

Behavioral Health Services Organization Medication Assisted Treatment Webinar

January 30, 2015

Provided by:

Department for Behavioral Health, Developmental & Intellectual Disabilities,
Office of Inspector General & Department for Medicaid Services



Welcome

Natalie Kelly, Director
Division of Behavioral Health
Department for Behavioral Health,
Developmental & Intellectual Disabilities

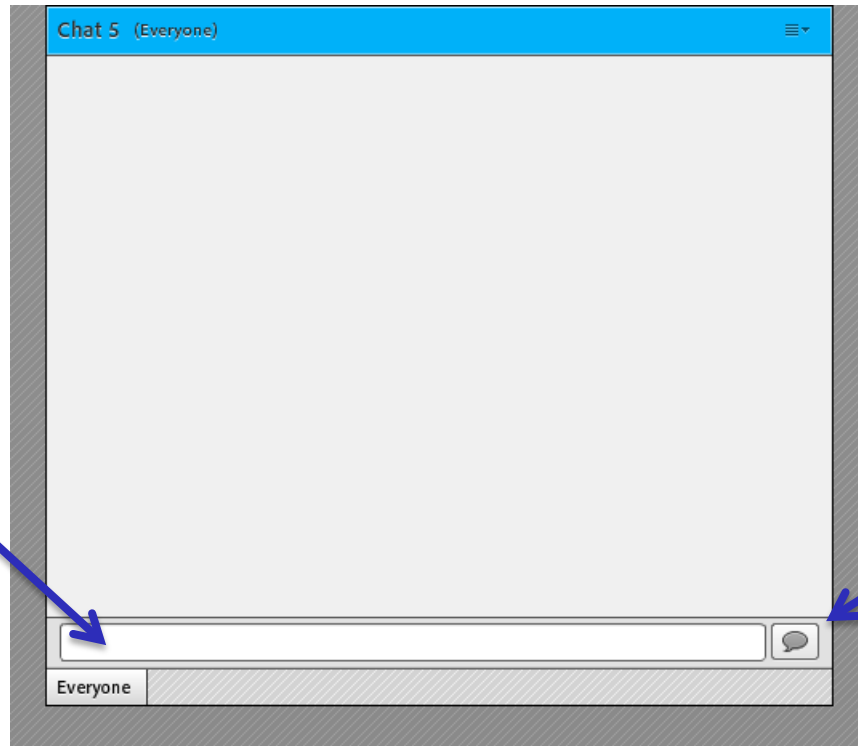
Agenda

- Webinar Logistics
- Goal & Objectives
- Introduction of all Presenters
- Presentations:
 - Office of Inspector General
 - Department for Medicaid Services
- Question & Answer Panel
- Closing

Webinar Logistics

“Chat Pod”

Type information



Click to send information

Goal & Objectives

Overall Goal

Explain the Behavioral Health Services Organization provider type application and licensure process, and how to enroll in Medicaid to potential providers.

As a result of this webinar, participants will be able to:

1. Apply knowledge gained from the webinar to apply for the Behavioral Health Services Organization provider type through the Office of the Inspector General and Department for Medicaid Services.
2. Recall how to access information from the webinar.
3. Recall how to ask future questions on this provider type.

Speakers

Office of Inspector General

Stephanie Brammer-Barnes, Regulation Coordinator

Robin Rowe, Analyst

Department for Medicaid Services

Stuart Owen, Regulation Coordinator

Jennifer C. Moore, Division of Program Integrity

**Cabinet for Health and Family Services
Office of Inspector General (OIG)
Division of Health Care**

Behavioral Health Services Organizations (BHSO)

Stephanie Brammer-Barnes, Regulation Coordinator
Robin Rowe, Analyst

January 30, 2015



BHSO Licensure Regulation

- A copy of the Office of Inspector General's BHSO licensure regulation, *902 KAR 20:430, Facilities specifications, operation and services; behavioral health services organizations*, may be downloaded from the following link:
<http://www.lrc.ky.gov/kar/902/020/430reg.htm>
- The final BHSO licensure regulation was officially adopted on December 17, 2014.

Enhanced Patient Access

The BHSO is a new licensure category created by the Cabinet to increase the number of entities licensed in Kentucky to provide behavioral health services in community-based programs to Medicaid recipients and other individuals with substance use disorder, mental health disorder, or a co-occurring disorder, thereby enhancing patient access to needed services and helping prevent unnecessary admissions to facility-based care.

Who should apply for licensure as a BHSO?

- Any clinical behavioral health services entity not licensed by the OIG's Division of Health Care or an entity licensed in a category not eligible for enrolling in Medicaid, such as an Alcohol and Other Drug Entity (AODE), may obtain licensure as a BHSO pursuant to 902 KAR 20:430.
- BHSOs are eligible to enroll in the Kentucky Medicaid Program for reimbursement of covered behavioral health services provided to Medicaid recipients.

Licensure Process

Application for Initial Licensure

To apply for initial licensure as a BHSO, applicants providing services in Kentucky must submit the following to the OIG:

- Application for License to Operate a Behavioral Health Services Organization
- \$750 made payable to the Kentucky State Treasurer, and
- Proof of Fire Marshal approval for the location where services will be provided. (*Fire Marshal's approval is considered current if received within the 12 month period prior to the date the OIG receives the licensure application.*)

Submitting the Application

The licensure application, fee, and proof of Fire Marshal's approval must be submitted to:

Attn: Robin Rowe
Division of Health Care
Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

NOTE: An incomplete application or failure to submit the fee or Fire Marshal's approval will result in return of the application, which may be re-submitted by the applicant upon completion of all required information.

Inspections and Effective Date of License

- Upon receipt of the application, fee, and Fire Marshal's approval, the OIG will place the facility on the survey schedule for inspection.
- The initial survey typically occurs within about 45 days of receipt of the application for licensure and will take place during the facility's normal business hours.
- If there are no deficiencies found during the initial survey, licensure is effective on the date of the last day of the survey.
- If deficiencies are found during the initial survey:
 - The applicant must submit an acceptable plan of correction, and
 - Licensure is effective as of the last "alleged compliance date" identified on the applicant's plan of correction.

Licensure Requirements

Dual Licensure

- If a BHSO provides outpatient behavioral health services to treat individuals with substance use disorder or a co-occurring disorder in which substance use disorder is the primary diagnosis, the BHSO is required to obtain a separate license as an alcohol and other drug abuse treatment entity (AODE) under 908 KAR 1:370.
- If a BHSO provides residential services to clients with a substance use disorder, the BHSO is required to obtain a residential AODE license under 908 KAR 1:370.
- A copy of 908 KAR 1:370 may be downloaded from:
<http://www.lrc.ky.gov/kar/908/001/370.htm>

Medications for Opioid Addition

Excluding methadone-based treatment which is restricted to regulation under 908 KAR 1:340, a BHSO may employ or have an affiliation with a physician or physicians who prescribe FDA-approved drugs for the treatment of opioid addiction in adult patients.

Medications for Opioid Addition, continued

If medications (*excluding methadone*) for opioid addiction are prescribed, BHSOs must comply with the following requirements:

- Ensure that the physician documents in the patient's record whether the patient is compliant with prescribed dosing as evidenced by the results of a KASPER report released to the physician and drug testing;
- Offer individual and group outpatient therapy as a service and document monitoring of compliance with recommended non-medication therapies even if the therapies are provided in another behavioral health setting; and
- Ensure that the physician complies with the prescribing and dispensing standards established in the Kentucky Board of Medical Licensure's forthcoming regulation (201 KAR 9:270) for FDA-approved drugs used for the treatment of opioid addiction.

BHSO Services

Licensed BHSOs **must provide one or more of the following services:**

- Screening
- Assessment
- Psychological testing
- Crisis intervention
- Mobile crisis
- Day treatment
- Peer support
- Intensive outpatient services
- Individual, group, family, or collateral outpatient therapy

BHSO Services, continued

- Service planning for mental health disorders
- Screening, brief intervention and referral to treatment for substance abuse
- Assertive community treatment for mental health disorders
- Targeted case management
- Comprehensive community support services, or
- Therapeutic rehabilitation for adults with a serious mental illness or children with severe emotional disabilities

Accreditation

- BHSOs must become accredited within one year of licensure by the:
 - Joint Commission;
 - Commission on Accreditation of Rehabilitation Facilities;
 - Council on Accreditation; or
 - A nationally recognized accreditation organization.
- **NOTE:** An extension to complete the accreditation process may be granted if accreditation is not obtained within the one year timeframe.
- BHSOs that do not become accredited or fail to maintain accreditation will be subject to revocation of the license.

Staffing – Licensed BHSOs must have:

- Executive Director: Responsible for the administrative management of the organization and may serve as the Program Director
- Program Director: Must be one of the following:
 - Psychiatrist
 - Physician
 - Certified or licensed psychologist
 - Licensed psychological practitioner
 - Advanced practice registered nurse
 - Licensed professional clinical counselor
 - Licensed marriage and family therapist
 - Licensed professional art therapist
 - Licensed board certified behavior analyst, or
 - Licensed clinical social worker

Staffing, continued

BHSO's must have a sufficient number of personnel, which may include:

- Behavioral health professionals
- Behavioral health professionals under clinical supervision
- Licensed behavior analysts and licensed assistant behavior analysts
- Case managers
- Peer support specialists
- Certified alcohol and drug counselors, or
- Community support associates

General Requirements

In addition to service and staffing requirements, 902 KAR 20:430 establishes standards related to:

- Plan of care
- Client records
- Confidentiality
- Client rights
- Grievance process
- Employee background checks
- Staff training
- Quality assurance
- Safe and accessible physical environment

For more information about BHSOs on the Cabinet's website:

<http://dbhdid.ky.gov/dbh/bhso.aspx>

Office of Inspector General

Maryellen B. Mynear, Inspector General
Connie Payne, Deputy Inspector General

For questions regarding the BHSO and AODE licensure application process, contact:

Robin Rowe, Analyst, Division of Health Care
Robin.rowe@ky.gov
(502) 564 – 7963, extension 3302

For general questions, contact:

Melanie Poynter, Assistant Director, Division of Health Care
Melanie.poynter@ky.gov
(502) 564 – 7963, extension 3311

Stephanie Brammer-Barnes, Regulation Coordinator
Stephanie.brammer@ky.gov
(502) 564 – 2888, extension 3281

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Provider Network Expansion

Jennifer C. Moore, Division of Program Integrity



Provider Network Expansion



The following individual providers can link to a BHSO.

- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
 - Accept Certified Psychologists with Autonomous Functioning licenses
- Licensed Professional Art Therapist
- Licensed Behavior Analyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Psychologist (LP)

Provider Network Expansion



Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

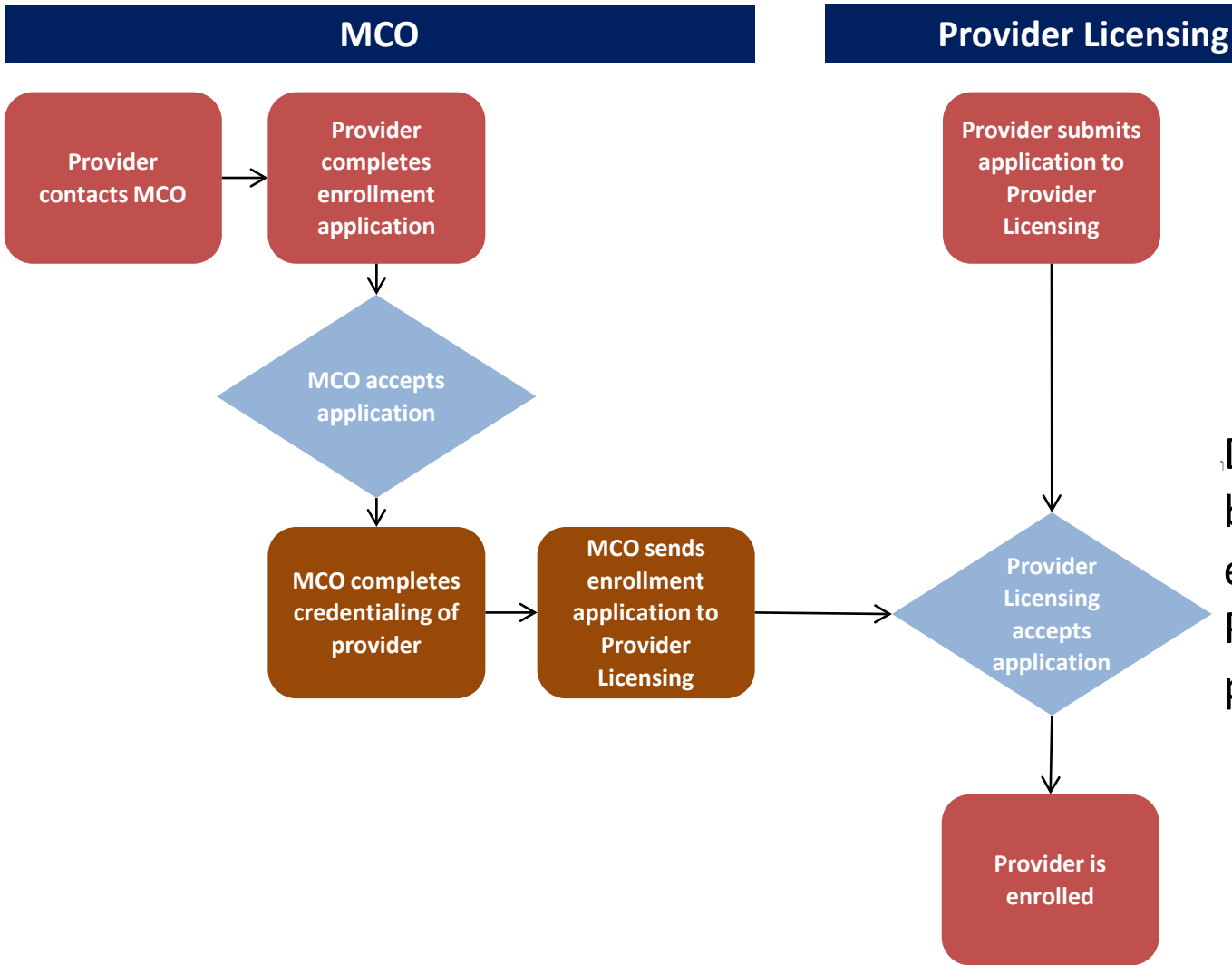
- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate
- Licensed Assistant Behavioral Analyst

PROVIDER ENROLLMENT

Provider Enrollment



Providers are able to enroll as a Medicaid provider either through an MCO or directly through DMS' Provider Licensing.



DMS prefers that behavioral health enrollment go through Provider Licensing for processing.

Provider Enrollment



<http://www.chfs.ky.gov/dms/provEnr/>

Kentucky.gov KY Agencies | KY Services Search CHFS Go

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español

■ Home > Department for Medicaid Services > Provider Enrollment > Overview

Provider Enrollment

Welcome to the Kentucky Medicaid provider enrollment website

Thank you for choosing to participate in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to [What is a KY Medicaid Provider?](#)
- If you are a new provider, refer to the [Application Information](#) and [Provider Type Summaries](#).
- If you are an existing provider and need to make changes, refer to [Maintenance Information](#).
- If you need to update your License, refer to [Update Your License Information with KY Medicaid](#)
- Read provider enrollment updates **New Information**

If you have any further questions or need assistance, please either email us at Program.Integrity@ky.gov or call toll free: (877) 838-5085 Monday to Friday 8 a.m. - 4:30 p.m. ET.

Provider Enrollment Resources

- [Department for Medicaid Services](#)
- [Kentucky Medicaid Provider Directory](#)

Regulations, Publications, Termed Provider List

Regulations

- 907 KAR [1:671](#)
- 907 KAR [1:672](#)

Publications

- [Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse](#)

Contact Information

Kentucky Department for Medicaid Services

National Provider Identifier (NPI)

Application Information

Credentialing Recredentialing

FAQ

Forms

Lockin Information

Maintenance Information

Managed Care Organization Information

Overview

Provider Type Summaries

Subscribe to the new Provider Enrollment

Provider Enrollment



Kentucky.gov KY Agencies | KY Services Search CHFS Go

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Provider Type**
■ **Summaries**

National Provider Identifier (NPI)
Provider Revalidation
Application Information
Archived Provider Enrollment Notices
FAQ
Forms
Maintenance Information
Managed Care Organization Information
Overview
Provider Type Summaries

Provider Type Summaries

Welcome

Please select the provider type from the list below for application information.

If you have any questions on the information provided for the provider types below, contact Provider Enrollment from 8 a.m. - 4:30 p.m. ET Monday through Friday at (877) 838-5085.

The free [Adobe Acrobat Reader](#) is required to view and print these documents.

New Provider Types

Nov. 6, 2014 - Effective Dec. 1, 2014, licensed professional art therapist and applied behavior analyst applications will be accepted. However, these two new provider types will not be allowed to enroll until January 1, 2015.

Enrollment requirements

- 62 - [Licensed Professional Art Therapist](#)
- 629 - [Licensed Professional Art Therapist Group](#)
- 63 - [Applied Behavior Analyst](#)
- 639 - [Applied Behavior Analyst Group](#)

Current Provider Number and Type

- 01 - [Hospital](#)
- 02 - [Psychiatric Hospital](#)

Policy Information

[Use of 71 Provider number \(Sept. 7, 2007\)](#)

Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: (877) 838-5085
Monday to Friday
8 a.m. - 4:30 p.m. ET

Email

For other questions or assistance, e-mail the [CHFS DMS Webmaster](#)

Provider Enrollment

BHSO



Current Provider Number and Type

- 01 - Hospital
- 02 - Psychiatric Hospital
- 03 - Behavioral Health Service Organization (BHSO)
- 04 - Psychiatric Residential Treatment Facility (PRTF)
- 05 - Psychiatric Residential Treatment Facility (PRTF) Level II
- 10 - Intermediate Care Facility - Individuals with Intellectual Disability (ICF/IID) Clinic
- 11 - Intermediate Care Facility/Mental Retardation/Developmentally Disabled Services (ICF/MR/DD)
- 12 - Nursing Facility
- 13 - Specialized Children's Services Clinic
- 15 - Health Access Nurturing Development Services (HANDS)
- 17 - Acquired Brain Injury
- 18 - Private Duty Nursing
- 20 - Preventive and Remedial Public Health Services
- 21 - School Based Services
- 22 - Commission For Children with Special Health Care Needs
- 23 - Targeted Case Management and Rehabilitative Services
- 24 - First Steps
- 27 - Adult Targeted Case Management
- 28 - Children's Targeted Case Management
- 30 - Community Mental Health Center
- 31 - Primary Care Center/Federally Qualified Health Centers
- 32 - Family Planning
- 33 - Supports for Community Living
- 34 - Home Health Agency
- 35 - Rural Health Clinic
- 36 - Ambulatory Surgical Center

Provider Enrollment

Provider Type Summary

**Behavioral Health Service Organization (BHSO)
Provider Type 03
907 KAR 15:020**

Information about the program:

- Provider must contact KY OIG for survey/licensure.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

Information to be submitted by the provider for application processing:

- [Map-811 Non-Credentialed](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- [Map-347](#) for each actively enrolled behavioral health professional working in facility (LPCC, Psychologist, LCSW, etc.)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted. NPI and Taxonomy Verification
- BHSO license (current and reflecting requested enrollment date)
- [NPI and Taxonomy Code Verification](#)

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40621
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Provider Enrollment



60 - <u>Dentist</u>
61 - <u>Dentist Group</u>
64 - <u>Physician</u>
659 - <u>Physician Group</u>
66 - <u>Behavioral Health Multi-Specialty Group</u>
70 - <u>Audiologist</u>
709 - <u>Audiologist Group</u>
74 - <u>Certified Registered Nurse Anesthetist</u>
749 - <u>Certified Registered Nurse Anesthetist Group</u>
77 - <u>Optometrist</u>
779 - <u>Optometrist Group</u>
78 - <u>Advanced Registered Nurse Practitioner</u>
789 - <u>Advanced Registered Nurse Practitioner Group</u>
79 - <u>Speech Language Pathologist</u>
799 - <u>Speech Language Pathologist Group</u>
80 - <u>Podiatrist</u>
809 - <u>Podiatrist Group</u>
81 - <u>Licensed Professional Clinical Counselor</u>
819 - <u>Licensed Professional Clinical Counselor Group</u>
82 - <u>Licensed Clinical Social Worker</u>
829 - <u>Licensed Clinical Social Worker Group</u>
83 - <u>Licensed Marriage and Family Therapist</u>
839 - <u>Licensed Marriage and Family Therapist Group</u>
84 - <u>Licensed Psychological Practitioner</u>
849 - <u>Licensed Psychological Practitioner Group</u>
85 - <u>Chiropractor</u>
859 - <u>Chiropractor Group</u>
86 - <u>Other Lab and X Ray</u>
87 - <u>Physical Therapist</u>
879 - <u>Physical Therapist Group</u>
88 - <u>Occupational Therapist</u>
889 - <u>Occupational Therapist Group</u>
89 - <u>Licensed Psychologist</u>

Licensed
Marriage
and Family
Therapist
(example)



Provider Enrollment



Licensed Marriage and Family Therapist Provider Type 83

Provider Type Summary

Information about the program:

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Marriage and Family Therapist must sign all forms.]
- Provider must have "bricks & mortar".

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working under a PT 03, 10, 31, 35, 66, and 839 entity or group)
- Marriage and Family Therapist license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has as social security card stating "valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- Kentucky Board of License for Marriage and Family Therapists
911 Leawood Drive
Frankfort, KY 40601
 - Kentucky Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
-

Provider Enrollment



Kentucky.gov KY Agencies | KY Services Search CHFS Go

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

■ About CHFS | Contact Us | Forms and Documents | Información en Español
■ Home > Department for Medicaid Services > Provider Enrollment > **Forms**

Forms

Welcome to the Kentucky Department of Medicaid Services Provider Enrollment Forms webpage.

If you are a new provider, refer to the [Enrollment Forms](#) listed below.

If you are an existing provider and need to make changes, refer to the [Maintenance Forms](#) listed below.

Enrollment Forms

- [MAP-811 - \(Revalidation\) *NEW*](#)
- [Map 347](#) - Statement for Authorization of Payment
- [MAP 572A](#) - Private Auto Provider
- [Map 572B](#) - Foster Parent Provider Agreement
- [MAP-612](#) - Statement for Authorization of Payment (Physician Assistant)
- [MAP-811 Non Credentialed](#) (with [MAP-811 Addendum E](#))
- [MAP-811 Individual](#) (with [MAP- 811 Addendum E](#)) and [KAPER-1](#)
 - [KAPER-1 Code Lists](#) (Refer to these code lists as you complete the KAPER-1).
- [MAP-811 Addendum E](#) - Direct Deposit Authorization/Cancellation Form
- [MAP-814](#) - EPSDT Special Services Short Form
- [MAP-4100](#) - Acquired Brain Injury Waiver Program Provider Information and Services
- [Supports for Community Living Statement of Services to Be Provided](#)
- [Dental Credentialing Form](#)

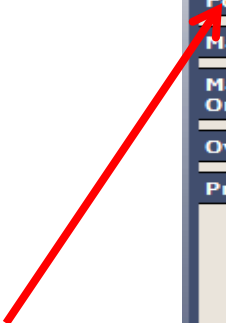
Contact Information

Kentucky Department for Medicaid Services
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602
Toll free: (877) 838-5085
Monday to Friday
8 a.m. - 4:30 p.m. EST
Email:
Program.Integrity@ky.gov

For questions regarding this website, e-mail the [CHFS DMS Webmaster](#)

Navigation Menu:

- National Provider Identifier (NPI)
- Provider Revalidation
- Application Information
- Archived Provider Enrollment Notices
- FAQ
- Forms**
- Maintenance Information
- Managed Care Organization Information
- Overview
- Provider Type Summaries



Provider Enrollment



Providers enrolling in KY Medicaid and participating with any of the Managed Care Organizations (MCOs) may send your enrollment application to one of the MCOs of your choice.

MCO Provider Credentialing Contacts:

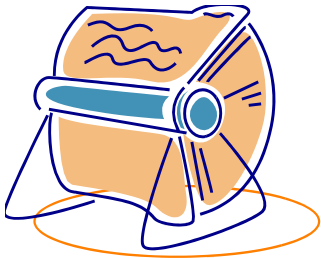
- Aetna (formerly Coventry) - 855-300-5528
- Anthem - 800-205-5870
- Humana Caresource - 800-457-5683
- Passport - 800-578-0775
- Wellcare - 877-389-9457

Provider Enrollment



For more information or
to subscribe to a Listserve,
please visit:

<http://www.chfs.ky.gov/dms/provEnr/>



CONTACT INFORMATION:

Provider Licensing and Certification Branch

1-877-838-5085

program.integrity@ky.gov

Provider Type Summaries

Subscribe to the new Provider Enrollment Listserv

If you are interested in receiving e-mail notices on Provider Enrollment, click [here](#) to add or delete subscriptions at any time.

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

BEHAVIORAL HEALTH SERVICES ORGANIZATIONS (BHSO)
SERVICES, PRACTITIONERS, REIMBURSEMENT, AND RELATED

*Stuart Owen, DMS Regulation Coordinator
January 30, 2015*



COVERED SERVICES

- ❑ Medicaid-covered BHSO services include:
 - Screenings
 - Assessments
 - Service planning
 - Screening, brief intervention, and referral to treatment (SBIRT)
 - Crisis intervention
 - Mobile crisis services
 - Intensive outpatient program services
 - Psychological testing
 - Day treatment
 - Residential services for substance use disorders
 - Peer support (provided by peer support specialists under supervision)
 - Individual outpatient therapy
 - Group outpatient therapy
 - Collateral outpatient therapy
 - Family outpatient therapy
 - Assertive community treatment
 - Comprehensive community support services
 - Therapeutic rehabilitation program services
 - Targeted case management services

MEDICAID MEDICATION ASSISTED TREATMENT

- ❑ DMS's version of medication assisted treatment (MAT) is medication in combination with any of the array of substance use treatment services (prior slide) in which each service is billed individually
- ❑ DMS does not cover the all-inclusive/bundled version of MAT that is reimbursed via a monthly rate

RENDERING PRACTITIONERS

- ❑ Practitioners who can provide services vary per service but include behavioral health (BH) professionals who are licensed to practice independently as well as behavioral health professionals who must work under supervision
- ❑ BH professionals who can work independently include:
 - Licensed psychologists (LPs)
 - Licensed psychological practitioners (LPPs)
 - Licensed clinical social workers (LCSWs)
 - Licensed professional clinical counselors (LPCCs)
 - Licensed professional art therapists (LPATs)
 - Licensed marriage and family therapists (LMFTs)
 - Physicians
 - Psychiatrists
 - Advanced practice registered nurses (APRNs)
 - Licensed behavior analysts (LBAs)
- ❑ BH professionals who must work under supervision include:
 - Licensed psychological associates
 - Licensed professional counselor associates
 - Certified social workers
 - Marriage and family therapy associates
 - Licensed professional art therapist associates
 - Licensed assistant behavior analysts
 - Physician assistants
 - Certified alcohol and drug counselors
 - Peer support specialists
 - Community support associates

BILLING SUPERVISORS

- ❑ A behavioral health practitioner under supervision must be supervised by a “billing supervisor”
- ❑ A billing supervisor is any of the aforementioned professionals (prior slide) licensed to practice independently who are ALSO employed by or under contract with the same provider as the behavioral health practitioner under supervision (the “same provider” is the BHSO in this context)
- ❑ A supervisor is required to co-sign and date notes recorded by a behavioral health practitioner under supervision and to record a monthly supervisory note which reflects consultations between the supervisor and the practitioner working under supervision

REIMBURSEMENT IN GENERAL

- ❑ DMS's reimbursement varies per service
- ❑ DMS's reimbursement for most services is tiered based on practitioner
 - Of the services covered by Medicare, DMS's tiered rate is a percent of Medicare's rate
 - Of the services not covered by Medicare, most are tiered except for those that are paid a daily (per diem) rate or a monthly rate
- ❑ Most individuals receiving behavioral health services in a BHSO will be Medicaid recipients enrolled with a managed care organization (MCO) rather than be "fee-for-service" (i.e. under DMS's umbrella) Medicaid recipients
- ❑ MCO reimbursement is negotiated between each MCO and each individual provider (and is a private agreement between the two parties which does not involve DMS)
- ❑ DMS monitors each MCO's provider network to ensure that the network meets recipient access requirements; thus, MCOs need behavioral health services providers to meet the network adequacy standards

FEE SCHEDULE

- ❑ Though DMS's reimbursement for some services is a given percent of Medicare's rate, DMS's posts a version of the fee schedule (listing all actual rates) – titled “Mental Health Substance Abuse Services Non-facility Fee Schedule”) on the following web site:
<http://www.chfs.ky.gov/dms/fee.htm>
- ❑ DMS is in the process of updating the fee schedule and will post a revised version soon

*Targeted case management reimbursement (addressed in a later slide) is not included on the MH/SU fee schedule as it is not a “direct” service

REIMBURSEMENT TIER

- ❑ As mentioned before, DMS's reimbursement varies per service and not all practitioners can provide every service but the standard reimbursement tier by practitioner (for services also covered by Medicare) is:
 - 75% of the KY-specific Medicare rate when provided by a physician or psychiatrist
 - 63.75% of the KY-specific Medicare rate when provided by an advanced practice registered nurse (APRN) or a licensed psychologist (LP)
 - 60.0% of the KY-specific Medicare rate when provided by a licensed professional clinical counselor (LPCC), a licensed clinical social worker (LCSW), a licensed psychological practitioner (LPP), a licensed marriage and family therapist (LMFT), or a licensed professional art therapist (LPAT)
 - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
 - A marriage and family therapy associate (MFTA)
 - A licensed professional counselor associate (LPCA)
 - A licensed psychological associate (LPA)
 - A certified social worker (CSW)
 - A physician assistant (PA)
 - A licensed professional art therapist associate (LPATA)
 - A certified alcohol and drug counselor (CADC)

REIMBURSEMENT FOR OTHER SERVICES

- ❑ The following nine BHSO services are not covered by Medicare; thus, DMS's rates are not tied to Medicare for these services:
 - Mobile crisis services
 - Day treatment
 - Peer support services including parent/family peer support services
 - Intensive outpatient program services
 - Service planning
 - Residential services for substance use disorders
 - Screening, brief intervention, and referral to treatment (SBIRT)
 - Assertive community treatment (ACT)
 - Comprehensive community support services
 - Therapeutic rehabilitation services

- ❑ DMS employs a tiered rate structure for most of the above

- ❑ The exceptions are residential substance use disorder services (for which a \$230/day per diem is paid), peer support (as only peer support specialists can provide this), assertive community treatment (as it is provided by a team of four – \$750/month or team of ten – \$1,000/month), and intensive outpatient program services as it entails a combination of individual services (paid a daily rate of \$58.26)

TARGETED CASE MANAGEMENT

- ❑ Targeted case management (TCM) services are not clinical services (such as therapies) but are Medicaid reimbursable services that may be provided by BHSOs
- ❑ TCM services entail assisting a Medicaid recipient in gaining access to Medicaid services as well as to needed, social, educational, or other services
- ❑ TCM must be conflict-of-interest free meaning that if an individual provides targeted case management to a Medicaid recipient, the individual cannot provide any other services (such as therapy) to the same recipient and vice-versa
- ❑ If an individual provides TCM, the individual's total caseload of clients (whether all TCM or some TCM and some behavioral health services such as therapies) cannot exceed 25 clients at one time

TARGETED CASE MANAGEMENT ACTIVITIES

□ TCM activities include:

- Performing a comprehensive assessment and periodic reassessments of the recipient's needs to determine the need for medical, educational, social, or other services
- Developing and periodically revising (as needed) the recipient's plan of care
- Making referrals to help the recipient obtain needed services
- Monitoring or following up to make sure that the recipient has received services identified in the plan of care
- Contacting others related/involved with the recipient to help with:
 - Identifying supports needed to help the recipient obtain services
 - Solicit useful input regarding the recipient's functioning level/adherence to treatment/other relevant information
 - Alerting the targeted case manager to changes in the recipient's needs

TCM STAFF QUALIFICATIONS

- ❑ A targeted case manager must:
 - Have a bachelor of arts or science degree in a behavioral health science such as psychology, sociology, social work, family studies, human studies, counseling, nursing, behavioral analysis, public health, special education, gerontology, recreational therapy, education, occupational therapy, physical therapy, speech language pathology, rehabilitation counseling, or faith-based education OR be a certified alcohol and drug counselor with any bachelor of arts or science degree; AND
 - Complete case management training required by the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) – here’s a link with details: <http://dbhdid.ky.gov/dbh/tcm.aspx>

*DBHDID is hosting a case management conference March 4 and 5 in Louisville – registration information is available via this link - <http://dbhdid.ky.gov/kdbhdid/>

TCM SUPERVISION

- ❑ A targeted case manager must be supervised (two supervisory contacts/month) by a behavioral health professional (which is the same professionals authorized to provide behavioral health services in a BHSO except for a peer support specialist or community support associate)
- ❑ A certified alcohol and drug counselor can only supervise a targeted case manager providing TCM to a Medicaid recipient with a substance use disorder

TYPES OF TCM

- ❑ There are four types/population groups of targeted case management
 - TCM for individuals with a substance use disorder
 - TCM for individuals with a substance use disorder OR mental health disorder AND a chronic/complex physical health issue
 - TCM for individuals with a severe mental illness
 - TCM for children with a severe emotional disability

- ❑ The number of required contacts (by a targeted case manager with the recipient and/or parent/guardian) varies from four to five a month depending on the type of TCM

TCM REIMBURSEMENT

- DMS's reimbursement for TCM per type of TCM is:
 - \$334/month for TCM for individuals with a substance use disorder
 - \$541/month for TCM for individuals with a substance use disorder OR mental health disorder AND a chronic/complex physical health issue
 - \$334/month for TCM for individuals with a severe mental illness
 - \$334/month for TCM for children with a severe emotional disability

*Most individuals receiving TCM will be enrolled with a managed care organization; thus, reimbursement is a matter to be negotiated between the provider and each MCO

GENERAL MEDICAID PROGRAM REQUIREMENTS

- ❑ Medicaid providers must comply with records maintenance requirements (documenting services provided including who rendered the service, etc.) and HIPAA confidentiality requirements
- ❑ Payment from Medicaid (DMS or an MCO) for a service is considered payment in full and a provider cannot bill a recipient for a service reimbursed by Medicaid
- ❑ By submitting a claim to Medicaid (for reimbursement) a provider attests that the claim is valid/accurate
- ❑ All claims, health records, and associated documentation are subject to audit by Medicaid
- ❑ Medicaid is the payer of last resort and if a provider is aware that a client has other party (insurance) coverage the provider must first bill the other party before submitting any bill to Medicaid

DMS BHSO REGULATIONS

- ❑ The DMS regulations that establish BHSO requirements (except for targeted case management) are:
 - 907 KAR 15:005, Definitions for 907 KAR Chapter 15
 - 907 KAR 15:020, Coverage provisions and requirements regarding behavioral health services provided by behavioral health services organizations
 - 907 KAR 15:025, Reimbursement provisions and requirements regarding behavioral health services provided by behavioral health services organizations

DMS TCM REGULATIONS

- ❑ The DMS regulations establishing targeted case management requirements are:
 - 907 KAR 15:040, Coverage provisions and requirements regarding targeted case management for individuals with a substance use disorder
 - 907 KAR 15:045, Reimbursement provisions and requirements regarding targeted case management for individuals with a substance use disorder
 - 907 KAR 15:050, Coverage provisions and requirements regarding targeted case management for individuals with a substance use disorder or mental health disorder and chronic/complex physical health issue
 - 907 KAR 15:055, Reimbursement provisions and requirements regarding targeted case management for individuals with a substance use disorder or mental health disorder and chronic/complex physical health issue
 - 907 KAR 15:060, Coverage provisions and requirements regarding targeted case management for individuals with a severe mental illness or for children with a severe emotional disability
 - 907 KAR 15:065, Reimbursement provisions and requirements regarding targeted case management for individuals with a severe mental illness or for children with a severe emotional disability

DMS REGULATIONS WEB SITE

- All DMS regulations, in various stages of implementation, are accessible via the following web site:

<http://www.chfs.ky.gov/dms/Regs.htm>

MANAGED CARE ORGANIZATION INFORMATION

- ❑ Information regarding managed care organizations (MCOs) is accessible via the following web site:

<http://www.chfs.ky.gov/dms/mcolinks.htm>

PROVIDER RESOURCES

- DMS's provider resources web site is located at:
<http://www.chfs.ky.gov/dms/provider.htm>

Question & Answer Panel

Office of Inspector General

Stephanie Brammer-Barnes, Internal Policy Analyst

Robin Rowe, Human Services Compliance Analyst, Division of Health Care

Department for Medicaid Services

Jennifer C. Moore, Division of Program Integrity

Stuart Owen, Regulation Coordinator

Department for Behavioral Health, Developmental & Intellectual Disabilities

Natalie Kelly, Director, Division of Behavioral Health

Contact Information

Future Questions Please direct your questions to the appropriate content expert

Office of Inspector General

For questions regarding the BHSO & AODE licensure application process, contact:

Robin Rowe, Analyst, Division of Health Care, Robin.rowe@ky.gov, (502) 564 – 7963, extension 3302

For general questions, contact:

Melanie Poynter, Assistant Director, Division of Health Care, Melanie.poynter@ky.gov, (502) 564 – 7963, extension 3311

Stephanie Brammer-Barnes, Regulation Coordinator, Division of Health Care, Stephanie.brammer@ky.gov, (502) 564 – 2888, extension 3281

Department for Medicaid Services

Provider Licensing & Certification Branch 1-877-838-5085, program.inegrity@ky.gov

Subscribe to the Provider Enrollment Listserv: www.chfs.ky.gov/dms/provEnr/

Jennifer C. Moore, Division of Program Integrity, JenniferC.Moore@ky.gov, (502) 564 – 1013 extension 2163

Stuart Owen, Regulation Coordinator, Stuart.Owen@ky.gov, (502) 564 – 4321

Department for Behavioral Health, Developmental & Intellectual Disabilities

Maggie Schroeder, MA, CADC, Branch Manager, Division of Behavioral Health, Substance Abuse Treatment Branch
Maggie.Schroeder@ky.gov, 502-782-6188

Tanya Dickinson, Legislative Liaison, Division of Program Integrity, Program Support Branch, tanya.dickinson@ky.gov,
502-782-6238

Today's Webinar

Will be posted to the BHDID website at: <http://dbhdid.ky.gov/kdbhdid/>

Thank you!

