

Please Note: The Levels of Care are meant to serve as guidelines. Clinicians must use the CA/LOCUS tool to map to an authorization request. Authorization is required prior to delivery of services except for Crisis Services, Intake Evaluation, CA/LOCUS, Stabilization, Engagement and Outreach, and Rehabilitation Case Management. Crisis services and Intake are available at all levels of care. Although initial placement may begin at a particular level of care, consumers may (based on updated CA/LOCUS, treatment plan and choice) move to/from different levels of service – the levels are not static and may be non-sequential. Services at all levels of care must be medically necessary and expected to benefit service recipients. Default Authorization Lengths are individualized thresholds and are NOT service caps.

CA/LOCUS Level	Required Clinical Documentation for Authorization Review	Level of Care Guidelines and Service Models	Core Services (See CHPW Modalities by Levels of Care for all available modalities)	Expected Services/ Frequency	UM Review Thresholds	Authorization Types	Default Auth Length
Docilionay and	Required documentation: Initial auth: CA/LOCUS Score Re-auth: CA/LOCUS Summary and Score	Support; Diagnosed psychiatric illness and demonstrated sufficient improvement, able to function adequately, may need on-going complex medication management, requiring only minimal contact and coordination of services to sustain recovery.	Primary Core Services Assessment/Intake Individual Treatment (Individual therapy and Case Management) Group Treatment Therapeutic Psychoeducation (individual and group) Medication Management Family Treatment Peer Support (individual or group) Brief Intervention Psychological Assessment Crisis Services Special Population Evaluation And Medication Monitoring (for Clozaril group only)	 Psychiatric Medication Management/ every 1 – 3 months All other outpatient services, including Peer Support /not less than 1 hr/every 3 months 	consecutive 3 month period	Allowed	Medicaid funded: Up to 365 days State Funded: 0 days (or by exception) Average expected Length of Stay: 180 days or less
Adult or Child	 Meets CHPW's Eligibility Criteria Required documentation: Initial auth: CA/LOCUS Score Re-auth: CA/LOCUS Summary and Score 	Mild to moderate clinical functional impairment an psychiatric illness; Demorengage in tx and/or has retx and this level offers on	symptoms, behaviors, and/or d/or deterioration due to a diagnosed astrated capacity and willingness to esponded positively to more intensive going tx to maintain gains.	 Psychiatric Med Management: up to 2x month for the first two months, then minimum 1x every 1 – 3 months All other Outpatient services including Peer Support up to 1hr/week and not less than 1hr/month 	Low: Less than 1 hour of service/month for 3	Allowed Overlaps: • Level 5 Res: 1 day (adults) 2-14 day (child) • Level 5 Stab.	Medicaid funded: Up to 365 days State funded: 0 days (or by exception) Average expected Length of Stay:
			Levels of Care for all available modalities)		High:	• Level 6	180 days or less



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		 Primary Core Services as listed above and: Medication Monitoring 			More than 8 hrs/month for 3 months.		
Intensive Outpatient Services	Criteria Requires clinical review for re-authorization Required documentation: Initial Auth: CA/LOCUS Score Re-auth:	impairments, or deteriors to a diagnosed psychiatri focused, intensive treatm Services are provided i One or more of the fol Community Support to outpatient or Options This level serves as a st that is intended to step of care or can be used from a higher level of or the community of the community of the care of care or can be used from a higher level of community of the care or can be used from a higher level of community of the care or can be used from a higher level of community of the care or can be used from a higher level of community of the care or can be used from a higher level of community of the care or can be used from a higher level of community of the care of the c	tructured short term intensive program of an individual down from higher levels as an attempt to divert an individual care. Core Services es as listed above and:	 Psychiatric Medication Management/every 2 weeks – every other month Medication Monitoring up to 1x-2x/month All other services/2- 4 hrs a week 	Typically: 3 – 16 hrs per month Low: Less than 3 hours a month for a consecutive 3 month period. High: More than 180 days at level of care	Allowed Overlans	Medicaid funded: 90 days State funded: 0 days (or by exception) Average expected Length of Stay: 180 days or less
20 22	 Criteria Requires clinical review for authorization (PACT) and re-authorization. Required documentation: Initial auth: CA/LOCUS Score, PACT Referral Form Re-auth: 	deterioration in psych co frequent monitoring with associated with the likelil consumer does not benef Consumer may have expe interventions, or criminal • Services are provided i • Required program ser Community Support Te This level offers short to services primarily commu- with a focus on diversion through an intensive part	nent due to psychiatric illness and/or ndition, such that consumer requires tout the need for 24 hr structured care; nood of requiring acute inpatient care if fit from intervention at this level; erienced frequent hosp., crisis justice system involvement n either a clinic or community setting. vice model: ACT and Level IV eam (proposed), ADAPT medium term models of intensive unity-based by either a 24 hour team from residential or inpatient services or cial hospitalization program.	 Psychiatric Med Management and/or Med Monitoring /daily or less frequently as designated Medical services available 24/7 Nurse available for adults/up to 40 hrs/week Physical assessment available at ADAPT PACT, WAPACT Services available 24/7;3 or more hours/week ADAPT services available 5 days/week 	Typically: 12 hrs/mo. or more ADAPT: 12 or less days Low: Less than 5 hours of service in 2 consecutive months. High: More than 180 days at this LOC	Level 4 PACT Level 4 WAPACT	Medicaid funded: 90 days State funded: 0 days (or by exception) Average expected Length of Stay: ADAPT: 9 days or less All other Level 4: 180 days or less



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_		, , , , , , , , , , , , , , , , , , , ,		Stabilization Services	Typical		Medicaid and State
Stabilization Services Short term Medically Monitored Hospital Criteria Stab Beds require assessment and referral from DMHP or inpatient diversion by CHPW Care Manager	Services are facility based Program Models: stabilization services, residential services, and Level 5 Community Support Team (proposed)		 24 hr Psych care access Med Mgt 3X/week Med Monitoring daily On-site nursing 24 hrs/day Individual, Group, Family Treatment 2x/day min. 	Stabilization Services: 12 hrs/week UR Review Threshold Low: Less than 10	Overlaps • Levels 1—4 (Adults: 1 day,	funded: 6 days Average expected Length of Stay: 2-14 days as approved by CHPW	
based Diversion Services Composite Score 23 – 27	Auth: Approval by DMHPs. Stab bed provider requests initial auth. Exten: CA/LOCUS score w/CHPW clinical review of crisis plan, last 2 med notes, and D/C Plan.	Core Services Intake Evaluation Stabilization Services (these services do not need to be preauthorized. Authorization must be received within 3 business days)		 Therapeutic Psycho-Ed daily Social and Rec. activities 2x/day min. Hourly safety monitoring Food service 3x/day Rehab Case Management 	hours of service in		Care Managers
Medically Monitored Residential based Services	Residential placement requires assessment by MHP and auth by CHPW Auth: Admission or Intake Evaluation, initial Tx plan and CA/LOCUS at intake and reauthorization Reauth: Current Tx plan,	signs/symptoms of a ps need for 24/hr structur consumer's support sys proven to lack stability community based settir time; or where there is hospitalizations and a p	e indicated when the presenting ychiatric illness clearly demonstrate the e, supervision and active treatment; tem is either non-existent, or has been and treatment in a less acute or nong is likely to be unsuccessful at this a history of multiple, recent eriod of structured supervision at this n consumer to a lower level of care.	Residential Treatment Psychiatric or medical/daily Medication Management 1x/week-1x/mo. Daily Med Monitoring Nursing access 24 hrs/day Individual, Group, Family Tx 1x/week min.	TX: 7-10 hrs/week Low: 10 or less service hrs in 14days High: More than 180 days at this	Allowed Overlaps: • Levels 1-4 One day only (adults) 2-14 days (child) • Level 6	Medicaid and State funded: 90 days Average expected Length of Stay: 180 days
Composite Score: 23 – 27	CA/LOCUS score, most recent Tx Plan Review.	Assessment, individual, education	Core Services group, family, therapeutic psycho-	 Therapeutic Psycho-Ed 5 days/week Rehab Case Management 			



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Medically Managed Residential or Inpatient Services	CHPW Care Manager during business hrs or Crisis Services afterhours Crisis Detains for Involuntary Treatment Exten by CHPW Care Manager (reg. bus hrs.)	due to a psychiatric illnes in a less restrictive enviro Inpatient services are bas criteria, and are NOT dep • Inpatient Psychiatric Se	nment. ed on medical necessity and admission endent on the consumer's CA/LOCUS. Core Services rvices n and Treatment Services	 Pharmacological mgt Med admin/daily On-site nursing 24 hrs/day Individual, Group, Family Treatment min. 3x/day 3+ Food service/day 	1 – 5 days Low: Length of Stay less than 4 days High: 2 or more Hospital Admissions within	(Evaluation and	Medicaid and State funded: 4 days