South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

June 14, 2007

MHRC-ADA 07-12

MEDICAID BULLETIN

TO: Alcohol and Other Drug Abuse Services Providers

SUBJECT: Policy Revisions to the Medicaid Manual for Alcohol and Other Drug (AOD) Abuse Services

This bulletin transmits additions to and changes in existing policy requirements for providers of alcohol and other drug abuse services effective **June 16, 2007**.

The following revisions have been made to the AOD manual:

1. Under the **Medical Necessity Definition** section the following revisions have been made:

    a. The words "if indicated" have been added to the end of the last sentence in the 2nd paragraph to clarify that residential and/or inpatient services also require a physical exam to be completed within the specified time frame by a qualified professional, only if indicated.

    b. Licensed Family Therapist has been corrected to reference a Licensed Marriage and Family Therapist (masters and doctoral level only).

2. Under the **Staff Requirements**, the following revisions have been made:

    a. The language in the 1st bullet has been revised to clarify that staff must be a Certified Addiction Counselor I (CAC I), Certified Addiction Counselor II, (CAC II) or Certified Addiction Counselor Supervisor with a minimum of a Bachelor's degree in a human services or related field.

    b. The 2nd bullet has been corrected to allow one who is certified as a National Certified Addiction Counselor II (NCAC II) with a South Carolina certification or a Master Addiction Counselor (MAC) with a South Carolina certification.

    c. Clinicians entering the system on or after July 1, 1997 and providing Medicaid-reimbursable treatment services must meet all of the following: hold a bachelor's degree in a human services-related field, be employed by a county AOD authority and be certified as a CCS, a CAC-I or a CAC-II by the South Carolina Association of Alcoholism and Drug Abuse Counselors (SCAADAC) Certification Commission. A note has been added to this section to clarify that in addition, a NCAC II with South Carolina certification

or a MAC with South Carolina certification may also render Medicaid-reimbursable treatment services. Further, a Licensed Practitioner of the Healing Arts rendering AOD treatment services must also meet the above-referenced requirements.

3. The **Staff Requirements charts** will be deleted from the manual at the request of the provider. This information is summarized in the Staff Qualifications section of the manual.

4. Under the **Individual Treatment Plan (ITP)** section, the 4th paragraph has been revised to state that the expected duration of an ITP is 12 months from the date of the clinician's signature on the ITP. The word physician will be replaced with clinician to allow the appropriate clinical staff to sign the ITP. The physician or other Licensed Practitioner of the Healing Arts will continue to be responsible for certifying and documenting medical necessity.

5. Under the **Documentation Requirements,** section of the manual, the following policy language has been added:

Each client shall have a clinical record that includes sufficient documentation to justify Medicaid participation and permit a clinician not familiar with the client to evaluate the course of treatment.

Availability of Clinical Documentation
Clinical service notes (CSN) should be completed and placed in the clinical record immediately after the delivery of a service. If this is not possible due to the nature of the service, the note must be placed in the clinical record no later than three working days from the date of the service, unless otherwise indicated in the service standard. Weekly notes must be in the clinical record within five working days from the date of the last service on the indicated week. If a note is dictated, the transcription must occur within one working day from the date of the service. The note must be placed in the clinical record no later than five working days from the date the service was provided.

Referenced Information
Additional information, such as test results and interview information that is located within the clinical record, must be referenced on the CSN, and the CSN should clearly identify where this information can be located.

Billing Requirements
The following billing information should be included in the documentation:
- *Specific service that was rendered or its approved abbreviation*
- *Date, start time, and bill time that the service was rendered (Bill time is defined as time spent face-to-face with clients providing direct care.)*
- *Signature and title of the clinician who renders the service*
- *Place of service as appropriate for the particular service provided*

AOD services are billed in units of 15, 30, 60 minutes, or daily, depending on the service. Units billed must be substantiated by the clinical documentation. Each procedure code has a unit time and maximum frequency limit. All services must be

billed in units, not to exceed the maximum number of units allowed per day. A billable unit of time is defined in increments of 15, 30, or 60 minutes of service time with an eligible client. Service time is defined as the actual time the service provider spends "face-to-face" with a client and/or time spent working on behalf of a client while providing an AOD service. Service time does not include any "non-billable" activities, to include preparation time, and travel time. The heading "Non-Billable Medicaid Activities" below outlines additional activities that fall under this category. Service time must be converted to units and the total number of units is required to be submitted on the claim form. In all instances, service documentation must justify the number of units billed. In some cases, service time may exceed the allowable billing time. For billing purposes, only the converted bill time (total number of units) is required on the documentation, up to the maximum number of units allowed per day. A unit of Targeted Case Management (TCM) is 15 minutes. With an adequate audit trail, all TCM service delivery contacts occurring on the same day may be combined until a full unit is reached.

Additionally, a list of *"Non-Billable Medicaid Activities"* has been added. The list is not exhaustive, but is intended to serve as a guide.

6. Under the **Documentation Requirements** section of the manual the following revisions have been made:

   a. Language has been corrected to state, "For Level III.5 through Level III.7D, the client's primary clinician may prepare the summary of the day's activities and sign the CSN." For Level III.2D, the staff that renders these services shall document the service and sign the service note.

   b. The procedure code charts have been updated. The Maximum Units for Psychological Testing (96101) has been corrected to allow four per day and 12 per year. The abbreviation for Subacute Detox – Residential Addiction is III.2-D. The abbreviation for Behavioral Health Short-Term Residential – Adolescent is III.7-RA. The Frequency for Behavioral Health Counseling & Therapy has been corrected to allow 24 maximum units per day.

7. Under **Program Content Continued**, the language has been revised to allow that the physical examination for Level II.5 Day Treatment be completed only if indicated.

8. Under the **Documentation – Clinical Service Note** section of the Targeted Case Management standard, language has been added to allow the provider to document the provision of concurrent Case Management as CM or CCM.

9. Under the **Special Restrictions** section of the Targeted Case Management standard, the following revisions have been made:

   a. Language has been revised to state: "Clients participating in any waiver program that includes Case Management services will not be case managed under this program."

b. Language has been added to clarify that documentation must substantiate additional telephone contact rendered on behalf of the client to be reimbursable. Additionally, the Case Management Hierarchy will be expanded to include additional anticipated AOD overlaps.

10. The Staff to Client Ratio section of the **Group Counseling** standard, "Educational" groups has been replaced with "Life Skills" groups.

Should you wish to order a printed copy of your provider manual, or a replacement compact disk, please call the South Carolina Medicaid Provider Outreach at (803) 264-9609. Charges for printed manuals are based on actual costs of printing and mailing. The manual is also available on the South Carolina Department of Health and Human Services web site, **www.scdhhs.gov** and click on "Provider Manuals" under the heading "Providers."

Questions regarding this bulletin should be directed to your program representative at (803) 898-2565. Thank you for your continued support of the South Carolina Medicaid Program.

/s/

Susan B. Bowling
Acting Director

SBB/mj

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating you email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid Payment, please go to the following link for instructions: http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp