

**I MINA 'TRENTAI UNU NA LIHESLATURAN GUÅHAN
2012 (SECOND) Regular Session**

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Bill No. 540-31 (COR)

Introduced by:

D. G. Rodriguez, Jr. 

AN ACT TO ADD THE PROPOSED FEE SCHEDULE FOR THE SYSTEMS OF CARE CHILDREN'S SERVICES TO ANY EXISTING DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE FEE SCHEDULE THAT HAS BEEN ESTABLISHD, ATTACHED AS EXHIBIT A.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Adoption of the Fee Schedule. Notwithstanding any other provision of law, rule, regulation and Executive Order, the Department of Mental and Substance Abuse Systems of Care Children's Services "Fee Schedule," and attached hereto as Exhibit "A", is hereby adopted and added to any Department of Mental Health and Substance Abuse fee schedule that has been established pursuant to law.

Section 2. Amendment of the Fee Schedule. The Department of Mental Health and Substance Abuse, *shall*, at a minimum of every two years, and pursuant to Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code Annotated, review and amend, as necessary, the fee schedule adopted pursuant to Section 1 of this Act.

Section 3: Effective Date. This act *shall* take effect upon enactment.

Section 4: Severability. *If* any provision of this Law or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Law which can be given effect without the invalid provisions or applications, and to this end the provisions of this Law are severable.

EXHIBIT A

Child Mental Health Provider Qualifications

Children's Mental Health Services are provided under the supervision of a physician, licensed health professional or someone qualified to provide children's mental health services employed or contracted by Guam's Department of Mental Health Substance Abuse or Department of Public Health and Social Services. (Refer to Staff Provider Qualifications for each service). Services are coordinated with other community agencies (including, but not limited to, Medicaid Health Plans, courts, local health departments, school-based services providers, and other child serving agencies). Services are provided according to an individual written plan of service that has been developed using a wraparound planning process. Each child/youth and their family must be made aware of the amount, duration, and scope of the services to which he/she is entitled. Therefore, each plan of service must contain the expected date any authorized service is to commence, and the specified amount, scope, and duration of each authorized service. The family must receive a copy of his/her plan of services. The individual plan of service shall be kept current and modified when needed (reflecting changes in the intensity of the beneficiary's health and welfare needs or changes in the beneficiary's preferences for support). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time. A formal review of the plan with the beneficiary and his/her guardian or authorized representative shall occur not less than annually to review progress toward goals and objectives and to assess beneficiary satisfaction. Services must be provided in the least restrictive environment in a manner that is culturally and linguistically competent without the use of aversive, intrusive, or restrictive techniques unless identified as medically necessary, specified in the individual plan of service, and individually approved by the family and wraparound team.

Service Name: Wraparound

Service Description: The wraparound planning process identifies the child's strengths and needs, as well as strategies for addressing needs and desired outcomes. Wraparound utilizes a Child and Family Team with team members being determined by the family, often representing multiple agencies and informal supports. The Child and Family Team creates and implements a highly individualized family-centered plan of service for the child that consists of mental health treatment and other needed services and supports. The Plan may also consist of non-mental health services and supports that are secured from and funded by other agencies in the community. The Wraparound Plan is the result of a collaborative team planning process that focuses on the unique strengths, values, and preferences of the child and family and is developed in partnership with other community agencies.

Coverage includes: (1) planning and/or facilitating planning using the Wraparound process; (2) developing an individualized service plan; (3) linking to, coordinating with, follow up of, and advocacy for services and supports; (4) brokering of providers of services, assistance with access to other entitlements; and crisis stabilization. Coverage does not include Psychotherapy.

Provider Qualifications: Wraparound facilitation and coordination is a highly individualized planning process performed by specialized Wraparound Coordinators. Wraparound Coordinators have a minimum of a Bachelor's degree in Human Services and a minimum of 40 hours of training in Systems of Care philosophy and the Wraparound approach.

Service Codes: (HCPCS) H2O21 Community-based Wraparound Service 15 minutes

Fees: \$31 first 15 minutes; \$20 per next 15 minutes. Maximum 3 hours.

Service Name: Family Support and Training

Service Description: This service provides a structured one-to-one relationship between a Family Partner and a caregiver (s) for the purpose of resolving and/or ameliorating the child's/youth's emotional and behavioral needs by improving the capacity of the caregiver (s) to parent a child/youth with a mental, behavioral, or emotional disorder sufficient to meet diagnostic criteria (specified within the current version of the DSM, DC: 03-R, ICD).

Coverage includes education, support, and training for the caregiver (s). Respite care and/or babysitting services are not covered.

Providers Qualifications: A minimum of a high school diploma or equivalent. Experience with children/youth with special needs, (preferably children/youth with mental, behavioral, or emotional disorders), knowledge of community resources, experience navigating any of the child/youth serving systems, and/or linking families to needed services and supports. A minimum of 20 hours training in System of Care philosophy and the Wraparound approach. CPR and First Aid trained and certified.

Service Codes: (HCPCS) H2014

Fees: \$15 first 15 minutes, \$10 next 15 minutes. Maximum 1.5 hours.

Service Name: Youth Peer Specialist

Service Description: The Youth Peer Specialist provides a child/youth with a diagnosable mental health disorder with support, mentoring, and assistance to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity.

Coverage includes: (1) participating and advocating for youth in the Wraparound process; (2) providing supportive services during crisis; (3) conducting assessments of independent living skills; (4) planning activities to further develop independent living and life skills; and (5) coordinating school transition programs and adult services.

Provider Qualifications: At least 18 years of age. Minimum high school diploma or equivalent. Demonstrated ability to gain trust and respect of youth with mental health disorders based on shared experience and knowledge of mental health challenges. Direct experience identifying needed services and negotiating human service delivery system. A minimum of 20 hours training in System of Care philosophy and the Wraparound approach. CPR and First Aid trained and certified.

Service Codes: (HCPCS) H0038

Fees: \$13 first 15 minutes, \$10 next 15 minutes. Maximum 1.5 hours.

Service Name: Psychotherapy

Service Description: Treatment for mental health disorders designed to reduce maladaptive behaviors, maximize behavioral self-control, or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment.

Coverage includes individual, group, and family therapy, crisis stabilization, play therapy, and treatment to improve parent-child interactions.

Provider Qualifications: Minimum Master's level professional license as either an Individual

Marriage and Family Therapist (licensed by Guam's Allied Health Board) or Licensed Clinical Social Worker (licensed by a U.S. or Guam licensing board). Requires adherence with continuing education and licensing renewal provisions of licensing body.

Service Codes: (CPT) 90806, 90853, 90846, 90847

Fees: Individual therapy (45 – 50 minute session) \$101.52. Group therapy \$42.35. Family therapy without patient present \$92.39, Family therapy with patient present \$115.52

Service Name: Mental Health Home-Based Services

Service Description: Mental Health Home-Based Services are designed to provide intensive interventions to children/youth who have multiple service needs and their families. The services are designed to: (1) support families in meeting their child/youth's developmental needs, (2) to support and preserve families, (3) to reunite families who have been separated, and (4) to provide effective treatment and community supports to address risks that may increase the likelihood of a child/youth being placed outside of the home. Treatment is based on the child/youth's needs, with the focus on the family unit. The service style must support a family-driven and youth-guided approach, emphasizing strength-based, culturally responsive interventions, parent/youth and professional teamwork, and connection with community resources and supports.

Coverage includes: (1) coordination of services and supports across agencies and providers, (2) psychotherapy, (3) caregiver training, crisis stabilization. All services must be provided in the home. Coverage does not include clinic or any out of home services.

Provider Qualifications: Mental Health Home-Based Services are provided by a Master's level licensed clinician.

Service Codes: (HCPCS) H0023

Fees: \$45 for first 15 minutes, \$180 for 60 minutes