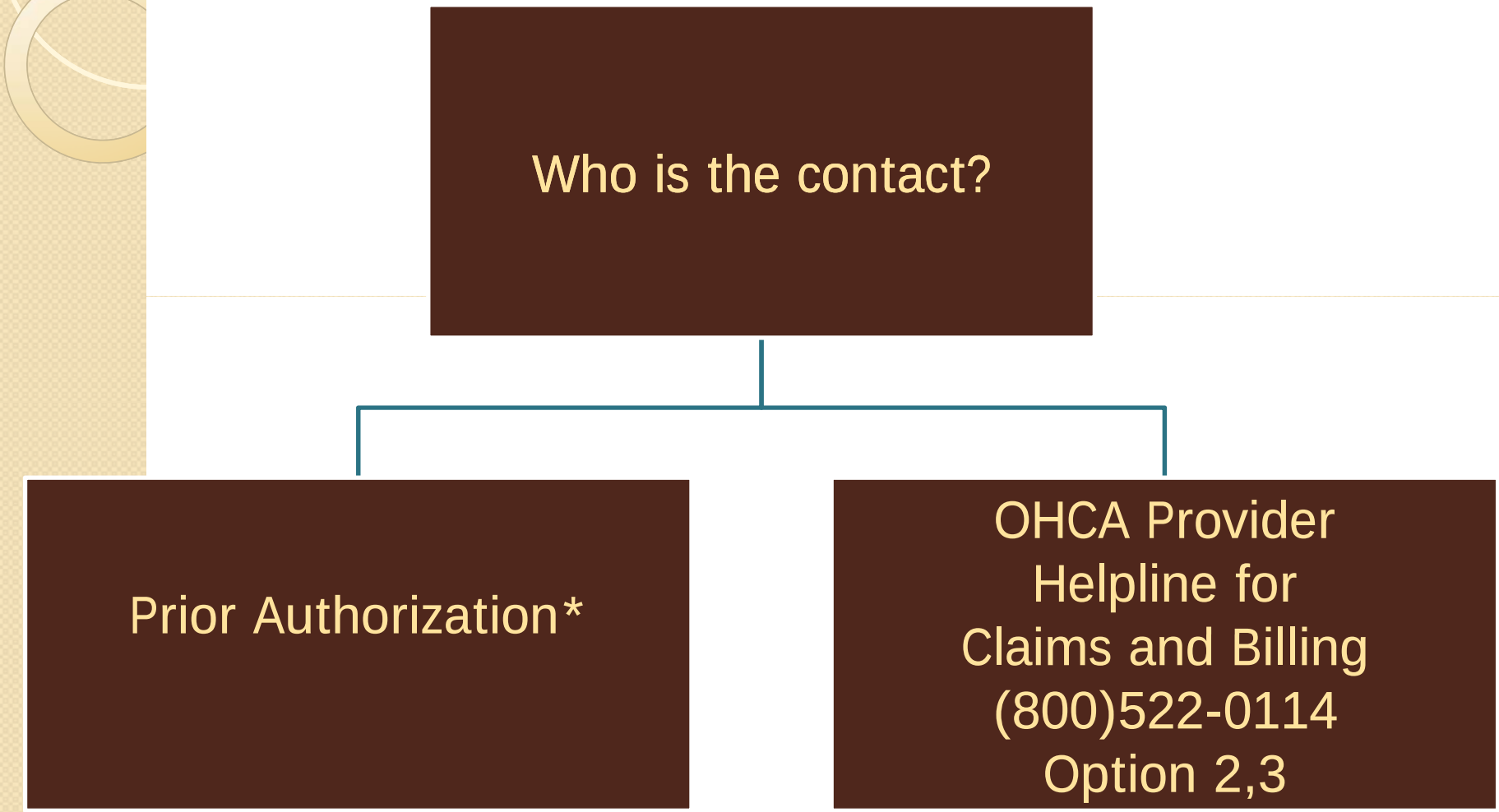
SoonerCare
Case Management Policy


Who is the contact?
Prior Authorization*
OHCA Provider Helpline for Claims and Billing (800)522-0114 Option 2,3

Call or email if you have a question:

Javey Dallas
(405) 522-7543
Javey.Dallas@okhca.org

What are the rules of the road?

How to find the rules: www.okhca.org

- Go to the Providers' section
- Policies & Rules, and then, OHCA Medicaid Rules
- Chapter 30 – Medical Providers
- SubChapter 5 – Individual Providers
- Part 67 – CM
- Part 21 – OPBH Agencies

SoonerCare Requirement:

- 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.
  - A provisional certification is not allowable.
  - Suspended certification is not allowable.

Change 7/1/2010

- For Certified Case Manager II, after July 1, 2010: Any bachelors or masters degree earned from a regionally accredited college or university recognized by the USDE is allowable.

Case Management Professional Levels

Level of CM	Code	Modifier	Rate	
CM III, LBHP	T1017	HO	13.53	
CM II, MA/BA level	T1017	HN	10.48	
CM I, less than BA	T1017	HM	7.43	
SOC, CM III, LBHP (ODMHSAS only)	T1016	TF	21.61	
SOC, CM II, BA (ODMHSAS only)	T1017	TF	16.21	
Intensive - CMHC, CM III, LBHP (ODMHSAS only)	T1016	TG	19.55	18 and up
Intensive - CMHC, CM II, BA (ODMHSAS only)	T1017	TG	14.74	

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

Always use the rates and code sheet

Modifiers	
1st Position Modifiers	
HE	Mental Health
HF	Substance Abuse
HH	Integrated MH & SA
HV	Gambling
2nd Position Modifiers	
TF	Low Complexity
TG	This modifier is multipurpose: ▪Complex/high level of care for CALOCUS ▪Targeted CM
HN	This modifier is multipurpose: ▪Bachelor Level designation for CM ▪Psychotherapy codes only: CADC (HN to signify CADC is sometimes required in 2nd and in other situations 3rd.)
HS	Family therapy *without* patient present
HR	Family therapy *with* patient present
HQ	Group
HL	Intern Program
HP	Doctoral Level
HO	LBHP
3rd Position Modifier	
HN	CADC
TF	ODMHSAS
HK	Specialized Program (PACT)
Modifiers are required to be listed in the correct position in order for claims to be paid in a correct manner. Incorrect positioning of a modifier may lead to an incorrect payment and result in a recoupment.	

This next part is . . . .

Who is Case Management for?

- "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 and chronically and/or severely mentally ill adults who are institutionalized or are at risk of institutionalization"

Strengths based model of case management

- **Policy says:** "In order to be compensable, the service must be performed utilizing the ODMHSAS ***Strengths Based model*** **of case management**."

United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

- A Life in the Community for Everyone: Behavioral Health is Essential to Health, Prevention Works, Treatment is Effective, People Recover.

SAMHSA Defines Recovery

Recovery From Mental and Substance Use Disorders:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Guiding Principles of Recovery:

* Recovery is *person-driven*.
* Recovery occurs via many pathways.
* Recovery is holistic.
* Recovery is supported by peers and allies.
* Recovery is supported through relationships and social networks.
* Recovery is culturally based and influenced.
* Recovery is supported by addressing trauma.
* Recovery involves individual, family, and community strengths and responsibility.
* Recovery is based on respect.
* Recovery emerges from hope.

- **More in policy:** "Behavioral case management:

  - Promotes recovery;
  - Maintains community tenure; and
  - Assists individuals in accessing services **for themselves."**

Love this statement in the policy

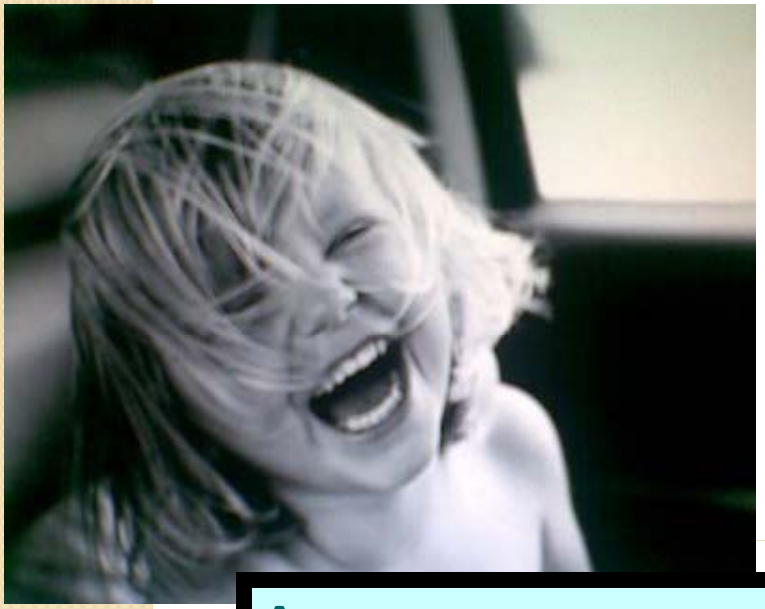
- Per policy: "This model assists individuals in identifying and securing the range of resources, ***environmental*** and ***personal***, needed to live in a normally interdependent way in the community."

CM service plan development is billable.

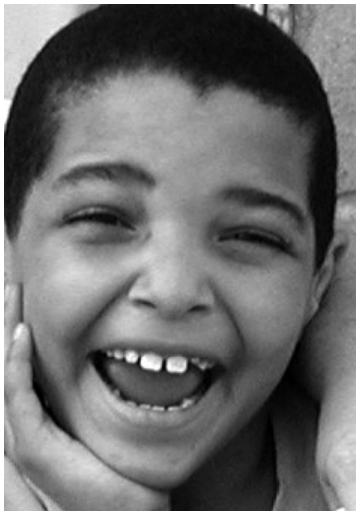
- The policy states: "The individual plan of care must be developed with participation by, as well as, reviewed and signed by the ***member***, the parent or guardian (if the member is under 18), the behavioral health ***CM***, and a ***LBHP*** as defined at OAC 317:30-5-240" for it to be compensable

Licensed Behavioral Health Practitioner's Role in CM

- **In order to obtain an authorization for case management, the LBHP needs to complete a BH assessment.**
- **This is a requirement for anyone to receive Medicaid compensable services.**

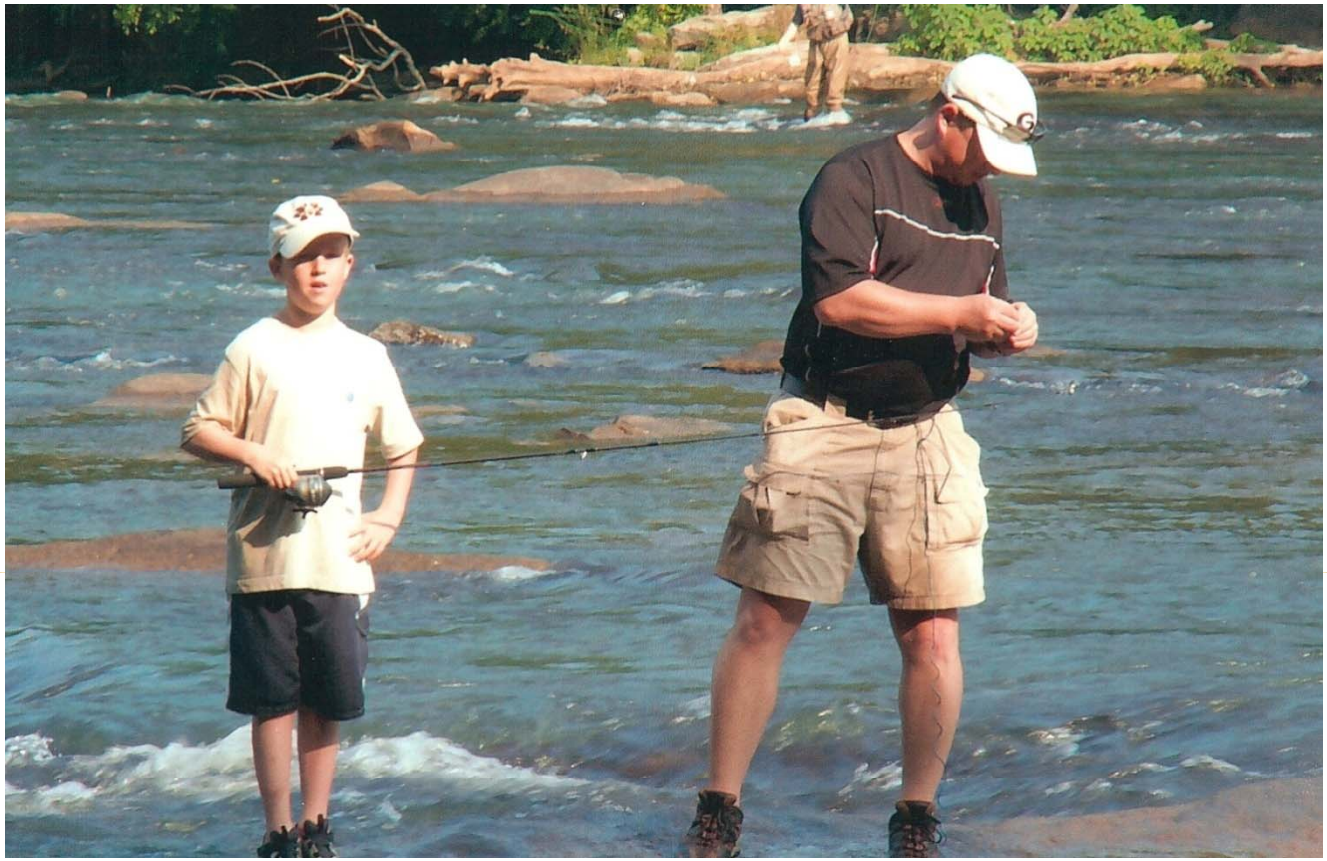


As a case manager you may not be able to change the world, but you can change the world for one person.



Service Plans

- "The service plan must include *general* goals and objectives pertinent to the overall recovery needs of the member."
- It **is** OK for the service plan to be written in the member's words.
- It needs to be a therapeutically meaningful process for the member. It is the member's plan and it is being developed for them.



"If you give a man a fish he eats for a day, teach them how to fish and they eat forever"

SoonerCare reimbursable behavioral health case management services include the following:

(I) Gathering necessary psychological, educational, medical, and social information for the purpose of service plan development.
(II) Face-to-face meetings with the member and/or the parent/guardian/family member for the implementation of activities delineated in the service plan.
(III) Face-to-face meetings with treatment or service providers, necessary for the implementation of activities delineated in the service plan.
(IV) Supportive activities such as non face-to-face communication with the child and/or parent/guardian/family member.
(V) Non face-to-face communication with treatment or service providers necessary for the implementation of activities delineated in the service plan.

Specific Case Management Activities

- Needs Assessment
- Service Plan Development
- Referral
- Linkage
- Advocacy
- Follow-up
- Monitoring
- Outreach
- Crisis Diversion

New as of 3/3/2010

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.

Case management crisis diversion is different than crisis intervention.

317:241.4-241.4 Crisis Intervention [Issued 04-01-09]

(1) **Definition**. Crisis Intervention Services are for the purpose of responding to acute behavioral or emotional dysfunction as evidenced by psychotic, suicidal, homicidal severe psychiatric distress, and/or danger of AOD relapse. The crisis situation including the symptoms exhibited and the resulting intervention or recommendations must be clearly documented.

(2) **Limitations**. Crisis Intervention Services are not compensable for SoonerCare members who reside in ICF/MR facilities, or who receive RBMS in a group home or Therapeutic Foster Home. CIS is also not compensable for members who experience acute behavioral or emotional dysfunction while in attendance for other behavioral health services, unless there is a documented attempt of placement in a higher level of care. The maximum is eight units per month; established mobile crisis response teams can bill a maximum of sixteen units per month, and 40 units each 12 months per member.

New as of 3/3/2010

(VIII) ***Transitioning*** from institutions to the community. Individuals (except individuals ages 22 to 64 who reside in an institution for mental diseases (IMD) or individuals who are inmates of public institutions) may be considered to be transitioning to the community during the last 60 consecutive days of a covered, long-term, institutional stay that is 180 consecutive days or longer in duration. For a covered, short term, institutional stay of less than 180 consecutive days, individuals may be considered to be transitioning to the community during the last 14 days before discharge. 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.

Transition Case Management

- Excludes individuals ages 22 to 64 who are on a psychiatric inpatient unit (IMD) or inmates of public institutions.
- Individuals may be considered transitioning the last 14 days before discharge of a stay that is less than 180 consecutive days.
- Individuals may be considered transitioning the last 60 days of a covered, long-term institutional stay that is 180 days or longer in duration.

Exclusions

- SoonerCare members who reside in nursing facilities, residential behavior management services, group or foster homes, or ICF/MR's may not receive SoonerCare compensable case management services.

- This includes DHS and OJA children who are in their custody.

Case Management Indirect Services:

- With regard to the TCM rates, CMS has shown a trend across states of not reimbursing for "indirect case management" in the situations where the case manager spends time preparing the actual assessment document and the service plan paperwork.
- Our state plan does refer to "indirect case management" but those services are intended for the time that the case manager is not face to face with the actual client, but is spending time speaking with family members, other health care providers, etc. that can provide information about the client. These *research* activities are considered reimbursable.
- The model assumptions upon which the rate is based include 10% for administrative and/or management costs. This accounts for overhead and the other administrative duties such as the time it takes to prepare the assessment and/or service plan documents.

Case Management Travel Time:

With regard to the question on travel time, when the rate was re-calculated, travel time was built into the average length of face to face time spent with a member (i.e. the rate assumes that the case manager will spend some amount of time traveling to the member for the face to face service). The case manager should only bill for the actual face to face time that they spend with the client providing actual CM services & not bill for "windshield time". This would be considered duplicative billing since the rate assumes the travel component already.

Reimbursable case management *does not* include:

(I) physically escorting or transporting a member to scheduled appointments or staying with the member during an appointment; or
(II) monitoring financial goals; or
(III) providing specific services such as shopping or paying bills; or
(IV) delivering bus tickets, food stamps, money, etc.; or
(V) services to nursing home residents; or
(VI) counseling or rehabilitative services, psychiatric assessment, or discharge; or
(VII) filling out forms, applications, etc., on behalf of the member when the member is not present; or
(VIII) filling out SoonerCare forms, applications, etc., or;
(IX) services to members residing in ICF/MR facilities.

From policy: *The relationship between the member and the behavioral health case manager is characterized by mutuality, collaboration, and partnership.*

Remember: It is your job to empower them not to enable them!

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 on behalf of the member related to advocacy, linkage, referral, or monitoring used to address needs, 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.

Primary Care Physicians

- Network with physician's offices. Let them know that you are available to assist them with anyone who needs BH services. We are encouraging physicians to routinely screen for psychiatric problems: substance misuse, abuse, dependency, emotional and other behavioral health problems.

What Irks Primary Care Physician

- No responses back when they refer a patient.
- Long responses that use mental health jargon.
- Lack of explicit recommendations they can act on.
- No response to a medical record/release of information request.
- Long delays in getting the patient seen for an initial consult.

Medicare's 8 Minute Rule		
Units	Actual Time	8 Minute Rule Minimum and Maximum Times
1 unit =	15	8 minutes to 22 minutes
2 units =	30	23 minutes to 37 minutes
3 units =	45	38 minutes to 52 minutes
4 units =	60	53 minutes to 67 minutes
5 units =	75	68 minutes to 82 minutes
6 units =	90	83 minutes to 97 minutes
7 units =	105	98 minutes to 112 minutes
8 units =	120	113 minutes to 127 minutes
9 units =	135	128 minutes to 142 minutes
10 units =	150	143 minutes to 157 minutes
11 units =	165	158 minutes to 172 minutes
12 units =	180	173 minutes to 187 minutes

Questions, comments?