CHAPTER 502 BEHAVIORAL HEALTH CLINIC SERVICES

Payment Limits: Behavioral Health Counseling, Supportive, Group sessions are limited in size to a maximum of 12 persons per group session.


Staff Credentials: All new employees hired as of July 1, 2014, must have a bachelor's degree in an approved human services field (see definition of human services degree). Current employees hired before July 1, 2014, and providing supportive counseling must obtain an approved bachelor's degree by July 1, 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.

Definition: Behavioral Health Counseling, Supportive, Group is a face-to-face coordinated care intervention that is 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. Behavioral Health Counseling, Supportive, Group is not a professional therapy service, but must supplement another Medicaid service that is addressing the individual's identified behavioral health needs. 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.

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.

Documentation: There must be an activity note describing each service provided, the relationship of the service to a specific objective(s) in the service plan, the signature and credentials of the staff providing the service, place of service, date of service, and the actual time spent providing the service by listing the start-and-stop times. The activity note should describe the member's response to the supportive intervention including any improvement or exacerbation of symptoms.

502.18 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.)
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502.18.1 Comprehensive Medication Services: Mental Health

Procedure Code: H2010
Service Unit: 15 minutes
Telehealth: Available
Service Limits: All units must be prior authorized

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 Comprehensive Medication Services; Mental Health.

Prior Authorization: Refer to Utilization Management Guidelines.

Staff Credentials: Physician or Physician Extender

Definition: Comprehensive Medication Services; Mental Health is utilized for Clozaril Case Management or other scheduled, face-to-face assessment of medication compliance or efficacy. These services include 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. This is a physician directed service, 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.

Documentation: Documentation must contain 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. The documentation must include: place of service, start/stop time and date of service, and signature of qualified staff providing the service.

502.18.2 Non-Methadone Medication Assisted Treatment

See Chapter 504, Substance Use Disorder Services for Methadone Medication Assisted Treatment guidelines.

Non-Methadone Medication Assisted Treatment Guidelines:

West Virginia Medicaid covers non-Methadone Medication Assisted Treatment Services under the following circumstances:

- Individuals seeking opioid addiction treatment for Suboxone®/Subutex® or Vivitrol® for the treatment of opioid/alcohol dependence 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 an appropriate diagnosis for the medication utilized. All physicians agree to adhere to the Coordination of Care Agreement (See Appendix 502B) 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 member is receiving services at an agency where both the physician and therapist are employed.

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.

Therapy Services: Therapy for Non-Methadone Assisted Treatment Patients is the 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, and encourage personality growth and development. This process includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family members or others in the treatment process. Behavioral Health Counseling, Professional, is a face to face medically necessary service provided to the member and/or family member however the member must be present for some or all of the service (See Program Guidelines for Professional Therapy Requirements).

Staff Credentials: The following are the minimum supervision requirements per degree/credential type:

- Bachelor’s Degree in Human Services without Alcohol and Drug Counselor Credential*: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, Licensed Independent or Clinical Social Worker.
- Master’s Degree Only, includes Licensed Clinical Social Worker and Licensed Graduate Social Worker*: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, Licensed Independent or Clinical Social Worker.
- Doctoral Level, Non-Licensed*: Indirect supervision required by Clinical Supervisor, Advanced Alcohol and Drug Counselor, Certified Clinical Counselor, Master Addiction Counselor, Licensed Psychologist, Licensed Professional Counselor, or Licensed Independent Clinical Social Worker.

The following providers do not require supervision*:
- Licensed Independent Clinical Social Worker
- Licensed Psychologist
- Board Supervised Psychologist
- Licensed Professional Counselor
- National Certified Addiction Counselor II
- Master Addiction Counselor

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.
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- Bachelor Degree in Human Services with Alcohol and Drug Counselor Credential
  *Certification requirements for West Virginia Association of Alcoholism and Drug Abuse Counselors, Inc. (WVAADC) may be different than those included above. This policy is not meant to circumvent any requirements as set forth by this organization.

Physician and Professional Therapy services will be provided for individuals utilizing Buprenorphine®, Suboxone® strips or Vivitrol®.

Documentation: Documentation for a coordinated care member must include a Master Service Plan that includes individual therapeutic interventions. The plan must also include a schedule detailing the frequency for which therapy services are to be provided.

A member receiving focused care (Physician and Professional Therapy only) will require a treatment strategy in lieu of a Master Service Plan. The documentation must include the signature and credentials of the staff providing the service, place of service, date of service, and the objectives utilizing individual therapeutic interventions. The activity note must include the reason for the service, symptoms and functioning of the member, a therapeutic intervention grounded in a specific and identifiable theoretical base that provides framework for assessing change, and the member’s response to the intervention and/or treatment.

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 hours of professional therapeutic services per month. The four hours must contain a minimum of one 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 one hour of professional therapeutic services per month individual, family, or group. Frequency of therapeutic services may increase based upon medical necessity.

Drug Screens: A minimum of two random urine drug screens per month are required for members in phase 1. A minimum of one random urine drug screen per month is required for members in phase 2. 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

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