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- The service must be age and functionally appropriate and be delivered at the intensity and duration that best meets the needs of individual children.
- The service must not be utilized to provide therapeutic activities for children under the age of five in a group setting for more than four hours per day or more than four days per week.
- Therapeutic activities for young children must promote skill acquisition, include necessary adaptations and modifications, and be based upon developmentally appropriate practice. These services must also be provided in a way that supports the daily activities and interactions within the family's routine.

Skill acquisitions for Skills Training and Development Services for young children include, but are not limited to:

- Adaptive, self-help, safety, and nutritional skills
- Parent-child interactions, peer interactions, coping mechanisms, social competence, and adult-child interactions
- Interpersonal and communication skills
- Mobility, problem solving, causal relationships, spatial relationships, sensorimotor, sensory integration, and cognitive skills.

Documentation: Documentation must contain an activity note describing the service/activity provided and the relationship of the service/activity to objectives in the member's service plan. Documentation must include: 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.

Additionally, if the service is provided in a ratio of 1:2-4, there must be an attendance roster listing those members and staff who participate in each ratio. The roster must be signed (with credential initials) and dated by staff that provided the service. It must not be stored in the main clinical record, but must be maintained and be available for review.

503.19 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.)

503.19.1 Comprehensive Medication Services: Mental Health

<table>
<thead>
<tr>
<th>Procedure Code:</th>
<th>H2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Unit:</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Telehealth:</td>
<td>Available</td>
</tr>
<tr>
<td>Service Limits:</td>
<td>All units must be prior authorized</td>
</tr>
</tbody>
</table>

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

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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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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 Rehabilitation 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.

503.19.2 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 503B) 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...
CHAPTER 503 BEHAVIORAL HEALTH REHABILITATION SERVICES

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 or Independent 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, 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
- 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.