

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

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

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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>