C-SPOA Summary of Services	
Health Home Care Management (HHCM) –referral available upon request or accessed through SPOA referral Enrolled in a Medicaid Managed Care Plan, under age 21 and meet SED criteria	
HHCM	**Core Services** • Comprehensive Care Management • Care Coordination and Health Promotion Services • Comprehensive and Transitional Care Services • Child and Family Support Services • Referral to Community and Social Support Services
Children and Family Treatment and Support Services (CFTSS) –referral available upon request or accessed through SPOA referral Enrolled in a Medicaid Managed Care Plan or Child Health Plus, under age 21 and meet medical necessity criteria	
OLP	**Other Licensed Practitioner Therapy Services** • Licensed Evaluation/Assessment, including Treatment Planning • Psychotherapy • Crisis Intervention Activities
CPST	**Community Psychiatric Support and Treatment** (Intensive In-Home) • Intensive Interventions (counseling) • Crisis Avoidance (counseling) • Intermediate Term Crisis Management (counseling) • Rehabilitative Psychoeducation (not involving counseling) • Strengths Based Service Planning (not involving counseling) • Rehabilitative Supports (not involving counseling)
PSR	**Psychosocial Rehabilitation** (Skill Building) • Social and Interpersonal Skills • Daily Living Skills • Community Integration
FPSS	**Family Peer Support Services** • Provided by a Credentialed Family Peer Advocate/Certified Recovery Peer Advocate who has similar experiences • Get support and assistance with locating information and resources available to meet the youth/family's needs • Making informed decisions, building and strengthening natural supports and resources
CI	**Crisis Intervention** • Professional help at home or in the community when a child is distressed and can't be managed by family, friends or other supports. Use crisis plans to de-escalate the crisis and prevent or reduce future crises.
YPS	**Youth Peer Support** • Credentialed Youth Peer Advocate with similar experiences. Develop skills to manage mental health challenges, empowered to make decisions, connections to natural supports and resources.
Home and Community Based Services (HCBS) –referral available upon request or accessed through SPOA referral Enrolled in a Medicaid Managed Care Plan (or meet Medicaid eligibility as a family of one), under age 21, meet SED, risk factors and functional criteria.	
CFSS	**Caregiver Family Support Services** • Enhance the child's ability to function as part of a caregiver/family unit and enhance the caregiver/family's ability to care for the child in the home and/or community
CSATS	**Community Self Advocacy Training and Support** • Provide family/caregiver with techniques and information to better respond to the needs of the child • Provided to prevent problems in the community settings as well as when the child is experiencing difficulties
PR	**Planned Respite** • Short-term relief for the child or family/primary caregivers to support the child's behavioral health needs
CR	**Crisis Respite** • Short-term care and intervention strategy to alleviate the risk for an escalation of symptoms, loss of functioning, and/or a disruption in a stable living environment • Delivered in a home or residence by qualified practitioners, out-of-home/residence by staff in community based sites or in allowable facilities
Pre-Voc	**Prevocational Services** (age 14 -21)
SE	**Supported Employment** (age 14 - 21)

Youth Assertive Community Treatment (ACT) Team –enrolled in a Medicaid Managed Care Plan between the ages of 10-12	
ACT	• Child and/or family has not adequately engaged or responded to treatment in more traditional settings • High us of acute psychiatric hospitals, psychiatric emergency or crisis services • Persistent severe major symptoms • Residing or being discharged from an inpatient bed, residential treatment program or community residence • Clinically assessed to be at immediate risk of more restrictive living situation without intensive community services

Youth ACT Eligibility Criteria The following criteria must be met and supporting documentation attached.

☐ Youth is between the ages of 10-21

SED Determination

Verification of SED Determination by a Licensed Behavioral Health Practitioner

- ☐ Psychosocial Assessment OR
- ☐ Psychiatric Evaluation OR
- ☐ Psychological Evaluation OR
- ☐ LPHA SED Attestation

Referrals initiated in the inpatient setting, the following is required

- ☐ Summary of the hospitalization. Should address current course of treatment since time of admission (including use of increased observation, intramuscular medication for agitation, aggressive or self-injurious behavior, use of restraint), response to treatment, present status and anticipated LOS.

Referrals initiated in the RTF, the following is required

- ☐ Psychosocial (to include current course of RTF treatment and response to RTF treatment)
- ☐ Treatment Plan (current)

Continuous high service needs not met in traditional settings and demonstrated by 2 or more of the following:

- ☐ Child and/or family has not adequately engaged or responded to treatment in more traditional settings.
- ☐ High use of acute psychiatric hospitals (two hospitalizations within one year or one hospitalization of 60 days or more within one year).
- ☐ High use of psychiatric emergency services or crisis services.
- ☐ Persistent severe major symptoms (e.g., affective, psychotic, suicidal or significant impulse control issues).
- ☐ Residing or being discharged from an inpatient bed, residential treatment program, or children's community residence, or being deemed eligible for RTF, but clinically assessed to be able to live in a more independent setting if intensive community services are provided. This may also include current or recent involvement (within past six months) in another child-serving system such as juvenile justice, child welfare, foster care, wherein mental health services were provided.
- ☐ Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs.
- ☐ Clinically assessed to be at immediate risk of requiring a more restrictive living situation (e.g., children's community residence, psychiatric hospital or RTF) without intensive community services.

☐ Office of Mental Health Universal Children's SPOA Application Part 1 and 2 completed and submitted to SPOA Coordinator