





# Rehabilitative Behavioral Health Services

Updated Referral Process

Division of Behavioral Health



## DISCLAIMER

The materials presented in this workshop are not comprehensive. This training does not take the place of reading the provider policy and procedure manual(s) and terms and conditions of individual provider agreements/contracts.

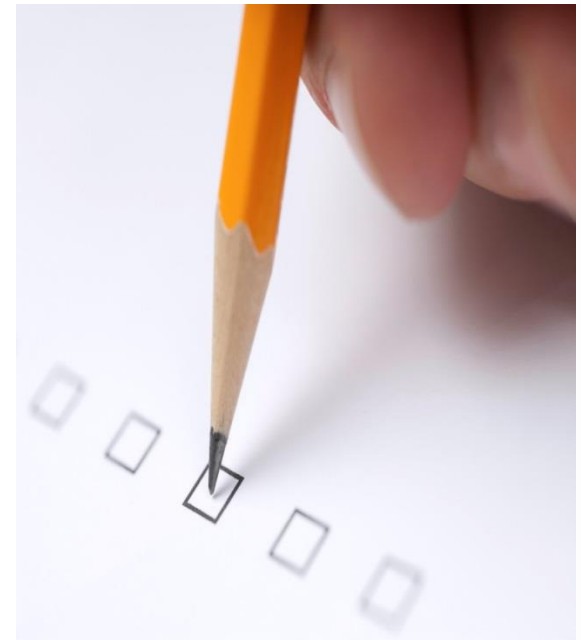


- **To educate the practitioner about SC Medicaid updated referral policy and procedures for Rehabilitative Behavioral Health Services**
- **To avoid potential Medicaid recoupment after the practitioner delivers services**



**After completion of this training, you will:**

- **Receive highlights of RBHS Policy**
- **Understand changes in the referral process for RBHS**
- **Understand how Medical Necessity is defined, confirmed and documented**
- **Understand the role of Quality Assurance and Program Integrity regarding the changes in referral process**



# What is Medicaid?

- Medicaid is a publicly funded insurance program that pays for the health care needs of low-income individuals.
- Every state has its own Medicaid program.
- Every state has different rules and covers different services.

# How does Medicaid Work?

## Federal – Centers for Medicare and Medicaid Services (CMS)

- Defines the Medicaid program;
- Develops rules and regulations;
- Define the required components for participation in the Medicaid program;

## State – South Carolina Department of Health and Human Services

- Establish eligibility Standards;
- Determine the type, amount, duration and scope of services;
- Set payment rates; and
- Administer their own program

# Who Administers Medicaid?

- The South Carolina Medicaid program has been re-branded as South Carolina Healthy Connections. The South Carolina Department of Health and Human Services (DHHS) is the single state agency designated to administer the state's Medicaid program.





# Who is Eligible to Receive Services?

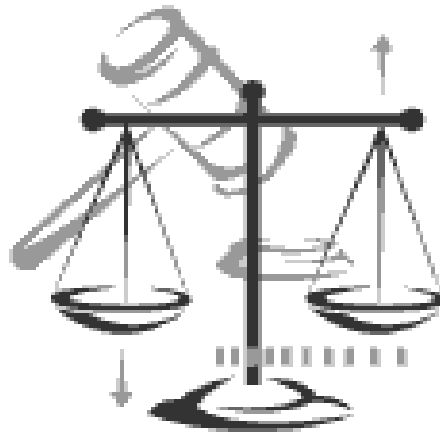
- A beneficiary who has met the financial eligibility requirements for Medicaid.
- A beneficiary's eligibility for Medicaid may be verified by using the SCDHHS web-based Claims Submission Tool, at no cost to the provider – [www.scdhhs.gov](http://www.scdhhs.gov)
- The provider must complete a Trading Partner Agreement (TPA) in order to conduct business using the web-based Claims Submission Tool.

# Who is Eligible to Receive Services?

- If the beneficiary is covered by another insurance policy, this policy must be billed prior to billing Medicaid.
- Medicaid is **always** the payor of last resort.

# Who has the final authority?

- The Centers for Medicare and Medicaid Services (CMS) has the final authority on the interpretation of Medicaid rules.



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# Policy and Procedures

## Rehabilitative Behavioral Health Services

- Available to all Medicaid beneficiaries with behavioral health and/or substance use disorders
- Services are provided to, or directed exclusively toward the treatment of the Medicaid-eligible beneficiary for the purpose of ameliorating disabilities, improving the beneficiary's ability to function independently, and restoring maximum functioning through the use of diagnostic and restorative services

# Policy and Procedures

- Eligible beneficiaries may receive RBHS from a variety of qualified Medicaid providers including private organizations. Public agencies that contract with the SC Medicaid Program as qualified service providers may also render RBHS directly to an eligible beneficiary.

# Policy and Procedures

## Private Rehabilitative Behavioral Health Provider Enrollment

- Must be accredited
- Must have an NPI number
- Must agree to an electronic fund transfer
- Must submit an enrollment application for program participation and identify services to be rendered

# Policy and Procedures

- Providers rendering RBHS must ensure compliance with all state and federal mandates. Providers are encouraged to contact the South Carolina Department of Social Services for information regarding registry and/or licensing requirements. Providers out of compliance are subject to termination from RBHS.
- Providers should reference the South Carolina Children's Code of Laws – Title 63 to ensure compliance with state licensing and child welfare regulations. Information can be located on the web at [www.http://scchildcare.org](http://scchildcare.org)

# Policy and Procedures

Rehabilitative Behavioral Health Services include:

- Assessment Services
- Therapy Services
- Service Plan Development
- Crisis Management
- Medication Management
- Community Support Services



# Policy and Procedures

- ❖ Enrollment in the SC Medicaid Program does not provide a guarantee of referrals or a certain funding level. Failure to comply with all Medicaid policy requirements may result in termination of Medicaid enrollment.

# Policy and Procedures

## Reporting Changes:

- Changes affecting business operation must be reported to the SCDHHS Provider Service Center.
- Must obtain approval to expand scope of services prior to expansion (Refer to the RBHS Update Form in the RBHS policy manual).

# Policy and Procedures

## The following changes must be reported:

- Email addresses or telephone numbers of the primary business location or mailing address
- CEO or Clinical Director
- Licensure
- Accreditation status (if applicable)
- Services provided
- Other changes which affect compliance with Medicaid requirements

# Policy and Procedures

- Any services that are provided by staff who do not meet SCDHHS staff qualification requirements are subject to recoupment.
- If SCDHHS or its designee determines that a RBHS provider failed to comply with staff qualification requirements and services are rendered, termination of the provider from the Medicaid program and possible recoupment of payments may result

# Changes to the Referral Process

Effective July 1, 2014, Private RBHS providers will no longer need a 254 Form from State Agencies in order to provide services to Medicaid Beneficiaries.

# Changes to the Referral Process

- Increase access to RBHS for beneficiaries
- Increase capacity of RBHS providers
- Increase efficiency of referral process

# Changes to the Referral Process

- Beneficiaries will have expanded choices in treatment providers.
- Private RBHS providers will no longer be dependent on State Agencies for referrals.
- Service-providing State Agencies will no longer be responsible for the state match when they refer to private providers. SCDHHS will cover the match.

# Changes to the Referral Process

- Referrals may be made among and between private providers enrolled in the SC Medicaid Program and State agencies.
- Medicaid beneficiaries and /or their families may also self-refer for services.



# Changes to the Referral Process

- State agencies may still refer to private RBHS providers.
- Third party (physician, other LPHA, pastor) may refer to private RBHS providers.
- Beneficiaries may self-refer to RBHS providers.

# Changes to the Referral Process

- Referrals (provider to provider or self-referred) can be done via phone, email, fax, and hard copy mail.  
**Note:** All information must be HIPAA compliant.
- When referrals are made between providers, the referring provider may furnish the receiving provider the assessment, IPOC, list of services to render, and any other clinical documentation.

# Medical Necessity

- All Medicaid beneficiaries must meet specific medical necessity criteria to be eligible for treatment services, including RBHS.
- An LPHA must certify that the beneficiary meets the medical necessity criteria for each service.

# Medical Necessity

Medical necessity is defined as the need for treatment services that are necessary in order to diagnose, treat, cure, or relieve pain, improve and preserve health, or be essential to life.

# Medical Necessity

- Medically Necessary services use recognized principles, methods, and procedures for understanding, predicting, and alleviating psychological, emotional, and behavioral disorders and distress.
- Medicaid will only pay for a service that is determined medically necessary and is a covered service as outlined in the Policy Manual.

# Medical Necessity

All of the following conditions must be met:

- The service must be consistent with the diagnosis and treatment of the beneficiary's condition.
- The service must be in accordance with the standards of good practice.

# Medical Necessity

- The service must be required for reasons other than the convenience of the client or the provider.
- The medical necessity must be clearly documented on the diagnostic assessment or individualized treatment plan.

# Who certifies Medical Necessity?

**A Physician or other Licensed Practitioner of the Healing Arts (LPHA) must sign the Diagnostic Assessment or the Individualized Plan of Care confirming the beneficiary meets medical necessity.**



# Documenting Medical Necessity

- **The specific Medical Necessity Form will no longer be required for RBHS. The Diagnostic Assessment or Individualized Plan of Care signed by an LPHA will confirm medical necessity.**
- **Refer to the RBHS manual for a list of LPHAs**

# Documenting Medical Necessity

Both the diagnostic assessment and the IPOC must include a psychiatric diagnosis from the current edition of the DSM or the ICD, excluding irreversible dementias, intellectual disabilities or related disabilities, and developmental disorders, unless they co-occur with a serious mental disorder that meets the current edition DSM criteria.

# Documenting Medical Necessity

- Required elements of the diagnostic assessment and IPOC can be referenced in the Diagnostic Assessment Service description and the Components of the IPOC section; both are located in the RBHS provider manual.
- The LPHA's name, professional title, signature, and date must be listed on the document to confirm medical necessity.

# Medical Necessity--Transition

- Active 254 forms that are currently authorizing services will not automatically expire on June 30 unless this date is noted on the form as the original date of expiration.
- Medical necessity must be obtained upon the natural expiration of the 254 or at the next 90 day progress summary, whichever comes first.

# Medical Necessity--Transition

Providers may begin obtaining/  
conducting/formulating the Diagnostic  
Assessments or Individualized Plans of Care  
after May 15, 2014 in order to capture medical  
necessity in anticipation of the July 1 referral  
process change.

# Service Planning and Development

- Licensed Independent Practitioners (LIPs) will no longer need a prior authorization (PA) to provide Service Planning and Development (SPD).
- SPD previously required a PA in the LIPs manual.

# SCDHHS Quality Assurance

- Will provide education, training and consultation to providers to ensure that appropriate treatment by qualified staff is being provided and documented.
- Will perform quality assurance reviews of provider records.
- Will refer questions of misuse and overuse of services to SCDHHS Division of Program Integrity.

# SCDHHS Program Integrity

- Seeks to reduce waste, fraud and abuse in the use of Medicaid funds.
- Performs surveillance and utilization review of provider records.
- Investigates misuse and overuse by beneficiaries.
- Refers fraud cases to the state attorney general's office.



# Monthly Review of Analytics

- **SCDHHS will be using very complex and in-depth analytics to monitor monthly service utilization.**
- **Unusual or unexpected patterns in service utilization will be subject to further inquiry.**
- **QA and/or PI may become involved.**

# Resources

[www.scdhhs.gov](http://www.scdhhs.gov)

- Medicaid information
- Provider manuals
- Fee schedules and crosswalks
- Edit codes and carrier codes
- Electronic filing resources
  - Trading Partner Agreements
  - Companion Guides

# Resources

## Provider Service Center

- 1-888-289-0709
  - Option 1 – Electronic Data Interchange (EDI) Support Center
  - Option 2 – Eligibility/Claim Information/Prior Authorization
  - Option 3 – Nursing Home/OSS/Hospice
  - Option 4 – Provider Enrollment & Education
  - Option 5 – Third Party Liability Services

# Resources

Online Training Sessions

[MedicaideLearning.com](http://MedicaideLearning.com)

**Medicaid Basics**



*& Beyond*

The Web Tool



*interactive*

Podcasts



**Live  
Provider  
Workshops**



*The Visual*

**Medicaid  
Basics Books**

**Rollover  
Forms**



Questions?

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Thank  
You!