

OHCA

Service Changes for 2010

OHCA Primary Service Changes

- Case Management
- Day Treatment
- Partial Hospitalization
- CADC
- Individual Contracts
- Pre-Admission Services
- BHRS Changes

Case Management Limits

Case Management Limits				Age	Daily Units	Month Units	Contract
Targeted Case Management, CM III, SOC, MA level	T1016	HE/HF/HV	TF	0-20	16	56	118 – ODMHSAS 111 – CMHC
Targeted Case Management, CM II, SOC, BA level	T1017	HE/HF/HV	TF	0-20	16	56	118 – ODMHSAS 111 – CMHC
Targeted Case Management, CM III, Intensive, CMHC, MA level	T1016	HE/HF/HV	TG	18 - 999	16	25	111 – CMHC
Targeted Case Management, CM II, Intensive, CMHC, BA level	T1017	HE/HF/HV	TG	18 - 999	16	25	111 – CMHC
Targeted Case Management, CM III, LBHP/MA level	T1017	HE/HF/HV	HO	0 - 999	16	25	110 – OPBH 111 – CMHC
Targeted Case Management, CM II, MA/BA level	T1017	HE/HF/HV	HN	0 - 999	16	25	110 – OPBH 111 – CMHC
Targeted Case Management, CM I, less than BA	T1017	HE/HF/HV	HM	0 - 999	16	25	110 – OPBH 111 – CMHC
Targeted Case Management, PACT	T1017	HE/HF/HV		18 - 999	16	56	114 – PACT

Case Management Contracts

- CM contracts are not required as of 1/31/2010.
- Your OPBH contract will allow you to provide CM.
- Your OPBH accreditation is all you need.
- All staff who provide CM need to be certified through the ODMHSAS.
- You can learn more about certification by visiting the ODMHSAS web site.

Case Management Policy Changes

- Effective 3/3/2010
- New policy language:
 - Monitoring of the individual plan of care to reassess goals and objectives and assess progress and or barriers to progress.
 - Crisis diversion
 - Transitioning CM services
- To find the new rule changes:
 - www.okhca.org
 - Look for policy and rules link
 - Oklahoma Health Care Authority Medicaid Rules
 - Chapter 30
 - Subchapter 5
 - Part 65

CM Crisis Diversion

- Unanticipated, unscheduled situation requiring supportive assistance, face-to-face or telephone, to resolve immediate problems before they become overwhelming and severely impair the individual's ability to function or maintain in the community.
- To assist member(s) from progression to a higher level of care.

Transitioning Case Management

- Individuals may be considered to be transitioning to the community:
 - During the last 14 days before discharge from an institution.
 - These time requirements are to distinguish case management services that are not within the scope of the institution's discharge planning activities from case management required for transitioning individuals with complex, chronic, medical needs to the community.

Procedure Code for Transitional

PG041	Transitional Case Mgmt	15 min	\$ 1,210	14 days
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Day Treatment for Children

PG007	Level 3 Children's Day Treatment	\$1,382	6 months
PG011	Level 4 Children's Day Treatment	\$1,843	6 months

Children's Day Programs – Psycho Rehab-Group	H2019	HE/HF/HV	HQ	15 min	4.41	16 units per day per child
*** Accreditation for Children's Day Treatment Programs must be on file with OHCA ***						

What you need to know about children's day treatment:

- The group size for day treatment is 8.
- Any OPBH agency can provide it as long as they have day treatment accreditation.
- There is a special group rehab rate.
- You can find more information about day treatment in the provider manual which is posted on SoonerPro.
- We need this level of care for children to provide intensive therapeutic services to help prevent the need for hospitalization and to aid in transitioning children to an appropriate level of care when discharging from inpatient care: Acute or RTC.
- Authorizations are for three months at a time.

Partial Hospitalization (PHP)

- This is a new level of care which will start on 7/1/2010.
- Monthly cap (Benefit Limit): 3 hours x \$42.80 = \$128.40 x 5 days = \$642.00 per mo x 4.33 wks = \$2,779.86 monthly cap
- You can provide up to 4 hours of PHP in a day but the monthly cap does not change.
- Physician services and medications are separately billable and not part of this cap.
- You can read more about PHP in the provider manual. You can also contact me if you have any questions.

More on PHP

Partial Hospitalization Program	H2012	HE/HF/HH/HV	42.80	Hourly
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PG012	Partial Hospitalization Program	Per Hour	\$2780 per month	3 months authorizations
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OHCA Levels of Care

- We want to stress to providers to request the intensity of care that matches what you actually plan to utilize or provide for the member.
- For instance, if the member only needs one hour a week of psychotherapy, then ask for a level one versus a level three.
- In other words, even though the member may meet CAR level 3, it is ok to ask for a level one intensity of care if that is what you plan to provide in terms of services.
- This will help us from a budgetary and planning standpoint.

CADC Changes

Date of Implementation	ODMHS	OHCA
12/1/2009	Changing group size to 8	No change
12/1/2009		CADC rates changed for Psychotherapy. A modifier is needed on the claims: HN
7/1/2010	CADCs will <u>not</u> be able to provide assessments (H0031) and service plan development (H0032).	
7/1/2010	CADC, under supervision will no longer be able to provide psychotherapy.	<ul style="list-style-type: none"> ▪ No change for OHCA. ▪ This level of service provider (CADC, US) has not been allowed to bill psychotherapy.
1/1/2012 – Proposed:	CADC will no longer be able to bill psychotherapy. They will switch to using the BHRS codes.	

CALOCUS:

Child Adolescent Level of Care Utilization System

- This is a new level of care tool that is going to be implemented on 7/1/2010.
- It is evidence based. It is in the public domain.
- Developed by the AACCP (American Association of Community Psychiatrists).
- Single instrument may be utilized in both mental health and addiction settings.
- Provides common language & set of standards.
- We are in the process of training LBHPs across the state to provide this LOC assessment for children who have been referred for an inpatient level of care: Acute or RTC.
- If you are treating a child that you believe may benefit from inpatient, please contact APS Healthcare (800)762-1560.
- However, if an emergency exists, please implement the most appropriate course of action such as calling 911 or sending to the nearest emergency room.

Individual contracts for OPBH Agencies

- All providers in an agency will need a NPI.
- Here is the NPI web site:
<https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- Starting in approximately July 2010, we will require all individual rendering BH providers who work for an agency to complete a contract with the OHCA.
- The NPI is need in order to complete the contract.
- With the completion of the contract, each individual provider will be assigned a Medicaid provider number.
- Then, on October 1, 2010, the OHCA will require that the individual provider number be submitted on the claim in the rendering slot. The agency provider number will go in the pay to slot on the claim.
- This does not allow non-licensed individuals to provide care outside the agency. All non-licensed providers will only be able to provide services within an agency setting.

Pre-Admission Services

PG038	Pre-Admission Services	\$483 Total Cap for Auth Period	Instant PA	30 days
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Pre-Admission Services

- The initial services that were allowed without a PA have been discontinued.
- The initial services are now called Pre-Admission Services and they require a PA. This is effective 7/1/2010.
- To activate the Pre-admission Services, Section One of the CDC must be completed and submitted. This is known as Transaction Type 21.
- Upon submission of Section One/Transaction Type 21 on the Customer Data Core, an instant prior authorization number for the Pre-admission Services will be issued in CareConnection[®].
- The Pre-admission Services PA is the only time that a retroactive prior authorization can be issued. This type of PA can be issued up to 7 business days past the first date of service.

Pre-Admission Services

- The Pre-admission Services, Procedure Code Group PGo38, includes 4 sessions and/or contacts as clinically appropriate and medically necessary prior to the completion of the service plan. Daily limits still apply. The maximum number allowed for all of the included 15 minute codes in PGo38 is 16.
- The 4 sessions and/or contacts are in addition to the BH Assessment and Service Plan Development.
- The services listed as Pre-admission Services can be located at <http://www.soonerpro.com/Resources/Manuals.aspx> under Outpatient (“Procedure Code Groups”).

Policy changes for BHRS

- Effective 7/1/2010
- All BHRS providers who have not been grandfathered will need to complete the ODMHSAS training.
- Jacki Millspaugh will tell you more about the training in her presentation which is next.

Policy Questions for OHCA

- For outpatient agencies, contact Erin Meyer
 - (405) 522-7772
 - Erin.Meyer@okhca.org
- Psychologists and LBHPs in private practice, contact Leah Taylor
 - (405)522-7338
 - Leah.Taylor@okhca.org

ODMHSAS

Service Changes for FY2011

Primary Service Changes

- Outpatient Service Array
- Service Definitions
- Outpatient Levels of Service Provider
- ICIS Manual

The ICIS Manual will be replaced with...

- CDC Manual
- ODMHSAS Services Manual

Current drafts of these documents can be found at:

<https://www.odmhsas.org/arc.htm>

ODMHSAS Services Manual

The Services Manual is broken down into the following sections:

Levels of Care and Services

- Outpatient Services (OO)
- Community Living Programs (CL)
- Residential Treatment (CI)
- Detox (SN)
- Community –Based Structured Crisis Care (SC)
- Hospitalization (HA)

SERVICE DEFINITIONS

Academic Services

DAY SCHOOL

Therapeutic/accredited academic services.

Staff Requirement: [SA] LBHP, CADC, or CADC-U

	Billing Code	Rate/Unit
SA	T1018 HF	\$5.00 / 1 hour

Case Management Services

CASE MANAGEMENT SERVICES

Planned referral, linkage, monitoring and support, and advocacy provided in partnership with a customer to support that customer in self sufficiency and community tenure. Case management actions may take place in the individual's home, in the community, or in the facility. A DMHSAS Certified Behavioral Health Case Manager, in accordance with a service plan developed with and approved by the customer and qualified staff, must provide the services. The plan must demonstrate the customer's need for specific services provided. Billable activities include: completion of a strengths based assessment; development of case management care plan; referral, linkage and advocacy to assist with gaining access to appropriate community resources; monitoring and support related to the individual plan of care to reassess goals and objectives and assess progress and as barriers to progress; follow-up contact with the customer if they



OUTPATIENT SERVICES (OO)

LEVELS OF SERVICE PROVIDERS

Behavioral Health Aide (BHA)

Individuals must have completed 60 hours or equivalent of college credit or 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: (i) must have successfully completed the specialized training and education curriculum provided by the ODMHSAS; and (ii) must be supervised by a bachelor's level individual with a minimum of two years case management experience or care coordination experience; and (iii) treatment plans must be overseen and approved by a LBHP; and (iv) 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.

Behavioral Health Case Manager (BHCM)

An individual certified as a Behavioral Health Case Manager pursuant to Oklahoma Administrative Code, Title 450, Chapter 50.

Note: There are three levels of Behavioral Health Case Manager-

Behavioral Health Case Manager I- Completed 60 college credit hours or high school diploma and 36 total months of experience working with

Screening and Assessment Tools

- Client Assessment Record (CAR)
- Addiction Severity Index (ASI)
- Teen Addiction Severity Index (T-ASI)

CLIENT ASSESSMENT RECORD (CAR)

GENERAL INFORMATION

The purpose of the Client Assessment Record (CAR) is to give clinicians a tool to evaluate the functioning level of their customers.

The clinician must have knowledge of the customer's behavior and adjustment to his/her community based on the assessment, and other information. The knowledge must be gained either through direct contact (face-to-face interview) and experience with the customer, or by systematic review of the customer's functioning with individuals who have observed and are acquainted with the customer.

The CAR levels of functioning have been structured within a "normal curve" format, ranging from Above Average Functioning (1-10) to Extreme Psychopathology (50). Pathology begins in the 20-29 range. The CAR format provides a broad spectrum of functioning and permits a range within which customers can be described.

The clinician's rating in each domain needs to be based on assessment information: 1) the frequency of the behavior (How often does the behavior occur?); 2) the intensity of the behavior (How severe is the behavior?); 3) duration of the behavior (How long does the behavior last?); and 4) the impact the symptoms/behaviors have on daily functioning, to establish the severity of the customer's current condition.

Only current information is to be rated, not historical information.

CAR DOMAIN DEFINITIONS

helpless about changing them. Feels guilty, worthless and unloved, causing irritability, frustration and anger.
CHILD: Frustration, anger, loneliness, and boredom persist beyond the precipitating situation. May be slightly depressed and/or anxious MOST OF THE TIME.

30 – 39 (Moderate to Severe): Occasional major (severe) or frequent moderate disruptions of daily life due to emotional state. Uncontrolled emotions are clearly disruptive, affecting other aspects of the person's life. Person does not feel capable of exerting consistent an effective control on own emotional life.

ADULT: The level of anxiety and tension (intense feelings) is frequently high. There are marked frequent, volatile changes in mood. Depression is out of proportion to the situation, frequently incapacitation. Feels worthless and rejected most of the time. Becomes easily frustrated and angry.

CHILD: Symptoms of distress are pervasive and do not respond to encouragement or reassurance. May be moderately depressed and/or anxious most of the time or severely anxious/depressed occasionally.

40 – 49 (Incapacitating): Severe disruption or incapacitation by feelings of distress. Unable to control one's emotions, which affects all of the person's behavior and communication. Lack of emotional control renders communication difficult even if the person is intellectually intact.

ADULT: Emotional responses are highly inappropriate most of the time. Changes from high to low moods make a person incapable of functioning. Constantly feels worthless with extreme guilt and anger. Depression and/or anxiety incapacitate person to a significant degree most of the time.

CHILD: Emotional responses are highly inappropriate most of the time. Reactions display extreme guilt and anger that is incapacitating.

50 (EXTREME): Emotional reactions or their absence appears wholly controlled by forces outside the individual and bears no relationship to the situation.

Scoring Tips:

- When determining if a person scores in the 40-49 range, remember that symptoms must be at a level that is "incapacitating". A good guide for this is "Unable to control one's emotions, which affects all of the person's behavior and communication."

Addiction Severity Index (ASI)

The Addiction Severity Index (ASI) was developed in 1980 by A. Thomas McLellan Ph.D. as an interview tool for substance-dependent patients. The ASI was originally created to evaluate outcomes for several different substance abuse programs. In hopes of being able to capture any possible outcome information the tool was designed to cover a broad range of potential areas that the treatment may have affected. For this reason the instrument measures seven different problem areas (listed below) and the clinician assigns a severity score to each problem area following the completion of the structured interview. Each problem area receives a severity score from 0 to 9 with 9 being the most severe.

Problem Areas

- Medical Status
- Employment/Support Status
- Alcohol
- Drugs
- Legal Status
- Family/Social Relationships
- Psychiatric Status

Prior to administering this instrument clinicians must complete the ASI training, which is offered by the Oklahoma Department of Mental Health and Substance Abuse Services. The ASI is designed for adults age eighteen (18) and above and is not to be used with adolescents.

Teen Addiction Severity Index (T-ASI)

The Teen Addiction Severity Index (T-ASI) was developed in 1992 by Yifrah Kaminer, M.D. The tool is designed as a brief structured interview to provide information about aspects of an adolescent's life that contribute to his/her substance abuse issues. The T-ASI is a modified version of the ASI

OUTPATIENT LEVELS OF CARE REQUIREMENTS (At a Glance)

PREVENTION AND RECOVERY MAINTENANCE		Monthly Caps: Adult- \$367 Child- \$431
<p>MH</p> <p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I primary diagnosis: <ul style="list-style-type: none"> • Prevention – may include 799.9 Deferred Diagnosis or Provisional Diagnosis • Recovery Maintenance – excludes 799.9 Deferred Diagnosis and Provisional Diagnosis b. Axis II personality disorders (If younger than 18 must include well documented psychiatric supporting evidence) 	<p>SA</p> <p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I Substance-Related Disorder 	
<p>CAR Scores must be listed</p>	<p>ASI or T-ASI Scores must be listed. For Integrated, the CAR Scores must be listed in addition to the ASI or T-ASI.</p>	
LEVEL ONE		Monthly Caps: Adult- \$495.00 Child- \$623.00
<p>MH</p> <p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I primary diagnosis on initials and extensions: any diagnosis is allowable including V codes and 900 codes except Deferred Diagnosis 799.9, No Diagnosis V71.09 or V65.5, and provisional diagnosis. b. Axis II personality disorders (If younger than 18 must include well documented 	<p>SA</p> <p>Diagnostic Requirements:</p> <ul style="list-style-type: none"> a. Axis I Substance-Related Disorder 	

Documentation

- Assessment Requirements
- Service Plan Requirements
- Progress Note Requirements

GUIDELINES FOR CLINICAL DOCUMENTATION

ASSESSMENT

Upon determination of appropriate admission, consumer assessment demographic information should contain but not be limited to the following:

- (1) Date of initial contact requesting services;
- (2) Date of the intake including re-admissions for CMHC services;
- (3) Consumer's name;
- (4) Gender;
- (5) Birth date;
- (6) Home address;
- (7) Telephone number;
- (8) Referral source;
- (9) Reason for referral;
- (10) Significant other to be notified in case of emergency;
- (11) Customer data core content; and
- (12) Source of information.

All programs should complete a psychological-social assessment which gathers sufficient information to assist the consumer in developing an individualized service plan. The program should develop a psychological-social evaluation which contains, but is not limited to the following:

- (1) Identification of the consumer's strengths, needs, abilities, and preferences;
- (2) History of the presenting problem;
- (3) Previous treatment history, to include mental health and substance abuse;
- (4) Health history and current biomedical conditions and complications;
- (5) Alcohol and drug use history;
- (6) History of trauma;

Prior Authorization

- APS information
- How to submit a request
- Prior Authorization Process
- Types of Requests and Responses
- Level of Care Requirements

PRIOR AUTHORIZATION PROCESS

There are two types of processes for Prior Authorization (PA):

- 1.) Instant Prior Authorization - services are authorized automatically with the submission of a Customer Data Core (CDC).

The Instant PA process applies to the following:

- Activation of Pre-admission Services for both SoonerCare and ODMHSAS recipients (additional information below*); and
- Activation of the following services for ODMHSAS recipients:
 - Detox- level of care SN, 7 day authorization period;
 - Halfway house- level of care CL, 6 month authorization period;
 - Residential Treatment (Substance Abuse and Mental Health)- level of care CI, 6 month authorization period;
 - Community Based Structured Crisis Care (CBSCC)- level of care SC, 5 day authorization period;
 - Mental Health Housing and Residential Care Services- service focus 11, level of care CL, 6 month authorization period;
 - Mental Health Inpatient- level of care HA, 10 day authorization period;
 - Recovery Services- service focus 11, level of care OO, 6 month authorization period;
 - Day School and Divorce Arbitration- service focus 23, 6 month authorization period;
 - Prison-related Services- service focus 09, 6 month authorization period.

- 2.) Outpatient Request for Prior Authorization – services are authorized with the submission of a CDC and a PA Request which must meet medical necessity criteria.

Billing Procedures

- [Link to the OKMMIS Provider Billing and Procedure Manual](#)
- [Information on Medicaid on the Web \(Secure Web Site\)](#)
- [Available Services on the Secure Web Site](#)
- [Information About HP Field Consultants](#)

A. OKMMIS Provider Billing & Procedure Manual

B. On the web/Secure Site

Medicaid on the Web is the OHCA's secure Web site, offering providers, both SoonerCare and ODMHSAS, a number of services from submitting claims on the Web to fast verification of claim status. New providers are assigned a PIN to access the Web site.

To access the page, go to www.okhca.org, click on the Provider tab and choose Secure Site from the drop-down menu. For more information on logging in for the first time and entering the secure site, look under the Help tab on the Web site. Medicaid on the Web is available from 5 to 1 a.m.

C. Available Services on the OHCA Secure Web Site

The following services are available to Medicaid on the Web users:

- Global messaging (can be specific to one or all providers).
- Claims submission.
- Claims inquiry.
- Prior authorization submission.
- Provider PA notices.
- Prior authorization inquiry.
- Procedure pricing.
- Financial warrant amount.
- Eligibility verification.
- Managed Care rosters.

D. HP Field Consultants

ODMHSAS Rate Sheets

- By Service Category
- Alphabetical by Service

ODMHSAS RATE SHEET (by service category)

<i>SERVICE</i>		<i>BILLING CODE</i>		<i>RATE/UNIT</i>	
Academic Services					
Day School	SA	T1018 HF		\$5.00 / 1 hour	
Case Management Services					
Case Management Services	MH	Outpatient	BHCM III	T1017 HE, HO	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	BHCM III	T1017 HE, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HE, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HE, HM, HK	\$16.38 / 15 minutes
	SA	Outpatient	BHCM III	T1017 HF, HO	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM	\$16.38 / 15 minutes
		Outpatient in inpatient setting	BHCM III	T1017 HF, HO, HK	\$16.38 / 15 minutes
			BHCM II	T1017 HF, HN, HK	\$16.38 / 15 minutes
			BHCM I	T1017 HF, HM, HK	\$16.38 / 15 minutes
GA	Outpatient	BHCM III	T1017 HV, HO	\$16.38 / 15 minutes	
		BHCM II	T1017 HV, HN	\$16.38 / 15 minutes	
		BHCM I	T1017 HV, HM	\$16.38 / 15 minutes	

ODMHSAS RATE SHEET (alphabetical by service)

SERVICE		BILLING CODE	RATE/UNIT	
ACT (Face to Face)	MH/SA	H0039 HE	\$24.60 / 15 minutes	
ACT (Face to Face)-Group	MH/SA	H0039 HE, HQ, HK	\$4.92 / 15 minutes	
Acute Inpatient	MH	Low Complexity	99222 HE	\$0.00 /Day
		Moderate Complexity	99222 HE,HA	\$0.00 /Day
Behavioral Health Aide	MH	Outpatient	H2019 HE	\$7.77 / 15 minutes
		Outpatient in an inpatient setting	H2019 HE, HK	\$7.77 / 15 minutes
	SA	Outpatient	H2019 HF	\$7.77 / 15 minutes
		Outpatient in an inpatient setting	H2019 HF, HK	\$7.77 / 15 minutes
Behavioral Health Assessment (Non-MD) Low Complexity	MH		H0031 HE, TF	\$81.74 / Event
		Telemedicine	H0031 HE, TF, GT	\$81.74 / Event
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
	SA		H0031 HF, TF	\$81.74/ Event
	GA		H0031 HV, TF	\$81.74 / Event
	Prison Based		H0031 HF, TF, HM, QJ	\$10.00 / 15 minutes
Behavioral Health Assessment (Non-MD) Moderate Complexity	MH		H0031 HE	\$122.61 / Event
		Telemedicine	H0031 HE, GT	\$122.61 / Event
		Telemedicine Originating Site Fee	Q3014 HE	\$23.35 /Event
	SA		H0031 HF	\$122.61 / Event
	GA		H0031 HV	\$122.61 / Event
Behavioral Health Service Plan Development Low	MH		H0032 HE, TF	\$84.48 / Event
	SA		H0032 HF, TF	\$84.48 / Event

Billable Outpatient Services by Level of Service Provider

- Behavioral Health Aide
- Behavioral Health Case Manager
- Behavioral Health Rehabilitation Specialist
- Employment Consultant
- Family Support Provider
- Intensive Case Manager
- LBHP
- Recovery Support Specialist
- CADC-US
- CADC
- Any Level of Service Provider

Behavioral Health Aide -Behavioral Health Aide	Employment Consultant -Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services	LBHP -Day School -Homebased Services Travel Component -Clinical Testing (as allowed by License regulations) -Competency Evaluation (must meet designation of ODMHSAS to be a Competency Evaluator) -Divorce Visitation Arbitration Services -Crisis Intervention Services -Behavioral Health Assessment (Non-MD) Moderate Complexity -Behavioral Health Assessment (Non-MD) Low Complexity -Clinical Evaluation and Assessment for Children in Specialty Settings -Screening and Referral -Substance Abuse Early Intervention -Family Psychotherapy -Group Psychotherapy -Individual Psychotherapy -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model) -Behavioral Health Service Plan Development Moderate Complexity -Behavioral Health Service Plan Development Low Complexity	Recovery Support Specialist -Peer Counseling -Community Recovery Support/Recovery Support Specialist
Behavioral Health Case Manager -Case Management Services -Case Management Travel Component			CADC-US -Day School -Substance Abuse Early Intervention
Behavioral Health Rehabilitation Specialist (BHRS) -Homebased Services Travel Component (for Individual Rehabilitation travel only) -Divorce Visitation Arbitration Services -Screening and Referral -Group Rehabilitative Treatment -Illness Mgmt & Recovery (must have completed ODMHSAS IMR training) -Individual Rehabilitative Treatment -Psychiatric Rehabilitation Services (with completion of orientation in PSR model)	Family Support Provider -Family Training and Support Intensive Case Manager -Intensive Case Management Services		CADC -Day School -Homebased Services Travel Component (for SA related crisis intervention only) -Crisis Intervention Services (for SA related crisis only) -Substance Abuse Early Intervention -Family Psychotherapy -Group Psychotherapy -Individual Psychotherapy
Any Level of Service Provider Can Provide These Services (Any level listed above)			
-Customer Follow-Up Services -Consultation -Education -Intra-agency Clinical Consultation -System Support -Training	-Employment Training -Job Retention Support -Pre-Vocational Services -Vocational Services -Community Outreach -Intensive Outreach	-Wellness Resource Skills Development -Travel -Drug Screen	

QUESTIONS?

BHRS

Changes

As of July 1, 2010

Behavioral Health Rehabilitation Specialist (BHRS)

- 1) Bachelor degree or above, and ODMHSAS training as a Behavioral Health Rehabilitation Specialist; or CPRP (Certified Psychiatric Rehabilitation Practitioner) credential; or 3) Certification as an Alcohol and Drug Counselor (CADC).

ODMHSAS Training

- Free web-based training
- Target date for availability is 7/1/2010
- Will be sending out information re: how to apply to take the training toward the end of June, will also post on ODMHSAS website- www.odmhsas.org

- The training will consist of four (4) training modules:
 - Recovery
 - Rehabilitation
 - Ethical Practice
 - Wellness and Self-Care

- There will be a quiz to complete after each module
- The training can be completed in a matter of hours
- Once someone has successfully completed all modules, they will be able to print out a certificate of completion

What is a CPRP?

- Certified Psychiatric Rehabilitation Practitioner (CPRP) is a national certification.
- This certification is offered through the United States Psychiatric Rehabilitation Association (USPRA)

www.uspra.org

Welcome to the U.S. Psychiatric Rehabilitation Association



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- For The Public
- For Practitioners
- For People in Recovery
- For Providers
- For Legislators
- Partner with USPRA

Certified Psychiatric Rehabilitation Practitioner

If you have dedicated your career to providing exceptional psychiatric rehabilitation, now is the time to enhance your professional status with the CPRP certification. Join a distinguished group of more than 2,600 individuals who demonstrate how psychiatric rehabilitation positively changes the lives of individuals with serious mental illness to one of hope, self-determination, empowerment and recovery.

The Certified Psychiatric Rehabilitation Practitioner credential (CPRP) is a test-based certification that fosters the growth of a qualified, ethical, and culturally diverse psychiatric rehabilitation workforce through enforcement of a practitioner code of ethics. Currently there are CPRPs with PhDs to GEDs, occupational therapists to peer specialists, social workers to case workers—they all share a commitment to the fundamental principle that recovery from serious mental illness is possible.

CPRPs incorporate the most successful and cost-effective practices for adults with severe and persistent mental illness and ensures that your staff has mastered the principles, skills and knowledge necessary to carry out those practices.

64% of CPRPs have been with their agency for more than 5 years. 89% of CPRPs find personal value in their certification. Distinguish yourself with the only nationally recognized professional credential for psychiatric rehabilitation professionals.



About Certification

- [History](#)
- [Benefits of Certification](#)
- [State Recognition](#)
- [Governance](#)
- [Code of Ethics \(Word\)](#)
- [Downloadable Forms & Documents](#)

For Certification Applicants

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- [Download Application Instructions \(Word\)](#)
- [Preparing for the Exam](#)
- [Frequently Asked Questions](#)

Maintaining Your Certification

- [Continuing Education for Your Certification](#)
- [About Recertification](#)
- [2010 Recertification Application & Instructions \(Word\)](#)
- [Frequently Asked Questions](#)

- 24 months (2 years) of full-time work experience in a psychiatric rehabilitation program/environment

Minimum Requirements for Individuals with Academic Preparation in ALL Other Fields

Individuals with academic preparation in mental health related field (eg., psychology, social work, rehabilitation counseling, etc...), required to complete additional training hours specific to psychiatric rehabilitation.

PATHWAY IV.

- Bachelor Degree (or higher) in any field;
- 12 months (1 year) of full-time work experience in a psychiatric rehabilitation program/environment; and
- 45 contact hours (training hours) in psychiatric rehabilitation.

PATHWAY V.

- Associates Degree in any field;
- 24 months (2 years) of full-time work experience in a psychiatric rehabilitation program/environment; and
- 45 contact hours (training hours) in psychiatric rehabilitation.

PATHWAY VI.

- High School Diploma or GED;
- 24 months (2 years) of full-time work experience in a psychiatric rehabilitation program/environment; and
- 45 contact hours (training hours) in psychiatric rehabilitation.

Please Note: All psychiatric rehabilitation training/continuing education must be directly applicable to the seven (7) domains except the [Exam Blue Print](#) (PDF).

Calculating Training Hours

QUESTIONS?

Jacki Millspaugh, LPC, CPRP
Director of Treatment and Recovery
ODMHSAS
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jmillspaugh@odmhsas.org

Changes Specific to
ODMHSAS
Substance Abuse
Treatment
Contractors

Changes Specific to SA contractors

The biggest change from earlier trainings is that
Drug Court Outpatient Treatment Services
will be included in the Consolidated Claims Process
July 1, 2010.

For DMH-only eligible participants:

DMH eligible drug court participants will receive an auto-authorization through CCP; payment will just be limited to the monthly cap rates (based off of number of active participants X the slot amount), exactly how it is now.

For dual-eligible (DMH and Medicaid) participants:

DMH will pay for contracted services not covered by Medicaid, pending that the client is eligible for DMH reimbursement and keeping in mind **the slot limitation still exists in these situations as well.**

DMH **will not** pay for services that exceed the Medicaid cap. However, you would still get reimbursed more through Medicaid than you would if the participant was DMH-only funded, as Medicaid reimbursement caps are more than the drug court slot amounts.

SoonerCare/Medicaid Outpatient Monthly Cap Amounts

Level of Care	Adult Monthly Cap	Child Monthly Cap	Type of PA	Length of PA
Prevention & Recovery Maintenance Level	\$ 367	\$ 431	auto PA	6 months
Level 1 OP	\$ 495	\$ 623	auto PA	6 months
Level 2 OP	\$ 665	\$ 815	auto PA	6 months
Level 3 OP	\$ 867	\$ 867	auto PA	6 months
Level 4 OP	\$1,171	\$ 1,171	auto PA	6 months

Contact

Nisha Wilson

NWilson@odmhsas.org

405-522-6853

for specialty court questions

A. Prison-Based treatment providers (contract source 03) will have the same staffing requirements as the other contracts.

- 1) Assessments and Treatment Planning must be performed by a licensed clinician or clinician US for licensure (LBHP).
- 2) Psychotherapy groups can be performed by (CADCs and LBHPs)
- 3) 03 contracts do not allow rehabilitation services.

- B) Probation and Parole treatment providers (contract source 29) will have the same staffing requirements as the other SARD contracts.

- C) Case Management and Group Rehabilitation services have been added to the treatment service array (contract source 29).

Contact

Rebecca Beck

RBeck@odmhsas.org

405-522-8590

for DOC related questions

Beginning July 1, 2010 Gambling Treatment providers will continue to use the ASI, but will add the Gambling Addiction Severity Index (GASI) as an addendum.

Gambling treatment trainings will be held in Stillwater on June 17th and a second training in Norman on June 18th.

Contact

Armisha Harrison

AHarrison@odmhsas.org

405-522-0078

for Gambling related questions

Helpful Contacts

Helpful information

ODMHSAS contracted treatment providers remember our CCP website

<http://www.odmhsas.org/arc.htm>

and our

9 am Wednesday Telephone Conference during the month of June -

Phone number is 1-877-411-9748

Access Code - 645-3322#

L

OHCA/HP Help Desk - 800-522-0114

Field Consultants

<http://okhca.org/providers.aspx?id=2370>

APS Help Desk - 800-762-1560

Outpatient Reviewers - option 4

Provider Training - 405-556-9706

<http://soonerpro.com>

ODMHSAS Help Desk - 405-522-0318

SoonerCare/Medicaid Rules - 405-522-7772

<http://okhca.org/>

Contact

Van Rhodes

vrhodes@odmhsas.org

405-795-1724 (cell)

405-522-8876 (desk)

For SARD/CCP or Medicaid related
questions

QUESTIONS?