

DEVELOPMENTAL SERVICES DIVISION

CHILDREN'S MENTAL HEALTH BUREAU

Spring 2015 (REPLACES ALL PREVIOUS VERSIONS)



PURPOSE OF TODAY'S TRAINING

- ◉ To thank all service providers, mental health outpatient billers, and other child serving agencies for your participation today and your interest in serving youth needing mental health services.
- ◉ Provide an overview of CMHB
- ◉ To review recent policy changes affecting children's mental health services
- ◉ Children's Mental Health Medicaid Resources

Montana Medicaid Programs for Children's Mental Health

CMHB ADMINISTRATIVE FUNCTIONS:

- ✓Design
- ✓Develop
- ✓Manage
- ✓Evaluate

All in accordance with Federal and State Rules and Regulations.

Medicaid is a payer, not a placing agency. CMHB does not "place kids". CMHB administers payment for services provided to eligible youth who are entitled to mental health services that are medically necessary.

CMHB HMK PLUS/MEDICAID ELIGIBILITY

Youth under 18 years of age (or up to 20 if still in an accredited secondary school) who meet the definition of having a serious emotional disturbance with household **income under 133% FPL**

Non SED youth up to 18, (or up to 20 if still in school) may receive up to 24 sessions of individual and/or family (combined) outpatient psychotherapy per SFY. Group psychotherapy sessions are not limited.

Find the full definition of SED on page 14 of the CMHB Medicaid Services Provider Manual, located:

<http://dphhs.mt.gov/dsd/CMB/Manuals>

UTILIZATION REVIEW

The federal government, through the Centers for Medicare and Medicaid Services (CMS), requires all agencies serving a Medicaid population and receiving Medicaid funds to have a utilization management program in place to monitor a beneficiary's need for a service before payment for the intended service is authorized. The purpose of utilization management is to ensure that requested services are appropriate to address each person's symptoms according to established clinical guidelines.

UTILIZATION REVIEW CONTINUED

Currently, CMHB contracts with Magellan to complete some of CMHB utilization reviews. Magellan is responsible to complete utilization for the following services, which also require prior authorization:

- ◉ Acute Inpatient Hospital Services
- ◉ Psychiatric Residential Treatment Facilities

The CMHB completes the utilization review for the remaining services through prior authorization and retrospective reviews, depending on the service.

CMHB CLINICIAN TEAM

- ◉ CMHB clinicians are also approving or deferring to the Doctor requests for several services, such as:
- ◉ Extraordinary Needs Aids (ENA)
- ◉ Therapeutic Home Visit over 3 days
- ◉ Home Support Services extension and exceptions
- ◉ Therapeutic Group Home Continued Stay

Forms are located at

<http://dphhs.mt.gov/dsd/CMB/CMHBforms.aspx>

CHANGES TO PRIOR AUTHORIZATION REQUIREMENTS

Changes to Prior Authorization Requirements

Effective Tuesday, September 24, 2013, Magellan Medicaid Administration will no longer prior authorize (PA) the following services:

- Therapeutic Group Home (Initial PA; first 120 days);
- Outpatient Therapy concurrent with Therapeutic Group Home;
- Partial Hospitalization Programs; Therapeutic Foster Care-Permanency;
- Therapeutic Home Visits (PRTF).

In order to assist in expedient reimbursement for the initial 120 days of a TGH stay, an initial payment authorization number must be requested.

For the TGH Initial Stay Payment Authorization Request form, go to:
<http://www.dphhs.mt.gov/dsd/CMB/CMHBforms.aspx>

POLICY AND RULE CHANGES

CMHB communicates policy and rule changes through public notice via websites and emails.

To become an interested party to receive notices of rule changes, submit a request to:

Melissa Higgins: mhiggins@mt.gov

Or send a written request to:
Melissa Higgins
Children's Mental Health Bureau
111 N Sanders, PO Box 4210
Helena, MT 59604

RECENT RULE CHANGES

- Children's Mental Health Bureau Medicaid Services Provider Manual became effective September 19, 2014. This replaces the Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management.
- Please note, this manual will be opened again in 2015 to make some clarifications and changes.

PROVIDER NOTICES

All provider notices are found at
<http://medicaidprovider.mt.gov/>

End User Agreement for Providers will open; to advance you must choose I ACCEPT.

Provider pages are organized by Provider Type.

Most of the CMHB provider notices are also under the Mental Health Center provider type.

CMHB KEY PROVIDER NOTICES

- ◉ November 26, 2014 - Individual psychotherapy code and family therapy with patient present can not be billed on same day.
- ◉ December 1, 2014 - Clarification regarding website and form change for TGH and HSS extensions.
- ◉ December 18, 2014 - Guidance provided surrounding Electronic Funds Transfer and Electronic Remittance Advice changes.
- ◉ February 9, 2015 - Explanation regarding four new HCPCS modifiers: XE, XP, XS and XU.

FEE SCHEDULES

- ❖ Most fee schedule changes are annually.
- ❖ Two fee schedules apply to CMHB programs.
 - ❖ RBRVS
 - ❖ CMHB Medicaid Youth Mental Health Fee Schedule

Please look for provider rate increases on the July 1, 2015 updated fee schedules.

SEARCH HINTS FOR RBRVS

- ◉ In order to search the PDF, press Ctrl F.
- ◉ Be aware that the columns on the right side of the table provide different rates depending on provider type.
- ◉ Mental health dollar amount are located per code under the “Mental Health Office Fee” header.

FREQUENTLY ASKED QUESTIONS

- ◉ What are the requirements for Outpatient Therapy, in excess of 24 sessions and concurrent with other services?
 - To review the standards for Outpatient Therapy, in excess of 24 sessions and concurrent with other services, see the Children's Mental Health Bureau Medicaid Services Provider Manual found on the CMHB website.

- ◉ How to bill ENA in a TGH?
 - When ENA is provided in a TGH, the TGH claim must be submitted and paid prior to submitting the claim for ENA.

FAQ'S CONTINUED

- ◉ **Can a youth receive outpatient therapy concurrent with CSCT?**
 - Yes but the outpatient therapist must be providing a service the CSCT provider is not certified or trained to provide or the type of therapy is not appropriate for the milieu.
- ◉ **How are ancillary services billed when a youth is in a PRTF?**
 - For in-state PRTFs, providers of ancillary services must be Montana Medicaid providers and they must bill directly to Montana Medicaid. For out-of-state PRTFs, ancillary services are still included in the bundled per diem rate.
- ◉ **When is a Certificate of Need (CON) required to be submitted to Magellan?**
 - Currently, a CON is required for PRTF.
 - A CON is required for continued stays after 120 days in a TGH.
 - For Partial Hospital, TFOC-P, and TGH initial stay, the CON must be completed and placed in the file of the youth.

FAQ'S CONTINUED

- ◉ How do I know how many units of HSS have been used by a youth?
 - Call Provider Relations 1-800-624-3958
 - You need to know the NPI of agency you are representing.
 - It is helpful if you write down the call date/time, the person's name you talked to, and CRN #.

When billing HSS, it is best to bill weekly rather than monthly.

- The whole claim will deny if only 1 unit over 365.
- HSS claims are first billed first paid.

RESOURCES

Main Montana Medicaid

<http://medicaidprovider.mt.gov/>

RBRVS fee schedule, provider notices, General Medicaid Manual, CMHB provider manual, Xerox information, provider relations, and enrollment questions.

CMHB Website

<http://www.dphhs.mt.gov/children>

Medicaid Services Provider Manual

<http://www.dphhs.mt.gov/dsd/CMB/Manuals>

Main Fee Schedule

<http://www.dphhs.mt.gov>

Proposed Rule Changes

<http://www.dphhs.mt.gov/dsd/adminrules.shtml>

Non-Medicaid Services Manual

<http://www.dphhs.mt.gov/dsd/CMB/Manuals>

CONTACT INFORMATION

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