



State of Illinois

Community Mental Health Services

Service Definition and Reimbursement Guide

Effective July 1, 2007

**State of Illinois
Community Mental Health Services
Service Definition and Reimbursement Guide**

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General notes

- (1) Community mental health service providers must:
 - a. Meet the requirements found in 59 *Ill. Adm. Code* 132 and be certified by one of the following State agencies:
 - i. Department of Corrections.
 - ii. Department of Children and Family Services.
 - iii. Department of Human Services.
 - b. Be enrolled with the Department of Healthcare and Family Services to participate in the Illinois Medical Assistance program.
 - c. Have a contract with a public payer regarding the provision of, and reimbursement for, one or more community mental health services. (A contract is not required for group D services.)
- (2) Medical necessity for mental health services is determined by an LPHA and is documented by the signature on the treatment plan.
- (3) Multiple staff may not bill for the same client for the same service event.

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GROUP **A** SERVICE

Group A services

Medicaid services governed by *59 Ill. Adm. Code 132.148*

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GROUP **A** SERVICE

MEDICAID

Mental health assessment

<p>Service definition:</p> <p>The formal process of gathering into written reports information on the client—including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the client or collaterals. This service results in identification of the client's mental health service needs and recommendations for treatment and may include a tentative diagnosis.</p>	<p>Minimum staff requirements:</p> <p>MHP under the direct supervision of a QMHP QMHP and LPHA must sign the mental health assessment report and annual update.</p>
<p>Notes:</p> <p>Required for all services except for crisis intervention or case management provided 30 days preceding the completion of a mental health assessment.</p> <p>The mental health assessment must be updated at least annually.</p> <p>A minimum of one face-to-face meeting with the client by a QMHP is required prior to completion.</p> <p>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p> <p>A diagnosis of mental illness is not required prior to starting mental health assessment activities.</p>	<p>Example activities:</p> <p>Face-to-face meeting with the client in order to assess the client's needs.</p> <p>Face-to-face meeting or telephone contact with the client or client's family to collect social history information</p> <p>With the client's permission, face-to-face meetings or telephone contact with:</p> <ul style="list-style-type: none"> • Family members. • Collateral sources of pertinent information—including, but not limited to, educational personnel, medical personnel, DCFS staff. <p>Administering CGAS/GAF or other acceptable instruments to the client to document substantial impairment in role functioning.</p> <p>Annual update of the assessment.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.148(a) HIPAA: Mental health assessment–non-physician</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
0M	H0031	HN			11	On-site; MHP	¼ hr.	\$ 16.65
0M	H0031	HN			12	Home; MHP	¼ hr.	\$ 19.31
0M	H0031	HN			99	Off-site; MHP	¼ hr.	\$ 19.31
0Q	H0031				11	On-site; QMHP	¼ hr.	\$ 18.02
0Q	H0031				12	Home; QMHP	¼ hr.	\$ 20.90
0Q	H0031				99	Off-site; QMHP	¼ hr.	\$ 20.90

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GROUP **A** SERVICE

MEDICAID

Psychological evaluation

<p>Service definition:</p> <p>A psychological evaluation conducted and documented by the provider consistent with the <i>Clinical Psychologist Licensing Act (225 ILCS 15)</i>, using nationally standardized psychological assessment instruments.</p>	<p>Minimum staff requirements:</p> <p>The evaluation must be conducted and signed by a licensed clinical psychologist.</p>
<p>Notes:</p> <p>The licensed clinical psychologist must have at least one face-to-face meeting with the client before signing the evaluation.</p> <p>Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p> <p>A master's level professional may administer standardized testing as part of the evaluation.</p>	<p>Example activities:</p> <p>Client interview or clinical observation. Interview with parent or guardian, if indicated. Administration of nationally recognized psychological assessment instruments as part of a psychological evaluation.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.148(b) HIPAA: Mental health assessment—non-physician</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
01	H0031	TG			11	On-site; licensed clinical psychologist	¼ hr.	\$ 24.12
01	H0031	TG			12	Home; licensed clinical psychologist	¼ hr.	\$ 27.98
01	H0031	TG			99	Off-site; licensed clinical psychologist	¼ hr.	\$ 27.98
07	H0031	HO			11	On-site; master's level	¼ hr.	\$ 18.02
07	H0031	HO			12	Home; master's level	¼ hr.	\$ 20.90
07	H0031	HO			99	Off-site; master's level	¼ hr.	\$ 20.90

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GROUP **A** SERVICE

Treatment plan development, review and modification

MEDICAID

<p>Service definition:</p> <p>The development of a plan, in conjunction with the client and parent/guardian as applicable, to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, frequency and identification of staff responsible for delivering the services. The LPHA and QMHP shall review the individualized treatment plan (ITP) no less frequently than every six months and make any modification, if necessary.</p>	<p>Minimum staff requirements:</p> <p>MHP QMHP responsible for development LPHA provides clinical direction</p>
<p>Notes:</p> <p>Required if providing group 2 services, except for crisis services or case management provided 30 days preceding the completion of a mental health assessment. Mental health diagnosis required, or documentation of evaluations that will be conducted to determine a definitive diagnosis. Participation by the client and parent/guardian (if client is a minor) is expected. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>Example activities:</p> <p>Meeting with client or parent/guardian (if the client is a minor) to discuss, develop or review a treatment plan. Face-to-face meetings with family members, collaterals, or with other persons essential to the development or review of the treatment plan, with client's permission. Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does not include intra-agency meetings to review client progress related to individual ITP goals. Time spent by the QMHP/MHP reviewing the assessment materials and developing ITP with others (but not time spent writing/typing the document).</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.148(c) HIPAA: Mental health service plan development</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
0C	H0032	HN			11	On-site; MHP	¼ hr.	\$ 16.65
0C	H0032	HN			12	Home; MHP	¼ hr.	\$ 19.31
0C	H0032	HN			99	Off-site; MHP	¼ hr.	\$ 19.31
0D	H0032				11	On-site; QMHP	¼ hr.	\$ 18.02
0D	H0032				12	Home; QMHP	¼ hr.	\$ 20.90
0D	H0032				99	Off-site; QMHP	¼ hr.	\$ 20.90

Group B services

Medicaid services governed by 59 Ill. Adm. Code 132.150 and .165

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GROUP **B** SERVICE

MEDICAID

Assertive community treatment

<p>Service definition:</p> <p>An evidence-based model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious and persistent mental illness or co-occurring mental health and medical or alcohol/substance abuse disorders. It requires an intensive integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.</p>	<p>Minimum staff requirements:</p> <p>Each ACT team shall consist of at least six FTE staff including a licensed clinician as team leader and at least one RN. The team must be supported by a psychiatrist and program/administrative assistant. At least one team member must have training or certification in substance abuse treatment, one in rehabilitative counseling and one person in recovery.</p>
<p>Notes:</p> <p>Individual must be 18 years of age or older. Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Other services listed in this document may be provided only to facilitate transition into and out of ACT services in accordance with an ITP or while a client is receiving residential services to stabilize a crisis. "ACT team" should be identified as "responsible staff" on ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. Group billing limited to curriculum-based skills training offered only to ACT members—not more than 8 participants per group, a client to staff ratio of no more than 4:1 and no more than two hours per week per client.</p>	<p>Example activities:</p> <p>Symptom assessment and management including ongoing assessment, psycho-education, and symptom management efforts. Supportive counseling and psychotherapy on planned and as-needed basis. Medication prescription, administration, monitoring and documentation. Dual-diagnosis substance abuse services including assessment and intervention. Support of activities of daily living. Assist client with social/interpersonal relationship and leisure time skill building. Encourage engagement with peer support services. Services offered to families and/or other major natural supports (with the client's permission). Development of discharge or transition goals and related planning.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group (8:2) <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (DHS)</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(j) HIPAA: Assertive community treatment</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
9A	H0039				11	On-site	¼ hr.	\$ 26.46
9A	H0039				12	Home	¼ hr.	\$ 30.70
9A	H0039				99	Off-site	¼ hr.	\$ 30.70
9B	H0039	HQ			11	On-site, group	¼ hr.	\$ 8.82
9B	H0039	HQ			12	Home, group	¼ hr.	\$ 10.23
9B	H0039	HQ			99	Off-site, group	¼ hr.	\$ 10.23

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GROUP **B** SERVICE

MEDICAID

Case management—Client-centered consultation

<p>Service definition:</p> <p>An individual client-focused professional communication between provider staff, or staff of other agencies, or with other professionals or systems who are involved with providing services to a client.</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>Must be provided in conjunction with one or more group 2 mental health services.</p> <p>Does not include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.</p> <p>Does not include direct intervention with the individual or their family.</p>	<p>Example activities:</p> <p>Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status.</p> <p>Contacts with a State-operated facility and educational, legal or medical system.</p> <p>Staffing with school personnel or other professionals involved in treatment.</p> <p>Administrative case review (ACR).</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(c) HIPAA: Case management</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
6R	T1016	TG			11	On-site; RSA	¼ hr.	\$ 13.68
6R	T1016	TG			12	Home; RSA	¼ hr.	\$ 15.87
6R	T1016	TG			99	Off-site; RSA	¼ hr.	\$ 15.87
6M	T1016	HN	TG		11	On-site; MHP	¼ hr.	\$ 16.65
6M	T1016	HN	TG		12	Home; MHP	¼ hr.	\$ 19.31
6M	T1016	HN	TG		99	Off-site; MHP	¼ hr.	\$ 19.31

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GROUP **B** SERVICE

MEDICAID

Case management—Mental health

<p>Service definition:</p> <p>Services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources.</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment. Case management may be provided, for a maximum of 30 days, prior to a mental health assessment or ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>Example activities:</p> <p>Helping the client access appropriate mental health services including the ICG program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services.</p> <p>Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process.</p> <p>Supervision of family visits for DCFS clients.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.165(a) HIPAA: Case management</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)					
5R	T1016				11	On-site; RSA	¼ hr.	\$ 13.68
5R	T1016				12	Home; RSA	¼ hr.	\$ 15.87
5R	T1016				99	Off-site; RSA	¼ hr.	\$ 15.87
5M	T1016	TF			11	On-site; MHP	¼ hr.	\$ 16.65
5M	T1016	TF			12	Home; MHP	¼ hr.	\$ 19.31
5M	T1016	TF			99	Off-site; MHP	¼ hr.	\$ 19.31

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GROUP **B** SERVICE

MEDICAID

Case management—LOCUS

<p>Service definition:</p> <p><i>Level of Care Utilization System (LOCUS) that consists of assessing a client's clinical needs or functional status and matching the client's needs to treatment resources in the level of care continuum.</i></p>	<p>Minimum staff requirement:</p> <p>MHP</p>
<p>Notes:</p> <p>Individual must be 18 years of age or older. Utilized only at the time of treatment review or change in functioning status that may require a different level of care. For DHS use only.</p>	<p>Example activities:</p> <p>Administering and completing a LOCUS assessment to assist in determining level of care for appropriate mental health services.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.165(a) HIPAA: Behavioral health screening to determine eligibility for admission to treatment program.</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
5L	H0002	HE			11	On-site, LOCUS assessment	Event	\$ 41.04
5L	H0002	HE			12	Home, LOCUS assessment	Event	\$ 47.61
5L	H0002	HE			99	Off-site, LOCUS assessment	Event	\$ 47.61

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GROUP **B** SERVICE

Case management—Transition linkage and aftercare

MEDICAID

Service definition:	Minimum staff requirement:
Services are provided to assist in an effective transition in living arrangement consistent with the client's welfare and development.	MHP
Notes:	Example activities:
When a client is being discharged from an inpatient psychiatric or other IMD setting, the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service. Notes must indicate what transition is occurring. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.	Services provided to clients being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of DOC, or a DCFS client moving from one placement to another placement or to his/her parent's home. Time spent planning with the staff of the client's current living arrangement or the receiving living arrangement. This includes time spent with foster parents to assist with logistics of placement or transition. Time spent locating client-specific placement resources, such as meetings and phone calls. Assisting client in completing paperwork for community resources. Arranging or conducting pre- or post-placement visits. Time spent developing an aftercare service plan. Time spent planning a client's discharge and linkage from an inpatient psychiatric facility for continuing mental health services and community/family support. Assisting the client or the client's family or caregiver with the transition. Mandated follow-up with clients in long term care facilities.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone	
Pre-service requirements	References
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: 59 Ill. Adm. Code 132.165(b) HIPAA: Case management

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
5A, 5C	T1016	HN			11	On-site; MHP	¼ hr.	\$ 16.65
5A, 5C	T1016	HN			12	Home; MHP	¼ hr.	\$ 19.31
5A, 5C	T1016	HN			99	Off-site; MHP	¼ hr.	\$ 19.31
5B, 5D	T1016	HO			11	On-site; QMHP	¼ hr.	\$ 18.02
5B, 5D	T1016	HO			12	Home; QMHP	¼ hr.	\$ 20.90
5B, 5D	T1016	HO			99	Off-site; QMHP	¼ hr.	\$ 20.90

**State of Illinois
Community Mental Health Services
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GROUP **B** SERVICE

MEDICAID

Community support (individual, group)

Service definition: Services and supports for children, adolescents, adults and families necessary to assist a client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.	Minimum staff requirement: RSA
Notes: At least 60% of the individual and group community support (CS) services must be provided in natural settings. Group size may not exceed 15 clients. May not be provided in conjunction with ACT except during a 30-day transition period.	Example activities: Coordination and assistance with the identification of individual strengths, resources, preferences and choices. Assistance with the identification of existing natural supports for development of a natural support team. Assistance with the development of crisis management plans. Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies. Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning. Assist the client in building a natural support team for treatment and recovery. Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client. Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.
Applicable populations <input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	References Rule: 59 Ill. Adm. Code 132.150(f), (g) HIPAA: Comprehensive community support services
Allowed mode(s) of delivery <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (15:1)	
Pre-service requirements <input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
SR	H2015	HM			11	On-site; individual, RSA	¼ hr.	\$ 13.68
SR	H2015	HM			12	Home; individual, RSA	¼ hr.	\$ 15.87
SR	H2015	HM			99	Off-site; individual, RSA	¼ hr.	\$ 15.87
SM	H2015	HN			11	On-site; individual, MHP	¼ hr.	\$ 16.65
SM	H2015	HN			12	Home; individual, MHP	¼ hr.	\$ 19.31
SM	H2015	HN			99	Off-site; individual, MHP	¼ hr.	\$ 19.31
SQ	H2015	HO			11	On-site; individual, QMHP	¼ hr.	\$ 18.02
SQ	H2015	HO			12	Home; individual, QMHP	¼ hr.	\$ 20.90
SQ	H2015	HO			99	Off-site; individual, QMHP	¼ hr.	\$ 20.90
S1	H2015	HM	HQ		11	On-site; group, RSA	¼ hr.	\$ 3.42
S1	H2015	HM	HQ		12	Home; group, RSA	¼ hr.	\$ 3.97
S1	H2015	HM	HQ		99	Off-site; group, RSA	¼ hr.	\$ 3.97
S2	H2015	HN	HQ		11	On-site; group, MHP	¼ hr.	\$ 4.16
S2	H2015	HN	HQ		12	Home; group, MHP	¼ hr.	\$ 4.83
S2	H2015	HN	HQ		99	Off-site; group, MHP	¼ hr.	\$ 4.83
S3	H2015	HO	HQ		11	On-site; group, QMHP	¼ hr.	\$ 6.01
S3	H2015	HO	HQ		12	Home; group, QMHP	¼ hr.	\$ 6.97
S3	H2015	HO	HQ		99	Off-site; group, QMHP	¼ hr.	\$ 6.97

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GROUP **B** SERVICE

MEDICAID

Community support (residential)

Service definition:	Minimum staff requirement:
Services and supports for children, adolescents, adults and families necessary to assist a client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.	RSA
Notes:	Example activities:
Group size may not exceed 15 clients. Individuals eligible for community support (CS) residential services include individuals whose mental health needs require active assistance and support to function independently as developmentally appropriate within home, community, work, or school settings and who are in public payer designated residential settings. CS residential may be provided on-site. Offsite services should be billed as other services, e.g., community support individual or case management. May not be provided in conjunction with ACT except during a 30-day transition period.	Coordination and assistance with the identification of individual strengths, resources, preferences and choices. Assistance with the identification of existing natural supports for development of a natural support team. Assistance with the development of crisis management plans. Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies. Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning. Assist the client in building a natural support team for treatment and recovery. Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client. Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (15:1)	
Pre-service requirements	References
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (other than DHS)	Rule: 59 Ill. Adm. Code 132.150(h) HIPAA: Comprehensive community support services

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
S4	H2015	HE	HM		11	On-site; individual, residential, RSA	¼ hr.	\$ 13.68
S5	H2015	HE	HN		11	On-site; individual, residential, MHP	¼ hr.	\$ 16.65
S6	H2015	HE	HO		11	On-site; individual, residential, QMHP	¼ hr.	\$ 18.02
S7	H2015	HE	HM	HQ	11	On-site; group, residential, RSA	¼ hr.	\$ 3.42
S8	H2015	HE	HN	HQ	11	On-site; group, residential, MHP	¼ hr.	\$ 4.16
S0	H2015	HE	HO	HQ	11	On-site; group, residential, QMHP	¼ hr.	\$ 6.01

State of Illinois
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GROUP **B** SERVICE

MEDICAID

Community support—Team

<p>Service definition:</p> <p>Individual services and supports available 24 hours per day and 7 days per week for children, adolescents, adults and families to decrease hospitalization, crisis episodes and increase community functioning in order for the client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources. Client must meet the eligibility requirements in 132.150(i).</p>	<p>Minimum staff requirements:</p> <p>Team may be no fewer than three FTEs. Full-time team leader who is at least a QMHP Sufficient staff to maintain the required client staff ratio. One team member preferred to be a person in recovery.</p>
<p>Notes:</p> <p>At least 60% of the services must be provided in natural settings. The client to staff ratio shall be no more than 18:1. May not be provided in conjunction with ACT or community support individual except during a 30-day transition period. Less intensive service has been tried and failed or has been found inappropriate at this time.</p>	<p>Example activities:</p> <p>Coordination and assistance with the identification of individual strengths, resources, preferences and choices; Assistance with the identification of existing natural supports for development of a natural support team; Assistance with the development of crisis management plans; Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies; Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning; Assist the client in building a natural support team for treatment and recovery. Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(i) HIPAA: Comprehensive community support services</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
ST	H2015	HT			11	On-site; individual	¼ hr.	\$ 18.02
ST	H2015	HT			12	Home; individual	¼ hr.	\$ 20.90
ST	H2015	HT			99	Off-site; individual	¼ hr.	\$ 20.90

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GROUP **B** SERVICE

MEDICAID

Comprehensive mental health services

<p>Service definition:</p> <p>An array of services that includes the provision of at least one or more of the Group A and B services listed in this document on a daily basis in order to assess, restore or maintain a client's emotional or behavioral functioning necessary to be at a level determined to be appropriate for his/her successful functioning in a family, school or community.</p>	<p>Minimum staff requirement:</p> <p>Minimum staff requirements for each discrete Group A and B service provided</p>
<p>Notes:</p> <p>Individual must be under 21 years of age. An admission note may be used to authorize the provision of comprehensive mental health services prior to the completion of a mental health assessment. An admission note must be completed within 24 hours after a client's admission and is effective for a maximum of 30 days. This service will sunset on June 30, 2008.</p>	<p>Example activities:</p> <p>Provided to and for eligible children for the purpose of assessing, restoring, or maintaining the client's emotional or behavioral functioning in areas that are necessary for the child's day-to-day functioning. Provided to a child receiving care or services in a specialized substitute care living arrangement that is supervised by a provider under contract to a State agency to provide comprehensive mental health services. Requires that at least one of the allowable services be provided each day. Each service must be provided according to the requirements for that service. Thus, the allowable activities for comprehensive mental health services follow directly from the allowable activities and qualified staff for each service that is part of the array.</p>
<p>Applicable populations</p> <p><input type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(n) HIPAA: Long-term residential, non-acute, per diem (without room and board)</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	H0019				11	On site	Per diem	Provider-specific

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GROUP **B** SERVICE

MEDICAID

Crisis intervention

<p>Service definition:</p> <p>Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.</p>	<p>Minimum staff requirement:</p> <p>MHP with immediate access to a QMHP</p>
<p>Notes:</p> <p>May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. In certain settings, may be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>Example activities:</p> <p>All activities must occur within the context of a potential psychiatric crisis. Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services. Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment. Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members. Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation. Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis. Consultation with one's own provider staff to address the crisis.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(b) HIPAA: Crisis intervention</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
10, 13	H2011				11	On-site	¼ hr.	\$ 29.97
10, 13	H2011				12	Home	¼ hr.	\$ 34.77
10, 13	H2011				99	Off-site	¼ hr.	\$ 34.77
1A	H2011	HT			Any code from Appendix A	More than one direct care staff person is engaged and the services are delivered offsite in a setting that is not a hospital setting.	¼ hr.	\$ 47.77

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GROUP **B** SERVICE

Crisis intervention—Pre-hospitalization screening

MEDICAID

<p>Service definition:</p> <p>Screening or crisis assessment activities provided to a child who is referred to a SASS provider by CARES because the child is experiencing a crisis that creates a risk of psychiatric hospitalization. The SASS screening and crisis assessment must be conducted face-to-face with the CARES-referred child experiencing the crisis. However, contacts with collaterals and other types of personal contacts can supplement the face-to-face screening/crisis assessment contact with the CARES-referred child experiencing the crisis.</p>	<p>Minimum staff requirement:</p> <p>MHP with immediate access to a QMHP</p>
<p>Notes:</p> <p>May be provided prior to a mental health assessment and prior to a diagnosis of mental illness.</p> <p>May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented.</p> <p>Pre-hospitalization screening ends when a determination is made regarding whether or not to hospitalize a client. Once a determination is made, other services may begin being delivered and billed.</p> <p>Reimbursement subject to prior authorization through CARES.</p> <p>This service is billed directly to HFS.</p>	<p>Example activities:</p> <p>The SASS pre-admission psychiatric hospitalization screening and crisis assessment shall minimally include completion of the following:</p> <ul style="list-style-type: none"> • The CSPI decision support instrument. • A mental status evaluation. • An evaluation of the extent of the child's ability to function in his/her environment and daily life. • An assessment of the child's degree of risk of harm to self, others or property. • A determination of the viability of less restrictive resources available in the community to meet the treatment needs of the child. <p>These activities must be part of the face-to-face contact(s) with the child experiencing the crisis.</p> <p>SASS screening and crisis assessment services may also include face-to-face or telephone contact with:</p> <ul style="list-style-type: none"> • Family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purposes of completing the SASS screening/assessment. • A physician or hospital staff, regarding the need for psychiatric consultation or hospitalization. • Another provider to help that provider deal with a specific client's crisis.
<p>Applicable populations</p> <p><input type="checkbox"/> Adults (21+) <input type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (CARES)</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(b) HIPAA: Program intake assessment</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	T1023				11	On-site	Event	\$299.70
(n/a)	T1023				12	Home	Event	\$347.70
(n/a)	T1023				99	Off-site	Event	\$347.70
(n/a)	T1023	HT			Any code from Appendix A	More than one direct care staff person is engaged and the services are delivered off-site in a setting that is not a hospital setting.	Event	\$477.74

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GROUP **B** SERVICE

MEDICAID

Mental health intensive outpatient

<p>Service definition:</p> <p>Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week for clients at risk of, or with a history of, psychiatric hospitalization.</p>	<p>Minimum staff requirement:</p> <p>QMHP</p>
<p>Notes:</p> <p>Intensive outpatient services are intended for clients at risk of or with a history of psychiatric hospitalization. The client's ITP must include objectives related to reducing or eliminating symptoms that, in the past, have led to the need for hospitalization.</p>	<p>Example activities:</p> <p>The focus of the sessions must be to reduce or eliminate symptoms that, in the past, have led to the need for hospitalization.</p>
<p>Applicable populations</p> <p> <input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS </p>	
<p>Allowed mode(s) of delivery</p> <p> <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group (4:1 children; 8:1 adults) </p>	
<p>Pre-service requirements</p> <p> <input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required </p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(l) HIPAA: Intensive outpatient</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
81	S9480	HO			11	On-site; adult	1 hr.	\$ 16.02
81	S9480	HO			99	Off-site; adult	1 hr.	\$ 16.02
85	S9480	HO	HA		11	On-site; child	1 hr.	\$ 32.04
85	S9480	HO	HA		99	Off-site; child	1 hr.	\$ 32.04

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GROUP **B** SERVICE

MEDICAID

Psychosocial rehabilitation

<p>Service definition:</p> <p>Facility-based rehabilitative skill-building services for individuals 18 years of age and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem solving and coping skills development.</p>	<p>Minimum staff requirements:</p> <p>RSA. Must have at least a QMHP as clinical director on-site at least 50% of the program time.</p>
<p>Notes:</p> <p>The client to staff ratio for groups shall be no more than 15:1. May not be provided in conjunction with ACT (except during transition to or from ACT) or hospital-based psychiatric clinic services type A. Services shall be available at least 25 hours/week and on at least four days/week. PSR services shall be provided onsite only.</p>	<p>Example activities:</p> <p>Individual or group skill building activities that focus on the development of skills to be used by clients in their living, learning, social and working environments. Cognitive behavioral intervention. Interventions to address co-occurring psychiatric disabilities and substance use. Promotion of self-directed engagement in leisure, recreational and community social activities. Engaging the client to have input into the service delivery of psychosocial rehabilitation programming. Client participation in setting individualized goals and assisting their own skills and resources related to goal attainment.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(k) HIPAA: Psychosocial rehabilitation services</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
3R	H2017	HM			11	On-site; individual, RSA	¼ hr.	\$ 13.68
3M	H2017	HN			11	On-site; individual, MHP	¼ hr.	\$ 16.65
3Q	H2017	HO			11	On-site; individual, QMHP	¼ hr.	\$ 18.02
3G	H2017	HM	HQ		11	On-site; group, RSA	¼ hr.	\$ 3.42
3H	H2017	HN	HQ		11	On-site; group, MHP	¼ hr.	\$ 4.16
3J	H2017	HO	HQ		11	On-site; group, QMHP	¼ hr.	\$ 6.01

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GROUP **B** SERVICE

MEDICAID

Psychotropic medication administration

Service definition:	Minimum staff requirement:
Time spent preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage.	LPN under RN supervision.
Notes:	Example activities:
Does not include administration of non-psychotropic medications	In addition to the activities in the service definition, drawing blood per established protocol for a particular psychotropic medication.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone	
Pre-service requirements	References
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: 59 Ill. Adm. Code 132.150(d)(4) HIPAA: Administration of oral, intramuscular or subcutaneous medication

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
25	T1502				11	On-site; LPN/RN	Event	\$ 10.21
25	T1502				12	Home; LPN/RN	Event	\$ 11.84
25	T1502				99	Off-site; LPN/RN	Event	\$ 11.84
2D	T1502	SA			11	On-site; APN	Event	\$ 12.30
2D	T1502	SA			12	Home; APN	Event	\$ 14.27
2D	T1502	SA			99	Off-site; APN	Event	\$ 14.27

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GROUP **B** SERVICE

MEDICAID

Psychotropic medication monitoring

Service definition:	Minimum staff requirement:
Monitoring and evaluating target symptom response, adverse effects including <i>tardive dyskinesia</i> screens, and new target symptoms or medication.	Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.
Notes:	Example activities:
This does not include watching a client self-administer his/her medications. A designated staff ordering medication or communication with a pharmacist is not billable as medication monitoring but is billable as case management—client centered consultation.	Face-to-face interview with clients reviewing response to psychotropic medications. Medication monitoring may include clinical communication, by telephone or face-to-face, between staff of the (same) provider or professional staff employed outside of the provider agency, under situations which constitute an appropriate release of information, emergency medical/life safety intervention, or consulting therapist relationships regarding the client's psychotropic medication. Review laboratory results with clients that are related to the client's psychotropic medication.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone	
Pre-service requirements	References
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: 59 Ill. Adm. Code 132.150(d)(5) HIPAA: Pharmacological management

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
26	90862	52			11	On-site; non MD, non APN	¼ hr.	\$ 20.02
26	90862	52			12	Home; non MD, non APN	¼ hr.	\$ 20.02
26	90862	52			99	Off-site; non MD, non APN	¼ hr.	\$ 20.02
2E	90862	SA			11	On-site; APN	¼ hr.	\$ 24.12
2E	90862	SA			12	Home; APN	¼ hr.	\$ 24.12
2E	90862	SA			99	Off-site; APN	¼ hr.	\$ 24.12
2F	90862				11	On-site; physician	¼ hr.	\$ 24.44
2F	90862				12	Home; physician	¼ hr.	\$ 24.44
2F	90862				99	Off-site; physician	¼ hr.	\$ 24.44

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GROUP **B** SERVICE

MEDICAID

Psychotropic medication training

<p>Service definition:</p> <p>Includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects.</p>	<p>Minimum staff requirement:</p> <p>Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.</p>
<p>Notes:</p> <p>When training the family/guardian to administer or monitor medications, the client does not need to be present. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site.</p>	<p>Example activities:</p> <p>When indicated based on client's condition and included in the ITP, face-to-face meetings with individual clients to discuss the following:</p> <ul style="list-style-type: none"> • Purpose of taking psychotropic medications. • Psychotropic medications, effects, side effects, and adverse reactions. • Self-administration of medications. • Storage and safeguarding of medications. • How to communicate with mental health professionals regarding medication issues. • How to communicate with family/caregivers regarding medication issues. <p>For the client's parents, guardian or caregivers, meetings with provider staff to train them to monitor dosage and side effects.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(d)(6) HIPAA: Medication training and support</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
31	H0034				11	On-site; individual	¼ hr.	\$ 16.65
31	H0034				12	Home; individual	¼ hr.	\$ 19.31
31	H0034				99	Off-site; individual	¼ hr.	\$ 19.31
3A	H0034	SA			11	On-site; individual; APN	¼ hr.	\$ 24.12
3A	H0034	SA			12	Home; individual; APN	¼ hr.	\$ 27.98
3A	H0034	SA			99	Off-site; individual; APN	¼ hr.	\$ 27.98
3B	H0034	HQ			11	On-site; group	¼ hr.	\$ 5.55
3B	H0034	HQ			12	Home; group	¼ hr.	\$ 6.44
3B	H0034	HQ			99	Off-site; group	¼ hr.	\$ 6.44
3C	H0034	SA	HQ		11	On-site; group; APN	¼ hr.	\$ 8.04
3C	H0034	SA	HQ		12	Home; group; APN	¼ hr.	\$ 9.33
3C	H0034	SA	HQ		99	Off-site; group; APN	¼ hr.	\$ 9.33

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GROUP **B** SERVICE

MEDICAID

Short-term diagnostic and mental health services

<p>Service definition:</p> <p>An array of services that includes the provision of at least one or more of the Group A and B services listed in this document on a daily basis in order to assess, restore or maintain a client's emotional or behavioral functioning necessary to be at a level determined to be appropriate for his/her successful functioning in a family, school or community.</p>	<p>Minimum staff requirement:</p> <p>Minimum credentials required by each discrete Group A and B service provided</p>
<p>Notes:</p> <p>Shall last no more than 45 days; one extension of an additional 45 days may be authorized by an LPHA. An admission note may be used to authorize the provision of comprehensive mental health services prior to the completion of a mental health assessment. An admission note must be completed within 24 hours after a client's admission and is effective for a maximum of 30 days. This service will sunset on June 30, 2008.</p>	<p>Example activities:</p> <p>Provided to and for eligible children for the purpose of assessing, restoring, or maintaining the client's emotional or behavioral functioning in areas that are necessary for the child's day-to-day functioning.</p> <p>Provided to a child receiving care or services in a short-term specialized substitute care living arrangement that is supervised by a provider under contract to a State agency to provide short-term diagnostic and mental health services.</p> <p>Requires that at least one of the allowable services be provided each day.</p> <p>Each service must be provided according to the requirements for that service. Thus, the allowable activities for short-term diagnostic and mental health services follow directly from the allowable activities and qualified staff for each service that is part of the array.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (DOC, DJJ)</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(o) HIPAA: Short-term residential, non-hospital, per diem</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	H0018				11	On-site	Per diem	Provider-specific

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GROUP **B** SERVICE

MEDICAID

Therapy/counseling

Service definition:	Minimum staff requirement:
Treatment to promote emotional, cognitive, behavioral or psychological changes using psychotherapy theory and techniques.	MHP
	Example activities:
	Formal face-to-face or videoconference meetings or telephone contacts with the client, or client's family as specified in the ITP.
	Conducting formal face-to-face group psychotherapy sessions with the client or his/her family. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, etc. Examples include:
	<ul style="list-style-type: none"> • Cognitive behavioral therapy. • Functional family therapy. • Motivational enhancement therapy. • Trauma counseling. • Anger management. • Sexual offender treatment.
Notes:	For family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family.
Incidental telephone conversations and consultations are not billable as therapy/counseling. Services to the family on behalf of the client should be reported and billed using the code for family therapy or counseling.	
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group	
Pre-service requirements	References
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: 59 Ill. Adm. Code 132.150(e) HIPAA: Behavioral health counseling and therapy

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
2A	H0004				11	On-site; individual; MHP	¼ hr.	\$ 16.65
2A	H0004				12	Home; individual; MHP	¼ hr.	\$ 19.31
2A	H0004				99	Off-site; individual; MHP	¼ hr.	\$ 19.31
2C	H0004	HR			11	On-site; family; MHP	¼ hr.	\$ 16.65
2C	H0004	HR			12	Home; family; MHP	¼ hr.	\$ 19.31
2C	H0004	HR			99	Off-site; family; MHP	¼ hr.	\$ 19.31
2B	H0004	HQ			11	On-site; group; MHP	¼ hr.	\$ 4.16
2B	H0004	HQ			12	Home; group; MHP	¼ hr.	\$ 4.83
2B	H0004	HQ			99	Off-site; group; MHP	¼ hr.	\$ 4.83
21	H0004	HO			11	On-site; individual; QMHP	¼ hr.	\$ 18.02
21	H0004	HO			12	Home; individual; QMHP	¼ hr.	\$ 20.90
21	H0004	HO			99	Off-site; individual; QMHP	¼ hr.	\$ 20.90
23	H0004	HO	HR		11	On-site; family; QMHP	¼ hr.	\$ 18.02
23	H0004	HO	HR		12	Home; family; QMHP	¼ hr.	\$ 20.90
23	H0004	HO	HR		99	Off-site; family; QMHP	¼ hr.	\$ 20.90
22	H0004	HO	HQ		11	On-site; group; QMHP	¼ hr.	\$ 6.01
22	H0004	HO	HQ		12	Home; group; QMHP	¼ hr.	\$ 6.97
22	H0004	HO	HQ		99	Off-site; group; QMHP	¼ hr.	\$ 6.97

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GROUP **B** SERVICE

MEDICAID

Assertive community treatment (transition)

<p>Service definition:</p> <p>A specialized model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious and persistent mental illness or co-occurring mental health and medical or alcohol/substance abuse disorders. It requires an intensive integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.</p>	<p>Minimum staff requirements:</p> <p>At minimum includes a psychiatrist, QMHP and MHP; may include RSAs. Highly desirable to include an RN and a vocational specialist.</p>
<p>Notes:</p> <p>Individual must be 18 years of age or older. Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Other services listed in this document may be provided only to facilitate transition into and out of ACT services in accordance with an ITP or while a client is receiving residential services to stabilize a crisis. "ACT team" should be identified as "responsible staff" on ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. This service is not billable for dates of service on or after October 1, 2007.</p>	<p>Example activities:</p> <p>Symptom assessment and management including ongoing assessment, psycho-education, and symptom management efforts. Supportive counseling and psychotherapy on planned and as-needed basis. Medication prescription, administration, monitoring and documentation. Dual-diagnosis substance abuse services including assessment and intervention. Support of activities of daily living. Assist client with social/interpersonal relationship and leisure time skill building. Encourage engagement with peer support services. Services offered to families and/or other major natural supports (with the client's permission). Development of discharge or transition goals and related planning.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	<p>References</p> <p>Rule: 59 Ill. Adm. Code 132.150(j) HIPAA: Assertive community treatment</p>
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (DHS)</p>	

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
90	H0039	HE			11	On-site	¼ hr.	\$ 18.09
90	H0039	HE			99	Off-site	¼ hr.	\$ 20.98

Group C services

Non-Medicaid services reimbursed through DHS only

Oral interpretation and sign language	C-2
Vocational services	C-3
Vocational engagement	C-3
Vocational assessment	C-4
Job finding supports	C-5
Job retention supports	C-6
Job leaving/termination supports	C-7
Assertive community treatment—Vocational services	C-8
Outreach and engagement	C-9
Stakeholder education	C-10

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GROUP **C** SERVICE

Oral interpretation and sign language

NON-MEDICAID (DHS only)

Service definition:	Minimum staff requirement:
Sign language/oral interpreter services necessary to ensure the provision of services for individuals with hearing impairments or in the primary language of non-English speaking individuals. Interpreters shall be linguistically appropriate and be capable of communicating in English and in the primary language of the individual and be able to translate clinical information effectively.	Specialist
Notes:	Example activities:
This service must be performed in conjunction with another medically necessary billable service to be reimbursed. The client's mental health assessment must indicate a need for these services.	See definition.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone	
Pre-service requirements	References
<input type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: (n/a) HIPAA: Oral interpretation and sign language

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
7A	T1013				11	On-site	¼ hr.	\$ 16.65
7A	T1013				99	Off-site	¼ hr.	\$ 19.31

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GROUP **C** SERVICE

Vocational engagement

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Activities for a specific client to engage the client in making a decision to actively seek competitive employment or formal credit/certificate bearing education.</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>Individual must be 14 years of age or older. Services may be provided 30 days prior to the completion of a mental health assessment. Client must have employment or preparation for employment as a goal in the treatment plan. This does not include pre-vocational provider-based work programs or provider-based education programs that do not result in credentials recognized by an employer. Activities related to employment that may be viewed in terms of the client's broader rehabilitative or social functioning skills and are not job specific should be expressed in those terms and billed as Medicaid-covered services.</p>	<p>Example activities:</p> <p>Using motivational interviewing to assist client in identifying the pros and cons of working. Educating the family on the benefits of employment to the client. Leading groups that explore concerns raised by clients considering employment. Helping the client understand the impact that employment would have on benefits. Going to various job sites with the client to explore the world of work. Using motivational interviewing to assist client in identifying the pros and cons of furthering his/her formal education. Accompanying client on a tour of a potential school. Leading a group at the mental health agency to introduce clients to the supported employment program.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children (14+) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: (n/a) HIPAA: Not a medically necessary service</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
V3	S9986				11	On-site; individual	¼ hr.	\$ 13.68
V3	S9986				99	Off-site; individual	¼ hr.	\$ 15.87
V2	S9986	HQ			11	On-site; group	¼ hr.	\$ 3.42
V2	S9986	HQ			99	Off-site; group	¼ hr.	\$ 3.97

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GROUP C SERVICE

Vocational assessment

NON-MEDICAID (DHS only)

Service definition:	Minimum staff requirement:
Developing a vocational profile to guide client choices in seeking and maintaining competitive employment. A vocational profile typically includes information pertaining to work history, interests, skills, strengths, education, the impact of symptoms on the ability to use strengths, job preferences, etc. Vocational assessment is continuous during all phases of obtaining and maintaining employment. New information gleaned from experience is incorporated to guide modification of the vocational plan.	RSA
Notes:	Example activities:
Individual must be 14 years of age or older. Services may be provided 30 days prior to the completion of a mental health assessment. The client's vocational goals should be integrated in the treatment plan. This does not include pre-vocational work experiences or simulated/situational work experiences at the provider's site. Related activities that may be viewed as a more general assessment of a client's functioning capacity without explicit application to vocational or educational placement should be expressed in that manner and billed as a part of the mental health assessment.	Interviewing client using guidelines found in the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> . Using interest and preference inventories to increase client's personal knowledge of employment-related interests and preferences. Helping client secure accurate information on job history and dates of previous employment. Identifying and prioritizing preferences related to work environment, hours, location, transportation needs, etc. Administering a test to determine basic reading and math abilities to assist with identifying job or academic program fit (e.g., Test of Adult Basic Education, Wide Range Achievement Test). Visiting competitive work sites with client to facilitate discussion of employment preferences concerns & desires. Exploring with client how various jobs might influence substance use/abuse patterns. Gathering information that an employer might find on a background check for purposes of planning job search strategies. Observing the client on the job to identify strengths and problems. Identifying strengths, problems, and potential accommodations to address pertinent person-job-environment fit issues after job loss. Reviewing a job termination to learn what might contribute to a better job match and identify support strategies that might improve job tenure on the next job.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children(14+) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone	
Pre-service requirements	References
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: (n/a) HIPAA: Not a medically necessary service

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
V1	S9986	HN			11	On-site; individual	¼ hr.	\$ 13.68
V1	S9986	HN			99	Off-site; individual	¼ hr.	\$ 15.87

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GROUP C SERVICE

Job finding supports

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Activities for a specific client, directed toward helping them find and procure a job, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed and integration of supported employment services with other mental health services</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>Individual must be 14 years of age or older. At least 40 percent of the services in aggregate must be provided in natural settings, outside the provider's office. This does not include general job development.</p>	<p>Example activities:</p> <p>Using the "Conducting Job Searches" checklist from the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> to guide the job search process.</p> <p>Helping the client identify job leads.</p> <p>Reviewing the client's network for job leads.</p> <p>Contacting employers about a job for a specific client, with or without the client being present.</p> <p>Assisting a client in completing job applications and preparing for interviews.</p> <p>Arranging a job interview</p> <p>Accompanying a client on a job interview.</p> <p>Evaluating a job or job site to determine if it is a good fit for the client.</p> <p>Helping the client identify the pros and cons of disclosure.</p> <p>Facilitating a group where clients exchange job leads and their experience using various job-finding strategies with one another.</p> <p>Accompanying one or more clients to the local One-Stop Employment Center and helping them learn to use the resources there.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children (14+) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: (n/a) HIPAA: Not a medically necessary service</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
V5	S9986				11	On-site; individual	¼ hr.	\$ 13.68
V5	S9986				99	Off-site; individual	¼ hr.	\$ 15.87
V4	S9986	HQ			11	On-site; group	¼ hr.	\$ 3.42
V4	S9986	HQ			99	Off-site; group	¼ hr.	\$ 3.97

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GROUP **C** SERVICE

Job retention supports

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Activities for a specific client directed toward helping them keep their job, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services.</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>Individual must be 14 years of age or older. A minimum of 40 percent of the services in aggregate must be provided in natural settings, outside the provider's office setting. Therapeutic support to help the client manage their mental health symptoms and illness as they work toward achieving their recovery goals is a group B service. Recovery goals can include employment goals.</p>	<p>Example activities:</p> <p>Using the "Planning for Success" checklists in the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> to identify, plan and guide the implementation of ongoing job supports.</p> <p>Helping the client identify the pros and cons of disclosure.</p> <p>Helping the client develop a plan for the first day/week/month of a new job.</p> <p>Helping the client identify how they will know if their employer is pleased with their work? Dissatisfied?</p> <p>Helping the client identify and make use of their support system to manage their concerns about work.</p> <p>Participating in a job support group.</p> <p>Frequently talking with client about changes in health, work environment, or personal environment to identify needed support changes and avoid crises.</p> <p>Helping the client identify and implement strategies that improve job performance or relationships at work.</p> <p>Visiting the client at the job site to identify and address issues pertinent to job retention.</p> <p>Working with the supervisor and client to establish effective supervision and feedback strategies,</p> <p>Working with the client and employer to make reasonable accommodations to enhance job performance,</p> <p>Contacting the employer to monitor progress and resolve issues.</p> <p>Contacting family to monitor support network and resolve issues.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children (14+) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: (n/a) HIPAA: Not a medically necessary service</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
V7	S9986				11	On-site; individual	¼ hr.	\$ 13.68
V7	S9986				99	Off-site; individual	¼ hr.	\$ 15.87
V6	S9986	HQ			11	On-site; group	¼ hr.	\$ 3.42
V6	S9986	HQ			99	Off-site; group	¼ hr.	\$ 3.97

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GROUP C SERVICE

Job leaving/termination supports

NON-MEDICAID (DHS only)

Service definition:	Minimum staff requirement:
Activities for a specific client, who is employed, directed toward helping them leave a job in good standing, when provided under the following conditions: placement based on consumer job preferences, competitive employment in integrated work settings, on-going supports as needed, and integration of supported employment services with other mental health services. Job Leaving/Termination Supports may also be provided to help the client see unplanned job loss as transitional and a learning experience that will help them with his/her next job. Job Leaving/Termination Supports are provided to ensure that job loss due to termination is not seen as a reason to discontinue participation in the supported employment program.	RSA
Notes:	Example activities:
Individual must be 14 years of age or older. Job loss is not a reason to discontinue participation in supported employment.	Using the "Planning for Success: Leaving the Job Consumer Checklist" from the <i>Evidence-Based Practice Supported Employment Implementation Resource Kit</i> when the client expresses dissatisfaction with their job. Using motivational interviewing to help client identify the pros and cons of leaving their job. Deciding how much notice is required to leave in good standing. Coaching on talking to a supervisor about resigning. Helping write a letter of resignation. Coaching on how to obtain a letter of reference. Helping client see work accomplishments despite job termination. Ensuring client that you will continue to help them find and keep meaningful employment. Helping client understand how job experiences build their effectiveness as a worker. Encouraging client to review a job termination and job experience to help with finding a better job match and learn what might improve job tenure on the next job. Arranging for client to speak with other consumers who have lost jobs about their experiences.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children (14+) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Group	
Pre-service requirements	References
<input type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: (n/a) HIPAA: Not a medically necessary service

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
V0	S9986				11	On-site; individual	¼ hr.	\$ 13.68
V0	S9986				99	Off-site; individual	¼ hr.	\$ 15.87
V8	S9986	HQ			11	On-site; group	¼ hr.	\$ 3.42
V8	S9986	HQ			99	Off-site; group	¼ hr.	\$ 3.97

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GROUP **C** SERVICE

Assertive community treatment—Vocational services

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Work and education related services to helping an individual understand the value of employment and additional education, to find and achieve meaningful employment or education in community-based job and education sites.</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>Individual must be 18 years of age or older. Job loss is not a reason to discontinue vocational services. Group services provided only to ACT clients—not more than 8 participants per group, client to staff ratio of no more than 4:1, and no more than two hours per week per client.</p>	<p>Example activities:</p> <p>Assessment of job-related interests and abilities through a complete education and work history assessment as well as on-the-job assessments in community-based jobs. Development of an ongoing educational and employment rehabilitation plan to help an individual establish the skills necessary to gain desired education and achieve ongoing employment. On the job, at school or work/school-related intervention. Work/school-related supportive services such as assistance with securing appropriate clothing, wake-up calls and transportation issues.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (DHS)</p>	<p>References</p> <p>Rule: (n/a) HIPAA: Not a medically necessary service</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(#)				
9C	S9986	HT			11	On-site; individual	¼ hr.	\$ 26.46
9C	S9986	HT			99	Off-site; individual	¼ hr.	\$ 30.70
9D	S9986	HT	HQ		11	On-site; group	¼ hr.	\$ 8.82
9D	S9986	HT	HQ		99	Off-site; group	¼ hr.	\$ 10.23

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GROUP C SERVICE

Outreach and engagement

NON-MEDICAID (DHS only)

Service definition:	Minimum staff requirement:
Services to identify adults, adolescents and children in need of services who are suspected to have a serious mental illness or serious emotional disorder; and who have not currently consented to receive services, require engagement into services, are disengaging from services or have disengaged and require re-engagement into services. The individual may also have a co-occurring substance abuse disorder. The target population is individuals who are suspected of being seriously mentally ill or seriously emotionally disabled and who are homeless or at imminent risk of becoming homeless, currently experiencing cultural barriers to services or a refugee.	RSA
Notes:	Example activities:
A minimum of 75% of face-to-face services must be delivered in natural settings, outside the provider's office(s). Services may not exceed one percent of the agency's total billable services, unless DHS grants a waiver.	Time spent searching for an individual who is suspected of having serious mental illness or serious emotional disorder in locations where he or she is known to commonly frequent or in locations in which a similar population resides. Initiating non-threatening conversation and informally identifying need for community mental health services. Repeated contact over time in an effort to engage a targeted individual into services. Interventions targeted at linking to emergency medical or psychiatric care or basic emergency needs such as food, shelter and clothing. Informally gathering assessment information needed to ensure appropriate linkage to needed services. Develop a trusting relationship in an effort to reduce the barriers and stigma associated with receiving mental health services and to facilitate movement into services. Develop strategies with the individual to reduce or eliminate risk experienced by the individual and to improve mental health functioning. Respond to referrals as requested by police, landlords, etc., of individuals suspected of having a serious mental illness or serious emotional disorder and in need of mental health services.
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone	
Pre-service requirements	References
<input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required	Rule: (n/a) HIPAA: Behavioral health outreach service (planned approach to reach a targeted population)

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
7B	H0023	HE			11	On-site	¼ hr.	\$ 13.68
7B	H0023	HE			99	Off-site	¼ hr.	\$ 15.87
7C	H0023	HT			99	More than one staff is involved directly, offsite only	¼ hr.	\$ 21.80

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GROUP **C** SERVICE

Stakeholder education

NON-MEDICAID (DHS only)

<p>Service definition:</p> <p>Services that educate and train community stakeholders, e.g., police officers, providers of homeless services and landlords, who frequently interact with individuals with a suspected serious mental illness or serious emotional disorder on how to understand, approach and work with the population during the performance of their duties. It serves to educate the general community about children with a serious emotional disorder and adults with a serious mental illness.</p>	<p>Minimum staff requirement:</p> <p>RSA</p>
<p>Notes:</p> <p>The majority of stakeholder education services should be provided to individuals interacting on a frequent basis with individuals with severe mental illness or serious emotional disorder. The balance of this service may be used for stigma reduction activities.</p> <p>A staff dyad may be utilized if one of the staff is employed by the provider and in recovery.</p> <p>Services cannot exceed one percent of the agency's total billable services unless DHS grants a waiver.</p>	<p>Example activities:</p> <p>Provide education and training to stakeholders on how to recognize the signs and symptoms of serious mental illness and serious emotional disorders.</p> <p>Formally promote awareness of available mental health services to community stakeholders who have frequent contact with individuals suspected of having a serious mental illness.</p> <p>Provide public speaking engagements that will strengthen the collaborative relationship between community stakeholders and the local mental health system with the goal of reducing stigma.</p> <p>Teach innovative outreach and engagement strategies to identified stakeholders to facilitate the initial recovery process.</p> <p>Provide education and training to stakeholders on how to reduce the stigma associated with serious mental illness and serious emotional disorders.</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone <input checked="" type="checkbox"/> Group</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: (n/a) HIPAA: Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)					
7D	H0024	HE			11	On-site	¼ hr.	\$ 13.68
7D	H0024	HE			99	Off-site	¼ hr.	\$ 15.87
7E	H0024	HT			99	More than one staff is involved directly, offsite only	¼ hr.	\$ 21.80

Group D services

Medicaid services reimbursed through HFS only

Case management—Transition linkage and aftercare (nursing facility)	D-2
Developmental testing	D-3
Mental health risk assessment	D-4
Prenatal care at-risk assessment	D-5

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GROUP **D** SERVICE

Case management—Transition linkage and aftercare (nursing facility)

MEDICAID (HFS only)

Service definition:	Minimum staff requirement:
Services are provided to assist in an effective transition from nursing facilities to another setting consistent with the client's welfare and development.	MHP
	Example activities:
	<p>Services provided to clients identified for transition from a nursing facility to the community.</p> <p>Time spent planning with the staff of the nursing facility or the receiving living arrangement and community service providers.</p> <p>Assisting client in completing paperwork for community resources.</p> <p>Arranging or conducting pre- or post-placement visits.</p> <p>Time spent developing an aftercare service plan.</p> <p>Time spent planning a client's discharge and linkage from a nursing facility for continuing mental health services and community/family support.</p> <p>Assisting the client or the client's family or caregiver with the transition.</p> <p>Post placement assessment of community stability.</p>
Notes:	
<p>Entry into this service is a result of the PASRR process and subject to prior authorization by DHS.</p> <p>When a client is being transitioned from a nursing facility, the mental health assessment (MH PASRR assessment) and the ITP (facility care plan) will be used to authorize the provision of this service and as the basis for the development of transition plans.</p> <p>Individual limitation of 40 hours per year during the last 180 days of nursing facility stay or after transition to community.</p>	
Applicable populations	
<input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS	
Allowed mode(s) of delivery	
<input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input checked="" type="checkbox"/> Telephone	
Pre-service requirements	References
<input checked="" type="checkbox"/> Medical necessity <input checked="" type="checkbox"/> Mental health assessment <input checked="" type="checkbox"/> Treatment plan <input checked="" type="checkbox"/> Prior authorization required (by DHS)	<p>Rule: 89 Ill. Adm. Code 140.454(d)</p> <p>HIPAA: Case management</p>

Reimbursement and coding summary

DHS service activity code(s)	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	T1016	HN			11	On-site; MHP	¼ hr.	\$ 16.65
(n/a)	T1016	HN			12	Home; MHP	¼ hr.	\$ 19.31
(n/a)	T1016	HN			99	Off-site; MHP	¼ hr.	\$ 19.31
(n/a)	T1016	HO			11	On-site; QMHP	¼ hr.	\$ 18.02
(n/a)	T1016	HO			12	Home; QMHP	¼ hr.	\$ 20.90
(n/a)	T1016	HO			99	Off-site; QMHP	¼ hr.	\$ 20.90

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GROUP **D** SERVICE

Developmental testing

MEDICAID (HFS only)

<p>Service definition:</p> <p>Administration, interpretation, and reporting of developmental testing. The testing of cognitive processes, visual motor responses, and abstractive abilities accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.</p> <p>An objective screening tool (limited or extended) must meet the definition provided by the American Medical Association's <i>Current Procedural Terminology</i> (CPT) and must be provided according to the instrument, including use of the instrument form as applicable.</p> <p>Objective screening evaluates domains:</p> <ul style="list-style-type: none"> • Social emotional development • Fine motor-adaptive development • Language development • Gross motor development. 	<p>Minimum staff requirement:</p> <p>LPHA</p>
<p>Notes:</p> 	<p>Example activities:</p> <p>CPT 96110 (for examples refer to the <i>Handbook for Healthy Kids Services</i>, section HK-203.53 Developmental Screening Tools)</p> <p>CPT 96111 (for examples refer to the <i>Handbook for Healthy Kids Services</i>, section HK-203.54 Developmental Evaluation Tools)</p>
<p>Applicable populations</p> <p><input type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 89 Ill. Adm. Code 140.454(e) HIPAA: Developmental testing, with interpretation and report</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	96110				11	On-site, limited	Event	\$ 16.10
(n/a)	96110				99	Off-site, limited	Event	\$ 16.10
(n/a)	96111				11	On-site, extended	Event	\$ 16.10
(n/a)	96111				99	Off-site, extended	Event	\$ 16.10

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GROUP **D** SERVICE

MEDICAID (HFS only)

Mental health risk assessment

<p>Service definition:</p> <p>Administration and interpretation of health risk assessment instrument to be used for a perinatal depression screening if the woman is postpartum.</p> <p>Significant predictors for perinatal depression: Prenatal depression, severe stress, lack of social support, prenatal anxiety, poor marital relationship, domestic violence, history of previous depression, difficult infant temperament, single marital status, previous postpartum depression, family history of depression, prior stillborn, bereavement</p>	<p>Minimum staff requirement:</p> <p>LPHA</p>
<p>Notes:</p> <p>May not be billed in conjunction with a mental health assessment. The mental health assessment, being more comprehensive, should encompass an assessment of depression, as needed.</p>	<p>Example activities:</p> <p>Edinburgh Postnatal Depression Scale Beck Depression Inventory Primary Evaluation of Mental Disorders Patient Health Questionnaire</p>
<p>Applicable populations</p> <p><input type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 89 Ill. Adm. Code 140.454(e) HIPAA: Administration and interpretation of health risk assessment</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	99420	HD			11	On-site	Event	\$ 14.60
(n/a)	99420	HD			99	Off-site	Event	\$ 14.60

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GROUP **D** SERVICE

Prenatal care at-risk assessment

MEDICAID (HFS only)

<p>Service definition:</p> <p>Administration and interpretation of health risk assessment instrument to be used for a prenatal depression screening if the woman is pregnant.</p> <p>Significant predictors for Perinatal Depression: Prenatal depression, severe stress, lack of social support, prenatal anxiety, poor marital relationship, domestic violence, history of previous depression, difficult infant temperament, single marital status, previous postpartum depression, family history of depression, prior stillborn, bereavement</p>	<p>Minimum staff requirement:</p> <p>LPHA</p>
<p>Notes:</p> <p>May not be billed in conjunction with a mental health assessment. The mental health assessment, being more comprehensive, should encompass an assessment of depression, as needed.</p>	<p>Example activities:</p> <p>Edinburgh Postnatal Depression Scale. Beck Depression Inventory. Primary Evaluation of Mental Disorders Patient Health Questionnaire. Postpartum Depression Screening Scale (PPSS).</p>
<p>Applicable populations</p> <p><input checked="" type="checkbox"/> Adults (21+) <input checked="" type="checkbox"/> Adults (18-20) <input checked="" type="checkbox"/> Children <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Allowed mode(s) of delivery</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> On-site <input type="checkbox"/> Videoconference <input type="checkbox"/> Group <input checked="" type="checkbox"/> Off-site <input type="checkbox"/> Telephone</p>	
<p>Pre-service requirements</p> <p><input type="checkbox"/> Medical necessity <input type="checkbox"/> Mental health assessment <input type="checkbox"/> Treatment plan <input type="checkbox"/> Prior authorization required</p>	<p>References</p> <p>Rule: 89 Ill. Adm. Code 140.454(e) HIPAA: Prenatal care, at-risk assessment</p>

Reimbursement and coding summary

DHS service activity code	HCPCS code	Modifier(s)			Place of service	Notes	Unit of service	Rate per unit of service
		(1)	(2)	(3)				
(n/a)	H1000				11	On-site	Event	\$ 14.60
(n/a)	H1000				99	Off-site	Event	\$ 14.60

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Glossary

Acronyms		Professional staff acronyms	
ACR	Administrative case review	APN	Advanced practice nurse
ACT	Assertive community treatment	LCPC	Licensed clinical professional counselor
CARES	Crisis and Referral Entry Service	LCSW	Licensed clinical social worker
CGAS	<i>Children's Global Assessment Scale</i>	LMFT	Licensed marriage and family therapist
CSPI	<i>Childhood Severity of Psychiatric Illness</i>	LPN	Licensed practical nurse
DCFS	Department of Children and Family Services	LPHA	Licensed practitioner of the healing arts
DHS	Department of Human Services	MHP	Mental health professional
DJJ	Department of Juvenile Justice	QMHP	Qualified mental health professional
DOC	Department of Corrections	RN	Registered nurse
FTE	Full-time equivalent	RSA	Rehabilitative services associate
GAF	<i>Global Assessment of Functioning</i>		
HCPCS	<i>Healthcare Common Procedure Coding System</i>		
HFS	Healthcare and Family Services		
HFS 1443	<i>Provider Invoice</i> (used for billing community mental health services)		
HFS 2360	<i>Health Insurance Claim Form</i> (used for billing physician services)		
HIPAA	<i>Health Insurance Portability and Accountability Act</i>		
ICG	Individual care grant		
ITP	Individual treatment plan		
LOCUS	<i>Level of Care Utilization of System for Psychiatric and Addiction Services</i>		
MMIS	Medicaid Management Information System		
MRO	Medicaid rehabilitation option		
NGRI	Not guilty by reason of insanity		
NOS	Not otherwise specified		
PASRR	Pre-admission screening and resident review		
ROCS	Reporting of Community Services		
SASS	Screening, assessment, and support services		
TCM	Targeted case management		
UST	Unfit to stand trial		
HCPCS modifier definitions		HCPCS place of service codes	
52	Reduced services	11	Office (on site)
HA	Child/adolescent	12	Home
HE	Mental health program	99	Other place of service
HN	Bachelor's degree		
HM	Less than a bachelor's degree		
HO	Master's degree		
HQ	Group modality		
HR	Family modality		
HT	Multi-disciplinary team		
SA	Advanced practice nurse		
TF	Intermediate level of care		
TG	Complex level of care		

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Appendix A

The following place of service codes are valid for the following services billed directly to HFS:

- Crisis intervention (H2011-HT)
- Crisis intervention—Pre-hospitalization screening (T1023-HT):

03	School
04	Homeless shelter
12	Home
13	Assisted living facility
14	Group home
31	Skilled nursing facility
32	Nursing facility
33	Custodial care facility
49	Independent clinic
50	Federally qualified health center
71	State or local public health clinic
72	Rural health clinic
99	Other place of service