



Case Management

Policy & Reimbursement



Behavioral Health Case Management Policy?

- ▶ Oklahoma Health Care Authority
<https://oklahoma.gov/ohca.htm>

- ▶ More

- ▶ Policy and Rules

Part 21 Outpatient Behavioral Health Services

317:30-5-241.6. Behavioral Health Case Management



What is Case Management?



The Big IX

1. Needs Assessment - necessary psychological, educational, medical, and social information for the purpose of individual plan of care development.

2. Service Plan Development – Face-to-face meetings with the member and/or the parent/guardian/family member for the implementation of activities delineated in the individual plan of care (service/treatment plan).



The Big IX

3. Referral - When an individual/family is in need of specific resource information (such as a name, phone number and/or address) and can **take the information and make the linkage and advocate for themselves.**

4. Linkage - When an individual/family is in need of specific resource information, and **needs assistance with linking up** with that resource.



The Big IX

5. Advocacy - When an individual/family is **unable to successfully express their needs and interests** and needs assistance with communication to access a specific resource.

6. Follow-up - Follow up with the individual and/or family to **help the stay engaged in treatment.**

7. Monitoring/Support - monitoring and support **related to the individual CM plan of care-** assessing progress and barriers, and reassessing goals/objectives.



The Big IX

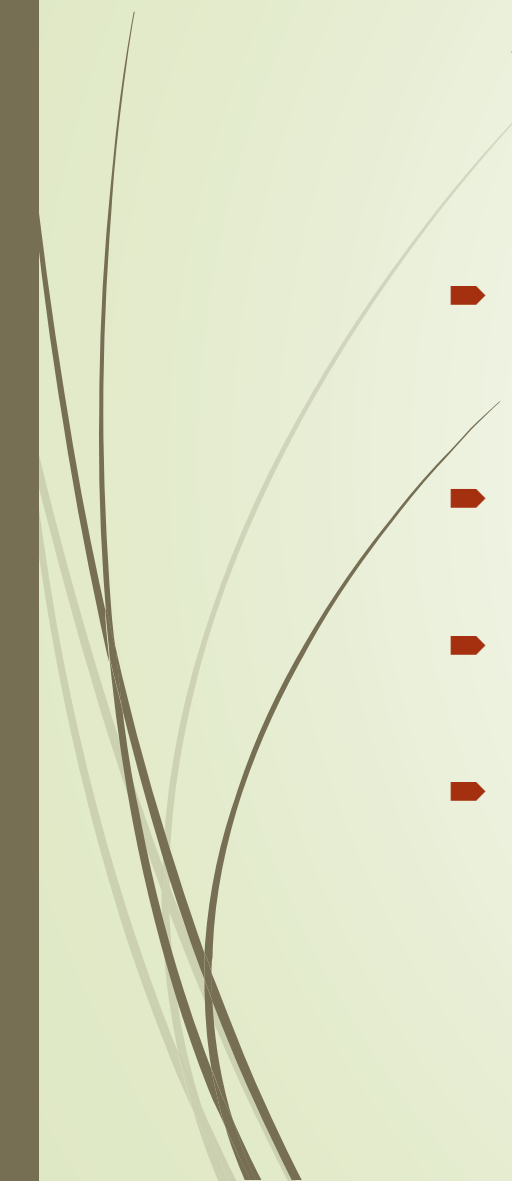
8. Outreach –Outreach with the individual and/or family to help the **stay engaged in treatment**, appointments.

9. 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.**



Excluded Services

SoonerCare Reimbursable behavioral health case management does not include the following activities:

- ▶ (A) physically escorting or transporting a member or family to scheduled appointments or staying with the member during an appointment; or
 - ▶ (B) managing finances; or
 - ▶ (C) providing specific services such as shopping or paying bills; or
 - ▶ (D) Delivering bus tickets, food stamps, money, etc.; or
- 



Excluded Services...

- ▶ (E) counseling, rehabilitative services, psychiatric assessment, or discharge planning; or
- ▶ (F) filling out forms, applications, etc., on behalf of the member **when the member is not present**; or
- ▶ (G) filling out SoonerCare forms, applications, etc.;
- ▶ (H) mentoring or tutoring;
- ▶ (I) provision of behavioral health case management services to the same family by two separate behavioral health case management agencies;



Excluded Services...

- (J) non-face-to-face time spent preparing the assessment document and the service plan paperwork;
- (K) monitoring financial goals;
- (L) services to nursing home residents;
- (M) psychotherapeutic or rehabilitative services, psychiatric assessment, or discharge; or
- (N) services to members residing in ICF/IID facilities.



Excluded individuals

The following SoonerCare members are not eligible for behavioral health case management services:

- (A) children/families for whom behavioral health case management services are **available through OKDHS/OJA staff without special arrangements** with OKDHS, OJA, and OHCA;
- (B) members receiving Residential Behavior Management Services (RBMS) in a foster care or group home setting unless transitioning into the community;
- (C) residents of ICF/IID and nursing facilities unless transitioning into the community;
- (D) members receiving services under a Home and Community Based services (HCBS) waiver program.

Procedure Code & Limit

		Modifier		Age	Calendar limit (Per month)	Contract Type
Targeted Case Management LBHP/MA level	T1017	HE/HF	HO	0-999	12	110 - OPBH
Targeted Case Management CMII MA/BA level	T1017	HE/HF	HN	0-999	12	110 - OPBH
Targeted Case Management CMI BA/less than BA level	T1017	HE/HF	HM	0-999		110 - OPBH



Effective 11/1/2019

As of 11/1/2019 regular outpatient clients are restricted to 12 units per month (rolling year) of ***behavioral health case management (T1017)***

Medical Necessity Criteria

- ▶ Client has been **admitted to behavioral health inpatient, crisis unit, mobile crisis or urgent care in the last five years**. The ending date for eligibility is five years after the last discharge. A report in PICIS will be available by 9/8/2017 to identify those individuals which meet this eligibility requirement.
- ▶ Any consumer of any age with an **Substance Use Disorder** service focus listed **on their CDC**
- ▶ **Adults (18+)** who are either: (a) enrolled at a certified substance abuse agency and have a substance abuse service focus on the CDC or (b) enrolled in a specialty court program. **Eligibility is only maintained while enrolled in those programs.**
- ▶ **Client is currently homeless**, as identified on the CDC as 'Homeless-Shelter' or 'Homeless-Streets'. The Medical Necessity Criteria only applies if currently homeless.
- ▶ Note: If the client meets any of these criteria, but is not identified in the PICIS or MMIS system as such, **providers need to submit a PA Adjustment with supporting documentation.**

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I		Agency: <input type="text"/>		Date of Transaction (MMDDYYYY): <input type="text"/>		Transaction Time (0000-2359): <input type="text"/>		Transaction Type*: <input type="text"/>	
Member ID: <input type="text"/>		Date of Birth (MMDDYYYY): <input type="text"/>		Service Focus*: <input type="text"/>		(Contact: 21, 27) (23, 40, 41, 42) (60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72)			
RACE: (1=Yes for all that apply; Blank=No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/> Email Address: _____ ETHNICITY: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>		GENDER: (F=Female; M=Male) <input type="checkbox"/> Alert Information: Trauma Score <input type="text"/>		SCREENS: (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="text"/> Substance Abuse Screen <input type="text"/> Trauma Screen <input type="text"/> Gambling Screen <input type="text"/>		PRIMARY REFERRAL: * <input type="text"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL: * <input type="text"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>			
SECTION II & III CURRENT RESIDENCE: A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/> D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing <input type="checkbox"/> J. Homeless-Streets <input type="checkbox"/> Is customer in PRISON/JAIL?: (If 1, Residence must=H) <input type="checkbox"/> 1. Prison 2. No 3. Jail LIVING SITUATION: <input type="checkbox"/> CHRONIC HOMELESSNESS: <input type="checkbox"/> 1. Alone <input type="checkbox"/> (1=Yes; 2=No) 2. With Family/Relatives <input type="checkbox"/> 3. With Non-Related Persons <input type="checkbox"/> EMPLOYMENT: <input type="checkbox"/> 1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days) 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below) TYPE OF EMPLOYMENT/ Not in Labor Force: <input type="checkbox"/> 1. Competitive A. Homemaker <input type="checkbox"/> 2. Supported B. Student <input type="checkbox"/> 3. Volunteer C. Retired <input type="checkbox"/> 4. None D. Disabled <input type="checkbox"/> 5. Transitional E. Inmate <input type="checkbox"/> 6. Sheltered Workshop F. Other <input type="checkbox"/> Is customer currently IN SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/> EDUCATION: (Highest Grade Completed or Current Grade 00-25) (00=Less Than 1 Grade Completed, GED = 12) <input type="text"/> MILITARY STATUS: (1=Veteran; 2=No; 3=Active) <input type="text"/> MARITAL STATUS: <input type="text"/> 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated Is customer PREGNANT?: (1=Yes; 2=No) <input type="text"/> If Yes enter expected DOB, blank if No <input type="text"/> (MMDDYYYY) ANNUAL INCOME: \$ <input type="text"/> Number contributing to and/or dependent upon <input type="text"/> *Annual Income* above: (01-15) SSI: <input type="checkbox"/> (1=Yes; 2=No) SSI: <input type="checkbox"/>		LANGUAGE PROFICIENCY: What language is preferred?: (0-9) <input type="text"/> Does customer speak English well?: (1=Yes; 2=No) <input type="text"/> DISABILITY: (01-11 or Blank) <input type="text"/> LEGAL STATUS: * <input type="text"/> County of Commitment: <input type="text"/> (01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required) TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/> PRESENTING PROBLEM:* Drugs of Choice: (01-21)* Usual Route of Administration:* Frequency of Use in Last 30 days:* Age First Used: (00-99) LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)* <input type="text"/> CAR: (Mental Health) (01-50) Feeling Mood <input type="text"/> Thinking <input type="text"/> Substance Use <input type="text"/> Medical/Physical <input type="text"/> Family <input type="text"/> Interpersonal <input type="text"/> Role Performance <input type="text"/> Socio-Legal <input type="text"/> Self Care/Basic Needs <input type="text"/> Note: If CAR: Substance Use is scored 30 or above, the customer should be referred for a substance abuse assessment. If ASI/TASI: Psychiatric Status is scored 4 or above, the customer should be referred for a mental health assessment.		SMI: (1=Yes; 2=No) <input type="text"/> SED: (1=Yes; 2=No) <input type="text"/> (For customer 18 and older) (For customer under 18) In the <u>past 30 days</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/> In the <u>past 12 months</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 12 months ago? (00-99) <input type="text"/> In the <u>past 30 days</u> , how many <u>times</u> has the customer <u>attended self-help/support groups</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/> FAMILY ID, DOC # or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/>					
				SECTION IV (Required if under 18 years old)		In what <u>type of out-of-home placement</u> is the customer currently living? <input type="text"/> (select only one from below) 1. Not in out-of-home placement 4. Foster Care 2. Residential Treatment 5. Group Home 3. Specialized Community Group Home 6. Other In the <u>past 90 days</u> , how many <u>days</u> was the customer in <u>restrictive placement</u> ? (00-99) <input type="text"/> In the <u>past 90 days</u> , on how many <u>days</u> did an <u>incident of self-harm occur</u> ? (00-99) <input type="text"/> SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>absent from school</u> ? <input type="text"/> In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>suspended from school</u> ? <input type="text"/> CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> , how many <u>days</u> was the customer <u>Not permitted to return to day care</u> ? <input type="text"/>			
LEGAL NAME: Last: _____ Maiden: _____ First: _____ Middle: _____ Suffix: _____									
ADDRESS: (1) _____		(2) _____		CITY: _____		STATE: _____			

Billing Details

- ▶ If the client meets any of the medical necessity criteria provided above, providers will need to include a **'GD' modifier** on the case management claim at the end of the current service.
- ▶ For example,
T1017 HEHM change to **T1017HEHMGD**.
- ▶ **Note:** If provider bills a claim with a 'GD' modifier and it is later determined that the client did **NOT** meet criteria, If not corrected within 30 days of payment, claim will be recouped.



BE ADVISED

- This is specifically for CASE MANAGEMENT services. Any customer follow up, engagement or rehab services are billed on a separate code that will not count against their units.
- Do not assume your client will not meet criteria for their units to be adjusted. Do not let your agency assume.
- PACT, SOC/WRAPAROUND, AND HEALTH HOME clients are not effected by these changes at all.



How to continue to help your clients within these new changes

- ▶ Be sure to differentiate correctly what is Rehab and what is Case Management and teach them skills to could elicit themselves being their own advocate and resource guide
- ▶ If certified as a Peer Specialist or Wellness Coach, you can supplement some appropriate and billable sessions through those billing codes

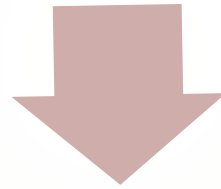


Helpful Links

- ▶ www.odmhsas.org/arc.htm
- ▶ <https://oklahoma.gov/ohca.html>



OHCA



Claims

(405) 522-6205

1-800-522-0114



Questions?