

HOW TO BECOME A MEDICAID BEHAVIORAL HEALTH SERVICES ORGANIZATION (BHSO)

- Obtain a BHSO license from the CHFS Office of Inspector General
- Enroll in the Medicaid Program (by fully and accurately completing a Medicaid provider agreement – “MAP-811” – and submitting it to the Department for Medicaid Services’ (DMS’s) provider enrollment branch (*details stated in related PowerPoint*))
- If desiring to join a managed care organization’s (MCO’s) provider network, request to be credentialed by the MCO and then complete (accurately and fully) a Medicaid provider agreement “MAP-811” and submit the agreement to DMS

BHSO Rendering Practitioners

- Rendering practitioners 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 Counselor (LPCC)
 - Licensed Behavior Analyst (LBA)
 - Licensed professional art therapists (LPATs)
 - Licensed marriage and family therapists (LMFTs)
 - Physicians
 - Psychiatrists
 - Advanced practice registered nurses (APRNs)

- BH professionals who must work under supervision (defined as “behavioral health practitioner under supervision” in the regulation) include:
 - Licensed psychological associates (LPA)
 - Licensed professional counselor associates (LPCA)
 - Certified social workers (CSA)
 - Marriage and family therapy associates (MFTA)
 - Licensed professional art therapist associates (LPATA)
 - Physician assistants (PA)
 - Licensed assistant behavior analyst (LABA)
 - Certified alcohol and drug counselors (CADC)
 - Peer support specialists (PSS)
 - Community support associates (CSA)

Billing Supervisors

- ▣ A behavioral health practitioner under supervision must be supervised by a “billing supervisor”
- ▣ A billing supervisor is any of the aforementioned professionals licensed to practice independently who is 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

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

Reimbursement in General

- ▣ DMS's reimbursement varies per service
- ▣ DMS's reimbursement is tiered based on practitioner
- ▣ DMS's reimbursement for most services is a percent of the rate listed on the current Kentucky-specific Medicare Fee Schedule
- ▣ Managed care organizations (MCOs) are NOT required to pay the same as DMS pays for BHSO services
- ▣ MCO reimbursement is negotiated between the MCO and the BHSO (and is not a matter for DMS)

Screening/Crisis Intervention Reimbursement

- ▣ Reimbursement for a screening or for crisis intervention 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)

Assessment Reimbursement

- ▣ Reimbursement for an assessment 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 APRN or LP
 - 60.0% of the KY-specific Medicare rate when provided by an LPCC, an LCSW, an LPP, an LMFT, an LPAT, or a licensed behavior analyst (LBA)
 - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
 - ▣ An MFTA
 - ▣ An LPCA
 - ▣ An LPA
 - ▣ A CSW
 - ▣ An LPATA
 - ▣ A PA
 - ▣ A CADDC
 - ▣ A licensed assistant behavior analyst (LABA)

Psychological Testing Reimbursement

- ▣ Reimbursement for psychological testing is:
 - 63.75% of the KY-specific Medicare rate when provided by an LP
 - 60.0% of the KY-specific Medicare rate when provided by an LPP
 - 52.5% of the KY-specific Medicare rate when provided by an LPA working under the supervision of an LP

Individual/Group/Collateral Outpatient Therapy Reimbursement

- ▣ Reimbursement for individual outpatient therapy, group outpatient therapy, or collateral outpatient therapy 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 APRN or LP
 - 60.0% of the KY-specific Medicare rate when provided by an LPCC, an LCSW, an LPP, an LMFT, an LPAT, or an LBA
 - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
 - ▣ An MFTA
 - ▣ An LPCA
 - ▣ An LPA
 - ▣ A CSW
 - ▣ A PA
 - ▣ An LPATA
 - ▣ An LABA

Family Outpatient Therapy Reimbursement

- ▣ Reimbursement for family outpatient therapy 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 APRN or LP
 - 60.0% of the KY-specific Medicare rate when provided by an LPCC, an LCSW, an LPP, an LMFT, or an LPAT
 - 52.5% of the KY-specific Medicare rate when provided by any of the following working under supervision:
 - ▣ An MFTA
 - ▣ An LPCA
 - ▣ An LPA
 - ▣ A CSW
 - ▣ A PA
 - ▣ An LPATA

Reimbursement for Other Services

- ▣ Reimbursement for the following BHSO services is as stated on the Non-Medicare Services Fee Schedule:
 - 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

General Medicaid Program Requirements

- ▣ A BHSO must comply with records maintenance requirements (documenting services provided including who rendered the service, etc.) and HIPAA confidential requirements
- ▣ A BHSO must review each recipient's treatment plan once every six months (for recipients who continue to receive treatment)
- ▣ A BHSO must return any overpayments
- ▣ Payment from DMS for a service is considered payment in full and a BHSO cannot bill a recipient for a service reimbursed by DMS
- ▣ By submitting a claim to DMS (for reimbursement) a BHSO attests that the claim is valid/accurate
- ▣ All claims, health records, and associated documentation are subject to audit by DMS
- ▣ Medicaid is the payer of last resort and if a BHSO is aware that a client has other party (insurance) coverage the BHSO shall first bill the other party before submitting any bill to DMS

Regulation Process

- ▣ The agency (DMS) submits “files” regulation w/the Legislative Research Commission
- ▣ Agency conducts public comment period (accepts comments from the public) on the regulation (roughly 1.5 month comment period stated in regulation) – the public comment period for the BHSO regulations is scheduled to run from the file date until September 2, 2014
- ▣ Comments on the DMS BHSO regulations can be emailed to Tricia Orme tricia.orme@ky.gov or to Stuart Owen at stuart.owen@ky.gov
- ▣ If DMS receives comments it must draft and file w/LRC a “statement of consideration” or SOC which summarizes and responds to the comments
- ▣ DMS may also file (w/the SOC) an amended version of the regulation in response to the comments
- ▣ The regulation is reviewed by legislative committee(s) including the Administrative Regulation Review Subcommittee
- ▣ After clearing legislative committee(s)’ review the regulation is adopted in its final (all amendments included) version