

Crosswalk of Unit Designation for Reporting  
CDS/EBS  
July 29, 2025

| ***MAXIMUM UNIT ALLOWED PER ENCOUNTER PER MONTH*** |         |                    |                                                      |             |            |                 |             |                   |
|----------------------------------------------------|---------|--------------------|------------------------------------------------------|-------------|------------|-----------------|-------------|-------------------|
| Auth'd                                             | MH-SUD  | Adult or youth     | Service                                              | Unit Length | Unit type  | Minimum allowed | Max allowed | incremental value |
|                                                    | MH-SUD  | Adult              | 24 Hour Crisis Line/24 Hour Crisis Line Rural        | 15          | Minute     | 1               | 8           | 1                 |
| x                                                  | MH      | Adult              | Assertive Community Treatment                        | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH      | Adult              | Assertive Community Treatment - Medical leave        | 1           | Day        | 1               | 10          | 1                 |
|                                                    | MH      | Adult              | Assertive Community Treatment - Therapeutic Leave    | 1           | Day        | 1               | 30          | 1                 |
| x                                                  | MH      | Adult              | Acute Hospitalization                                | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Assessment                                           | 1           | Assessment | 1               | 1           | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Assessment - Addendum                                | 1           | Addendum   | 1               | 1           | 1                 |
|                                                    | SUD     | Adult              | Ambulatory Detox SUD                                 | 15          | Minute     | 1               | 16          | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Client Assistance Program                            | 15          | Minute     | 1               | 50          | 1                 |
|                                                    | MH      | Youth              | Crisis Inpatient                                     | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Crisis Response (Direct and Indirect)                | 15          | Minute     | 1               | 100         | 1                 |
| x                                                  | MH/SUD  | Adult/Youth        | Crisis Psychotherapy - First Hour                    | 1           | Hour       | 1               | 2           | 1                 |
| x                                                  | MH/SUD  | Adult/Youth        | Crisis Psychotherapy - Additional 30 minutes         | 30          | Minute     | 1               | 2           | 1                 |
|                                                    | MH/SUD  | Adult              | Crisis Stabilization                                 | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH/SUD  | Adult              | Crisis Stabilization-5                               | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH-SUD  | Adult/Youth        | Community Support                                    | 15          | Minute     | 1               | 100         | 1                 |
|                                                    | MH      | Adult/Youth        | Coordinated Speciality Care (FEP-ESMI)               | 1           | Month      | 1               | 1           | 1                 |
|                                                    | MH      | Adult              | Day Support (up to 3 hours)                          | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH      | Adult              | Day Support (3 or more hours)                        | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult              | Day Rehabilitation (min 5 hours)                     | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult              | Day Rehabilitation (min 3 hours)                     | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult/Youth        | Day Treatment (min 6 hours)                          | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult/Youth        | Day Treatment (min 3 hours)                          | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH/SUD  | Adult              | Dual Residential                                     | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH/SUD  | Adult              | Dual Residential - Medical Leave                     | 1           | Day        | 1               | 10          | 1                 |
| x                                                  | MH/SUD  | Adult              | Dual Residential - Therapeutic Leave                 | 1           | Day        | 1               | 31          | 1                 |
|                                                    | MH/SUD  | Adult/Youth/Trans  | Emergency Community Support (Direct and Indirect)    | 15          | Minute     | 1               | 100         | 1                 |
|                                                    | MH      | Adult              | Emergency Protective Custody                         | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH/SUD  | Adult              | Emergency Psychiatric Observation                    | 1           | Hour       | 1               | 23          | 1                 |
|                                                    | MH      | Youth              | Family Support*                                      | 1           | Hour       | 1               | 20          | 0.25              |
| x                                                  | SUD     | Adult              | Halfway House                                        | 1           | Day        | 1               | 31          | 1                 |
| x                                                  | SUD     | Adult              | Halfway House - Therapeutic Leave                    | 1           | Day        | 1               | 21          | 1                 |
|                                                    | MH      | Adult              | Hospital Diversion less than 24 hours                | 1           | Hour       | 1               | 23          | 0.5               |
|                                                    | MH      | Adult              | Hospital Diversion over 24 hours                     | 1           | Day        | 1               | 7           | 1                 |
|                                                    | MH/SUD  | Adult              | Intensive Community Service                          | 1           | Month      | 1               | 1           | 1                 |
| x                                                  | MH/SUD  | Adult              | Intermediate Residential                             | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH/SUD  | Adult              | Intermediate Residential - Medical Leave             | 1           | Day        | 1               | 10          | 1                 |
| x                                                  | MH/SUD  | Adult              | Intermediate Residential - Therap Leave              | 1           | Day        | 1               | 21          | 1                 |
| x                                                  | SUD     | Adult/Youth        | Intensive Outpatient                                 | 1           | Hour       | 1               | 56          | 0.25              |
| x                                                  | SUD     | Adult              | Intensive Outpatient - Matrix                        | 1           | Hour       | 1               | 66          | 0.25              |
|                                                    | MH /SUD | Adult              | Inpatient Post Commitment Treatment                  | 1           | Day        | 1               | DM          | 1                 |
|                                                    | MH      | Adult/Youth        | Medication Management                                | 15          | Minute     | 1               | 16          | 1                 |
|                                                    | SUD     | Adult              | Medically Monitored Withdrawal Mgmt                  | 1           | Day        | 1               | 10          | 1                 |
|                                                    | MH      | Youth              | Multisystemic Therapy                                | 1           | Hour       | 0.25            | 100         | 0.25              |
|                                                    | MH/SUD  | Adult              | Navigator*                                           | 1           | Minute     | 1               | 100         | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Outpatient - Group                                   | 1           | Hour       | 1               | 18          | 0.5               |
|                                                    | MH/SUD  | Adult/Youth        | Outpatient - Individual and Family                   | 45          | Minute     | 0.5             | 15          | 0.25              |
|                                                    | SUD     | Adult              | Opioid Treatment Program                             | 1           | Month      | 1               | 1           | 1                 |
|                                                    | MH      | Adult/Youth        | Peer Support-Group                                   | 15          | Minute     | 1               | 100         | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Peer Support-Individual                              | 15          | Minute     | 1               | 100         | 1                 |
| x                                                  | MH      | Youth/Transitional | Professional Partner Program                         | 1           | Month      | 1               | 1           | 1                 |
| x                                                  | MH      | Adult              | Psychiatric Residential Rehabilitation               | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult              | Psychiatric Residential Rehabilitation-Medical Leave | 1           | Day        | 1               | 10          | 1                 |
| x                                                  | MH      | Adult              | Psychiatric Residential Rehabilitation -Therap Leave | 1           | Day        | 1               | 21          | 1                 |
|                                                    | MH/SUD  | Adult              | Recovery Support                                     | 15          | Minute     | 1               | 100         | 1                 |
|                                                    | MH/SUD  | Adult/Youth        | Mental Health Respite                                | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult              | Secure Residential                                   | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | MH      | Adult              | Secure Residential - Medical Leave                   | 1           | Day        | 1               | 10          | 1                 |
| x                                                  | MH      | Adult              | Secure Residential - Therap Leave                    | 1           | Day        | 1               | 21          | 1                 |
|                                                    | MH      | Adult              | Secure Residential Room/Board                        | 1           | Day        | 1               | DM          | 1                 |
| x                                                  | SUD     | Adult              | Short Term Residential                               | 1           | Day        | 1               | DM          | 1                 |

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|   |        |             |                                                |    |        |      |     |      |
|---|--------|-------------|------------------------------------------------|----|--------|------|-----|------|
|   | MH/SUD | Adult       | SOAR (Direct and Indirect)                     | 1  | Hour   | 0.25 | 100 | 0.25 |
|   | SUD    | Adult       | Social Detox                                   | 1  | Day    | 1    | 10  | 1    |
| x | MH     | Adult       | Sub-Acute Hospitalization                      | 1  | Day    | 1    | DM  | 1    |
|   | MH/SUD | Adult/Youth | Supported Employment-Extended Service          | 1  | Hour   | 0.25 | 100 | 0.25 |
| x | SUD    | Adult Youth | Therapeutic Community                          | 1  | Day    | 1    | DM  | 1    |
| x | SUD    | Adult       | Therapeutic Community - Medical Leave          | 1  | Day    | 1    | 10  | 1    |
| x | SUD    | Adult/Youth | Therapeutic Community - Therap Leave           | 1  | Day    | 1    | 21  | 1    |
|   | MH     | Adult/Youth | Therapeutic Consultation (Direct and Indirect) | 30 | Minute | 1    | 100 | 1    |

\* **Distinct encounter is defined as one episode of care (starting with admission) for one consumer, in one service, to one provider.**

\*Unit designations are being standardized to ensure consistent measurement and reporting of utilization of the above named services.

\*The unit designations noted above reflect the unit definitions and min/max thresholds that will be allowed to be entered in a **distinct encounter** each month.

\*Units should be calculated /tracked for each discrete session. For example, if an individual is seen in outpatient for 30 minutes, the unit should be recorded as .75 unit. The next session that month is 57 minutes, which is 1.25 units. If these were the only 2 sessions provided that month, the provider would bill .75 units + 1.25 units = 2 units.

\*The unit measurements detailed above have no bearing on reimbursement methodology. FFS and approved expense-based reimbursement can still be used.

\*Incremental values reflect instances in which partial units will be allowed for TADS entry once minimum thresholds are met. (Ex: 1 day treatment unit is defined as 1 day of service; consumers in service for half a day will be allowed 0.5 units).

\*Min thresholds reflect the minimum number of whole or incremental units that must be reported in a TAD to qualify for reimbursement. (Ex: Peer support requires a minimum of (4) 15 minute units (or 1 hour of service) to be reported each month. If this service requirement is not met, no FFS reimbursement should be provided.

\*Max thresholds reflect the maximum number of cumulative service units allowed to be reported on the TADS each month. (Ex: 1 unit of OP therapy = 45 minutes. This can be billed in 0.25 unit increments --0.25 of 45 min=11 minute increments). The maximum allowed units in a given encounter per month would be the equivalent of (10) 45 minute units\ or 450 minutes of service. "DM" means total days of the month. Therapeutic Leave and Medical Leave maximum reflect maximum number per encounter across months.

\*Effective 7/1/2019, all services noted above will require encounter data entry.

\* **Direct** is defined as any direct contact the worker has with the specific patient/consumer. **Indirect** is defined as tasks the worker completes that are related to a specific patient/consumer. This includes paperwork, travel time or other contacts, that are not the patient/consumer, but is relevant to the specific patient/consumer and their care/treatment.

Astericks next to the service name indicate Region specific service.