

June 1, 2016
MB# 16-005

MEDICAID BULLETIN

MHRC

TO: Rehabilitative Behavioral Health Services Providers

SUBJECT: Revisions to Rehabilitative Behavioral Health Services Policy and Procedures

The South Carolina Department of Health and Human Services (SCDHHS) is revising the Rehabilitative Behavioral Health Services (RBHS) Policy Manual. Changes will be effective with dates of service on or after July 1, 2016. This bulletin provides notice and an overview of revisions effective July 1, 2016; it is not intended to reflect all revisions in the manual. The RBHS manual may be subject to further change.

Documenting Medical Necessity

For beneficiaries receiving RBHS services on or after July 1, 2016, medical necessity must be documented on the Diagnostic Assessment.

Changes to Documentation Required for Prior Authorization

For continued service authorizations, the 90-day summary is required documentation for dates of service on or after July 1, 2016. The Service Plan Development (SPD) note is no longer required for continued service authorizations.

Changes to Documentation Deadlines

Clinical Service Notes must be completed and in the medical record within five (5) business days. Individualized Plans of Care (IPOC) must be completed and in the medical record within 30 calendar days of the Diagnostic Assessment for dates of service on or after July 1, 2016.

Changes to Provision of Family Support Services

For dates of service on or after July 1, 2016, Family Support services are only available to beneficiaries age 0-21. Additionally, Family Support services must be provided as a face-to-face service.

Discharge from Treatment

For dates of service on or after July 1, 2016, the IPOC must include a plan of action for discharge.

A Discharge Summary is required documentation to be included in the beneficiary's clinical record.

Medical Necessity for Community Support Services

The Medical Necessity requirements for Psychosocial Rehabilitative Services (PRS), Behavior Modification (B-MOD) and Family Support (FS) services have been modified to more effectively target recipients in need of these specialized behavioral health services for dates of service on or after July 1, 2016.

Addition of Behavior Modification Plan (BMP) for B-Mod

For dates of service on or after July 1, 2016, a Behavior Modification Plan (BMP) is a required component of the B-Mod service in order to address the beneficiary's specific behavioral challenges. The BMP will support the beneficiary in learning and utilizing positive behavioral interventions, strategies and supports. The BMP must be developed by a Licensed Practitioner of the Healing Arts.

Diagnostic Assessment

Components of a Diagnostic Assessment were added and clarified.

New Services

The SCDHHS RBHS array will include Community Integration Services (CIS) and Therapeutic Childcare Center (TCC) services.

CIS are provided to beneficiaries 18 years of age and older in adult psychosocial program settings that are accredited. CIS are specific, targeted treatment services for adults with serious and persistent mental illnesses. This population is at risk for inpatient hospitalizations, emergency department visits, potential interaction with law enforcement and social isolation. Their needs are best served with a focused treatment approach which is goal-directed and supports solution-focused interventions intended to achieve identified goals or objectives as set forth in the beneficiary's IPOC.

TCC is specific, targeted treatment services for children under the age of 6 with serious emotional disorders. This service is intended for children who have experienced trauma, neglect and abuse and are in need of early intervention. This focused treatment approach is intended to achieve identified goals and objectives as set forth in the beneficiary's IPOC. TCC is provided to beneficiaries under 6 years of age in child psychosocial program settings which are accredited, and licensed or approved as day care centers.

Both TCC and CIS are required to be listed on the Medicaid beneficiary's individualized plan of care, and clinical documentation must support the units billed to Medicaid.

TCC providers will bill code H2037, and CIS providers will bill code H2030. Both of these services will be reimbursed at a unit rate.

Should you have any questions regarding this bulletin, please contact the SCDHHS Division of Behavioral Health at (803) 898-2565.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Christian L. Soura
Director