

Frequently Asked Questions

RBHS Service Changes: Medicaid Bulletin #15-003

- 1. Do the new requirements outlined in this bulletin mean that our Rehabilitative Behavioral Health Services (RBHS) clients travel to two different providers for assessments before services start?**

Not necessarily, the same provider could conduct both the Diagnostic Assessment (DA) and the Child and Adolescent Level of Care Utilization System (CALOCUS), as long as they are a Licensed Practitioner of the Healing Arts (LPHA) and certified to conduct the CALOCUS in South Carolina.
- 2. Does the Licensed Practitioner of the Healing Arts (LPHA) have to be a Healthy Connections Medicaid enrolled provider?**

Yes, each LPHA who conducts the assessment must be enrolled in Healthy Connections Medicaid.
- 3. We are also a Licensed Independent Practitioner (LIP) provider; do we still need a third party LPHA? Most of our billing is to the MCOs.**

Yes, the DA must come from an LPHA not affiliated with the requesting RBHS provider. The CALOCUS must come from a certified CALOCUS provider who is an independent third party.
- 4. There are two assessments, 90791 and H2000. If I have a Licensed Professional Counselor that is CALOCUS certified, can the LPC perform the assessment in-house?**

No, the LPC cannot perform the assessment in-house. You must refer to a third party SCDHHS-certified CALOCUS provider who is **unaffiliated** with your practice.
- 5. Since my LIP's are in house, can I just refer out the CALOCUS assessments?**

Both the DA and CALOCUS must be done by a third party.
- 6. Does the statement, "Who is not affiliated with the receiving private RBHS provider"... refer to my LIP, who is under a different service manual and program?**

No, since they are part of your practice, they are affiliated.
- 7. Is the supervising physician for nurse practitioners (NPs) and physician's assistants (PAs) considered "affiliated" with the RBHS provider?**

Yes, and therefore he or she cannot serve as an independent third party LPHA for the DA or CALOCUS.
- 8. Our LIPs perform a DA (H2000) during each intake, should they stop doing DAs and send to third parties or can they perform the H2000 and have a third party co-sign their assessments?**

If a brief screen is done and Psychosocial Rehabilitation Services (PRS), Family Support Services (FS) or Behavioral Modification (BMOD) are anticipated, the DA must be done by a third party to avoid duplication of services. Or the RBHS could, as a rule, refer all DAs to third parties.

- 9. Is the state allowing co-signage of the DA's by a third party?**
No, the LPA must be a third party unaffiliated with the receiving RBHS provider.
- 10. Can the psychological evaluation from Department of Juvenile Justice (DJJ) be considered as the DA by an independent LPHA?**
Yes.
- 11. What is the timeframe for the DA and CALOCUS to be considered current with respect to the request for prior authorization?**
If the DA and CALOCUS were conducted within the last 30 days, they are considered current.
- 12. For the initial prior authorization period, if a DA was completed within the last six months, what type of assessment should be completed?**
A Mental Health Comprehensive Assessment Follow-Up must be completed by an independent third party LPHA, not affiliated with the receiving provider.
- 13. Is the private provider responsible for the prior authorization if the Healthy Connections Medicaid member is referred by the state agency?**
Yes.
- 14. For each continued stay request, does the Mental Health Comprehensive Assessment Follow-up need to be completed by an independent third party LPHA?**
No, for continued stay requests, this follow-up assessment may be completed by one of the private provider's LPHAs.
- 15. If the recommendations from the state agency differs from the independent third party LPHA, which recommendations should a private provider follow?**
It is expected that clinical consultation and communication occur between the private provider and the sources of the recommendations. The recommendations from the state agencies would take precedence.
- 16. Who are the certified CALOCUS providers in this state?**
Please use the link below to find other CALOCUS certified providers.
<https://www.scdhhs.gov/site-page/calocus-provider-directory>
- 17. What if I am a certified CALOCUS provider in SC? Can I be listed on this website?**
Yes. If you are currently a certified CALOCUS provider and would like to be listed, please contact Courtney Montgomery at Courtney.Montgomery@scdhhs.gov.
- 18. How do my other clinicians become certified?**
Information on CALOCUS training and certification can be located at <http://training.scdhhs.gov/academy/mod/quiz/view.php?q=3>)

19. Can current RBHS providers expand?

Not at this time as SCDHHS is under a moratorium on expansion and enrollment for RBHS providers. SCDHHS will provide subsequent notice regarding a change in the status of the moratorium.

20. Is it the intent from SCDHHS that LIP providers and RBHS providers work together even though they offer the same service?

LIP and RBHS providers should offer complimentary, not duplicative services. If there is an appearance that there is “swapping” of LPHAs to do each other’s DAs and CALOCUS assessments, SCDHHS will conduct a review.

21. Do we use release of information forms with the third party for confidentiality?

Yes, a completed and signed release of information form would be needed in order to receive the DA and CALOCUS from the third party LPHA. Please use the release of information forms that you currently employ in your practice.

22. What is the definition of Serious Emotional Disturbance (SED) or Severe and Persistent Mental Illness (SPMI)?

Please refer to the Federal Register, Volume 58, No. 96, Thursday, May 20, 1993, pages 29422-29425 for a basic overview of these definitions.

<http://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf>

23. Can we use Telepsychiatry?

This service is currently only available in the Community Mental Health Centers.

24. How is group PRS defined? I noticed it is a significantly lower reimbursement rate.

Group PRS is defined as psychosocial rehabilitation services provided to more than one participant at a time. If there are two or more participants in a group, you must bill at the group rate. You may provide PRS services at a maximum staff to member ratio of 1:8.

25. I’ve reviewed the list of CALOCUS providers, and I suspect that there may be about a month wait for these services. Has this been taken into consideration?

Community Support Services are not defined as urgent or emergent services. Therefore, we do not anticipate undue difficulty for Healthy Connections Medicaid members accessing these services. If members are in need of immediate intervention, they may access crisis intervention services. Also, there are more certified CALOCUS providers available than are listed on the website. When someone is certified to provide the CALOCUS, SCDHHS asks their permission to publish their information on the website. The names on the list represent only those who have given SCDHHS permission to do so. If you are unable to locate a certified professional to conduct the CALOCUS, please contact Courtney.Montgomery@scdhhs.gov.

26. We offer school-based services at an alternative school, where none of the children are in foster care. Will school referred/school-based clients have to obtain a CALOCUS assessment as well?

Yes, all private providers receiving referrals from a state agency and/or school district will require the Healthy Connections Medicaid member to have a CALOCUS conducted by an independent third party.