

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services 7500
Security Boulevard, Mail Stop: S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

September 1, 2020

Judy Mohr Peterson, Ph.D.
Med-QUEST Division Administrator
State of Hawaii, Department of Human Services
601 Kanokila Blvd., Room 518, P.O. Box 700190
Kapolei, HI 97609-0190

Dear Dr. Mohr Peterson:

I am writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Hawaii's Behavioral Health Services Protocol for the "Hawaii QUEST Integration" (Project No. 11-W-00001/9) section 1115(a) demonstration, which was submitted by the state as required by the Special Terms and Conditions (STCs) of the demonstration.

The Behavioral Health Services Protocol will be incorporated into Hawaii's STCs as Attachment E.

This approval does not alter any of the requirements otherwise specified in the STCs of the demonstration. A copy of the approved Behavioral Health Services Protocol is enclosed.

If you have any questions, please contact your project officer, Mr. Michael Trieger. Mr. Trieger can be reached at (410) 786-0745, or by email at Michael.Trieger1@cms.hhs.gov.

We look forward to continuing to partner with you and your staff on the Hawaii QUEST Integration section 1115 demonstration.

Sincerely,

Angela D. Garner -S
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Angela D. Garner -S
Date: 2020.09.01
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Angela D. Garner
Director
Division of System Reform Demonstrations

Enclosure

Page 2 – Ms. Judy Mohr Peterson

cc: Brian Zolynas, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Attachment E: Behavioral Health Services Protocol

OVERVIEW

The Med-QUEST Division (MQD) is responsible for providing behavioral health services to all its beneficiaries. MQD provides standard behavioral health services to all beneficiaries and specialized behavioral health services to beneficiaries with serious mental illness (SMI), serious and persistent mental illness (SPMI), or requiring support for emotional and behavioral disorder (SEBD).

Regardless of the type of behavioral health service a beneficiary receives or where the beneficiary receives his/her behavioral health services, the beneficiary continues to have access to all of the other services for which he/she is eligible, including:

- Primary and acute care services from his/her health plan;
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services if he/she is under the age of 21;
- Home and community based services/long-term supports and services (HCBS/LTSS) services under the section 1115 demonstration waiver; and
- Services under the Developmental Disabilities or Intellectual Disabilities (DD/ID) 1915(c) waiver.

All beneficiaries have access to standard behavioral health services through the contracted managed care health plans. The standard behavioral health services include inpatient psychiatric hospitalization, medications, medication management, psychiatric and psychological evaluation and management, and substance use disorder (SUD) treatment services.

Beneficiaries with SMI, SPMI, or SEBD may be in need of specialized behavioral health services. For children (individuals <21), the SEBD services are provided through the Department of Health (DOH) Child and Adolescent Mental Health Division (CAMHD);

For adults (individuals ≥ 18), SMI/SPMI services are provided through the DOH Adult Mental Health Division (AMHD) if the beneficiary is legally encumbered, MQD's behavioral health program Community Care Services (CCS), or the managed care health plans. Regardless of how adults with SMI/SPMI access specialized behavioral health services, all have access to the same services, and MQD ensures no duplication. The available specialized services include:

- For children: multidimensional treatment foster care, family therapy, functional family therapy, parent skills training, intensive home and community based intervention, community-based residential programs, and hospital-based residential programs, and
- For adults: crisis management, crisis and specialized residential treatment, intensive care coordination/case management, psychosocial rehabilitation (including clubhouse), peer specialist, financial management services, supported employment, Community Integration Services (CIS), partial or intensive outpatient hospitalization, and therapeutic living supports.

See Exhibit 1 for an overview of the behavioral health services delivery systems for individuals with SMI, SPMI, or SEBD; and see Exhibit 2 for a detailed description of the services provided by CAMHD, AMHD, CCS, and the managed care health plans.

I. RECEIPT OF BEHAVIORAL HEALTH SERVICES BY CHILDREN (INDIVIDUALS <21 YEARS)

A. Clinical Criteria

Beneficiaries <21 years old with a diagnosis of SEBD are eligible for additional behavioral health services within CAMHD if meeting the following criteria:

- The beneficiary is age three through twenty (3-20) years;
- The beneficiary falls under one of the qualifying diagnoses (see Addendum C);
- The beneficiary demonstrates presence of a qualifying diagnosis for at least six (6) months or is expected to demonstrate the qualifying diagnosis for the next six (6) months; and
- The beneficiary's Child and Adolescent Functional Assessment Scale (CAFAS) score is > 80.
- Beneficiaries who do not meet the eligibility criteria, but based upon assessment by the CAMHD medical director that additional behavioral health services are medically necessary for the member's health and safety, shall be evaluated on a case-by-case basis for provisional eligibility.

B. Service Delivery

MQD has a Memorandum of Understanding (MOU) with CAMHD to provide services to Medicaid beneficiaries. CAMHD is responsible for providing SEBD services to all individuals age three through twenty (3-20) years who meet eligibility criteria. CAMHD provides services to approximately 900 children. CAMHD had previously functioned as a Pre-paid Inpatient Health Plan (PIHP) but changed to billing these services to MQD through a fee-for-service (FFS) process effective October 1, 2008.

The health plan can make a referral to CAMHD through use the SEBD Referral Form developed by CAMHD. The health plan will continue to provide behavioral health services even after CAMHD admits the individual into their program. In these cases, the health plan will not provide services offered by CAMHD, and CAMHD will not provide services offered by the health plan. The MQD informs the health plans, via the 834-transaction file, when an individual is receiving services through the CAMHD program. When a child is no longer eligible for services through CAMHD, CAMHD will coordinate transition of care with the child's health plan. The health plan will be notified that the individual is no longer receiving services via CAMHD via the 834-transaction file.

Referrals to CAMHD can also occur through the school, parent, child, or the health plan. CAMHD considers all referrals through an assessment process. Even if a child qualifies for SEBD services, parents can choose to have their children's behavioral health services provided through the child's health plan. However, the health plans are only able to

provide the standard and specialized behavioral health services identified in their contract. CAMHD would need to be involved for any specialized behavioral health services. These additional behavioral health services include both intensive case management and targeted case management and are distinct from the services provided through the health plans.

II. RECEIPT OF SPECIALIZED BEHAVIORAL HEALTH SERVICES BY ADULTS (INDIVIDUALS \geq 18 YEARS)

A. Clinical Criteria

For the beneficiaries \geq 18 years old with a SMI or SPMI are eligible for specialized behavioral health services if they meet the following criteria:

- The beneficiary falls under one of the qualifying diagnoses (see Addendum C);
- The beneficiary demonstrates presence of a qualifying diagnosis for at least twelve (12) months or is expected to demonstrate the qualifying diagnosis for the next twelve (12) months; and
- The beneficiary meets at least one (1) of the criteria below demonstrating instability and/or functional impairment:
 - Clinical records demonstrate that the beneficiary is currently unstable under current treatment or plan of care. (Examples include, but are not limited to:
 - multiple hospitalizations in the last year and currently unstable; substantial history of crises and currently unstable; consistently noncompliant with medications and follow-up; unengaged with providers; significant and consistent isolation; resource deficit causing instability; significant co-occurring medical illness causing instability; poor coping/independent living/problem solving skills causing instability; at risk for hospitalization); or
 - Beneficiary is under Protective Services or requires intervention by housing or law enforcement officials.
- Beneficiaries who do not meet the requirements listed above, but based upon an assessment by a programmatic medical director, that additional behavioral health services are medically necessary member's health and safety, shall be evaluated on a case-by-case basis for provisional eligibility.

B. Service Delivery

AMHD provides coverage of behavioral health services for QI beneficiaries that are legally encumbered. Currently, CCS provides coverage of behavioral health services to approximately 5,000 adult members. If a beneficiary is enrolled in CCS, they receive both their standard and specialized behavioral health services through CCS. MQD awards the CCS contract through a Request for Proposal (RFP) for a capitated payment. Certain new services may be reimbursed through a fee-for-service (FFS) basis until able to be incorporated in the capitated payment.

All referrals are submitted to MQD for eligibility determination. CCS referrals may

be submitted to the MQD by the following agencies:

- QI Health Plan
- Hawaii State Hospital (HSH)
- Department of Health: AMHD, CAMHD or Developmental Disabilities Division (DDD)
- Department of Public Safety correctional facilities
- Hawaii Youth Correctional Facilities
- Medicaid individuals self-referring directly to CCS or first contact with CCS through crisis services

The MQD physician reviews the referrals and determines CCS eligibility based on the Clinical Criteria in the RFP. Once the member has been determined to meet the criteria, the member will be enrolled into CCS five (5) working days after the date of approval.

Upon enrollment, the member can choose from the CCS contracted, community-based case management (CBCM) agencies. Once chosen, the agency will assign a case manager to conduct an assessment and develop an Individualized Treatment Plan. If an agency is not chosen, CCS will assign a CBCM agency.

III. COVERED SPECIALIZED BEHAVIORAL HEALTH SERVICES

The standard behavioral health services are State plan services. The covered specialized behavioral health services include those covered under the State plan and those covered under the section 1115 demonstration. These services may be provided through CAMHD or through AMHD, CCS, or health plans. The State plan services are listed below with details available in the State plan. The 1115 demonstration services are described in detail in subparagraph (C) below, and these services are not available through the health plans. The delivery system for these services are further clarified in exhibit 2. Individuals receiving specialized behavioral health services through the health plans in need of these additional services can receive them either through AMHD or CCS.

A. State Plan Standard Behavioral Health Services (including SUD treatment)

1. Acute Psychiatric Hospitalization
2. Diagnostic/Laboratory Services
3. Electroconvulsive Therapy
4. Evaluation and Management
5. Methadone Treatment
6. Prescription Medications
7. SUD Treatment
8. Transportation

B. State Plan Specialized Behavioral Health Services

1. Intensive Case Management and Community-Based Residential Programs)
2. Biopsychosocial Rehabilitation
3. Crisis Management

4. Crisis Residential Services
5. Hospital-based Residential Programs
6. Intensive Family Intervention
7. Intensive Outpatient Hospital Services
8. Therapeutic Living Supports and Therapeutic Foster Care Supports
(Addendum D includes the State plan pages for these Community Mental Health Rehabilitative Services)
9. Peer Support and Peer Specialist

C. 1115 Demonstration Specialized Behavioral Health Services

1. Financial management services

- a. Services provided by an individual or organization for a beneficiary that cannot manage his or her money. This benefit is only for those without access to the social security representative payee program.
- b. The financial manager shall direct the use of the beneficiary's income to pay for the current and foreseeable needs of the beneficiary and properly save any income not needed to meet current needs. The individual or organization must also keep records of expenses. Reports shall be provided quarterly to the beneficiary (if appropriate), and the beneficiary's legal guardian (or other designated responsible individuals).

2. Supported Employment

- a. Supported employment includes activities needed to obtain and sustain paid work within the general workforce by beneficiaries and includes assisting the participant in locating and acquiring a job, or working with an employer to develop or customize a job on behalf of the beneficiary, transitioning the beneficiary from volunteer work to paid employment, and assisting the beneficiary in maintaining an individual job in the general workforce at or above the state's minimum wage.
- b. Supported employment support is conducted in a variety of settings to include self-employment. With regard to self-employment, individual employment support services may include:
 - i. Aiding the beneficiary to identify potential business opportunities;
 - ii. Assisting in the development of a business plan, including potential sources of business financing and other assistance in including potential sources of business financing and other assistance in developing and launching a business;
 - iii. Identifying the supports that are necessary in order for the beneficiary to operate the business; and
 - iv. Providing ongoing assistance, counseling and guidance once the business has been launched.

3. Community Integration Services

- a) Community Integration Services will provide supports to preserve the most independent living arrangement and/or assist the individual in locating the most

integrated option appropriate to the individual. The CIS benefit package is described in STCs 22-23.

Exhibit 1 to Behavioral Health Protocol

Overview of Behavioral Health Services Delivery

	Basic BH Services	Adults with SMI/SPMI Enrolled in AMHD	Adults with SMI/SPMI Enrolled in CCS	Children with SEBD Enrolled in CAMHD
Acute Psychiatric Hospitalization	HP	HP	CCS	HP
Diagnostic/laboratory Services	HP	HP	CCS	HP
Electroconvulsive Therapy	HP	HP	CCS	HP
Evaluation and Management	HP	HP	CCS	CAMHD/ HP
Methadone Treatment	HP	HP	CCS	HP
Prescription Medications	HP	HP	CCS	HP
SUD Treatment	HP	HP	CCS	HP
Transportation	HP	HP	CCS	HP
Biopsychosocial Rehabilitation	n/a	AMHD	CCS	n/a
Community Based Residential Programs	n/a	AMHD	n/a	CAMHD
Crisis Management	n/a	AMHD	CCS	CAMHD
Crisis Residential Services	n/a	AMHD	CCS	CAMHD
Hospital-based Residential Services	n/a	n/a	n/a	CAMHD
Intensive Case Management	n/a	AMHD	CCS	CAMHD
Intensive Family Intervention	n/a	n/a	n/a	CAMHD
Intensive Outpatient Hospital Services	n/a	AMHD	CCS	CAMHD
Therapeutic Living Supports and Therapeutic Foster Care Supports	n/a	AMHD	CCS	CAMHD
Financial management services	n/a	AMHD	CCS	n/a
Supportive Employment	n/a	AMHD	CCS	n/a
Community Integration Services	n/a	AMHD	CCS	n/a

Legend:

AMHD	Adult Mental Health Division in the Department of Health
HP	Health Plan
CAMHD	Child and Adolescent Mental Health Division in the Department of Health
CCS	Community Care Services program
SEBD	Support for Emotional and Behavioral Development
SMI	Severe Mental Illness
SPMI	Serious and Persistent Mental Illness

Exhibit 2 to Behavioral Health Protocol

Behavioral Health Services in the QUEST Integration Program

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
Payment methodology	N/A	Payment to health plans Capitation	Payment to DOH-AMHD Billed FFS to MQD	Payment to the Behavioral Health Organization Capitation/FFS	Payment to DOH-CAMHD Billed FFS to MQD
Standard Behavioral Health Services					
Acute psychiatric hospitalization	Hospitals ¹ licensed to provide psychiatric services	Twenty-four (24) hour care for acute psychiatric illnesses including: <ul style="list-style-type: none"> ○ Room and board ○ Nursing care ○ Medical supplies and equipment ○ Diagnostic services ○ Physician services ○ Other practitioner services as needed ○ Other medically necessary services 	Provided by health plan	Twenty-four hour acute psychiatric illnesses including: <ul style="list-style-type: none"> ○ Room and board ○ Nursing care ○ Medical supplies and equipment ○ Diagnostic services ○ Physician services ○ Other practitioner services, as needed ○ Other medically necessary services ○ Pharmaceuticals 	Provided by health plan

¹ Excludes Institutions of Mental Disease (IMDs) as defined at 42 CFR 435.1010

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
		<ul style="list-style-type: none"> ○ Pharmaceuticals ○ Rehabilitation services, as needed 		<ul style="list-style-type: none"> ○ Rehabilitation services, as needed 	
Diagnostic/ laboratory services	Laboratories	Diagnostic/laboratory services including: <ul style="list-style-type: none"> ○ Psychological testing ○ Screening for drug and alcohol problems Other medically necessary diagnostic services	Provided by health plan	Diagnostic/laboratory services including: <ul style="list-style-type: none"> ○ Psychological testing ○ Screening for drug and alcohol Other medically necessary diagnostic services	Provided by health plan
Electroconvulsive Therapy (ECT)	Acute Psychiatric Hospital Outpatient facility	ECT <ul style="list-style-type: none"> ○ Medically necessary, may do more than one/day Inclusive of anesthesia	Provided by health plan	ECT <ul style="list-style-type: none"> ○ Medically necessary, may do more than one/day Inclusive of anesthesia	Provided by health plan
Evaluation and Management	Qualified licensed behavioral health professional: psychiatrists, psychologists, behavioral health advanced practice registered nurse (APRN) with prescriptive authority	Psychiatric or psychological evaluation Individual and group counseling and monitoring	Psychiatric or psychological evaluation for SMI/SPMI Individual and group counseling and monitoring for SMI/SPMI	Psychiatric, psychological or neuropsychological evaluation for SMI/SPMI Individual and group counseling and monitoring for SMI/SPMI	Psychiatric, psychological or neuropsychological evaluation for SEBD Individual and group counseling and monitoring for children requiring SEBD

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
	(APRN Rx), clinical social workers, mental health counselors, and marriage family therapists		HP provides individual and group counseling and monitoring for non-SMI/SPMI	HP provides individual and group counseling and monitoring for non-SMI/SPMI	HP provides individual and group counseling and monitoring for all other children
Methadone treatment	Methadone clinics	Methadone treatment services which include the provision of methadone or a suitable alternative (e.g. LAAM), as well as outpatient counseling services	Provided by health plan	Methadone treatment services which include the provision of methadone or a suitable alternative (e.g. LAAM), as well as outpatient counseling services	Provided by health plan
Prescription Medications	Providers licensed to prescribe (e.g. Psychiatrist and APRN Rx). Medications are dispensed by licensed pharmacies.	Prescribed drugs including medication management and patient counseling	Provided by health plan	Prescribed drugs including medication management and patient counseling	Provided by health plan
SUD	Licensed providers and certified substance abuse counselors* Specialized residential	SUD- Residential <ul style="list-style-type: none"> ○ Medically necessary services based on American Society of Addiction 	Provided by health plan	SUD- Residential <ul style="list-style-type: none"> ○ Medically necessary services based on American Society of Addiction 	Provided by health plan

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
	<p>treatment facilities</p> <p>Facilities licensed to perform substance abuse treatment</p>	<p>Medicine (ASAM)</p> <p>SUD – Out-patient</p> <ul style="list-style-type: none"> ○ Screening ○ Treatment and treatment planning ○ Therapy/counseling ○ Therapeutic support & education ○ Homebound services ○ Continuous treatment teams ○ Other medically necessary ○ SUD screening 		<p>Medicine (ASAM)</p> <p>SUD – Out-patient</p> <ul style="list-style-type: none"> ○ Screening ○ Treatment and treatment planning ○ Therapy/counseling ○ Therapeutic support & education ○ Homebound services ○ Continuous treatment teams ○ Other medically necessary ○ SUD screening. 	
Community Integrated Services (CIS)	As described in STCs 22-23.	As described in STCs 22-23.	NA	As described in STCs 22-23.	NA
Transportation	Approved transportation providers to include medical vans, taxi cabs, bus services, and handicap	<p>Transportation</p> <ul style="list-style-type: none"> ○ Air ○ Ground for medically necessary services 	Provided by health plan	<p>Transportation</p> <ul style="list-style-type: none"> ○ Air ○ Ground for medically necessary services 	Provided by health plan

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
	bus services.				
Specialized Behavioral Health Services					
Biopsychosocial Rehabilitative Programs (including Clubhouse services)	AMHD Qualified Mental Health Provider**	Psychosocial Rehabilitative Programs	Psychosocial Rehabilitative Programs	Psychosocial Rehabilitative Programs	Not provided
Community Based Residential Programs ²	Small homes certified to perform community based residential programs. Each home is staffed with several qualified mental health professionals.	Not provided	Not provided	Not provided	These programs provide twenty-four (24) hour integrated evidence-based services that address the behavioral and emotional problems related to sexual offending, aggression, or deviance, which prevent the youth from taking part in family and/or community life.+
Crisis Management	Qualified Mental Health Provider**	Crisis Management a. 24-hour crisis telephone consultation b. Mobile outreach services	Crisis Management c. 24-hour crisis telephone consultation d. Mobile outreach services	Crisis Management a. 24/7 Crisis hotline (through 800#)	Crisis Management a. 24/7 Crisis hotline (through 800#)

² Meet inpatient psych under 21 requirements under 42 CFR 440.160

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
		Crisis intervention/ stabilization services	e. Crisis intervention/ stabilization services	b. Mobile crisis response/ outreach c. Crisis intervention/ stabilization	b. Mobile crisis response/ outreach c. Crisis intervention/ stabilization d.
Crisis Residential Services	Qualified Mental Health Provider**	Not provided	Crisis Residential Services	Crisis Residential Services	Crisis Residential Services
Hospital based residential treatment ³	Acute psychiatric hospital	Not provided	Not provided	Not provided	Hospital based residential treatment
Intensive Case Management	Qualified Mental Health Provider**	Care Coordination/Service Coordination	Intensive Case Management/ community-based case management Targeted Case Management	Intensive Case Management/commu nity-based case management o Assessment o Individualized care planning o Outreach o Ongoing monitoring	Intensive Case Management/ community-based care management Targeted Case Management
Intensive family intervention	Qualified licensed behavioral health professional: psychiatrists, psychologists, behavioral health advanced practice registered nurse (APRN) with	Not provided	Not provided	Not provided	Intensive family intervention

³ Excludes services in IMD as defined at 42 CFR 435.1010.

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
	prescriptive authority (APRN Rx), clinical social workers, mental health counselors, and marriage family therapists				
Intensive Outpatient Hospital Services	Acute psychiatric Hospitals Qualified Mental Health Provider**	Intensive Outpatient Hospital Services <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy and aftercare ○ Other medically necessary services 	Intensive Outpatient Hospital Services <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy and aftercare ○ Other medically necessary services 	Intensive Outpatient Hospital Services: <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy and aftercare ○ Other medically necessary services 	Intensive Outpatient Hospital Services: <ul style="list-style-type: none"> ○ Medication management ○ Pharmaceuticals ○ Medical supplies ○ Diagnostic testing ○ Therapeutic services including individual, family, and group therapy and aftercare ○ Other medically necessary services
Peer Specialist	Certified peer specialist	Structured activities within a peer support center that promotes socialization, recovery,	Structured activities within a peer support center that promotes socialization, recovery,	Structured activities within a peer support center that promotes socialization, recovery,	Not provided

Benefits	Providers	Health Plans	AMHD	CCS Program	CAMHD
		wellness, self advocacy, development of natural supports, and maintenance of community skills.	wellness, self advocacy, development of natural supports, and maintenance of community skills.	wellness, self advocacy, development of natural supports, and maintenance of community skills.	
Financial management services*	Licensed Organization or Individual	Not provided	Assist beneficiary in managing their financial status.	Assist beneficiary in managing their financial status.	Not provided
Supported Employment	Qualified Mental Health Provider**	Not provided	Activities to obtain and sustain paid work by beneficiaries.	Activities to obtain and sustain paid work by beneficiaries.	Not provided
Therapeutic Living Supports and Therapeutic Foster Care Supports	Specialized residential treatment facility	Specialized residential treatment facility	Specialized residential treatment facility	Specialized residential treatment facility	Therapeutic living and therapeutic foster care supports

Legend:

* Approved waiver services

** Medicaid provider that offers multiple behavioral health services in one organization in order to provide continuity for the participants in the behavioral health program. Qualified providers are licensed or certified as required by Hawaii Revised Statutes.

Exhibit 3 to Behavioral Health Protocol

Eligibility Diagnoses for Specialized Behavioral Health Services

Eligible Diagnoses:

- Demonstrates the presence of a primary DSM (most current edition) Axis I diagnosis for at least six (6) months or is expected to demonstrate the diagnosis for the next six (6) months. See excluded diagnoses in the next section.

*Excluded Diagnoses**

- *Mental Retardation** (317, 318.0, 318.1, 318.2, 319)
- Pervasive Developmental Disorders** (299.0, 299.80, 299.10)
- Learning Disorders (315.0, 315.1, 315.2, 315.9)
- Motor Skills Disorders (315.3)
- Communication Disorders (315.31, 315.32, 315.39, 307.0, 307.9)
- Substance Abuse Disorders
- Mental Disorders Due to a General Medical Condition
- Delirium, Dementia, Amnesic, and other Cognitive Disorders
- Factitious Disorders
- Feeding Disorders of Infancy or Childhood
- Elimination Disorders
- Sexual Dysfunctions
- Sleep Disorders

*If a diagnosis listed above is the **ONLY** DSM (most current edition) diagnosis, the child/youth is ineligible for SEBD services. However, these diagnoses may and often do co-exist with other DSM diagnoses, which would not make the child/youth ineligible for SEBD services.

**Co-occurring diagnoses of Mental Retardation and Pervasive Developmental Disorders require close collaboration and coordination with State of Hawaii Department of Health (DOH) and State of Hawaii Department of Education (DOE) services. The health plan, with CAMHD, is responsible for coordinating these services. These diagnoses may be subject to a forty-five (45) day limit on hospital-based residential services, after which utilization review and coordination of services with DOE need to occur.

Severe Mental Illness/Serious and Persistent Mental Illness

Eligible Diagnoses:

- Substance Induced Psychosis:
 - Alcohol Induced Psychosis (F10.15x, F10.25x, F10.95)
 - Opioid Induced Psychosis (F11.15x, F11.25x, F11.95x)
 - Cannabis Induced Psychosis (F12.15x, F12.25x, F12.95x)
 - Sedative Induced Psychosis (F13.15x, F13.25x, F13.95x)
 - Cocaine Induced Psychosis (F14.15x, F14.25x, F14.95x)
 - Other Stimulant Induced Psychosis (F15.15x, F15.25x, F15.95x)
 - Hallucinogen Induced Psychosis (F16.15x, F16.25x, F16.95x)

- Inhalant Induced Psychosis (F18.15x, F18.25x, F18.95x)
- Other Substance Induced Psychosis (F19.15x, F19.25x, F19.95x)
- PTSD (F43.1x)
- Schizophrenia (F20.x, includes Schizophreniform disorder F20.81)
- Schizoaffective Disorder (F25.x)
- Delusional Disorder (F22)
- Bipolar Disorder (F30.xx, F31.xx)
- Major Depressive Disorder, Severe: (F32.3, F33.2, F33.3)