

Medicaid Behavioral Health Clinic Rehabilitation Services Manual

WV DHHR BUREAU FOR MEDICAL SERVICES

JUNE 16, 2014
Charleston, WV



Clinic/Rehab Collaboration



Over the past year, BMS, BHHF, behavioral health providers from across the state, and contractors for DHHR held collaborative workgroups in an effort to revise and update the Behavioral Health Clinic and Behavioral Health Rehabilitation Services, Chapters 502 and 503.

This collaboration was vital in the development of the manuals. Meetings were held weekly to biweekly on average and are credited for the successful revisions. A statewide training and multiple webinars will be conducted over the next few weeks along with agency-specific trainings over the next year as needed to assist providers to learn and implement the new policy. This presentation will be placed on both the BMS and APS Healthcare websites.

Clinic/Rehab Manuals



Any provider of Medicaid and/or BHHF services will be expected to have working knowledge of Chapters 502 and 503 as well as other chapters relevant to the services provided (please see Chapters 100 through 900).

www.dhhr.wv.gov/bms/pages/providermanuals.aspx

For further clarifications, you may access the BMS and APS Healthcare websites where FAQs will be posted following these trainings. APS Healthcare trainer-consultants are also available for assistance.

www.dhhr.wv.gov/bms/hcbs/pages/default.aspx

www.apshealthcare.com/publicprograms/west_virginia/West_Virginia1.htm

- 503.17.1 BEHAVIORAL HEALTH COUNSELING, PROFESSIONAL, INDIVIDUAL**
- 503.17.2 BEHAVIORAL HEALTH COUNSELING, PROFESSIONAL, GROUP**
- 503.17.3 BEHAVIORAL HEALTH COUNSELING, SUPPORTIVE, INDIVIDUAL**
- 503.17.4 BEHAVIORAL HEALTH COUNSELING, SUPPORTIVE, GROUP**
- 503.19.2 NON-METHADONE MEDICATION ASSISTED TREATMENT**
- 503.19 GENERAL MEDICATION SERVICES**
- 503.19.1 COMPREHENSIVE MEDICATION SERVICES: MENTAL HEALTH**
- 503.16.4 CASE CONSULTATION**
- 503.21.1 CRISIS INTERVENTION**

H0004H0 Professional, Individual



Service Unit: 15 minutes

Telehealth: Available

Service Limits: 60 units per year

Prior Authorization: Refer to Utilization Management Guidelines

H0004H0 Service Definition

- **Face to face medically necessary service provided to the member and/or family member. Member must be present for some or all of the service.**
- **Treatment of behavioral health conditions in which the qualified health care professional through definitive therapeutic communication attempts to:**
 - **Alleviate emotional disturbances**
 - **Reverse or change maladaptive patterns of behavior**
 - **Encourage personality growth and development.**
- **Includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family members or others in the treatment process.**
- **Behavioral Health Counseling of children may involve work with parents as the agent of change in maladaptive behavior of children. Structured behavior therapies designed to provide parents with therapeutic tools to control and modify inappropriate behavior and promote adaptive coping behaviors are considered to be appropriate use of this service.**

H0004H0 Staff Credentials

- Minimum of a Master's level therapist (psychology, psychiatry, counseling, and social work)
- NOTE: All current Bachelor's degree ADCs may continue to bill this service only when directly addressing Substance Abuse treatment issues. All individuals with an ADC hired after July 1, 2014 must have a Master's Degree.

H0004H0 Documentation Requirements

- Date of Service
- Location of Service
- Time Spent (start/stop times)
- Signature with credentials
- Member's symptoms and functioning
- Therapeutic Intervention grounded in a specific and identifiable theoretical base
- Member's response to Intervention
- How often the service is to be provided
- An activity note describing each service/activity provided
- Relationship of the service/activity to the identified behavioral health treatment needs
- Member's response to the service
- If there is a Master Service Plan, the intervention should be reflective of a goal on the plan
- The reason for the service

H0004H0HQ Professional, Group



- ▶ Service Unit: 15 minutes
- ▶ Telehealth: Available
- ▶ Service Limits: 50 units per year
- ▶ Payment Limits: Behavioral Health Counseling, Professional, Group sessions are limited in size to a maximum of 12 persons per group session
- ▶ Prior Authorization: Refer to Utilization Management Guidelines

H004H0HQ Service Definition

- ▶ A face to face medically necessary service provided to the member in a group setting.

- ▶ Treatment of behavioral health conditions in which the qualified health care professional through definitive therapeutic communication attempts to:
 - Alleviate emotional disturbances
 - Reverse or change maladaptive patterns of behavior
 - Encourage personality growth and development

This process includes ongoing assessment and adjustment of psychotherapeutic interventions.

H0004H0HQ Staff Credentials

- ▶ Minimum of a Master's level (psychology, psychiatry, counseling, and social work).
- ▶ NOTE: All current Bachelor's degree ADCs may continue to bill this service only when directly addressing Substance Abuse treatment issues. All individuals with an ADC hired after July 1, 2014 must have a Master's Degree.

H0004H0HQ Documentation Requirements

- ▶ Date of Service
- ▶ Location of Service
- ▶ Time Spent (start/stop times)
- ▶ Signature with credentials
- ▶ Member's symptoms and functioning
- ▶ Therapeutic Intervention grounded in a specific and identifiable theoretical base
- ▶ Member's response to Intervention
- ▶ How often the service is to be provided
- ▶ An activity note describing each service/activity provided
- ▶ Relationship of the service/activity to the identified behavioral health treatment needs
- ▶ Member's response to the service
- ▶ If there is a Master Service Plan, the intervention should be reflective of a goal on the plan
- ▶ The reason for the service

H0004 Supportive, Individual

- ▶ Service Unit: 15 minutes
- ▶ Telehealth: Available
- ▶ Service Limits: All units must be prior authorized
- ▶ Prior Authorization: Refer to Utilization Management Guidelines.

H0004 Staff Credentials

- ▶ Any new hires as of July 1st 2014 must have a minimum of a Bachelor's degree.
- ▶ Minimum of a bachelor's degree as of July 1st, 2018.
- ▶ Staff must be properly supervised according to BMS policy on clinical supervision. The service may be provided in a variety of settings, by appropriately designated, trained and supervised staff.

H0004 Service Description

Supportive counseling should:

1) Promote application and generalization of age appropriate skills such as problem solving, interpersonal relationships, anger management, relaxation, and emotional control as it impacts daily functioning as related to their behavioral health condition; and/or

2) The interventions will assist the individual as he or she explores newly developing skills as well as identifying barriers to implementing those skills that are related to achieving the objectives listed on the service plan.

Supportive counseling should consistently augment other coordinated care services being provided by the agency and if possible, services being provided to the member by other agencies.

H0004 Service Definition

- ▶ Face-to-face intervention provided to a member receiving coordinated care.
- ▶ It must directly support/supplement another Behavioral Health service that is addressing the individual's behavioral health needs to meet service definition and medical necessity.
- ▶ Must be directly related to the individual's behavioral health condition
- ▶ The service is intended to promote continued progress toward identified goals and to assist members in their day-to-day behavioral and emotional functioning.
- ▶ Not a professional therapy service
- ▶ This service must be included in the member's service plan. The objectives of the service must be clearly identified, and reviewed at a minimum of each 90 days and at every critical treatment juncture.

H0004 Documentation Requirements

- ▶ Date of service
- ▶ Location of service
- ▶ Start-and-stop times
- ▶ Signature and credentials of the staff providing the service
- ▶ Description of intervention, including the relationship to a specific objective(s) in the service plan
- ▶ Member's response to the supportive intervention including any improvement or exacerbation of symptoms

H0004HQ Service Limits

- ▶ Service Unit: 15 minutes
- ▶ Telehealth: Available
- ▶ Service Limits: All units must be prior authorized
- ▶ Prior Authorization: Refer to Utilization Management Guidelines
- ▶ Payment Limits: Behavioral Health Counseling, Supportive, Group sessions are limited in size to a maximum of 12 persons per group session

H0004HQ Staff Credentials

- ▶ Any new hires as of July 1st 2014 must have a minimum of a Bachelor's degree.
- ▶ Minimum of a bachelor's degree as of July 1st, 2018.
- ▶ Staff must be properly supervised according to BMS policy on clinical supervision. The service may be provided in a variety of settings, by appropriately designated, trained and supervised staff.

H0004HQ Service Definition

Supportive counseling should:

1) Promote application and generalization of age appropriate skills such as problem solving, interpersonal relationships, anger management, relaxation, and emotional control as it impacts daily functioning as related to their behavioral health condition; and/or

2) The interventions will assist the individual as he or she explores newly developing skills as well as identifying barriers to implementing those skills that are related to achieving the objectives listed on the service plan.

Supportive counseling should consistently augment other coordinated care services being provided by the agency and if possible, services being provided to the member by other agencies.

H0004HQ Service Definition

- ▶ Face-to-face intervention provided to a member receiving coordinated care
- ▶ It must directly support/supplement another behavioral health service that is addressing the individual's behavioral health needs to meet service definition and medical necessity.
- ▶ Must be directly related to the individual's behavioral health condition
- ▶ The service is intended to promote continued progress toward identified goals and to assist members in their day-to-day behavioral and emotional functioning.
- ▶ Not a professional therapy service
- ▶ This service must be included in the member's service plan. The objectives of the service must be clearly identified, and reviewed at a minimum of each 90 days and at every critical treatment juncture.

H0004HQ Documentation Requirements



- ▶ Date of service
- ▶ Location of service
- ▶ Start-and-stop times
- ▶ Signature and credentials of the staff providing the service
- ▶ Description of intervention, including the relationship to a specific objective(s) in the service plan
- ▶ Member's response to the supportive intervention including any improvement or exacerbation of symptoms

NMMAT Guidelines

- ▶ West Virginia Medicaid covers non-Methadone Medication Assisted Treatment Services under the following circumstances:
 - Individuals seeking opioid or alcohol addiction treatment must be evaluated by an enrolled physician as specified below, before beginning medication assisted treatment.
 - An initial evaluation may be completed by a staff member other than the physician however no medication may be prescribed until the physician has completed their evaluation.
 - Members seeking treatment must have a diagnosis of opioid or alcohol dependence.
 - All physicians agree to adhere to the Coordination of Care Agreement (See Attachment A) which will be signed by the member, the treating physician and the treating therapist. Each member receiving non-methadone medication assisted treatment must also be involved in individual therapy and/or group therapy as specified in the Coordination of Care Agreement.
 - If a change of physician or therapist takes place, a new agreement must be signed. This agreement must be placed in the member's record and updated annually.
 - The agreement is not required if the physician and therapist are within the same agency.

NMMAT Guidelines

- ▶ Physician and Professional Therapy services will be provided for individuals utilizing Buprenorphine, Suboxone strips or Vivitrol®.
- ▶ Agencies should be aware that West Virginia law forbids the use of Buprenorphine/Naltrexone in tablet form for the treatment of substance use disorders.
- ▶ Please refer to Chapter 518 for more information.

NMMAT Physician Requirements

▶ Physician Requirements:

- The physician responsible for prescribing and monitoring the member's treatment must have a degree as a Medical Doctor and/or Doctor of Osteopathic Medicine.
- Must be licensed and in good standing in the state of West Virginia.
- Requirements for the Drug Addiction Treatment Act of 2000 (DATA 2000) must be met by the physician unless indicated by Substance Abuse Mental Health Services Administration (SAMHSA).
- The physician must be an enrolled WV Medicaid provider.

NMMAT Physician Requirements Continued



- ▶ Any physician that prescribes medication under the Non-Methadone Medication Assistance Treatment must have a plan in place for when they are unavailable to address any medical issues or medication situations that should arise.
- ▶ The physician taking responsibility for prescribing and monitoring the member's treatment while the primary physician is unavailable must have:
 - Degree as a Medical Doctor and/or Doctor of Osteopathic Medicine
 - DEA-X
 - License, board certification, and good standing in the state of West Virginia
 - Requirements for the Drug Addiction Treatment Act of 2000 (DATA 2000) unless indicated by Substance Abuse Mental Health Services Administration (SAMHSA),
 - And enrollment as a WV Medicaid provider so that treatment is not interrupted for any reason for Medicaid Members participating in this service.
- ▶ If a physician fails to have a plan in place, a hold will be placed on all Rx authorizations. At no time is a Nurse Practitioner or a Physician's Assistant to prescribe Suboxone.

NMMAT Therapy Credential Requirements



- ▶ Any therapeutic intervention applied must be performed by a minimum of a Master's Level Therapist using the generally accepted practice of therapies recognized by national accrediting bodies of:
 - Psychology plus possessing 2 years documented experience in the substance abuse field or an Alcohol Drug Counselor (ADC) or higher level accreditation in addictions
 - Psychiatry plus possessing 2 years documented experience in the substance abuse field or an Alcohol Drug Counselor (ADC) or higher level accreditation in addictions
 - Counseling plus possessing 2 years documented experience in the substance abuse field or an Alcohol Drug Counselor (ADC) or higher level accreditation in addictions
 - Social work plus possessing 2 years documented experience in the substance abuse field or an Alcohol Drug Counselor (ADC) or higher level accreditation in addictions.

NMMAT Program Guidelines

Note: These are the minimum requirements that are set forth in this manual. Physicians and/or agencies may have more stringent guidelines set forth in their internal policy.

- ▶ Phase 1: Members in phase 1 (less than 12 months of compliance with treatment) will attend a minimum of four (4) hours of professional therapeutic services per month. The four hours must contain a minimum of one (1) hour individual professional therapy session per month. Frequency of therapeutic services may increase based upon medical necessity.
- ▶ Phase 2: Members in phase 2 (12 months or more of compliance with treatment) will attend a minimum of (1) hour of professional therapeutic services per month individual, family, or group. Frequency of therapeutic services may increase based upon medical necessity.

NMMAT Program Guidelines Continued

- ▶ Drug Screens:
 - Phase I: minimum of 2 screens per month
 - Phase II: minimum of 1 screen per month

- ▶ A record of the results of these screens must be maintained in the member's record. The drug screen must test for, at a minimum, the following substances:
 - Opiates
 - Oxycodone
 - Methadone
 - Buprenorphine
 - Benzodiazepines
 - Cocaine
 - Amphetamine
 - Methamphetamine

NMMAT Program Guidelines Continued



- Non-compliance is defined as failure of a drug screen or failure to meet the monthly requirement of therapeutic services. Pregnant women may be excluded from non-compliance protocol at physician discretion.
- Phase I:
 - If after two instances of non-compliance there is no increase in treatment frequency within 7 days, member may be terminated from the program and may reapply after 30 days of compliance with therapy.
 - If after three instances of non-compliance, member may be terminated from the program and may reapply after 30 days of compliance with therapy.
- Phase II:
- Members in phase 2 will be returned to phase 1 after one instance of non-compliance
- **Individuals discharged for non-compliance and ineligible for re-start must receive information describing alternative methods of treatment and listing contact information for alternative treatment providers as appropriate.**

NMMAT Titration Policy

- ▶ Titration due to non-compliance is per Physician order when the Medicaid Member is found to be non-compliant during treatment.
- ▶ Titration must be completed within four (4) weeks of the physicians order to stop medication assisted treatment.
- ▶ Vivitrol will be discontinued immediately due to non-compliance.

NMMAT Documentation Requirements

See service plan requirements for Coordinated and Focused Care.

- ▶ The documentation must include:
 - Signature and credentials
 - Location of service
 - Date of service
- ▶ In addition, Therapy Documentation must include:
 - The reason for the service
 - Symptoms and functioning of the member
 - Therapeutic intervention, and
 - The member's response to the intervention and/or treatment.

NMMAT Coordination of Care Agreement

- ▶ Please refer to the Addendum: Coordination of Care Agreement

General Medication Services

- ▶ General medication services assist a Medicaid member in accessing behavioral medication or medication services. (Methadone administration or case management is not covered.)

H2010 Comprehensive Medication Services

- ▶ Service Unit: 15 minutes
- ▶ Telehealth: Available
- ▶ Service Limits: All units must be prior authorized
- ▶ Prior Authorization: Refer to Utilization Management Guidelines
- ▶ A physician or physician extender must be on site and available for direct service as needed
- ▶ Members may be served individually or by a group/clinic model
- ▶ Methadone is not a covered medication
- ▶ Members receiving this service are not precluded from receiving other Behavioral Health Clinic Services on the same day (except for those indicated in this service's definition or "Payment Limits") as long as the actual time frames do not overlap
- ▶ Staff Credentials: Physician or Physician Extender

H2010 Service Limits Continued

- ▶ **Payment Limits:** This service includes all physician and nurse oversight; therefore, neither Community Psychiatric Support Treatment (procedure code H0036), Pharmacologic Management (E&M Codes), nor any other physician code can be billed on the same day as this service code.

H2010 Service Definition

- ▶ Clozaril Case Management or other scheduled, face-to-face assessment of medication compliance or efficacy.
- ▶ Obtaining the sample for necessary blood work and the laboratory results for a member by a registered nurse and subsequent evaluation of the results by the physician and/or physician extender as necessary for the medical management of the drug Clozaril/Clozapine or other psychotropic medications which require consistent and intensive monitoring.

H2010 Documentation Requirements

- ▶ Place of service
- ▶ Start/stop time
- ▶ Date of service
- ▶ Signature of qualified staff providing the service
- ▶ A written note of the assessment results as completed by the registered nurse, and other laboratory results, and current psychotropic medication dosage with authorized pharmacy name.

90887 Case Consultation

- ▶ Service Unit: Event
- ▶ Telehealth: Available
- ▶ Service Limits: 1 unit per 90 days
- ▶ Prior Authorization: Refer to Utilization Management Guidelines
- ▶ May not be used during service planning
- ▶ The member's case manager cannot be a case consultant.
- ▶ Professional staff persons who participated in the current member's service plan within the current 90 day period, or were directed to provide treatment, cannot bill for case consultation.
- ▶ Only the consulting professional's time may be billed for this service. Any other professional(s) involved in the case consultation may not bill case consultation for their time.

90887 Service Definition

- ▶ An interpretation or explanation of results of psychiatric, and other medical examinations and procedures through the requesting clinician to family or other responsible persons
- ▶ Provided at the request of a professional requiring the opinion, recommendation, suggestion and/or expertise of another professional for a specific purpose regarding services and/or activities of a member relevant to the particular area of expertise of the consulting professional

90887 Staff Credentials

- ▶ The consulting professional must be licensed or certified in the needed area of expertise.
- ▶ The consulting professional whose services are being billed must currently be an enrolled Medicaid provider if he/she is not an employee (either directly or under contract) of the agency seeking consultation.

90887 Documentation Requirements

The consulting professional must document a summary of the consultation that includes:

- Purpose
- Activities/services discussed
- Recommendations with desired outcomes
- The relationship of the consultation to a specific objective(s) in the service plan
- Date of service
- Location
- Signature and credentials of the consulting professional
- Time spent (start-and-stop times)

Crisis Intervention

- ▶ Service Unit: 15 minutes– 16 units per 30 days
- ▶ Service Limits: Refer to Utilization Management Guidelines
- ▶ Telehealth: Not Available
- ▶ Service Limits: Refer to Utilization Management Guidelines
- ▶ Prior Authorization: Refer to Utilization Management Guidelines
- ▶ Staff Credentials: Bachelor's degree in Human Services with specific documented training on crisis intervention

Crisis Intervention Service Definition

- ▶ Crisis Intervention is an unscheduled, direct, face-to-face intervention with a member in need of psychiatric interventions in order to resolve a crisis related to acute or severe psychiatric signs and symptoms. Depending on the specific type of crisis, an array of treatment modalities is available. These include, but are not limited to, individual intervention and/or family intervention. The goal of crisis intervention is to respond immediately, assess the situation, stabilize and create a plan as quickly as possible. This service is not intended for use as an emergency response to situations such as members running out of medication or housing problems. Any such activities will be considered inappropriate for billing of this service by the provider.

Crisis Intervention Requirements

- ▶ Documentation must contain an activity note containing:
 - ▶ a summary of events leading up to the crisis,
 - ▶ therapeutic intervention used,
 - ▶ outcome of the service,
 - ▶ signature and credentials of the staff providing the intervention,
 - ▶ place of service,
 - ▶ date of service,
 - ▶ and the actual start-and-stop times.

Crisis Intervention Requirements Continued

- ▶ A physician, physician extender, supervised psychologist or licensed psychologist must review all pertinent documentation within 72 hours of the conclusion of the crisis and document their findings. The note documenting this review must include recommendations regarding appropriate follow up and whether the treatment plan is to be modified or maintained, the signature and credentials of the physician, physician extender, supervised psychologist or licensed psychologist and the date of service. The signature will serve as the order to perform the service. If a supervised psychologist is utilized to provide approval for this service, the supervised psychologist must have completed an appropriate training in crisis intervention and systematic de-escalation.

Crisis Intervention Requirements Continued

- ▶ Providers must maintain a permanent clinical record for all members of this service in a manner consistent with applicable licensing regulations.

Crisis Intervention Exclusions

- ▶ Listed below are activities that are excluded from being performed through the Crisis Intervention Service Code:
 - Response to a Domestic Violence Situation
 - Admission to a Hospital
 - Admission to a Crisis Stabilization Unit
 - Time awaiting for Transportation or the transportation itself
 - Removal of a minor or an incapacitated adult from an abusive or neglectful household
 - Completion of certification for involuntary commitment

Follow Up Trainings

As follow up to the webinars being offered on the Medicaid manual, APS trainer consultants will be available for onsite trainings, simulated reviews, and phone and email consultation regarding site specific questions.

APS Trainer Consultant Staff Available for Trainings/Simulated Reviews



Christy Gallaher (304) 533-8862

cgallaher@apshealthcare.com

Nancy Graham (304) 410-7829

Nancy.Graham@apshealthcare.com

Thea Johnson (304) 859-7390

tjohnson@apshealthcare.com

Lisa Richards (304) 575-7945

lmrichards@apshealthcare.com

Susan Starkey (304) 904-1653

slstarkey@apshealthcare.com

Gene Surber (304) 904-0800

resurber@apshealthcare.com

Cindy Wanamaker (304) 533-5389

Cindy.wanamaker@apshealthcare.com

Samantha Mann (304) 964-5767
(Trainer Consultant Team Leader)

smann@apshealthcare.com