| 1. **Proposed Quick Fixes:**
* **Allow some covered services or projects (highlighted in green) to be provided in more than one treatment setting**
* **Update some column heading titles to reflect project code and name**
1. **Impact Assessment:**
* **FEI will assess the impact of these changes on existing data sets (e.g., Provider)**
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| --- |

3. Covered Service or Project

| Treatment Setting Code | Treatment Setting Name | Covered Service or Project Code | Covered Service or Project Name | Adult MH | Adult SA | Children MH | Children SA | Event Type | Payment Type | Default Unit of Measure |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 02 | Detoxification, 24-hour service, Free- Standing Residential | 24 | Substance Abuse Inpatient Detoxification |  | X |  | X | Client-Specific | Availability | Day |
| 08 | Ambulatory - Detoxification | 32 | Substance Abuse Outpatient Detoxification  |  | X |  | X | Client-Specific | Availability | Direct Staff Minutes |
| 03 | Rehabilitation/Residential - Hospital (other than Detoxification)  | 03 | Crisis Stabilization | X | X | X | X | Client-Specific | Availability | Day |
|  |  | 09 | Inpatient | X |  | X |  | Client-Specific | Utilization | Day |
| 04 | Rehabilitation/Residential -Short term (30 days or fewer)  | 39 | Short-term Residential Treatment  | X |  |  |  | Client-Specific | Availability | Day |
|  |  | 18 | Residential Level I | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 19 | Residential Level II | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 20 | Residential Level III | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 21 | Residential Level IV | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 36 | Room and Board with Supervision Level I | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 37 | Room and Board with Supervision Level II | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 38 | Room and Board with Supervision Level III  | X | X | X | X | Client-Specific | Utilization | Day |
| 05 | Rehabilitation/Residential -Long term (more than 30 days)  | 18 | Residential Level I | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 19 | Residential Level II | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 20 | Residential Level III | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 21 | Residential Level IV | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 36 | Room and Board with Supervision Level I | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 37 | Room and Board with Supervision Level II | X | X | X | X | Client-Specific | Utilization | Day |
|  |  | 38 | Room and Board with Supervision Level III  | X | X | X | X | Client-Specific | Utilization | Day |
| 06 | Ambulatory – Intensive outpatient  | 04 | Crisis Support/Emergency  | X | X | X | X | Client-Specific or Non- Client-Specific | Availability | Direct Staff Minute |
|  |  | 06 | Day Treatment | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 08 | In-Home and On-Site | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 10 | Intensive Case Management | X |  | X |  | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 14 | Outpatient  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 44 | Comprehensive Community Service Team  | X | X | X | X | Client-Specific or Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 45 | Comprehensive Community Service Team – Group | X | X | X | X | Client-Specific or Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | A2 | FIT Team |  | X |  |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | B4 | CAT Team |  |  | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | B5 | FACT Team | X |  |  |  |  | Utilization | See Appendix 5, Table 10 |
| 07 | Ambulatory – Non-Intensive outpatient  | 01 | Assessment  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 02 | Case Management  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 04 | Crisis Support/Emergency  | X | X | X | X | Client-Specific or Non- Client-Specific | Availability | Direct Staff Minute |
|  |  | 08 | In-Home and On-Site | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 11 | Intervention  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 12 | Medical Services  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 13 | Medication Assisted Treatment  |  | X |  | X | Client-Specific | Utilization | Dosage |
|  |  | 14 | Outpatient  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 25 | Supportive Employment  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 26 | Supported Housing/Living  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 27 | Treatment Alternative for Safer Community  |  | X |  | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 29 | Aftercare  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 35 | Outpatient -Group | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 40 | Mental Health Clubhouse Services  | X |  |  |  | Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 42 | Intervention - Group | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 43 | Aftercare - Group | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 44 | Comprehensive Community Service Team  | X | X | X | X | Client-Specific or Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 45 | Comprehensive Community Service Team – Group | X | X | X | X | Client-Specific or Non- Client-Specific | Utilization | Direct Staff Minute |
|  |  | 46 | Recovery Support  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 47 | Recovery Support -Group | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | A0 | Forensic Multidisciplinary Team  | X | X | X | X |  | Utilization |  |
|  |  | A1 | BNET |  |  | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | A3 | Central Receiving System | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A4 | Care Coordination | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A5 | First Episode Team | X |  | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | A6 | Self-Directed Care | X |  | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | A7 | Federal Project Grant | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A8 | Local Diversion Forensic Project | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | A9 | Disaster Behavioral Health | X |  | X |  |  | Utilization | See Appendix 5, Table 10 |
|  |  | B2 | Transition Voucher | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | B6 | Provider Proviso Projects | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | B7 | Wraparound | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
|  |  | C0 | Other Bundled Projects | X | X | X | X |  | Utilization | See Appendix 5, Table 10 |
| 97 |  Other Service Settings | 05 | Day Care  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 07 | Drop-In/Self-Help Centers  | X |  |  |  | Non- Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 15 | Outreach | X | X | X | X | Client-Specific or Non-Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 22 | Respite Services | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 28 | Incidental Expenses | X | X | X | X | Client-Specific or Non- Client-Specific | Utilization | Dollars Spent |
|  |  | 30 | Information and Referral  | X | X | X | X | Non-Client-Specific | Availability | Direct Staff Minute |
|  |  | 48 | Indicated Prevention  | X | X | X | X | Client-Specific | Utilization | Direct Staff Minute |
|  |  | 49 | Selective Prevention | X | X | X | X | Non-Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 50 | Universal Direct Prevention  |  |  |  |  | Non-Client-Specific | Utilization | Non-Direct Staff Minute |
|  |  | 51 | Universal Indirect Prevention  |  |  |  |  | Non-Client-Specific | Utilization | Non-Direct Staff Minute |