

Crosswalk of Unit Designation for Reporting
CDS/EBS
June 4, 2026

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
	MH/SUD	Adult/Youth	Crisis Response in CCBHC	1	Month	1	1	1
	MH/SUD	Adult/Youth	Crisis Response (Encounter Bundle)	1	Day	1	1	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
	MH	Adult	CSCinCCBHC	1	Month	1	1	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	175	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	20	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*	15	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

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	MH	Adult	Secure Residential Room/Board	1	Day	1	DM	1
	MH/SUD	Adult	SEESinCCBHC	1	Hour	0.25	1	0.25
x	SUD	Adult	Short Term Residential	1	Day	1	DM	1
	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.

Asterisks next to the service name indicate Region specific service.