DMAS Community Mental Health and Rehabilitative Services

• On January 1, 2018, DMAS will enact a benefit carve-in for Community Mental Health and Rehabilitation Services, referred to as CMHRS. This means that all CCC Plus health plans will assume responsibility for the administration of these services, which have historically been provided by our sister company, Magellan Healthcare of Virginia. DMAS is carving in these services in an effort to increase integration of physical and behavioral health services, and to leverage the care coordination model of the CCC Plus program.

• CMHRS are behavioral health interventions intended to provide clinical treatment to those individuals with significant mental illness or children with, or at risk of developing, serious emotional disturbances.

• These benefits are available to individuals who meet the service specific medical necessity criteria based on diagnoses made by Licensed Mental Health Professionals practicing within the scope of their licenses.
DMAS Services included in the CMHRS

- Day treatment/partial hospitalization
- Psychosocial rehabilitation
- Mental health skill-building
- Mental health peer supports/family supports
- Mental health case management
- Intensive community treatment
- Crisis intervention
- Crisis stabilization
- Intensive in-home services for children and adolescents.
- Therapeutic day treatment for children and adolescents.
- Behavioral therapy
CMHR Services Descriptions
Services for Adults (and some older Adolescents)

Adult Day Treatment/Partial Hospitalization Programs:

- The interventions are more intensive than outpatient services and are in at least two consecutive hours.
- A multi-disciplinary team works to provide coordinated, comprehensive care to members to stabilize their psychiatric symptoms.
- The program assists with learning activities of daily living.
- Designed to help members change behaviors that are problematic in the community.
- This service may be used to prevent hospitalization for those at risk of hospitalization or as a bridge back to the community from hospitalization.
- Adult Day Treatment / PHP programs must be provided in group settings.
Services for Adults (and some older Adolescents)

Psychosocial Rehabilitation

• This service is provided in group setting.

• It is to educate members about their mental illness, provide information on the appropriate use of their medications, assist members to develop the skills needed to live independently, and help members increase their connections to their community.

• It is usually for members who have had repeated or long term psychiatric hospitalizations.
Services for Adults (and some older Adolescents)

Intensive Community Treatment (ICT)

- For members who need intensive support to live in the community.
- This service includes medical psychotherapy, psychiatric assessment, medication management, and case management activities.
- It is usually provided outside the clinic, hospital, or office setting.
- ICT utilizes a team of mental health professionals who are available either directly or on call 24 hours a day, seven days a week, 365 days a year.
Services for Adults (and some older Adolescents)

Mental Health Skill-building

• This service is intended to assist members with maintaining community stability and gaining independence.

• It helps the member remain in the most appropriate, least restrictive environment.

• Mental Health Skill-building works with member to improve functional skills.

• It helps coach members on how to complete activities of daily living and use of community resources and assists member with appropriate medication use.

• It also helps educate and model healthy living habits to maintain optimum physical health.

• It is provided on an individual basis.
Services for Adults (and some older Adolescents)

Mental Health Peer Supports

• Services provided by a person with lived experience [Peer Recovery Specialist (PRS)]
• Services assist with development of self-advocacy skills to achieve increased integration with natural support and community
• Empower people to realize their own wellness potential
• Assist with the acquisition of skills needed to engage in and maintain recovery
• This service may be provided individually or in a group setting
Services for Adults and Youth
Mental Health Case Management (also known as Targeted Case Management)

The mental health case manager assists individuals who live with severe and persistent mental health disorders in gaining access to needed services including:

• Behavioral health
• Medical
• Social
• Educational
• Other services as appropriate to the individual member

Case management does not include direct services to the member.

Mental Health Case Management can only be provided by the local CSB.
Crisis Services

Crisis Intervention Services

• This is intended to be immediate mental health assistance available 24 hours a day, seven days a week for members experiencing acute mental health dysfunction which require immediate clinical attention. This service may include pre-admission screening activities by a community services board (CSB) or behavioral health authority (BHA).

Crisis intervention is provided to:

• Prevent symptoms from worsening.
• Prevent injury to the member or someone else.
• Provide treatment in the least restrictive setting.
Crisis Services

Crisis stabilization

• This service provides direct mental health care to non-hospitalized individuals in an acute psychiatric crisis

• It helps avoid psychiatric hospitalization or re-hospitalization, provides a safe environment, provides security for crisis intervention

• Helps to stabilize individuals in psychiatric crisis

• Crisis Stabilization can also mobilize the community support system, family members, and others to assist the member with ongoing recovery

• Crisis stabilization may be provided to members in their home or in a residential setting licensed by Department of Behavioral Health and Developmental Services (DBHDS) (Excluding institutions for mental disease)
Peer Support Services and Family Support Partners

Peer Support Services

• Peer Support Services facilitate recovery from both serious mental health conditions and substance use disorders.

• Recovery is a process in which people are able to live, work, learn and fully participate in their communities.

• Peer Support Services are delivered by trained and certified peers who have been successful in the recovery process and can extend the reach of treatment beyond the clinical setting into an individual’s community and natural environment to support and assist an individual with staying engaged in the recovery process

• Peer Support Services are targeted towards those members 21 years of age and older
Peer Support Services and Family Support Partners

Family Support Partners

- Family Support Partner Services are rendered by a Peer Recovery Specialist (PRS) who is:
  - A parent of a minor or adult child with a similar mental health or substance use disorder or co-occurring mental health and substance use disorder, or
  - An adult with personal experience with a family member with a similar a mental health or substance use disorder or co-occurring mental health and substance use disorder with experience navigating substance use or behavioral health care services.

- Family Support Partner Services may be provided to eligible individuals under the age of 21 who have a mental health or substance use disorder or co-occurring mental health and substance use disorders.

- This service, provided to the caregiver, must be directed exclusively toward the benefit of the member.

- Services are expected to improve outcomes for youth with complex needs who are involved with multiple systems. and increase the youth and family’s confidence and capacity to manage their own services and supports while promoting recovery and healthy relationships.
Services for Youth and their Families
Services for youth and their families

Intensive in-home services for children and adolescents are:

• Focused, time-limited behavioral health treatment related interventions.
• More intensive than outpatient clinic services.
• Take place primarily in the youth’s home.
• Address family dynamics and communication patterns.
• Intervene in problematic behaviors of the youth.
• Provide case management for the youth.
• Access to 24-hour emergency response resource for the family.
• At least one adult family member needs to be able to participate with the goal of keeping the child with the family.
Services for youth and their families

Therapeutic day treatment

• Includes psychotherapeutic interventions, medication education and mental health treatment.
• Works with families on the development and implementation of individual behavior plans.
• Responds to any on-site behavioral crisis.
• Operates a minimum of two hours per day either before, during, or after the normal school day.
• Provides two or more therapeutic activities per day are required.
Services for youth and their families

Behavioral Therapy

• Services are for youth under age 21 who cannot engage in traditional outpatient, TDT, IIH or other services designed to assist with insight development or increased self-awareness.

• Behavioral therapy is designed to enhance communication skills and decrease maladaptive patterns of behavior that could lead to more complex problems and the need for a greater or more restrictive level of care.

• Goal is to ensure the individual’s family/caregiver is trained to support the individual in the home and community.

• A behavioral modification strategy (such as applied behavior analysis) that employs systematic interventions typically provided in the individual’s home.

• The family is trained to manage the individual’s behavior in the home using behavioral modification strategies.

• Direct family involvement in the treatment program is required.
CMHRS Essentials for Providers
Authorization Process

Submit Service Authorization/Registration Requests by Fax to MCC of VA:

- **1-866-210-1523**
- Please fax all supporting documentation with the request

Utilization Management Decision Turnaround Standards:

- All MCOs will rely on contract standards of 3 business days or up to 5 business days if additional clinical information is required

Provider Authorization/Registration Request Timeframes for Submission to MCC of VA:

- CMHRS (excluding Crisis Intervention/Crisis Stabilization) is 7 business days
- Crisis Intervention/Crisis Stabilization is 48 hours

Providers will be notified of authorization approvals or denials by letter and/or phone

**Note:** For denials, a letter would be sent by MCC of VA to both the provider and member, to meet NCQA requirements.
Levels of Care: Registration vs. Authorization

The CMHRS levels of care are below. The levels of care with an “R” will have a registration required (i.e. no licensed clinician required to review request), while the “A” indicates an Authorization, meaning that a licensed clinician will need to review for MNC.

<table>
<thead>
<tr>
<th>Community Mental Health Rehabilitation Services (CMHRS)</th>
<th>Procedure Code</th>
<th>Registration vs. Authorization INITIAL Request</th>
<th>Registration vs. Authorization CONTINUED STAY Request</th>
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<tbody>
<tr>
<td>Mental Health Case Management</td>
<td>H0023</td>
<td>R</td>
<td>R</td>
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<tr>
<td>Therapeutic Day Treatment (TDT) for Children</td>
<td>H0035 HA</td>
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<td>Day Treatment/ Partial Hospitalization for Adults</td>
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<td>Crisis Intervention</td>
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<td>Mental Health Skill-building Services (MHSS)</td>
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<td>Mental Health Peer Support Services – Group</td>
<td>H0024</td>
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Beginning 1-1-18 Community Mental Health Rehabilitative Services

• Authorization of All Services:
  - Behavioral Therapy/Applied Behavioral Analysis (ABA)
  - Day Treatment/Partial Hospitalization for Adults
  - Psychosocial Rehabilitation
  - Therapeutic Day Treatment for Children
  - Mental Health Skill Building Services
  - Intensive In-Home

• Authorization required and then continued stay request via registration after six months:
  - Intensive Community Treatment

• Registration required and then continued stay request is required after 12 days of care have been provided:
  - Mental Health Peer Support Services/Family Support Partners Individual and Group

• Registration only required:
  - Mental Health Case Management
  - Crisis Stabilization
  - Crisis Intervention
Continuity of Care

CCC Plus MCOs will:

1. Maintain the Member’s current CMHRS providers for up to 90 days;
   - After 4-1-18, the continuity period changes to up to 30 days;

2. Honor service authorizations (SAs) issued prior to enrollment, including those with out of network providers, for up to 90 days until or until the authorization expires, whichever comes first; and
   - After 4-1-18, the continuity period changes to up to 30 days or until the authorization expires, whichever comes first;

3. Extend this time frame as necessary to ensure continuity of care pending the provider’s contracting with the health plan or the member’s safe and effective transition to a qualified provider within the MCO’s provider network or as authorized by the MCO out-of-network.
• New members will be added to the CCC Plus population as of January 1, 2018. These members may also already be receiving CMHR Services.

• The Care Coordinator will work with the member’s service providers to complete the HRA and develop the ICP including the CMHR Services as indicated by the member’s needs and desires of the member and family as appropriate to the level of care needed.

• The same continuity of care parameters will be followed for members already enrolled in CCC Plus.

• Enrolled in another MCO? The provider will need to contact the MCO the member is enrolled in for assistance as each CCC Plus MCO is now supporting their own CMHRS calls.

• Enrolled in Medicaid, but not CCC Plus? Magellan of VA will continue to assist Medicaid members that are not enrolled in CCC Plus with Behavioral Health Services.
Carved Out Behavioral Health Services

Behavioral Health Services that are still carved out of CCC Plus Plans and still managed by Magellan of Virginia (BHSA):

- **Psychiatric Residential Treatment Facility (PRTF) [formerly called Residential Level C]:** Any CCC+ member admitted to a PRTF is temporarily excluded from the CCC Plus program until they are discharged. They are covered by Fee For Service until discharged.

- **Treatment Foster Care Case Management (TFC-CM):** Members admitted to TFC-CM currently remain in CCC Plus. This service is managed by the BHSA, while the CCC+ Plans manage the other medical, ARTS, mental health, transportation and pharmacy services as needed.

- **Therapeutic Group Home (TGH) [formerly called Residential A & B]:** Members admitted to a Therapeutic Group Home will remain in CCC Plus but their TGH per diem service is managed by the BHSA. The CCC+ Plans work collaboratively with Magellan of Virginia (BHSA) to manage and coordinate the other medical, ARTS, mental health, transportation and pharmacy services as needed.
Span Billing

• What is span billing?
  – Repetitive services that span multiple dates of service on a single claim. In other words, this means that providers can submit one claim which includes multiple units for multiple days for that level of care.

• For example:
  – Intensive Community Treatment (ICT) is a level of care for which span billing is allowed
  – If member received 3 units of ICT on 12/4/17, 2 units of ICT on 12/6/17 and 4 units of ICT on 12/7/17----instead of submitting 3 separate claims for those 3 dates (i.e. 3 units on 12/4/17; 2 units on 12/6/17; 4 units on 12/7/17) , DMAS allows the provider to submit for 9 units from 12/4/17-12/7/17 on one claim

• Do you do span billing?
  – Yes, we do!
Contacting MCC of VA

Provider/Member Services Line

1-800-424-4524, TTY: 711

Additional Training will be provided.
Questions?
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