



Medicaid Billing

Case Management

Individual & Group Rehabilitation

Family Support Provider

Behavioral Health Aide

Behavioral Health Aide (19)

This service is limited to children with serious emotional disturbance who are in an ODMHSAS contracted systems of care community based treatment program, or are under OKDHS or OJA custody residing within a RBMS Level of care, who need intervention and support in their living environment to achieve or maintain stable successful treatment outcomes. Behavioral Health Aides provide behavior management and redirection and behavioral and life skills remedial training. The behavioral aide also provides monitoring and observation of the child's emotional/behavioral status and responses, providing interventions, support and redirection when needed. Training is generally focused on behavioral, interpersonal, communication, self help, safety and daily living skills.

- (A) Behavioral Health Aides 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. Treatment plans must be overseen and approved by a LBHP; and
 - (iii) function under the general direction of the established systems of care team and the current treatment plan.
- (B) These services must be prior authorized by OHCA (or its designated agent). The Behavioral Health Aide cannot bill for more than one individual during the same time period.

Family Support and Training (20)

Family Support and Training is designed to benefit the SoonerCare eligible child experiencing a serious emotional disturbance who is in an ODMHSAS contracted systems of care community based treatment program and who, without these services, would require psychiatric hospitalization. This service provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.

Child Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for the child. This involves assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management; assisting the family in understanding various requirements, such as the crisis plan and plan of care process; training on the child's medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the child with mental illness while living in the community.

Parent Support ensures the engagement and active participation of the family in the treatment planning process and guides families toward taking a proactive role in their child's treatment. Parent Training is assisting the family with the acquisition of the skills and knowledge necessary to facilitate an awareness of their child's needs and the development and enhancement of the family's specific problem-solving skills, coping mechanisms, and strategies for the child's symptom/behavior management.

Services are goal directed as identified in the child's individualized plan of care and provided under the direction of a child and family treatment team and are intended to support the family with maintaining the child in the home and community. For the purposes of this service, "family" is defined as the persons who live with or provide care to a person served and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the member.

(A) The family support and training worker must meet the following criteria:

- (i) have a high school diploma or equivalent;
- (ii) 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);
- (iii) successful completion of Family Support Training according to a curriculum approved by the ODMHSAS prior to providing the service;
- (iv) pass OSBI and OKDHS child abuse check as well as adult abuse registry and motor vehicle screens; and
- (v) receive ongoing and regular supervision by a person meeting the qualifications of a LBHP. A LBHP must be available at all times to provide back up, support, and/or consultation.

(B) These services may be retrospectively reviewed by OHCA or its designated agent.

Direct & Indirect Case Management services (317:30-5-596.2)

[Revised 07-01-06]

Case management services are provided using one of two categories of service.

(1) **Direct case management services.** For Direct case management services the behavioral health case manager performs face to face interactions with the child and/or the child's parent/guardian/family member or service providers necessary for the implementation of activities delineated in the service plan. Service plan development, when performed face to face, is considered direct behavioral health case management.

(2) **Indirect behavioral health case management.** For Indirect case management services the behavioral health case manager performs non face to face services related to the child's case, excluding those activities cited as non Medicaid compensable in OAC 317:30-5-596(2)(vi). Examples of indirect behavioral health case management are phone calls, monitoring of client progress and the case manager's travel time to or from activities necessary for the implementation of the service plan. Other indirect services may be communication through letters, memorandums or e-mail to treatment or other service providers necessary for the implementation of activities delineated in the service plan. Electronic communication documentation must be encrypted and meet HIPAA guidelines.

Behavioral health case management services. Services under behavioral health case management are not comparable in amount, duration and scope. The target group for behavioral health case management services are persons under age 21 who are in imminent risk of out-of-home placement for psychiatric or substance abuse reasons or are in out-of-home placement due to psychiatric or substance abuse reasons. All behavioral health case management services will be subject to medical necessity criteria.

- (i) Behavioral health case management services are provided to assist eligible individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. The behavioral health case manager provides referral, linkage and advocacy on behalf of the child to gain access to appropriate community resources. The behavioral health case manager must monitor the progress in gaining access to services and continued appropriate utilization of necessary community resources.

Behavioral case management is designed to promote recovery, maintain community tenure, and to assist individuals in accessing services for them, following the case management guidelines established by the Oklahoma Department of Mental Health and Substance Abuse Services. In order to be compensable, the service must be performed utilizing the ODMHSAS Strengths Based model of case management. This model of case management assists individuals in identifying and securing the range of resources, environmental and personal, needed to live in a normally interdependent way in the community.

The focus for the helping process is on strengths, interests, abilities, knowledge and capacities of each person, not on their diagnosis, weakness or deficits. The relationship between the service member and the behavioral health case manager is characterized by mutuality, collaboration, and partnership. Assistive activities are designed to occur primarily in the community, but may take place in the behavioral health case manager's office, if more appropriate.

The community based behavioral health case management agency will coordinate with the child and family by phone or face-to-face, to identify immediate needs for return to home/community no more than 72 hours after notification that the family requests case management services. For children discharging from an out of home placement, the out of home agency/placement is responsible for scheduling an appointment with a case management agency for services post discharge.

The case manager will make contact with the child and family within 72 hours of discharge, then conduct a face-to-face follow-up appointment within seven days. The case manager will provide linkage/referral to physicians/medication services, counseling services, rehabilitation and/or support services as described in the case management service plan. During the follow-up phase of these referrals or links, the behavioral health case manager will provide aggressive outreach if appointments or contacts are missed within 2 business days of the missed appointments. Community/home based case management to assess the needs for services will be scheduled as reflected in the case management service plan, but not less than one time per month. The member/parent/guardian has the right to refuse behavioral health case management and cannot be restricted from other services because of a refusal of behavioral health case management services.

- (ii) An eligible member/parent/guardian will not be restricted and will have the freedom to choose a behavioral health case management provider as well as providers of other medical care.
- (iii) In order to ensure that behavioral health case management services appropriately meet the needs of the child and family and are not duplicated, behavioral health case management activities will be provided in accordance with an individualized plan of care.
- (iv) The individual plan of care must include general goals and objectives pertinent to the overall recovery of the child and family's needs. Progress notes must relate to the individual plan of care and describe the specific activities to be performed. Behavioral health case management individual plan of care development is compensable if the time is spent communicating with the child, parent/guardian/family member or provider of other services. The individual plan of care must be developed with participation by, as well as, reviewed and signed by the child (only if over 16 years of age), the parent or guardian, the behavioral health case manager, and a Licensed Behavioral Health Professional as defined in OAC 317:30-5-240(d).
- (v) SoonerCare reimbursable behavioral health case management services include the following:
 - (I) Gathering necessary psychological, educational, medical, and social information for the purpose of individual plan of care development.
 - (II) Face-to-face meetings with the child and/or the parent/guardian/family member for the implementation of activities delineated in the individual plan of care.
 - (III) Face-to-face meetings with treatment or service providers, necessary for the implementation of activities delineated in the individual plan of care.
 - (IV) Supportive activities such as non face-to-face communication with the child and/or parent/guardian/family member or the behavioral health case manager's travel time to and from meetings for the purpose of development or implementation of the individual plan of care.

- (V) Non face-to-face communication with treatment or service providers necessary for the implementation of activities delineated in the individual plan of care.
- (vi) SoonerCare reimbursable behavioral health case management does not include the following activities:
 - (I) Physically escorting or transporting a child or family to scheduled appointments or staying with the child during an appointment; or
 - (II) Managing finances; or
 - (III) Providing specific services such as shopping or paying bills; or
 - (IV) Delivering bus tickets, food stamps, money, etc.; or
 - (IV) Counseling, rehabilitative services, psychiatric assessment, or discharge planning; or
 - (V) Filling out forms, applications, etc., on behalf of the child when the child is not present; or
 - (VI) Filling out SoonerCare forms, applications, etc., or;
 - (VII) Mentoring or tutoring; or
 - (VIII) Provision of behavioral health case management services to the same family by two separate behavioral health case management agencies.

(B) The following SoonerCare members are **not eligible** for behavioral health case management services:

- (i) Children/families for whom behavioral health case management services are available through OKDHS/OJA staff without special arrangements with OKDHS, OJA, and OHCA;
- (ii) Children receiving services in Residential Behavior Management Services (RBMS) in a foster care or group home setting;
- (iii) Residents of ICF/MR and nursing facilities; and
- (iv) Children receiving Home and Community Based Waiver services.

(C) **Restriction.** Two different provider agencies may not bill case management services for the member on the same day.

Psychiatric Social Rehabilitation Services (group) (10)

(A) Psychiatric Social Rehabilitation Services (PSR) are behavioral health remedial services which are necessary to improve the member's ability to function in the community. They are performed to improve the skills and abilities of members to live interdependently in the community, improve self-care and social skills, and promote lifestyle change and recovery practices. This service may include the Evidence Based Practice of Illness, Management, and Recovery. This service is generally performed with only the members, but may include a member and the member's family/support system group that focuses on the member's diagnosis, management, and recovery based curriculum. This service may take the form of a work units component in a General PSR program certified through the ODMHSAS. Each day of PSR must be reflected by documentation in the member's records, and must include the following:

- (i) date;
- (ii) start and stop time(s) for each day of service;
- (iii) signature of the primary rehabilitation clinician;
- (iv) credentials of the primary rehabilitation clinician;

- (v) specific goal(s) and/or objectives addressed (these must be identified on recovery plan);
- (vi) type of skills training provided;
- (vii) progress made toward goals and objectives;
- (viii) member's report of satisfaction with staff intervention; and
- (ix) any new needed supports identified during service.

(B) Compensable Psychiatric Rehabilitation Services are provided to members who have the ability to benefit from the service. The services performed must have a purpose that directly relates to the goals and objectives of the member's current service plan. A member who at the time of service is not able to cognitively benefit from the treatment due to active hallucinations, substance use, or other impairments is not suitable for this service.

(C) Travel time to and from PSR treatment is not compensable. Breaks, lunchtime and times when the member is unable or unwilling to participate are not compensable. The minimum staffing ratio is fourteen members for each PSRS, AODTP, or LBHP for adults and eight to one for children under the age of eighteen. Countable professional staff must be appropriately trained in a recognized behavioral/management intervention program such as MANDT or CAPE or trauma informed methodology. In order to develop and improve the member's community and interpersonal functioning and self care abilities, rehabilitation may take place in settings away from the Outpatient Behavioral Health agency site. When this occurs, the PSRS, AODTP, or LBHP must be present and interacting, teaching, or supporting the defined learning objectives of the member for the entire claimed time. The service is a fifteen minute time frame and may be billed up to a maximum of 24 units per day for adults and 16 units per day for children.

The rate of compensation for this service includes the cost of providing transportation for members who receive this service, but do not have their own transportation or do not have other support persons able to provide or who are responsible for the transportation needs. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic Foster Home are not eligible for this service, unless prior approved by OHCA or its designated agent.

(D) A PSRS, AODTP, or LBHP may perform group psychiatric social rehabilitation services, using a treatment curriculum approved by a MHP.

Psychiatric Social Rehabilitation Services (individual) (11)

(A) Psychiatric Social Rehabilitation (PSR) Services (individual) is performed for the same purposes and under the same description and requirements as Psychosocial Rehabilitation Services (group) [Refer to paragraph (10) of this subsection]. The service is generally performed with only the member present, but may include the member's family or support system in order to educate them about the rehabilitative activities, interventions, goals and objectives. This service may include the Evidence Based Practice of Illness, Management, and Recovery.

(B) A PSRS, AODTP, or LBHP must provide this service. Residents of ICF/MR facilities and children receiving RBMS in a group home or therapeutic Foster Home are not eligible for this service, unless prior approved by OHCA or its designated agent. This billing unit is fifteen minutes and no more than six units per day are compensable. Children under an ODMHSAS Systems of Care program may be prior authorized additional units as part of an intensive transition period.

ODMHSAS Billing for FSP and BHA

THERAPEUTIC BEHAVIORAL SERVICES: This service provides the training and support necessary to ensure active participation of the family or consumer in the treatment planning process and with the ongoing implementation, support, and reinforcement of skills learned throughout the treatment process. Training may be provided to family members to increase their ability to provide a safe and supportive environment in the home and community. This may involve assisting the consumer or family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the child in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for symptom/behavior management; assistance in understanding crisis plans and plan of care process; training on medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures, and regulations that impact those with mental illness while living in the community.

Note: Individual activity.

Staff Requirement: [MH and SA] Behavioral Health Aid (BHA), Family support Provider (FSP), and Certified Peer Recovery Support Specialist (PRSS).

Modifier

HCPCS / CPT 1 2 3 4 ICIS

H2019 (BHA) HE or HF 141

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T1027 (RSS) HE or HF HM 141