

**Virginia Independent Clinical Assessment Program (VICAP)**

**CSBs/BHAs will complete this form (including the relevant attachments) and copy uploaded into KePRO's iEXCHANGE System.**

<b>Procedure Code 90889</b>			
<b>Name of Child</b>		<b>Date of Assessment</b>	
<b>Medicaid Number</b>			
<b>Name of Screening CSB/BHA</b>	<b>Contact for Screening CSB</b>	<b>CSB Phone#</b>	<b>CSB Fax#</b>
<b>Name of Assessor</b>	<b>Credentials/Licensure:</b>	<b>Assessor Phone#</b>	<b>Assessor Fax#</b>
<b>Signature:</b>			

<b>Symptoms/Frequency/Duration</b>

<b>Other Relevant Information</b>

**Virginia Independent Clinical Assessment Program (VICAP)**

**1. DSM-IV Diagnosis (Provisional)**

<b>I</b>	
<b>II</b>	
<b>III</b>	
<b>IV</b>	
<b>V-Current GAF</b>	

**2. Services Recommended (Check all that apply)**

	<b>Mental Health Support (Complete Section A Below)</b>
	Request for New Service
	Request for Reauthorization of Service
	<b>Therapeutic Day Treatment (Complete Section B Below)</b>
	Request for New Service
	Request for Reauthorization of Service
	<b>Intensive In-Home (Complete Section C Below)</b>
	Request for New Service
	Request for Reauthorization of Service
	<b>Outpatient Psychotherapy</b>
	Individual Therapy
	Group Therapy
	Family Therapy
	<b>Psychiatric Residential Treatment Facility – Level C</b>
	<b>Psychiatric Service (Physician)</b>
	<b>Group Home Level A</b>
	<b>Group Home Level B</b>
	<b>Targeted Case Management</b>
	<b>Other (Please Specify):</b>
	<b>No Services Recommended</b>

# Virginia Independent Clinical Assessment Program (VICAP)

## Section A

### **Mental Health Support Services (MHSS) Eligibility Assessment Form**

#### **Service Definition**

Mental health support services are **training and support** to enable individuals with **significant psychiatric functional limitations to achieve and maintain community stability and independence** in the most appropriate, least restrictive environment. The recommended age to receive the service is 18 years of age as this service is focused on assisting clients to live independently. Persons under 18 may still be eligible for Mental Health Support Services if medical necessity criteria are met. This service is not a substitution for mental health counseling or psychotherapy.

#### **Eligibility Criteria**

##### **1. Clinical Necessity**

<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
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Individuals must demonstrate a clinical need for the service arising from a condition due to a mental, behavioral, or emotional illness that results in significant functional impairments in major life activities and affects their ability to remain stabilized in the community.

**NOTE:** Individuals eligible for this service may have a dual diagnosis of either mental illness and mental retardation or mental illness and substance abuse disorder. If an individual has co-occurring mental health and substance abuse disorders, integrated treatment for both disorders is allowed within Mental Health Support Services as long as the treatment for the substance abuse condition is intended to positively impact the mental health condition.

##### **2. The individual must meet at least two of the following criteria on a continuing or intermittent basis:**

	Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization, homelessness, or isolation from social supports.
	Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.
	Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.
	Require help in basic living skills, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized

<b>3. The child meets the criteria and MHSS are recommended?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
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# Virginia Independent Clinical Assessment Program (VICAP)

## Section B

### Therapeutic Day Treatment (TDT) Eligibility Assessment Form

<b>1. Functional Capability</b>		<b>YES</b>		<b>NO</b>
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The child/adolescent has the functional capability to understand and benefit from the required activities and counseling of this service.

<b>2. General Eligibility Criteria</b>		<b>YES</b>		<b>NO</b>
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**The child met all four of the general eligibility criteria listed below?**

	The child/adolescent has a mental, behavioral, or emotional illness that results in <u>significant</u> functional impairments in major life activities, compared to other similar aged children, and
	The disability has become more disabling over time, and
	Significant intervention is required through services that are supportive, intensive, and offered over a protracted period of time in order to provide therapeutic intervention, and
	The child must demonstrate a clinical necessity for the TDT service arising from a mental, behavioral, or emotional illness that results in significant functional impairments in major life activities.

<b>3. Medical Necessity Criteria</b>		<b>YES</b>		<b>NO</b>
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**The child met the specific medical necessity criteria listed below?**

The child must meet at least two of the following criteria on a continuing or intermittent basis:

	The child has difficulty establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community; and/or
	The child exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; and/or
	The child exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. For example, the child is at risk for acting out in such a fashion that will cause harm to themselves or others.

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**Section B**

**Therapeutic Day Treatment (TDT) Eligibility Assessment Form**  
**Continued**

<b>4.</b>	<b>The child met the additional medical necessity criteria listed below?</b>		<b>YES</b>		<b>NO</b>
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The child **must meet at least one** of the following criteria:

	The child requires year-round treatment in order to sustain behavioral or emotional gains.
	The child's behavioral and emotional problems are so severe they cannot be handled in self-contained or resource emotionally disturbed (ED) classrooms without this programming during the school day or as a supplement to the school day or school year.
	Without these services the child would otherwise be placed on homebound instruction because of severe emotional or behavioral problems, or both, that interfere with learning.
	The child has deficits in social skills, peer relations, or dealing with authority; is hyperactive; has poor impulse control; or is extremely depressed or marginally connected with reality.
	The child is in a preschool enrichment and/or early intervention program but the child's emotional or behavioral problems, or both, are so severe that they cannot function in these programs without additional services.

<b>5.</b>	<b>The child meets the eligibility criteria and TDT services are recommended?</b>		<b>YES</b>		<b>NO</b>
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## Virginia Independent Clinical Assessment Program (VICAP)

### Section C

#### **Intensive In-home Services (IIH) Eligibility Assessment Form**

<b>1.</b>	<b>Functional Capability</b>		<b>YES</b>		<b>NO</b>
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The child/adolescent has the functional capability to understand and benefit from the required activities and counseling of this service. (Note: In the case of a young child, the parent must have functional capacity).

<b>2.</b>	<b>Clinical Necessity</b>		<b>YES</b>		<b>NO</b>
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Individuals must demonstrate a clinical necessity arising from a **severe condition due to mental, behavioral, or emotional illness** that results in significant functional impairment in major life activities.

Individuals must meet at least two of the following criteria on a continuing or intermittent basis:

	Has difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community; and/or
	Exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; and/or
	Exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. For example, is at risk for acting out in such a fashion that will cause harm to themselves or others.

<b>3.</b>	<b>Risk of Out-of Home Placement</b>		<b>YES</b>		<b>NO</b>
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Services shall be used when there is a risk of out-of-home placement, due to the clinical needs of the child.

	Within the past two weeks of the date of the IIH assessment, there is evidence of escalating behaviors that have put the child or others at immediate risk of physical injury.
	The parent or legal guardian is unable to manage the mental, behavioral or emotional problems in the home and is actively seeking alternate out of home placement (This needs to be a current problem, within the past 2-4 weeks, not a threat of removal from the home that the parent has made in the past and has not acted on).
	An authority figure (such as from juvenile justice, DSS, CSB or DOE or an LMHP who is not an employee or consultant to the IIH provider) has recommended an out-of-home placement unless there is an immediate change in behaviors and failed MH services are evident.

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**Section C**

**Intensive In-home Services (IIH) Eligibility Assessment Form  
(Continued)**

**History of Failed Services within the last 30 days: Select all that Apply**

<input type="checkbox"/>	Crisis Intervention
<input type="checkbox"/>	Crisis Stabilization
<input type="checkbox"/>	Outpatient Psychotherapy
<input type="checkbox"/>	Outpatient Substance Abuse Services
<input type="checkbox"/>	Mental Health Support (recommended age 18 or older)
<input type="checkbox"/>	Recommendation for IIH by treatment team/FAPT team for a member currently in one of the following:
<input type="checkbox"/>	RTC Level C (transition)
<input type="checkbox"/>	Group Home Level A or B (transition)
<input type="checkbox"/>	Acute Psychiatric Hospitalization (transition)
<input type="checkbox"/>	Foster Home (transition or foster parent is unwilling to continue)
<input type="checkbox"/>	MH case management

<b>4.</b>	<b>Service Necessity</b>		<b>YES</b>		<b>NO</b>
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One of the following must be met in order to justify the need for **IIH**:

Services far more intensive than outpatient clinic care are required to stabilize the child in the family situation; or

The child's residence, as the setting for services, is more likely to be successful than a clinic.

**Describe how services in the child's residence are more likely to be successful than an outpatient clinic:**

**Note:** Services may also be used to facilitate treatment after the transition to home from an out-of-home placement when services more intensive than outpatient clinic care are required for the transition to be successful.

**5. Agreement to Participate in Service**

Both of the following must be met:

At least one parent or responsible adult with whom the child is living must be willing to participate in intensive in-home services, with the goal of keeping child with the family.

The child and responsible parent or guardian must agree to be available and must agree to participate in the treatment.

<b>6.</b>	<b>The child meets the eligibility criteria and IIH services are recommended?</b>		<b>YES</b>		<b>NO</b>
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