



# Behavioral Health Rehabilitation

ODMHSAS and OHCA  
Reimbursable Services and  
clinical documentation

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# 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 Manger 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](http://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](http://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

# Training Activity:

## REHAB ONLY

Identify a consumer that you have or are currently working with

1. Using the same goal
2. List @ 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 @ 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 check book; 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 check book 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 rehab clinician, must be maintained for each group rehabilitation session

# Documentation of records

- 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](http://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)

[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