



SoonerCare in Your Tribal Community: Behavioral Health

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Disclaimer

This presentation was compiled by OHCA Provider Services and OHCA Behavioral Health Services.

The information contained within this presentation is intended as a reference only, and is current as of November 2018. Content is subject to change.

Agenda

- Policies and rules
- Member eligibility
- Provider enrollment
- Defining a behavioral health encounter
- Billing requirements
- Documentation and clinical guidelines
- Contact information



Policies and Rules

Policies and Rules

Current SoonerCare policies and rules are posted on the public website at www.okhca.org

The screenshot shows the Oklahoma HealthCare Authority website. At the top is the logo and a navigation bar with links: about us | individuals | providers | research | contact us | search. Below this is a large banner for **OKCareerGuide.org** with the text "A powerful tool to provide career and educational resources for Oklahomans". To the right of the banner are media controls (Back, Forward, Play, Pause) and a "View All Banners" link. Below the banner are two main sections: "individuals" and "providers". The "individuals" section includes links like "How to Apply | Enroll Online", "Find A Provider | After Hours OK", "Member Handbook", "Manual de Miembro", "Member Letters | Updates", "Programs | Benefits", and "Member Services Helpline". The "providers" section includes links like "Claim Tools | Types | Web Alerts", "Billing | EHR Incentive", "Policy | Proposed Changes", "Provider Portal | Training", "Provider Letters | Updates", "Patient-Centered Medical Home", and "Medical Authorization Unit". An orange arrow points from the "Policy | Proposed Changes" link in the providers section to the "Policies and Rules" title at the top of the slide.

Policies and Rules

- Select “**Policy**” from the provider’s box
- •Select “**Oklahoma Health Care Authority Medicaid Rules**”
- •Select “**Chapter 30: Medical Providers-Fee For Service**”
- •Select “**SubChapter 5: Individual Providers and Specialties**”
- •Select “**Part 110: Indian Health Services, Tribal Programs, and Urban Indian Clinics (I/T/Us)**”



Member Eligibility

Title 19 Eligibility

- Members who show current coverage for Title 19 (SoonerCare) when verifying eligibility on the provider portal may access behavioral health services from a contracted SoonerCare provider within the scope of OHCA's policies and rules.

Eligibility			-
Mental Health and Substance Abuse	09/27/2017	09/27/2017	
Title 19	09/27/2017	09/27/2017	
Managed Care Information			+

Title 19 Eligibility

- Pages 11-12 of the SoonerCare Member Handbook provide an overview of behavioral health benefits for eligible adults and children



Mental Health and Substance Abuse Services

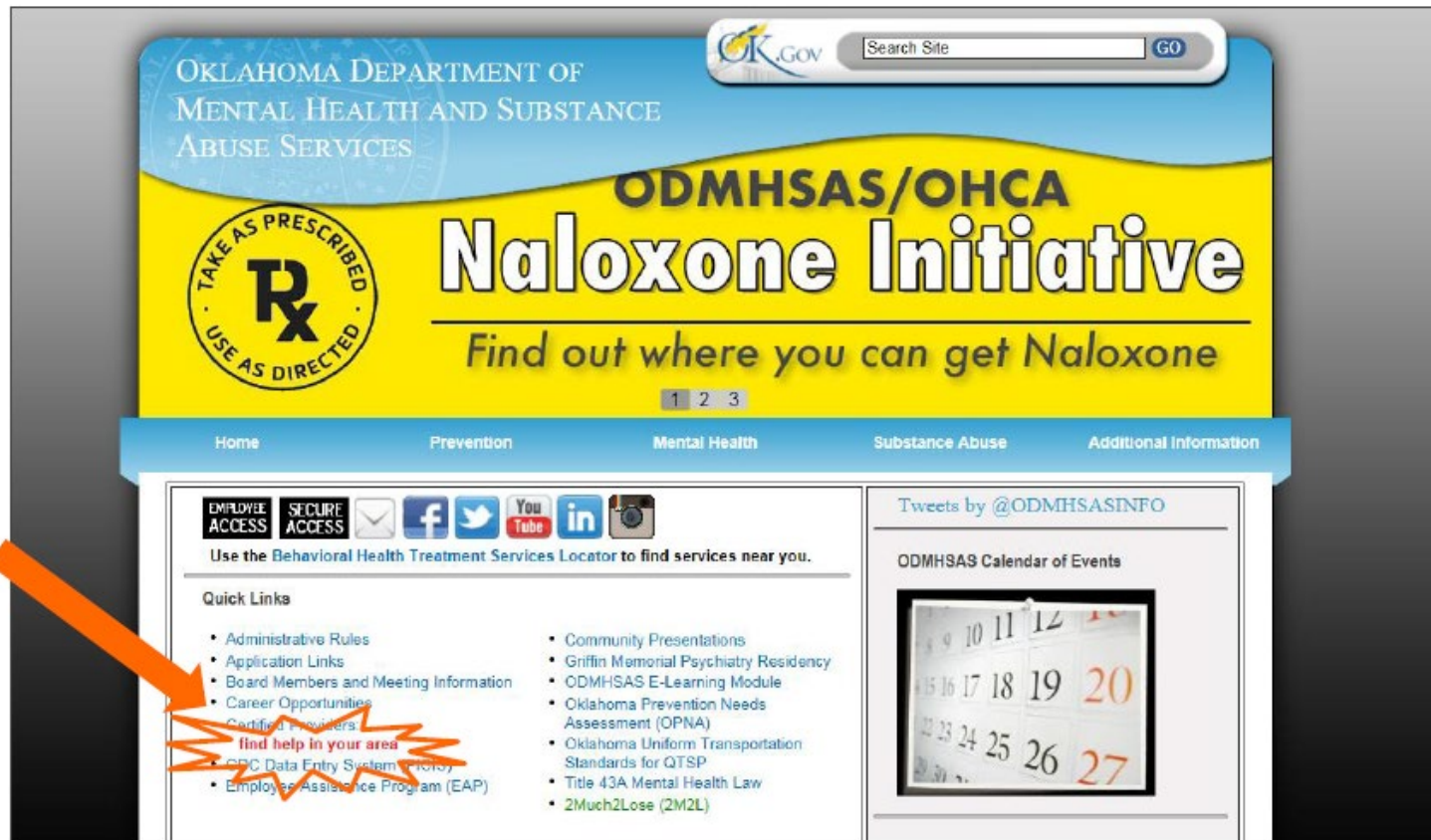
- Members who only show current coverage for Mental Health and Substance Abuse Services (MHSAS) when verifying eligibility on the provider portal **must** be seen at an ODMHSAS-contracted provider for the service to be covered.

Eligibility					
Coverage		Effective Date	End Date		
Mental Health and Substance Abuse		09/27/2017	09/27/2017		
Managed Care Information					

Mental Health and Substance Abuse Services, cont.

- MHSAS is not a billable coverage benefit that a member takes with them from facility to facility like SoonerCare.
- This is a placeholder for members seeking services from ODMHSAS.
- A contracted ODMHSAS provider completes an assessment of the members ODMHSAS eligibility, ability to pay, and provide appropriate services.

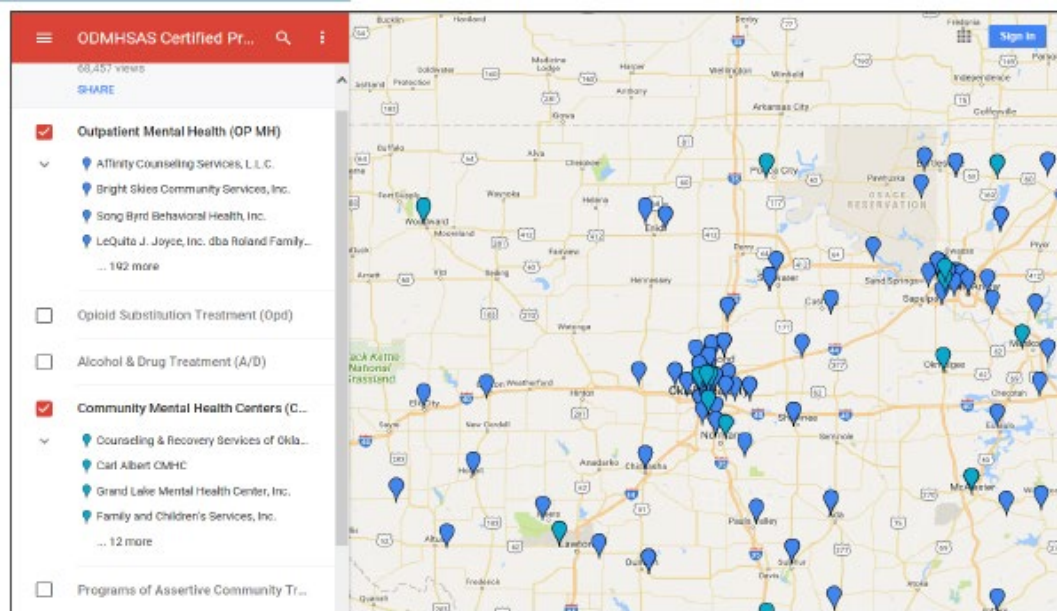
MHSAS Providers



www.ok.gov/odmhsas

MHSAS Providers, cont.

- The “find help in your area” link will open up a searchable database of contracted ODMHSAS providers by type.



Other Eligibility Programs

Reminder: Not every program includes coverage for behavioral health services. Examples include:

- **SoonerPlan**—coverage for family planning services only
- **Soon-to-Be-Sooners**—coverage for prenatal and delivery services only
- **SoonerRide**—coverage for non-emergency transportation services



Provider Enrollment

Provider Enrollment

**Physicians
(MD or DO)**

**Psychologists
(PhD)**

**Licensed Clinical
Social Worker
(LCSW)**

**Licensed
Professional
Counselor
(LPC)**

**Licensed
Marriage and
Family Therapist
(LMFT)**

**Licensed
Behavioral
Practitioner
(LBP)**

**Licensed Alcohol
and Drug
Counselor
(LADC)**

**Advance
Registered Nurse
Practitioner
(ARNP)**

**Physician
Assistant
(PA)**

317:30-5-240.3 Staff Credentials

Provider Enrollment, cont.

- OHCA also contracts with **licensure candidates**
 - Licensure candidates are practitioners actively and regularly receiving board approved supervision, and
 - Extended supervision by a fully licensed clinician if board supervision requirements are met but the individual is not yet licensed.

317:30-5-240.3 Staff Credentials

Provider Enrollment

- An ITU provider must **directly employ** the legally credentialed professional staff member.
- An ITU facility must contract all professional staff via **the Electronic Provider Enrollment** (EPE) web-based system.
- Reimbursement for services rendered at, or on behalf of an ITU facility, will only be made to the facility.
- Only professional staff listed as eligible providers in **OAC 317:30-5** are recognized by OHCA.



Defining a behavioral health encounter

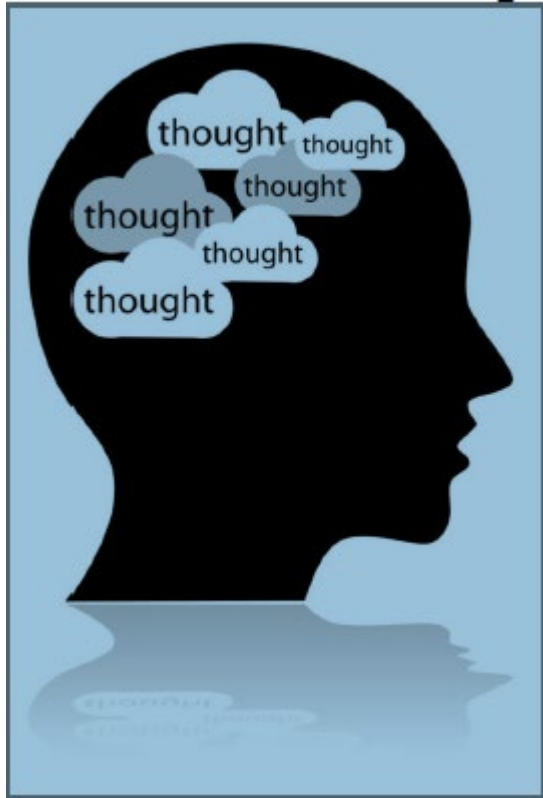
ITU Outpatient Encounters

- An ITU encounter is defined as:
 - “A face to face or telehealth contact between a health care professional and an IHS eligible SoonerCare member for the provision of medically necessary Title XIX or Title XXI covered services through an IHS or Tribal 638 facility or an urban Indian clinic within a 24-hour period ending at midnight, as documented in the patient's record.”



317:30-5-1098 ITU outpatient encounters

ITU Outpatient Encounters, cont.



- An ITU encounter is defined as:
 - “The following services may be considered reimbursable encounters subject to the limitations of the Oklahoma State Plan and include any related medical supplies provided during the course of the encounter:
 - Behavioral Health services [refer to OAC 317:30-5-1094];

317:30-5-1098 ITU outpatient encounters

Behavioral Health Encounters

Providers

- Types
- Claim Tools
- Forms
- Secure Sites
- Policies & Rules**
- Training
- Updates
- Help

Home > Providers > Policies and Rules

OHCA Policies and Rules

[Search Entire Policy](#)
[OHCA Policies and Rules Main Page](#)

Browse chapters by clicking on the plus sign to the right of each chapter below.

Chapters

- 30-MEDICAL PROVIDERS-FEE FOR SERVICE
 - 5-INDIVIDUAL PROVIDERS AND SPECIALTIES
 - 110-INDIAN HEALTH SERVICES, TRIBAL PROGRAMS, AND URBAN INDIAN CLINICS (I/T/US)

Section 1085	General provisions
Section 1086	Eligible I/T/U providers
Section 1087	Terms and definitions
Section 1088	I/T/U provider participation requirements
Section 1089	I/T/U multiple sites
Section 1090	Provision of other health services outside of the I/T/U encounter
Section 1091	Definition of I/T/U services
Section 1092	Services and supplies incidental to I/T/U outpatient encounters
Section 1093	I/T/U visiting nurses services
Section 1094	Behavioral health services provided at I/T/Us
Section 1095	I/T/U services not compensable under outpatient encounters
Section 1096	I/T/U off-site services
Section 1097	Billable I/T/U encounters
Section 1098	I/T/U outpatient encounters
Section 1099	I/T/U service limitations
Section 1100	Inpatient care provided by IHS facilities

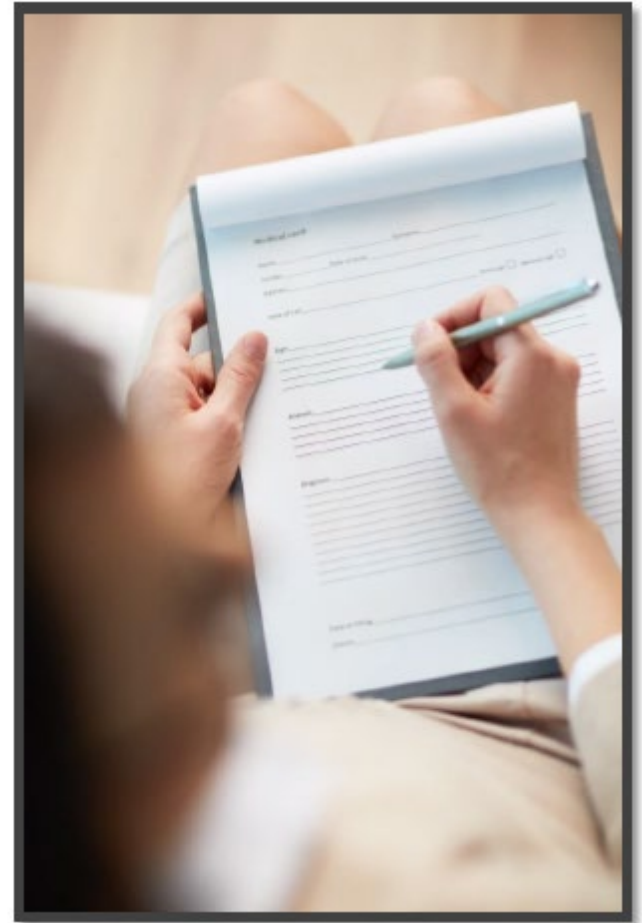
Behavioral Health Encounters, cont.

- Behavioral health services that are primary, preventive, and therapeutic and would be covered if provided in another setting may be provided by ITU providers.
- Services provided by an ITU (refer to **OAC 317:30-5-241** for a description of services) must meet the same requirements as services provided by another provider.

317:30-5-1094 Behavioral health services provided at ITUs

Behavioral Health Encounters, cont.

- Behavioral health professional therapy services are covered when provided in accordance with a documented individualized treatment plan, developed to treat the identified mental health and/or substance use disorder(s).



317:30-5-1094 Behavioral health services provided at ITUs

Behavioral Health Encounters, cont.

Behavioral encounters could include:

- Mental health and/or substance use assessment/evaluation and testing
- Service plan development
- Crisis intervention services
- Medication training and support
- Individual/Interactive psychotherapy
- Group psychotherapy
- Family psychotherapy

317:30-5-1094 Behavioral health services provided at ITUs

Services Not Covered as an Encounter

- If an ITU facility wishes to provide SoonerCare covered services that are **not** covered under an outpatient encounter, they must:
 - Bill using their separately contracted fee-for-service SoonerCare provider ID number.
 - Be reimbursed at the fee-for-service rate.
 - Be subject to the fee-for-service program limitations and prior authorization requirements.

317:30-5-1090 Provision of other health services outside of the ITU encounter

Services Not Covered as an Encounter, cont.

Examples of behavioral health services not covered as an outpatient encounter include:

- Behavioral health case management
- Psychosocial rehabilitative services
- Psychiatric residential treatment facility services

317:30-5-1090 Provision of other health services outside of the ITU encounter



Billing Requirements

Billing for an Encounter

Medically-necessary covered services must use one of the following four revenue codes:

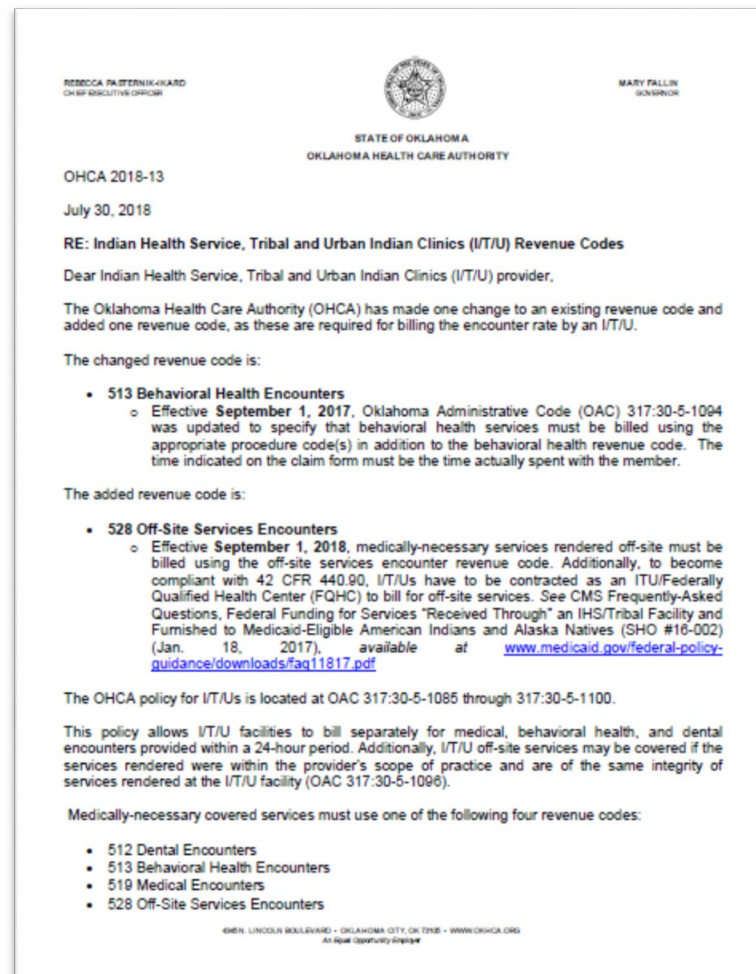
512: Dental encounter

513: Behavioral Health encounter

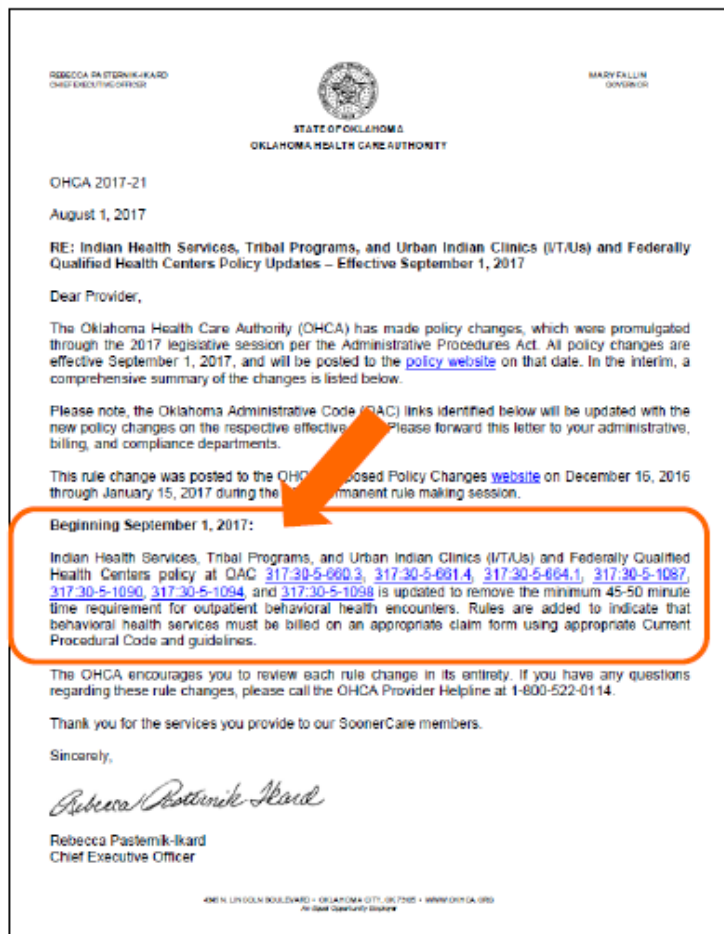
519: Medical Encounter

528: Off-Site Services Encounters

Provider Letter 2018-13



Billing for an Encounter



Effective September 1, 2017:

- The 45-50 minute face to face requirement for a behavioral health encounter was removed from policy.
- ITU providers are required to append procedure code(s) to the 513 revenue code when billing for a behavioral health encounter.

Provider Letter 2017-21

Billing for an Encounter, cont.

- Procedure codes appended to the 513 revenue code are “informational” only.
- Reimbursement for services billed with the 513 revenue code will continue to be paid at the encounter rate.



Billing for an Encounter, cont.

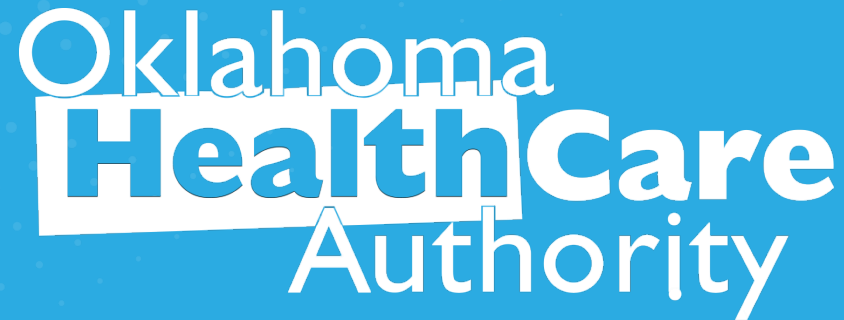
- ITU outpatient encounters billed with a 512, 513, 519, or 528 revenue code are not subject to prior authorization requirements.
- All claims are subject to post-payment review and audit. Documentation in the members medical record must accurately reflect the services billed.

Billing for an Encounter, cont.

- Part 110 and Section 1094 of ITU policy directs providers to **Part 21 Outpatient Behavioral Health Services** for a description of covered behavioral health services
- An outpatient behavioral health fee schedule is available online at www.okhca.org/bh

Fee Schedules/Getting Paid

- **Rates and Codes for Outpatient Behavioral Health Agencies - Effective 9/1/2016**
- Physician Fee Schedules
- Independent LBHP Rates and Codes - effective 5/1/2016
- Psychologist Rates and Codes - effective 5/1/2016
- Private LBHP Rates and Codes - 9/1/2015
- Private LBHP Rates and Codes - 7/1/2013
- Private LBHP Rates and Codes - 1/1/2013
- Psychologist Rates and Codes - 7/1/2013
- Psychologist Rates and Codes - 1/1/2013
- TFC Rates and Codes - 7/1/2013



Documentation and Clinical Guidelines

Licensure Candidates

The supervising LBHP responsible for the member's care must:

1. staff the member's case with the candidate,
2. be personally available, or ensure the availability of an LBHP to the candidate for consultation while they are providing services,
3. agree with the current plan for the member, and
4. confirm that the service provided by the candidate was appropriate; and

317:30-5-240.3 Staff Credentials

Licensure Candidates, cont.

The supervising LBHP responsible for the member's care must:

5. The member's medical record must show that the requirements for reimbursement were met and the LBHP responsible for the member's care has reviewed, countersigned, and dated the service plan and any updates thereto so that it is documented that the licensed professional is responsible for the member's care.

317:30-5-240.3 Staff Credentials

Screening

- Screening is for the purpose of determining whether the member meets basic medical necessity and need for further behavioral health assessment and possible treatment services.
- Screenings can be performed by any credentialed staff members as listed under OAC 317:30-5-240.3
- **Screening is compensable on behalf of a member who is seeking services for the first time.** This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six (6) months.

317:30-5-241.1 Screening, assessment and service plan

Assessment

Is compensable on behalf of a member who is seeking services for the first time. This service is not compensable if the member has previously received or is currently receiving services from the agency, unless there has been a gap in service of more than six months and it has been more than one year since the previous assessment.



317:30-5-241.1 Screening, assessment and service plan

Assessment, cont.

- The assessment must include all elements and tools required by the OHCA.
- In the case of children under the age of 18, it is performed with the direct, active face-to-face participation of the parent or guardian.
 - The child's level of participation is based on age, developmental and clinical appropriateness.
 - The assessment must include at least one DSM diagnosis from the most recent DSM edition or diagnostic impression.

317:30-5-241.1 Screening, assessment and service plan

Assessment, cont.

The information in the assessment must contain, but is not limited to the following:

- Behavioral, including substance use, abuse, dependence;
- Emotional, including issues related to past or current trauma;
- Physical;
- Social and recreational;
- Vocational;



317:30-5-241.1 Screening, assessment and service plan

Assessment, cont.

The information in the assessment must contain, but is not limited to the following:

- Date of the assessment sessions as well as start and stop times;
- Signature of parent or guardian participating in face-to-face assessment.
- Signature required for members over the age of 14; and
- Signature and credentials of the practitioner who performed the face-to-face behavioral assessment.

317:30-5-241.1 Screening, assessment and service plan

Assessment, cont.

- The signatures may be included in a signature page applicable to both the assessment and treatment plan if the signature page clearly indicates that the signatories consent and approve of both.

317:30-5-241.1 Screening, assessment and service plan

Behavioral Health Services Plan Development



- Required every **six months** during active treatment.
- Updates can be conducted whenever it is clinically needed as determined by the practitioner and member, but are only compensable **once every six months**.
- The date of service on the service plan is when the service plan is complete and the date the last required signature is obtained.

317:30-5-241.1 Screening, assessment and service plan

Behavioral Health Service Plan Development, cont.

Comprehensive and integrated service plan content must address the following:

- member strengths, needs, abilities, and preferences (SNAP);
- identified presenting challenges, problems, needs and diagnosis;
- specific goals for the member;
- objectives that are specific, attainable, realistic, and time-limited;
- each type of service and estimated frequency to be received;

317:30-5-241.1 Screening, assessment and service plan

Behavioral Health Service Plan Development, cont.

Comprehensive and integrated service plan content must address the following:

- the practitioner(s) name and credentials that will be providing and responsible for each service;
- any needed referrals for service;
- specific discharge criteria;
- description of the member's involvement in, and responses to, the service plan, and
- his/her signature and date;

317:30-5-241.1 Screening, assessment and service plan

Behavioral Health Service Plan Development, cont.

- **Service plans are not valid until all signatures are present**
 - required from the member, if 14 or over,
 - the parent/guardian (if younger than 18 or otherwise applicable)
 - and the primary LBHP or Licensure Candidate
- The signatures may be included in the signature page applicable to both the assessment and the treatment plan if the signature page clearly indicates that the signatories consent and approve of both
- All changes in a service plan must be documented in either a scheduled six (6) month service plan update (low complexity) or within the existing service plan through an amendment until time for the update (low complexity).

317:30-5-241.1 Screening, assessment and service plan

Behavioral Health Service Plan Development, cont.

- Any changes to the existing service plan must, prior to implementation, be signed and dated by the member (if 14 or over), the parent/guardian (if younger than 18 or otherwise applicable), and the lead LBHP or Licensure Candidate.



317:30-5-241.1 Screening, assessment and service plan

Behavioral Health Service Plan Development, cont.

- Amendment of an existing service plan to revise or add goals, objectives, service provider, service type, and service frequency, may be completed prior to the scheduled six (6) month review/update.
- A plan amendment must be documented through an addendum to the service plan, dated and signed prior to the implementation, by the member (if 14 or over), the parent/guardian (if younger than 18 or otherwise applicable), and the lead LBHP or Licensure Candidate.
- A temporary change of service provider may be documented in the progress note for the service provided, rather than an amendment

317:30-5-241.1 Screening, assessment and service plan

Group Psychotherapy

- Group psychotherapy is a method of treating behavioral disorders using the interaction between the qualified practitioner and two or more individuals to promote positive emotional or behavioral change.
- The focus of the group must be directly related to the goals and objectives in the individual member's current service plan.
- This service does not include social or daily living skills development as described under Behavioral Health Rehabilitation Services.



317:30-5-241.2 *Psychotherapy*

Group Psychotherapy, cont.

Group Psychotherapy limits:

- Adults:** *18 years and older*
 - total group size is 8 members
- Children:** *under age 18*
 - total group size is 6 members.



317:30-5-241.2 Psychotherapy

Assessment/Evaluation Testing

- Assessment/Evaluation testing is provided by a clinician utilizing tests selected from currently accepted assessment test batteries.
- Test results must be reflected in the Service Plan.
- The medical record must clearly document the need for the testing and what the testing is expected to achieve.

317:30-5-241.2 Psychotherapy

Testing Limitations

- Testing for a child younger than three (3) must be medically necessary and meet established Child (0-36 months of age) criteria
- Eight (8) hours/units of testing per patient over the age of three (3), per provider is allowed every twelve (12) months
- Testing units must be billed on the date the actual testing, interpretation, scoring, and reporting are performed

317:30-5-241.1 Screening, assessment and service plan

Documentation Requirements for Assessment/Evaluation Testing

All assessment, testing, and treatment services/units billed must include the following:

- date;
- start and stop time for each session/unit billed and physical location where service was provided;
- signature of the provider;
- credentials of provider;



317:30-5-241.1 Screening, assessment and service plan

Documentation Requirements for Assessment/Evaluation Testing, cont.

All assessment, testing, and treatment services/units billed must include the following:

- specific problem(s), goals and/or objectives addressed;
- methods used to address problem(s), goals and objectives;
- progress made toward goals and objectives;
- patient response to the session or intervention; and
- any new problem(s), goals and/or objectives identified during the session.

317:30-5-241.1 Screening, assessment and service plan

Medication Training and Support

- Medication Training and Support is a documented review and educational session by a registered nurse, advanced practice nurse, or physician assistant focusing on a member's response to medication and compliance with the medication regimen. The review must include an assessment of medication compliance and medication side effects.



317:30-5-241.3 Behavioral Health Rehabilitation (BHR) services

Medication Training and Support, cont.

- Vital signs must be taken including pulse, blood pressure and respiration and documented within the medical or clinical record.
- A physician is not required to be present, but must be available for consult.
- Medication Training and Support is designed to maintain the member on the appropriate level of the least intrusive medications, encourage normalization and prevent hospitalization.



317:30-5-241.3 Behavioral Health Rehabilitation (BHR) services

Medication Training and Support, cont.



Limitations:

- Two units are allowed per month per patient.
- Medication Training and Support is not allowed to be billed on the same day as an evaluation and management (E/M) service provided by a psychiatrist.

317:30-5-241.3 Behavioral Health Rehabilitation (BHR) services

Medication Training and Support, cont.

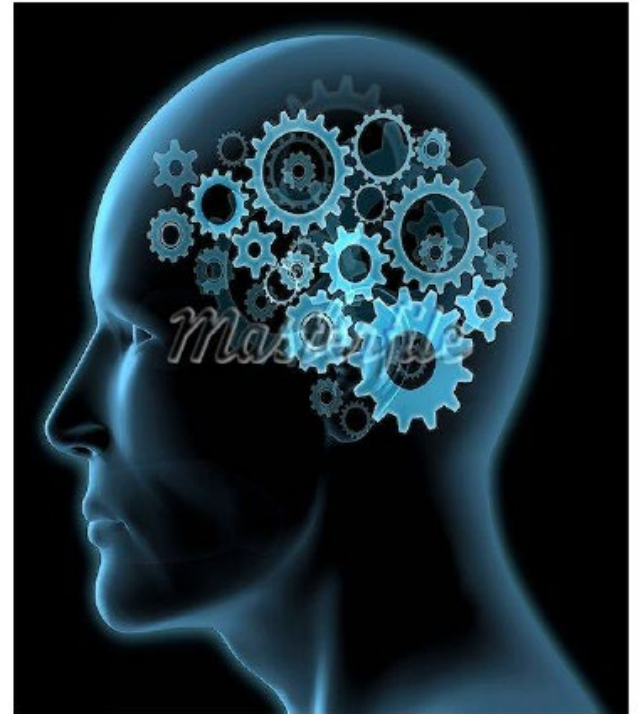
Medication Training and Support documentation must focus on:

- a member's response to medication;
- compliance with the medication regimen;
- medication benefits and side effects;
- vital signs, which include pulse, blood pressure and respiration; and
- documented within the progress notes/medication record

317:30-5-241.3 Behavioral Health Rehabilitation (BHR) services

Progress Notes

- Treatment Services must be documented by progress notes.
- Progress notes shall chronologically describe the services provided, the member's response to the services provided and the member's progress, or lack of, in treatment.



317:30-5-248 Documentation of records

Progress Notes, cont.

Documentation must include the following:

- Date;
- Person(s) to whom services were rendered;
- Start and stop time for each timed treatment session or service;
- Original signature of the therapist/service provider;
 - in circumstances where it is necessary to fax a service plan to someone for review and then have them fax back their signature, this is acceptable;*

317:30-5-248 Documentation of records

Progress Notes, cont.

Documentation must include the following:

- Original signature of the therapist/service provider;
 - *however, the provider must obtain the original signature for the clinical file within 30 days and no stamped or photocopied signatures are allowed.*
 - *electronic signatures are acceptable following OAC 317:30-3-4.1 and 317:30-3-15;*
- Credentials of therapist/service provider;
- Specific service plan need(s), goals and/or objectives addressed;

317:30-5-248 Documentation of records

Progress Notes, cont.

Documentation must include the following:

- Services provided to address need(s), goals and/or objectives;
- Progress or barriers to progress made in treatment as it relates to the goals and/or objectives;
- Member (and family, when applicable) response to the session or intervention;
- Any new need(s), goals and/or objectives identified during the session or service.

317:30-5-248 Documentation of records

Progress Notes, cont.

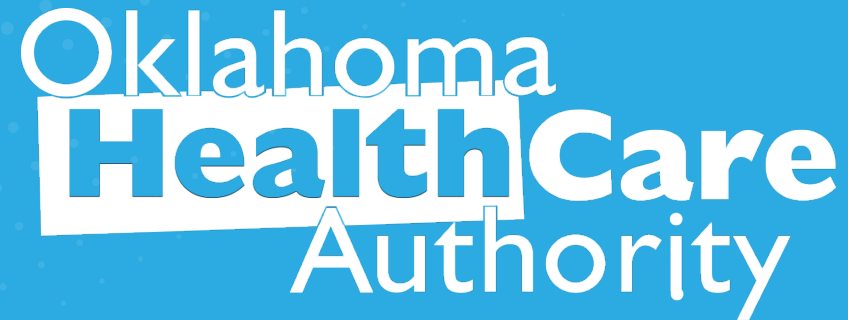
- **Crisis Intervention Service** notes must also include a detailed description of the crisis and level of functioning assessment.
- **A list/log/sign in sheet of participants** for each Group rehabilitative or psychotherapy session and facilitating qualified provider must be maintained.
- **Medication training and support** vital signs must be recorded in the medical record, but are not required on the behavioral health services plan.

317:30-5-248 Documentation of records

Progress Notes, cont.

- **Concurrent documentation between the clinician and member** can be billed as part of the treatment session time, but must be documented clearly in the progress notes.

317:30-5-248 Documentation of records



Contact Information

Contact Information

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Members

SoonerCare Helpline 800-987-7767

Providers

OHCA Call Tree 800-522-0114

Oklahoma Department of Mental Health and Substance Abuse Services

Main Number 405-248-9200

Questions

