



Mental Health Practitioner Form Children's Mental Health Waiver Level of Care Determination Request for Additional Information

Today's Date / /	Iowa Medicaid Member Name	State ID #	Birth Date / /
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Current services received and provider information:

<input type="checkbox"/> Therapy (individual)	Provider: _____	Agency: _____
<input type="checkbox"/> Therapy (family)	Provider: _____	Agency: _____
<input type="checkbox"/> Medication services	Provider: _____	Agency: _____
<input type="checkbox"/> Behavioral Health Intervention Services (BHIS)	Provider: _____	Agency: _____
<input type="checkbox"/> Other (i.e., ABA, OT, PT, ST, etc.)	Provider: _____	Agency: _____
<input type="checkbox"/> Unknown	Provider: _____	Agency: _____

Status of progress in services with the provider completing this form:

Recent assessment date: / /	Most recent visit date: / /
<input type="checkbox"/> Benefiting from intervention, no new service needs	Frequency of visits: _____
<input type="checkbox"/> Benefiting from intervention, needs more services	Attends session:
<input type="checkbox"/> Not benefiting from services	<input type="checkbox"/> Regularly with no issues
<input type="checkbox"/> Has made sufficient progress and will discharge	<input type="checkbox"/> With one or less no-show in past 6 months
<input type="checkbox"/> Will need psychiatric inpatient care if symptoms do not improve or additional services are not used	<input type="checkbox"/> With one or less cancellation in past 6 months
<input type="checkbox"/> Currently needs psychiatric inpatient services	<input type="checkbox"/> Two or more no-shows in past 6 months
	<input type="checkbox"/> Two or more cancellations in past 6 months

Diagnoses and recommendations for services:

Diagnosis	Diagnostic Code	Diagnosis Date
		/ /
		/ /
		/ /
		/ /

Current recommendations for services:

I attest that the information included in this form is accurate to current services provided. I attest that I currently treat this individual and can validate the diagnosis as documented above. I have reviewed the attached IAC references.

Printed Name	Signature	Date / /
Agency/Affiliation	Phone () -	Fax () -

AUTHORITY FOR REQUEST AND RELEASE OF RECORDS FOR MEDICAID CLAIMS REVIEW

Under Title 45 of the Code of Federal Regulations (CFR) 164.506, a covered entity may disclose or release Protected Health Information without the individual's authorization for treatment, payment, and health care operation activities. According to 45 CFR 164.501, "health care operations" include conducting or arranging for medical review, legal service, and auditing functions including fraud and abuse detection and compliance programs.

Title XIX of the Social Security Act, Sections 1902 and 1903, and regulations found in 42 CFR 456, stipulate that utilization review activities are required to ensure that services rendered are necessary and of optimum quality and quantity. Federal regulations found in 42 CFR 455 require the State to have the ability to identify and refer cases of suspected fraud and/or abuse in the Iowa Medicaid program for investigation and/or prosecution. Utilization review safeguards against unnecessary care and services and ensures that payments are appropriate according to the coverage policies established by the Department of Human Services Iowa Administrative Code 441-79.4. The utilization review process assists Medicaid policy staff in making important policy decisions, such as identifying areas of policy that require clarification or change. It is an invaluable tool in shaping policy guidelines and ensuring that services are provided in an efficient and effective manner.

IOWA ADMINISTRATIVE CODE REFERENCES FOR THE CHILDREN'S MENTAL HEALTH WAIVER

IAC 441-83.121 Definitions

A "*Mental health professional*" means a person who meets all of the following conditions:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a doctor of medicine or osteopathic medicine; and
2. Holds a current Iowa license when required by the Iowa professional licensure laws (such as a psychiatrist, a psychologist, a marital and family therapist, a mental health counselor, an advanced registered nurse practitioner, a psychiatric nurse, or a social worker); and
3. Has at least two years of post-degree experience supervised by a mental health professional in assessing mental health problems, mental illness, and service needs and in providing mental health services.

The following are the eligibility requirements for the Child Mental Health Waiver:

441—83.122(249A) Eligibility. To be eligible for children's mental health waiver services, a consumer must meet all of the following requirements:

83.122(1) Age. The consumer must be under 18 years of age.

83.122(2) Diagnosis. The consumer must be diagnosed with a serious emotional disturbance. IAC441-83.121 indicates that a "*Serious emotional disturbance*" means a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association; and (2) has resulted in a functional impairment that substantially interferes with or limits a consumer's role or functioning in family, school, or community activities. "Serious emotional disturbance" shall not include neurodevelopmental disorders, substance-related disorders, or conditions or problems classified in the current version of the DSM as "other conditions that may be a focus of clinical attention," unless these conditions co-occur with another diagnosable serious emotional disturbance.

a. Initial certification. For initial application to the HCBS children's mental health waiver program, psychological documentation that substantiates a mental health diagnosis of serious emotional disturbance as determined by a mental health professional must be current within the 12-month period before the application date.

b. Ongoing certification. A mental health professional must complete an annual evaluation that substantiates a mental health diagnosis of serious emotional disturbance.

83.122(3) Level of care. The applicant must be certified as being in need of a level of care that, but for the waiver, would be provided in a psychiatric hospital serving children under the age of 21.

IAC 441-83.121 Definitions

"*Psychiatric medical institution for children level of care*" means that the member has been diagnosed with a serious emotional disturbance and an independent team as identified in 441—subrule 85.22(3) has certified that ambulatory care resources available in the community do not meet the treatment needs of the recipient, that proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician, and that the services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.