Behavioral Health Rehabilitation

ODMHSAS and OHCA Reimbursable Services
Behavioral Health Rehabilitation (BHR) Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model
Eligibility

- The individual must be eligible to receive behavioral health services under either ODMHSAS or OHCA (SoonerCare); and must meet eligibility requirements for rehab.

- If billing under a SoonerCare contract, the individual must have SoonerCare eligibility.
Eligibility - Adults

- Must have a history of psychiatric hospitalization or admissions to crisis centers.
- Determined to be disabled by the SSA for mental health reasons.
- Residing in a residential care facility or receiving services through a specialty court program.
Eligibility-Children

- History of psychiatric hospitalizations or admissions to crisis centers
- Have been determined disabled by the SSA for mental health reasons
- Has a current IEP or 504 Plan for Emotional Disturbance
- Been evaluated by a school psychologist, licensed psychologist/psychiatrist and deemed “At Risk” per the PA Manual
Eligibility

- If billing ODMHSAS, the individual must be receiving services at an ODMHSAS contracted agency and have Mental Health and Substance Abuse in the member eligibility file in the system.

- Being certified by ODMHSAS, and having a contract with ODMHSAS are two separate things. A contract means that your agency receives funding from ODMHSAS.
Prior Authorization

- There must be an active Prior Authorization (PA) for the period of time during which the BHR service is provided.

- Getting electronic permission for a person to receive services prior to performing a service.
Individual must have an active Service Plan with BHR treatment objectives

BHR service provided must be related to the plan unless the services is provided in pre admit status (CDC-21)

The service(s) provided must include only those service functions that are allowable under BHR, and should be documented in a progress note accordingly
<table>
<thead>
<tr>
<th>Section I</th>
<th>Agency</th>
<th>Member ID</th>
<th>Date of Transaction (MM/DD/YYYY)</th>
<th>Transaction Time (0000-2359)</th>
<th>Service Focus*</th>
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**Race:**
- 1 (Yes) for all that apply, Blank-No
- White
- Black/African American
- Asian
- Native Hawaiian or Other Pac. Islander
- American Indian
- Other

**Ethnicity:**
- Hispanic/Latino
- Other

**Gender:**
- F (Female)
- M (Male)
- NA

**Alert Information:**
- Trauma Score
- Mental Health Screen
- Substance Abuse Screen
- Gambling Screen

**Screens:**
- 1 (Yes)
- 2 (No)
- 3 (NA)

**Primary Referral:**
- AGENCY #

**Secondary Referral:**
- AGENCY #

<table>
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<tr>
<th>Section II &amp; III</th>
<th>Current Residence</th>
<th>Language Proficiency</th>
<th>Disability</th>
<th>Legal Status</th>
<th>Tobacco Use</th>
<th>Presenting Problem</th>
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**Current Residence:**
- A. Permanent Housing
- B. R.C. Facility/Group Home
- C. Perm Sup Hous-Non-Cong
- D. Perm Sup Hous-Cong
- E. Transitional Housing
- F. H. Institutional Setting
- G. E. Temporary Housing
- J. Homeless-Shelters

**Is customer in prison/jail?**
- Yes
- No

**Living Situation:**
- Alone
- With Family/Relatives
- With Non-Related Persons

**Employment:**
- Full-time (35+ hrs.)
- Part-time (<35 hrs.)
- Unemployed (looking for work in last 30 days)
- Not in the Labor Force (AF below)

**Type of Employment/Not in Labor Force:**
- Competitive
- Supported
- Volunteer
- None
- Special (Transitional or Homeless)
- Sheltered Workshop
- Other

**Is customer in school?**
- Yes
- No

**Education:**
- Highest Grade Completed or Current
- Grade (00-25)
- Grade (00-99)
- Grade (100-125)

**Military Status:**
- Veteran
- Active

**Marital Status:**
- Never Married
- Divorced
- Widowed
- Separated

**Is customer pregnant?**
- Yes
- No

**Annual Income:**
- $XX,XXX

**Number contributing to or dependent upon Annual Income:**
- $XX,XXX

**Section IV**

<table>
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<tr>
<th>Family ID</th>
<th>DOC # or DHS Case Number</th>
<th>Clinician of Record (NP):</th>
<th>Section IV</th>
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<td>Section IV</td>
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</table>

**Legal Name:**
- Last
- First
- Middle
- Suffix

**Address:**
- (1)
- (2)
- City
- State

(CDC Revised June 28, 2016 by LDR)

(Some codes may be found on the back of the CDC form or check the manual for further information)
Pre Admit

- CDC Service Type 21 submitted in PICIS
- A start date is issued
- Good for 90 days (Can request an extension online)

1. Initial Assessment
2. Service Plan Development
3. End when prior authorization is accepted
4. Limited to 1 per client per agency (unless no services for 6 months)
Staff Providing BHR

The staff providing BHR must have the required credentials.
What Staff Can Provide Basic BHR Services?

- Licensed Behavioral Health Professionals (LBHP)
- Certified Alcohol and Drug Counselors (CADC)
- Behavioral Health Case Manager II (Certification issued July 1, 2013 or after)
- All license and certifications must be CURRENT
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
Who Can Receive BHR Services?

- Adults with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)
- Children with other emotional or behavioral disorders.
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/IID facilities
- Individuals residing in nursing facilities
- Individuals residing in inpatient hospitals or IMDs
- Inmates of public institutions
- Children receiving Residential Behavioral Management Services in a group home or therapeutic foster home
Service Functions **NOT Allowed Under BHR**

- Counseling/Psychotherapy
- Mentoring
- Discussion/Process based groups (including support groups, AA)
- 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
Allowable Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model
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 (8 hours)
  - Level 2 – 48 Units Per Month (12 Hours)
  - Level 3 – 64 Units Per Month (16 Hours)
  - 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 (6 hours for adults, 4 Hours for children)

  - **Individual Rehabilitation** - maximum of 6 units per day (1 hour 30 Min)
Service Plan

The individual must have an **active service plan with BHR treatment objectives**, and the **BHR service provided is related to the plan**. (unless providing CM services under a CDC 21: Pre-Admission array)

1. **Dates**
2. **Signatures of all people involved**
3. **Correct dates on objectives.**
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 working in PSR progress notes may take the form of a daily summary or weekly summary note
Progress Note

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;
Progress Note

(7) specific activities performed by the case manager on behalf of the member related to, 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.
Other Documentation Requirements

- A list/log/sign-in sheet reflecting participants and facilitating rehab clinician, must be maintained for each group rehabilitation session.
ARC/ PICIS

www.odmhsas.org/arc.htm
ARC

1. ok.gov/odmhsas
2. CDC Data Entry System (PICIS)
3. Documents
Questions