
Provider Questions 2009

From the

2nd Annual Collaborative Behavioral Health Provider Training
(OHCA, ODMHSAS and APS)

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Volume III

1. **Question:** Please clarify what happens on October 1 for admitted consumers. If we have to prior auth all current consumers, can we begin prior to October 1? If so, how do we obtain a number?

Answer: For all DMHSAS only consumers, yes, you will be required to obtain a prior authorization from APS in order to bill for services through the MMIS system. You will obtain a PA through APS, just like you do now for Medicaid clients. We hope to have things up and running prior to the implementation date so providers can start getting these requests in and ready for implementation.

2. **Question:** How does SURS select an agency for an audit?

Answer: SURS audits are selected by referrals which can come from inside the agency or outside the agency and by peer to peer comparisons.

3. **Question:** Will OHCA reimburse for a Behavioral Health Aide?

Answer: Yes.

4. **Question:** Do I need to remain under supervision until I test?

Answer: Yes.

5. **Question:** How do we get a DMH consumer number?

Answer: All existing ODMHSAS consumers will be automatically enrolled into the MMIS database as ODMHSAS “eligibles”. After the implementation, any new ODMHSAS consumers will need to be added into the system by APS, or possibly on the Web by the provider agency.

6. **Question:** Do we need an updated CDC if we are only doing a treatment plan modification?

Answer: The CDC will be required at the time of each prior authorization. You do not need a new PA for a service plan modification, unless you are requesting an upgrade to a higher level of care, then yes, you'll need to include an updated CDC.

7. **Question:** Will all of my outpatient treatment plans have to be updated and submitted prior to implementation so an authorization can be issued for payment? That will make all my treatment plans due at the same time every six months. Or will I submit updated treatment plans as the old ones are expiring so I get the authorization and if so, how will I get paid between the implementation date and the start date of the new PA?

Answer: APS, OHCA and ODMHSAS are developing a one-page request form for providers to fax to APS for each client so a prior authorization can be issued to cover the dates until your next treatment plan is due.

8. **Question:** Where are the outpatient rules?

Answer: For OHCA, outpatient rules may found on the OHCA Web site at www.okhca.org under provider and policy files. The Outpatient Behavioral Health Rules are at OAC 317:30-5-240 thru OAC 317:30-5-249.

OHCA outpatient behavioral health rules can also be found on the APS SoonerPro Web site at www.soonerpro.com under the “Manuals” tab.

For ODMHSAS, the outpatient behavioral health rules may be found at <http://www.odmhsas.org/adminrules.htm>.

9. **Question:** Payments need to be identified or marked as either ODMHSAS money or OHCA money.

Answer: Providers will be able to see their ODMHSAS contract/fund source dollar amounts on a daily basis through the provider secured Web site.

10. **Question:** If data that is collected on the CDC is not available until “after” the service plan is developed, how can the CDC be entered before?

Answer: You could enter a “21” contact and then send the “23” Admit CDC.

11. **Question:** How would the billing work for our OR / PA clients? (F&CS)

Answer: A unique member ID will be provided to report these services prior to implementation.

12. **Question:** Medicaid match? No longer report, correct? (F&CS)

Answer: ODMHSAS Contract Source 50 will no longer be reported as of the implementation.

13. **Question:** Rules on case closing – will the rules be the same? (F&CS)

Answer: Discharging rules will remain the same.

14. **Question:** For DMH, will there be an APS treatment plan?

Answer: DMH will use the APS request for prior authorization.

15. **Question:** How will CDCs be incorporated?

Answer: The CDC will be a separate document.

16. **Question:** Can we do a massive download of all CDCs on the Medicaid and non-Medicaid clients?

Answer: Yes.

17. **Question:** How will ODMHSAS receive information about payment for a client if the client is not eligible for Medicaid?

Answer: ODMHSAS will have access to eligibility files. You will be able to tell if the client is not eligible by checking the SoonerCare secure site or if a claim is denied, it will be communicated to the provider via the Remittance Advice (RA).

18. **Question:** How will posting for training continue with DMH? Will ICIS still be used for this?

Answer: No. After implementation, it will be posted on SoonerPro at www.soonerpro.com

19. **Question:** Will electronic signatures on intake assessments, progress notes, etc. be legal and protect our behavioral health clients' PHI privacy?

Answer: The provider is responsible for ensuring their system is in full compliance with the rule. To review the electronic records policy, **(317:30-3-4.1 Uniform Electronic Transaction Act)**, please use this link: <http://www.ohca.state.ok.us/xPolicy.aspx?id=734>

20. **Question:** Will the following ODMHSAS contracts be entered into the SoonerCare secure Web site upon implementation?

- a. TANF outpatient services
- b. Non-medical detox (CD)
- c. CD residential
- d. CD halfway house
- e. Access to Recovery: Residential, Halfway House, Outpatient, Intensive Outpatient, ATR assessment
- f. Chemical Dependency, outpatient and intensive outpatient services
- g. Medicaid outpatient substance abuse services

Answer: All contracts will be entered except Access to Recovery (ATR).

21. **Question:** Is there a step-by-step directive for requesting services from the time a client comes for treatment and moving to discharge/follow-up?

Answer: Refer to the APS provider manual available on the APS SoonerPro Web site.

ODMHSAS is currently working on such a document.

22. **Question:** Why do we have to do the CDC if we are not ODMHSAS contracted?

Answer: The Client Data Core (CDC) is a data collection instrument that is based on the National Outcomes Measures (NOMS). The purpose of collecting the CDC is to be able to generate outcomes data. All of our OPBH providers are collecting outcomes data as part of their accreditation with CARF, JCAHO, COA, etc., but OHCA did not have a mechanism in place to capture and report on this data. Using the CDC will capture outcomes data for all of our providers and allow us to show the great progress being done in Oklahoma! It also gives us data that supports us in asking for increased provider rates and increased behavioral health service benefits for our members. For a view of the types of reports that will be available to OHCA and to our providers, here is a link to the types of CDC outcome reports that ODMHSAS generates today that OHCA and outpatient behavioral health providers will be able to generate in the future:

<http://www.odmhsas.org/eda/reports/index.htm>

23. **Question:** Could you please add the “HF” modifier back to the PG Code-PA?

Answer: All of the modifiers are added into the procedure code groups. All claims submitted must have either the HE-mental health or HF- substance abuse modifier attached, or there may be possible recoupment of those funds for improper billing.

24. **Question:** Please clarify what a CDC “under supervision” can do for OHCA and ODMHSAS.

Answer: This is difficult to answer because there are many different levels of providers and different professional requirements for each.

317:30-5-240.3 Staff Credentials [Issued 04-01-09]

(a) Licensed Behavioral Health Professional (LBHPs)

LBHPs are defined as follows:

- (1) Allopathic or Osteopathic Physicians with a current license and board certification in psychiatry or board eligible in the state in which services are provided, or a current resident in psychiatry practicing as described in OAC 317:30-5-2.
- (2) Practitioners with a license to practice in the state in which services are provided or those actively and regularly receiving board approved supervision, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to become licensed by one of the licensing boards listed in (A) through (F) of this paragraph. The exemptions from licensure under 59 '1353(4) (Supp. 2000) and (5), 59 '1903(C) and (D) (Supp. 2000), 59 '1925.3(B) (Supp. 2000) and (C), and 59 '1932(C) (Supp. 2000) and (D) do not apply to Outpatient Behavioral Health Services.
 - (A) Psychology,
 - (B) Social Work (clinical specialty only),
 - (C) Professional Counselor,
 - (D) Marriage and Family Therapist,
 - (E) Behavioral Practitioner, or
 - (F) Alcohol and Drug Counselor.
- (3) Advanced Practice Nurse (certified in a psychiatric mental health specialty), licensed as a registered nurse with a current certification of recognition from the board of nursing in the state in which services are provided.
- (4) A Physician Assistant who is licensed in good standing in this state and has received specific training for and is experienced in performing mental health therapeutic, diagnostic, or counseling functions.

(b) Alcohol and other Drug Treatment Professionals (AODTPs)

AODTPs are defined as follows:

- (1) Licensed to practice as an Alcohol and Drug Counselor in the state in which services are provided, or those actively and regularly receiving board approved supervision to become licensed;
- (2) Certified as an Advanced Alcohol and Drug Counselor as recognized and approved by an ODMHSAS AOD treatment certifying and/or licensing body;
- (3) Certified as an Alcohol and Drug Counselor as recognized and approved by an ODMHSAS AOD treatment certifying and/or licensing

body; or

(4) A Licensed Behavioral Health Professional with a current license, or those actively and regularly receiving board approved supervision to become licensed, and extended supervision by a fully licensed clinician if board's supervision requirement is met but the individual is not yet licensed, to practice who can demonstrate competency in the area of alcohol and drug counseling and treatment.

(c) **Behavioral Health Rehabilitation Specialists (BHRS) - BHRSs** are defined as follows:

- (1) Bachelor or master degree in a behavioral health related field including, psychology, social work, occupational therapy, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency, rehabilitative services, sociology, school guidance and counseling, education, criminal justice family studies, earned from a regionally accredited college or university recognized by the United States Department of Education; or
- (2) Bachelor or master degree that demonstrates the individual completed and passed equivalent college level course work to meet the degree requirements of (1) of this subsection, as reviewed and approved by OHCA or its designated agent; or
- (3) A current license as a registered nurse in the state where services are provided; or
- (4) Certification as an Alcohol and Drug Counselor. They are allowed to provide substance abuse rehabilitative treatment to those with alcohol and/or other drug dependencies or addictions as a primary or secondary DSM-IV Axis I diagnosis; or
- (5) Current certification as a Behavioral Health Case Manager from ODMHSAS as described in OAC 317:30-5-585(1).

(d) **Multi-Systemic Therapy (MST) Provider** - Masters level who work on a team established by OJA which may include Bachelor level staff.

(e) **Community Recovery Support Specialist (RSS)**. RSSs are defined as follows:

- (1) The community/recovery support worker must meet the following criteria:
 - (A) High school diploma or GED;
 - (B) Minimum one year participation in local or national member advocacy or knowledge in the area of behavioral health recovery;
 - (C) current or former member of behavioral health services; and
 - (D) successful completion of the ODMHSAS Recovery Support Provider Training and Test.

(f) **Family Support and Training Provider (FSP)**. FSPs are defined as follows:

- (1) Have a high school diploma or equivalent;
- (2) be 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED);
- (3) successful completion of ODMHSAS Family Support Training;
- (4) pass background checks; and
- (5) treatment plans must be overseen and approved by a LBHP; and
- (6) must function under the general direction of a LBHP or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

(g) **Behavioral Health Aide (BHA)**. BHAs are defined as follows:

- (1) Behavioral Health Aides must have completed 60 hours or equivalent of college credit; or
- (2) may substitute one year of relevant employment and/or responsibility in the care of children with complex emotional needs for up to two years of college experience; and
- (3) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and
- (4) must be supervised by a bachelor's level individual with a minimum of two years case management experience; and
- (5) treatment plans must be overseen and approved by a LBHP; and
- (6) must function under the general direction of a LBHP and/or systems of care team, with a LBHP available at all times to provide back up, support, and/or consultation.

For behavioral health case management services to be compensable by SoonerCare, the case manager performing the service must have and maintain a current behavioral health case manager certification from the ODMHSAS and meet either (A), (B), or (C) below, and (D):

(A) Certified Behavioral Health Case Manager III: Meets the Licensed Behavioral Health Professional status as defined at OAC 317:30-5-240, and passes the ODMHSAS Web-based Case Management Competency Exam.

(B) Certified Behavioral Health Case Manager II: A bachelor's or master's degree in a behavioral health field, earned from a regionally accredited college or university recognized by the United States Department of Education, which includes but is not limited to psychology, social work/sociology, occupational therapy, family studies, human resources/services counseling, human developmental psychology, gerontology, early childhood development, chemical dependency studies, school guidance/counseling/education, rehabilitative services, and/or criminal justice; a current license as a registered nurse in Oklahoma with experience in behavioral health care; or a current certification as an alcohol and drug counselor in Oklahoma, and pass the ODMHSAS web-based Case Management Competency Exam, and complete seven hours of ODMHSAS specified CM training.

(C) Certified Behavioral Health Case Manager I: Meets the following requirements:

- (i) completed 60 college credit hours; or
- (ii) high school diploma with 36 total months of experience working with persons who have a mental illness. Documentation of experience must be on file with ODMHSAS; *and*
- (iii) passes the ODMHSAS web-based Case Management Competency Exam, and completes 14 hours of ODMHSAS specified CM training.

(D) All certified case managers must fulfill the continuing education requirements as laid out in OAC 450:50-5-4.

25. **Question:** Please clarify the difference between a BHRS and LBHP in doing assessments.

Answer: For OHCA, a BHRS is not allowed to perform BH assessments unless they meet the qualifications for AODTP. However, for Medicaid compensation, an ODMHSAS certified case manager can perform a “needs assessment” for the purpose of providing case management services.

317:241.1-241. Assessment

(A) Definition. Gathering and assessment of historical and current information which includes face-to-face contact with the person and/or the person’s family or other informants or group of persons resulting in a written summary report and recommendations. All agencies must assess the medical necessity of each individual to determine the appropriate level of care.

(B) **Qualified professional** - This service is performed by an LBHP or AODTP for AOD.

(C) **Time requirements** - The minimum face-to-face time spent in assessment session(s) with the member and others as identified previously in paragraph (1) of this subsection for a low complexity Behavioral Health Assessment by a Non-Physician is one and one half hours. For a moderate complexity, it is two hours or more.

(D) **Target population and limitations.** This service is compensable on behalf of a member who is seeking services for the first time from the contracted agency. 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.

26. **Question:** Please clarify the 4 visits prior to prior authorization. Can assessment be done first and then do the 3 additional visits?

Answer: See the description for psychotherapy, behavioral health assessment and the behavioral health service plan.

1. Crisis Intervention Services	8 units per month up to 40 units per year
2. Psychotherapy	The first 4 sessions/16 units prior to the completion of Services Plan.
3. Behavioral Health Assessment	1 per member, per provider. If member drops out of service for 6 months or more, another assessment may be billed when the member returns if it is more than a year from the date the first assessment was completed.
4. Behavioral Health Service Plan Development – Moderate Complexity	1 per member, per provider, if more than a year between services, then another one can be requested.
5. Medication Training & Support	1 unit is allowed per month, per member, without prior authorization.

27. **Question:** With the October 1 changes, will the first 4 sessions before a PA is issued include groups like DMH allows before the initial treatment plan or only individuals and family sessions like Medicaid allows before the PA is issued?

Answer: OHCA does not have any plans to add group as part of the non prior authorized services. For OHCA, the purpose of the non-prior authorized sessions is to give providers and members enough time to adequately complete the assessment and the behavioral health service plan.

