Behavioral Health Rehabilitation

ODMHSAS and OHCA Reimbursable Services and Clinical documentation
Considerations for Billing Behavioral Health Rehabilitation (BHR) Services

- The staff providing BHR must have the required credentials

- The staff providing BHR must be providing the service under an agency that has a contract with either ODMHSAS or OHCA to provide behavioral health rehabilitation services
The individual to which the service is rendered must be eligible to receive behavioral health services under either ODMHSAS or OHCA (SoonerCare); and must meet eligibility requirements for BHR.

There must be an active Prior Authorization (PA) of services for the individual, that includes BHR, for the period of time during which the BHR service is provided.
The individual must have an active Service Plan with BHR treatment objectives, and the BHR service provided is related to the plan (unless providing BHR services under a CDC 21: Pre-Admission array).

The service(s) provided must include only those service functions that are allowable under BHR, and should be documented in a progress note accordingly.
Staff Providing BHR

The staff providing BHR must have the required credentials.
Behavioral Health Rehabilitation (BHR) Services

- Basic BHR Services (individual and group)

- Specialty BHR Services:
  - ODMHSAS General PSR Model
  - ODMHSAS Illness Management and Recovery (IMR)
What Staff Can Provide Basic BHR Services?

- Licensed Behavioral Health Professionals (LBHP)
- Certified Alcohol and Drug Counselors (CADC) - under supervision counts as Case Manager II
- Behavioral Health Case Manager II (Certification issued July 1, 2013 or after)

* Certifications and licenses must be current, and not in suspended status.
** A minimum of one monthly face-to-face consultation with a fully licensed LBHP is required.
What Staff Can Provide Specialty BHR Services?

- ODMHSAS General Psychiatric Rehabilitation Model (PSR):
  - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of orientation in the PSR model

- ODMHSAS Illness Management and Recovery (IMR):
  - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of ODMHSAS facilitated training on IMR for PSR programs
Individual’s Receiving BHR

The individual must be eligible to receive BHR services
Who Can Receive BHR Services?

BHR services are intended for adults with Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED), and children with other emotional or behavioral disorders.

**the service is needed to assist the individual with achieving their stated goals**
Psycho-Social Rehab Eligibility for Adults

- History of Psychiatric Hospitalization or admission to crisis centers.
- Receives SSI/SSDI due to determination of mental health reasons decided by the Social Security Administration.
- Resident of a residential care facility
- Receiving services via a Specialty Court Program
Psycho-Social Rehab Eligibility for Adults

- Must have been admitted to an inpatient psychiatric facility or crisis center in their lifetime.

- Show proof (Discharge Summary or Admission Note from the facility).

- Shelters are not considered MH crisis centers.
Psycho-Social Rehab
Eligibility for Adults

- SSI and SSDI recipients must have a benefit letter stating that they qualified due to mental health disability

- Benefit Verification Letters: www.socialsecurity.gov/myaccount.
Psycho-Social Rehab
Eligibility for Adults

**Residential Care and Specialty Courts**
- Adults only
- Consumer has to be currently a resident of the RCF. If not contracted with the state, you must obtain a letter verifying residency.
- Consumer receiving drug court or MH court
Psycho-Social Rehab
Eligibility for Children (4-20)

- History of psychiatric hospitalization or admission to crisis centers
- Disability determination due to mental health reasons
- Current Individual Education Plan (IEP) or 504 Plan for Emotional Disturbance.
- At risk
- Ages 4-5 (Refer to PA manual for PA submission requirements)
Psycho-Social Rehab

Eligibility for Children (4-20)

**Individual Education Plan (IEP) or 504 Plan**

- Children only
- IEP or 504 must be active for *Emotional Disturbance* through the school system
- Children that are currently home-schooled will have to work with a public school.
Psycho-Social Rehab
Eligibility for Children (4-20)

“AT RISK” has to have **ONE** of the following:

- Referred by a **school psychologist**, **fully licensed psychologist**, or **psychiatrist** for a **FULL psychological evaluation** based on the child’s inability to function at school because of MI or behavioral problems.

- Transitioning out of Therapeutic Foster Care (TFC) or a DHS level E group home and has been referred by a **school psychologist**, **fully licensed psychologist** or **psychiatrist** for a **FULL psychological evaluation**.
Psycho-Social Rehab
Eligibility for Children (4-20)

4 and 5 year olds

- Has to meet same criteria as before (PA request)
- Also meet the new criteria
Psycho-Social Rehab Eligibility Questions

www.odmhsas.org/arc.htm
Who is Excluded from Receiving BHR Services?

- An individual, who at the time of service, is not able to cognitively benefit

- Children under the age of 6, unless prior authorization for children ages 4 & 5 has been granted.
Who is Excluded from Receiving BHR Services?

- Residents of ICF/MR facilities
- Individuals residing in nursing facilities
- Individuals residing in inpatient hospitals or IMDs
- Inmates of public institutions
- Children receiving RBMS in a group home or therapeutic foster home
Allowable BHR Services

The service(s) provided must include only those service functions that are allowable under BHR.
Behavioral Health Rehabilitation (BHR)

- BHR services are face-to-face services necessary to improve the individual’s ability to function in the community.

- BHR services are performed to improve the skills and abilities of individuals to live interdependently in the community, improve self-care and social skills, and promote lifestyle change and recovery practices.
Substance abuse BHR services focus on beginning, maintaining, and/or enhancing recovery from alcoholism, problem drinking, drug abuse, drug dependency, addiction or nicotine use and addiction.
What’s Allowed?

**Curriculum based education** - teach from educational curriculum targeted to assisting individuals with acquiring the skills/ability/knowledge necessary to overcome their specific behavioral health symptoms/behaviors that are barriers to accomplishing their identified Tx goals, and

**Skills practice** - facilitate practice of skills taught through curriculum based education to help with skill mastery.
Considerations for Curriculum Based Education

- The curriculum used should address the unique needs of the individual identified at the time of assessment/service plan development.
- The curriculum used should be appropriate for developmental age and stage.
- The curriculum used may be something that is already developed that you acquire/purchase, it can take the form of a book that is taught from, or you can create your own curriculum to teach from.
- The curriculum used should be well developed
- All curriculum should be titled and kept on site
- All curriculum based education should be provided in a confidential environment that is conducive to learning
When facilitating curriculum based education, there should be multiple points within the session in which the clinician checks in to assess if the individuals are understanding the information taught.

An individual may repeat the curriculum if the need is identified, and the ability to benefit from a repeat of the same information is determined.
Considerations for Skills Practice

- Practice should be related to the skills/techniques taught through curriculum based education and represented on the individual’s service plan.
- Reimbursable skills practice requires active intervention by the clinician.
- Skills practice should take place in a setting that protects and assures confidentiality.
Service Functions **NOT** Allowed Under BHR

- Counseling/Psychotherapy
- Mentoring
- Discussion/Process based groups (including support groups)
- Discussion/Process based individual services
Service Functions **NOT** Allowed Under BHR

- Academic education/tutoring
- Social/Recreation
- Custodial Care/Day Care (just observing and only intervening if something happens)
- Family education (without the client present)
Service Functions NOT Allowed Under BHR

- Room and board
- Supported employment
- Respite
- Travel time
Monthly Service Limits

There are monthly rehabilitation limits for outpatient service levels that apply for both ODMHSAS and OHCA. Group and/or individual rehabilitation services provided in combination may not exceed the following:

- Level 1 – 32 Units Per Month
- Level 2 – 48 Units Per Month
- Level 3 – 64 Units Per Month
- Level 4 – No Limit
OHCA Daily Limits

In addition to monthly rehabilitation limits, OHCA also has daily rehabilitation limits:

- **Group Rehabilitation** - maximum of 24 units per day for adults, and 16 units per day for children

  maximum staffing ratio:

  14 individuals for each staff member for adults, and 8 individuals for each staff member for children.

- **Individual Rehabilitation** - maximum of 6 units per day
Rehabilitation Goals & Objectives

Service plans should include rehabilitation goals and objectives that focus on long term recovery and maximization of self-sufficiency, role functioning, and independence as distinguished from the symptom stabilization function of acute care (shouldn’t just focus on stabilization and staying out of the hospital or inpatient type care, but should focus on assisting with success in living, working and having relationships in the community outside off treatment).
The clinical intervention provided by rehabilitation services is **education and skill development**. This translates into the following functions during rehabilitation during rehabilitation sessions:

- **Teach**
- **Prompt consumer response to educational content to verify that learning is occurring**
- **Prompt consumer practice of skills**
- **Observe consumer practice, and provide feedback**
Rehabilitation objectives should reflect the measurable step that a client will accomplish during the rehabilitation sessions. The objectives should correlate with the rehabilitation interventions. For example, consumers receiving rehabilitation services will:

- Learn
- Share response to the educational content being addressed (which can include “restate to reflect learning”)
- Practice skills
Identify a consumer that you have or are currently working with

1. Using the same goal
2. List at least one life domain (social relationships, self-care and independent living skills, leisure and recreational activities and community integration) of social functioning that the individual will need to assist with goal achievement.
3. List at least 2 critical skills that will assist with improving the life domain(s).
4. Curriculum: Take one critical skill and list the components of your curriculum that will assist them with goal. Identify some of the deficits/barriers that may hinder goal achievement.
5. Skill practice: List ways that will help them practice what they learned in the rehabilitation session

(USE THE REHABILITATION SERVICE DESCRIPTIONS TO DESCRIBE INTERVENTION)
Training Activity:

Identify a consumer that you have or are currently working with

1. “I have to keep this apartment”
2. **Social Relationships** - Communicating with landlord, utility companies & family &
3. **Independent Living Skills** - Managing money; maintaining/cleaning his home, cooking & shopping
4. **Curriculum**: Independent Living Skills 101: (teach & prompt response to ensure learning is happening)

   Money Management - benefits of managing money; what is a budget; how to develop a budget; benefits of having a checking account; how to open a checking account; how to balance a checkbook; how to check your account balance etc.

5. **Skill practice**: (prompt practice & observe provide feedback) setting appointment on the first of the month and assist with paying bills and adhering to budget; going grocery shopping to ensure they adhere to budget; have them show you their checkbook balance & calling the bank to make sure balance is accurate

*(USE THE REHABILITATION SERVICE DESCRIPTIONS TO DESCRIBE INTERVENTION)*
Progress Note

BHR services shall be documented in a progress note.
Progress Note Considerations for BHR

- BHR progress notes must relate to the Service Plan
- The BHR intervention should be clearly reflected in the progress note
- BHR progress notes must include the name of the curriculum used
If BHR is being provided through an intensive day program (ex: ODMHSAS General PSR Model), progress notes may take the form of a daily summary or weekly summary note.
Other Documentation Requirements

- A list/log/sign-in sheet reflecting participants and facilitating rehabilitation clinician, must be maintained for each group rehabilitation session.
All behavioral health case management services rendered must be reflected by documentation in the records. In addition to a complete behavioral health case management service plan, documentation of each session must include, but is not limited to:

1. date;
2. person to whom services are rendered;
3. start and stop times for each service;
4. original signature of the service provider;
5. credentials of the service provider;
6. specific service plan needs, goals and/or objectives addressed;
7. specific activities performed by the behavioral health case manager with the member related to educational curriculum and skills practice used to address goals and/or objectives;
8. progress or barriers made towards goals and/or objectives;
9. member (family when applicable) response to the service;
10. any new service plan needs, goals, and/or objectives identified during the service; and
11. member satisfaction with staff intervention.
New Policy: 35 hour rule
Effective: November 16, 2014

- All providers must bill an average of 35 hours per rolling 4 week period

- Please refer to: www.odmhsas.org/arc.htm for more details.
Helpful Links

ODMHSAS and OHCA
OHCA

- OHCA requirements for reimbursable behavioral health rehabilitation (BHR) services, including documentation requirements, can be located in OHCA Policy/Rules:

- Part 21 Outpatient Behavioral Health Services

http://okhca.org/providers.aspx?id=406
ODMHSAS

- ODMHSAS requirements for reimbursable behavioral health rehabilitation services, including documentation requirements, can be located in the ODMHSAS Services Manual:

  [www.odmhsas.org/arc.htm](http://www.odmhsas.org/arc.htm)
This website contains helpful information for both ODMHSAS and OHCA contractors, including but not limited to:

- Prior Authorization (PA) Manual (which includes the CDC Manual)
- PA Groups
- Rates and Codes