

SFY'11 Behavioral Health Rule **Changes**



- 1. Allows all licensed BH clinicians to contract directly with the Oklahoma Health Care Authority to serve children and their families. (Adults are not included in this benefit.)**
 - a. The rule change went into effect on July 1, 2010, and allows LBHPs to provide a limited benefit for children and their families.**
 - b. Services allowed include assessment, crisis intervention, individual, group, family, and multifamily therapy.**
 - c. The maximum number of units/sessions allowable per month is eight units of psychotherapies and 8 units of psychological testing per year per patient.**
 - d. For CALOCUS trained LBHPs, there is a reimbursable service code for performing a level of care assessment, brief intervention, referral, and case management process.**





- 2. Outpatient BH Agencies: LBHPs working in OPBH agencies will be able to provide the level of care CALOCUS assessment, brief intervention, referral, and case management process and be reimbursed for it through the agency, separate from their current assessment practices. The agencies will still provide their full array of services under the levels 1 - 4 system.**





3. **Psychologists:** although psychologists have been able to directly contract with OHCA to serve children and families, the rule change allows psychologists to provide:
- a. level of care assessment, brief intervention, referral, and case management process
 - b. Health & Behavior services to chronically and severely medically ill children
 - c. crisis intervention, and
 - d. multifamily therapy.



Processes and Procedures



There are three authorization tracks available to clinicians wishing to utilize the provisions in the rule. Procedures are designed to provide the least restrictive level of care.

A. Outpatient LBHP Service Track

- 1. This track utilizes the usual processes for a clinician in private practice:**
 - a. 90801 assessment,**
 - b. crisis intervention,**
 - c. individual, family, group therapy.**
 - d. The 90801 will not require a prior authorization nor will crisis intervention.**





- e. **Providers submit the Customer Data Core (CDC) within 30 days of the first date of service in order for an authorization to be generated for billing purposes.**
 - **Five units/sessions per month for six months will then be authorized.**
 - **Should the clinician require the additional three units per month allowed, the clinician will need to send the APS 2-page prior authorization request form to APS for approval.**
- f. **An update to the CDC is required every six months as part of your extensions requests and when you discharge a patient.**
- g. **Once a CDC is in Care Connection, then further CDC submissions will auto populate most fields, and you'll only be required to update the applicable fields, in order to save provider time.**





- 2. LBHP candidates (e.g. those under supervision for licensure) who wish to operate as private practitioners must do so in a private practice which provides an on-site supervisor. If the licensure supervisor is not on site, the on-site supervisor can be any licensed behavioral health professional. The on-site supervisor must meet with the candidate on a weekly basis and review the candidate's documentation.**





3. **Medical Home** is an initiative by the Health Care Authority to encourage Primary Care Physicians to provide special services, including behavioral Health screenings for their clientele. The initiative encourages these physicians to connect with licensed behavioral health professionals when screenings are positive for mental health and/or substance abuse services. Licensed behavioral health providers are encouraged to connect with the primary care physicians in their areas in order to assist physicians in making referrals for behavioral health services.
- **Collaboration between PCPs and Behavioral Health providers is a vital step in treating members holistically. If you can make the commitment to taking physician referrals, doing a full bio-psycho-social assessment within 3 business days, and getting the assessment results back to the physician, then we'd love to add you to the referral directory for our PCMH doctors.**





B. LBHP Testing/Evaluation Track

- 1. If psychological testing is indicated, then 8 hours of testing can be authorized without prior authorization per client per provider per year. If additional hours are needed they can be prior authorized by sending in the 2-page APS PA request form.**
- 2. Subsequent testing requests will be manually/clinically reviewed by APS for clinical need, as will additional therapy services for a month in which 8 hours of testing have been performed. The clinician will need to use the 2-page APS prior authorization request form.**





- 3. Testing for the purposes of educational placement will not be compensated for Medicaid members. The education placement testing must be done through the school system and paid by the school. Only psychological testing for the purpose of diagnosis and recommendations for treatment are paid for through SoonerCare. Should the psychological testing indicate learning issues and the parent wants to release the results to the school, the treatment summary may be shared with the school.**

- 4. A new testing form has been created to make clear the distinction between an educational versus a psychological test for the purpose of diagnosis and treatment. It is also a streamlined request developed with the assistance of several psychological testing providers. It will be programmed into the authorization process as soon as possible. In the meantime, those doing testing must use the testing request form on Care Connection.**





- 5. OHCA would like for all test summaries to be faxed in to APS for purposes of care coordination. Doing so is voluntary but most appreciated by the care coordinators at APS who are working with both inpatient and outpatient facilities who may not know that the client has had treatment recommendations based on a psychological assessment.**





C. Level of Care Assessment, Brief Intervention, Referral, and Case Management Process Track

- 1. Of particular importance to this track is the expectation that trained clinicians provide:**
 - a. a level of care assessment tool, chosen by OHCA and known as the CALOCUS, for children who might otherwise enter inpatient psychiatric hospital treatment,**
 - b. crisis intervention for those children and their families,**
 - c. provide case management to find an appropriate resource in their communities for those children and their families, and**
 - d. follow up to insure the client has made the appropriate contact with any referrals made.**
 - e. The totality of these services will be required in order to bill for this.**





- f. In order for an authorization to be generated, the clinician will:**
- 1) Enter into the APS Care Connection the CALOCUS assessment scores, the Customer Data Core, which includes, the CAR scores, diagnosis, clinical summary information, if the client requires a referral, and follow up information.**
 - 2) The clinician will call APS to discuss the assessment results and member's needs.**
 - 3) APS will collaboratively determine appropriate level of care and make appropriate referral(s).**
 - 4) If you are the most appropriate provider for this child, then you will then receive an authorization from APS.**
 - 5) If another provider is determined the most appropriate, then APS will coordinate with the accepting provider.**
 - 6) After you have contacted the accepting provider for follow-up on whether the member made their first appointment, then you'll complete your "pending authorization", by calling APS to provide this information. APS will generate your authorization.**





- g. Of note: crisis intervention services provided before, during, or after the level of care assessment will not require authorization.**
- h. The clinician may choose to use a release form for the parent or guardian to sign in order to share information with other resources in the community. A sample release form will be made available on SoonerPro or you can use a release that you currently use to cover other potential providers who may be asked to serve the client.**
- i. All LBHPs wishing to provide the level of care assessment, brief intervention, referral, and case management process must be trained in how to use the CALOCUS, either through an OHCA state-approved trainer or other training approved by OHCA.**





- j. The CALOCUS is a nationally validated tool and is in the public domain (paper form, there is an electronic version available that does cost). Individuals from a variety of settings and parts of the state have become trainers through a “training of trainers” by CALOCUS and will be available to do trainings in areas of the state in which they currently practice. A list of trainers will be made available to you. In addition, some trainers are already committed to offering training at the conferences and workshops offered by the associations representing licensed providers (OCA, OKAMFT, OPA, NASW, ODAPCA, OSASA, NAMP, etc.)**

- k. If an untrained clinician sees a client who requires a CALOCUS assessment and no trained clinician is available to provide this assessment quickly, the clinician can call the APS reviewer team, provide the clinical information to the available reviewer, and that reviewer can go through the CALOCUS questions with the clinician, score the tool, and collaborate with the clinician regarding the best resource for the client.**





Care Coordination

- 1. Care coordination is a critical piece of the integrated assessment process. It is considered a specialized aspect of any assessment and therapeutic process. The care coordination component can be understood in the following sections.**
- 2. A child may be referred to an LBHP to provide a level of care assessment through several avenues: 1) self-referral, 2) APS, 3) an OHCA care coordinator, 4) DHS/OJA, 5) another service provider in the community, or 6) a hospital which determines that the child does not require immediate inpatient care.**
- 3. The clinician doing the assessment is expected to be familiar with the resources in the community so that the appropriate level of care can be implemented within a community based context. The clinician along with APS shall determine the appropriate services for the client. This collaboration is especially important if the clinician is not familiar with appropriate resources that might exist in a nearby community. Once a resource is found, the LBHP or psychologist will arrange for those services and follow up to make sure the client has connected with that service.**





4. **If the client does not show up for his/her referral appointment, the LBHP will contact the client to inquire as to the reasons for not showing up and offer further assistance. If the client declines, the LBHP should report the information to APS for further follow up and care coordination. APS will then complete the authorization for the level of care assessment as soon as the Customer Data Core is received.**

5. **Should the CALOCUS indicate that inpatient treatment is the appropriate level of care for the child, the LBHP will need to contact the APS reviewer team. The reviewer team and the clinician will determine which inpatient level of care might be appropriate.**

6. **The emphasis in the LBHP initiative is on providing the least restrictive level of care for the client.**





Hospitalization

- 1. Hospital process: Should a child and guardian show up at the hospital for an assessment, the hospital will do their assessment and hospitalize as needed.**
- 2. Should a hospital level of care not be deemed as necessary, the hospital will call APS to get a referral in the member's community for further evaluation and treatment.**
- 3. Should there be an automatic stepdown from a higher level of care to a lower level, the hospital will call APS to get a referral in the member's community for further evaluation and treatment.**
- 4. Therapeutic Foster Care has its own process and is handled by the Department of Human Services. If the child is in the custody of DHS or OJA, the custodial worker will take care of that child. If the child has a case worker who is part of a prevention case, the clinician can do the CALOCUS and inform the case worker of the results. DHS case worker will manage the case.**





Helpful Websites

Websites, names of CALOCUS state-based trainers, manuals, tools, phone numbers will be available on the SoonerPro on OKHCA websites. Also available on these websites are the following:

Life Care (behavioral health hotline) for consumers

Care Connection

APS phone numbers and reviewers for alphabetically sectioned consumers

Provider Relations (for eligibility and claims information)

Behavioral Health names, function, phone numbers

Model Release of Information Form

Policy regarding the LBHP and Psychologist Rules

Medical Home Assistance

