comply with Community Mental Health Program Standards.

<u>HCPS/CPT Code(s):</u>	G9003-UA:TG (HICC- full month); G9003-UA: TG:52 (HICC - partial month)
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1715 (HICC – full month); 1716 (HICC – partial month)
<u>Contract Codes (HICC):</u>	003, 711
<u>Reporting Unit:</u>	Monthly per diem (HICC)
<u>Maximum Billable Unit(s):</u>	Monthly per diem (full or partial) for HICC
<u>Contract Rate:</u>	\$582.54 (HICC-full month); \$291.27 (HICC-partial month)

**HICC SHADOW CLAIMS REPORTING**

ADMH Reporting Combination Restrictions:

May not be billed in combination with PACT, ACT, Adult Case Management (Target 1 TCM) or LICC (Target 3 TCM).

Location:

Targeted Case Management cannot provide services in total care environments, such as nursing facilities, hospitals, and residential programs for adults ages 21 and older. Case management services will be available for up to 180 consecutive days prior to DISCHARGE of a covered stay in an approved medical institution. The target group does not include individuals between ages 21 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. Also excluded are adults 21 and older receiving services in an Institution for Mental Disease (IMD).

Additional Information:

The following documentation and/or forms are required and must be readily identifiable in the consumer’s record:

- Needs Assessment - The CANS is the required functional assessment tool for Children/Adolescents.
- Crisis Stabilization and Support Plan (CSSP) – An ADMH approved CSSP is required.
- Plan of Care - Goals, methods of accomplishment, and approval of same. It is required there is input from a Child and Family Team Meeting to develop the Plan of Care.
- Service Notes - Notation by HICC of date, service duration, nature of service, and HICC’s signature.
- Release of information Forms conforming to MI Community Programs Administrative Code.

If services as described in the care/case plan have not been implemented, a statement is present in the record identifying the reasons.

Additional Information:

- This service may be provided via audio and visual telehealth (GT) or audio only (FQ) or through written communication.
- CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that

include the following:

- Name of HICC
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

Updated Version						
Service	Proc	M1	M2	M3	M4	Service Description
HICC Initial Assessment Phase	G9006	UA				<b>INITIAL</b> contact(s) with the youth, family, informal and formal supports and services for obtaining consent, reviewing referral form, initiating or reviewing existing CANS, developing and implementing elements of the Individual Care Plan (ICP), and beginning to develop or review existing Crisis Stabilization and Support Plan (CSSP) including initial visit with child, youth, or young adult and family, and visiting the residence/community/program setting to meet with a youth and support staff
HICC Care Planning (CFT Meeting and Prep)	G8539	UA	HT			Meetings to arrange meeting logistics for initial and ongoing Child & Family Team (CFT meetings), which includes supporting the family's participation, convening and facilitating CFT meetings, arranging time and location that is sensitive to needs of the family, and preparing and distributing documents prior to CFT meeting, and meeting with the youth and the CFT to review and/or complete HICC Individual Care Plan (ICP) and any other needed documents/forms (i.e., CSSP, CANS)
HICC Support Services/Work with Providers - External	G9012	UA				Meetings <b>with family members, friends, informal and formal supports, other service agencies/providers and/or state agencies (if involved)</b> . This is for the purpose of service arrangement, social support, and monitoring through linking, advocating, coordinating, developing, and implementing by collaborating and partnering with the youth and family to ensure appropriate services and supports are addressed ( <b>with the youth and/or family present or not present</b> )
HICC Support Services/Work with Providers - Internal	G9007	UA	UK			Meetings within your provider agency (psychiatrist, therapist, IHI, TM, CPS-Y, CPS-P, JCL, etc.). This is for the purpose of service arrangement, social support, and monitoring through linking, advocating, coordinating, developing, and implementing on behalf of the youth and family ( <b>with the youth and/or family present or not present</b> )

**10. CHILD AND ADOLESCENT IN-HOME INTERVENTION (CA IHI)**

Definition:

Structured, consistent, strength-based therapeutic intervention provided by a team for a child or youth with a serious emotional disturbance (SED) and his or her family for the purpose of treating the child’s or youth’s behavioral health needs. In-Home Intervention also addresses the family’s ability to provide effective support for the child or youth and enhances the family’s capacity to improve the child’s or youth’s functioning in the home and community. Services are directed towards the identified youth and his or her behavioral health needs and goals as identified in the treatment plan or positive-behavior support plan are developed by a qualified behavioral clinician where appropriate. Services include therapeutic and rehabilitative interventions, including counseling and crisis intervention services, with the individual and family to correct or ameliorate symptoms of mental health conditions and to reduce the likelihood of the need for more intensive or restrictive services.

These services are delivered in the family’s home or other community setting and promote a family-based focus in order to evaluate the nature of the difficulties, defuse behavioral health crises, intervene to reduce the likelihood of a recurrence, ensure linkage to needed community services and resources, and improve the individual child’s/adolescent’s ability to self-recognize and self-managed behavioral health issues, as well as the parents’ or responsible caregivers’ skills to care for their child’s or youth’s mental health conditions. The In-Home Intervention team provides crisis services to children and youth served by the team.

Key service functions include the following:

- a. Psychosocial Assessment/Intake – If not previously assessed with completion of a Psychosocial Assessment/Intake, the IHI team can perform the Psychosocial Assessment/Intake as part of the bundled service delivery.
- b. Individual Counseling
- c. Family Counseling
- d. Psychoeducation
- e. Basic Living Skills
- f. Crisis intervention (24-hour availability)
- g. Medication Monitoring
- h. Mental Health Care Coordination
- i. Treatment Plan Review
- j. Therapeutic Mentoring when appropriate

Eligible Staff:

In-home intervention for mental illness recipients may be provided by a two-person team minimally composed of the following:

- a. A rehabilitative services professional staff (all types)
- b. AND either
- c. A Qualified Mental Health Provider – Bachelor’s
  - a. OR
- d. Certified Mental Health Peer Specialist - Youth

All team members must successfully complete an approved Child and Adolescent In-Home Intervention training program.

<u>HCPS/CPT Code(s):</u>	H2022-HE: HA (per diem): H2022-HE: HA:HT (Shadow Claim Reporting)
<u>Other Modifiers:</u>	NA
<u>Activity Codes:</u>	1660 for team/shadow claim reporting, 1690 (per diem)- Billing Code
<u>Contract Code(s):</u>	003, 500, 710, 711, 742
<u>Reporting Unit:</u>	Per Diem
<u>Maximum Billable Unit(s):</u>	12 weeks per case; or 16/20 weeks with supervisory approval.
	140 per year
<u>Contract Rate:</u>	\$94.50 per day per enrollee

ADMH Reporting Combination Restrictions:

May not be billed in combination with Crisis Intervention (H2011), Individual Counseling (90832, 90834, 90837), Family Counseling (90846, 90847, 90849), Treatment Plan Review (H0032), Mental Health Care Coordination (H0046), Psychoeducation (H2027), Basic Living Skills (H0036), Medication Monitoring (H0034), or Therapeutic Mentoring (H2019-HN) while a family is enrolled in In-Home intervention.

Location:

This cannot be provided in an Inpatient hospital setting or Inpatient Psychiatric Residential Treatment Facility. Please note that In-Home intervention, while by definition and practice is usually provided in the child or adolescent consumer's home, infrequently may be provided in non-traditional settings including educational, child-welfare, family court, local parks, or clinic, etc. Such exceptions will not render the service ineligible for billing.

Additional Information:

- Medicaid covers this service for mental illness diagnoses only.
- Only persons who meet the definition for Serious Emotional Disturbance (SED) and meet the criteria are eligible for this service.
- The team will primarily be together during the provision of services to children and their families, but some of the services have to be provided separately.
- These services should be billed on a per diem basis while the family is enrolled and receiving in-home intervention services even though a service might not be provided every day.
- Span-billing may be utilized by multiplying the appropriate number of units for the month by the daily rate.
- Covered for children and adolescents only (age 5 to up to 21 years of age).
- Covered for transitional age young adults (age 18 to 26 years of age).
- The active caseload for a team will not exceed six (6) families.
- In-home must be available other than 8:00 A.M. to 5:00 P.M.
- The intensive nature of this service should be reflected in the average hours of direct service per family per week.
- In-Home Intervention should follow service delivery patterns taught in the ADMH approved In-Home Training Program to maintain the consistency and fidelity of the model.
- Treatment Plan must be completed within 30 days of the first face-to-face contact with the consumer. The Treatment Plan should address the treatment needs identified by the ADMH approved assessment tool.
- Signatures for services are secured on the day the service is delivered.
- In-Home Intervention Services are discontinued, and enrollees are referred to other services when the team is no longer a two-person team. Examples would include the loss of one of the team members, extended illness, maternity leave, etc. exceeding a two-week period.
- Utilization will be monitored through retrospective reviews.

Additional Information:

- This is a face-to-face service. However, the following may be provided via telehealth (audio/visual (GT) or audio only (FQ). It is not billed separately.
  - Crisis Intervention
  - Care Coordination/Case Consultation
  - Psychoeducation
  - Medication Monitoring
  - Peer Services
  - Treatment Plan Review
- When it is determined to be Medically Necessary to extend past 12 weeks, there is required documentation of the CMHC completing an internal staffing a written documentation in the recipient's chart of the approval for extended weeks up to a maximum of 20 weeks. The documentation should reflect the number or weeks approved and medical necessity of reason for extension.
- When it is determined to be Medically Necessary to extend past 20 weeks, the CMHC would need to send

documentation for the reason this is needed in detail, using the AMA approved extension form. This should be sent to ADMH and AMA for the approval consideration process.

- CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of C&A IHI Team Members
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

**VI. MI DAY PROGRAMS**

1. **ADULT REHABILITATION DAY PROGRAM (RDP)**

Definition:

An identifiable and distinct program that provides long-term recovery services with the goals of improving functioning, facilitating recovery, achieving personal life goals, regaining feelings of self-worth, optimizing illness management, and helping to restore a recipient to productive participation in family and community life. The Rehabilitative Day Program constitutes active structure, rehabilitative interventions that specifically address the individual’s life goals, builds on personal strengths and assets, improves functioning, increases skills, promotes a positive quality of life, and develops support networks. The Rehabilitative Day Program should provide (1) and (2) below and at least one more service from the following list of services based on the needs and preferences of recipients participating in the program.

Key service functions include the following:

- a) Initial screening to evaluate the appropriateness of the recipient’s participation in the program
- b) Development of an individualized treatment plan
  - a. Psychoeducational services
  - b. Basic living Skills
  - c. Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, a problem solving)
  - d. Utilization of community resources

Eligible Staff:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a Program Coordinator:

- a) Qualified Mental Health Provider – Bachelor’s
- b) As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:
  - a. Qualified Mental Health Provider – Bachelor’s
  - b. Qualified Mental Health Provider – Non-Degreed
  - c. Certified Mental Health Peer Specialist - Adult

<u>HCPS/CPT Code(s):</u>	H2017-HE
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1450
<u>Contract Code(s):</u>	000
<u>Reporting Unit:</u>	15-minute increments
<u>Maximum Billable Unit(s):</u>	16 per day, 4,160 per year
<u>Contract Rate:</u>	\$4.20 per unit

ADMH Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization Program (H0035) or Adult Mental Illness Intensive Day Treatment (H2012). Residential consumers who attend RDP may also receive BLS and Family Support in the residential setting.

Location:

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the consumer and staff member, that affords an adequate therapeutic environment, and that protects the consumers’ rights to privacy and confidentiality.

Additional Information:

This is a face-to-face program.

2. **ADULT INTENSIVE DAY TREATMENT (AIDT)**

Definition:

An identifiable and distinct program that provides highly structured services designed to bridge acute treatment and less intensive services, such as Rehabilitative Day Program and Outpatient services, with the goals of community living skills enhancement, increased level of functioning, and enhanced community integration. Intensive Day Treatment shall constitute active, intermediate level treatment that specifically address the recipient’s impairments, deficits, and clinical needs.

The following services must be available within the program as indicated by individual recipient need:

- a) Initial screening to evaluate the appropriateness of the recipient’s participation in the program
- b) Development of an individualized treatment plan
- c) Individual, group, and family counseling
- d) Coping skills training (e.g., stress management, symptom management, assertiveness training, problem solving)
- e) Utilization of community resources
- f) Family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.)
- g) Basic living skills (e.g., Adult Basic Education, GED, shopping, cooking, housekeeping, grooming)
- h) Recipient education closely related to presenting problems, such as diagnosis, symptoms, medication, etc. rather than academic training

Eligible Staff:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a Program Coordinator:

- a) Rehabilitative Services Professional (all types)
- b) As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:
  - a. Qualified Mental Health Provider – Bachelor’s
  - b. Qualified Mental Health Provider – Non-Degreed
  - c. Certified Mental Health Peer Specialist - Adult

<u>HCPS/CPT Code(s):</u>	H2012-HE
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1410
<u>Contract Code(s):</u>	000
<u>Reporting Unit:</u>	1 hour (based on minimum of 4 hours)
<u>Maximum Billable Unit(s):</u>	4 hours per day; and 1040 days per year
<u>Contract Rate:</u>	\$21.00 per unit

ADMH Reporting Combination Restrictions:

May not be billed in combination with Individual (90832), Family (90846, 90847, 90849), or Group Counseling (90853), Partial Hospitalization Program (H0035), and Adult Rehabilitative Day Program (H2017). These restrictions apply while a recipient is attending/actively enrolled in Intensive Day Treatment whether or not the restricted services occur on the same day as Intensive Day Treatment. Residential consumers who attend Day Treatment may also appropriately receive Basic Living Skills and/or Family Support in the residential setting.

Location:

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the consumer and staff member, that affords an adequate therapeutic environment, and that protects the consumers’ rights to privacy and

confidentiality.

Additional Information:

This is a face-to-face program. The following services can be delivered faced-to-face or audio/visual (GT) or audio only (FQ):

- Family Therapy

3. **PARTIAL HOSPITALIZATION PROGRAM**

Definition:

A physically separate and distinct organizational unit that provides intensive, structured, active, clinical treatment, less than 24 hours per day, with the goal of acute symptom remission, immediate hospital avoidance, and/or reduction of inpatient length of stay, or reduction of severe persistent symptoms and impairments that have not responded to treatment in a less intensive level of care.

Key service functions include the following services, which must be available with the program as indicated by individual recipient need:

- a. Initial screening to evaluate the appropriateness of the recipient’s participation in the program
- b. Development of an individualized program plan
- c. Individual, group, and family counseling
- d. Coping skills training closely related to presenting problems (e.g., stress management, symptom management, assertiveness training, and problem solving; as opposed to basic living skills, such as money management, cooking, etc.)
- e. Medication administration
- f. Medication monitoring
- g. Psychoeducational services
- h. Patient education closely related to the presenting problems, such as diagnosis, symptoms, medication, etc., rather than academic training

Eligible Staff:

The program must have a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or physician’s assistant. The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, the treatment team will include a:

- a) Physician, Physician assistant, OR Licensed Certified Registered Nurse Practitioner (CRNP); and
- b) Rehabilitative Services Professional; (all types); and
- c) Licensed practical nurse, and/or
- d) Qualified Mental Health Provider- Bachelor’s OR Qualified Mental Health Provider – Non-Degreed OR Certified Mental Health Adult Peer Specialist

<u>HCPS/CPT Code(s):</u>	H0035-HE
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1400
<u>Contract Code(s):</u>	000
<u>Reporting Unit:</u>	Unit = 1 per day (based on minimum of 4 hours)
<u>Maximum Billable Unit(s):</u>	130 units/days
<u>Contract Rate:</u>	\$204.75 per day

ADMH Reporting Combination Restrictions:

May not be billed in combination with Individual (90832), Family (90846, 90847, 90849), or Group Counseling (90853), Physician Medical Assessment and Treatment (H0004), Medication Administration (96372, H0033), Medication Monitoring (H0034), Intensive Day Treatment (H2012), and Rehabilitative Day Program (H2017). These restrictions apply while a recipient is attending/actively enrolled in Partial Hospitalization whether or not the restricted services occur on the same day as Partial Hospitalization. Residential consumers who attend Partial Hospitalization may also appropriately receive Basic Living Skills and/or Family Support in the residential setting.

Location:

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the consumer and staff member, that affords an adequate therapeutic environment, and that protects the consumers' rights to privacy and confidentiality.

Additional Information

- H0035 may be span billed by multiplying the appropriate number of units for the month by the daily rate. Benefits are limited to 130 units per year.
- Utilization will be monitored through retrospective reviews.

Additional Information:

This is a face-to-face program. The following services can be delivered faced-to-face or audio/visual (GT) or audio only (FQ):

- Family Therapy
- Medication evaluation and management services

4. **CHILD AND ADOLESCENT DAY TREATMENT**

Definition:

A combination of goal-oriented rehabilitative services designed to improve the ability of a recipient to function as productively as possible in their regular home, school, and community setting when impaired by the effects of a mental or emotional disorder. Programs that provide an academic curriculum as defined by or registered with the State Department of Education and that students attend in lieu of a local education agency cannot bill Medicaid for the time devoted to academic instruction.

Key service functions include the following:

- a) Initial screening to evaluate the appropriateness of the recipient’s participation in the program
- b) Development of an individualized treatment plan
- c) Individual, group and family counseling
- d) Psychoeducational Services
- e) Basic Living Skills
- f) Coping skills training closely related to presenting problems (e.g., stress management, assertiveness training, and problem solving)

Eligible Staff:

The program staff are required to follow the current Community Mental Health Program Standards Manual or subsequent revisions.

At a minimum, there must be a program coordinator:

- a. Rehabilitative Services Professional (all types)

As outlined in Community Mental Health Program Standards Manual, the multi-disciplinary treatment team may also include the following practitioners:

- a. Qualified Mental Health Provider – Bachelor’s
- b. Qualified Mental Health Provider – Non-Degreed
- c. Certified Mental Health Peer Specialist – Youth
- d. Certified Mental Health Peer Specialist - Parent

<u>HCPS/CPT Code(s):</u>	H2012-HE: HA
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1420 (with education)
<u>Contract Code(s):</u>	000, 003
<u>ADMH Reporting Unit:</u>	Unit = 1 hour
<u>Maximum Billable Unit(s):</u>	4 per day; and 1040 per year
<u>ADMH Contract Rate:</u>	\$21.00 per unit

ADMH Reporting Combination Restrictions: May not be billed in combination with Individual (90832), Family (90846, 90847, 90849), or Group Counseling (90853). These restrictions apply while a recipient is actively enrolled in Day Treatment whether or not the restricted services occur on the same day as Day Treatment. Residential consumers who attend Day Treatment may also appropriately receive Basic Living Skills and/or Family Support in the residential setting. It is not intended that outpatient consumers who received Day Treatment services will routinely receive additional Basic Living Skills and Family Support services outside of the Day Treatment setting. This occurrence should be rare.

Location:

The only excluded settings are hospitals. Services can be delivered in any setting that is convenient for both the consumer and staff member, that affords an adequate therapeutic environment, and that protects the consumers’ rights to privacy and confidentiality.

Additional Information:

This is a face-to-face program. The following services can be delivered faced-to-face or audio/visual (GT) or audio only (FQ):

- Family Therapy

**VII. TRANSPORTATION (NET)**

Definition: The Non-Emergency Transportation (NET) Program for ADMH provides necessary non-ambulance one-way or round-trip transportation for Medicaid recipients to a Medicaid covered mental health rehabilitation service.

Staff: Any staff member with a valid driver's license for the type of vehicle used in transporting consumers

<u>HCPS/CPT Code(s):</u>	T2002-HE
<u>Other Modifiers:</u>	NA
<u>Activity Code:</u>	1900
<u>Contract Code(s):</u>	000, 006, 008, 010, 013, 014, 015, 016, 017, 018, 044, 045, 049, 050, 051, 055, 076, 082, 121, 123, 125, 127, 128, 211, 212, 213, 227, 229, 304, 305, 441, 500, 650, 651, 658, 701, 708, 709, 710, 742, 743, 745, 747, 748, 749, 750, 752, 753, 800, 916, 927, 993
<u>Reporting Unit:</u>	1 per day, per recipient, per provider.
<u>Maximum Billable Unit(s):</u>	1 per day, per recipient, per provider.
<u>Contract Rate:</u>	\$17.00 per unit

ADMH Reporting Combination Restrictions:

None

Service Documentation:

Recipient's service record must fully document the rehabilitation option service provided on the date of the transportation event. The treatment plan will indicate the referral to NET services. A transportation signature log can be used to document transportation to a day program. Recipient signatures for individual/group or other rehabilitation option services will document the transportation for those services. Transportation must be an indicated service on the case plan if transportation is provided by a case manager.

Covered Service:

The ADMH NET Program may be utilized for transportation to an authorized location for receipt of a covered mental illness rehabilitation service. Receipt of the service must occur on the same date as the transportation event.

NET must be provided in compliance with written policies and procedures developed and maintained by the ADMH contractor which include, at a minimum, the following specifications:

- Non-emergency transportation services linked to a Rehabilitative service in which medical necessity must be established.
- All vehicles used for the transportation shall have properly operating seat belts or child restraint seats and provide for seasonal comfort with properly functioning heat and air.
  - All vehicles used for transportation shall be in good repair and have documentation of regular maintenance inspections.
  - The number of individuals permitted in any vehicle shall not exceed the number of seats, seat belts, and age-appropriate child restraint seats as permitted to be operated under the safety standards for the make of that model vehicle.
  - All vehicles operated by the provider shall carry: a. Proof of accident and liability insurance. b. Documentation of the vehicle's ownership. c. A fire extinguisher and first aid kit for company owned vehicles.
- The driver of any vehicle used to transport recipients shall:
  - a. Be at least nineteen (19) years old.
  - b. Be in possession of a valid driver's license for the type of vehicle used in transporting recipients.
  - c. Carry, at all times, the name(s) and telephone number(s) of the performing provider's staff to notify in case of a medical or other emergency.
  - d. Be prohibited from the use of alcohol, drugs, tobacco products, cellular phones or other mobile devices, or from eating while driving.
  - e. Be prohibited from leaving a minor unattended in the vehicle at any time.

- f. Be prohibited from making stops between authorized destinations, altering destinations, and taking recipients to unauthorized locations. In the event of emergency, unscheduled stops are permitted. In these occasions, the driver must contact the supervisor for instructions.
- The performing provider shall provide an adequate number of staff for supervision of individuals transported to ensure passenger safety.

**VIII. SPECIALITY PROGRAMS**

**I. SCHOOL-BASED MENTAL HEALTH COLLABORATION (SBMHC)**

Definition:

The School-Based Mental Health Collaboration (SBMHC) is a program designed to ensure that children/adolescents in the public school system have access to needed services to address their mental health needs. The focus of the program is to address mental health prevention, early intervention, and treatment services for those with a serious emotional disturbance (SED). Services are provided by a qualified practitioner to assist a recipient in achieving specific objectives of treatment or care for a mental health disorder. Services are generally directed toward alleviating maladaptive functioning and emotional disturbances relative to a mental health disorder, and restoration of the individual to a level of functioning capable of supporting and sustaining recovery. Services provided in the SBMH program will vary based on the individual needs or each recipient.

The SBMHC program is available to both general and special education students referred by school staff who meet the serious emotional disturbance (SED) criteria. If additional services are medically necessary to meet the needs of the child/adolescent, the SBMHC therapist may refer to the additional array of mental health services at the community mental health center. As part of the SBMHC, the provider must follow the fidelity of the ADMH approved SBMHC Model to include the following:

- a. Participate in an initial orientation meeting with ADMH, the Alabama State Department of Education, community mental health center (CMHC), and local education agency (LEA) staff to review the model and requirements.
- b. Maintain a current formalized agreement (MOU, MOA, etc.) between the CMHC and LEA covering each agency’s role in the SBMHC program.
- c. Collect and report all required data elements listed in the SBMHC program model to the CDR.
- d. Utilize the standardized referral process, to include the ADMH approved referral form, for all referrals to the SBMHC program.
- e. Maintain a record of the school identified “Gatekeeper” as the primary contact person/liaison to the mental health therapist.
- f. Participate in monthly meetings with representatives from the CMHC and LEA to discuss difficult cases, resolve any systemic issues, and increase collaboration between the two agencies.
- g. Submit the Annual Review and Verification form signed by the Executive Director and the School District Superintendent to ADMH at the beginning of each school year. Signatures of designated staff will only be recognized if the individual has the ability to sign contracts in place of the Executive Director or Superintendent.

Key service functions provided by the SBMHC program may include the following:

- k. Psychosocial Assessment/Intake – If not previously assessed with completion of a Psychosocial Assessment/Intake
- l. Individual Counseling/Psychotherapy
- m. Family Counseling/Psychotherapy
- n. Group Counseling/Psychotherapy
- o. Psychoeducation Services (Family Support & Education)
- p. Basic Living Skills
- q. Crisis Intervention
- r. Medication Monitoring
- s. Mental Health Care Coordination (Mental Health Case Consultation)
- t. Treatment Plan Review
- u. Behavioral Health Placement Assessment (Pre-Hospitalization Screening)

Eligible Staff:

- Rehabilitative Services Professional (all types)

<u>Activity Codes:</u>	Multiple—Varies by service Psychosocial Assessment/Intake: 1500 Individual Counseling/Psychotherapy: 1527 (30 min); 1528 (45 min); 1529 (60 min) Family Counseling/Psychotherapy: 1545 (w/o recipient); 1540 (with recipient); 1547 (multi-family)
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	Group Counseling Psychotherapy: 1530 Psychoeducation: 1620 (individual); 1630 (group) Basic Living Skills: 1600 (individual); 1610 (group) Crisis Intervention: 1590; 1598 (after hours) Medication Monitoring: 1580 Mental Health Care Coordination: 1650 Treatment Plan Review: 1640 Behavioral Health Placement Assessment: 1550
<u>HCPS/CPT Code(s):</u>	Multiple—Varies by service Psychosocial Assessment/Intake: 90791-HE Individual Counseling/Psychotherapy: 90832-HE (30 min); 90834-HE (45 min); 90837-HE (60 min) Family Counseling/Psychotherapy: 90846-HE (w/o recipient)/ 90847-HE (with recipient)/ 90849-HE (Multi-family) Group Counseling Psychotherapy: 90853-HE Psychoeducation: H2027-HE (individual); H2027-HE (group) Basic Living Skills: H0036-HE (individual); H0036-HE: HQ (group) Crisis Intervention: H2011-HE: H2011 – HE:UH (after hours) Medication Monitoring: H0034-HE Mental Health Care Coordination: H0046-HE Treatment Plan Review: H0032-HE Behavioral Health Placement Assessment: H0002-HE
<u>Contract Codes:</u>	050, 051
<u>Reporting Unit:</u>	Varies by service
<u>Maximum Billable Unit(s):</u>	Varies by service
<u>Contract Rate:</u>	Varies by service

ADMH Reporting Combination Restrictions:

May not be billed in combination with Partial Hospitalization (H0035-HE), Adult Intensive Day Treatment (H2012-HE), Child & Adolescent Day Treatment (H2012-HE: HA), Adult In-Home Intervention (H2021-HE), Child & Adolescent In-Home Intervention (H2022-HE: HA), ACT (H0040), PACT (H0040-HQ), Supported Employment IPS, and First Episode Psychosis (FEP).

Location:

The primary location for program services is on the campus of the child/adolescent’s school. However, other settings may be utilized as appropriate (during school breaks or for family convenience during family sessions) if the setting affords and adequate therapeutic environment and protects the recipient’s rights to privacy and confidentiality. The only excluded settings are hospital and inpatient psychiatric residential facilities.

Additional Information: For programs receiving funds specified for a SBMH program, an invoice must be submitted along with a completed copy of the SBMH monthly reporting form. The form must include the name(s) of staff meeting the designated FTE requirements, the list of school served in the designated LEA, and the number of students served in each school. The date of the required monthly meeting along with participants must be listed as well. The form should be signed indicated that the information is correct, and the FTE contract requirements are met. For new SBMH programs being initiated between the CMHC and LEA, the following requirements must be met prior to invoicing for funds:

- a. An initial orientation meeting must be completed with participants from ADMH, ALSDE, the CMHC, and the LEA.
- b. The CMHC and LEA must have a signed contractual agreement in place indicated that each agency agrees to the terms outlined in the orientation meeting and any additional terms developed between the local agencies.

- c. A copy of the contractual agreement signed by both the Executive Director of the CMHC, and the Superintendent of the School District must be on file with ADMH. SBMH funds will only be released for the time periods after the agreement is on file with ADMH.

A copy of at least one signed, formalized agreement between the CMHC and LEA is required to be submitted to ADMH. The Annual Review and Verification form signed by appropriate representatives must be submitted annually to ADMH. Documentation of the required monthly meeting with representatives from the CMHC and LEA shall be available upon request (required if invoicing for ADMH funds). If the meeting did not occur, documentation will be available to indicate reasons. Invoicing for funds shall follow the current ADMH approved protocol.

Additional Information:

- CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of SBMHC Therapist(s)
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

**2. STEPPING UP**

Definition:

Stepping Up is a nationally recognized form of engagement incentive case management services that are comprehensive services that assist eligible individuals in gaining access to needed medical, social, educational and other services, especially targeting the SMI population who are in jails/detention facilities. The target is to reduce the number of individuals with mental illness in jails. Due to criminal justice involvement, these SMI individuals often have missed opportunities to link to treatment. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services.

Eligible Staff:

Must comply with MI-EI Exhibit.

<u>HCPS/CPT Code(s):</u>	G9008-U1 (Adults)
<u>Other Modifiers:</u>	NA
<u>Contract Codes (Adult TCM):</u>	658
<u>ADMH Activity Code:</u>	1700 (adult)
<u>ADMH Reporting Unit:</u>	1 unit = 5 minutes
<u>Maximum Billable Unit(s):</u>	5-minute increments
<u>ADMH Contract Rate:</u>	\$7.19 per unit

ADMH Reporting Combination Restrictions:

May not be billed in combination with PACT, ACT, or other TCM Targets (3,10).

Additional Information:

The following documentation and/or forms are required and must be readily identifiable in the consumer's record:

- a) Needs Assessment - the SUN-R is the required form for adults.
- b) Case Plan - Goals, methods of accomplishment, and approval of same.
- c) Service Notes - Notation by Case Manager of date, service duration, nature of service, and Case Manager's signature.
- d) Release of information Forms conforming to MI Community Programs Administrative Code.

If services as described in the care/case plan have not been implemented, a statement is present in the record identifying the reasons.

Additional Information:

- These services may be provided via audio and visual telehealth (GT) or audio only (FQ).
- Below lists the CMHCs who have dedicated funding that **REQUIRES** Monthly Invoice with required support documents that include the following:
  - Name of Stepping UP Case Manager attached to their assigned County
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - **ADMH will verify data being reported through CDR**
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC – Stepping Up	Contract Code	Activity Code(s)	Comment
AltaPointe	658	Appropriate service codes	Mobile, Talladega, Clay, Washington, Baldwin
Cahaba	658	Appropriate service codes	Wilcox
Carastar	658	Appropriate service codes	Elmore
CAW	658	Appropriate service codes	Chilton & Shelby
CED	658	Appropriate service codes	Cherokee, Etowah, DeKalb
East Alabama	658	Appropriate service codes	Chambers, Russell, Tallapoosa, Lee
East Central	658	Appropriate service codes	Pike, Macon, Bullock
Highland	658	Appropriate service codes	Cleburne
Indian Rivers	658	Appropriate service codes	Tuscaloosa, Bibb + Statewide Mentorship
JBS	658	Appropriate service codes	Jefferson & Blount
Mountain Lakes	658	Appropriate service codes	Marshall
North Central	658	Appropriate service codes	Morgan, Lawrence, Limestone
Northwest	658	Appropriate service codes	Walker, Lamar, Marion, Winston
Riverbend	658	Appropriate service codes	Lauderdale & Colbert
South Central	658	Appropriate service codes	Covington
Southwest	658	Appropriate service codes	Conecuh & Monroe
SpectraCare	658	Appropriate service codes	Houston, Geneva, Dale, Henry, Barbour
Wellstone	658	Appropriate service codes	Cullman, Madison
West Alabama	658	Appropriate service codes	Marengo, Greene, Hale, Sumter

**3. BRIEF PSYCHIATRIC CARE CLINIC (JBS)**

Definition:

This clinic offers outpatient services and does not allow overnight stays at the program location. The clinic does not offer services equivalent to a hospital emergency room and is not an alternative to evaluation and treatment in a hospital emergency department. The clinic will accept referrals from any hospital emergency department in the M-5 catchment area (Jefferson, Blount, and St. Clair Counties) with the emergency department's certification that any given patient referred to the clinic is medically stable and can participate in an ambulatory outpatient clinic program. The Brief Psychiatric Care Clinic will also accept recipient referrals from contiguous community mental health centers upon request with the referring mental health center's certification that the referred recipient needs care and that the care is unavailable at the mental health center at the time of the referral.

Eligible Staff:

Must comply with ADMH Approved Program Description

<u>HCPS/CPT Code(s):</u>	90791, 90832, 90834, 90837, 90846, 90847, 90849, 90853, 96372, G9008, H0002, H0004, H0032, H0033, H0034, H0036, H0038, H0046, H2011, H2027, T1001, T1002, T1003, T2002
<u>Other Modifiers:</u>	Vary by HCPS/CPT Codes
<u>Contract Codes:</u>	753
<u>Activity Code:</u>	1500, 1527, 1528, 1529, 1545, 1540, 1547, 1530, 1570, 1700, 1550, 1560, 1640, 1575, 1580, 1610, 1600, 2315, 2310, 1650, 1590, 1598, 1620, 1630, 1581, 1582, 1583
<u>Reporting Unit:</u>	Varies by services
<u>Maximum Billable Unit(s):</u>	90 consecutive days in a current episode of treatment
<u>Contract Rate:</u>	See Exhibit MI-6

ADMH Reporting Combination Restrictions:

TBD

Additional Information:

The Brief Psychiatric Care Clinic provides an intensive outpatient program that is intended to provide stop-gap treatment to severely and persistently mentally ill individuals upon referral from local hospital emergency departments, local mental health centers, the Crisis Care Center, and to individuals who walk-in seeking immediate care. This treatment setting is not designed to provide long-term outpatient care. When an individual meets discharge criterion or when the maximum length of stay is reached, the recipient will be provided with prescriptions covering three months for all medications originated by the clinic. Affirmative engagement with the recipient will then occur to be certain that the recipient arrives at the next treating organization or source of treatment, including transportation to the site of treatment if transportation is required. Each recipient engaged in care at the clinic will have his or her next treatment source identified in the first week of care at the clinic so that referral support can be put into place at the earliest opportunity.

**4. Crisis Urgent Care – South Central**

Definition:

This clinic offers outpatient services and does not allow overnight stays at the program location. The clinic does not offer services equivalent to a hospital emergency room and is not an alternative to evaluation and treatment in a hospital emergency department. The clinic will accept referrals from walk-in/self-referral, any hospital emergency department that any given patient referred to the clinic is medically stable and can participate in an ambulatory outpatient clinic program, law enforcement, jails and from within the community.

Eligible Staff:

Must comply with ADMH Approved Program Description

<u>HCPS/CPT Code(s):</u>	90791, 90832, 90834, 90837, 90846, 90847, 90849, 90853, 96372, G9008, H0002, H0004, H0032, H0033, H0034, H0036, H0038, H0046, H2011, H2027, T1001, T1002, T1003, T2002
<u>Other Modifiers:</u>	Vary by HCPS/CPT Codes
<u>Contract Codes:</u>	753
<u>Activity Code:</u>	1500, 1527, 1528, 1529, 1545, 1540, 1547, 1530, 1570, 1700, 1550, 1560, 1640, 1575, 1580, 1610, 1600, 2315, 2310, 1650, 1590, 1598, 1620, 1630, 1581, 1582, 1583
<u>Reporting Unit:</u>	Varies by services
<u>Maximum Billable Unit(s):</u>	Varies by services
<u>Contract Rate:</u>	See Exhibit MI-6

ADMH Reporting Combination Restrictions:

TBD

**I. CHILD SET ASIDE, CHILDREN FIRST, JCL, OUR KIDS, EPSDT**

I. PURPOSE

To provide community mental health services to children and adolescents with a serious emotional disturbance (see Introduction, II. Target Populations for definition of serious emotional disturbance - SED).

II. TARGET POPULATION

The target population is defined in the approved and on file description of contract services.

III. PAYMENT PROCESS

INVOICE PROCESS:

- 1/12<sup>th</sup> MONTHLY INVOICING PROCESS: ADMH will pay for the 1/12<sup>th</sup> **MONTHLY** services payment that is REQUIRED to be submitted to ADMH no later than the 10<sup>th</sup> of each month for the services for the month prior. Payment is contingent on the program is operational, services are being rendered, and data of services is being reported as determined by ADMH. Payments will be withheld only for programs/teams/staff positions not filled for more than 90 days and if no consumers were provided services as reported and documented in the ADMH Reporting System to include the CDR, ABHAS, Gateway, etc. Contractor has obligation to notify ADMH of such staff changes or program closures.
- EXPENSE-BASED INVOICING PROCESS: Invoiced payments shall be submitted for those services identified as outlined in the service contract exhibit. These are REQUIRED to be submitted to ADMH no later than the 10<sup>th</sup> of each month for the services for the month prior. Payment is contingent on the program is operational, services are being rendered, and data of services is being reported as determined by ADMH. Payments will be withheld only for programs/teams/staff positions if no consumers were provided with services as reported and documented in the ADMH Reporting System to include the CDR, ABHAS, Gateway, etc. Contractor has obligation to notify ADMH of such staff changes or program closures.

IV. REPORTING

A. The reported services must be traceable to individual consumer records maintained by Contractor and reported to ADMH.

B. Contractor will identify, as provided for in the ADMH automated consumer service reporting system, each service provided by those staff whose salary is supported by the SET ASIDE, Children First, JCL, Our Kids, and EPSDT funding amounts indicated in Exhibit MI-6. The service activity codes used to identify said services will be for services covered by the contract, provided by staff whose salary is supported by the contract, and as contained in the Child and Adolescent Services Table, as it may be periodically revised.

**Children's Services Funding**

Provider	Contract Line	Description of Services	\$\$\$\$	Contract Code	Activity Codes
<b>AltaPointe - Baldwin County</b>	Child Set Aside (Federal) Carved Out	Baldwin County C&A Day Program – with Education & w/o Education (Summer)	See MI-6	003	1420, 1640, 1590, 1650
	Child Expansion (State) CCBHC Carved Out	Baldwin County C&A Day Program – with Education & w/o Education	See MI-6	003	1420, 1640, 1590, 1650
	Child Expansion (State) CCBHC Carved In	1 – ICC	See MI-6	ICC = 745	ICC = 1710
	EPSDT			711	(See AP – Mobile Below)
	JCL – Carved In	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	1 site – Gulf Shores City	NA	050	All appropriate outpatient codes
	SBMHC – state funding – Carved In	2 sites – Orange Beach City & Baldwin County	See MI-6	051	all appropriate outpatient codes
<b>AltaPointe – North</b>	Child Set Aside (Federal) – Carved Out	1 – IHI 1 – C&A Day Treatment	See MI-6	IHI = 710 DT = 003	IHI = 1660/1690 1420, 1640, 1590, 1650
	Child Expansion (State) – CCBHC Carved In	1 – ICC	See MI-6	ICC = 745	ICC = 1710
	Children First – CCBHC Carved In	2 ICC (cover Randolph and Clay)	See MI-6	743	1710
	EPSDT – CCBHC Carved Out	1-TM 1-HICCs 3-IHIs	See MI-6	711	2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	EPSDT – CCBHC Carved In	1-CPS-Y 1-CPS-P	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P)
	JCL – Carved In	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	3 sites – Coosa County, Talladega City, & Sylacauga City	NA	050	All appropriate outpatient codes
	SBMHC – state funding – Carved In	4 sites/3 therapist – Randolph County/Roanoke City: Talladega County: Clay County	See MI-6	051	all appropriate outpatient codes
<b>AltaPointe – Mobile/Washington</b>	Child Expansion Mobile (State) CCBHC Carved Out	1 – IHI	See MI-6	IHI = 710	IHI = 1660/1690
	Child Expansion Mobile (State) CCBHC Carved In	1 – ICC	See MI-6	ICC = 745 OP = 003	ICC = 1710 All appropriate outpatient codes
	Child Expansion Washington (State) CCBHC Carved In	1 – ICC Outpatient Services, to include psychiatric	See MI-6	ICC = 745 OP = 003	ICC = 1710 All appropriate outpatient codes
	EPSDT – Carved Out	1-TM 2-HICCs 3-IHIs	See MI-6	711	2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	EPSDT – Carved In	1-CPS-Y 1-CPS-P	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P)
	JCL – Carved in	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	2 sites – Washington County & Chickasaw City	NA	050	all appropriate outpatient codes
	SBMHC – State	Mobile – 3 sites – Satsuma City:	See MI-6	051	all appropriate outpatient

	Funding – Carved In	Mobile County: Saraland City			codes
	SBMHC – State Funding – Carved In	Washington – 0 sites	See MI-6	051	all appropriate outpatient codes
<b>Cahaba MHC</b>	Child Set Aside (Federal)	2- ICC’s (Can be Hybrid) Outpatient services	See MI-6	ICC = 745 OP = 003	ICC = 1710 all appropriate outpatient codes
	Children 1 <sup>st</sup>	2 ICCs (can be Hybrid) (all three counties)	See MI-6	743	1710
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 JCL (all three counties)	See MI-6	044	all appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding	2 therapist/5 sites = Wilcox County; Perry County; Dallas County; Selma City/Breakthrough Charter	See MI-6	051	all appropriate outpatient codes
<b>C.E.D. MHC</b>	Child Expansion (State)	2 – ICC 1 – IHI Outpatient Services, to include psychiatric	See MI-6	ICC = 745 IHI = 710 OP = 003	ICC = 1710 IHI = 1660/1690 All appropriate outpatient codes
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 1-HICCs 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	2 sites – Cherokee County & Fort Payne City	N/A	050	all appropriate outpatient codes
	SBMHC – state funding	4 Sites = DeKalb County; Gadsden City, Etowah County, Attalla City	See MI-6	051	all appropriate outpatient codes
<b>Chilton-Shelby MHC (dba CAW)</b>	Child Expansion (State)	2 ICCs – Centerwide OP Centerwide	See MI-6	ICC = 745 OP = 003	ICC = 1710 all appropriate outpatient codes
	ESPDT	1-CPS-Y 1-CPS-P 1-TM 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1660/1690(IHI)
	JCL	1 JCL	See MI-6	044	all appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding	None	NA	051	all appropriate outpatient codes
<b>East Alabama MHC dba</b>	Child Set Aside (Federal)	1 – LICC Outpatient	See MI-6	ICC = 745 OP = 003	ICC = 1710 all appropriate outpatient

<b>Integrea</b>					codes
	Child Expansion (State)	Outpatient	See MI-6	OP = 003	all appropriate outpatient codes
	EPSDT	1-TM 6-HICCs 3-IHIs	See MI-6	711	2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	EPSDT	1-CPS-Y 1-CPS-P	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P)
	JCL	1 – JCL	See MI-6	044	all appropriate outpatient codes
	SBMHC – local funding	2 sites – Tallapoosa County & Lanett City	NA	050	all appropriate outpatient codes
	SBMHC – state funding	6 sites – Lee County, Chambers County, Auburn City, Russell County, Opelika City, Phenix City	See MI-6	051	all appropriate outpatient codes
<b>East Central MHC</b>	Child Expansion (State)	2-3 ICCs Outpatient	See MI-6	ICC = 745 OP = 003	ICC = 1710 all appropriate outpatient codes
	Child Set Aside (Federal)	Outpatient	See MI-6	OP = 003	all appropriate outpatient
	Children 1 <sup>st</sup>	1 – IHI = Centerwide	See MI-6	742	1660/1690
	EPSDT	2-CPS-Y 2-CPS-P 2-TM 2-HICCs 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	all appropriate outpatient codes
	SBMHC – local funding	1 site – Pike County	NA	050	all appropriate outpatient codes
	SBMHC – state funding	4 sites – Troy City, Pike County, Macon County, Bullock County	See MI-6	051	all appropriate outpatient codes
<b>Eastside</b>	Child Set Aside (Federal)	Outpatient	See MI-6	003	all appropriate outpatient codes
<b>Glenwood</b>	Children 1 <sup>st</sup>	FACS Team– IHI Team	See MI-6	043	all appropriate outpatient codes
<b>Highland</b>	Child Set Aside (Federal)	1 - In-home Team	See MI-6	IHI = 710	IHI = 1660/1690
	Child Expansion (State)	2 – ICCs Outpatient	See MI-6	ICC = 745 OP = 003	ICC = 1710 All appropriate outpatient codes
	ESPDT	1-CPS-Y 1-CPS-P 1-TM 1-HICCs 1-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	1 site – Cleburne County	N/A	050	all appropriate outpatient codes

	SBMHC – state funding	4 sites – Anniston City, Jacksonville City, Calhoun County, Oxford City	See MI-6	051	All appropriate outpatient codes
<b>Indian Rivers MHC</b>	Child Set Aside (Federal)	1 – ICC 2 – IHI OP Services	See MI-6	ICC = 745 IHI = 710 OP = 003	ICC = 1710 IHI = 1660/1690 All appropriate outpatient codes
	Children 1 <sup>st</sup>	1-ICC (all counties)	See MI-6	743	1710
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 2-HICCs 1-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	NONE	NA	050	all appropriate outpatient codes
	SBMHC – state funding	3 sites – Tuscaloosa County, Pickens County, Tuscaloosa City	See MI-6	051	All appropriate outpatient codes
<b>JBS Mental Health Auth.</b>	Child Set-Aside (Federal)	4 – IHI (**rest of funding under Child Expansion)	See MI-6	710	IHI = 1660/1690
	Child Expansion (State)	4 – IHI 1 – CIRT Team 2 – ICCs OP Services 1 – St. Clair 2 – ICC Health Dept Program 1 – CPS-Y Coordinator 1 – CPS-Y .50 – TM .50 – PP– JCCP .50 – PP 1 – Family Court –	See MI-6	710 710 745 003 745 003  003 003 003 500 003 003	IHI = 1660/1690 IHI = 1660/1690 ICC = 1710 various ICC = 1710 1710  2320/2325(CPS-Y) 2320/2325 (CPS-Y) 2340/2345 (TM) 2330/2335 (CPS-P) 2330/2335 (CPS-P) Various
	EPSDT	2-CPS-Y 2-CPS-P 2-TM 2-HICCs 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 FTE – Jefferson: 1 FTE – Blount/St. Clair	See MI-6	044	All appropriate outpatient codes
	OUR Kids	OK-1 = 2 FTE ICC Jefferson – Family Court	See MI-6	045	All appropriate outpatient codes
	OUR Kids	OK-2 = Hybrid OP & Psychiatric Services– Blount/St. Clair	See MI-6	441	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding	9 sites = Blount County, Jefferson County, St. Clair County, Pell City, Leeds City, Bessemer City, Magic City Acceptance Academy, Midfield City, Trussville City	See MI-6	051	all appropriate outpatient codes

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<b>JBS - Western</b>	Child Set Aside (Federal)	Outpatient and psychiatric services	See MI-6	003	All appropriate outpatient codes
<b>Montgomery MHC dba Carastar</b>	Child Set Aside (Federal)	1 - IHI Team 1 – ICC OP and psychiatric services	See MI-6	IHI = 710 ICC = 745 OP = 003	IHI = 1660/1690 ICC = 1710 All appropriate outpatient codes
	Child Expansion (State)	OP and psychiatric services	See MI-6	OP = 003	All appropriate outpatient codes
	Children 1 <sup>st</sup>	2 – ICCs (Elmore, Autauga/Lowndes)	See MI-6	743	1710
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 2-HICCs 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	1 site – Autauga County	NA	050	all appropriate outpatient codes
	SBMHC – state funding	5 sites – Pike Road City, Montgomery County, Lowndes County, Elmore County, Tallassee City	See MI-6	051	All appropriate outpatient codes
<b>Mountain Lakes</b>	Child Set Aside (Federal) - Carved Out	2 – ICCs	See MI-6	ICC = 745	ICC = 1710
	EPSDT – Carved Out	1-TM 2-HICCs 2-IHIs	See MI-6	711	2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	EPSDT – Carved In	1-CPS-Y 1-CPS-P	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P)
	JCL – Carved In	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding – Carved In	7 sites = Marshall County: Guntersville, Boaz, Albertville, Scottsboro, Jackson County, Arab City	See MI-6	051	All appropriate outpatient codes
<b>North Central MHC</b>	Child Set Aside (Federal)	3 ICC (Hybrid and required at least 1 HICC)	See MI-6	ICC = 745	ICC = 1710
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 3-IHI	See MI-6	711	2320/2325(CPS-Y); 2330/2335 (CPS-P); 2340/2345 (TM); 1710 (HICC); 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding	6 sites – Decatur City, Hartselle City, Athens City, Limestone County, Lawrence County, Morgan County	See MI-6	051	All appropriate outpatient codes

<b>Northwest Alabama MHC</b>	Child Set Aside (Federal)	IHI Team	See MI-6	710	1660, 1690
	Child Set Aside (Federal)	Day Treatment- New Directions	See MI-6	003	1420,1640,1590, 1650
	Children 1 <sup>st</sup>	1 – ICC (Winston & Walker)	See MI-6	743	1710
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 3-HICCs 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	2 – JCLs	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding	7 sites – Fayette County, Winston County, Walker County, Lamar County, Marion County, Winfield City, Jasper City.	See MI-6	051	All appropriate outpatient codes
<b>Riverbend MHC</b>	Child Set Aside (Federal)	1 – ICC (all counties)	See MI-6	745	ICC = 1710
	Child Expansion (State)	Preschool/C&A/Summer Day Treatment (all counties)	See MI-6	003	1420,1640,1590, 1650
	Children 1 <sup>st</sup>	1 – IHI (all counties)	See MI-6	742	1660, 1690
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 2-HICCs 1-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCLs	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	4 sites – Franklin County, Russellville City, Muscle Shoals City, & Tuscumbia City	NA	050	all appropriate outpatient codes
	SBMHC – state funding	4 sites – Florence City: Lauderdale County: Sheffield City: Colbert County	See MI-6	051	All appropriate outpatient codes
<b>SpectraCare</b>	Children 1 <sup>st</sup>	ICC (All Counties)	See MI-6	743	1710
	EPSDT	2-CPS-Y 2-CPS-P 2-TM 3-HICCs 4-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	2 – JCLs	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding	6 sites = Dale County, Barbour County, Geneva City, Houston County, Dothan City, Daleville City	See MI-6	051	All appropriate outpatient codes
<b>South Central MHC</b>	Child Set Aside (Federal)	3 – ICCs	See MI-6	ICC = 745	ICC = 1710

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	EPSDT	1-CPS-Y 1-CPS-P 1-TM 3-HICCs 4-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	3 sites – Covington County, Opp City, & Elba City	NA	050	all appropriate outpatient codes
	SBMHC – state funding	4 – sites - Crenshaw County, Butler County, Coffee County, Andalusia City	See MI-6	051	All appropriate outpatient codes
<b>Southwest Alabama MHC</b>	Child Set Aside (Federal)	1 – ICC Outpatient Services	See MI-6	ICC = 745 OP = 003	ICC = 1710 All appropriate outpatient codes
	Child Expansion (State)	1 – IHI Outpatient Services	See MI-6	IHI = 710 OP = 003	IHI = 1660/1690 All appropriate outpatient codes
	CF Moved to MHBG (Federal)	3 ICC	See MI-6	ICC = 745	ICC = 1710
	EPSDT	1-CPS-Y 1-CPS-P 1-TM 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	1 site – Escambia County	NA	050	all appropriate outpatient codes
	SBMHC – state funding	4 – sites = Clarke County, Monroe County, Brewton City, Thomasville City	See MI-6	051	All appropriate outpatient codes
<b>Wellstone - Madison</b>	Children 1 <sup>st</sup> – CCBHC Carved In	1 ICC – Madison County	See MI-6	743/056	1710
	EPSDT – CCBHC Carved Out	1-TM 1-HICCs 1-IHIs	See MI-6	711	2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	EPSDT – CCBHC Carved In	1-CPS-Y 1-CPS-P	See MI-6	711/056	2320/2325(CPS-Y) 2330/2335 (CPS-P)
	JCL – CCBHC - Carved In	1 – JCL	See MI-6	044/056	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	all appropriate outpatient codes
	SBMHC – state funding – CCBHC Carved In	2 sites – Huntsville City and Madison County	See MI-6	051/056	All appropriate outpatient codes
<b>Wellstone - Cullman</b>	Child Set Expansion– (State) – CCBHC Carved In	1 – ICC OP/psychiatric services	See MI-6	745/056 003/056	ICC = 1710 All appropriate outpatient codes
	ESPDT – CCBHC Carved Out	1-TM 1-HICCs 1-IHIs	See MI-6	711	2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	ESPDT – CCBHC Carved In	1-CPS-Y 1-CPS-P	See MI-6	711/056	2320/2325(CPS-Y) 2330/2335 (CPS-P)

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	JCL – CCBHC – Carved In	1 – JCL	See MI-6	044/056	All appropriate outpatient codes
	SBMHC – local funding	None	NA	050	All appropriate outpatient codes
	SBMHC – state funding – CCBHC Carved In	None	See MI-6	051/056	All appropriate outpatient codes
	Our Kids	After school program	See MI-6	049	All appropriate outpatient codes
<b>West Alabama</b>	Child Set Aside (Federal)	2- ICCs	See MI-6	ICC = 745	ICC = 1710
	Child Expansion (State)	1 - IHI	See MI-6	IHI = 710	IHI = 1660/1690
	EPSDT	2-CPS-Y 2-CPS-P 2-TM 4-HICCs 2-IHIs	See MI-6	711	2320/2325(CPS-Y) 2330/2335 (CPS-P) 2340/2345 (TM) 1710 (HICC) 1660/1690(IHI)
	JCL	1 – JCL	See MI-6	044	All appropriate outpatient codes
	SBMHC – local funding	2 sites – Marengo County & Demopolis City	NA	050	all appropriate outpatient codes
	SBMHC – state funding	4 FTEs/5 sites = Hale County, Greene County, Sumter County, University Charter School Systems, Linden City	See MI-6	051	All appropriate outpatient codes

## **RESIDENTIAL/HOUSING**

**The capacity of each type of residential program shall not exceed 16 except in cases where programs in excess of 16 were certified under previous editions of the ADMH MI Community Program Certification Administrative Code. Programs in excess of a capacity of 16 that have been previously certified are eligible to continue to be certified at the existing capacity at the existing location so long as compliance with all other applicable standards is maintained. If a previously certified program with a capacity greater than 16 changes location, the new location cannot exceed a capacity of 16 unless special permission is given by the Commissioner (Please refer to ADMH Certification MI Program Administrative Code).**

**Community Inpatient Psychiatric Stabilization Treatment** is time-limited crisis stabilization services provided either within a private inpatient psychiatric hospital that is certified as a Designated Mental Health Facility (DMHF) or in a residential setting known as a crisis residential unit (CRU) that is certified as a DMHF. Services include crisis assessment, intervention services and crisis stabilization, including referrals, updating the crisis stabilization treatment plan, supportive counseling, skills training and collaboration with other service providers in the community.

**Community Residential Treatment** include housing continuum options ranging from integrated supported housing to congregant residential rehabilitative treatment programs. Residential services support discharges and diversion to inpatient psychiatric stabilization programs such as state psychiatric hospitals. Examples of housing can include supported housing, evidenced-based supportive housing, MOM apartments, three-bed homes, and specialty residential programs.

**1.ADULT SMALL CAPACITY (3-bed) RESIDENTIAL**

**Definition:** ADMH certified level of housing that must comply with ADMH MI Community Program Certification Administrative Code.

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-related field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-related field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week) and one (1) Mental Health Worker (2 days per week).
- Evening Shift
  - one (1) Mental Health Worker (7 days per week)
- Night Shift
  - one (1) Mental Health Worker (7 days per week, awake).

<b>HCPS/CPT Code(s):</b>	H0019 – HE
<b>Other Modifiers:</b>	R4
<b>Contract Code:</b>	213
<b>Activity Code:</b>	2130
<b>Reporting Unit:</b>	Day
<b>Maximum Billable Unit(s):</b>	365 per year
<b>Contract Rate:</b>	See Exhibit MI-6

**Location:**

Consumer services may be delivered either at the facility or at other community sites as necessary.

**Payment Methodology:**

Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total as long as the program is operational, and data is being reported.

**Additional Information:**

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name 3-bed GH	# of beds	Contract Code	Activity Code(s)	Comment/ Type of Monthly Invoice
Cahaba	Harmony	3	213	2130	Reg 2. JBS Contract
Cahaba	Uniontown	3/1	213	2130	Reg 2. JBS Contract
Carastar	3 Bed Home (HUD)	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Carastar	The Boardwalk	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Carastar	The Reserve	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Highland	Jacksonville	3	213	2130	Reg 2. JBS Contract
Indian Rivers	Carrolton Manor (Forensic)	3	213	2130	Reg 2. JBS Contract
JBS	39 <sup>th</sup> Avenue Home	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
JBS	Jefferson Home	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
JBS	Pine Hill Home	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
JBS	Salerno Home	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
JBS	Vaughn Circle	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
JBS	Windover	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
JBS	Yardley	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Mountain Lakes	Marshall Place	3	213	2130	Reg 2. JBS Contract
North Central	George Home	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Northwest	Marion County	3	213	2130	Reg 2. JBS Contract
Northwest	Elbert	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Riverbend	Locust Street	3	213	2130	Reg 2. JBS Contract
Riverbend	RCH	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents
Riverbend	Richards	3	213	2130	Reg 2. JBS Contract
South Central	Graceland	3	213	2130	1/12 <sup>th</sup> payment with NO Support Documents

**2.ADULT RESIDENTIAL CARE HOME WITH SPECIALIZED SERVICES- BASIC**

**Definition:** ADMH certified level of housing that must comply with ADMH MI Community Program Certification Administrative Code. This program can be between 4-10 bed or 11-16 bed model. There must be a program coordinator and 24/7 wake staff. Staffing patterns differ based on capacity of program.

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- **4-10 bed Group Home**
- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-relative field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-relative field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week) and one (1) Mental Health Worker (2 days per week).
- Evening Shift
  - one (1) Mental Health Worker (7 days per week)
- Night Shift
  - one (1) Mental Health Worker (7 days per week, awake).
- **11-16 bed Group Home**
- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-relative field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-relative field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week) and one (1) Mental Health Worker (7 days per week).
- Evening Shift
  - one (1) Mental Health Worker (7 days per week)
- Night Shift
  - one (1) Mental Health Worker (7 days per week, awake).

HCPS/CPT Code(s):	H0019-HE
Other Modifiers:	R1
Contract Code:	121
Activity Code:	1210
Reporting Unit:	Day
Maximum Billable Unit(s):	365 per year
Contract Rate:	See Exhibit MI-6

**Location:**

Consumer services may be delivered either at the facility or at other community sites as necessary.

**Payment Methodology:** Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total. If occupancy falls below 90%, the monthly payment will be the number of occupied bed days times the rate. An occupied

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bed is defined as a one filled by a consumer on temporary visit from a state hospital, a fully admitted consumer, a consumer who is temporarily (less than 2 weeks) absent from the facility due to illness or temporary visit to another living situation, or a bed held with a reserved vacancy pending admission of a consumer from a state hospital.

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied monthly by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name – Specialized Basic	# Contract beds	# Certified Beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	Safehaven - Old Military	10	11	121	1210	1/12 <sup>th</sup> with No Support Docs
AltaPointe	Safehaven - Shelton Beach	10	11	121	1210	1/12 <sup>th</sup> with No Support Docs
AltaPointe	Safehaven - Zeigler	10	11	121	1210	1/12 <sup>th</sup> with No Support Docs
AltaPointe	Camelia (Prev. Southern Woods)	14	16	121	1210	1/12 <sup>th</sup> with No Support Docs
Cahaba	Cahaba Place	12	12	121	1210	1/12 <sup>th</sup> with No Support Docs
Cahaba	Hilltop Home	12	12	121	1210	1/12 <sup>th</sup> with No Support Docs
Cahaba	McDowell House	12	12	121	1210	1/12 <sup>th</sup> with No Support Docs
CAW	Horsley	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
CAW	KVH	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
CAW	Parris	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
Carastar	Ryan Street	11	11	121	1210	1/12 <sup>th</sup> with No Support Docs
East Central	Maxwell	14	14	121	1210	1/12 <sup>th</sup> with No Support Docs
Indian Rivers	Adante	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
Indian Rivers	Philadelphia House	06	07	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	Avondale	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	North Birmingham	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	North Georgia Road	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	Oak Leaf	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	Oneonta	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	Pell City	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
JBS	Woodlawn	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
Mountain Lakes	Dutton	10	12	121	1210	1/12 <sup>th</sup> with No Support Docs
North Central	Janus Athens	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
North Central	Janus Decatur	14	14	121	1210	1/12 <sup>th</sup> with No Support Docs
North Central	Janus Moulton	10	10	121	1210	1/12 <sup>th</sup> with No Support Docs
SpectraCare	Webb 1	16	16	121	1210	1/12 <sup>th</sup> with No Support Docs
Wellstone	Care Home #15	11	11	121	1210	1/12 <sup>th</sup> with No Support Docs
Wellstone	Care Home #25	11	11	121	1210	1/12 <sup>th</sup> with No Support Docs

**3, ADULT RESIDENTIAL CARE HOME WITH SPECIALIZED SERVICES – BEHAVIORAL**

**Definition:** ADMH certified level of housing that must comply with ADMH MI Community Program Certification Administrative Code. This program can be between 4-10 bed or 11-16 bed model. There must be a program coordinator and 24/7 wake staff. Staffing patterns differ based on capacity of program.

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- **4-10 bed Group Home**
- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-relative field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-relative field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week), one (1) Mental Health Worker (5 days per week) and two (2) Mental Health Workers (2 days per week).
- Evening Shift
  - two (2) Mental Health Worker (7 days per week)
- Night Shift
  - one (1) Mental Health Worker (7 days per week, awake).
- **11-16 bed Group Home**
- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-relative field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-relative field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week), one (1) Mental Health Worker (5 days per week) and two (2) Mental Health Workers (2 days per week).
- Evening Shift
  - two (2) Mental Health Worker (7 days per week)
- Night Shift
  - two (2) Mental Health Worker (7 days per week, a minimum of one (1) awake).

<b>HCPS/CPT Code(s):</b>	H0019 – HE
<b>Other Modifiers:</b>	R2
<b>Contract Code:</b>	211 (Non-Forensic): 006 (Forensic only – Non-Settlement): 076 (Forensic only – Settlement)
<b>Activity Code:</b>	2110
<b>Reporting Unit:</b>	Day
<b>Maximum Billable Unit(s):</b>	<u>365 per year</u>
<b>Contract Rate:</b>	See Exhibit MI-6

**Location:**

Consumer services may be delivered either at the facility or at other community sites as necessary.

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**Payment Methodology:** Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total. If occupancy falls below 90%, the monthly payment will be the number of occupied bed days times the rate. An occupied bed is defined as a one filled by a consumer on temporary visit from a state hospital, a fully admitted consumer, a consumer who is temporarily (less than 2 weeks) absent from the facility due to illness or temporary visit to another living situation, or a bed held with a reserved vacancy pending admission of a consumer from a state hospital.

**Additional Information:**

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied monthly by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Specialized Behavioral Program Name	# Contract beds	# Certified Beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe						
	Burtonwood	10	11	211	2110	1/12 <sup>th</sup> with No Support Docs
	<b>Magnolia Home (prev. Camelia)</b>	10	11	211	2110	1/12 <sup>th</sup> with No Support Docs
	Country Wood Court	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
	Hillside Lodge	13	13	211	2110	1/12 <sup>th</sup> with No Support Docs
	Rosewood I	10	11	211	2110	1/12 <sup>th</sup> with No Support Docs
	Rosewood II	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
	Rosewood III	10	11	211	2110	1/12 <sup>th</sup> with No Support Docs
	Three Notch	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
	Willow Way	07	07	211	2110	1/12 <sup>th</sup> with No Support Docs
	Hillwood Home	15	15	211	2110	1/12 <sup>th</sup> with No Support Docs
CAW						
	Carie Gray	10	10	211	2110	JBS Contract
Carastar						
	Gardner Place	11	11	211	2110	1/12 <sup>th</sup> with No Support Docs
CED						
	White-Parker	10	11	211	2110	1/12 <sup>th</sup> with No Support Docs
East Alabama						
	Griffin	08	08	211	2110	1/12 <sup>th</sup> with No Support Docs
	New House	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
	Waverly	12	12	211	2110	1/12 <sup>th</sup> with No Support Docs
East Central						
	Magnolia	14	14	211	2110	1/12 <sup>th</sup> with No Support Docs
	Magnolia Respite	02	02	211	2110	1/12 <sup>th</sup> with No Support Docs
	Magnolia Retirement	16	16	211	2110	1/12 <sup>th</sup> with No Support Docs
	Magnolia Wood Lodge	12	12	211	2110	1/12 <sup>th</sup> with No Support Docs
Highland						
	Specialized Behavioral	16	16	211	2110	1/12 <sup>th</sup> with No Support Docs
JBS						
	East Lake	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
	Holly	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
	Vera	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
Northwest						
	Discovery	16	16	211	2110	1/12 <sup>th</sup> with No Support Docs
	Guin	16	16	211	2110	1/12 <sup>th</sup> with No Support Docs
	Highlands	13	13	211	2110	1/12 <sup>th</sup> with No Support Docs
	Lakeside	13	13	211	2110	1/12 <sup>th</sup> with No Support Docs
	Navaloo	08	08	211	2110	1/12 <sup>th</sup> with No Support Docs

Contracted Providers

	Seymour	14	14	211	2110	1/12 <sup>th</sup> with No Support Docs
	Winfield	15	15	211	2110	1/12 <sup>th</sup> with No Support Docs
	TBD #8	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
Riverbend						
	Coleback #1	16	16	211	2110	1/12 <sup>th</sup> with No Support Docs
South Central						
	Green House	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs
Southwest						
	Clarke Place	12	12	211	2110	1/12 <sup>th</sup> with No Support Docs
	Clarke Place Respite	02	02	211	2110	1/12 <sup>th</sup> with No Support Docs
SpectraCare						
	Cottonwood	16	16	211	2110	1/12 <sup>th</sup> with No Support Docs
West Alabama						
	Springhill Home	10	10	211	2110	1/12 <sup>th</sup> with No Support Docs

**Adult Residential Care Home with Specialized Behavioral Services – FORENSIC – NON-SETTLEMENT**

CMHC	Specialized Behavioral Forensic - Program Name – Non-Settlement	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	Gardenia – Ziegler	10	006	2110	1/12 <sup>th</sup> with No Support Docs
AltaPointe	Howells Ferry	10	006	2110	1/12 <sup>th</sup> with No Support Docs
CED	Frantz	10	006	2110	1/12 <sup>th</sup> with No Support Docs
Carastar	Hillside	10	006	2110	1/12 <sup>th</sup> with No Support Docs
JBS	Eastwood	10	006	2110	1/12 <sup>th</sup> with No Support Docs

**Adult Residential Care Home with Specialized Behavioral Services – FORENSIC – SETTLEMENT**

CMHC	Specialized Behavioral Forensic - Program Name – Secured (Settlement)	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
East Alabama	Forensic	16	076	2110	1/12 <sup>th</sup> with No Support Docs
East Central	Spring Manor	15	076	2110	1/12 <sup>th</sup> with No Support Docs
Northwest	Marion	16	076	2110	1/12 <sup>th</sup> with No Support Docs

**4. ADULT RESIDENTIAL CARE HOME WITH SPECIALIZED SERVICES - MEDICAL**

**Definition:** ADMH certified level of housing that must comply with ADMH MI Community Program Certification Administrative Code. This program can be between 4-10 bed or 11-16 bed model. There must be a program coordinator and 24/7 wake staff. Staffing patterns differ based on capacity of program.

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- **4-10 bed Group Home**
- Program Director –
  - Licensed Registered Nurse (RN)
- Day Shift
  - one (1) licensed registered nurse (RN) (7 days per week) and one (1) Mental Health Worker (7 days per week).
- Evening Shift
  - One (1) licensed practical nurse (LPN) and one (1) Mental Health Worker (7 days per week)
- Night Shift
  - One (1) licensed practical nurse (LPN) and one (1) Mental Health Worker (7 days per week, both awake)
- **11-16 bed Group Home**
- Program Director –
  - Licensed Registered Nurse (RN)
- Day Shift
  - one (1) licensed registered nurse (RN) (7 days per week) and two (2) Mental Health Workers (7 days per week).
- Evening Shift
  - One (1) licensed practical nurse (LPN) and two (2) Mental Health Workers (7 days per week)
- Night Shift
  - One (1) licensed practical nurse (LPN) and one (1) Mental Health Worker (7 days per week, both awake)

<b>HCPS/CPT Code(s):</b>	H0019-HE
<b>Other Modifiers:</b>	R3
<b>Contract Code:</b>	212
<b>Activity Code:</b>	2120
<b>Reporting Unit:</b>	Day
<b>Maximum Billable Unit(s):</b>	365 per year
<b>Contract Rate:</b>	See Exhibit MI-6

**Location:**

Consumer services may be delivered either at the facility or at other community sites as necessary.

**Payment Methodology:** Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total. If occupancy falls below 90%, the monthly payment will be the number of occupied bed days times the rate. An occupied bed is defined as a one filled by a consumer on temporary visit from a state hospital, a fully admitted consumer, a consumer who is temporarily (less than 2 weeks) absent from the facility due to illness or temporary visit to another living situation, or a bed held with a reserved vacancy pending admission of a consumer from a state hospital.

**Additional Information:**

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.

- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied monthly by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name – Specialized Medical	# Contract beds	# Certified Beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	Azalea	11	11	212	2120	1/12 <sup>th</sup> with No Support Docs
AltaPointe	Bradford Place	16	16	212	2120	1/12 <sup>th</sup> with No Support Docs
AltaPointe	Southern Woods (Prev. Magnolia Medical)	15	16	212	2120	1/12 <sup>th</sup> with No Support Docs
East Central	Magnolia	16	16	212	2120	1/12 <sup>th</sup> with No Support Docs
Indian Rivers	Pineview	16	16	212	2120	1/12 <sup>th</sup> with No Support Docs
SpectraCare	Middleton (enhanced Medical)	16	16	212	2110	1/12 <sup>th</sup> with No Support Docs
West Alabama	Moundville	16	16	212	2110	1/12 <sup>th</sup> with No Support Docs

**5. CRISIS RESIDENTIAL UNIT (CRU)**

**Definition:** ADMH certified level of housing that must comply with ADMH MI Community Program Certification Administrative Code. This program can be between 4-10 bed or 11-16 bed model. There must be a program coordinator and 24/7 wake staff. Staffing patterns differ based on capacity of program.

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- **4-10 bed Group Home**
- Program Director –
  - Master’s degree in a MH service-related field and one (1) year post master’s experience in a direct MH service-related field
  - Licensed registered nurse (RN) with one (1) year experience in a MH service-related field
- Day Shift
  - .10 psychiatrist/CRNP/PA, 1 MA (5 days per week), 1 RN or LPN (7 days per week, one (1) Mental Health Worker (7 days per week), where either the MA position or the RN may be the program coordinator.
- Evening Shift
  - One (1) licensed registered nurse (RN) or licensed practical nurse (LPN) (7 days per week) and one (1) Mental Health Worker (7 days per week)
- Night Shift
  - One (1) licensed registered nurse (RN) or licensed practical nurse (LPN) (7 days per week) and one (1) Mental Health Worker (7 days per week)
- **11-16 bed Group Home**
- Program Director –
  - Master’s degree in a MH service-related field and one (1) year post master’s experience in a direct MH service-related field
  - Licensed registered nurse (RN) with one (1) year experience in a MH service-related field
- Day Shift
  - .15 psychiatrist/CRNP/PA, 1 MA (5 days per week), 1 RN or LPN (7 days per week, one (1) Mental Health Worker (7 days per week), one (1) BA, CPS-Adult, or Mental Health worker (7 day/week), where either the MA position or the RN may be the program coordinator.
- Evening Shift
  - One (1) licensed registered nurse (RN) or licensed practical nurse (LPN) (7 days per week) and two (2) Mental Health Workers (7 days per week)
- Night Shift
  - One (1) licensed registered nurse (RN) or licensed practical nurse (LPN) (7 days per week) and two (2) Mental Health Workers (7 days per week, all awake)

<u>HCPS/CPT Code(s):</u>	H0018-HE
<u>Other Modifiers:</u>	R9
<u>Contract Codes:</u>	125 (Non-Forensic): 076 (Forensic only – Settlement)
<u>Activity Code:</u>	1250
<u>Reporting Unit:</u>	Day
<u>Maximum Billable Unit(s):</u>	365 per year
<u>Contract Rate:</u>	See Exhibit MI-6

Location:

Consumer services may be delivered either at the facility or at other community sites as necessary.

**Payment Methodology:** Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total as long as the program is operational, and data is being reported.

**Additional Information:**

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
Carastar	Assessment Center (PAC)	08	125	1250	1/12 <sup>th</sup> with No Support Docs
Carastar	Beth Manor	16	125	1250	1/12 <sup>th</sup> with No Support Docs
Carastar	Infinite Horizons	16	125	1250	1/12 <sup>th</sup> with No Support Docs
East Alabama	Brief Intensive Treatment (BIT)	12	125	1250	1/12 <sup>th</sup> with No Support Docs
East Alabama	NEW CRU TBD	12	125	1250	1/12 <sup>th</sup> with No Support Docs
East Central	Walters Street	16	125	1250	1/12 <sup>th</sup> with No Support Docs
Highland	CRU	16	125	1250	1/12 <sup>th</sup> with No Support Docs
Indian Rivers	CRU	10	125	1250	1/12 <sup>th</sup> with No Support Docs
Mountain Lakes	NEW CRU TBD	12	125	1250	1/12 <sup>th</sup> with No Support Docs
North Central	NEW CRU TBD	16	125	1250	1/12 <sup>th</sup> with No Support Docs
Northwest	CRU	16	125	1250	1/12 <sup>th</sup> with No Support Docs
South Central	Serravezza	16	125	1250	1/12 <sup>th</sup> with No Support Docs
SpectraCare	CRU	16	125	1250	1/12 <sup>th</sup> with No Support Docs
Wellstone	CRU	10	125	1250	1/12 <sup>th</sup> with No Support Docs
Wellstone	Wellstar	16	125	1250	1/12 <sup>th</sup> with No Support Docs
Wellstone	Reid House	16	125	1250	1/12 <sup>th</sup> with No Support Docs

**Forensic Crisis Residential Unit (CRU)**

CMHC	Program Name	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
JBS	Hillcrest CRU1	16	076	1110	Expense-Based
JBS	Hillcrest CRU2	14	076	1110	Expense-Based
South Central	Norman-McLendon	16	076	1110	1/12 <sup>th</sup> with No Support Docs

**6. TRANSITIONAL AGE RESIDENTIAL CARE PROGRAM (Age 17-25)**

Definition: ADMH certified level of housing that must comply with ADMH MI Community Program Certification Administrative Code. This program can be between 4-10 bed or 11-16 bed model. There must be a program coordinator and 24/7 wake staff. Staffing patterns differ based on capacity of program.

Required Staff: Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- **16 bed Group Home**
- Program Director –
  - Master’s degree in a MH service-related field and one (1) year post master’s experience in a direct MH service-related field
  - Licensed registered nurse (RN) with one (1) year experience in a MH service-related field
- Day Shift
  - One (1) Program Coordinator (5 days per week), 1 BA/Case Manager (7 days per week, and one (1) Mental Health Worker (7 days per week).
- Evening Shift
  - two (2) Mental Health Workers (7 days per week)
- Night Shift
  - two (2) Mental Health Workers (7 days per week, with at least one (1) awake)

<u>HCPS/CPT Code(s):</u>	H0019-HE
<u>Other Modifiers:</u>	RN
<u>Contract Code</u>	008
<u>Activity Code:</u>	2210
<u>Reporting Unit:</u>	Day
<u>Maximum Billable Unit(s):</u>	365 per year
<u>Contract Rate:</u>	See Exhibit MI-6

Location:

Consumer services may be delivered either at the facility or at other community sites as necessary.

Payment Methodology: Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total. If occupancy falls below 90%, the monthly payment will be the number of occupied bed days times the rate. An occupied bed is defined as a one filled by a consumer on temporary visit from a state hospital, a fully admitted consumer, a consumer who is temporarily (less than 2 weeks) absent from the facility due to illness or temporary visit to another living situation, or a bed held with a reserved vacancy pending admission of a consumer from a state hospital.

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied monthly by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
NONE			008		

**7. CHILD/ADOLESCENT RESIDENTIAL SERVICES**

**Definition:** A facility for providing a structured living environment to seriously emotionally disturbed (SED) children or adolescents for whom removal from their home is essential to facilitate desired treatment outcomes or for whom a short-term evaluation and treatment is required, but do not require an inpatient hospital setting. Key service functions include but are not limited to:

- a) supervision 24 hours a day, 7 days per week by qualified treatment staff.
- b) safe transportation to and from necessary community services and support systems; only personnel with a driver’s license valid in Alabama may transport consumers.
- c) the provision of a rich assortment of on-site and/or community recreational activities.
- d) nutritional meals, special diets shall be prepared as necessary or as prescribed by a physician.
- e) continuation of the child/adolescents’ education through linkage with the appropriate educational resources.
- f) treatment services
- g) specialized evaluation services
- h) consultation with the referring agency relative to post-discharge placement

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. If a CMHC or sub-contracted ADMH certified provider has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

CMHC C&A RTC	Program Name	# of beds	Contract Code	Activity Code(s)	HCPS/ CPT Code	Modifier	Reporting Unit	Billable Units
AltaPointe	BayPointe	08	132	1320	H0019-HE	HA: RJ	Day	365/ year
JBS/UHS	STTEP	10	133	1330	H0018: HE	HA: RM	Day	365/ year

**Location:**

Consumer services may be delivered either at the facility or at other community sites as necessary.

**Payment Methodology:** Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total. If occupancy falls below 90% annually, the payment will be the number of occupied bed days times the rate. An occupied bed is defined as a fully admitted consumer or a consumer who is temporarily (less than 2 weeks) absent from the facility due to illness or temporary visit to another living situation.

**Additional Information:**

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied annually by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

**8. MEALS OBSERVATION MEDICATIONS (MOM) RESIDENTIAL PROGRAM**

**Definition:** ADMH certified living arrangement (residential program) that has living units that are communally located, with 24/7 staff at location. The number of living units at one site cannot exceed 30. The program shall provide specialized on-site activities. Core services are meals, observation, and medication.

**Required Staff:** Must comply with ADMH MI Community Program Certification Administrative Code. At a minimum, staffing pattern is as outlined below. If a CMHC has a higher staffing pattern outlined in ADMH approved Program Description, they are REQUIRED to comply with the staffing pattern in the ADMH approved Program Description.

- **20 bed MOM**
- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-relative field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-relative field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week), .10 FTE psychiatrist/CRNP/PA, .10 FTE MA therapist, .10 FTE licensed registered nurse (RN) or licensed practical nurse (LPN), and one (1) Mental Health Worker or Certified Peer Specialist – Adult (7 days per week).
- Evening Shift
  - one (1) Mental Health Worker or Certified Peer Specialist-Adult (7 days per week)
- Night Shift
  - one (1) Mental Health Worker or Certified Peer Specialist-Adult (7 days per week, awake)
- **21-30 bed MOM**
- Program Director –
  - Bachelor’s degree in a MH service-related field with one (1) year experience in a direct MH service-relative field.
  - Bachelor’s degree NOT in a MH service-related field with two (2) year experience in a direct MH service-relative field.
  - HS Diploma/GED with 3 years working directly in a MH Residential setting
- Day Shift
  - one (1) Program Coordinator (5 days per week), .10 FTE psychiatrist/CRNP/PA, .10 FTE MA therapist, .10 FTE licensed registered nurse (RN) or licensed practical nurse (LPN), and one (1) Mental Health Worker or Certified Peer Specialist – Adult (7 days per week) and one (1) Mental Health Worker or Certified Peer Specialist – Adult (2 days per week).
- Evening Shift
  - two (2) Mental Health Worker or Certified Peer Specialist-Adult (7 days per week)
- Night Shift
  - two (2) Mental Health Worker or Certified Peer Specialist-Adult (7 days per week, awake)

<b>HCPS/CPT Code(s):</b>	H0019 – HE
<b>Other Modifiers:</b>	R5
<b>Contract Code(s):</b>	916: 006 (Forensic only – Non-Settlement): 076 (Forensic only – Settlement)
<b>Activity Code:</b>	1916
<b>Reporting Unit:</b>	Day
<b>Maximum Billable Unit(s):</b>	365 per year
<b>Contract Rate:</b>	See Exhibit MI-6

Location:

Consumer services may be delivered either at the program or at other community sites as necessary.

Payment Methodology: Occupied beds will be paid at the indicated rate up to the monthly pro rata share of the contract total. If occupancy falls below 90% annually, the payment will be the number of occupied bed days times the rate. An occupied bed is defined as a one filled by a consumer on temporary visit from a state hospital, a fully admitted consumer, or a consumer who is temporarily (less than 2 weeks) absent from the facility due to illness or temporary visit to another living situation.

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied monthly by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name MOM	# of beds	Contract Code	Activity Code(s)	Type of Contract
Carastar	McGehee Park	12	916	1916	1/12 <sup>th</sup> with No Support Docs
Carastar	Park MOM	30	916	1916	1/12 <sup>th</sup> with No Support Docs
CED	FH-1 – TBD	30	916	1916	1/12 <sup>th</sup> with No Support Docs
East Alabama	Northpointe	30	916	1916	1/12 <sup>th</sup> with No Support Docs
Indian Rivers	Breckenridge	20	916	1916	1/12 <sup>th</sup> with No Support Docs
JBS	Southern Pines	30	916	1916	1/12 <sup>th</sup> with No Support Docs
JBS	Stonebrook Apts	30	916	1916	1/12 <sup>th</sup> with No Support Docs
JBS	Wahouma	20	916	1916	1/12 <sup>th</sup> with No Support Docs
North Central	Mapleleaf	09	916	1916	1/12 <sup>th</sup> with No Support Docs
Northwest	Berry Manor	20	916	1916	1/12 <sup>th</sup> with No Support Docs
Northwest	Spring Hill	10	916	1916	1/12 <sup>th</sup> with No Support Docs
Riverbend	Cypress Place	11	916	1916	1/12 <sup>th</sup> with No Support Docs
Southwest	Pineview Apts	25	916	1916	1/12 <sup>th</sup> with No Support Docs
Wellstone	The Village	30	916	1916	1/12 <sup>th</sup> with No Support Docs
Wellstone	Eastland	20	916	1916	1/12 <sup>th</sup> with No Support Docs

**Medication/Observation/Meals (MOM) Program - Forensic**

CMHC	Program Name MOM	# of beds	Contract Code	Activity Code(s)	Type of Contract
JBS	Double Oak	10	006	1916	1/12 <sup>th</sup> with No Support Docs
JBS	Village Green	20	076	1916	1/12 <sup>th</sup> with No Support Docs

**9. SEMI-INDEPENDENT APARTMENTS - INTENSIVE**

Definition: An apartment or other independent living arrangement (alone or shared) established for seriously mentally ill adults (SMI) so that they can reside in the community with as much independence as possible. Key service functions include but are not limited to:

- a) Assigned Case Managers working to advocate and develop community support for the consumer.
- b) Continued training in daily living skills.
- c) Continued medication management.
- d) Transportation to and from necessary community services and support systems; only personnel with a driver’s license valid in Alabama may transport consumers.
- e) On-site CMHC staff to provide needed supervision.

Eligible Staff: Individuals certified in first aid (including cardiopulmonary resuscitation-CPR) and otherwise qualified according to the job descriptions set forth by the provider.

<u>HCPS/CPT Code(s):</u>	H0019-HE
<u>Other Modifiers:</u>	R7
<u>Contract Code(s):</u>	123
<u>Activity Code:</u>	1230
<u>Reporting Unit:</u>	Day
<u>Maximum Billable Unit(s):</u>	365 per year
<u>Contract Rate:</u>	See Exhibit MI-6

Location:

Consumer services may be delivered either at the facility or at other community sites as necessary.

Accommodations for people with limited English proficiency and people who are deaf or hard of hearing must be offered.

Payment Methodology: Payment will be paid the monthly pro rata share of the contract total, based on program being operational and data being reported.

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of staff
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - Areas of use of funds
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Semi-Independent Intensive – Program Name	# of beds	Contract Code	Activity Code(s)	Type of Contract
JBS	Carson Road Apt (HUD-PRAC)	09	123	1230	1/12 <sup>th</sup> WITH Support Docs
JBS	Ensley Apartments (HUD 202/8)	19	123	1230	1/12 <sup>th</sup> WITH Support Docs
JBS	Greenwood Apartments (HUD-PRAC)	10	123	1230	1/12 <sup>th</sup> WITH Support Docs
Riverbend	Cedar Street A	03	123	1230	1/12 <sup>th</sup> WITH Support Docs
Riverbend	Cedar Street Apartments	08	123	1230	1/12 <sup>th</sup> WITH Support Docs

**10. SUPPORTED HOUSING**

Definition: The provision of permanent, individual housing in a community environment that is not inherently a treatment or service setting. The focus is on a place to live rather than a place to receive treatment. Providers should transition from ADMH CMHC financial support to those that sustain long-term independence and housing stability. The buildings are geographically dispersed, and tenancy at a given site usually includes both mental health consumers and the general public.

Key functions include but are not limited to:

- a) apartment set-up cost.
- b) partial to full rent payment when the apartment has fewer than the full complement of tenants.
- c) partial rent payment while the consumer is on a Section 8 subsidy waiting list.
- d) partial or full rent payment to hold a recipient’s apartment for up to 90 days while the recipient is hospitalized or residing in crisis housing, if without this funding, the recipient would lose his/her housing.
- e) assisting recipients in obtaining and retaining permanent affordable housing from the housing generally available to the public.
- f) flexible community supports not otherwise provided for in ADMH contracts.

Eligible Staff: Any staff member under the supervision of a mental health professional staff member.

<u>HCPS/CPT Code(s):</u>	<u>H0044-HE</u>
<u>Other Modifiers:</u>	<u>NA</u>
<u>Contract Code(s):</u>	<u>127</u>
<u>Activity Code:</u>	<u>1271</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

ADMH Reporting Combination Restrictions:

None

Location:

May be delivered in any setting that is appropriate for assisting consumers in obtaining housing.

Accommodations for people with limited English proficiency and people who are deaf or hard of hearing must be offered.

Payment Methodology: Payment will be paid the monthly pro rata share of the contract total as long as program is operational, and data is being reported.

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of staff
  - Credentials
  - Level of FTE
  - Hire/Start Date
  - End Hire Date
  - Vacancy(ies)
  - Areas of use of funds
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Supported Housing Program Name	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	Abor Court x 6 (3 beds each)	21	127	1271	1/12 <sup>th</sup> with Support Documents
Cahaba	Bradley Heights	10	127	1271	1/12 <sup>th</sup> with Support Documents
Cahaba	Old Town	12	127	1271	1/12 <sup>th</sup> with Support Documents
Highland	Fox Valley Apartments	14	127	1271	1/12 <sup>th</sup> with Support Documents
Indian Rivers	Supported Housing	23	127	1271	1/12 <sup>th</sup> with Support Documents
JBS	Supported Living Program	20	127	1271	1/12 <sup>th</sup> with Support Documents
JBS	Townhouses	08	127	1271	
Mountain Lakes	Dogwood Place	08	127	1271	1/12 <sup>th</sup> with Support Documents
Northwest	Hamilton Manor	18	127	1271	1/12 <sup>th</sup> with Support Documents
Northwest	Pathways	06	127	1271	
Northwest	Sunburst	14	127	1271	

**11. EVIDENCE-BASED SUPPORTIVE HOUSING (EBP SHP)**

**Definition:** Development, operation and supervision of a EBP 12 housing units/beds and associated supportive services for adults with seriously mental illness (SMI) who would not have a viable housing arrangement without this intensive service. Housing and supportive services are operated in a manner consistent with principles of evidence-based supportive housing contained in ADMH presentations and training events, including the following:

- Housing is integrated into settings available to persons who do not have mental illness.
- Consumer holds a standard lease or sublease that provides right of tenure.
- Consumer has responsibility for residential maintenance with supportive assistance.
- Subsidies are provided so consumer pays no more than 30% of available income for housing and utility costs.
- Consumer offered choice from among a variety of available housing settings.
- Specific staff are assigned to provide supportive housing services.
- Supportive services assist individuals in finding, selecting, obtaining, and maintaining affordable, appropriate housing,
- The person responsible for “landlord” functions is separate from the person who provides supportive services.
- Housing is provided in a community environment that is not inherently a treatment setting; focus is on a place to live rather than to receive treatment.
- Housing is provided without regard to consumer’s agreement to participate in specific treatment services.
- Services are available to assist individuals in linking to other essential services.

**Eligible Staff:** Supportive services are provided by a staff person who:

- has at least a bachelor’s degree.
- is trained in an ADMH approved case management training program.
- has received ADMH approved EBP SHP training.

<u>HCPS/CPT Code(s):</u>	<u>H0043-HE</u>
<u>Other Modifiers:</u>	<u>NA</u>
<u>Contract Code(s):</u>	<u>927</u>
<u>Activity Code:</u>	<u>1927</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

**Location:**

Scattered site apartments, mobile homes, or houses that can be rented/acquired within the maximum amounts permitted by the rate model.

Accommodations for people with limited English proficiency and people who are deaf or hard of hearing must be offered.

**Payment Methodology:** ADMH payments to Contractor for services described in this section shall be based on actual expenditures based for the total amount for services listed in Exhibit MI-6.

**Additional Information:**

**Additional Information:**

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Name of staff
  - Credentials

- Level of FTE
- Hire/Start Date
- End Hire Date
- Vacancy(ies)
- Areas of use of funds
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name EBP SHP	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	EBP SHP I	3	927	1927	Expense-Based
AltaPointe	EBP SHP II	3	927	1927	Expense-Based
AltaPointe	EBP SHP III	3	927	1927	Expense-Based
AltaPointe	EBP SHP IV	3	927	1927	1/12 <sup>th</sup> with Support Documents
AltaPointe	EBP SHP V	3	927	1927	1/12 <sup>th</sup> with Support Documents
AltaPointe	EBP SHP VI	3	927	1927	1/12 <sup>th</sup> with Support Documents
CAW	EBP SHP #1	12	927	1927	Expense-Based
CAW	EBP SHP #2	12	927	1927	1/12 <sup>th</sup> with Support Documents
CAW	EBP SHP #3	12	927	1927	1/12 <sup>th</sup> with Support Documents
Carastar	EBP-SHP	12	927	1927	1/12 <sup>th</sup> with Support Documents
Carastar	Friendship Lodge	12	927	1927	1/12 <sup>th</sup> with Support Documents
Carastar	CEST Transitional	12	927	1927	1/12 <sup>th</sup> with Support Documents
CED	EBP-SHP	12	927	1927	Expense-Based
Indian Rivers	EBP SHP	12	927	1927	Expense-Based
Indian Rivers	Pinefield (HUD)	12	927	1927	1/12 <sup>th</sup> with Support Documents
Indian Rivers	Thompson	12	927	1927	1/12 <sup>th</sup> with Support Documents
JBS	NCSHP-1	12	927	1927	1/12 <sup>th</sup> with Support Documents
JBS	NCSHP-2	12	927	1927	1/12 <sup>th</sup> with Support Documents
JBS	NCSHP-3	12	927	1927	1/12 <sup>th</sup> with Support Documents
Mountain Lakes	Supportive Housing- EBP	12	927	1927	Expense-Based
SpectraCare	EBP SHP Apartments	12	927	1927	1/12 <sup>th</sup> with Support Documents
SpectraCare	Recovery Phase 1	12	927	1927	1/12 <sup>th</sup> with Support Documents
SpectraCare	Recovery Phase 2	12	927	1927	1/12 <sup>th</sup> with Support Documents
SpectraCare	Recovery Phase 3	12	927	1927	1/12 <sup>th</sup> with Support Documents
South Central	Supportive Housing Program 1	12	927	1927	1/12 <sup>th</sup> with Support Documents
South Central	Supportive Housing Program 2	12	927	1927	1/12 <sup>th</sup> with Support Documents
Southwest	SHP Brewton	12	927	1927	1/12 <sup>th</sup> with Support Documents
Southwest	SHP Brewton 2	12	927	1927	1/12 <sup>th</sup> with Support Documents
Wellstone	Supportive Housing - EBP	12	927	1927	Expense-Based
West Alabama	Edmonds Place	12	927	1927	1/12 <sup>th</sup> with Support Documents
West Alabama	Supportive Housing	12	927	1927	1/12 <sup>th</sup> with Support Documents

**12. ADULT FOSTER CARE PROGRAM**

I. PURPOSE

To provide adult foster care setting for the target population as defined in ADMH approved Program Description.

II. TARGET POPULATION

Persons who meet the criteria for admission to an adult foster care setting as determined by ADMH, CMHC, and the adult foster care program (when the CMHC has sub-contracted this housing option).

III. PAYMENT PROCESS

ADMH payments to Contractor for services described in this Exhibit shall be a monthly pro-rata share of the total amount for services listed in Exhibit MI-6, Foster Care. The Contractor agrees to pay adult foster care program for vacant beds up to \$175.00 per month (\$5.83 per day) until the adult foster care provider refuses a referral for placement or for 30 days, whichever occurs first. Contractor agrees to pay adult foster care program up to the following rates: \$510 per month for non-specialized beds and up to \$660 per month for special needs beds. Contractor will pay the difference between resident payments and the foregoing rates. Residents will pay up to the full amount from the personal resources so long as they retain \$92 per month in personal spending money. While a resident is awaiting determination of eligibility requirements, Contractor agrees to pay the adult foster care program the full rate plus \$60 per month for the resident's personal spending money. When entitlements are awarded, the resident or the representative shall be responsible for repaying the amounts paid by the Contractor during the period of retroactive eligibility. Funds added in FY02 to increase foster care facility rates will be used in entirety to pay increased rates as negotiated between the Contractor and the adult foster care program.

IV. REPORTING

- A. Contractor agrees to open a consumer record and to assign a case number for each adult foster care resident.
- B. Contractor agrees to report under Contract Code – 128 and Activity Code - 1280 each day that a consumer occupies a foster care bed in accordance with ADMH reporting guidelines. CMHC Responsible is required to also report occupancy in MICRS.
- C. Contractor agrees to notify ADMH immediately upon learning of any adult foster care program closures. Any redistribution of adult foster care beds that have been closed will be reviewed by appropriate parties and approved by ADMH.

V. OPERATING REQUIREMENTS

- A. Contractor agrees that all foster care programs, whether under sub-contract or operated directly by the CMHC, will meet the following operational requirements, as applicable:
  - 1. Prior to entering an agreement with the CMHC, the foster care provider shall submit an application for a foster care program contract to the designated CMHC. The application shall identify the owner, location, personnel, references, and manner in which the foster care provider proposes to meet ADMH certification and contract requirements.
  - 2. Criteria for admission to a foster care program shall be established by the ADMH and the community mental health center (CMHC) in conjunction with the foster care provider and shall include the following provisions:
    - a. Consumer needs and preferences shall be matched with services provided in the respective foster care program.
    - b. Admissions, transfers, and discharges shall be coordinated by the CMHC with input from the consumer and family members, when permitted by the consumer.

- c. Community referrals may be considered for admission into a foster care program with prior approval from the designated CMHC.
  
3. The foster care provider shall provide the consumers a variety of three (3) well-balanced meals a day plus daily nutritious snack. Balanced meal planning shall include the five (5) basic food groups in proper proportion as recommended by the USDA and in sufficient quantity to meet the calorie requirements of each individual. Food service shall conform to the following:
  - a. Meals must be properly prepared, regularly scheduled (minimum of three meals per day with snacks), and in sufficient quantity to meet nutritional demands and preferences of the individual consumers.
  - b. When ordered by a physician, the foster care provider shall ensure that special dietary needs are met. The designated CMHC will reimburse the Foster care provider for prior approved special dietary needs/foods.
  - c. All food shall be clean, pure, wholesome, free from spoilage, stored in appropriately labeled containers, and safe for human consumption.
  - d. The foster care provider shall not require a consumer to assist in meal preparation.
  - e. Garbage containers shall be leakproof, non-absorbent, have close-fitting covers, and be routinely cleaned.
  - f. Individual food portions, once served, shall not be reused for human consumption.
  - g. The foster care provider shall make weekly/monthly menus for review and approval by the designated CMHC.
  
4. The facility and its grounds shall be safe, neat, and free from debris including the following:
  - a. The foster care provider shall implement procedures for keeping the foster care program free from insects, bugs, and rodents.
  - b. The facility shall be maintained in a neat orderly manner
  - c. Consumers may be assigned appropriate housekeeping duties under supervision to ensure that the home is kept orderly.
  
5. The foster care provider shall establish and post a set of house rules relative to the management of the facility. The rules shall be administered as follows:
  - a. Consumers shall be oriented to the facility and advised of the house rules, rights, and responsibilities on the first day of residency. Consumers will sign a document acknowledging that they understand the rules, agree to follow them, and if they do not follow the rules, they may be asked to leave.
  - b. All house rules shall be reviewed and approved by the CMHC Executive Director prior to implementation and shall be reviewed annually or as revised.
  - c. Consumers who violate the House Rules will be subject for case review by the foster care provider and the CMHC. A recovery plan shall be developed to support community tenure. Relocating the consumer may be considered only as a last resort. The CMHC Responsible directly assist with any relocations.
  
6. Laundry services for consumer's personal laundry and linens shall be provided by the

foster care program. Consumers may be encouraged to assist in the provision of their own personal laundry services but cannot be required to provide laundry services for other consumers.

7. The Foster care provider shall maintain a log of significant events for all consumers. All entries shall indicate the date/time/place/type of said significant events. This log shall include, but not be limited to documentation of the following:
  - a. All accidents requiring treatment beyond first aid and diagnostic testing.
  - b. All incidents, which include but are not limited to aggressive behaviors, inappropriate sexual activity, behaviors which are disruptive to the facility and/or community, and failure to follow posted house rules.
  - c. All illnesses, medical/mental health appointments, or follow-up appointments.
  - d. Visitation by family and/or friends.
  - e. Services received from other agencies or individuals.
  - f. Refusal to take medication, and
  - g. Refusal to attend scheduled appointments.
  
8. The foster care provider will report all incidents of suspected abuse or neglect, death, or violations of Alabama State Laws as soon as possible, but within 24 hours to the CMHC and appropriate local authorities so that investigation of the incident can be completed. In the case of an unexpected or unexplained death, the foster care provider and/or the CMHC will request the local police or sheriff to conduct an investigation and report the death to the County Medical Examiner. The CMHC is required to report to ADMH any incidents in the same manner as their other residential programs, in keeping with ADMH requirements.
  
9. Medical care and supervision shall be made available as follows:
  - a) In the event of a serious injury or illness, the individual providing supervision/protective oversight shall obtain immediate medical attention for the consumer. This may include first aid procedures and/or transportation to a doctor's office or hospital, as necessary. Said injuries or illnesses shall be documented in the occurrence log.
  - b) If said emergency results in hospitalization of the consumer, the foster care provider shall notify the designated CMHC as soon as possible, but no later than the next working day and CMHC will notify ADMH accordingly.
  - c) On behalf of the foster care residents and with prior written approval from the designated CMHC, the foster care provider may obtain preventive health services; annual health assessments; statements of freedom from communicable diseases; and/or routine dental care.
  - d) Staff providing foster care residents with supervision/protective oversight shall monitor for changes in the consumer's physical condition such as weight gain or loss, fatigue, and/or changes in behavior, etc. The Foster care provider shall report observations the consumer's physician and mental health personnel, as appropriate, and the designated CMHC.
  - e) Financial responsibility for medical care shall rest with the consumer, but assistance in securing third party payment shall be the joint responsibility of the foster care provider and the designated CMHC. The foster care provider shall obtain written approval from the designated CMHC for vision and hearing evaluations, laboratory screenings, needed immunizations, and any other medical evaluation for the consumer as recommended by a physician if the consumer does not have sufficient monies/insurance to pay for said services.

## Contracted Providers

- f) The foster care provider shall maintain sufficient first aid supplies comparable to First Aid Kits available in the community. The first aid supplies shall at a minimum include: gloves, CPR mask, 4x4 dressing(s), gauze, Band-Aids, adhesive tape, antiseptic wipes, antibiotic ointment, alcohol pad, tongue depressors.
  - g) Consumers shall self-administer medication with prompting.
  - h) The foster care provider shall report any unusual responses to medication sustained by a consumer to the consumer's physician and mental health center personnel as appropriate.
  - i) All prescription medications that are maintained by the facility for consumers use shall be specifically prescribed by a licensed physician for said consumer.
  - j) Medications shall be secured in individual containers which specify the consumer's name, current prescription number, name of pharmacy, date, name of prescribing physician, name of medication, dosage unit, and schedule. At no time may two medications be stored in the same container unless in a properly prepared weekly/daily dosage container.
  - k) Prescriptions shall be filled at the designated CMHC and/or local pharmacy for consumers in a timely manner.
  - l) Medications requiring refrigeration shall be properly labeled and stored.
  - m) Medication shall be safeguarded from contamination and improper use.
  - n) The foster care provider shall maintain a current list of each consumer's prescribed medication. The list shall be updated as necessary.
  - o) Noncompliance in taking prescribed medication shall be promptly reported to the consumer's physician and mental health center personnel as appropriate.
  - p) The foster care provider shall ensure that consumers leaving the foster care facility for overnight visits with family or friends or going on extended day outings shall have access to prescribed medication for self-administering.
  - q) Discontinued medicines shall be disposed of appropriately.
10. The Foster care provider shall assist the consumer in obtaining social security and/or supplemental security income, or any other financial benefit for which the consumer may be eligible. The consumer shall be assisted as follows:
- a) The foster care provider shall adhere to all federal and state laws/regulations applicable to representative payees.
  - b) The foster care provider shall maintain and make available to the designated CMHC, all financial records for each consumer. Said records should include, but not be limited to an accounting of the consumer's current financial status, i.e., personal fund balance, savings accounts, etc.
  - c) The foster care provider shall ensure each consumer retains a portion of his/her income as determined by the ADMH Division of Mental Illness for personal use (see item III).
  - d) The foster care provider may retain a portion of the consumer's income, as appropriate, for payment toward the services rendered. The amount to be retained shall be determined by the designated CMHC and approved by ADMH (see item III).
  - e) The foster care provider shall assist, as needed, consumers in the budgeting of their personal funds.
11. The foster care provider shall submit data required by designated CMHC which shall include the number of

days each consumer is present and receipts for services rendered including, but not be limited to: medical/drug expenses not otherwise covered by Medicaid, Medicare, private insurance, the consumer, or his/her family; burial expenses; and other prior approved expenses.

12. The foster care provider shall be monitored at least monthly by the designated CMHC to ensure compliance with the contractual agreement and these standards. These monitoring visits must be documented and made available to ADMH.
13. The foster care consumers shall be monitored at least monthly by the CMHC to ensure their needs are being met. These monitoring visits must be documented and made available to ADMH.
14. The foster care provider shall assist the consumer in obtaining and maintaining clothing and personal care items. Space shall be available for consumer personal possessions.
15. The foster care provider shall encourage consumers to maintain a clean, well-kept personal appearance. When deemed appropriate, the foster care provider shall assist the consumer in the provision of personal hygiene.
16. There shall be adequate room for private visits from relatives and friends, for small group activities, and for social events and recreational activities.
17. Space shall be available for hobbies and outdoor activities.
18. There shall be access to available community recreational facilities such as parks and recreational centers, etc.
19. Internet, radios, television, books, current newspapers and magazines, games, etc, shall be accessible.
20. Community resources and activities, such as libraries, museums, movies, concerts, plays, church, and sporting events shall be utilized when appropriate.
21. A permanent file must be maintained by the foster care provider for each consumer. This file must be kept at the home or at a readily accessible location. Files shall include, but not limited to, the following:
  - a. A transfer packet compiled by the placing institution.
  - b. All appropriate consent forms specific to each consumer.
  - c. Correspondence between the Foster care provider, the consumer's guardian/family, as appropriate, and/or other agencies.
  - d. Documentation of reportable incidents and/or complaints and their resolution.
  - e. Documentation of each consumer's prescribed medication.
  - f. Fiscal data; and
  - g. Any other documentation deemed appropriate.
22. Files must be maintained in accordance with the following requirements.
  - a. Confidentiality of consumer records, including fiscal data, is mandatory.
  - b. The foster care provider shall obtain the informed written consent of the consumer prior to the release of a file or portion of a file to any individual or agency requesting such information. It is important to note the foster care provider shall make available all records and documentation to the contracted designated CMHC and ADMH.

- c. The consumer file shall be made available only to authorized foster care facility, designated CMHC, and other monitoring personnel authorized by ADMH.
  - d. The foster care provider shall be responsible for safeguarding files and securing them against defacement, destruction, loss, or use by unauthorized persons.
  - e. Consumer files shall be stored in a secure area with reasonable protection against fire, theft, and other hazards. This shall include inactive cases and outdated files on current cases.
  - f. The foster care provider shall maintain inactive files for a period of seven years. Inactive files (older than seven years) shall be completely destroyed and shall not be placed in trash container in a readable form or given to the designated CMHC.
  - g. If a consumer is transferred to another residential facility, the designated CMHC staff will ensure the information described in item 21 is shared with the receiving facility.
23. The foster care provider shall respect the civil, legal, and personal rights of consumers for whom services are being provided. All consumers will be told by the foster care provider of their rights with this documented in the consumer's file. The consumer's rights will be posted in a highly visible location in the facility. Rights shall include, but not be limited to:
- a. the right to a safe and humane environment.
  - b. the right to be free from physical, verbal, sexual, or psychological abuse, exploitation, coercion, reprisal, intimidation, or neglect.
  - c. the right to be accorded human respect and dignity on an individual basis in a consistently humane fashion.
  - d. the right to freedom of movement.
  - e. the right to have access to and privacy of mail, telephone communications, and visitors, unless legally restricted.
  - f. the right to manage a spending allowance and make purchases when shopping.
  - g. the right to attend religious, social, and recreational activities of choice.
  - h. the right to be informed specifically of the procedures for initiating a complaint or grievance procedure and the applicable appeals process, including the means of requesting a hearing or review of the complaint.
  - i. the right to personal possessions in the home consistent with available space.
  - j. the right to be treated as a legally competent individual unless a court has determined otherwise.
  - k. the right to privacy.
  - l. the right to confidentiality of consumer files.
  - m. the right to access, upon request, all information in the consumer's file unless a clinical determination has been made by professional staff of the CMHC that access would be detrimental to the consumer's health.
  - n. the right to a statement of any applicable charges for foster care services and to be informed of any limitations placed on the duration of the services.

- o. the right to have access to courts and attorneys.
  - p. the right to refuse mental health services without reprisal, except when refusals are not permitted under applicable law.
  - q. the right to be informed of the means for accessing advocates, an ombudsman, or rights protection services within the program and, as applicable, the State of Alabama Mental Health System, the Alabama Department of Human Resources, the Federal Advocacy System, and other advocacy services.
  - r. the right to be free from seclusion and restraints.
  - s. the right to be free from drugs or other interventions administered for purposes of punishment, discipline, or staff convenience.
  - t. the right to adequate food and shelter as set forth herein.
  - u. the right to access dental and medical care, including vision and hearing services; and
  - v. the right to enforce rights in a court of competent jurisdiction or appropriate administrative proceeding.
24. Consumers shall be permitted access to personal items such as cell phones, computers, etc. The consumer will assume the responsibility for any cost, upkeep, and safety of said items.
25. Rights may be restricted only to the extent necessary consistent with each consumer's treatment needs, applicable requirements of law, and applicable judicial orders. Such restrictions shall be documented and approved by the designated CMHC. Consumers will be notified of any restriction of their rights, the duration of restriction, and the process for removing the restrictions and restoring their rights. The consumers shall be provided an opportunity to appeal any restrictions on their rights.
26. Consumers are expected to accept the following responsibilities:
- a. To keep scheduled appointments.
  - b. To follow the course of treatment as prescribed by a physician.
  - c. To be considerate of the rights of other consumers, facility personnel and the facility.
  - d. To maintain a clean-living area.
  - e. To keep oneself clean and well-groomed.
  - f. To obey established house rules; and
  - g. To obey the laws that apply to all citizens.
27. Supervisory personnel will be on-site while the consumer is in the home and/or on the foster care program property and be directed toward the health, safety, and comfort of the consumer.
28. Beyond the foster care program premises, consumers may exercise their right to freedom of movement without supervision/protective oversight.
29. If the foster care provider does not reside on the foster care program premises, he/she shall appoint/employ individual(s) to provide said supervision and shall subsequently provide the designated CMHC with a current list of all staff members (contracted, hired, or volunteers).
- a. The foster care provider shall develop a back-up procedure for supervisory coverage in the event that an employee is unable to provide said coverage.
  - b. The foster care provider shall be responsible for employing competent responsible individuals to provide 24/7 supervision/protective oversight.

- c. Individuals providing supervision/protective oversight shall have the following minimum qualifications; be of good moral character and reputation; adequate education, training, or experience to carry out the stipulations of the contract; and sufficient physical, emotional, and mental capacity to carry out the stipulations of the contract.
  - d. The foster care provider shall obtain and provide to the designated CMHC the following items for each person appointed or employed to provide supervision, protection or oversight to consumer of the foster care program:
    - (1) A security clearance authorization so that the Department of Public Safety Criminal report can be obtained by the CMHC; and,
    - (2) a report of annual TB assessments.
    - (3) evidence that the employee meets the qualifications in 7029.3.
  - e. The individuals providing 24-hour supervision/ protective oversight shall, while assigned to supervise said consumers, supervise exclusively those consumers provided for under the contract for services, unless prior approval is secured from the designated CMHC and approved by ADMH.
  - f. The staff-to-consumer ratio shall be approved by the designated CMHC.
30. In the event of an emergency (weather or other natural disaster) an evacuation plan to move consumers to a safe location, will be in place and implemented.
  31. The foster care provider and its employees shall participate in training offered through the ADMH and its facilities, mental health center programs, and/or agencies as required by the designated CMHC and ADMH.
  32. The designated CMHC shall provide consumer information to the foster care provider to assist in the provision of appropriate care.
  33. The foster care provider shall be responsible for the provision of transportation to and from scheduled mental health center and medical appointments, community recreational and religious events, and social and civic activities.
  34. The foster care provider shall ensure that all personnel who transport consumers have a valid driver's license.

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- Below lists the CMHCs who have dedicated funding that REQUIRES Monthly Invoice with required support documents that include the following:
  - Documentation is program is operated by CMHC or Sub-Contractor
  - If through a Sub-Contractor, Name of Sub-Contractor Agency
  - Copy of Contract with Sub-Contractor sent when signed and updated
  - Areas of use of funds
  - Dates of monthly monitoring by the CMHC when there is a Sub-Contractor
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

<u>HCPS/CPT Code(s):</u>	<u>H0019-HE</u>
<u>Other Modifiers:</u>	<u>R6</u>
<u>Contract Code(s):</u>	<u>128</u>
<u>Activity Code:</u>	<u>1280</u>
<u>Reporting Unit:</u>	<u>One day</u>

Maximum Billable Unit(s):	365 per year
Contract Rate:	See Exhibit MI-6

CMHC	Foster Care Home Program Name	# Contract beds	# Certified Beds	Contract Code	Activity Code(s)	Contract or Operator Name
AltaPointe	Bayou Oaks # 1	12	12	128	1280	Pam Williams
AltaPointe	Bayou Oaks # 2	10	10	128	1280	Pam Williams
AltaPointe	Bayou Oaks IV	14	14	128	1280	Pam Williams
AltaPointe	North Foster	03	03	128	1280	Janice McElrath
Carastar	Hull Street	10	10	128	1280	
East Central	Maxwell House	05	09	128	1280	
JBS	House of Friends	08	08	128	1280	Katie Wallace
JBS	Faith House	14	14	128	1280	Willie Mae Ellis
Mountain Lakes	Sue Bolt Home	12	12	128	1280	Mountain Lakes
Mountain Lakes	Veronica's House	14	14	128	1280	Mountain Lakes
SpectraCare	Dusy Street	09	09	128	1280	SpectraCare
SpectraCare	Kornegay Street	08	08	128	1280	SpectraCare
SpectraCare	Lena Street	10	10	128	1280	SpectraCare
Wellstone	The Manor	12	12	128	1280	Wellstone

13. **SPECIALIZED DEAF RESIDENTIAL**

I. PURPOSE

To provide residential services specialized for persons who meet the clinical admission criteria and who are deaf or hard of hearing,

II. SERVICES TO BE PROVIDED

CMHCs providing these programs agrees to operate residential program(s) as a specialized residential program for persons who are deaf or hard of hearing. This program will conform to the certification administrative code that is adapted to the special needs of consumers who are deaf or hard of hearing as approved by the Office of Deaf Services and the Office of MI Community Programs. The residential treatment facility will be staffed by individuals who are able to achieve at least Intermediate Plus level of proficiency in American Sign Language on the Signed Communication Proficiency Inventory. There shall be sufficient adaptive equipment for the deaf to meet ADAAG requirements. In addition, there shall be accommodation for telephonic communications for the residents in the form of video conferencing equipment that will allow for the use of video relay services, a TTY and/or other such adaptive telephonic devices as may be appropriate for the individuals' communication needs.

III. FINANCIAL ARRANGEMENTS

ADMH payments to the Contractor for services described in this section shall be a monthly pro-rata share of the total amount listed in Exhibit MI-6 and the particular exhibit attached in the contract.

<u>HCPS/CPT Code(s):</u>	<u>H0019-HE</u>
<u>Other Modifiers:</u>	<u>RA</u>
<u>Contract Code(s):</u>	<u>993</u>
<u>Activity Code:</u>	<u>2230</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name Deaf Specialty	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	Princess Hellen	3	993	2230	1/12 <sup>th</sup> with No Support Docs
JBS	Hershel Drive	3	993	2230	1/12 <sup>th</sup> with No Support Docs
JBS	Deaf Day Program	NA	993	Various	1/12 <sup>th</sup> with No Support Docs
JBS	Deaf Apartment Assistance	NA	993	Various	1/12 <sup>th</sup> with No Support Docs
Mountain Lakes	Jackson Place	3/2	993	2230	1/12 <sup>th</sup> with No Support Docs
Mountain Lakes	Supportive Apartments	2	993	2230	1/12 <sup>th</sup> with No Support Docs
TBD	Previously CAW/ML	6	993	2230	1/12 <sup>th</sup> with No Support Docs

**14. SPECIALIZED MI/SUD (CO-OCCURRING - COD) PROGRAMS**

I. PURPOSE

To provide residential services or specialized programming specialized for persons who meet the clinical admission criteria and who are specialized SMI/SUD (Co-Occurring – COD)

II. SERVICES TO BE PROVIDED

CMHCs providing these programs agrees to operate residential program(s) as a specialized residential program for persons who have a SMI with a co-occurring substance use issue (COD). This program will conform to the certification administrative code that is adapted to the special needs of consumers who are SMI with a co-occurring substance use issue (COD) as approved by the Office of MI Community Programs. The residential treatment program staffing pattern must comply with ADMH SU Treatment and MI Community Program certification Administrative Code(s).

III. FINANCIAL ARRANGEMENTS

ADMH payments to the Contractor for services described in this section shall be a monthly pro-rata share of the total amount listed in Exhibit MI-6 and the particular exhibit attached in the contract.

<u>HCPS/CPT Code(s):</u>	<u>H0019-HE</u>
<u>Other Modifiers:</u>	<u>RC</u>
<u>Contract Code(s):</u>	<u>227</u>
<u>Activity Code:</u>	<u>2270</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
JBS	JBS/Fellowship House – Transitional Project	20	227	All appropriate	1/12 <sup>th</sup> WITH Support Docs
SpectraCare	Middleton	Wrap MH Services	227	All appropriate	1/12 <sup>th</sup> WITH Support Docs

**15. SPECIALIZED MI/ID/DD (DUALY DIAGNOSED) PROGRAMS**

I. PURPOSE

To provide residential services or specialized programming specialized for persons who meet the clinical admission criteria and who are specialized SMI/ID/DD (Dually Diagnosed)

II. SERVICES TO BE PROVIDED

CMHCs providing these programs agrees to operate residential program(s) as a specialized residential program for persons who have a SMI with a dually diagnosed (MI/ID/DD). This program will conform to the certification administrative code that is adapted to the special needs of consumers who are SMI with a dual diagnosis ID/DD as approved by the Office of MI Community Programs. The residential treatment program staffing pattern must comply with ADMH MI Community Program Certification Administrative Code.

III. FINANCIAL ARRANGEMENTS

ADMH payments to the Contractor for services described in this section shall be a monthly pro-rata share of the total amount listed in Exhibit MI-6 and the particular exhibit attached in the contract.

<u>HCPS/CPT Code(s):</u>	<u>H0019</u>
<u>Other Modifiers:</u>	<u>RB</u>
<u>Contract Code(s):</u>	<u>229</u>
<u>Activity Code:</u>	<u>2290</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly so long as program is operation and data is being reported.
- Verification with be conducted by ADMH through CDR and MICRS.
- 90% Occupancy will be applied monthly by ADMH.
- The Invoice must have attestation signed by Executive Director/CEO.

CMHC	Program Name	# of beds	Contract Code	Activity Code(s)	Type of Monthly Invoice
NONE					

**16. INPATIENT BEDS/ INPATIENT SERVICES**

**I. PURPOSE**

To secure private hospital inpatient services for certain eligible mentally ill persons within the State of Alabama who require hospitalization with intent to avoid commitment to state psychiatric hospital.

Prior to a CMHC entering into a contract with an inpatient hospital, the inpatient hospital is required to meet with ADMH and to become a Designated Mental Health Facility (DMHF).

**II. SERVICES TO BE PROVIDED**

The eligible services to be secured by the provider through private community-based hospitals.

**III. PAYMENT**

A. ADMH payments to Contractor for services described in this section for services listed in Exhibit MI-6 will be outlined in particular exhibit.

B. Contractor understands that the federal funding in this agreement, identified as Activity Code 1090, comes from the U.S. Department of Human Services Community Mental Health Service Block Grant (Catalog of Federal Domestic Assistance Number 93.958, Grant Number B1 AL CMHS) and is subject to Subpart I and II, Part B, Title XIX of the Public Health Services Act and the administrative regulations found in the Code of Federal Regulations, 45 CFR, Part 96.

<u>HCPS/CPT Code(s):</u>	<u>100 - HE</u>
<u>Other Modifiers:</u>	<u>NA</u>
<u>Contract Code(s):</u>	<u>000, 007, 059, 060, 061, 064, 065, 066</u>
<u>Activity Code:</u>	<u>1117/1110</u>
<u>Reporting Unit:</u>	<u>One day</u>
<u>Maximum Billable Unit(s):</u>	<u>365 per year</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

Additional Information:

- All Program Descriptions are REQUIRED to be approved and on file with ADMH.
- CMHC is required to invoice monthly using ADMH approved reporting documents
- ADMH will conduct training with CMHC and contracted DMHF hospital on ADMH requirements
- CMHC will send signed contract between CMHC and contracted DMHF Hospital
- Verification will be conducted by ADMH through CDR and MICRS.
- The Invoice must have attestation signed by Executive Director/CEO.

Inpatient (IP) Services				
Provider	Use of Funds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
Carastar	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
CED	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
East Alabama	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel

East Central	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
JBS	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
JBS Opioid Phase 1	Local psychiatric Inpatient Services	064	1117	Expense-Based with ADMH Excel
JBS Opioid Phase 2	Local psychiatric Inpatient Services	065	1117	Expense-Based with ADMH Excel
JBS - Specialized State Funded Inpatient Hillcrest Project	Local psychiatric Inpatient Services	066	1117	Expense-Based with ADMH Excel
Mountain Lakes	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
North Central	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
Northwest	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
South Central	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
Southwest	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel
SpectraCare	Local psychiatric Inpatient Services	007	1117	Expense-Based with ADMH Excel

**17. CRISIS STABILIZATION**

I. PURPOSE

To provide ADMH approved crisis stabilization services that are to assist in diverting commitments to ADMH and maintain individuals with SMI within the community.

II. PAYMENT

- a. ADMH payments to Contractor for services described in this section for services listed in Exhibit MI-6 under “Crisis Stabilization” will be outlined in their particular exhibit.
- b. The crisis stabilization service must be provided as approved by ADMH and must comply with the ADMH MI Community Program Certification Administrative Code.

III. Required Staff:

Must comply with ADMH MI Community Program Certification Administrative Code.

Prior to a CMHC entering into a contract with an inpatient hospital, the inpatient hospital is required to meet with ADMH and to become a Designated Mental Health Facility (DMHF).

<u>HCPS/CPT Code(s):</u>	<u>100, 90791, 90832, 90834, 90837, 90846, 90847, 90849, 90503, 96372, G9008, H0002, H0004, H0032, H0033, H0034, H0038, H0046, H2011, H2027, T1001, T1002, T1003</u>
<u>Other Modifiers:</u>	<u>HE, HQ, UH, U1,U2, GT, FQ</u>
<u>Contract Code(s):</u>	<u>007</u>
<u>Activity Code:</u>	<u>All that apply</u>
<u>Reporting Unit:</u>	<u>vary</u>
<u>Maximum Billable Unit(s):</u>	<u>vary</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

**Additional Information:**

All Program Descriptions are REQUIRED to be approved and on file with ADMH. All Contracts with DMHF are required to be approved and on file with ADMH.

Provider	Use of Funds	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe				
	Centralized Services	007	various	1/12 <sup>th</sup> with NO Support Documents
	Local Psychiatrist Services	007	1560	1/12 <sup>th</sup> WITH Support Documents
	Access to Care (Hosp & OP)	007	various.	1/12 <sup>th</sup> with NO Support Documents
	Local Hospital Consultations	007	various	1/12 <sup>th</sup> with NO Support Documents
	Quality Compliance, Risk Management, Training and Education	007	various	1/12 <sup>th</sup> with NO Support Documents
	Pre-Hosp Evals for Probate Court	007	1560/1550/1598	1/12 <sup>th</sup> WITH Support Documents
Carastar				
	Local Psychiatrist	007	1560	1/12 <sup>th</sup> WITH Support Documents

	Services			
East Alabama				
	Local Psychiatrist Services	007	1560	1/12 <sup>th</sup> WITH Support Documents
	Screening for Emergency Departments	007	1598/1550	1/12 <sup>th</sup> WITH Support Documents
	Probate Liaison	007	various	1/12 <sup>th</sup> WITH Support Documents
East Central				
	Local Psychiatrist Services	007	1560	1/12 <sup>th</sup> WITH Support Documents
JBS				
	Physician/Hospital Services Supporting ER	007	various	1/12 <sup>th</sup> WITH Support Documents
	CMHOs (x3)	007	various	1/12 <sup>th</sup> WITH Support Documents
	UAB Physician	007	various	1/12 <sup>th</sup> WITH Support Documents
	Inpatient Liaison	007	various	1/12 <sup>th</sup> WITH Support Documents
	Community Support Housing	007	various	1/12 <sup>th</sup> WITH Support Documents
	Gwen Adams Day Rehab	007	1450	1/12 <sup>th</sup> WITH Support Documents
	Residential/Housing 1:1	007	various	1/12 <sup>th</sup> WITH Support Documents
Mountain Lakes				
	Crisis Specialist	007	various	1/12 <sup>th</sup> WITH Support Documents
	Nurse Practitioner	007	various	1/12 <sup>th</sup> WITH Support Documents
North Central				
	Diversion Specialist	007	various	1/12 <sup>th</sup> WITH Support Documents
	Community Support Specialist	007	various	1/12 <sup>th</sup> WITH Support Documents
South Central				
	Inpatient Hospital Specialist	007	various	1/12 <sup>th</sup> WITH Support Documents

<b>PROVIDER</b>	<b>Use of funds:</b>	<b>Comment</b>	<b>Type of Monthly Invoice</b>
Cahaba	24/7 telephone and face-to-face crisis response.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
CED	24/7 telephone and face-to-face crisis response. Psychiatric/Medical Coverage.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Chilton-Shelby (CAW)	24/7 telephone and face-to-face crisis response, Inpatient at contracted inpatient hospital.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
East Central	24/7 telephone and face-to-face crisis response, Crisis Residential, Inpatient Hospitalization.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Highland	24/7 telephone and face-to-face crisis response. Crisis Interv/Resolution (Emergency Coverage)	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
North Central	24/7 telephone and face-to-face crisis response.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Northwest	24/7 telephone and face-to-face crisis response, Crisis Intervention/Resolution.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Riverbend	24/7 telephone and face-to-face crisis response, Physician coverage.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
South Central	24/7 telephone and face-to-face crisis response,	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Southwest	24/7 telephone and face-to-face crisis response	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
SpectraCare	24/7 telephone and face-to-face crisis response, crisis residential without s/r and inpatient beds.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Wellstone - Cullman	24/7 telephone and face-to-face crisis response.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents
Wellstone - Madison	10 Bed CRU (\$440,434 - Madison) – MI-2	Contract Code 125	1/12 <sup>th</sup> with No Support Documents
West Alabama	24/7 telephone and face-to-face crisis response. Residential/housing coverage.	Under Crisis Stabilization. Contract Code 007.	1/12 <sup>th</sup> with No Support Documents

**18. CENSUS REDUCTION**

I. PURPOSE

To provide ADMH approved “Census Reduction” services that are to assist in diverting commitments to ADMH and maintain individuals with SMI within the community, as well as maintain general ambulatory services to ensure meeting the criteria for being a CMHC.

II. PAYMENT

- c. ADMH payments to Contractor for services described in this section for services listed in Exhibit MI-6 under “Census Reduction” will be outlined in each CMHC’s ADMH MI Community Programs contract tracker.
- d. The census reduction service must be provided as approved by ADMH and must comply with the ADMH MI Community Program Certification Administrative Code.

III. Required Staff:

Must comply with ADMH MI Community Program Certification Administrative Code.

<u>HCPS/CPT Code(s):</u>	<u>NA</u>
<u>Other Modifiers:</u>	
<u>Contract Code(s):</u>	<u>007</u>
<u>Activity Code:</u>	<u>NA</u>
<u>Reporting Unit:</u>	<u>Various</u>
<u>Maximum Billable Unit(s):</u>	<u>Various</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

Services will be provided as shown on the table “Census Reduction” to maintain services created to be the highest priority in achieving and maintaining a reduction in the census and sustaining the closure of state psychiatric hospitals.

Contractor will be paid a monthly pro rata share of amount shown in Exhibit MI-6 for Census Reduction.

<b>PROVIDER</b>	<b>Type of Monthly Invoice</b>
AltaPointe	1/12 <sup>th</sup> with No Support Documents
Baldwin	1/12 <sup>th</sup> with No Support Documents
Mobile	1/12 <sup>th</sup> with No Support Documents
Northern Campus	1/12 <sup>th</sup> with No Support Documents
Cahaba	1/12 <sup>th</sup> with No Support Documents
Carastar	1/12 <sup>th</sup> with No Support Documents
CAW	1/12 <sup>th</sup> with No Support Documents
CED	1/12 <sup>th</sup> with No Support Documents
East Alabama	1/12 <sup>th</sup> with No Support Documents
East Central	1/12 <sup>th</sup> with No Support Documents
Indian Rivers	1/12 <sup>th</sup> with No Support Documents
J-B-S	1/12 <sup>th</sup> with No Support Documents
Mountain Lakes	1/12 <sup>th</sup> with No Support Documents
North Central	1/12 <sup>th</sup> with No Support Documents
Northwest	1/12 <sup>th</sup> with No Support Documents

Riverbend	1/12 <sup>th</sup> with No Support Documents
Southwest	1/12 <sup>th</sup> with No Support Documents
SpectraCare	1/12 <sup>th</sup> with No Support Documents
Wellstone - Cullman	1/12 <sup>th</sup> with No Support Documents
Wellstone - Madison	1/12 <sup>th</sup> with No Support Documents
West Alabama	1/12 <sup>th</sup> with No Support Documents
TOTALS	

**SPECIALITY PROGRAMS**

**I. LIMITED ENGLISH PROFICIENCY ACCESS – STATEWIDE POOL**

I. PURPOSE

ADMH shall make available \$50,000 the Limited English Proficiency Services. Such services shall be provided as delineated in the Contract Service Delivery Manual. Contractor understands and agrees that the amount delineated in the MI-6 for Limited English Proficiency Services is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$50,000 used for all providers.

To provide interpreter services for persons who present for mental health services and who cannot speak or understand English sufficiently to effectively participate in and/or receive benefit from mental health services.

II. SERVICES TO BE PROVIDED

The Contractor shall purchase the services of a language interpreter for persons who present for mental health services and who cannot speak or understand English sufficiently to effectively participate in and/or receive benefit from mental health services. The Contractor shall use interpreters who speak the required foreign language and English fluently. It is preferable to use interpreters who have academic training or experience in real time verbal interpretation/translation in a health or mental health setting. The Contractor shall conduct such background and reference checks as is deemed prudent to provide a high-quality service and protect the interests of consumers.

III. FINANCIAL ARRANGEMENTS

Interpreters will be paid \$25.00 per hour of service provided plus mileage in accordance with prevailing ADMH mileage rates. Reimbursement will be made upon presentation of an invoice detailing the case number of the recipient, the date, time, and type of service provided, and the number of miles traveled-

ADMH shall make available \$50,000 for Limited English Proficiency Services—Contractor understands and agrees that the amount delineated in the MI-6 for Limited English Proficiency is an estimated amount, serving as a placeholder for invoicing purposes. Actual payment may vary according to actual services provided up to the statewide maximum amount of \$50,000 used for all providers.

CMHC	Pool of Funds-Placeholder Amount	Type of Monthly Invoice
AltaPointe	See MI-6	Expense-Based
Cahaba	See MI-6	Expense-Based
Carastar	See MI-6	Expense-Based
CAW	See MI-6	Expense-Based
CED	See MI-6	Expense-Based
East Alabama	See MI-6	Expense-Based
East Central	See MI-6	Expense-Based
Highland	See MI-6	Expense-Based
Indian Rivers	See MI-6	Expense-Based
JBS	See MI-6	Expense-Based
Mountain Lakes	See MI-6	Expense-Based
North Central	See MI-6	Expense-Based
Northwest	See MI-6	Expense-Based
Riverbend	See MI-6	Expense-Based
South Central	See MI-6	Expense-Based
Southwest	See MI-6	Expense-Based
SpectraCare	See MI-6	Expense-Based
Wellstone – Cullman	See MI-6	Expense-Based

Wellstone – Madison	See MI-6	Expense-Based
West Alabama	See MI-6	Expense-Based
ADMH Total	\$50,000	Expense-Based

**2. NURSING HOME/ALF/SCALF MONITORING – CMHC Level (ALL CONTRACTED CMHCs)**

I. PURPOSE

To participate in placement and provide monitoring services of ADMH Sponsored Nursing Homes, ALF or SCALF residents. To assess areas of need not otherwise covered by long term Medicaid coverage for nursing home services. To assess areas not otherwise covered during the negotiation of sponsorship for ALF/SCALF placement. To invoice the ADMH statewide sponsorship funds as appropriate.

II. SERVICES TO BE PROVIDED:

1. Contractor will participate in placement and monitoring of ADMH Sponsored residents.
2. Contractor will have a contract in place with Nursing Home/ALF/SCALF provider and will provide copy of contract and Nursing Home/ALF/SCALF license (resubmit license as these update) to ADMH.
3. Contractor will sign appropriate sponsorship funding forms only. **Please note that CMHCs cannot and will not serve as legal guardian or payee.**
4. Contractor will assist with long term care Medicaid application for sponsored residents.
5. Contractor will offer mental health services as appropriate and in accordance with nursing home/ALF/SCALF operational rules and regulations, unless resident refuses services.
6. Contractor will monitor the status of each resident through at least monthly visits with each resident.
7. Contractor agrees to designate an emergency contact who can be reached 24 hours per day, 7 days per week to assist in case of resident psychiatric emergencies.
8. Contractor agrees to receive and coordinate any referrals for nursing home/ALF/SCALF sponsorships made by the state hospitals for consumers.
9. Contractor agrees to place and/or monitor sponsored residents in accordance with established protocols.
10. Contractor agrees to monitor that eligible benefits have been applied for placed sponsored residents.
11. Contractor will invoice for reimbursement for eligible sponsorship expenses/services as outlined in the contract service delivery manual under Nursing Home/ALF/SCALF Sponsorship Programs.

<u>HCPS/CPT Code(s):</u>	<u>101 – HE</u>
<u>Other Modifiers:</u>	<u>NA</u>
<u>Contract Code(s):</u>	<u>129</u>
<u>Activity Code:</u>	<u>1290</u>
<u>Reporting Unit:</u>	<u>NA</u>
<u>Maximum Billable Unit(s):</u>	<u>NA</u>
<u>Contract Rate:</u>	<u>See Exhibit MI-6</u>

PAYMENT PROCESS

- A. ADMH payments to Contractor for services described in this Exhibit shall be a monthly pro-rata share of the total amount identified in Exhibit MI-6, Nursing Home/ALF/SCALF Monitoring.

**REPORTING**

- A. Contractor agrees to open a consumer record and to assign a case number for each Nursing Home/ALF/SCALF facility resident.
- B. Contractor agrees to keep written records of its monitoring visits to Nursing Home/ALF/SCALF facilities and to make them available upon request to representatives of ADMH. Monitoring of residents of Nursing Home/ALF/SCALF facilities will be noted in the resident’s consumer record.
- C. Contractor agrees to keep written records of any sponsorship payments made on behalf of covered consumers for which reimbursement is sought.
- D. Contractor agrees to keep written records of efforts to get coverage by any other third party.
- E. Contractor agrees to report all contract beds days:
- a. For Nursing Home, under Contract Code – 129 and Activity Code - 1290.
  - b. For ALF/SCALF, under Contract Code – 130 and Activity Code – 1295.

**OTHER AGREEMENTS**

- A. If the cost of necessary medical, dental, or miscellaneous goods and services is expected to exceed the customary amount for such expenditures, or if a person covered by this contract loses eligibility for third party payment, Contractor should notify ADMH immediately so that any unusually high expense can be negotiated, agreed upon and approved by ADMH, or that an alternative plan of care will be developed for the nursing home resident.
- B. Contractor understands and agrees that this contract specifically includes the rules, regulations, and standards for nursing homes as promulgated by the Alabama State Board of Health, as if the same were herein set out in full, and the parties hereto shall abide and be governed by said rules of said Board of Health, the "State Plan" and the terms of this contract.

NURSING HOME/ALF/SCALF MONITORING		
CMHC LEVEL		
CMHC	1/12 <sup>th</sup> funds	ADMH Funding Pool Total
AltaPointe	See MI-6	1/12 <sup>th</sup> with No Support Docs
Cahaba	See MI-6	1/12 <sup>th</sup> with No Support Docs
Carastar	See MI-6	1/12 <sup>th</sup> with No Support Docs
CED	See MI-6	1/12 <sup>th</sup> with No Support Docs
CAW	See MI-6	1/12 <sup>th</sup> with No Support Docs
East Alabama	See MI-6	1/12 <sup>th</sup> with No Support Docs
East Central	See MI-6	1/12 <sup>th</sup> with No Support Docs
Highland	See MI-6	1/12 <sup>th</sup> with No Support Docs
Indian Rivers	See MI-6	1/12 <sup>th</sup> with No Support Docs
JBS	See MI-6	1/12 <sup>th</sup> with No Support Docs
Mountain Lakes	See MI-6	1/12 <sup>th</sup> with No Support Docs
North Central	See MI-6	1/12 <sup>th</sup> with No Support Docs
Northwest	See MI-6	1/12 <sup>th</sup> with No Support Docs
Riverbend	See MI-6	1/12 <sup>th</sup> with No Support Docs
South Central	See MI-6	1/12 <sup>th</sup> with No Support Docs
Southwest	See MI-6	1/12 <sup>th</sup> with No Support Docs
SpectraCare	See MI-6	1/12 <sup>th</sup> with No Support Docs
Wellstone	See MI-6	1/12 <sup>th</sup> with No Support Docs
West Alabama	See MI-6	1/12 <sup>th</sup> with No Support Docs
ADMH Total		

**3. NURSING HOME SPONSORSHIP – STATEWIDE POOL – Administered by JBS**

I. PURPOSE

To secure private medical, nursing and personal care services for certain eligible mentally ill persons within the State of Alabama who require nursing home (NH) services.

II. SERVICES TO BE PROVIDED

A. The eligible services to be secured by the Contractor for the aforesaid persons are:

1. Nursing home services.
2. Prescription medicines.
3. Medical services.
4. Dental services.
5. Laundry charges.
6. Transportation costs for required medical attention.
7. Related ancillary items/services (i.e.: hospital stay bed holds (no more than 14 days without approval by Director MICP), dentures, occupational therapy, physical therapy, hair styling, non-emergency ambulance trip, private room costs).
8. Necessary transportation and burial costs of those consumers being served under the terms of this contract who, upon expiration, are determined to be without resources, including any/all third-party resources for such purposes.
9. Necessary consumer clothing expenditures provided such patients are determined to be without resources, including any/all third-party resources for such purposes.

C. Other Services to be provided by CMHC Responsible (as outlined in sponsorship form):

1. CMHC Responsible monitor monthly for verification of contracted services and to ensure needed mental health services are being provided.
2. Monitor third party benefits, insurance coverage, and other financials.
3. Check on welfare of the consumer (Monitoring), a minimum of monthly, but could be more often if needed.
4. Designate emergency contact for psychiatric emergencies accessible 24/7.
5. Offer mental health services as appropriate or in accordance with Nursing Home regulations.
6. Document monitoring in consumer medical/health record.
7. Report into the approved ADMH data systems (CDR, etc.).
8. Provide information to ADMH upon request.

III. PAYMENT PROCESS

- A. Contractor will have a contract in place with Nursing Home provider and will provide copy of contract and Nursing Home license (resubmit license as these update) to ADMH.
- B. Contractor will submit invoices to JBS MHA for reimbursement of eligible expenses verifying no other resources are available to include their-party sources.
- C. ADMH provides statewide funds through JBS MHA contract. JBS MHA contracts with CMHC providers to support reimbursement of eligible expenses for Nursing Home residents enrolled in Nursing Home (NH) Sponsorship Program.
- D. ADMH payments to Contractor for services described in this Exhibit shall be a monthly pro-rata share of the total amount identified in Exhibit MI-6, Nursing Home Monitoring.

E. Statewide maximum for CMHC program access is not to exceed \$153,089 used for all providers.

IV. REPORTING

- A. Contractor agrees to document sponsorship expenses by consumer and will report information to ADMH upon request. Contractor will adhere to Nursing Home monitoring requirements outlined in this manual.
- B. JBSMHA will retain records of Nursing Home Sponsorship expenses and will report information to ADMH upon request, at a minimum annually.
- C. Contractor agrees to report all contract beds days under Contract Code – 929 and Activity Code - 1290.

V. OTHER AGREEMENTS

- A. If the cost of necessary medical, dental, or miscellaneous goods and services is expected to exceed the customary amount for such expenditures, or if a person covered by this contract loses eligibility for third party payment, Contractor should notify ADMH immediately so that any unusually high expense can be negotiated, agreed upon and approved by ADMH, or that an alternative plan of care will be developed for the nursing home resident.
- B. Contractor understands and agrees that this contract specifically includes the rules, regulations, and standards for nursing homes as promulgated by the Alabama State Board of Health, as if the same were herein set out in full, and the parties hereto shall abide and be governed by said rules of said Board of Health, the "State Plan" and the terms of this contract.

NURSING HOME/ALF/SCALF MONITORING STATEWIDE POOL				
Program	Invoiced	ADMH Funding Pool Total	Contract Code	Activity Code
Statewide Nursing Home Funds		See MI-6	929	1290

**4. STATEWIDE ASSISTED LIVING FACILITY/SKILLED ASSISTED LIVING FACILITY SPONSORSHIP PROGRAM – Administered by JBS**

I. PURPOSE

To secure private medical, nursing and personal care services for certain eligible mentally ill persons within the State of Alabama who require Assisted Living Facility/Skilled Assisted Living Facility (ALF/SCALF) services.

II. SERVICES TO BE PROVIDED

1. Participate in ALF/SCALF Placement, to include Room and Board, as well as other services negotiated/approved by ADMH.
2. Monitor monthly for verification of contracted services and to ensure needed mental health services are being provided.
3. Monitor third party benefits, insurance coverage, and other financials.
4. Check on welfare of the consumer (Monitoring), a minimum of monthly, but could be more often if needed.
5. Designate emergency contact for psychiatric emergencies accessible 24/7.
6. Offer mental health services as appropriate or in accordance with ALF/SCALF regulations.
7. Document monitoring in consumer medical/health record.
8. Report into the approved ADMH data systems (CDR, etc.).
9. Provide information to ADMH upon request.

III. PAYMENT PROCESS

- A. Contractor will have a contract in place with ALF/SCALF provider and will provide copy of contract and ALF/SCALF license (resend license as these update) to ADMH.
- B. Contractor will submit invoices to JBS MHA for reimbursement of eligible expenses verifying no other resources are available to include their-party sources.
- C. ADMH provides statewide funds through JBS MHA contract. JBS MHA contracts with CMHC providers to support reimbursement of eligible expenses for ALF/SCALF residents enrolled in ALF/SCALF Sponsorship Program.
- D. ADMH payments to Contractor for services described in this Exhibit shall be a monthly pro-rata share of the total amount identified in Exhibit MI-6, ALF/SCALF Monitoring.
- E. Statewide maximum for CMHC program access is not to exceed **\$741,340** used for all providers.

IV. REPORTING

- i. Contractor agrees to document sponsorship expenses by consumer and will report information to ADMH upon request. Contractor will adhere to ALF/SCALF monitoring requirements outlined in this manual.
- ii. JBSMHA will retain records of ALF/SCALF Sponsorship expenses and will report information to ADMH upon request, at a minimum annually.
- iii. Contractor agrees to report all contract beds days under Contract Code – 130 and Activity Code - 1295.

V. OTHER AGREEMENTS

- A. If the cost of necessary medical, dental, or miscellaneous goods and services is expected to exceed the customary amount for such expenditures, or if a person covered by this contract loses eligibility for third party payment, Contractor should notify ADMH immediately so that any unusually high expense can be negotiated, agreed upon and approved by ADMH, or that an alternative plan of care will be developed for the nursing home resident.
- B. Contractor understands and agrees that this contract specifically includes the rules, regulations, and standards for ALF/SCALF programs as promulgated by the Alabama State Board of Health, as if the same were herein set out in full, and the parties hereto shall abide and be governed by said rules of said Board of Health, the "State Plan" and the terms of this contract.
- C. Contractor (CMHC) cannot serve as legal guardian but can be payee if CMHC has system in place for payee process.
- F. CMHCs are responsible for monitoring process for ALF/SCALFs located in their catchment area. No other CMHC can monitor outside their own catchment area. The sponsorship approval form is set up to document who would be the receiving CMHC catchment area. The CMHC initiating the sponsorship request for a placement outside their catchment area is responsible to reaching out to the CMHC Executive Director to consult on the placement process to ensure joint collaboration.

NURSING HOME/ALF/SCALF MONITORING STATEWIDE POOL				
Program	Invoiced	ADMH Funding Pool Total	Contract Code	Activity Code
Statewide ALF/SCALF Funds		See MI-6	130	1295

**5. STATEWIDE RESIDENTIAL/FOSTER HOME RISK POOL - Administered by JBS**

I. PURPOSE

To secure funds for eligible services/expenses not otherwise covered by any other resources to include third party sources for residents of Adult MI Foster Care Homes and MI Group Homes.

II. TARGET POPULATION

- A. Residents of MI Foster Care Homes as approved by ADMH, CMHC Provider responsible, MI Foster Care representative, and those individuals being placed.
- B. Residents of MI Residential Care Homes as approved by ADMH, CMHC Provider responsible, MI Foster Care representative, and those individuals being placed.

III. ELIGIBLE EXPENSES:

The eligible expenses to be assessed for possible reimbursement must exhaust all resources to include any/all third-party resources, are:

- Medical services,
- Dental services,
- Personal care,
- Necessary transportation and burial costs of a sponsored individual

III. PAYMENT PROCESS

- A. Contractor will submit invoice to JBSMHA for reimbursement of eligible expenses verifying no other resources are available to include third-party sources.
- B. ADMH provides statewide funds through JBSMHA contract. JBSMHA contracts with CMHC providers to support reimbursement of eligible expenses for foster home and group home residents verifying no other resources are available to include third party sources.
- C. Statewide maximum not to exceed \$140,961 used for all providers.

IV. REPORTING

- X. Contractor agrees to document sponsorship expenses by consumer and will report information to ADMH upon request. Contractor will adhere to Foster Home monitoring requirements outlined in this manual.
- XI. JBSMHA will retain records of Foster Home and Group Home Support Fund expenses and will report information to ADMH upon request, at a minimum annually.

V. OTHER AGREEMENTS

If the cost of necessary medical, dental, or miscellaneous goods and services is expected to exceed the customary amount for such expenditures, the contractor shall notify ADMH immediately so that any unusually high expense can be negotiated, agreed upon, and approved by ADMH.

IV. SETTINGS

- 1. AADMH APPROVED Residential Settings for these funds are as follows:
  - c. Contract Code – 008 – Transitional Age Residential Care Home
  - d. Contract Code – 121 – Adult Residential Care GH – Specialized Basic

- e. Contract Code – 128 – Foster Care Program
- f. Contract Code – 211 – Adult Residential Care GH – Specialized Behavioral
- g. Contract Code – 212 – Adult Residential Care GH – Specialized Medical
- h. Contract Code – 213 – 3 Bed Residential Care GH
- i. Contract Code – 916 – MOM Apartments
- j. Contract Code – 993 – Adult Residential Care GH – Specialized Deaf

2. ADMH NON-APPROVED Residential Settings for these funds are as follows:

- a. Contract Code – 001 – PATH Grant
- b. Contract Code – 123 – Semi-Independent Living (Intensive)
- c. Contract Code – 125 – Crisis Residential Unit (CRU)
- d. Contract Code – 127 – Supported Housing
- e. Contract Code – 131– C&A Residential
- f. Contract Code – 132 – C&A Residential/Severe
- g. Contract Code – 133 – C&A Residential/STTEP
- h. Contract Code – 927 – EBP Supportive Housing

**6. HOUSING SUPPORT FUNDS – ADMH STATEWIDE POOL**

**Purpose:** ADMH shall make available up to \$250,000 for the Housing Support services. Such services shall be provided as delineated below. Contractor understands and agrees that the amount delineated in the MI-6 for Housing Support is an estimated amount. Actual payment will vary according to actual services provided up to the statewide maximum of \$250,000 used for all providers.

**Definition:** Expenditure(s) on behalf of a consumer who is living independently or transitioning to independent living. Contract funds may be used for one-time expenditures such as utility deposits, security deposits, first month’s rent, acquisition of household goods, etc., the lack of which would prevent moving to more independent living and for crisis one-time rental payments to prevent eviction. In some cases, funds may be used for a limited time to maintain support not to exceed \$400 per person per month.

<u>HCPS/CPT Code(s):</u>	<u>H0019 - HE</u>
<u>Other Modifiers:</u>	<u>NA</u>
<u>Contract Code(s):</u>	<u>124</u>
<u>Activity Code:</u>	<u>1240</u>
<u>Reporting Unit:</u>	<u>One per each \$100 of funding on behalf of a consumer</u>
<u>Maximum Billable Unit(s):</u>	<u>While an upper limit is not set per consumer, it is intended that funds be used in a judicious manner to serve the maximum number of consumers possible</u>
<u>Contract Rate:</u>	<u>\$100 per unit of service</u>

Payment will be made upon a presentation of a duly executed voucher in an approved format detailing actual expense. The Contractor shall maintain an audit trail of detailed expenses to support the requested payment.

ADMH Reporting Combination Restrictions: Cannot be reported in combination with the following:

- Contract Code – 001 – PATH Grant
- Contract Code – 008 – Transitional Age Residential Care Home
- Contract Code – 121 – Adult Residential Care GH – Specialized Basic
- Contract Code – 125 – Crisis Residential Unit (CRU)
- Contract Code – 127 – Supported Housing
- Contract Code – 128 – Foster Care Program
- Contract Code – 131 – C&A Residential
- Contract Code – 132 – C&A Residential/Severe
- Contract Code – 133 – C&A Residential/STTEP
- Contract Code – 211 – Adult Residential Care GH – Specialized Behavioral
- Contract Code – 212 – Adult Residential Care GH – Specialized Medical
- Contract Code – 213 – 3 Bed Residential Care GH
- Contract Code – 916 – MOM Apartments
- Contract Code – 927 – EBP Supportive Housing
- Contract Code – 993 – Adult Residential Care GH – Specialized Deaf

CMHC	Pool of Funds-Placeholder Amount	Type of Monthly Invoice
AltaPointe		
Baldwin County	See MI-6	Expense-Based
Mobile/Washington Counties	See MI-6	Expense-Based
Northern Campus	See MI-6	Expense-Based

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Cahaba	See MI-6	Expense-Based
Carastar	See MI-6	Expense-Based
CED	See MI-6	Expense-Based
CAW	See MI-6	Expense-Based
East Alabama	See MI-6	Expense-Based
East Central	See MI-6	Expense-Based
Highland	See MI-6	Expense-Based
Indian Rivers	See MI-6	Expense-Based
JBS	See MI-6	Expense-Based
Mountain Lakes	See MI-6	Expense-Based
North Central	See MI-6	Expense-Based
Northwest	See MI-6	Expense-Based
Riverbend	See MI-6	Expense-Based
SpectraCare	See MI-6	Expense-Based
South Central	See MI-6	Expense-Based
Southwest	See MI-6	Expense-Based
Wellstone - Cullman	See MI-6	Expense-Based
Wellstone - Madison	See MI-6	Expense-Based
West Alabama	See MI-6	Expense-Based
ADMH Total	250,000	

**7. UTILIZATION REVIEW (UR) COORDINATORS – Administered by AltaPointe-North, AltaPointe-South, Carastar, and Wellstone**

I. PURPOSE

To provide a utilization review function for the ADMH MI four Regions that covers all community mental health center catchment areas.

II. TARGET POPULATION

Individuals with SMI who are at risk of out of home placement to include state hospitals, DMHF, and residential/housing programs.

III. SERVICES TO BE PROVIDED

The Contractor (Regional Host CMHC) shall employ one full time person with at least a master’s degree who has experience in community mental health services, preferably residential services. The Contractor shall provide sufficient space, materials, and supervision for this person to carry out the following job functions:

- Develop a working knowledge of all community mental health center operated/contracted residential services in his/her regional area relative to admission criteria.
- Develop a working knowledge of state hospitals serving his/her area relative to discharge planning procedures.
- Make regular contacts (at least monthly) with facility staff involved in discharge planning at the state facilities.
- Make regular contacts with community mental health center designees involved in accepting residential referrals.
- Attend training related to the UR function as provided and/or coordinated by the ADMH.
- Assist with training CMHC staff regarding UR concepts and issues as requested by the ADMH.
- Coordinate discharges into residential services across catchment areas, when necessary or requested by a community mental health center, a state hospital, or ADMH.
- Monitor lengths of stay in all residential programs with the exception of supported housing/apartments relative to both the expected length of stay as contained in the certification standards and the program description and as compared to other programs in the same certification classification.
- Provide reports and data to the ADMH and to the community mental health centers relative to the monitoring function in the form and manner specified by ADMH.
- Assist ADMH and community mental health centers in locating options for consumers who have special needs that cannot be met in their home area.
- Assist ADMH in maintaining a complete and accurate data base for all certified residential programs in the Mental Illness Vacancy Reporting System and the Gateway system that tracks committed patients.
- Provide input into the planning process as needed relative to types of residential/housing services needed and/or modifications needed to the existing array of services.
- Provide input into the ongoing appropriateness of current and any newly developed residential/housing services admission criteria, continued stay criteria, and discharge criteria.

IV. FINANCIAL ARRANGEMENTS

The Contractor will be paid as outlined in MI-6 in equal monthly installments provided that the position is filled, and the person is carrying out the job functions in an acceptable manner.

CMHC UR Coordinator	Region	Type of Monthly Invoice
Wellstone	Region 1	1/12 <sup>th</sup> WITH Support Documents
AltaPointe – North	Region 2	1/12 <sup>th</sup> WITH Support Documents
Integrea	Region 3	1/12 <sup>th</sup> WITH Support Documents
AltaPointe – South	Region 4	1/12 <sup>th</sup> WITH Support Documents

**8. SPECIAL UTILIZATION REVIEW (SUR) COORDINATOR – Administered by JBS**

I. PURPOSE

To provide a specialty utilization review function for the ADMH statewide that covers all community mental health center catchment areas.

II. TARGET POPULATION

Individuals with SMI who are at risk of out of home placement to include state hospitals, DMHF, and residential/housing programs, with a priority focus on placements within nursing homes/ALF/SCALFs.

III. SERVICES TO BE PROVIDED

The Contractor (ADMH designated) shall employ one full time person with at least a master’s degree who has experience in community mental health services, preferably residential services. The Contractor shall provide sufficient space, materials, and supervision for this person to carry out the following job functions:

- Develop a working knowledge of all community mental health center operated/contracted residential services in his/her regional area relative to admission criteria.
- Develop a working knowledge of state hospitals serving his/her area relative to discharge planning procedures.
- Make regular contacts (at least monthly) with facility staff involved in discharge planning at the state facilities.
- Develop a working knowledge of Nursing Homes/ALFs/SCALFs throughout the state of Alabama relative to admission criteria.
- Work with CMHCs and State Hospitals on Nursing Home/ALF/SCALF referrals and placements as assigned by the ADMH Director of MI Community Programs.
- Attend training related to the UR/SUR function as provided and/or coordinated by the ADMH.
- Assist with training CMHC staff regarding SUR concepts and issues as requested by the ADMH.
- Coordinate discharges into NH/ALF/SCALF programs when requested by ADMH Director of MI Community Programs.
- Provide reports and data to the ADMH relative to the monitoring function in the form and manner specified by ADMH.
- Assist ADMH and community mental health centers in locating options for consumers who have special needs that cannot be met in their home area.
- Provide back-up and coverage for UR Coordinators as requested by ADMH.
- Provide input into the planning process as needed relative to types of residential/housing services needed and/or modifications needed to the existing array of services.
- Provide input into the ongoing appropriateness of current and any newly developed residential/housing services admission criteria, continued stay criteria, and discharge criteria.

IV. FINANCIAL ARRANGEMENTS

The Contractor will be paid as outlined in MI-6 in equal monthly installments provided that the position is filled, and the person is carrying out the job functions in an acceptable manner.

CMHC UR Coordinator	Region	Type of Monthly Invoice
JBS	ADMH Assigned	1/12 <sup>th</sup> WITH Support Documents

9. **Region 1 BOS**

- I. **PURPOSE**  
To provide funding for access to DMHF and CRUs for Civilly Committed patients in Region 1. Three CMHCs are provided funding to sub-contract with the other Four CMHCs to ensure access and regional collaboration.
  
- II. **TARGET POPULATION**  
Individuals with SMI who are at risk of out of home placement through a Civil Commitment.
  
- III. **PAYMENT PROCESS**  
Details outlined in all seven Region 1 contracts in MI-6 and in their specific exhibits.

<b>REGION 1 BOS</b>		
<b>PROVIDER</b>	<b>Extended Care</b>	<b>Use of funds:</b>
Marshall-Jackson	See MI-6	MI-5: Region 1 CRU/DMHF Hospital Access – Wellstone, Highland, CED, NWAMHC
North Central	See MI-6	MI-4: Region 1 CRU/DMHF Hospital Access – Wellstone, Highland, CED, NWAMHC
Riverbend	See MI-6	MI-4: Region 1 CRU/DMHF Hospital Access – Wellstone, Highland, CED, NWAMHC

**10. Region 2 BOS**

IV. PURPOSE

To provide funding to Region 2 for regional planning purposes as to have better access to the mental health system of care for diversion from Civil Commitment, for treatment needed while Civilly Committed, and for re-entry treatment upon return to the community. The Region 1 has a Banker arrangement with JBS being the banker and sub-contracting with the other CMHCs in Region 2 to ensure access and regional collaboration.

V. TARGET POPULATION

Individuals with SMI who are at risk of out of home placement through a Civil Commitment.

VI. PAYMENT PROCESS

Details outlined in all JBS contract in MI-6 and in their specific exhibit around Extended Care.

**11. Uncompensated Care Funds (UCF)**

I. PURPOSE

To provide funding to improve service systems, to include workforce recruitment and retention in the Alabama Department of Mental Health (ADMH) contracted programs that serve adults with Serious Mental Illness (SMI) or children and adolescents with Severe Emotional Disturbance (SED). These Uncompensated Care Funds (UCF) will be used for Community Mental Health Centers (CMHC) as determined and approved by ADMH.

II. FINANCIAL ARRANGEMENTS

ADMH payments to Contractor for services described in this section for services listed in Exhibit MI-6 under “Uncompensated Care Funds” exhibit will be on a one-twelfth based for the FY21 COLA not to exceed determined amount for the contract period. For FY23, FY24, and FY25 UCF, funds will be paid on a one-time annual basis and not to exceed determined amount for the contract period as outlined in the CMHC’s specific exhibit.

## **TRAININGS**

### **1. ADULT CASE MANAGEMENT TRAINING – Administered by JBS**

#### I. PURPOSE

To train qualified employees of 310-board community mental health centers as case managers and/or case management supervisors.

#### II. TARGET POPULATION

Those employees of Alabama 310-board community mental health centers who will function as case managers and/or case management supervisors.

#### III. SERVICES TO BE PROVIDED

A. For adult case management training, contractor shall deliver case manager and supervisor training sessions at sites (virtual or in-person) and dates determined by Contractor and shall communicate same to all community mental health centers. Said training shall be that which has been approved by ADMH and in accordance with acceptable professional standards.

B. For adult case management training, contractor shall provide space (virtual or in-person) and training materials and be responsible for all scheduling, applications for training, arranging for speakers, and notification to both ADMH and the trainee's employers that trainees have or have not successfully completed the applicable training.

#### IV. PAYMENT PROCESS

- ADMH will pay Contractor as outlined in contract. The request for payment (invoice) should be submitted only upon completion of the above required services. Said request will be processed upon submission of a notarized invoice which has been approved for payment by an authorized ADMH employee and which reflects the following:
  - Beginning and ending dates of the training session.
  - Type of training rendered (case manager, or supervisor, or In-Home intervention.
  - Each trainee's name.
  - Applicable training session.
  - Amount due.

\*JBS employees will not be counted as trainees.

**2. CHILD/ADOLESCENT CASE MANAGEMENT TRAINING – Administered by the University of Alabama - VitAL**

I. PURPOSE/TARGET POPULATION

Contractor will provide training sessions for child and adolescent case managers and/or their supervisors for both Low Intensity Care Coordination (Target 3 – TCM) and High Intensity Care Coordination (Target 10 – TCM).

II. SERVICES TO BE PROVIDED

A. Contractor agrees to provide twelve (12) case management training workshops, each on a monthly basis. A representative from ADMH will participate in the training during the first day of each three-day training workshop.

B. For children’s case management training, contractor shall deliver case management and supervisor training sessions at sites (virtual or in-person) and dates determined by Contractor and shall communicate same to all 310-board community mental health centers. Said training shall be that which has been approved by ADMH and in accordance with acceptable professional standards.

C. Contractor shall procure space (virtual or in-person) and training materials and equipment and be responsible for all scheduling, applications for training, arranging for speakers, and notification to both ADMH and the trainee’s employers that trainees have or have not successfully completed the applicable training.

III. PAYMENT PROCESS

ADMH will pay Contractor as outlined in contract. The request for payment (invoice) should be submitted only upon completion of the above required services. Said request will be processed upon submission of a notarized invoice which has been approved for payment by an authorized ADMH employee, and which reflects the date(s) of service, number of people to whom services were rendered, and amount due. Contractor will attach to the invoice a list of the people in attendance for each day of each training session.

**3. CHILD/ADOLESCENT IN-HOME INTERVENTION TRAINING – Administered by the University of Alabama - VitAL**

I. PURPOSE/TARGET POPULATION

Contractor will provide training sessions for child and adolescent in-home intervention staff and/or their supervisors.

II. SERVICES TO BE PROVIDED

A. Contractor agrees to provide twelve (12) in-home intervention training workshops, each on a monthly basis. A representative from ADMH will participate in the training.

B. Contractor shall procure space (virtual or in-person) and training materials and equipment and be responsible for all scheduling, applications for training, arranging for speakers, and notification to both ADMH and the trainee's employers that trainees have or have not successfully completed the applicable training.

III. PAYMENT PROCESS

ADMH will pay Contractor as outlined in contract. The request for payment (invoice) should be submitted only upon completion of the above required services. Said request will be processed upon submission of a notarized invoice which has been approved for payment by an authorized ADMH employee, and which reflects the date(s) of service, number of people to whom services were rendered, and amount due. Contractor will attach to the invoice a list of the people in attendance for each day of each training session.

**4. CHILD/ADOLCESENT THERAPEUTIC MENTORING TRAINING – Administered by the University of Alabama - VitAL**

I. PURPOSE/TARGET POPULATION

Contractor will provide training sessions for child and adolescent in-home intervention staff and/or their supervisors.

II. SERVICES TO BE PROVIDED

A. Contractor agrees to provide twelve (12) therapeutic mentoring training workshops, each on a monthly basis. A representative from ADMH will participate in the training.

B. Contractor shall procure space (virtual or in-person) and training materials and equipment and be responsible for all scheduling, applications for training, arranging for speakers, and notification to both ADMH and the trainee's employers that trainees have or have not successfully completed the applicable training.

III. PAYMENT PROCESS

ADMH will pay Contractor as outlined in contract. The request for payment (invoice) should be submitted only upon completion of the above required services. Said request will be processed upon submission of a notarized invoice which has been approved for payment by an authorized ADMH employee, and which reflects the date(s) of service, number of people to whom services were rendered, and amount due. Contractor will attach to the invoice a list of the people in attendance for each day of each training session.

## **GRANTS/DEMONSTRATIONS**

### **I. Grants - General**

#### I. PURPOSE

To carry out the terms and conditions of special federal grants that are awarded to the Alabama Department of Mental Health for community mental illness services.

#### II. TARGET POPULATION

The target population is specified in each grant application.

#### III. SERVICES TO BE PROVIDED

The services to be provided are specified in each grant application.

#### IV. REPORTING

- iv. Contractor will prepare monthly reports on services rendered by staff employed under the grant. These reports will be received by ADMH no later than ten (10) calendar days following the end of each calendar month.
- v. Reported services must be traceable to individual consumer records maintained by Contractor.
- vi. Contractor will establish and identify to ADMH a reporting cost center and shall report to ADMH each service transaction rendered under the aforementioned grant, as provided for in the ADMH automated consumer service reporting system(s).

#### V. PAYMENT PROCESS

- A. The parties hereto understand and agree that the total contract amount of as shown in Exhibit MI-6 under "Grants" shall be the maximum payable to Contractor by ADMH for the performance of the referenced services.
- B. Each month, ADMH will reimburse Contractor for reasonable and customary expenses incurred in the prior month in accord with the approved budget.
- C. Contractor understands and agrees that no line item may be varied without requesting in writing approval by ADMH prior to any variance. Additional line items may not be added without the approval of ADMH.

#### VI. OTHER AGREEMENTS

- A. Contractor understands and agrees that the federal funds provided herein must be used to supplement, not supplant existing services to individuals identified above.
- B. Any changes in the services and/or programs hereunder shall be incorporated in written amendments to this contract. All such written amendments shall be approved by ADMH prior to their implementation.
- C. Contractor understands and agrees to be bound by federal terms and conditions of the Federal grant award.

**A. PATH HOMELESS – PROJECT FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) GRANT**

I. PURPOSE

The PATH program was originally authorized as Section 521 of the Public Health Service Act (42 U.S.C. 290cc-21) established by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (P.L. 101-645) and was most recently reauthorized through the Consolidated Appropriations Act, 2023 (P.L. 117-328) for the establishment of mental illness services to homeless individuals.

PATH funds are used to provide a menu of allowable services, including outreach, case management, and services not traditionally supported by mental health programs.

II. TARGET POPULATION

The goal of PATH formula grants is to reduce or eliminate homelessness for individuals with serious mental illnesses (SMI) and co-occurring substance use disorders (COD) who are experiencing homelessness or at imminent risk of becoming homeless.

Individual experiencing homelessness – The state PATH-related operational definition for an individual experiencing homelessness is aligned with the PHS Act Section 330(h)(5)(A): “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.”

- Imminent Risk of Becoming Homeless – The definition of imminent risk of homelessness includes individuals in doubled-up living arrangements where the individual’s name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.

- Serious Mental Illness (SMI) – Refers to adults, 18 years of age or older, with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities as defined on page XX of this manual.

- Co-occurring Disorders (COD) – Refers to individuals who have at least one serious mental illness and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

III. SERVICES TO BE PROVIDED

- A. Contractor will serve said population in accord with said legislation and render those services specified in the agreements, program description, intended use plan, and budget submitted to, approved by, and on file with the ADMH as part of the approved state application for the Formula Grant Program funds (PATH) provided through this contract.
- B. Required functions include PATH Outreach, PATH Case Management, and PATH Peer Services. Other Community Mental Health Services will be provided as needed. Housing acquisition will be a primary PATH outcome measure.
- C. PATH Outreach and Case Management are strategies for influencing the behavior of homeless seriously mentally ill persons to the extent that they will receive necessary treatment rehabilitation, and housing.
- D. PATH Case Management include all service functions established for ADULT CASE MANAGEMENT and additionally must include:

1. the frequent active search, outreach, and engagement for the people who are homeless and seriously mentally ill in shelters, soup kitchens, bus stops and other locations to include encampments and places not suitable for human habitation.
2. the preparation of a plan for the provision of community mental health services. The plan will be reviewed not less than once every three (3) months.
3. assistance in getting and coordinating social maintenance services such as daily living activities, transportation, rehabilitation, prevocational and vocational, and housing services.
4. assistance in getting income support such as housing assistance, food stamps, and social security benefits.
5. referral for other necessary services.
6. the provision of representative payee services in accordance with section 1631(a)(2) of the Social Security Act, if the person is receiving and under title XVI of such Act, and if the applicant is designated by the secretary to provide such services.
7. Eligible Staff: An individual who has successfully completed a ADMH approved Case Manager Training Program and who possesses a current valid driver's license.

IV. REPORTING

- A. Reported services must be traceable to individual consumer records maintained by Contractor.
- B. Contractor will identify, as provided for in ADMH automated consumer service reporting system, each service provided by those staff whose salary is supported by this contract. The service activity codes used to identify said services will be from the array of codes labeled "Homeless" in the Activity Code validation table (i.e., Contract Code 001 indicates services performed for PATH recipients by a staff person supported by these funds).
- D. PATH Case Management will be reported as follows:

<u>HCPS/CPT Code(s):</u>	90791, 90832, 90834, 90837, 90846, 90847, 90849, 90853, G9008, H0002, H0004, H0032, H0034, H0036, H0038, H0046, H2011, H2027, T1001, T1002, T1003
<u>Other Modifiers:</u>	HE: HQ, UH, U1, U2, GT, FQ
<u>ADMH Contract Code(s):</u>	001
<u>ADMH Activity Code:</u>	All appropriate as applied to individual services code
<u>ADMH Reporting Unit:</u>	1 unit = 5 minutes increments (CM only)
<u>Maximum Billable Unit(s):</u>	As applied to individual services code
<u>Contract Rate:</u>	See MI-6

V. PAYMENT PROCESS

- A. ADMH will pay Contractor up to the totals as outlined in MI-6.

B. ADMH will pay Contractor for services rendered in the prior month. PATH Case Management and PATH Peer Services will be reimbursed on an expense bases to include salaries, travel, training, and other expenses less Medicaid federal revenue. Other CMHC services (Outpatient, delivered to PATH recipients will be paid as determined by summing the units of eligible services and multiplying by the rates set forth in this Manual with consideration of Part V paragraph C. Other eligible PATH expenses include PATH Housing Support Funds.

C. Services to persons covered by Medicaid, the Alabama Preferred Provider Organization (PPO), Department of Human Resources (DHR), Department of Youth Services (DYS), Medicare, Children's Health Insurance Program (CHIP/ALLKIDS), or General Fund Reimbursed Court Screening are not eligible for reimbursement under this contract unless the rendered services are excluded from such coverage and the consumer is otherwise eligible for coverage under this contract.

## VI. NON-FEDERAL CONTRIBUTION REQUIREMENTS

A. Contractor shall comply with Public Law 101-645, Title V, Subtitle B, and all subsequent laws and revisions as follows:

1. Nonfederal contributions may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of such nonfederal contribution.
2. A determination under paragraph VI.A.1. above may not include any cash or in-kind contributions that, prior to February 26, 1987, were made available by any public or private entity for the purpose of assisting homeless individuals (including assistance other than the provision of community mental health services).

B. Contractor understands and agrees that it will contribute non-federal funds of not less than \$1.00 for each \$3.00 of federal funds provided under this agreement. Contractor's non-federal contribution must be at least the amount listed below in the chart titled "PATH Grant Federal Amount and Required Match" on website and as may be otherwise published. Each request for payment (voucher) must indicate Contractor's non-federal contribution for the month.

## VII. OTHER AGREEMENTS

- A. Contractor agrees to submit to ADMH, at a time and manner specified each fiscal year, an analysis of consumer outcomes for all consumers served under this agreement. These analyses will be based on changes in the consumer's situation as documented in the Survey of Unmet Needs-Revised ("SUN-R") assessments conducted during the period of this agreement, GPRA data, the PATH Annual Report, and other relevant data.
- B. Contractor agrees to submit for ADMH approval, ADMH at time and in manner specified each fiscal year, data required by the federal Center for Mental Health Services, for inclusion in the Annual Report on Projects for Assistance in Transitional from Homelessness (PATH) to include performance for the Government Performance and Results Act (GPRA) measures and other SAMHSA outcome measures.
- C. Contractor agrees to collect and enter data through all required data systems to include the Homeless Management Information System (HMIS).
- D. Contractor understands and agrees that federal funds provided herein may not be used for a) emergency shelter, b) construction of housing facilities, c) inpatient psychiatric or inpatient substance abuse treatment, and d) cash payments to intended recipients of mental health services or substance use disorder services e) jail / prison.
- E. Contractor understands and agrees that the federal funds provided herein must be used to supplement, not supplant existing services to individuals identified above.
- F. Any changes in the services and/or programs hereunder shall be incorporated in written amendments to this

contract. All such written amendments shall be reviewed and approved by ADMH prior to their implementation.

- G. Contractor understands and agrees that the federal funding in this agreement, identified as Activity Code 1460, comes from the U. S. Department of Human Services Projects for Assistance in Transition from Homelessness (Catalog of Federal Domestic Assistance Number 93.150, Grant Number SMX060001) and is subject to Public Law 101-645, Title V, Subtitle B, all subsequent laws and revisions, and the administrative regulations found in the Code of Federal Regulations, 45 CFR, Part 92.

H.

**PATH Grant Federal Amount and Required Match**

Provider	Contract Code	Activity Code(s)	Type of Monthly Invoice
AltaPointe - Mobile	001	Various	Expense-Based
Carastar	001	Various	Expense-Based
Indian Rivers	001	Various	Expense-Based
JBS	001	Various	Expense-Based
Wellstone - Huntsville	001	Various	Expense-Based

**B. HUD RENTAL ASSISTANCE PROGRAMS – Subrecipient Agreement (Mobile-based project – AltaPointe)**

I. PURPOSE

- A. This agreement will be governed by Title IV of the Steward B. McKinney Homeless Assistance Act 42 U.S.C. 11301 *et seq.* (The Act), and the Department of Housing and Urban Development (HUD) Continuum of Care Program rule published under 24 CFR part 578 (the “Rule”) as amended from time to time, and the Notice of Funding Opportunity for the fiscal year in which funds were awarded. The Application is incorporated herein as part of this Agreement; however, in the event any conflict between the Application and any provision contained herein, this Rental Assistance Agreement shall control.
- B. Sub-recipient(s) understands and agrees that it will match, at minimum of 25%, of HUD funds received under this agreement by way of supportive services, state funds, and/or program income as deemed eligible. Valuation and allowability of such match shall comply with applicable provisions of 24 CFR 578. Each request for payment must indicate the amount of Sub-recipient’s matching contribution for the period of the voucher.

II. TARGET POPULATION

- A. The primary population to be served under this agreement will be the “truly” homeless, i.e., persons whose primary nighttime residence is a public or private place not designed for, nor ordinarily used for sleeping accommodations. In addition to being homeless, the target population will be seriously mentally ill (SMI) or dually diagnosed with SMI and with HIV/AIDS, another physical illness, and/or substance abuse diagnosis.
- B. If available, “otherwise” homeless may be served. These persons exiting an institution or inpatient setting less than 90 days who was determined homeless prior to entry, or persons discharging from a mental health or substance abuse residential program who meets the HUD’s eligibility for participation in the Sponsor based - Rental Assistance program.

III. PAYMENT PROCESS

- A. Rental Assistance payments in the Sponsor-based Rental Assistance (SRA) component shall be made to the Sponsor/Sub-recipient (as defined and described in the Grant Application) and the Sponsor must agree that the assisted units shall be occupied by eligible homeless persons as described in the Grant application. Any amounts not needed for a year may be used to increase the amount in subsequent years. Grant funds will be obligated for the SRA component.
- B. Vouchers must be submitted monthly in compliance with the ADMH Rental Assistance Manual and include the following information for SRA payments:
  - 1. Case number for individual receiving assistance, and
  - 2. Amount and Source of match provided (see 1-C above).
  - 3. Any supplemental information as required by the ADMH Rental Assistance Procedure Manual.

IV. SERVICES TO BE PROVIDED

Sub-recipient(s) agrees to provide SRA as described in the Grant Application. Sub-recipient(s) agrees to target homeless persons with serious mental illnesses for the SRA program during the year of operation in accordance with the Grant Application and Agreement. Program participants will be offered mental health support services as deemed clinically appropriate.

V. REPORTING

- A. Sub-recipient agrees to report each rental assistance and adequate support service by the consumer number.
- B. Sub-recipient agrees to keep written records and reports and to comply with other terms and conditions of the Shelter Plus Care Grant.

- C. Sub-recipient agrees to include racial and ethnic data on participants for program monitoring and evaluation purposes.
- D. Sub-recipient agrees not to use Rental Assistance Grant funds for a purpose other than authorized in the Grant Agreement and referenced in the Grant Application.

<u>ADMH Contract Code:</u>	NA
<u>ADMH Activity Code:</u>	NA
<b>Maximum Billable Unit(s):</b>	NA
Grant Award Amount	See MI-6

VI. OTHER AGREEMENTS

- A. ADMH will conduct an ongoing assessment of the rental assistance and supportive services required by the sponsor of the program to assure the adequate provision of supportive services to the program participants.
- B. ADMH will be responsible for overall administration of the Grant, including overseeing any subrecipients, contractors and subcontractors; and to comply with other terms and conditions, including record keeping and reports.
- C. Sub-recipient understands that the federal funding in this agreement comes from the Department of Housing and Urban Development’s Continuum of Care Program published under 24 CFR part 578 (the “Rule) as amended from time to time. and the Notice of Funding Opportunity for the fiscal year in which funds were awarded. The provider/sponsor/sub-recipient is required to comply with all applicable HUD rules, regulations, and requirements as well as ADMH requirements to include compliance with the ADMH Rental Assistance Procedure Manual. The ADMH Rental Assistance Manual addresses procedures to provide guidance for participant eligibility, housing eligibility and management of the grant.
- D. ADMH and the subrecipients must comply with HUD’s applicable rules, regulations, and standards to protect Personally Identifiable Information (PII).

**C. INDIVIDUAL PLACEMENT AND SUPPORT – SUPPORTED EMPLOYMENT (Grant Funded IPS Programs) – JBS and Indian Rivers**

**Definition:** Supported Employment services for adults with a serious mental illness diagnosis (SMI) seeking competitive employment who would not have a viable employment opportunity without this service. Individual Placement and Support – Supported Employment (IPS) services are operated in a manner consistent with principles of evidence-based IPS model (below) and the 25-point IPS fidelity scale (IPS Employment Center).

1. Focus on Competitive Employment
2. Eligibility Based on Client Choice (Zero-Exclusion)
3. Integration of Rehabilitation and Mental Health Services
4. Attention to Individual Preferences
5. Personalized Benefits Counseling
6. Rapid Job Search
7. Systematic Job Development
8. Time Unlimited and Individualized Support

Key Service Functions will include:

- o Vocational assessment.
- o Employment search plan to include career/education training.
- o Rapid job search/job development.
- o Job coaching/job supports.
- o Follow along employment/education supports.
- o Assertive engagement and outreach.
- o Benefits/incentives planning.
- o Peer support.

**Eligible Staff:** The program is staffed by qualified individuals whose primary job function is IPS – Supported Employment. At minimum, the team will include 2 FTE IPS Employment Specialists, 1 PTE Program Coordinator, 1 FTE Certified Benefits Specialist, and 1 FTE Adult MI Certified Peer Specialist. Team members must have successfully completed all required trainings and certifications.

<u>HCPS/CPT Code(s):</u>	H2025 - HE
Employment Specialist	00001*, 00002*, 00003*, 00004*, 00005, 00006, 00007, 00008, 00009, 00010, 00011, 00012, 00013, 00014, 00015, 00016, 00017
Benefits Specialist	00018, 00019, 00020, 00021
Peer Specialist	00022, 00023, 00024, 00025
<u>Other Modifiers:</u>	NA
<u>Contract Code:</u>	651
<u>Activity Codes:</u>	2600
Employment Specialist	2650*,2651*,2652*,2653*,2654,2655,2656,2657,2658,2659,2660,2661,2662,2663,2664,2665,2666
Benefits Specialist	2667,2668,2669,2670
Peer Specialist	2671,2672,2673,2674
<u>Reporting Unit(s):</u>	*indicates 1 episode; others are in 15 min increments
<u>Contract Rate:</u>	See Exhibit MI-IPS

ADMH Reporting Combination Restrictions: Not to be reported in combination with 650

Location: Employment services are provided in natural community settings by Employment Specialist at 65% or more of total scheduled work hours.

Payment Methodology: ADMH payments to Contractor for services described in this section shall be based on actual expenditures based on the total amount for services listed in Exhibit MI-IPS

Other Agreements:

- A. Contractor will participate in ADMH’s independent annual fidelity reviews.
- B. ADMH, in collaboration with University of Alabama’s VitAL program and the Alabama Department of Rehabilitation Services (ADRS), will be responsible for overall oversight and grant implementation to ensure compliance with grant terms and conditions.
- C. Contractor understands that the federal funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA). The contractor is required to comply with all applicable federal rules, regulations, and requirements.
- D. Contractor agrees to comply with all SAMHSA and ADMH reporting requirements to include SPARS.
- E. Contractor agrees to following ADMH Administrative Code.

Providers:

Mental Health Board of Bibb-Pickens-Tuscaloosa dba Indian Rivers Behavioral Health.  
Jefferson-Blount-St. Clair Mental Health Authority

CMHC	Contract code	Activity Code(s)	Type of Monthly Invoice
JBS	651	Appropriate service Codes	Expense-Based
IR	651	Appropriate service Codes	Expense-Based

**D. SPECIALTY GRANTS/DEMONSTRATIONS**

- I. **PURPOSE**  
To provide ADMH approved Specialty Projects/Demonstration programs that are to assist in diverting commitments to ADMH and maintain individuals with SMI within the community through determined and agreed upon partners.
- II. **PAYMENT**
- e. ADMH payments to Contractor for services described in this section for services listed in Exhibit MI-6 under “Grants” will be outlined in the CMHC’s specific exhibit and within each CMHC’s ADMH MI Community Programs contract tracker.
  - f. The specialty grant/demonstration program services must be provided as approved by ADMH and must comply with the ADMH MI Community Program Certification Administrative Code.
- III. **Required Staff:**  
Must comply with ADMH MI Community Program Certification Administrative Code.

CMHC	Name of Specialty Project	Contract Code	CPT/HCPS Code	Activity Code(s)	Comments	Type of Monthly Invoice
Region 1	Region 1 Post-Commitment DMHF Hospital Grant	059	100	1110	Buying post-commitment beds from ADMH Hospital partners (Carry Forward)	Expense-Based
Region 2	Region 2 Post-Commitment DMHF Hospital Program	061	100	1110	Buying post-commitment beds from ADMH Hospital partners (Region 2 BOS Bank)	Expense-Based
East Central/ Carastar	Post-Commitment DMHF Hospital Project	060	100	1110	Buying post-commitment beds from ADMH Hospital partners	Expense-Based
Southwest	Clarke County Detention Project	748	Various	All Appropriate	1-MS: 1-BS: 1-CPS-A: Psychiatry time	Expense-Based
Southwest	Escambia County Detention Project	749	Various	All Appropriate	1-MS: 1-BS: 1-CPS-A: Psychiatry time	Expense-Based
CED	Etowah County FOCUS Project	750	Various	All Appropriate	1-MS: 1-BS: 1-CPS-A: Psychiatry time	Expense-Based
CED	Probate Project	752	Various	All Appropriate	1 – CPS-A	Expense-Based