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Chapter: 503 Licensed Behavioral Health Center (LBHC) Services

Appendix 503I Certified Community Behavioral Health Clinics

Public Comment Period: August 9, 2024, to September 9, 2024

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1	8/29/2024	Section 503I.20.1 Page 18 Referrals from Courts or Division of Corrections and Rehabilitation We often gets referrals for clients incarcerated, but they typically can take weeks or sometimes months to come to us because they have to wait for the judge to say that's okay.	**No change:** Local courts require a response to a court order in a timely manner. Court order timeframes vary from county to county. Therefore, BMS will not specify time periods as part of this policy.
2	8/29/2024	Section 503I.20.2 Page 19 "CCBHC must be seen for an appointment for children and adults with routine needs within 10 business days of the requested date for service" I don't think this is worded correctly, maybe it should read like the following: "CCBHC must see a child or adult with routine needs within 10 business days of the requested date for service."	**Change:** Language has been updated to state, "CCBHC must see a child or adult with routine needs within 10 business days of the requested date for service".
3	8/29/2024	CSU services should not be a service guaranteed to all since the services are not inclucded in the cost reports for CCBHC	**No change:** CCBHCs are required to ensure crisis stabilization services are available to Medicaid members.
4	8/29/2024	Section 503I.20.2 Page 19 Conflict with OHFLAC Chapter 503I - "per the WV OHFLAC requirements this initial evaluation shall be conducted no later than 48 hours after admission to the CCBHC." The requirements for the OHFLAC evaluation are not consistent with the CCBHC initial evaluation. The OHFLAC requirement is for the Comprehensive evaluation to be completed, which could impede the timely admission of a person to treatment. Need OHFLAC standard to be in line with CCBHC for best outcomes.	**No change:** BMS does not have the authority to change OHFLAC rules.
5	8/29/2024	Section 503I.23 Page 26 Person Centered Plans Critical treatment juncture definition - "Signficant change in physical or behavioral health diagnosis, anti-psychotic medication, response to treatment, …." Would this be the first prescription for anti-psychotic medications or any time a anti=psychotic medication changes a critical juncture meeting needed?	**No change:** Language referenced in Section 503I.23 provides examples of a "critical treatment juncture" that indicate review of the person-centered treatment plan. "Significant change in physical or behavioral health diagnosis, anti-psychotic medication" is one example of a critical treatment juncture. There may be others which, per clinical judgment, result in a critical treatment juncture. BMS does not intend this list to be exhaustive, so no change is necessary.

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6	8/29/2024	Section 503I.23 Page 29 Service Units H0032 - would this be event - daily encounter not 15 min unit? Eliminate the Service limit?	**No change:** The service unit for service code H0032 is not an event; this service code is reported in 15- minute unit increments.
7	8/29/2024	Section 503I.26 Page 34 TCM Service unit - would this be an event - not 15 minute unit?	**No change:** The service unit for service code T1016 is not an event; this service code is reported in 15- minute unit increments.
8	8/29/2024	Section 503I.28 Page 36 PRSS Service limits: 16 units per calendar day - would this be 1 encounter per day.	**No change:** The service is not reported as an encounter; this service is reported in 15-minute unit increments.
9	8/29/2024	Section 503I.40 Page 53 Provision of services regardless of residence If internal policy is to provide crisis services regardless of residence, what would be included in other needed services. " This includes provision of crisis services, provision of other needed services, and coordination and follow up with providers in the individuals home service area."	**Change:** Language changes in Section 503I.40 have been made. BMS removed "other needed services" and updated the policy to "provision of other identified medically necessary CCBHC services" to provide more clarity.
10	8/29/2024	Section 503I.40 Page 53 General Requirements of Care Coordination CC3: FThere is an incomplete sentense	**Change:** This was an oversight and has been removed.
11	8/29/2024	Comment for Application, Section G, Page 15 SS12 & SS13 These requirements seem to be out of place as they do not pertain to DCO but to screenings for all ccbhc clients.	**Change:** Changes have been made in Section G. SS12 and SS13 requirements have been removed from the application.
12	8/29/2024	Comment for Application, Page 17 SS20 - The term patient is used and "client" is used throughout the rest of the application.	**Change:** The term "patient" has been updated to "client" for consistency throughout the application.
13	8/29/2024	Comment for Application - Section G, Page 16 Correct Page # for Criteria The Appendix I for Criteria Description begins on page 44 not 56 as stated on the application. First paragraph.	**Change:** The reference to page 56 in Section G of the application has been updated to reference section 503I.40.
14	8/29/2024	Comment for Application - Section G Timely Access, Page 20 AA8 - The language was updated to business day in the manual (page 52) but not missed on the application.	**Change:** The language in the application has been updated to one business day for urgent needs.
15	8/29/2024	Comment for Application - Section G Timely Access, Page 20 AA11 - What are you looking for specifically other than we meet the required timeframes? Request guidance on how can we demonstrate this in a policy?	**Change:** The criteria language in the application has been updated to align with the AA11 criteria description in the policy. AA11 criteria description states, "CCBHC's must have

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			in place policies and procedures to help ensure immediate, clinically directed action, including crisis planning and necessary subsequent follow-up if and when the screening or other evaluation identified an emergency or crisis need".
16	8/29/2024	Comment for Service Codes – Page 4 - Case Consultation-90887 Suggest allowing a limited # of units without prior authorization to allow for quick provision of the service. Maybe 2 units without PA.	**Change:** The PA requirement has been removed from service code 90877.
17	8/29/2024	Comment for Service Codes – Page 4 - Physician Coordinated G9008 Is the intent to only require prior auth if the physician/medical provider is the only staff participating in plan development? H0032 and H0032 AH do not require prior auth. If the physician/medical provider is participating in an event with these other disciplines it would not be a trigger event.	**Change:** The PA requirement has been removed from service code G9008.
18	8/29/2024	Comment for Service Codes – Page 5, 6 - All therapy, individual and group Suggest allowing a limited # of units without prior authorization to allow for quick provision of the service. Maybe 2 units without PA so that two sessions can be held while securing the PA, increasing timely access to treatment.	**Change:** The PA requirement has been removed from service codes H0004-HO, H0004-HO, HQ, H0004, H0004-HQ, 90832-90837, 90875, 90876, 90853, and 90846.
19	8/29/2024	Comment for Service Codes – Page 7 – TCM Suggest allowing a limited # of units without prior authorization to allow for quick provision of services. Maybe 2 units without PA so that any immediate needs can be addressed while request is processed at Acentra.	**Change:** The PA requirement has been removed from service code T1017.
20	8/29/2024	Comment for Service Codes – Page 9 – Mobile Crisis Code The mobile crisis follow up (T1016) currently has no auth requirement in the crisis spa, but it listed in the draft as now requiring an auth.	**Change:** The PA requirement has been removed from service code T1016.
21	8/29/2024	Comment for Service Codes – Page 9 – Mobile Crisis Code Would this code also be used for crisis follow up to in person crisis intervention performed as H2011?	**No change:** The service code T1016 should be billed as a mobile crisis response follow up. Service code H2011 is not a mobile crisis response code.
22	8/29/2024	Comment for Service Codes – Page 9 – Mobile Crisis Code Suggest allowing a limited # of units without prior authorization to allow for quick provision of services. Maybe 2 units without PA so that any immediate needs can be addressed while request is processed at Acentra.	**Change:** The PA requirement has been removed from service code T1016.

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		The training provided by Quality insights recommended follow up within 24 hours which would make it impossible to secure an auth prior to service provision.	
23	8/29/2024	Comment for Service Codes Codes that do not trigger an encounter, but require an auth and are in the cost report: H0004HOHQ (group therapy) H0004HQ (Supp group) H2010 (we do not currently bill, but this is comp. medication services for MH) H2014U4, H2014U1, H2014HNU4, H2014HNU1 (skills training) H2015 (modifier not listed in draft list, but CFT) If these are not triggering services, why is an authorization required?	**Change:** The PA requirement has been removed for service codes H0004-HO, HQ, H0004-HQ, H2010, H2014-U4, H2014-U1, H2014-HN U4, H2014-HNU1, H2015. For CCBHC, service code H2015 does not require a modifier.
24	9/6/2024	The Trigger code matrix says labs are NOT eligible for a DCO and the actual BMS Chapter appendix for CCBHC says it is allowable.	**Change:** Language in the policy at 503I.31 has been updated to remove the reference to "DCO".
25	9/6/2024	Should the community assessment include input from justice and CPS systems?	**No change:** This information is included in the policy, please refer to the glossary section.
26	9/6/2024	503 I 20.1: referrals from justice systems: should these be provided on site? (meaning in the jail)	**No change:** BMS expects providers to address referrals in a clinically appropriate manner and location.
27	9/6/2024	Page 32 regarding Targeted Case Management: we have a number of providers of MAT services who are billing TCM for doing work that is essentially "front desk" work. Examples are calling members with appointment reminders, observing urine screens, organizing charts, and so on. It would be nice if the manual made it clear that these kinds of activities are NOT TCM activities and cannot produce billable encounters as TCM.	**No change:** BMS will not update the manual to list activities not included in TCM.
28	9/6/2024	GT modifier for telehealth is outdated and inappropriate.	**No change:** Modifier GT is a valid modifier used to indicate telehealth services.
29	9/6/2024	Assessments: Add a case formulation or synthesis that requires the provider to actually develop an overall picture of the member and the identified needs found in the assessment. Far too many of the intakes we review are EMR "checklists" and single word responses. At the end of reviewing these checklists the reader knows almost nothing about the	**No change:** BMS anticipates the body of the assessment would provide enough overview of current activities.

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		member or his/her history and situation. In fact, checklists for what BMS pays for the intake process are completely inappropriate in my view.	
30	9/6/2024	Page 40. Do you also want to exclude CSU from this list. (503.1.35 (1))	**Change:** The list in Section 503.1.35(1) has been updated to include CSU.
31	9/6/2024	SS 24: this seems to be a strange location for ACT services (under TCM?) Page 48	**Change:** Formatting has been updated to include a header for ACT Services.
32	9/9/2024	Can you explain what entails the recertification after three years?	**Change:** Language was included to state that providers are expected to recertify after three years and will be subject to a site visit.
33	9/9/2024	Appendix 503I: 503I.23 Treatment plan signatures. Can we address issue of inability to get legal guardian's signature on plans regardless of attempts. This will impede access to care. There are ways we can do this. Informed consent up front when working with children and adult with guardians. There are folks who we cannot get signatures even when we schedule appts and go to the homes. This needs to be addressed since there will be a lot more service plans. Need clear guidance on what age is acceptable for an adolescent to sign their own plan. 11, 12?	**No change:** The requested changes would require statutory and/or regulatory changes that are outside the scope of the CCBHC rule. Regarding signature requirements, OHFLAC requires the signature of the individual or the designated legal representative on the initial treatment plan. Regarding guidance on minor's providing consent for treatment, West Virginia has statutory language on a minor's capacity to consent to specific types of treatment such as substance use disorder and mental health treatment.
34	9/9/2024	Appendix 503I: 503I.25 Primary care screening codes. For providers that have primary care in house. Screening will be done with rehab NPI # while primary care assessment/treatment will only be billed with primary care NPI.	**No change:** No change necessary.
35	9/9/2024	Appendix 503I.2: Family Peer Support needs added under Service Category "Peer Supports and Family/Caregiver Supports"	**Change:** Family peer support services has been added to the service code matrix with code H0038, HA.
36	9/9/2024	Appendix 503I.2: Mobile Crisis Follow-up (T1016) needs the auth requirement removed since the crisis spa doesn't require it.	**Change:** The PA requirement has been removed for service code T1016.

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37	9/10/2024	Comment for CCBHC Application Page 3- Under Application may want Applicants lower case.	**Change:** The formatting on page 3 of the application has been updated with a lower case "a" in "applicants".
38	9/10/2024	Comment for CCBHC Application Page 3- may want to replace status with certification	**Change:** The language was changed from "status" to "certification".
39	9/10/2024	Comment for CCBHC Application Page 3- First sentence should read All applicants who seek CCBHC certification must first submit a letter of intent prior to submitting the application.	**Change:** The language was changed to "All applicants who seek CCBHC certification must first submit a letter of intent prior to submitting the application".
40	9/10/2024	Comment for CCBHC Application Page 3- add Letter of intent and applications must be sent to:	**Change:** The language was changed from "Applications must be sent to:" to "Letter of intent and applications must be sent to".
41	9/10/2024	Comment for CCBHC Application Page 3 under Cost Report- may want to rephrase the sentence to say Once your application is approved….	**Change:** The language was changed from "Once approved," to "Once the application is approved".
42	9/10/2024	Comment for CCBHC Application Page 3- Elaborate on the recertification process to include that the recertification will include a completion of the CCBHC application and site review.	**Change:** Language was included to state "The recertification will include completion of the CCBHC application and site review.
43	9/10/2024	Comment for CCBHC Application Page 3- add Decertification process. Suggested language would be, BMS reserves the right to terminate certification due to non-compliance of policy, state licensing revocation, or reports of abuse, fraud or other issues that are indicative of improper practice. A decertified CCBHC may reapply for certification upon receipt and approval of a remedial plan that addressed prior deficiencies.	**Change:** Language was included to state "Decertified: BMS reserves the right to terminate certification due to non-compliance of policy, state licensing revocation, or reports of abuse, fraud or other issues that are indicative of improper practice. A decertified CCBHC may reapply for certification upon receipt and approval by BMS of remedial plan that addressed prior deficiencies.
44	9/10/2024	Comment for CCBHC Policy Please add language regarding Decertification- see above.	**Change:** Please see the response to Item 43.

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45	9/10/2024	From federal CCBHC 1.c.1 it does specify: The CCBHC has a training plan, for all employed and contract staff, and for providers at DCOs who have contact with CCBHC consumers or their families, which satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training which may be required by the state. Training must address cultural competence; person centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; and primary care/behavioral health integration. This training, as well as training on the clinic's continuity plan, occurs at orientation and thereafter at reasonable intervals as may be required by the state or accrediting agencies. At orientation and annually thereafter, the CCBHC provides training about: (1) risk assessment, suicide prevention and suicide response; (2) the roles of families and peers; and (3) such other trainings as may be required by the state or accrediting agency on an annual basis. If necessary, trainings may be provided on-line	**No change:** CCBHCs should provide training for all staff members.
46	9/10/2024	The applicant must attest to having a certified Electronic Health Record (EHR) system. The EHR system must have the capacity to time/date stamp the services needed for auditing. Yes / No	**Change:** A new text box has been included in Section G of the CCBHC Certification Application. The language will state "The applicant must attest to having a certified Electronic Health Record (EHR) system. The EHR system must have the capacity to time/date stamp the services needed for auditing. Yes / No".
47	9/10/2024	**Under 503I.4.2 Electronic Health Records** Paragraph currently reads: **Within two years from CCBHC certification,** the CCBHC must produce a plan to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system. This plan shall include information on how the CCBHC can support electronic health information exchange to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care, integrating clinically relevant treatment records (evaluation planning, treatment, and care coordination) generated by the DCO for people receiving CCBHC services and incorporating them into the CCBHC health record, and ensure all clinically relevant treatment records maintained by the CCBHC are	**Change:** The language stating "Within two years from CCBHC certification" has been removed.

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		available to DCOs within the confines of federal and/or state laws governing sharing of health records. I recommend deleting "Within two years from CCBHC certification. There may be a ramp period to bring the CCBHC to scale but it should not take "two years" to produce such a plan. The plan may be a working document for continuous quality improvement.	
48	9/10/2024	Can you add clarification on revenue codes- "the providers should use appropriate revenue codes for the UB-04.	**Change:** Language was included to state, “the providers should assign revenue codes for the UB-04 claim form”.