



# Vermont Medicaid Applied Behavior Analysis and Mental Health Services Supplement

Department of Mental Health

## Table of Contents

<b>SECTION 1</b>	<b>INTRODUCTION</b>	<b>4</b>
1.1	Utilization Management	4
1.2	Prior Authorization	5
1.1	Mental Health Inpatient and Detoxification Services	5
1.2	Applied Behavior Analysis Services	5
1.3	Court Ordered Services	6
1.4	Retrospective Review	6
1.5	Retrospective Authorization Requests	6
1.6	Contact Information	6
<b>SECTION 2</b>	<b>CHILDREN AND ADOLESCENT PSYCHIATRIC ADMISSIONS</b>	<b>8</b>
2.1	Criteria for Inpatient Hospitalization	8
2.2	Admission Process	8
2.3	Concurrent Review	9
<b>SECTION 3</b>	<b>VOLUNTARY ADULTS (NON-CRT) PSYCHIATRIC ADMISSIONS</b>	<b>11</b>
3.1	Criteria for Inpatient Hospitalization	11
3.2	Admission Process	11
3.3	Concurrent Review	11
<b>SECTION 4</b>	<b>MEDICALLY MANAGED DETOXIFICATION</b>	<b>13</b>
4.1	Criteria for Inpatient Hospitalization	13
4.2	Admission Process	13
4.3	Concurrent Review	13
<b>SECTION 5</b>	<b>COMMUNITY REHABILITATION &amp; TREATMENT (CRT)</b>	<b>15</b>
5.1	Criteria for Inpatient Hospitalization	15
5.2	Admission Process	15
5.3	Concurrent Review	16
<b>SECTION 6</b>	<b>INVOLUNTARY ADMISSIONS/EMERGENCY EXAMINATIONS</b>	<b>18</b>
6.1	Admission Process	18
6.2	Authorization Criteria for Continued Stay	18
6.3	Concurrent Review	18
<b>SECTION 7</b>	<b>APPLIED BEHAVIOR ANALYSIS BENEFIT PROVIDER GUIDANCE</b>	<b>20</b>
7.1	Introduction	20
7.2	Documentation Requirements	20
7.3	Case Rate specific requirements – Medicaid only members	20
7.3.1	Case Rate Tiers	21
7.4	Fee-For-Service Requirements – Members who have other insurance	24
<b>SECTION 8</b>	<b>POLICY REFERENCES</b>	<b>24</b>

<b>SECTION 9</b>	<b>RECONSIDERATION PROCESS .....</b>	<b>25</b>
9.1	Expedited Decisions.....	26
<b>SECTION 10</b>	<b>INTERRUPTED PSYCHIATRIC STAYS AND RAPID RE-ADMISSION .....</b>	<b>27</b>
10.1	Scenario 1: Rapid re-admission - interrupted psychiatric stay .....	27
10.2	Scenario 2: Rapid re-admission to a different hospital within 3 midnights .....	27
10.3	Scenario 3: Rapid re-admission to the same hospital within 3 midnights .....	28
10.4	Scenario 4: Rapid re-admission to the same hospital on the day of discharge .....	28
<b>SECTION 11</b>	<b>SUB-ACUTE AND AWAITING PLACEMENT REIMBURSEMENT RATES .....</b>	<b>29</b>
11.1	Sub-Acute .....	29
11.2	Awaiting Placement.....	29
<b>SECTION 12</b>	<b>INTER-RATER RELIABILITY .....</b>	<b>30</b>
<b>SECTION 13</b>	<b>PROGRAM INTEGRITY .....</b>	<b>31</b>
<b>SECTION 14</b>	<b>ATTACHMENT 1 .....</b>	<b>32</b>
<b>SECTION 15</b>	<b>ATTACHMENT 2.....</b>	<b>34</b>
<b>SECTION 16</b>	<b>ATTACHMENT 3.....</b>	<b>36</b>
<b>SECTION 17</b>	<b>ATTACHMENT 4.....</b>	<b>38</b>
<b>SECTION 18</b>	<b>ATTACHMENT 5.....</b>	<b>40</b>
<b>SECTION 19</b>	<b>ATTACHMENT 6.....</b>	<b>41</b>
<b>SECTION 20</b>	<b>ATTACHMENT 7 .....</b>	<b>43</b>
<b>SECTION 21</b>	<b>ATTACHMENT 8.....</b>	<b>44</b>
<b>SECTION 22</b>	<b>ATTACHMENT 9 .....</b>	<b>45</b>
<b>SECTION 23</b>	<b>ATTACHMENT 10.....</b>	<b>46</b>
<b>SECTION 24</b>	<b>ATTACHMENT 11 .....</b>	<b>51</b>

## Section 1 Introduction

This manual is designed as a supplement to and does not replace the *Vermont Medicaid General Provider Manual* which can be found at <http://www.vtmedicaid.com/#/manuals>.

This supplement describes processes to be followed by admitting facilities, Vermont Medicaid enrolled providers of Applied Behavioral Analysis services, the Department of Vermont Health Access (DVHA) and the Department of Mental Health (DMH) when Vermont Medicaid primary beneficiaries are hospitalized for mental health services or detoxification or are receiving Applied Behavior Analysis (ABA) services.

Vermont Medicaid only pays for healthcare services that are medically necessary. Per Medicaid Rule, 7103, medically necessary is defined as healthcare services that are appropriate, in terms of type, amount, frequency, level, setting and duration to the member's diagnosis or condition and must conform to generally accepted practice parameters recognized by health care providers in the same or similar general specialty who typically treat or manage the diagnosis or condition.

Acute inpatient mental health treatment is the most intensive level of psychiatric care. Treatment is provided in a 24-hour secure and protected, medically staffed environment with a multimodal approach. The goal of the inpatient stay is to stabilize the individual who is experiencing an acute psychiatric condition with a relatively sudden onset, severe course, or a marked decompensation due to a more chronic condition in order to transfer the person to a less restrictive level of care.

“Detoxification” means the planned withdrawal of an individual from a state of acute or chronic intoxication, under qualified supervision and with or without the use of medication. Detoxification is monitoring and management of the physical and psychological effects of withdrawal, for the purpose of assuring safe and rapid return of the individual to normal bodily and mental function. (Vermont Statutes, Title 33 §702). Inpatient detoxification refers to the medically managed treatment regimen requiring the full services of an acute care hospital to support the withdrawal of the addictive substance.

As defined in Act 158, “applied behavior analysis” means the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior. The term includes direct observation, measurement, and functional analysis of the relationship between environment and behavior. ABA includes a wide variety of evidence-based strategies to impact behavior.

### 1.1 Utilization Management

The DVHA conducts numerous utilization management and review activities to ensure that quality services, those which increase the likelihood of desired health outcomes and are consistent with prevailing professionally-recognized standards of medical practice, are provided to members and that providers are using the program appropriately, effectively and efficiently. DVHA and DMH staff utilize clinical criteria for making utilization review decisions that are objective and based on sound medical evidence. Approved criteria for the services included in this supplement include the following:

- Change Healthcare, LLC InterQual® Criteria
- DVHA Clinical Guidelines <http://dvha.vermont.gov/for-providers/initiatives>

- Vermont State Medicaid Rules <http://humanservices.vermont.gov/on-line-rules/dvha>

Change Healthcare, LLC InterQual® Guidelines are available to providers on the Vermont Medicaid website by navigating to the Transactions Menu and choosing the Login option. After log-in, look for the link **Change Healthcare Smart Sheets** in Secure Options drop-down menu. InterQual® Guidelines are updated annually.

## 1.2 Prior Authorization

Prior authorization (PA) is a process used to ensure the appropriate use of health care services. The goal of PA is to ensure that the proposed health service, item or procedure meets the medical necessity criteria; that all appropriate, less-expensive and/or less restrictive alternatives have been given consideration; and that the proposed service conforms to generally accepted practice parameters recognized by health care providers in the same or similar general specialty who typically treat or manage the diagnosis or condition. See the Vermont Medicaid General Billing and Forms Manual, Section 2, Prior Authorization for Medical Services for more information. <http://www.vtmedicaid.com/#/manuals>

## 1.1 Mental Health Inpatient and Detoxification Services

In 2012 the Department of Mental Health (DMH) and the Department of Vermont Health Access (DVHA) collaborated to create a unified, consistent utilization management system for all Vermont Medicaid funded inpatient psychiatric and detoxification services. In addition to the joint DMH/DVHA Utilization Review Team, the DMH formed an expanded Care Management Unit to actively support the system of care in Vermont and facilitate flow throughout the highest levels of care.

The goals for the utilization management system are as follows:

- Inpatient care is provided only as long as necessary for safety and/or other acute needs.
- There are standardized criteria for admission, continued stay, and discharge throughout the system of care.
- Care is continuous between the ongoing community treatment teams and episodes of inpatient or care. The hospital or residential facility and community teams develop and share a common treatment plan developed in partnership with the individual and his/her family, beginning within 24 hours of admission.
- Resources of the public system are effectively and efficiently used.
- The care management system will ensure access to effective, appropriate, recovery-based services that promote health, wellness, resiliency, and successful integration into the community.

## 1.2 Applied Behavior Analysis Services

Vermont Act 158 (8 V.S.A. § 4088i.), an act relating to health insurance coverage for early childhood developmental disorders, including autism spectrum disorders (ASD), was passed May 16, 2012. Act 158 requires private and Vermont Medicaid insurance plans to cover medically necessary, evidence-based diagnosis and treatment of autism spectrum disorders, including applied behavioral analysis supervised by nationally board-certified behavior analysts, for children birth until the age of 21 years.

Vermont Medicaid began enrolling Board Certified Behavior Analysts (BCBA) and Board Certified assistant Behavior Analysts (BCaBA) in June of 2015 and the ABA benefit became effective July 1, 2015.

ABA services require prior authorization to determine medical necessity through the Department of Vermont Health Access (DVHA). If prior authorization is not requested or is denied, ABA services will not be considered for reimbursement by the DVHA. The ABA benefit information and applicable prior authorization forms are available at: <http://dvha.vermont.gov/providers/applied-behavior-analysis-aba/>.

### 1.3 Court Ordered Services

If a member is mandated to seek a service, the service **may** be covered if it meets the medical necessity and Vermont Medicaid guidelines.

### 1.4 Retrospective Review

The DVHA and the DMH will not perform retrospective reviews for the purpose of reviewing authorization decisions and recoupment of payments except in the case of material misrepresentation or fraud.

### 1.5 Retrospective Authorization Requests

It is the responsibility of the provider to notify the DVHA or the DMH of an inpatient admission and to **initiate and complete** the concurrent review process. As such, the DVHA and the DMH are under no obligation to perform retrospective authorization reviews due to lack of notification of admission or failure to request additional authorized days and provide the required clinical documentation via fax prior to the end of the previous authorization period (last covered day). **Requests for retrospective authorizations due to lack of notification or failure to request additional authorized days by the provider are considered solely at the discretion of the DVHA and the DMH.** In the instance of a member whose Vermont Medicaid eligibility becomes retroactive to the time of the inpatient hospitalization, but who at the time of admission was not eligible for Vermont Medicaid, the provider may request that the DVHA or the DMH complete a retrospective review for authorization. The request for consideration of a retrospective authorization decision is made in writing to the DVHA or the DMH. The supporting clinical documentation demonstrating that the inpatient level of care criteria was met for the days requested must be submitted for review via fax or mail. The DVHA or the DMH UR staff will make every effort to render an authorization determination within 14 days of receipt of the necessary clinical documentation.

Requests for a retrospective authorization may be made to the DVHA Manager, Quality Improvement & Clinical Integrity by Toll-free fax at 1.855.275.1212 or in writing to:

The Department of Vermont Health Access  
ATT: Quality Improvement and Clinical Integrity Unit  
280 State Drive, NOB 1 South  
Waterbury, VT 05495

### 1.6 Contact Information

#### Admission Notifications

855.275.1212 (Toll-free Fax)

#### Department of Vermont Health Access (DVHA)

802.879.5900 (Phone)

#### Department of Mental Health (DMH)

802.828.3824 (Phone)

DVHA and DMH Utilization Review staff are available from 8 am to 4 pm Monday through Friday (excluding State holidays)

Questions regarding claims and billing issues should be directed to the Provider Services Unit of DXC Technology at 1.800.925.1706 (in State) or 802.878.7871 (outside Vermont).

## Section 2 Children and Adolescent Psychiatric Admissions

### 2.1 Criteria for Inpatient Hospitalization

To ensure that mental health services are provided at an appropriate level of care and within the appropriate utilization of resources, the Department of Vermont Health Access (DVHA) has adopted the Change Healthcare InterQual<sup>®</sup> Criteria. The InterQual tool provides resource efficient evidence-based clinical decision support across the levels of care.

### 2.2 Admission Process

Youth located in the State of Vermont whose primary insurance is Vermont Medicaid are expected to be assessed in person by designated Emergency Services (ES) staff from one of the Vermont Designated Agencies (DA) prior to being referred for admission to a psychiatric inpatient facility. The ES assessment, prior to an inpatient admission, allows for determination of whether a less intensive level of care is available that can meet the youth's clinical needs. It also assists in continuity of care with outpatient providers, identifies emergency intervention strategies (including utilization of existing crisis plans), and if necessary, demonstrates that the youth's clinical presentation meets the emergency examination criteria for involuntary hospitalization.

An inpatient psychiatric admission may be recommended or supported by the ES staff when:

1. The youth is in need of hospitalization based on clinical level of care criteria; **and**
2. Community and support system resources are not available; **and**
3. A less restrictive alternative is not available and/or is not able to meet the youth's clinical needs.

ES staff is provided with an admission notification form that includes a list of available resources that must be contacted to make decisions related to appropriate level of care recommendations and treatment options ([Attachment 1](#)). This admission notification form and supporting clinical documentation must be faxed to the Department of Vermont Health Access (DVHA) by the next business day following an admission. The documentation must reflect the clinical justification for the recommendation for; or support of inpatient admission. The documentation must specify the alternatives to inpatient admission that were considered and reasoning for ruling out the alternatives. The ES staff also arranges for transportation and makes the referral to a psychiatric inpatient facility.

Admitting facilities are expected to utilize clinical level of care criteria in determining whether a referred youth's clinical presentation meets medical necessity for inpatient admission. **Referrals for inpatient level of care based on assessments by designated ES staff are not meant to supersede a facility's use of the facility's admissions criteria when determining the medical necessity of an urgent/emergent admission.**

Children and adolescents who are primary Vermont Medicaid members and are physically located outside the State of Vermont but are referred or seeking admission to an in-state (located in Vermont) inpatient facility are not expected to be assessed by ES staff prior to admission when the assessment cannot be completed in-person. Admitting facilities are expected to utilize clinical level of care criteria in determining whether a youth's clinical presentation meets medical necessity criteria for inpatient admission. In lieu of the in-person assessment by an ES staff, the admitting facility is expected to notify the youth's home DA of the admission and begin coordination of care within 24 hours of the admission.

All emergent and urgent admissions will require notification to the DVHA within 24 hours or the next business day of admission. The admitting facility will fax to the DVHA the *Vermont Medicaid Admission Notification Form for Behavioral Health Services* ([Attachment 2](#)). This form is also available electronically at <http://dvha.vermont.gov/for-providers/forms-1>.

**All elective (planned) admissions require prior authorization.** The provider will fax the *Uniform Medical Prior Authorization Form* ([Attachment 6](#)) with the supporting clinical information. These forms are also available electronically at <http://dvha.vermont.gov/for-providers/forms-1>.

### 2.3 Concurrent Review

Notification to the DVHA utilization reviewer (UR) (within 24 hours or the next business day of the admission) begins the concurrent review process. The provider is responsible for faxing the clinical documentation from the medical record to demonstrate the need for inpatient level of care to the DVHA for review. The UR will use the documentation provided to assess the member's acuity level using the InterQual<sup>®</sup> tool. The UR will assign authorization, typically in increments of 1 to 7 days. Notification of the authorization decision will be provided within 24 hours or 1 business day of receipt of the necessary clinical information required to complete a review.

It is the provider's responsibility to contact the utilization reviewer on or before the last covered day to request authorization for **a specific number of** additional inpatient days. Notification via fax must include additional clinical documentation to support the need for continued inpatient level of care. Failure to notify the UR (and fax the supporting documentation supporting additional inpatient days) results in the end of authorization. **Should the situation arise outside of regular business hours in which the clinical presentation of a member changes and the provider believes additional authorized days are required, the provider must make the request for authorization and submit the clinical documentation via fax no later than 12:00 pm (noon) on the next business day.** Every effort will be made to render an authorization decision by the end of the business day.

Upon determination that clinical criteria for inpatient level of care are no longer met, the UR will inform the provider of the last covered day or the change in authorization status. If the provider disagrees with the decision, they may request a Reconsideration Review, please refer to Section 1.2.11, Provider Reconsideration Requests, in the Vermont Medicaid General Provider Manual. <http://www.vtmedicaid.com/#/manuals>

The DVHA expects that members will discharge with scheduled follow-up appointments with mental health treatment providers within 7 days of the discharge date. The discharge plan will contain documentation of these appointments or if applicable documentation of the member's refusal of appointments. The discharge plan will be faxed to the UR and upon receipt a final payment authorization will be entered into the MMIS.

In order for the DVHA to make authorization determinations, the provider is responsible for:

- Notifying the DVHA of an inpatient admission within 24 hours or the next business day and providing via fax the clinical documentation from the medical record justifying the inpatient admission. And, if requesting additional inpatient days, clinical justification for continued stay. The clinical information provided must be sufficient to complete the review utilizing the InterQual<sup>®</sup> tool.
- Initiating aftercare planning at the time of admission, including but not limited to, contact with family or guardian, primary care provider (PCP), all relevant outpatient behavioral health treatment providers, and if required the appropriate state liaison from the

Department of Mental Health, the Department of Disability, Aging and Independent Living, the Department for Children and Families, the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP), and/or the Local Educational Agency (LEA). Discharge planning must include frequent coordination with team members, specific recommendations for aftercare **and identification of expected discharge date upon admission.**

- Documentation of the member's (or guardian's) refusal to sign releases for team members not covered by HIPPA
- Daily active and ongoing discharge planning with all treatment team members. The discharge planning should be directly linked to the symptoms/behaviors that led to the admission and should identify appropriate post-hospitalization treatment and recovery resources.
- Prompt notification to the DVHA UR of barriers to active discharge planning including difficulties reaching the treatment team members. The DVHA expects that the provider will proactively communicate with the appropriate Departmental liaison (DCF, DMH, DAIL and/or VDH-ADAP) to gain support in initiating and engaging in active discharge planning with the outpatient treatment providers.
- Contacting the UR on or before the last covered day to request authorization for a **specific number** of additional inpatient days. The provider is expected at this time to provide by fax the pertinent clinical information from the medical record justifying the need for continued inpatient level of care; **including evidence that a continued inpatient stay can be reasonably expected to bring about significant improvement in the presenting psychiatric condition that led to inpatient hospitalization.**

## Section 3 Voluntary Adults (Non-CRT) Psychiatric Admissions

### 3.1 Criteria for Inpatient Hospitalization

To ensure that mental health services are provided at an appropriate level of care and within the appropriate utilization of resources, the Department of Vermont Health Access (DVHA) and the Department of Mental Health (DMH) have adopted the Change InterQual<sup>®</sup> criteria. The InterQual tool provides resource efficient evidence-based clinical decision support across the levels of care.

### 3.2 Admission Process

Adults whose primary insurance is Vermont Medicaid admitted to a facility for psychiatric inpatient services will be assessed prior to admission by the admitting facility (provider) to determine medical necessity for inpatient level of care. All emergent and urgent admissions will require notification to the DVHA within 24 hours or the next business day of admission. The admitting facility will fax to the DVHA the *Vermont Medicaid Admission Notification Form for Behavioral Health Services* ([Attachment 2](#)). This form is available electronically at: <http://dvha.vermont.gov/for-providers/forms-1>.

**All elective (planned) admissions require prior authorization.** The provider will fax the *Uniform Medical Prior Authorization Form* ([Attachment 6](#)) with the supporting clinical information. These forms are also available electronically at: <http://dvha.vermont.gov/for-providers/forms-1>.

### 3.3 Concurrent Review

Notification to the DVHA utilization reviewer (UR) (within 24 hours or the next business day of the admission) begins the concurrent review process. The provider is responsible for faxing the clinical documentation from the medical record to demonstrate the need for inpatient level of care to the DVHA for review. The UR will use the documentation provided to assess the member's acuity level using the InterQual<sup>®</sup> tool. The UR will typically assign authorization in increments of 1 to 7 days. Notification of the authorization decision will be provided within 24 hours or 1 business day of receipt of the necessary clinical information required to complete a review.

It is the provider's responsibility to contact the utilization reviewer on or before the last covered day to request authorization for **a specific number** of additional inpatient days. Notification via fax must include additional clinical documentation to support the need for continued inpatient level of care. Failure to notify the UR (and fax the supporting documentation supporting additional inpatient days) results in the end of authorization. **Should the situation arise outside of regular business hours in which the clinical presentation of a member changes and the facility feels additional authorized days are required, the facility must make the request for authorization and provide the clinical documentation via fax no later than 12:00 pm (noon) on the next business day.** Every effort will be made to render an authorization decision at that time but no later than the end of the business day.

Upon determination that clinical criteria for inpatient level of care are no longer met, the utilization reviewer will inform the provider of the last covered day or the change in authorization status. If the provider disagrees with the decision they may request a Reconsideration Review, see Section 3.2, Adjustment Requests, in the Vermont Medicaid General Billing and Forms Manual. <http://www.vtmedicaid.com/#/manuals>

The DVHA expects that members will discharge with scheduled follow-up appointments with mental health treatment providers within 7 days of the discharge date. The discharge plan will

contain documentation of these appointments or documentation of the member's refusal of appointments. The discharge plan will be sent to the utilization reviewer and upon receipt a payment authorization will be entered into the MMIS.

In order for the DVHA to make authorization determinations, the provider is responsible for:

- Notifying the DVHA of an inpatient admission within 24 hours or the next business day and providing via fax the clinical documentation from the medical record justifying the inpatient admission. And, if requesting additional inpatient days, clinical justification for continued stay. The clinical information provided must be sufficient to complete the review utilizing the InterQual<sup>®</sup> tool.
- Initiating aftercare planning at the time of admission, including but not limited to, contact with family or guardian, primary care provider (PCP), all relevant outpatient behavioral health treatment providers, and if required the appropriate state liaison from the Department of Mental Health, the Department of Disability, Aging and Independent Living, and/or the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP). Discharge planning must include frequent coordination with team members, specific recommendations for aftercare **and identification of expected discharge date upon admission.**
- Documentation of the member's (or guardian's) refusal to sign releases for team members not covered by HIPPA
- Daily active and ongoing discharge planning with all treatment team members. The discharge planning should be directly linked to the symptoms/behaviors that led to the admission and should identify appropriate post-hospitalization treatment and recovery resources.
- Prompt notification to the DVHA UR of barriers to active discharge planning including difficulties reaching the treatment team members. The DVHA expects that the provider will proactively communicate with the appropriate Departmental liaison (DMH, DAIL and/or VDH-ADAP) to gain support in initiating and engaging in active discharge planning with the outpatient treatment providers.
- Contacting the UR on or before the last covered day to request authorization for **a specific number** of additional inpatient days. The provider is expected at this time to provide by fax the pertinent clinical information from the medical record justifying the need for continued inpatient level of care; **including evidence that a continued inpatient stay can be reasonably expected to bring about significant improvement in the presenting psychiatric condition that led to inpatient hospitalization.**

## Section 4 Medically Managed Detoxification

### 4.1 Criteria for Inpatient Hospitalization

To ensure that the medically managed detoxification services are provided at an appropriate level of care and with the appropriate utilization of resources, the Department of Vermont Health Access (DVHA) has adopted the Change InterQual<sup>®</sup> Criteria. The InterQual tool provides resource efficient evidence-based clinical decision support across the levels of care

### 4.2 Admission Process

All adults (ages 18 and over) whose primary insurance is Vermont Medicaid admitted to an inpatient facility for medically managed detoxification services will be assessed by staff at the admitting facility (provider) to determine the medical necessity for inpatient level of care, prior to admission. All emergent and urgent admissions will require notification to the DVHA within 24 hours or the next business day of admission. The admitting facility will fax to the DVHA all necessary clinical documentation from the medical record, including nationally-recognized, standardized tools used to assess withdrawal symptoms (ie COWS<sup>®</sup>, CIWA<sup>®</sup>, CIWA-Ar<sup>®</sup>) as well as the *Vermont Medicaid Admission Notification Form for Behavioral Health Services* ([Attachment 2](#)). This form is also available electronically at: <http://dvha.vermont.gov/for-providers/forms-1>.

**All elective (planned) admissions will require prior authorization.** The provider will fax the *Uniform Medical Prior Authorization Form* ([Attachment 6](#)) with the supporting clinical information. These forms are also available electronically at: <http://dvha.vermont.gov/for-providers/forms-1>.

### 4.3 Concurrent Review

Notification to the DVHA utilization reviewer (UR) (within 24 hours or the next business day of the admission) begins the concurrent review process. The provider is responsible for faxing the clinical documentation from the medical record to demonstrate the need for inpatient level of care to the DVHA for review. The UR will use the documentation provided to assess the member's acuity level using the InterQual<sup>®</sup> tool. The UR will typically assign authorization in increments of 1 to 7 days. Notification of the authorization decision will be provided within 24 hours or 1 business day of receipt of the necessary clinical information required to complete a review.

It is the provider's responsibility to contact the utilization reviewer on or before the last covered day to request authorization for **a specific number** of additional inpatient days. Notification via fax must include additional clinical documentation to support the need for continued inpatient level of care. Failure to notify the UR (and fax the supporting documentation supporting additional inpatient days) results in the end of authorization. **Should the situation arise outside of regular business hours in which the clinical presentation of a member changes and the provider believes additional authorized days are required, the provider must make the request for authorization and provide the clinical documentation via fax no later than 12:00 pm (noon) on the next business day.** Every effort will be made to render an authorization decision by the end of the business day.

Upon determination that clinical criteria for inpatient level of care are no longer met, the utilization reviewer will inform the provider of the last covered day or the change in authorization status. If the inpatient facility disagrees with the decision they may request a Reconsideration Review, see Section 3.2, Adjustment Requests, in the Vermont Medicaid General Billing and Forms Manual. <http://www.vtmedicaid.com/#/manuals>

The DVHA expects that members will discharge with scheduled follow-up appointments with substance abuse and, if appropriate, mental health treatment providers within 7 days of the discharge date. The discharge plan will contain documentation of these appointments or documentation of the member's refusal of appointments. The discharge plan will be sent via fax to the utilization reviewer and upon receipt a payment authorization will be entered into the MMIS.

In order for the utilization reviewer to make authorization determinations, the provider is responsible for:

- Notifying the DVHA of an inpatient admission within 24 hours or the next business day and providing via fax the clinical documentation from the medical record justifying the inpatient admission. And, if requesting additional inpatient days, clinical justification for continued stay. The clinical information provided must be sufficient to complete the review utilizing the InterQual® tool.
- Initiating aftercare planning at the time of admission, including but not limited to, contact with family or guardian, primary care provider (PCP), all relevant outpatient behavioral health treatment providers, and if required the appropriate state liaison from the Department of Mental Health, the Department of Disability, Aging and Independent Living, and/or the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP). Discharge planning must include frequent coordination with team members, specific recommendations for aftercare **and identification of expected discharge date upon admission.**
- Documentation of the member's (or guardian's) refusal to sign releases for team members not covered by HIPPA
- Daily active and ongoing discharge planning with all treatment team members. The discharge planning should be directly linked to the symptoms/behaviors that led to the admission and should identify appropriate post-hospitalization treatment and recovery resources.
- Prompt notification to the DVHA UR of barriers to active discharge planning including difficulties reaching the treatment team members. The DVHA expects that the provider will proactively communicate with the appropriate Departmental liaison (DMH, DAIL and/or VDH-ADAP) to gain support in initiating and engaging in active discharge planning with the outpatient treatment providers.
- Contacting the UR on or before the last covered day to request authorization for a **specific number** of additional inpatient days. The provider is expected at this time to provide by fax the pertinent clinical information from the medical record justifying the need for continued inpatient level of care; **including evidence that a continued inpatient stay can be reasonably expected to bring about significant improvement in the presenting condition that led to inpatient hospitalization.**

## Section 5 Community Rehabilitation & Treatment (CRT)

### 5.1 Criteria for Inpatient Hospitalization

To ensure that mental health services are provided at an appropriate level of care and within the appropriate utilization of resources, the Department of Vermont Health Access (DVHA) and the Department of Mental Health (DMH) have adopted the Change InterQual<sup>®</sup> Behavioral Health criteria. The InterQual tool provides resource efficient evidence-based clinical decision support across the levels of care

### 5.2 Admission Process

#### **Initial interview and evaluation by Designated Agency screener**

Staff from the Designated Agencies (DA) evaluate all proposed CRT psychiatric inpatient admissions. These staff are referred to as screeners.

The screener interviews and evaluates all individuals identified in need of psychiatric hospitalization for purposes of:

- Continuity of care
- Recommendation of immediate intervention strategies
- Determination of appropriateness for hospitalization
- Determination of appropriateness for involuntary hospitalization

This encounter includes assessment for less restrictive alternatives and review of any existing crisis plan for the individual. This screener records this information on the *CRT Crisis Intake Worksheet* ([Attachment 3](#)).

If an involuntary hospitalization is sought, an *Application for Emergency Examination* must be completed ([Attachment 11](#)).

If the admitting facility (provider) determines (through an emergency department or 'transfer' from a medical unit or another hospital) that an individual presenting for admission is a CRT enrollee, the individual's DA emergency services program must be contacted to begin the assessment process. All emergent and urgent admissions will require notification to the DVHA within 24 hours or the next business day of admission. The provider will fax to the DVHA the *Vermont Medicaid Admission Notification Form for Behavioral Health Services* ([Attachment 2](#)). This form is also available electronically at: <http://dvha.vermont.gov/for-providers/forms-1>.

**All elective (planned) admissions will require prior authorization.** The provider will fax the *Uniform Medical Prior Authorization Form* ([Attachment 6](#)) with the supporting clinical information. These forms are also available electronically at: <http://dvha.vermont.gov/for-providers/forms-1>.

For CRT inpatient hospitalization, the payer source upon admission remains the same payer throughout the episode of care regardless of any changes that occur during the course of treatment. For example, if an individual is enrolled in a CRT program after being admitted to an inpatient facility for psychiatric services, the payer that covered the stay at the time of admission remains the payer for the entire episode of care. Conversely, if an individual is enrolled in a CRT program at the time of admission and is dis-enrolled prior to discharge from the inpatient facility, the original payer remains for the entire episode of care.

### 5.3 Concurrent Review

During regular business hours, upon receipt of the admission notification form a utilization reviewer (UR) will be assigned to begin the authorization process. All clinical information necessary to determine that inpatient criteria are met will be provided via fax with the admission notification form. The utilization reviewer will contact the provider with the initial authorization decision or will request further information if necessary by the next business day. For purposes of concurrent review, based on information provided, the utilization reviewer will assign authorization in increments of 24 hours up to 7 days based upon the member's acuity level, unless extenuating circumstances exist, and the UR staff and provider agree to an exception. The utilization reviewer will render an authorization decision to the inpatient facility within 24 hours or 1 business day of receipt of the clinical information during the concurrent review.

It is the provider's responsibility to contact the utilization reviewer on or before the last covered day to request authorization for additional inpatient days and to provide supporting clinical documentation from the medical record. If the provider does not contact the utilization reviewer to request authorization of additional inpatient days or fails to provide the supporting clinical documentation, the authorization will end. Should the situation arise outside of regular business hours in which the clinical presentation of a member changes and the facility evaluates (or makes an assessment) that additional authorized days are required, the facility must make the request for authorization and provide the clinical documentation no later than 12:00 pm (noon) on the next business day. Every effort will be made to render an authorization decision at that time but no later than the end of the business day.

Upon determination that the clinical criteria for inpatient level of care are no longer met, the utilization reviewer will inform the provider of the last covered day for payment or the change in authorization status. If the inpatient facility disagrees with this decision it may request a Reconsideration Review, see Section 3.2, Adjustment Requests, in the Vermont Medicaid General Billing and Forms Manual. <http://www.vtmedicaid.com/#/manuals>

The DMH expects that members will discharge with scheduled follow-up appointments with mental health treatment providers within 7 days of the discharge date. The discharge plan will contain documentation of these appointment dates and times or documentation of the member's refusal of appointments. The discharge plan will be sent to the utilization reviewer and upon receipt a payment authorization will be entered into the MMIS.

In order for the DMH to make authorization determinations, the provider is responsible for

- Notifying the DMH of an inpatient admission within 24 hours or the next business day and providing via fax the clinical documentation from the medical record justifying the inpatient admission. And, if requesting additional inpatient days, clinical justification for continued stay. The clinical information provided must be sufficient to complete the review utilizing the InterQual<sup>®</sup> tool.
- Initiating aftercare planning at the time of admission, including but not limited to, contact with family or guardian, primary care provider (PCP), all relevant outpatient behavioral health treatment providers, and if required the appropriate state liaison from the Department of Mental Health, the Department of Disability, Aging and Independent Living and/or the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP). Discharge planning must include frequent coordination with team members, specific recommendations for aftercare **and identification of expected discharge date upon admission.**

- Documentation of the member's (or guardian's) refusal to sign releases for team members not covered by HIPPA
- Daily active and ongoing discharge planning with all treatment team members. The discharge planning should be directly linked to the symptoms/behaviors that led to the admission and should identify appropriate post-hospitalization treatment and recovery resources.
- Prompt notification to the UR of barriers to active discharge planning including difficulties reaching the treatment team members. The DMH expects that the provider will proactively communicate with the appropriate Departmental liaison (DMH, DAIL and/or VDH-ADAP) to gain support in initiating and engaging in active discharge planning with the outpatient treatment providers.
- Contacting the UR on or before the last covered day to request authorization for a **specific number** of additional inpatient days. The provider is expected at this time to provide by fax the pertinent clinical information from the medical record justifying the need for continued inpatient level of care; **including evidence that a continued inpatient stay can be reasonably expected to bring about significant improvement in the presenting psychiatric condition that led to inpatient hospitalization.**

## Section 6 Involuntary Admissions/Emergency Examinations

### 6.1 Admission Process

A Qualified Mental Health Professional (QMHP) must evaluate all individuals regardless of treatment provider, program or payer source to determine the necessity for an involuntary hospitalization. A QMHP who is also employed by a hospital psychiatric unit must not be working in that capacity at the same time he/she is acting in the role of a QMHP. By agreement with the Department of Mental Health (DMH) and designated general hospitals, only QMHPs who are designated by the DMH Commissioner or designee and employed by a Designated Agency (DA) can screen and serve as the applicant for involuntary psychiatric admissions. (See [Attachment 4](#)) for a detailed description of requirements and responsibilities.) The QMHP reports all admissions to the DMH Admission's Office and completes the *Application for Emergency Examination* ([Attachment 11](#)).

### 6.2 Authorization Criteria for Continued Stay

To ensure that mental health services are provided at an appropriate level of care and within the appropriate utilization of resources, the Department of Vermont Health Access (DVHA) and the Department of Mental Health (DMH) have adopted the Change InterQual® criteria. The InterQual® tool provides resource efficient evidence-based clinical decision support across the levels of care

### 6.3 Concurrent Review

During regular business hours, upon receipt of the admission notification form a utilization reviewer (UR) will be assigned to begin the authorization process. All clinical information necessary to determine that inpatient criteria are met will be provided via fax with the admission notification form. The utilization reviewer will contact the provider with the initial authorization decision or will request further information if necessary by the next business day. For purposes of concurrent review, based on information provided, the utilization reviewer will assign authorization in increments of 24 hours up to 7 days based upon the member's acuity level, unless extenuating circumstances exist, and the UR staff and provider agree to an exception. The utilization reviewer will render an authorization decision to the inpatient facility within 24 hours or 1 business day of receipt of the clinical information during the concurrent review.

It is the provider's responsibility to contact the utilization reviewer on or before the last covered day to request authorization for additional inpatient days and to provide supporting clinical documentation from the medical record. If the provider does not contact the utilization reviewer to request authorization of additional inpatient days or fails to provide the supporting clinical documentation, the authorization will end. **Should the situation arise outside of regular business hours in which the clinical presentation of a member changes and the facility feels additional authorized days are required, the facility must make the request for authorization and provide the clinical documentation no later than 12:00 pm (noon) on the next business day.** Every effort will be made to render an authorization decision at that time but no later than the end of the business day.

Upon determination that the clinical criteria for inpatient level of care are no longer met, the utilization reviewer will inform the provider of the last covered day for payment or the change in authorization status. If the inpatient facility disagrees with this decision it may request a

Reconsideration Review, see Section 3.2, Adjustment Requests, in the Vermont Medicaid General Billing and Forms Manual. <http://www.vtmedicaid.com/#/manuals>

The DMH expects that members will discharge with scheduled follow-up appointments with mental health treatment providers within 7 days of the discharge date. The discharge plan will contain documentation of these appointment dates and times or documentation of the member's refusal of appointments. The discharge plan will be sent to the utilization reviewer and upon receipt a payment authorization will be entered into the MMIS.

In order for the DMH to make authorization determinations, the provider is responsible for:

- Notifying the DMH of an inpatient admission within 24 hours or the next business day and providing via fax the clinical documentation from the medical record justifying the inpatient admission. And, if requesting additional inpatient days, clinical justification for continued stay. The clinical information provided must be sufficient to complete the review utilizing the InterQual<sup>®</sup> tool.
- Initiating aftercare planning at the time of admission, including but not limited to, contact with family or guardian, primary care provider (PCP), all relevant outpatient behavioral health treatment providers, and if required the appropriate state liaison from the Department of Mental Health, the Department of Disability, Aging and Independent Living and/or the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP). Discharge planning must include frequent coordination with team members, specific recommendations for aftercare **and identification of expected discharge date upon admission.**
- Documentation of the member's (or guardian's) refusal to sign releases for team members not covered by HIPPA
- Daily active and ongoing discharge planning with all treatment team members. The discharge planning should be directly linked to the symptoms/behaviors that led to the admission and should identify appropriate post-hospitalization treatment and recovery resources.
- Prompt notification to the UR of barriers to active discharge planning including difficulties reaching the treatment team members. The DMH expects that the provider will proactively communicate with the appropriate Departmental liaison (DMH, DAIL and/or VDH-ADAP) to gain support in initiating and engaging in active discharge planning with the outpatient treatment providers.

Contacting the UR on or before the last covered day to request authorization for **a specific number** of additional inpatient days. The provider is expected at this time to provide by fax the pertinent clinical information from the medical record justifying the need for continued inpatient level of care; **including evidence that a continued inpatient stay can be reasonably expected to bring about significant improvement in the presenting psychiatric condition that led to inpatient hospitalization.**

## Section 7 Applied Behavior Analysis Benefit Provider Guidance

### 7.1 Introduction

Vermont Medicaid covers medically necessary, evidence-based diagnosis and treatment of autism spectrum disorders, including applied behavioral analysis supervised by nationally board-certified behavior analysts, for children birth until the age of 21 years. Vermont Medicaid pays for ABA using two separate funding methodologies depending on insurance status; Case Rate for individuals with only Medicaid as their sole insurance, and fee-for-service for individuals who have other insurance coverage in addition to Medicaid.

All ABA services (regardless of payment methodology) must be medically necessary. The same documentation standards apply, and clinical best practice is expected. The Case Rate requires consultation with the DVHA Autism Specialist or designee to identify tiers; Fee-for-service requires prior authorization. The ABA policy and clinical information and guidance documentation are available at: <http://dvha.vermont.gov/for-providers/applied-behavior-analysis-aba/>.

Information outlined in the ABA policy and ABA Clinical Guidelines will not be repeated in this provider manual. Providers can access the ABA policy and Clinical Guidelines at <http://dvha.vermont.gov/for-providers/applied-behavior-analysis-aba/>

### 7.2 Documentation Requirements

DVHA requires that ABA providers must maintain documentation in a member's file. Please review the ABA policy for specific documentation requirements at: <http://dvha.vermont.gov/for-providers/aba-policy-5.1.19.pdf>

### 7.3 Case Rate specific requirements – Medicaid only members

Case Rate will be utilized for all members with an ASD diagnosis or an early childhood developmental disability disorder who have Medicaid only coverage.

1. **Consultation:** Consultations ensure tier assignments are effective for the first of the following month. Providers must contact the DVHA Autism Specialist or designee by the last business day prior to the 15<sup>th</sup> of the month to determine tier assignment based on clinically recommended treatment hours.

The following information must be provided to the Autism Specialist during consultations:

- Member's name
- UID
- DOB
- Provider name
- Projected hours
- Tier request
- Time frame (i.e. months requested)

- Tier changes can be made as frequently as monthly based on changes in anticipated service delivery. Providers must contact the DVHA Autism Specialist or designee via e-mail [AHS.DVHAABABenefit@vermont.gov](mailto:AHS.DVHAABABenefit@vermont.gov) to make changes.
  - Providers must wait to receive notification from the DVHA Autism Specialist or designee prior to submitting initial claims for new members.
2. Services for members with an early childhood developmental disability diagnosis (non ASD diagnosis) require prior authorization, which may be determined during consultations with the DVHA Autism Specialist or designee. Determination letters will be sent by the Autism Specialist or designee following consultation.

### 7.3.1 Case Rate Tiers

The case rate is comprised of 14 tiers and is based on the number of anticipated service hours:

Tier	Hours
0	0
1	2-5
2	6-14
3	15-24
4	25 – 34
5	35 – 49
6	50 – 64
7	65 – 79
8	80 – 94
9	95 – 109
10	110 – 124
11	125 – 139
12	140 – 154
13	155 – 169
14	170 +

**Included codes** - The following CPT codes are included in monthly totals:

- **Assessment codes\*:**

- 97151
- 97152
- 0362T

- **Treatment codes:**

- 97153
- 97154
- 97158
- 0373T

- **Program Supervision\*:**

- 97155

- **Parent Training:**

- 97156
- 97157

- **Team Conference\*:**

- 99366
- 99368

\* Adherence to code restrictions is expected. Any exceptions must have supporting clinical documentation demonstrating medical necessity and should be discussed with DVHA Autism Specialist.

3. **Assessments and Reassessments:** Assessment and reassessment hours will be included in the monthly total hours for tier assignments in the month they are administered. Providers should notify the DVHA Autism Specialist or designee if any assessments were completed that were not included in a tier assignment.

Assessment code limitations are as follows:

- 97151 – Limited to 4 BCBA hours every 6 months
- 97152 – Limited to 4 BT hours every 6 months
- 0362T – Limited to 4 BT hours every 6 months

4. **Shadow Claims:** While payment for services provided is no longer dependent on submitted claims, providers are expected to continue to submit “shadow” claims for purposes of data collection and reconciliation. Shadow claims are submitted in the same way as regular claims. See the ABA Policy: <http://dvha.vermont.gov/for-providers/applied-behavior-analysis-aba/> regarding claims submittal guidelines.
5. **Monitoring:** DVHA will conduct quarterly reviews to compare shadow claims with tier placement. The expectation is the hours provided match the projected tier. The Autism Specialist will contact the provider if tiers and hours don’t match. An action plan will be established (e.g. discuss tier selection, correct shadow claims, etc.)
6. **Site Visits:** DVHA will conduct bi-annual site visits, typically scheduled in advance but may be unannounced. Providers may also request a site visit by DVHA staff. During site visits the DVHA Autism Specialist or designee will meet with the providers on location and review all or a representative sample of members’ files. There are no specific requirements for the organization of charts (paper, electronic etc.). However, documentation should demonstrate adherence to clinical best practices. See the ABA Policy and Clinical Guidelines for documentation that should be included within member’s files: <http://dvha.vermont.gov/for-providers/applied-behavior-analysis-aba/>
7. **Reimbursement:** Once consultations with the DVHA Autism Specialist or designee have occurred and tiers have been set for each member, providers will receive their prospective payment. Providers will receive one payment that includes the tier rates for all Medicaid

members they are providing services to. Payments will be issued the last Friday of every month.

8. **Reconciliation:** Reconciliation will occur annually for each calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>) <sup>1</sup>. Reconciliation for the previous year will begin in April, using the Medicaid Management Information System (MMIS) as the data source for all claims used for the reconciliation, and will be based on the complete data set as of March 31<sup>st</sup>.

Reconciliation will happen at the provider level, and all billed hours will be subject to review during the reconciliation process. All ABA services (allowable under the case rate) will be totaled for each month to determine the *Final Monthly Tier*. DVHA will review the *Final Monthly Tier* against the *Provider-Selected Monthly Tier* for each client for each month of service. Months will be aggregated to reconcile the total year-end difference for each client. Client differences will be aggregated to determine the total net loss or gain for the provider. Reconciliation will be to 100% of the difference.

Calculations will be based on the following:

CPT Code	Tier Calculation	Claims Hours
97151	Total Billable Monthly Hours	Hours
97152	Total Billable Monthly Hours	Hours
97153	Total Billable Monthly Hours	Hours
97154	Total Billable Monthly Hours	Hours
97155	Total Billable Monthly Hours	Hours
97156	Total Billable Monthly Hours	Hours
97157	Total Billable Monthly Hours	Hours
97158	Total Billable Monthly Hours	Hours
99366	Total Billable Monthly Hours	Hours
99368	Total Billable Monthly Hours	Hours
0362T	Total Billable Monthly Hours	Hours * 2
0373T	Total Billable Monthly Hours	Hours * 2

9. **Communication with DVHA:** All ABA providers have been given access to GlobalScape, a HIPAA compliant platform in which providers will share clinical documentation with DVHA.

If a provider would like to make changes to tier(s) they should request this through email [AHS.DVHAABABenefit@vermont.gov](mailto:AHS.DVHAABABenefit@vermont.gov). Change confirmations will be sent from the DVHA QICIU ABA team.

If you have any questions or concerns regarding the Vermont Medicaid ABA benefit, please email [AHS.DVHAABABenefit@vermont.gov](mailto:AHS.DVHAABABenefit@vermont.gov).

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<sup>1</sup> For CY2019, the period for reconciliation will be July 1, 2019 – December 31, 2019.

## 7.4 Fee-For-Service Requirements – Members who have other insurance

Providers will follow fee-for-service requirements for members with other insurance in addition to Medicaid.

If the primary insurance does not cover any or all ABA service claims, Medicaid may cover the service if determined clinically appropriate (requires prior authorization by DVHA). Provider must submit primary insurance denial letter with request.

1. **Prior Authorization:** Prior Authorization is required for fee for service. Required documentation found in the link in the *Documentation Requirements* section <http://dvha.vermont.gov/for-providers/applied-behavior-analysis-aba/> must be faxed to DVHA (855) 275-1212 and authorized prior to service delivery.

DVHA uses evidence-based criteria to make authorization decisions and notifies providers within three business days of receiving **all** necessary information.

2. **Continued Authorization:** Continued Authorizations must be submitted every six months (unless greater frequency is clinically indicated) to the DVHA. Please refer to the ABA policy regarding required documentation: <http://dvha.vermont.gov/for-providers/aba-policy-5.1.19.pdf>.

**Required documentation must be faxed to DVHA 855.275.1212 and authorized prior to service delivery.**

3. **Reimbursement:** Providers will be reimbursed for claims submitted for services rendered, as authorized by DVHA.

## Section 8 Policy References

[7103 Medical Necessity](#)

[7102.2 Prior Authorization Determination](#)

[Telehealth](#)

[9.103 Supervised Billing](#)

Medicaid Rules: <http://humanservices.vermont.gov/on-line-rules>

## Section 9 Reconsideration Process

The DVHA and the DMH will conduct an internal review of the following types of decisions directly affecting providers in response to requests by providers:

- PA disapproval by the DVHA or its agents (other than medical necessity determinations);
- PA disapproval because documentation was inadequate;
- Error in manual pricing;

The DVHA and the DMH will not review any decision other than those listed above.

Although this process is not an appeals process, it is the DVHA's and the DMH's position that providing a "second look" for certain decisions may help improve accuracy. Any affected provider may ask that the DVHA or the DMH reconsider its decision.

Requests must be made no later than 14 days after the DVHA or DMH utilization review clinician (reviewer) first gives notice, either written or oral, to the ABA provider, inpatient or residential facility of the authorization decision.

The DVHA or the DMH will base the reconsideration of authorization decision on the clinical documentation from the medical record and written documentation from the attending physician demonstrating why the provider believes the DVHA or the DMH should have found differently (based on the clinical presentation of the member). The fully completed REQUEST FOR RECONSIDERATION OF AUTHORIZATION FOR MENTAL HEALTH AND APPLIED BEHAVIOR ANALYSIS SERVICES form ([Attachment 5](#)) and all clinical documentation must be submitted via fax or mail to the reviewer.

It is expected that the request will contain all supporting documents. Supplemental information submitted after the request for reconsideration of authorization is submitted, even if before the decision has been made, will not be considered by the DVHA or the DMH except when the DVHA or the DMH determines that extraordinary circumstances exist. Upon receipt of the request and supporting information, the DVHA or the DMH will review all information received.

The DVHA or the DMH will notify the inpatient or residential facility of its reconsideration of authorization decision within 14 days of receipt of notice of the request and the supporting clinical documentation from the medical record with a possible extension of up to 14 additional calendar days if the enrollee, ABA provider residential or inpatient facility requests extension or the DVHA and/or the DMH justifies (to the State agency upon request) a need for additional information and how the extension is in the member's interest.

In the event that an ABA provider, inpatient or residential facility disagrees with the DVHA or the DMH regarding the reconsideration of authorization decision, the ABA provider or inpatient or residential facility's physician and/or Medical Director may request to speak with the DVHA or the DMH designated physician for a final review of the authorization decision (aka doc to doc review).

Such requests must be made in writing to the DVHA or the DMH utilization review clinician within 5 business days of the notification of the reconsideration of authorization decision. The request must include service and or rate the provider is requesting be reviewed, the name and contact information for the provider who is requesting the review and the name and contact information for scheduling purposes.

- The provider is responsible for responding to the DVHA or the DMH proposed schedule of review times within 3 business days. Failure to respond to proposed times within 3 business days will result in the reconsideration of authorization decision being upheld.
- If a provider is unable to attend a scheduled doc to doc review, it is the provider's responsibility to contact the DVHA or the DMH utilization review clinician to request a rescheduled appointment within 3 business days. Failure of the provider to request a rescheduled appointment within 3 business days will result in the reconsideration of authorization decision being upheld.
- If a provider fails to attend three scheduled doc to doc reviews for a particular member and service, this will result in the reconsideration of authorization decision being upheld and no additional opportunities to schedule a doc to doc review for the service in question will be afforded.

There is no additional review or reconsideration after the DVHA or the DMH Medical Director or the designee has made a decision on the reconsideration of authorization request.

### **9.1 Expedited Decisions**

For cases in which the provider indicates or the DVHA and/or DMH determines that following the standard timeframe could seriously jeopardize the member's life, health or ability to attain, maintain, or regain maximum function, the DVHA and/or DMH must make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than 3 working days after receipt of the request for this service.

## Section 10 Interrupted Psychiatric Stays and Rapid Re-admission

Psychiatric inpatient admissions are considered “interrupted” when a patient is admitted to a psychiatric floor in a general hospital, transferred to a medical floor within the same facility and transferred back to the psychiatric floor. These stays are considered continuous for the purpose of applying the variable per diem adjustment and is considered one continuous stay for payment.

There are four types of rapid re-admissions described in this document. Rapid-re-admissions are authorized and billed in different ways to account for the days a member may be on a medical floor during a stay, days spent out of the hospital, or if a member discharges and then re-admits on the same day. When a member re-admits to a psychiatric floor of a different hospital within 3 midnights, DVHA Utilization Review (UR) clinicians review documentation to determine if the second admission should start at day 1 (new episode) or should continue as an extension of the first admission. This affects the rate of reimbursement for the second admission.

### 10.1 Scenario 1: Rapid re-admission - interrupted psychiatric stay

For instances where a member is on a psychiatric floor, then is transferred to a medical floor, and then is transferred back to the psychiatric floor within the same hospital.

- Member is admitted to psychiatric floor on 02/05/18 and is transferred to medical floor on 02/07/18.
- Member is on medical floor from 02/07/18 - 02/09/18 and is transferred back to the psychiatric floor on 02/10/18.
- Member is discharged on 02/15/18.

#### Claim:

- Submit one claim using one detail line with a date span that encompasses the entire stay with an occurrence code 74 for the dates of the stay on the medical floor.
- Submit a separate claim for the stay on the medical floor using only the dates of service the member was on the medical floor.

#### Claim Example:

- **Psychiatric Claim:** 02/05/18 - 02/15/18 for 10 units of revenue code 124 with occurrence code 74 for 02/07/18 - 02/09/18.
- **Medical Claim (submitted separately):** 02/07/18 - 2/10/18 for 3 units of revenue code 120 (or other inpatient medical code as appropriate).

### 10.2 Scenario 2: Rapid re-admission to a different hospital within 3 midnights

For instances where a member is discharged from a psychiatric floor in one hospital and readmitted to a psychiatric floor in a different hospital within 3 midnights.

- Member is admitted on 02/01/18 and discharged on 02/05/18.
- Member is out of the hospital 02/06/18.
- Member is readmitted on 02/07/18 and discharged on 02/12/18.

#### Claim:

- The first hospital submits a claim using the first admission and first discharge date.

- The second hospital submits a claim using the second admission date and second discharge date **AND** consults the final faxback to see if value code 75 & the number of units need to be entered for the first admission.

**Claim Example:**

- **Psychiatric claim #1:** 02/01/18 - 02/05/18 for 4 units of revenue code 124 by hospital 1.
- **Psychiatric claim #2:** 02/07/18 - 02/12/18 for 5 units of revenue code 124 **AND** 4 units of value code 75 by hospital 2.

**10.3 Scenario 3: Rapid re-admission to the same hospital within 3 midnights**

For instances where a member is discharged from a psychiatric floor in a hospital and readmitted to a psychiatric floor in the same hospital within 3 midnights.

**Example:**

- Member is admitted on 02/05/18 and discharged on 02/07/18.
- Member is out of the hospital on 02/08/18.
- Member is readmitted on 02/09/18 and discharged on 02/14/18.

**Claim:**

- The hospital submits a claim using the first admission and first discharge date.
- The hospital submits a claim using the second admission date and second discharge date **AND** consults final faxback to see if value code 75 should be used.

**Claim Example:**

- **Psychiatric claim #1:** 02/05/18 - 02/07/18 for 2 units of revenue code 124.
- **Psychiatric claim #2:** 02/09/18 - 02/14/18 for 5 units of revenue code 124 **AND** 2 units of value code 75.

**10.4 Scenario 4: Rapid re-admission to the same hospital on the day of discharge**

For instances where a member is discharged from a psychiatric floor in a hospital and readmitted to the same hospital's psychiatric floor on the same day.

**Example:**

- Member is admitted on 03/15/18 and discharged on 03/18/18.
- Member is readmitted on 03/18/18 and discharged on 03/22/18.

**Claim:**

- The hospital submits a claim using the first admission and second discharge date.

**Claim Example:**

- **Psychiatric claim #1:** 03/15/18 – 03/22/18 for 7 units of revenue code 124.

## **Section 11 Sub-Acute and Awaiting Placement Reimbursement Rates**

### **11.1 Sub-Acute**

In order to determine if an inpatient continued stay is eligible for authorization at the sub-acute inpatient rate the following criteria will be utilized:

- The clinical documentation provided by the facility demonstrates that criteria for inpatient level of care per the Change InterQual® criteria is not met and;
- The member no longer requires the intensity of services that can only be provided at the inpatient level of care and;
- The member requires a residential level of care and no discharge placement has been identified or a discharge placement has been identified but is not available, and;
- Active and appropriate aftercare planning has been ongoing from the time of admission and appropriate Agency of Human Services Department partners have been engaged by the facility if barriers to aftercare planning and/or discharge were identified (i.e. DCF central office, DMH Children's Unit, DAIL).

### **11.2 Awaiting Placement**

The Awaiting Placement rate is applied when the acute level of care is no longer necessary, and the member is being discharged to a lower level of care (non-residential).

The utilization reviewer will notify the inpatient facility utilization reviewer no later than 24 hours or one business day prior to the change to authorization at the awaiting placement rate.

## Section 12 Inter-Rater Reliability

The DVHA will have in effect inter-rater reliability mechanisms to ensure consistent application of review criteria for authorization decisions. Those cases not meeting criteria, potential denials, or partial approvals of service authorization for amount, duration, or scope are referred to a health care professional with appropriate clinical expertise in treating the member's condition or disease for determination. Health care professionals include currently licensed health professionals such as: Licensed Clinical Social Worker (LCSW), Licensed Psychologist, Licensed Clinical Mental Health Counselor (LCMHC), Licensed Alcohol and Drug Counselor (LADC), licensed physician's assistant (PA) or a physician.

The following procedures are in place to ensure consistent application of the review criteria. All utilization reviewers or any designated staff responsible for authorization of behavioral health services will complete these procedures.

All staff will be required to complete training on the Change InterQual® Behavioral Health Clinical Decision Support Criteria tool. Training will consist of a combination of web-based, in person and text-based learning. In addition, all staff will be required to complete an annual test utilizing the InterQual® Interrater Reliability Suite (IRR). The IRR is a Web-based testing application which is updated annually and measures how well and consistently reviewers apply InterQual® criteria.

Reviewers must achieve a score of 80%. Should a reviewer receive a score of less than 80%, additional training will be provided until the reviewer receives a score of at least 80%.

## Section 13 Program Integrity

Vermont Medicaid pays only for services that are actually provided and that are medically necessary. In filing a claim for reimbursement, the code should be chosen that most accurately describes the service that was provided, claims should be submitted for only those days that were authorized, and claims should accurately reflect the reimbursement rate authorized as well as the appropriate discharge status (i.e. against medical advice, acute, sub-acute or awaiting placement). It is a felony under Vermont law knowingly to do, attempt, or aid and abet in any of the following when seeking or receiving reimbursement from Vermont Medicaid:

- File a claim for services that were not rendered
- File a false claim
- File a claim for unauthorized items or services
- Bill the member or the member's family for an amount in excess of that allowed by law or regulation
- Fail to credit the state or its agent for payments received from social security, insurance or other sources
- Receive unauthorized payment

**VERMONT MEDICAID CHILD/ADOLESCENT INPATIENT ADMISSION NOTIFICATION FORM**

The following information and justification must be provided by the Designated Agency/SSA conducting the screening. Please submit to the **Department of Vermont Health Access, (Toll-free fax #855-275-1212)** within 24 hours of the inpatient admission.

Admission date: \_\_\_\_\_ Facility: \_\_\_\_\_

Child/Adolescent name: \_\_\_\_\_

Address: \_\_\_\_\_

Medicaid Unique ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian consent on file? \_\_\_ Yes \_\_\_ No Parent/Guardian phone number: \_\_\_\_\_

DCF custody? \_\_\_ Yes \_\_\_ No If yes, name of assigned social worker, district, and telephone number: \_\_\_\_\_

DA/SSA active client? \_\_\_ Yes \_\_\_ No Referral Source: \_\_\_\_\_

Screener Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Status: \_\_\_ Voluntary \_\_\_ Involuntary

**Alternatives considered:**

**Status of referral:** (denied, not appropriate, wait list)

If denied name of the individual issuing the denial and rational:

HC Jarrett House  
802-488-6000

NFI HDP (south)  
802-258-2173

NFI HDP (north)  
802-658-2004

Kinship Care

In-home support

Other (please specify)

If no alternatives were considered please explain in narrative below:

Assessment (clinical justification satisfying criteria for hospitalization) please address the following in narrative:

- Evidence of mental illness (previous diagnosis or need for diagnosis clarity)
- Description of current and recent behavior(s) and level of dangerousness to self or others (i.e., violence, suicide plan and means, disorganized thinking and/or functioning)
- Medical information (physical health, medications and compliance, complicating medical factors or medication issues)
- Evidence of failure or unmanageability at less intensive levels of care (family functioning, strengths and availability of support systems such as school and community, previous and current mental health treatment)

Please share information that you have gathered from your own personal observations and/or as reliably reported to you by another person which led you to believe that the proposed patient is in need of inpatient hospitalization for treatment of a mental illness. If this information is contained in another document that has been completed at the time of this admission, that documentation can be faxed with the form with "see attached" written in this space.

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

## Section 15 Attachment 2



### **Vermont Medicaid Admission Notification Form for Inpatient Psychiatric & Detoxification Services**

The following information and justification must be provided to the Department of Vermont Health Access (DVHA) **(toll-free fax 855-275-1212)** within 24 hours or next business day of an urgent or emergent hospital admission. All elective (planned) admissions require notification prior to admission for authorization. The Utilization Reviewer will contact the facility after notification is received by the DVHA to begin the authorization process.

#### **The following information must be provided in to the DVHA for an authorization decision:**

Date of Admission: [Click to enter a date.](#) Unit admitted to: [Click to enter text.](#)

Admission diagnosis (ICD-10 code): [Click to enter text.](#)

Patient Last Name: [Click to enter text.](#) First Name: [Click to enter text.](#)

Medicaid ID Number: [Click to enter text.](#) Date of Birth: [Click to enter a date.](#)

Physical Address: [Click to enter text.](#)

County: [Click to enter text.](#) Phone number: [Click to enter text.](#)

**Is the patient being admitted involuntarily?**  Yes  No

Is the patient homeless upon admission?  Yes  No

Is the patient pregnant?  Yes  No

Does the patient have a guardian (DCF, or Public Guardian)?  Yes  No

If "Yes", guardian's name: [Click to enter text.](#)

Is the patient receiving mental health services in Vermont from a Community Mental Health Center (CMHC)?

Yes  No If yes, name of agency: [Click to enter text.](#)

If the answer to the previous question is "No", is the patient receiving other mental health services in Vermont?

Yes  No If "Yes", name of provider: [Click to enter text.](#)

Referral Source (if applicable): [Click to enter text.](#)

Facility Name: Click to enter text. VT Medicaid Provider Number: Click to enter text.

Contact Person for Authorizations: Click to enter text.

Phone #: Click to enter text. Return Fax #: Click to enter text.

Anticipated Discharge Date: Click to enter a date.

Anticipated Discharge Referral to a CMHC?  Yes  No

Please attach the admissions assessment to include justification for psychiatric inpatient admission, diagnoses and medications.

**Admitting or referring providers are responsible for attaching clinical documentation to demonstrate medical necessity for psychiatric or detoxification inpatient admission.**

## Section 16 Attachment 3

### CRT Crisis Intake Worksheet

For a **voluntary CRT** admission to a community hospital psychiatric unit, screeners are to provide the following information to DMH Admissions' staff. Additional information and a faxed copy of the EE paperwork are necessary for all **involuntary** admissions:

Individual's Name	
SSN	
Address	
Screening Agency	
Screener Name	
Does screener agree with admission?	
Primary Agency	
Admit Date	
Date Reported	
Time Reported	
Admit Facility	
Legal Status	
Reason for Admission:	
Danger to self	
Danger to others	
Non-adherent with recommended treatment	
Self-Abusive	
Assaultive/Destructive	
Exhausted Program	
Medical Cofactor	
Personal Conflict	
Transitional	
Refused Options	

Other	
Alternatives Considered Referring Physician	
Estimated Length of stay	

## Section 17 Attachment 4

### VERMONT DEPARTMENT OF MENTAL HEALTH COMMISSIONER-DESIGNATED QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)

#### DEFINITION

The definition of mental health professional from Title 18 of the Vermont Statutes Annotated, Section 7101(13):

"Mental health professional" means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who shall be a physician, psychologist, social worker, mental health counselor, nurse or other qualified person designated by the commissioner.

By agreement with DMH and designated general hospitals (DH), only QMHP's who are designated by the Department of Mental Health (DMH) Commissioner or designee, and employed by a Designated Agency (DA), can screen and serve as the applicant for involuntary psychiatric admissions.

#### QUALIFICATIONS

- Education and Experience:

#### **1. Master's degree in human services field (licensure preferred) and:**

- a. Clinical exposure to populations with major mental illness, **and**
- b. 1-2 years' experience providing community services for people with at least 2 of the following: mental illness, substance abuse or serious emotional disorders, **and**
- c. Appropriate experience and training in crisis evaluation and intervention in a community setting, as determined by the DA Emergency Services Director or designee.

**-OR-**

#### **2. Bachelor's degree in related human services field and:**

- a. Clinical exposure to populations with major mental illness, **and**
- b. 2-3 years' experience providing community services for people with at least 2 of the following: mental illness, substance abuse or serious emotional disorders, **and**
- c. Appropriate experience and training in crisis evaluation and intervention in a community setting, as determined by the DA Emergency Services Director or designee.

**-OR-**

#### **3. Bachelor's degree in a field unrelated to human services and:**

- a. Clinical exposure to populations with major mental illness, **and**

- b. 3-5 years' experience providing community services for people with at least 2 of the following: mental illness, substance abuse or serious emotional disorders, **and**
- c. Appropriate experience and training in crisis evaluation and intervention in a community setting, as determined by the DA Emergency Services Director or designee.

**-OR-**

- 4. If an applicant does not meet the qualifications but meets other criteria and has experience in providing crisis services in the community to severely mentally ill individuals, an application may be submitted for designation consideration. The application should include information that explains the reason(s) for the exception.

**Demonstrated Knowledge of and Training in:**

- 1. Vermont Mental Health Statutes
- 2. Emergency exam, warrant, non-emergency exam (process and documentation)
- 3. Emergency exam admission criteria and procedures
- 4. Conditional release, Order of Non-hospitalization
- 5. QMHP-specific training
- 6. Familiarity with community resources (i.e., crisis beds, respite options, general hospitals, or other options for voluntary treatment)
- 7. Screenings for involuntary treatment (observation preferred)
- 8. Special needs and services of populations being served
- 9. Forensic screening at court

## Section 18 Attachment 5

### **REQUEST FOR RECONSIDERATION: FOR MENTAL HEALTH AND APPLIED BEHAVIOR ANALYSIS SERVICES**

This request form must be completed **in its entirety** and submitted to the utilization reviewer no later than 14 days after the DVHA or DMH Utilization Reviewer first gives notice, either written or oral, to the provider, inpatient or residential facility that authorization for a particular member will end or authorization will be continued at a lower reimbursement rate or that ABA services will not be authorized or will be authorized at a lesser duration or amount than the original request.

Date of Request:

**Dates Provider is Requesting be Reviewed (must list both begin and end date for review):**  
**\*an end date must be provided as reviews cannot be open-ended**

**Begin:**

**End:**

Reimbursement Rate Requested by Provider:

Name of Provider:

Name of Member:

Member Medicaid ID Number:

**The Following Section Must Be Completed by Attending Physician or Licensed Treating Provider (for ABA or Residential Services)**

1. For the days being reviewed, please describe the severity of symptoms that required the requested level of care:

2. For the days being reviewed, please describe the services provided to address the above described symptoms that required the requested level of care:

**Name of Attending Physician or Licensed Provider Completing Form:**

## Section 19 Attachment 6

### UNIFORM MEDICAL PRIOR AUTHORIZATION FORM

State of Vermont

Urgent Request

Uniform Medical Prior Authorization Form

Non-Urgent Request

**Instructions:** Please complete all fields and submit all additional treatment information and/or medical notes that support your request for benefits. If you need more room, you may attach additional pages or forms. Send or fax this information to the member's health plan in advance of the proposed services. Please refer to information provided on the health plans' website for submission instructions and contact information.

Patient/Member Information (* Required Field)			
*First Name:		Middle Initial:	*Last Name:
*Health Insurance ID#:		*DOB (MM/DD/YYYY): / /	*Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>
*Address:			Apt.#:
*City:	*State:	*Zip:	Telephone #:
Referring/Requesting Provider Information		Rendering/Attending Provider Information	
First Name:	Last Name:	First Name:	Last Name:
NPI/TIN #:	Specialty:	NPI/TIN #:	Specialty:
Group/Practice Name:		Group/Practice Name:	
NPI/TIN #:		NPI/TIN #:	
Address:	Suite #:	Address:	Suite #:
City:	State:	Zip:	City: State: Zip:
Office Contact/ Person Completing Form:			
Telephone #:		FAX #:	
Required Clinical Information (* Required Field)			
*Date of Request:		Is this request for Out-of-Network services? Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Type of Service Requested			
<b>Inpatient Care:</b> Medical Admit <input type="checkbox"/> Mental Health/Substance Abuse Admit <input type="checkbox"/> OB <input type="checkbox"/>	<b>Outpatient/Office Care:</b> Acupuncture <input type="checkbox"/> Chiropractic <input type="checkbox"/> Infusion/Oncology Drugs <input type="checkbox"/>	<b>Therapies:</b> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/>	

Surgery <input type="checkbox"/>	Oral Surgery <input type="checkbox"/>	Mental Health/Substance Abuse <input type="checkbox"/>	Cardiac Rehab <input type="checkbox"/>
<b>Testing:</b> Diagnostic Imaging <input type="checkbox"/> Diagnostic Medical Test <input type="checkbox"/>		<b>Other:</b> DME <input type="checkbox"/> SNF <input type="checkbox"/> Home Health <input type="checkbox"/> Vision/Glasses <input type="checkbox"/> Other <input type="checkbox"/> - please specify:	
*Date Diagnosed:		*Place of Service: Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> - specify:	
*Proposed Date(s) of Service: From: To:		*Facility Where Service Will be Performed:	
*Proposed Number of Inpatient Treatment Days:		*Proposed Number of Outpatient Treatment Visits:	
*Primary Diagnosis:		*Primary Diagnosis Code:	
*Secondary Diagnosis:		*Secondary Diagnosis Code:	
*Name of Proposed Procedure or Test:		*CPT/HCPCS or Revenue Code:	
*Requested DME:			
*DME CPT/HCPCS Code:		*Requested DME Duration (Date(s) of Service):	
*DME Purchase Price: \$		*DME Monthly Rental Price: \$	

Additional Clinical Information Attached:  (No. of pages )

## Section 20 Attachment 7

### MENTAL HEALTH 24 HOUR EMERGENCY SERVICES

Clara Martin Center ( <i>Orange</i> County)	800.639.6360
Counseling Service of Addison County ( <i>Addison</i> County)	802.388.7641
Health Care and Rehabilitation Services of Southeastern VT ( <i>Windham</i> and <i>Windsor</i> Counties)	800.622.4235
HowardCenter – First Call ( <i>Chittenden</i> County)	802.488.7777
HowardCenter – Adult Crisis ( <i>Chittenden</i> County)	802.488.6400
Lamoille County Mental Health ( <i>Lamoille</i> County)	802.888.4914 After Hours: 802.888.4231
Northeast Kingdom Human Services, Inc. ( <i>Essex</i> , <i>Caledonia</i> and <i>Orleans</i> Counties)	St. Johnsbury - 802.748.3181 800.649.0118 Newport- 802.334.6744
Northwestern Counseling and Support Services ( <i>Franklin</i> and <i>Grand Isle</i> Counties)	800.696.4979 802.524.6554 800.834.7793
Rutland Mental Health Services ( <i>Rutland</i> County)	802.775.1000
United Counseling Service ( <i>Bennington</i> County)	Manchester - 802.362.3950 Bennington - 802.442.5491
Washington County Mental Health Services ( <i>Washington</i> County)	802.229.0591

## Section 21 Attachment 8

### ADULTS AGES 18 & OVER PSYCHIATRIC CRISIS BEDS IN VERMONT

HI-(6 beds) Washington County Mental Health – Contact Emergency Screeners	802.229.0591
Care Bed-(2 beds) Northeast Kingdom Mental Health - Contact facility directly	802.748.6961
Bayview-(2 beds) Northwest Counseling and Support Services - Contact Emergency Screeners	802.524.6554
Assist Program-(6 beds) Howard Center - Contact Emergency Screeners	802.488.6400 802.488.6240
Alternatives-(6 beds) Heath Care and Rehabilitation Services - Contact facility directly	802.885.7280
Battelle House-(6 beds) United Counseling Services - Contact facility directly	802.442.1216
Crisis Stabilization Inpatient Diversion(CSID)-(4 beds) Rutland - For Step-down referrals	802.747.3587
Second Spring Crisis Beds-(2 beds) Collaborative Solutions - Contact Registered Nurse on Duty	802.433.6183
Chris' Place-(1 bed) Clara Martin Center Contact Emergency Screeners	802.728.4466 800.639.6360
Alyssum-(2 beds) Peer Support - Contact facility directly	802.767.6000
Cottage Crisis-(1 bed) CSAC - Contact Annette Armstrong	802.388.6754
Oasis House-(2 beds) Lamoille Community Connections -	802.888.5026
Contact LCC Mobile Crisis Team	(Evenings & Weekends) 802.888.4231

## Section 22 Attachment 9

### PATHWAYS VERMONT

Pathways Vermont is a non-profit organization operating throughout the state of Vermont. Pathways started in Vermont in January 2010 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). Pathways brings the Evidence-based Practice of Housing First to Vermont and partners with the Vermont State Department of Corrections and Department of Mental Health to help realize the goal of creating a statewide system of Housing First services.

TOLL-FREE PHONE NUMBER: 888.492.8218

FAX NUMBER: 855.362.2766

**Chittenden County:**  
191 North Street  
Burlington, VT 05401

**Pathways Vermont - The Wellness Co-op:**  
43 King Street  
Burlington, VT 05401

**Franklin County:**  
5 Lemnah Drive  
St, Albans, VT 05478

**Administrative Offices:**  
1233 Shelburne Road, Suite D4  
South Burlington, VT 05401

**Washington County:**  
54 South Main Street, Suite 2  
Barre, VT 05461

**Windham County - Brattleboro:**  
116 Birge Street  
Brattleboro, VT 05301

**Windham County - Bellows Falls:**  
7 Canal Street, Unit 113  
Bellows Falls, VT 05101

## Section 23 Attachment 10

### SUBSTANCE ABUSE SERVICES

#### Key to Substance Abuse Program Services Available

**A:** Adolescents

**B:** Buprenorphine

**D:** Detox

**I:** Intensive Outpatient

**O:** Outpatient

**R:** Residential

**HH:** Halfway House

**HUB:** Opioid Treatment Hub

**PIP:** Public Inebriate Program

**PC:** Project Crash

**RC:** Recovery Center

**W:** Women Only

#### Addison County

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- [Counseling Service of Addison County](#) (A, O, PC)  
89 Main Street, Middlebury  
Tel: (802) 388-6751
- [Turning Point Center of Addison County](#) (RC)  
228 Maple Street, Middlebury  
Tel: (802) 388-4249

#### Bennington County

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- [Bennington School](#) (A, R)  
192 Fairview Street, Bennington  
Tel: (802) 447-1557
- [Northshire United Counseling Service](#) (O)  
Stephen Lundy Building, Route 7A, Manchester Center  
Tel: (802) 362-3950
- [Turning Point Center of Bennington](#) (RC)  
465 Main Street, Bennington  
Tel: (802) 442-9700
- [United Counseling Service](#) (A, O, PC, PIP)  
Ledge Hill Drive, Bennington  
Tel: (802) 442-5491

## Chittenden County

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- [Community Health Center](#) (B, O)  
617 Riverside Avenue, Burlington  
Tel: (802) 864-6309
- [Day One](#) (I, O)  
UHC Campus, 1 So. Prospect Street, Burlington  
Tel: (802) 847-3333
- [HowardCenter, Act One/ Bridge Program](#) (D, PIP, R)  
184 Pearl Street, Burlington  
Tel: (802) 488-6425
- [HowardCenter, Centerpoint Adolescent Treatment Services](#) (A, I, O)  
1025 Airport Drive, So. Burlington  
Tel: (802) 488-7711
- [HowardCenter, Chittenden Clinic](#) (HUB)  
75 San Remo Drive, So. Burlington  
Tel: (802) 488-6450
- [HowardCenter, Mental Health & Substance Abuse Services](#) (A, I, O, PC)  
855 Pine Street, Burlington  
Tel: (802) 488-6100
- [HowardCenter, The Chittenden Center](#) (HUB)  
UHC Campus, 1 So. Prospect Street, Burlington  
Tel: (800) 413-2272 (toll free)
- [Lund Family Center](#) (A, O, W)  
Cornerstone Drug Treatment Center  
P. O. Box 4009, Burlington  
Tel: (802) 864-7467
- [Maple Leaf Farm](#) (D, R)  
10 Maple Leaf Road, Underhill  
Tel: (802) 899-2911
- [RISE IV](#) (H)  
37 Elmwood Avenue, Burlington  
Tel: (802) 463-9851
- [Spectrum Youth and Family Services](#) (A, O)  
31 Elmwood Avenue, Burlington  
Tel: (802) 864-7423
- [Turning Point Center of Chittenden County](#) (RC)  
191 Bank Street, Burlington  
Tel: (802) 861-3150

## Franklin/Grand Isle Counties

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- [HowardCenter](#) (O, PC, PIP)  
172 Fairfield Street, St. Albans  
Tel: (802) 524-7265
- [Northwestern Counseling Services in Franklin County](#) (A)  
107 Fisher Pond Road, St. Albans  
Tel: (802) 524-6554
- [Turning Point of Franklin County](#) (RC)  
182 Lake Street, St. Albans  
Tel: (802) 782-8454

## Lamoille County

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- [Behavioral Health & Wellness Center](#) (A, O, PC)  
65 Northgate Plaza, Suite 11, Morrisville  
Tel: (802) 888-8320

- 
- North Central Vermont (RC)  
275 Brooklyn Street, Morrisville  
Tel: (802) 851-8120
  - [Treatment Associates](#) (OP, IOP)  
65 Portland Street, Morrisville  
Tel: (802) 888-0079

### Northeast Kingdom - Orleans / Essex / Caledonia

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- [BAART Behavioral Health Services](#) (HUB)  
475 Union Street, Newport  
Tel: (802) 334-0110  
and  
1097 Hospital Drive, St. Johnsbury  
Tel: (802) 748-6166
- [Journey to Recovery Community Center](#) (RC)  
58 Third Street, Newport  
Tel: (802) 487-0233
- [Kingdom Recovery Center](#) (RC)  
297 Summer Street, St. Johnsbury  
Tel: (802) 751-8520
- [Northeast Kingdom Human Services](#) (A, I, O, PC)  
2225 Portland Street, St. Johnsbury  
Tel: (802) 748-1682  
and  
154 Duchess Avenue, Newport  
Tel: (802) 334-5246

### Orange County

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- [Clara Martin Center](#) (A, O, PC)  
Box G, Randolph  
Tel: (802) 728-4466  
and  
P. O. Box 278, Bradford  
Tel: (802) 222-4477
- [Valley Vista](#) (A, D, R)  
23 Upper Plain, Bradford  
Tel: (802) 222-5201

### Rutland County

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- [Evergreen Services](#) (I, O, PC)  
135 Granger Street, Rutland  
Tel: (802) 747-3588
- [Recovery House, Inc.](#) (D, H, PIP, R)  
98 Church Street, Wallingford  
Tel: (802) 446-2640
- [Rutland Mental Health Court Square](#) (A, O)  
7 Court Square, Rutland  
Tel: (802) 775-4388
- [Turning Point Recovery Center of Rutland](#) (RC)  
141 State Street, Rutland  
Tel: (802) 773-6010
- [West Ridge Center for Addiction Recovery](#) (HUB)  
1 Scale Avenue, Building 10, Rutland  
Tel: (802) 776-5800

## Washington County

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- Central Vermont Addiction Medicine (HUB)  
300 Granger Road, Berlin  
Tel: (802) 223-2003
- [Central Vermont Substance Abuse Services](#) (A, I, O, PC, B)  
100 Hospitality Drive, Berlin  
Tel: (802) 223-4156
- [Treatment Associates](#) (OP, IOP)  
73 Main Street, Suite 27, Montpelier  
Tel: (802) 225-8355
- [Turning Point Center of Central Vermont](#) (RC)  
489 Main Street, Barre  
Tel: (802) 479-7373
- Washington County Youth Services (A, O)  
38 Elm Street, Montpelier  
Tel: (802) 229-9151

## Windham County

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- [Brattleboro Retreat](#) (HUB)  
1 Anna Marsh Lane, Brattleboro  
Tel: (802) 258-3700
- [Habit OpCo](#) (HUB)  
16 Town Crier Drive, Brattleboro  
Tel: (802) 258-4624
- [Health Care & Rehabilitation Services of Southeastern Vermont](#) (O)  
1 Hospital Court, Bellows Falls  
Tel: (802) 463-3947  
and  
51 Fairview Street, Brattleboro  
Tel: (802) 254-6028
- [RISE I](#) (H)  
435 Western Avenue, Brattleboro  
Tel: (802) 463-9851
- [RISE II](#) (H)  
11 Underhill Avenue, Bellows Falls  
Tel: (802) 463-9851
- [RISE III](#) (H, W)  
178 Linden Street, Brattleboro  
Tel: (802) 463-9851
- [Starting Now](#) (I)  
1 Anna Marsh Lane, Brattleboro  
Tel: (802) 258-3705
- [Turning Point of Windham County](#) (RC)  
112 Hardwood Way, Brattleboro  
Tel: (802) 257-5600

## Windsor County

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- [Clara Martin Center - Quitting Time](#) (I, O, PC)  
39 Fogg Farm Road, Wilder  
Tel: (802) 295-1311
- [Health Care & Rehabilitation Services of Southeastern Vermont](#) (A, I, O, PC)  
390 River Street, Springfield  
Tel: (802) 886-4500  
and

- 
- 49 School Street, Hartford  
Tel: (802) 295-3031 or (800) 622-4235 (crisis)
  - [Turning Point Recovery Center of Springfield \(RC\)](#)  
7 Morgan Street, Springfield  
Tel: (802) 885-4668
  - Upper Valley Turning Point (RC)  
200 Olcott Drive, White River Junction  
Tel: (802) 295-5206

### Out of State

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- [Habit OpCo \(HUB\)](#)  
254 Plainfield Road, West Lebanon, NH  
Tel: (603) 298-2146
- [Phoenix House, Inc. \(A, R\)](#)  
3 Pierce Road, Dublin, NH  
Tel: (603) 563-8501

### Additional Resources

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Individual Practitioners, who are State approved or certified and specializing in substance abuse treatment, can be found in your local telephone book under "Counseling, Alcoholism or Drug Abuse."

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## Section 24 Attachment 11

### STATE OF VERMONT

SUPERIOR COURT

\_\_\_\_\_ Unit

FAMILY DIVISION

Docket No.

In re: \_\_\_\_\_

[proposed patient's name]

### APPLICATION FOR EMERGENCY EXAMINATION

NOW COMES \_\_\_\_\_

(Print full name of applicant)

of \_\_\_\_\_

(Print complete address of applicant)

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to, or interest in, proposed patient\* \_\_\_\_\_

and makes application for the emergency examination of \_\_\_\_\_

(Print full name of proposed patient)

of \_\_\_\_\_

(Print complete address of proposed patient)

**\*NOTE:** Only the following persons may make application for an individual's emergency examination: a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend, a person who has the individual in his or her charge or care (e.g., a superintendent of a correctional facility), a law enforcement officer, a licensed physician (**Caution:** the same physician cannot be both applicant and certifying physician), a head of a hospital or his or her written designee, or a mental health professional (i.e., a physician, psychologist, social worker, mental health counselor, nurse, or other qualified person designated by the Commissioner of Mental Health).

## Reason for Application

**(BE SPECIFIC!** State the facts you have gathered, from either (1) your own personal observations, or (2) a reliable report to you by someone who personally observed the proposed patient's behavior, that lead you to believe that the proposed patient needs an emergency examination and is a person in need of treatment. Please distinguish between what is current information and what is historical.)

**(WRITE LEGIBLY!** Failure to write legibly may result in the court's discharge of the proposed patient before the person has been properly treated.)

**(NOTE:** In emergency circumstances where a certification by a physician is not available without serious and unreasonable delay, *do not use this form*. Instead apply to a superior court judge for a warrant for an emergency examination.)

1. **Personal Information** (Proposed patient's age, gender, marital status, residence, ethnicity, race, nationality, employment information, and any other relevant personal information.)  
Click here to enter text.
2. **Location of Assessment** (Where did the applicant meet and interview the proposed patient.)  
Click here to enter text.
3. **Familiarity with Proposed Patient and Other Relevant Information** (Include information on alternatives to hospitalization, etc.)  
Click here to enter text.
4. **Mental Status Examination** (Include information about the proposed patient's appearance, attitude, behavior, mood, affect, speech, thought process and content, cognition, insight, judgment, neuro-vegetative symptoms, and any other relevant information about the proposed patient's mental status. Quote proposed patient if possible.)  
Click here to enter text.
5. **Threatening or Dangerous Behavior** (Provide details, including time, place, witnesses, surrounding circumstances, and any other relevant information. Quote proposed patient if possible.)  
Click here to enter text.
6. **Eyewitnesses** (Provide names and contact information for anyone else who saw the threatening or dangerous behavior.)  
Click here to enter text.
7. **Other Neurological Issues** (List other neurological or developmental issues that affect the proposed patient's mood or mental status, including brain injury, disease, or developmental disability.)  
Click here to enter text.
8. **Substance Use** (If known, list all substances recently used by the proposed patient prior to this application and provide a general summary of current and past substance abuse.)  
Click here to enter text.
9. **Criminal History** (List any known past criminal behaviors where charges were brought, including any current criminal charges pending against the proposed patient.)  
Click here to enter text.

10. Need for Hospitalization (Provide a recommendation for disposition. Explain why the proposed patient needs hospitalization and cannot receive adequate treatment in the community.)

Click here to enter text.

Signed under the penalties of perjury pursuant to 18 V.S.A. Section 7612(d)(2):

---

**Date of Application**

---

**Signature of Applicant**

---

**Printed Name of Applicant**

**Note to Applicant:** This application, along with a signed physician's certificate, must accompany the proposed patient when she or he is taken to the hospital for an emergency examination (second certification) by a psychiatrist.