



Division of Behavioral Health

Integrated Behavioral Health Services Regulations Training

*Regulations Transition,
Applicability & Scope*

August/ September 2011

Transition Issues . . .

Effective Date

- ✓ Regulations go into effect October 1, 2011
- ✓ Providers expected to be in full compliance with new Regulations on October 1, 2011
- ✓ Future Audits will consider early transition period
- ✓ Medicaid behavioral health services provided prior to October 1 may still be billed utilizing existing procedural codes up to 1 Year from date of service

Transition Issues . . .

Program Approval

- ✓ All Providers must submit Request for Approval form by Sept. 15.
- ✓ All Providers will automatically receive Program Approval to continue operations after Oct. 1
- ✓ Expiration Dates of Approval based on current status of Provider
- ✓ Providers with Provisional Approval OR that want to expand services must participate in formal program evaluation

Transition Issues . . .

Treatment Plans

- ✓ All cases opened prior to Oct. 1, 2011 will conduct the next scheduled treatment plan review according to time frames of current regulations
 - 3 months for child / conducted NLT January 1, 2012
 - 6 months for adult / conducted NLT April 1, 2012
 - All subsequent reviews conducted according to new regulation requirements: 90 – 135 days.
- ✓ All cases opened on or after Oct. 1, 2011 will conduct reviews according to new regulation requirements
- ✓ All reviews conducted after Oct. 1 should bill Medicaid procedural code H0046: client status review (\$40)

Transition Issues . . .

Service Limits & Prior Authorizations

- ✓ ALL service limits for Medicaid behavioral health services reset on Oct. 1, 2011
- ✓ ALL existing PA's expire Oct. 1, 2011
- ✓ New Regulations stipulate that ALL service limits be based upon State Fiscal Year (July 1 – June 30)
- ✓ Process to request extension of service limits remains the same but includes additional documentation requirements

Transition Issues . . .

Medicaid Behavioral Health Services

- ✓ Many Services will remain the SAME
- ✓ Some Services will CHANGE
- ✓ Several Services will be added that are NEW
- ✓ Some Services will END

➤ NOTE: The Day 2 Presentation “Covered Services & Service Authorization” will outline in detail ALL changes to Medicaid behavioral health services.

Transition Issues . . .

AKAIMS

- ✓ AKAIMS will be converted to new functionality that is aligned with new Regulations requirements on September 30, 2011
- ✓ All functionality associated with current regulations (Medicaid procedural codes, etc.) will remain on-line for one year to accommodate delays in Medicaid billing.

Transition Issues . . .

Clinical Record Documentation

- ✓ AST and CSR now required by Regulation
- ✓ Professional BH Assessments must include:
 - Assessment of functional impairment
 - Fact that AST was considered as clinical information
 - Criteria for RSS (if ordered)
- ✓ Treatment Plan signed by Directing Clinician AND Recipient
- ✓ Indication of Non-Attendance by Treatment Team Members
- ✓ Short-term Crisis Stabilization / Intervention Plans and Services

Transition Issues . . .

Medicaid Billing Numbers

- ✓ The Plan to Assign Provider Medicaid Billing Numbers is in final stage of development thru Health Care Services
- ✓ DHSS/BH will notify Providers about when and how billing numbers will be assigned
- ✓ Providers WILL NOT need to Re-Apply
- ✓ Affiliated Computer Services will convert data systems to reflect Provider billing numbers and approved services.

Applicability & Scope . . .

“What are Chapters 70 and 135?”

7 AAC 70 Describes:

- Behavioral Health Service Providers
- Provider [Agency] Qualifications
- Provider Operational Requirements
- Eligible Recipients of Publicly Funded BH Services

7 AAC 135 Describes:

- Medicaid Regulations that govern Behavioral Health Services
- Service Authorizations & Limits
- Recipient Eligibility for Medicaid Funded BH Services

Applicability & Scope . . .

“To Whom Does Chapter 70 Apply?”

Chapter 70:

1. Community Mental Health Treatment Providers Receiving Public Funds
2. Substance Use Treatment Providers Receiving Public Funds
3. Non-Publicly Funded Substance Use Providers
 - a. For Recipients Referred by ASAP
 - b. Programs Operated by or for Dept. of Corrections

Applicability & Scope . . .

“To Whom Does Chapter 135 Apply?”

Chapter 135:

1. Community Behavioral Health Service Providers
2. Mental Health Physician’s Clinics

NOTE: “To be eligible for payment under [Ch. 135] for providing Medicaid BH services, a provider must be enrolled in Medicaid under 7 AAC 105.210” – 7 AAC 135.030”

Applicability & Scope . . .

“What is the Scope of Chapter 70?”

- A. Establishes Criteria for Department Approval of Behavioral Health Service Providers
- B. Establishes Eligibility Requirements for Recipients of Publicly Funded BH Services
- C. Outlines Recipient Rights
- D. Establishes Provider Qualifications for:
 - i. Community Behavioral Health Services Provider
 - ii. Alcohol & Drug Detoxification Services
 - iii. Residential Substance Use Treatment Services
 - iv. Non-Publicly Funded Substance Use Treatment Provider

Scope of Chapter 70, con't. . .

- E. Establishes Requirement for “National Accreditation” of ALL Provider Organizations
- F. Outlines Procedures for Approval of *Alternative Accreditation*
- G. Lists the “Interim Standards for Operation” for a Behavioral Health Services Provider
- H. Reaffirms that the Department may “Place a Condition on, Suspend, or Revoke an Approval” of a Behavioral Health Services Provider for Non-Compliance with 7 AAC 70.
- I. Resources adopted by reference

Applicability & Scope . . .

“What is the Scope of Chapter 135?”

- A. Defines the Criteria that Must Exist for the Department to Pay for BH Services Under Medicaid
- B. Establishes the Recipient Eligibility Requirements that Must Exist for a Person to Receive Medicaid Funded BH Services
- C. Establishes Requirements for Enrollment, and Organization Criteria for a Provider to Receive Payment for BH Services Under Chapter 135

Scope of Chapter 135, con't. . .

- D. Defines Covered, and *Non-Covered*, BH Services
- E. Explains Annual Service Limitations and Parameters for Service Authorization to exceed limits
- F. Describes in Detail ALL Covered Behavioral Health Services

Applicability & Scope . . .

“What is the Scope of Department Approval?”

- Identifies the General Requirements for Community Behavioral Health Services Providers
- Confirms Department Responsibility to:
 - Identify Service Areas
 - Approve Physical Locations
 - Set the Types of Services to be Provided
- Conditions on Approvals

Applicability & Scope . . .

“What Other Regulations Have Been Affected?”

- 7 AAC 29 and 7 AAC 71 Repealed; All Pertinent Material from Both Adopted into Chapter 70
- 7 AAC 43 Repealed; All Pertinent Material Adopted into Chapter 135
- 7 AAC 145.580 Repealed; Rewritten to Reflect New Payment Rates and to Match Payment Methodology in Chapter 135
- 7 AAC 160.990 includes more Behavioral Health related definitions

Other Affected Regulations, con't...

- Medicaid Regulations: 7 AAC 105 – 7 AAC 160
 - Updates & Cross-References to other Regulations
 - Conforming Amendments to Reflect New Terms & Definitions