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## Section 1. Definitions

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Refer to Appendix A and the Telehealth Supplement for definitions of terms used in this Appendix. The following definitions are specific to Mental Health Clubhouse Services (Clubhouse).

**Community Integration** means the process by which members engage meaningfully in community roles, relationships, and activities, including employment, education, civic participation, and social connection, supported by Clubhouse relationships and programming.

**Face-to-face:** means the service component may be delivered via telemedicine if clinically appropriate. Refer to the Telehealth Services Supplement for the definition of telemedicine and requirements for service delivery through telemedicine.

**In-person:** means physically in the presence of the individual/caregiver.

**Licensed Mental Health Professional (LMHP):** means the same as defined in 12VAC35-105-20. LMHPs shall be a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner. LMHPs are fully licensed to practice independently.

**Licensed Mental Health Professional-type (LMHP-type):** means an LMHP-Resident in Counseling (LMHP-R), LMHP-Resident in Psychology (LMHP-RP), or LMHP-Supervisee in Social Work (LMHP-S). LMHP-type staff shall only perform activities where indicated as allowed by their respective designation.

**Member:** means a Clubhouse participant who receives Clubhouse services as defined by Clubhouse International.

**Natural Supports:** means individuals in a person's life who provide informal, unpaid assistance, encouragement, and connection as part of an ongoing relationship, rather than as part of a formal service delivery arrangement. Natural supports may include family members, caregivers, friends, neighbors, faith community members, coworkers, peers, and others chosen by the individual. Natural supports are identified by the individual and engaged in services only with the individual's consent. For youth, natural supports shall include at minimum one caregiver or legally authorized representative.

**One-to-one:** means a service delivery method in which one qualified provider delivers services directly to one individual receiving services at a time. In one-to-one service provision, the provider's full attention, clinical focus, and billable time are directed exclusively to that individual throughout the encounter. One-to-one service provision may occur in-person or via telemedicine, consistent with the requirements set forth in this Appendix and the Telehealth Supplement and shall take place in any approved service setting. One-to-one service provision does not include encounters in which services are delivered simultaneously to multiple individuals, such as group service delivery.

**Recovery:** means a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. In the Clubhouse model, recovery is understood as ongoing and non-linear, and continued Clubhouse membership supports recovery irrespective of symptom fluctuation.

**Serious Mental Illness (SMI) (Adults):** means schizophrenia, bipolar disorder, major depression with psychotic features, or other severe persistent mental illness.

**Work-ordered Day:** describes the structure of day-to-day activity within a Clubhouse, organized to help members develop self-esteem, confidence, and friendships, which make up the foundation of the recovery process. During the work-ordered day, members collaborate with staff as colleagues to

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perform critical tasks for the Clubhouse community. Members and staff share responsibility for running every aspect of the Clubhouse, including filing, maintenance, and other functions, and participate in consensus-based decision-making regarding all important matters related to the running of the Clubhouse.

## **Section 2. Service Definition and Critical Features**

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Clubhouse services are evidence-based practices that provide side-by-side engagement between members and staff in supporting restoration of skills in symptom management, interpersonal relationships, communication, problem solving, coping skills, and community integration for Clubhouse members living with mental illness. Each Clubhouse provides members opportunities for skill development, improved wellness, and achievement of person-centered goals identified in the individual service plan. Interventions are designed to alleviate emotional or behavioral symptoms associated with a mental illness with the goal of reintegrating the member into the community and increasing social connectedness beyond a clinical setting.

Clubhouse emphasizes long-term support and provides a supportive environment for members with serious mental illness to thrive in their recovery journeys, based on the Clubhouse Model of psychosocial rehabilitation. This model provides a supportive, community-based environment where individuals with SMI actively participate in running the Clubhouse, fostering long-term recovery through meaningful work, education, employment opportunities, and social connection, reducing isolation and improving overall well-being, irrespective of the duration or intensity of their daily engagement.

Clubhouse activities are arranged around the work-ordered day. The Clubhouse space is a dignified, attractive environment where important work is carried out and all members and staff contribute to the functioning of the Clubhouse. The Clubhouse has its own physical space that is observably separate from mental health center/institutional settings and does not include "staff only" spaces. Individual choice is emphasized in Clubhouse policies and procedures, and members are assured that their participation is fully voluntary. Relationships between Clubhouse staff and members are collegial and challenge typical power dynamics between staff and individuals receiving mental health services in other settings, by emphasizing side-by-side activities and engagement, including holding Clubhouse meetings that are open to members and staff.

Through the various required rehabilitative skill-building activities, the Clubhouse offers members organized, effective strategies for moving into and maintaining gainful employment as well as other developmentally appropriate community roles such as volunteering, leisure, and civic activities.

In the provision of the required service components, staff and members provide community support services such as helping with benefits, housing, and advocacy; promoting healthy lifestyles; and assisting in accessing quality housing, medical, psychological, pharmacological, and substance use services in the community. The Clubhouse may offer in-house wellness activities, and if so, these activities are scheduled to be consistent with a vibrant, side-by-side work-ordered day and utilize the teaching skills and expertise of members.

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## Section 3. Provider Qualification Requirements

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Clubhouse providers shall follow all general Medicaid provider requirements specified in Chapter II of this manual.

### 3.1 Clubhouse Staff Requirements

A Clubhouse shall meet the following minimum staff requirements:

1. A full-time Program Director with Clubhouse International training as described in section 3.3 who holds a current, active, and unrestricted Virginia registration or license from the Department of Health Professions that qualifies them as a QMHP, LMHP, LMHP-R, LMHP-RP, or LMHP-S.
2. A Licensed Mental Health Professional (LMHP) who holds a current, active, and unrestricted Virginia license from the Department of Health Professions that qualifies them as a LMHP, with Clubhouse International training as described in Section 3.3. The LMHP does not need to be a full-time employee and shall be available on call or as needed. The LMHP shall have the ability to provide in-person services and support to members and staff.
3. Medicaid covered service components shall be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, RPRSS, or BHT as described in the required service component section.
4. Staff to member ratio shall be one staff to 20 members or fewer during program hours.
5. Two staff shall be physically in-person at the Clubhouse at all times.

### 3.2 Staff Supervision Requirements

Clubhouse supervision is the provision of guidance, feedback, and training to team members to ensure that quality services are provided to individuals and maintaining and facilitating the supervisee's competence and capability to best serve individuals in an effective manner.

1. All Clubhouse staff shall receive at least 1 hour of supervision a calendar month provided by the Program Director or LMHP.
2. Supervisor to staff ratio shall not exceed 1 supervisor to 9 staff.

### 3.3 Staff Training Requirements

1. All staff are required to receive training as required by Clubhouse International.
2. All newly DMAS enrolled Clubhouses shall send a team (including at least one member) to an authorized Clubhouse International training base within the first 12–18 months of operation, and staff are expected to participate in training or specialized tracks as a condition of maintaining accreditation in good standing.

### 3.4 Licensing and Enrollment Requirements

Prior to rendering Clubhouse services and claiming reimbursement, providers are required to be:

1. Licensed by the Department of Behavioral Health and Developmental Services (DBHDS) as a provider of Mental Health Center-Based Recovery and Empowerment Center Service for Adults (03-023). The DBHDS license shall be active and in good standing (conditional, annual, or triennial).
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2. Enrolled with DMAS with provider type 156 (Behavioral Health Services) or 456 (Behavioral Health Clinic and Services) and provider specialty 928 (Mental Health Clubhouse Services).
  - a. Providers shall submit with their DMAS enrollment application evidence of their initiation of the accreditation process or their formal accreditation with Clubhouse International.
  - b. Providers that were accredited by Commission on Accreditation of Rehabilitation Facilities (CARF) with the "Community Integration" program prior to 01/01/26, shall submit their CARF accreditation with the DMAS enrollment application.

### **3.5 Provider Accreditation**

To ensure fidelity to the evidence-based practice of Psychosocial Rehabilitation, Clubhouses shall acquire and maintain Clubhouse International Accreditation. Additional information regarding Clubhouse International Accreditation is available on their website at [Accreditation | Clubhouse International](#).

1. Clubhouse International Accreditation shall be initiated and evidence of this initiation submitted to DMAS during the DMAS enrollment process.
2. All providers shall submit a completed Clubhouse International Accreditation application within 18 months of DMAS enrollment.
3. Full accreditation shall be obtained within 3 years of DMAS enrollment.
  - a. Each year's progress towards meeting accreditation milestones will be assessed by DMAS and DBHDS.
4. DMAS may grant extensions upon demonstrated good-faith engagement with Clubhouse International and the accreditation process.

#### **3.5.1 Previous Psychosocial Rehabilitation Providers with Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for the program "Community Integration."**

1. Programs that were actively providing Psychosocial Rehabilitation (PSR) services and held Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for the program "Community Integration" prior to January 1, 2026 are eligible for an extended timeframe to obtain Clubhouse International Accreditation.
2. These providers shall submit a completed Clubhouse International Accreditation application within 36 months of DMAS enrollment, and shall obtain full accreditation within 5 years of DMAS enrollment.
3. During this extended transition period, all previously CARF-accredited PSR providers must:
  - a. Comply with all Clubhouse International Standards; and
  - b. Follow all Medicaid policies regarding Mental Health Clubhouse Services.

### **3.6 Clubhouse Operation Requirements**

1. Minimum operating hours shall be 5 hours a day, 5 days a week. Clubhouse providers shall follow all Clubhouse International Accreditation standards.
  2. The Clubhouse shall have an independent board of directors, or if affiliated with a sponsoring agency, shall have a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse.
  3. The Clubhouse shall hold regularly scheduled open meetings, accessible to all members and staff, for discussion of Clubhouse operations, programs, and direction. Meeting schedules shall
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be posted and accessible. Member participation in governance shall not be contingent on clinical status or participation level.

## **Section 4. Required Service Components**

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All covered service components shall incorporate the critical features of the service and be integrated into the work-ordered day framework. In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to Clubhouse.

### **4.1 Assessment**

Assessment means the face-to-face interaction in which the provider obtains information from the member and family/caregivers, as appropriate, about the member's current behavioral health status and behaviors as well as the history of the severity, intensity, and duration of behavioral health conditions and behavioral and emotional issues and diagnosis of mental health conditions. Assessment includes assisting the member and family/caregivers, as appropriate, with identifying strengths and needs, resources, and natural supports used in developing individualized goals and objectives to address functional deficits associated with their mental illness. The annual LMHP-directed assessment is a Medicaid billing requirement. It does not replace or override the informal, ongoing member-staff conversations about strengths, goals, and needs that are integral to the work-ordered day.

1. Prior to starting services, an in-person comprehensive and age-appropriate behavioral health assessment, inclusive of the Comprehensive Needs Assessment (CNA), shall be completed **or**
2. The Clubhouse may use an assessment completed within the 12 months prior to admission and update this assessment in-person with the member. The assessment shall include current strengths and needs and complete any missing CNA components, if applicable.
3. The assessment (meeting #1 or #2 above) shall be conducted by a LMHP, LMHP-R, LMHP-RP, or LMHP-S in person with the member in the member's home or another location of the member's/family's choice, which may include the Clubhouse itself. Assessments completed by a LMHP-R, LMHP-RP, or LMHP-S require a LMHP co-signature.
4. The assessment shall be provided on a one-to-one basis with the member.
5. Assessments shall be performed by an LMHP, LMHP-R, LMHP-RP, or LMHP-S at least once every 365 days until discharge.

### **4.2 Service Planning**

Service Planning means the development of a person-centered individual service plan (ISP) that is specific to the member's unique support and recovery needs, developed with the member, in consultation with the member's natural supports, as appropriate. The ISP is what directs collaborative behavioral health treatment. The ISP shall be actively utilized with the individual/family/caregiver during each encounter. (See Chapter IV for additional ISP requirements.)

1. The assessment and member identified goals shall be the basis of the ISP.
  2. Service planning shall be conducted in collaboration with the member individually by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, or QMHP-T.
  3. ISPs shall be required for the entire duration of services and shall be current. (See Chapter IV for additional ISP requirements.)
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4. The ISP may be developed through a team approach and shall be authorized and overseen by the Program Director.
5. Needs and supports discovered in the initial assessment shall be associated with identified goals or objectives as set forth in the ISP developed with the member's input. Subsequent assessments and needs/supports shall be reflected in the ISP with updated goals and objectives.
6. At a minimum, the ISP shall be signed within 30 days of admission and 15 days of an ISP review by:
  - a. The individual and the individual's legally authorized representative.
  - b. The Program Director or LMHP/LMHP-type performing the assessments.
7. The ISP shall document which goals were identified by the member, and that goal language should, where possible, reflect the member's own words and framing.
8. All required service components shall be incorporated into an ISP documenting activities and evidence-based interventions to prevent, correct, or ameliorate needs and supports identified during the initial assessment.
9. All ISPs shall incorporate a crisis plan, per section 4.4.
10. ISPs shall be reviewed at a minimum of every 90 calendar days, or more frequently depending on the member's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 90-calendar day review.

### **4.3 Rehabilitative Skill Building (RSB)**

Rehabilitative Skill Building means facilitating wellness, recovery, autonomy, and community integration through the restoration of skills in symptom management, interpersonal relationships, communication, problem solving, coping skills, and community integration. RSB shall be provided in the context of the work-ordered day program structure.

1. Rehabilitative Skill Building shall be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, Registered Peer Recovery Support Specialist (RPRSS), or a Behavioral Health Technician (BHT).
2. RSB shall be provided in-person.
3. Group size is limited to no more than 20 Clubhouse members per staff.

The following types of RSB shall be made available to members. RSB shall be provided in accordance with the work-ordered day and is not limited to the following interventions:

4. RSB that supports illness self-management, including recognizing early warning signs, developing personal symptom management strategies, and supporting medication plans.
  5. RSB that builds individualized coping strategies to support emotional regulation, distress tolerance, and resilience, embedded in work-ordered day tasks and interactions and tailored to the member's ISP goals.
  6. RSB that develops problem-solving skills through active participation in Clubhouse operations, including unit work tasks, member meetings, and consensus-based decision-making, providing members structured opportunities to identify challenges and implement solutions in a real-world context.
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7. RSB that develops skills for independent community participation, including use of public transportation, accessing community resources, and identifying civic, recreational, and faith-based opportunities, linked to the member's community integration goals in the ISP.
8. RSB that assists members with learning the skills necessary to seek, obtain, and maintain independent employment.
9. RSB that supports member leadership and peer-facilitated skill building, including mentorship, work unit leadership, and support of new members.
10. RSB in the context of short-term, transitional employment opportunities through relationships between the Clubhouse and local businesses.
11. RSB that provides supported employment, including on-site and off-site support at a community business worksite.
12. RSB that assists members in developing skills to pursue their individualized educational goals as appropriate.
13. Social skill development activities that assist in communication-skill restoration and community integration. These activities occur during evening, weekend, and holiday programming organized by members and staff.
14. RSB to achieve independent living, including development of skills to find housing opportunities, communicate with landlords, maintain an apartment, and other tenancy-sustaining skill development needed to live independently.

#### 4.4 Crisis Support

Crisis Support means an intervention to assist the member and their natural supports in developing the capacity to prevent a crisis episode or reduce the severity of a crisis episode. Crisis support includes crisis planning, crisis avoidance, and crisis intervention. Crisis support assists the member with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location. Crisis support also includes the development and ongoing review and update of a crisis management plan to assist the member and their natural supports with identifying a potential behavioral health crisis and steps to manage the crisis and restore stability and functioning after distress or crisis.

1. Crisis support shall be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, or QMHP-T.
  2. Crisis supports shall be provided on a one-to-one basis with the member and their natural supports.
  3. When a member is present at the Clubhouse during program hours and a crisis occurs, the Clubhouse shall provide immediate, on-site crisis support. At least one staff qualified to provide crisis support shall be available in-person during all program hours to respond to member crises without delay.
  4. When a member is not present at the Clubhouse, crisis support shall be guided by the member's individualized crisis plan. The plan shall be designed to be utilized in the member's community setting and shall specify actions the member, natural supports, and Clubhouse staff can take when the member is not on-site, including contact protocols, de-escalation strategies, and referral pathways to appropriate crisis services including but not limited to 911, 988, Emergency Room, CSB Emergency Services, 23-Hour Crisis Stabilization, and Residential Crisis Stabilization Unit.
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5. Providers are required to develop with the member a crisis plan, which shall include use of or referral to Comprehensive Crisis and Transition Services (Appendix G) as appropriate, and connecting the member to other community behavioral health services.
6. Clubhouse providers are required to collaborate with the individual and their natural supports to develop a crisis plan.
  - a. The crisis plan shall:
    - i. Be completed and signed by at a minimum the Program Director, or LMHP/LMHP-type performing assessments and the individual or legal representative no more than 30 calendar days after admission.
    - ii. Be reviewed and updated on an ongoing basis to reflect the individual's current needs and circumstances.
  - b. The crisis plan shall, at a minimum, include:
    - i. Warning signs
    - ii. Preventative and Recovery Strategies
    - iii. Crisis Resources/Professional Contacts
    - iv. Current Medications
    - v. A clear step-by-step sequence of actions to take when a crisis situation occurs when a member is not present at the Clubhouse, including nights and weekends.
7. The Clubhouse shall ensure all members have a current, accessible copy of their crisis plan and shall provide a copy to identified natural supports (with member consent) to facilitate crisis response when the member is not at the Clubhouse. The crisis plan shall be reviewed with the member at least every 90 days or upon any significant change in the member's clinical status.

#### **4.5 Care Coordination**

Care Coordination means consultation, collaboration, and coordination among health providers and others involved in the member's treatment, including collateral contacts to improve restorative care, identify and access needed activities and supports, and align service plans. Activities may include scheduling appointments and meetings to improve care; planning and implementing individualized behavior modification plans; and monitoring treatment and progress with ISP goals. The provider will be asked to explain what care coordination has taken place during treatment as well as in preparation for discharge and step down to lower levels of care with every request for services.

1. Care coordination shall be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, or RPRSS.
2. Providers shall follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).
3. Care Coordination shall be provided on an individual basis with team member(s) providing services with or for one member.

## **Section 5. Clubhouse Medical Necessity Criteria**

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### **5.1 Admission Criteria**

All of the following shall be met:

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### 5.1.1 Comprehensive Needs Assessment Requirements

1. Completion of an in-person Comprehensive Needs Assessment by a LMHP, LMHP-R, LMHP-S, or LMHP-RP within 30 days prior to admission.
2. The assessment shall document specific functional deficits requiring Clubhouse services.
3. The assessment shall document the member's needs, supports, strengths, and how the member's needs meet criteria for this service.

### 5.1.2 Age Requirements

Members shall be 18 years of age or older at the time of admission. There is no maximum age limit for Clubhouse services. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) policies apply to those under 21 years of age.

### 5.1.3 Diagnostic Criteria

1. The member shall have a documented DSM diagnosis that is consistent with a serious and persistent mental illness, including but not limited to, the following DSM categories: Schizophrenia Spectrum and Other Psychotic Disorders, and Bipolar and Related Disorders.
2. Members with diagnoses that fall outside of these categories may be eligible depending on the level of associated long-term disability; in these cases, a physician letter (documentation from a physician) justifying this exception shall accompany the service authorization request.
3. Members may also have a co-occurring diagnosis of a substance use disorder or developmental disability.

### 5.1.4 Functional Impairment Criteria

The member shall demonstrate significant impairment in **at least three** of the following domains (1–4):

#### 1. Work/Educational Functioning

- a. Unemployed or underemployed for 6+ months due to psychiatric symptoms.
- b. Unable to maintain competitive employment without supports.
- c. Difficulty with work-related social interactions.
- d. Educational goals disrupted by psychiatric condition.

#### 2. Social Relationships and Community Integration

- a. Limited social network (fewer than 2 meaningful relationships).
- b. Difficulty initiating or maintaining friendships.
- c. Social isolation or withdrawal lasting 3+ months.
- d. Challenges with community participation.

#### 3. Independent Living Skills

- a. Difficulty with activities of daily living (ADLs) or instrumental ADLs.
- b. Challenges with financial management.
- c. Problems maintaining safe, stable housing.
- d. Difficulty with healthcare self-management.

#### 4. Interpersonal Communication

- a. Impaired ability to express needs effectively as a direct result of the behavioral health diagnosis or condition.
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- b. Difficulty with conflict resolution.
- c. Challenges in group settings.
- d. Problems with appropriate social boundaries.

## 5.2 Continued Stay Criteria

1. The member continues to meet admission criteria.
2. Recovery requires a continuation of these services.
3. The member and family/caregiver (as included in the ISP) are making progress toward goals and actively participating in the interventions.
4. There is a reasonable likelihood that continued Clubhouse participation will support the member's maintenance of skills, community integration, employment, or social connections, or prevention of deterioration or higher-level-of-care utilization, as evidenced by participation patterns, ISP progress, or clinical documentation.
5. The member shall be expected to maintain, develop, or restore functional skills and community integration at this level of service, or Clubhouse services shall be expected to prevent deterioration or reduce the risk of higher-level-of-care utilization.

## 5.3 Discharge Criteria

The member shall be discharged when they meet **one** of the following:

1. The member no longer meets admission criteria.
2. The member has successfully met the specific goals outlined in the treatment plan for discharge.
3. The member requires a more intensive level of care or service.
4. The member is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies.
  - a. Discharge for non-engagement shall be a last resort, documented only after a minimum of 120 days of non-attendance and at least three documented outreach attempts using varied modalities (phone, letter, peer outreach).
5. The member no longer needs this service as they are obtaining a similar benefit through other services and resources.
6. The member chooses to discharge.

## Section 6. Exclusions and Service Limitations

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In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply and are not reimbursable:

1. Services not in compliance with the Clubhouse service manual may not be billed to Medicaid.
  2. Members with a diagnosis of a developmental disability without a co-occurring behavioral health condition are not eligible for this service.
  3. Any observation without an intervention is not a billable activity. The provider shall ensure that treatment is the active delivery of an intervention identified in an ISP.
  4. Phone contacts including attempts to reach the member by telephone to schedule, confirm, or cancel appointments are not reimbursable.
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5. Completion of paperwork when the member and/or their family/caregiver are not present is not reimbursable.
6. Requiring members to be present only for documentation purposes is not reimbursable.
7. Team meetings and collaboration exclusively with staff employed by the provider where the member and/or their family/caregivers are not present.
8. Staff research on behalf of the member.
9. Members receiving Clubhouse may not be authorized to receive the following services concurrently. Short-term service authorization overlaps are allowable as approved by the FFS service authorization contractor or managed care organization (MCO) during transitions from one service to another for care coordination and continuity of care.
  - a. Applied Behavior Analysis
  - b. Addiction and Recovery Treatment Services (ARTS) Levels: ASAM 3.7
  - c. Community Stabilization
  - d. Functional Family Therapy
  - e. Multisystemic Therapy
  - f. Psychiatric Residential Treatment Facility (PRTF)
  - g. Therapeutic Group Home (TGH) services
10. The authorization of additional behavioral health services not included in the list above is determined by the Comprehensive Needs Assessment/identified level of need in collaboration with the individual and their Managed Care Organization or FFS contractor.

## Section 7. Service Authorization (SA)

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### 7.1 General Requirements

1. Service authorization is required.
2. Providers shall submit service authorization requests within one business day of admission for preservice service authorization requests and by the requested start date for concurrent stay requests. If submitted after the required time frame, the start date of authorization will be based on the date of receipt.
3. All service authorization requests shall be a standard 6 calendar month timeframe and the corresponding units required in Section 7.2.
4. If a provider is requesting and providing services within the permissible amount based on the assessment and individuals are recovering, the MCO may waive the service authorization requirement.
5. The individual's MCO/FFS service authorization contractor conducting the service authorization review may approve the requested service(s) or may recommend a more clinically appropriate service based on their review.

*Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Cardinal Care MCO processes are located at [www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/](http://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/).*

### 7.2 Service Authorization Period and Unit Allocation

1. The Clubhouse retains the right of all members to return after any absence, without the need for re-authorization or re-assessment, unless a member has been formally discharged per Section 5.3.
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2. All service authorizations shall be issued for a **six (6) month period**. Each authorization shall include 120 units of H2031.

### **7.2.3 Minimum Service Requirement**

The individual shall receive no fewer than twenty-four (24) consecutive months of service. Service authorizations shall be issued in six (6) month increments within that period to ensure the individual is progressing toward ISP goals and objectives and to facilitate the required collaboration between MCOs and providers.

### **7.3 Preservice Authorization Request**

The following information shall be submitted with the preservice authorization request:

1. Complete preservice authorization request form
2. Initial Comprehensive Needs Assessment
3. Initial ISP

### **7.4 Concurrent Authorization Request**

The following information shall be submitted with the concurrent authorization request:

1. Completed concurrent service authorization request form.
2. Current addendum to the initial assessment (can be a progress note) that describes any new information impacting care, progress and interventions to date, a description of the rationale for continued service delivery, and evidence the member meets medical necessity criteria.
3. Updated ISP
  - a. Following initial authorization, if a member is not progressing and/or engaged, the ISP shall be updated to assure engagement and progress before reauthorization is considered.

## **Section 8. Additional Documentation Requirements and Utilization Review**

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### **8.1 Daily Log of Attendance**

1. A daily log of attendance is required and must be completed on the same calendar day the service is delivered.
2. Each entry must include:
  - a. Member Name
  - b. Date
  - c. Time In / Time Out / Duration
  - d. ISP Goal
  - e. Service Component provided
  - f. Staff Name and Credentials

### **8.2 Weekly Progress Note**

1. A weekly progress note is required for every member. Notes may be co-written, collaboratively written, or drafted by the member.
  2. The weekly progress note shall:
    - a. Clearly document that services provided are tied to the member's goals, objectives, and interventions in the ISP
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- b. Confirm that documentation correlates with units billed for each day of service
- c. Include sufficient detail to support the length of the contact
- 3. At a minimum, each weekly progress note must contain:
  - a. **Service name** — the name of the service rendered
  - b. **Setting** — where the service was delivered
  - c. **Attendance Table** — one row per service day, including:
    - i. Date
    - ii. Time In / Time Out / Duration
    - iii. Goal
    - iv. Service Component provided
    - v. Staff Name and Credentials
  - d. **Narrative**, addressing:
    - i. What was worked on (specifics on the service components provided) and what materials were used to teach a skill
    - ii. How the member engaged and responded
    - iii. Any notable or observed behaviors
    - iv. Progress toward ISP goals
    - v. Plan for the coming week
  - e. **Printed name and signature** of the staff member completing the note

### 8.3 LMHP Review

An LMHP must review the documentation of all non-LMHP staff at least every 30 calendar days. This review must be evidenced by either:

- 1. A progress note written by the LMHP in the member's chart, **or**
- 2. A co-signature by the LMHP on the non-LMHP staff member's progress note

*Refer to Chapter VI of this manual for additional documentation and utilization review requirements.*

## Section 9. Billing Requirements and Information

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### 9.1 Mental Health Clubhouse Services Billing Code

Billing Code	Unit	Description
H2031	Per Diem	Mental Health Clubhouse Services

### 9.2 General Billing Requirements

- 1. One unit of service equals one calendar day.
  - 2. To bill the per diem unit (H2031):
    - a. Rehabilitative Skill Building (RSB) shall be provided in-person on the day of service; and
    - b. The per diem rate includes all required service components delivered by a qualified provider on that day: Assessment, Service Planning, Rehabilitative Skill Building (RSB), Crisis Support, and Care Coordination.
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3. Documented exceptions to 2(a) — days on which RSB is not provided — are limited to the following. The basis for the exception shall be recorded in the member’s progress note on the date of service:
  - a. At least two required service components other than RSB (Assessment, Service Planning, Crisis Support, or Care Coordination) shall be provided in-person on the day of service; or
  - b. An initial or annual reassessment is provided on that day, in which case no additional service components are required to bill the H2031 per diem.

**9.3 Assessments and Annual Reassessments**

Billing Code	Unit	Description	Notes	Provider Qualifications
H2031	Per Diem	Mental Health Clubhouse Services	1 unit of H2031 may be billed for the initial and annual reassessment, as long as the member has an active service authorization that covers the date of service.	LMHP, LMHP-R, LMHP-RP, LMHP-S
90791	Per Encounter	Initial Psychiatric/Behavioral Health Diagnostic Evaluation (Assessment)	90791 may be used when a LMHP, LMHP-R, LMHP-RP or LMHP S conducts an initial assessment and determines that the member does not meet the admission criteria.	LMHP, LMHP-R, LMHP-RP, LMHP-S