



## Kansas Medical Assistance Program



September 2004

Provider Bulletin Number 437

---

# BULLETIN

## CMHC Providers

---

**Effective with processing dates on and after October 1, 2004 retroactive to dates of service on and after July 1, 2004, the following program changes are to be implemented:**

Personal Care Services (T1019) may be provided for residents of a Nursing Facility for Mental Health (NFMH) upon approval from SRS/Mental Health if the following conditions are met:

- 1) A Screen for Continued Stay must be completed within the last year with a recommended disposition of “discharge”.
- 2) A treatment plan has been developed with a goal of “community integration”.
- 3) Personal Care (Attendant Care) service is provided in the intended discharge community.
- 4) Personal care is limited to 120 hours per year per beneficiary beginning with the approval date on the annual screen.

Procedure code T2011 (Annual Preadmission Screen) will be billable by Community Mental Health Centers after completing an annual Screen for Continued Stay for a resident of a Nursing Facility for Mental Health (NFMH). Payment for annual screens will require prior authorization by SRS/Mental Health. Each approved screen will be paid at a rate of \$250.00 per screen. Screens will be paid for residents of an NFMH no more than once annually.

Replace CMHC Provider Manual pages: 8-13 through 8-20 & A-8.

If you have any questions, please contact the Medical Assistance Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. - 5:30 p.m., Monday through Friday.

#### **8400. Updated 9/04**

- ☐ Have completed a basic training program developed by the provider agency within 30 days of employment, according to curriculums approved by the Division of Health Care Policy; and
- ☐ Pass KBI, SRS child abuse check, adult abuse registry and motor vehicle screens.

The attendant care worker is supervised by a staff person meeting the qualifications for targeted case management and/or community psychiatric supportive treatment or other “approved center staff” which may include a MSW (Master’s Level Social Worker), LMLP (Licensed Master’s Level Psychologist), licensed psychologist or master’s degree psychiatric nurse within the agency delivering attendant care services, and is available at all times to provide backup support and/or consultation.

If a center has a question about whether a particular staff member meets the criteria to be an attendant care worker, a written description of his/her qualifications should be sent to Mental Health/Substance Abuse Treatment and Recovery in the Division of Health Care Policy which will make a determination.

#### **Mental Health Services for NF/MH Consumers:**

Mental health services to consumers residing in a Nursing Facility for Mental Health are non-covered. Exception will be made for up to eight hours of therapy (90806) for individuals in acute trauma and for Targeted Case Management and Community Psychiatric Supportive Treatment during the 120 days just prior to discharge. These exceptions must be approved by the local quality enhancement coordinator. Other exceptions are psychiatric diagnostic interview (90801), and psychiatric pre-admission assessments (Y9514) which require no special approval.

The annual screen for continued stay for individuals residing in a Nursing Facility for Mental Health (NFMH) (T2011) is completed to determine the individual's continued need for this level of care. The annual screen is a scheduled face-to-face interview with the resident by a trained CMHC screener and a screening facilitator who is registered with SRS/MH. Additional information should be gathered from other sources including the guardian/family member, treatment staff and other informants. A review of the facility chart should be made and pertinent information from the review included on the screening tool. Payment for annual screens will require prior authorization by SRS/MH Division staff following established guidelines and protocols for this process and will be communicated to the fiscal agent. Payment is for one screen per resident per year.

Personal Care Service (T1019) is one-to-one support and/or supervision for persons transitioning from an NFMH to community living. Personal Care Service facilitates identification of needed services and supports a person will require to live in the community. Personal Care Service is provided by Community Mental Health Center staff who has completed Attendant Care Training approved by SRS/MH. Up to 120 hours of Personal Care Service can be provided per beneficiary per year

Personal Care Services (Attendant Care) can be provided when a screen for continued stay in an NFMH has been completed and approved by SRS/MH Division within the last year with a recommendation of "discharge", and under the following additional conditions:

- A treatment plan has been developed with a goal of "community integration", and
- Personal care services are provided in the intended discharge community.

**Partial Hospitalization Activity:**

The ongoing medically directed daily partial hospitalization group activities which provide "goal-oriented" treatment within partial hospitalization to meet the needs of the patient population by addressing psychological, interpersonal, intrapersonal, self-care and daily living issues. This includes planned treatment activities of maximizing the consumer's skills in the following areas: self-care, communication, appropriate social interaction, daily living functions, reliability, responsibility, self-control, reality orientation, and emotional adjustment. The content of an individual program varies according to the specific needs of the client, therapeutic philosophy, function of the specific partial hospitalization program and the specific skills of the program staff.

For partial hospitalization activity, records are a written progress note indicating the type of services received, the time spent in partial hospitalization, and the individual's responses to the service. Must be approved (signed) by "treatment team" members.

CMHCs providing partial hospitalization services must be certified by Medicare and enrolled in the Kansas Medical Assistance Program to provide these services.

Up to **200** hours of partial hospitalization are covered for children and adolescents prior to the KAN Be Healthy screen. The **200** hours apply toward the **1560** hours covered per consumer, per calendar year, regardless of provider.

Alone or in conjunction with medication group, a combined total of **1560** hours are allowed per calendar year, per consumer.

Only **six** hours outpatient psychotherapy (individual, group, family therapy) are covered for a period of 90 days following admission to a partial hospitalization activity and targeted case management services for the long-term mentally ill. Hours in addition to the six require medical necessity documentation and prior authorization.

Partial hospitalization activity and outpatient psychotherapy (individual, group, family therapy, in-home family based services) may be provided concurrently to KAN Be Healthy participants without PA.

Partial hospitalization activity and psychosocial treatment group cannot be billed/reimbursed for the same date of service on the same consumer.

**Psychiatric Observation Beds:**

Outpatient psychiatric observation beds are covered for up to two consecutive days. During the observation period the consumer must receive a physical examination along with a history and psychiatric assessment which contains recommendations for ongoing treatment. An initial nursing assessment must be completed and nursing progress notes written for each shift. A discharge summary must be completed when the consumer is discharged.

A physician must admit the consumer to an observation bed and discharge the consumer at the end of the observation stay. When an admission follows an observation stay, the physical examination report and the psychiatric assessment must be included in the consumer's medical record.

The physical examination and preadmission assessment must be billed by the provider of the service.

The psychiatric observation bed provides an option to assess the consumer's condition, formulate a treatment plan, and make other arrangements while having the consumer in a controlled setting.

**Psychological Testing:**

Psychological Testing/Assessment is defined as the use, in any manner, of established psychological tests, procedures and techniques with the intent of diagnosing adjustment, functional, mental, vocational or emotional problems, or establishing treatment methods for persons having such problems.

Reimbursement for psychological testing includes the administration of standardized psychological tests, their interpretation with consumer interview and the preparation of a written test report by approved center staff.

Psychological testing and assessment is limited to **four** (4) hours every two calendar years, per consumer, regardless of provider. KAN Be Healthy participants are limited to **six** (6) hours of psychological testing and assessment every two calendar years. **Prior authorization (PA) will not override these limitations.**

**Psychosocial Treatment Group:**

Psychosocial treatment group is a covered service for individuals who do not require the more structured service of a partial hospitalization program, or who have "graduated" from partial hospitalization but still require support of psychosocial services.

Psychosocial treatment group is a self-contained, goal-directed group designed to assist Medicaid consumers in minimizing or resolving the effects of mental and emotional impairments which previously required clinical and/or hospital services. The objectives of group activities shall be designed to:

- 1) Assist individuals (children and adults) in daily problem solving,
- 2) Improve social skills,
- 3) Provide leisure time training,
- 4) Promote health, and
- 5) Enhance personal relationships.

All psychosocial treatment group activities must be documented in notes that include the name of the client, the date of service, the length of the activity, and the type of activity. At least once a month a progress note should reflect the goal addressed, the progress towards the goal, and signed by the qualified mental health professional.

Group activities must be facilitated by or under the direction of a qualified mental health professional. The maximum number of clients for each staff in adult groups is 8. Maximum number of client for each staff in child and adolescent groups is 4.

Transportation to group activity during the group session is content of service of the psychosocial treatment group and should not be billed separately.

**Targeted Case Management:**

Targeted Case Management is designed to provide medically necessary services, under a treatment plan approved by the psychiatrist or physician skilled in the treatment of mental disorders and to assist Medicaid beneficiaries in resolving or minimizing the effects of the mental and emotional impairment for which clinical and/or hospital services have previously been provided. The goal is to enhance independent functioning through which the consumer is integrated into and/or maintained within the community, so that institutionalization is not as likely or frequent.

This goal-directed medically necessary service is for adults with severe and persistent mental illness or children with severe emotional disturbance through which the individual is assisted in obtaining access to needed medical, social, educational and other services. All interventions provided shall be related to specific goals set forth in the consumer's treatment plan. Documentation in progress notes is required for each billed service. Interventions include the following:

- ⊘ Treatment Planning: This includes facilitating the team treatment planning process, including documenting the individualized plan, developing goals and objectives based on a strengths assessment, monitoring to ensure that the plan is working, and making changes when needed. It is expected that the treatment planning process include participation of consumers, families, and natural supports, and that documentation reflect this involvement.
- ⊘ Collateral Contacts: This includes phone and written correspondence, as well as face-to-face contacts with other social service agencies, schools, housing and employment resources, and medical services.
- ⊘ Access to Supports: This includes assisting individuals in obtaining access to needed medical, social, educational, and other services. In addition, the service would assist with applications for benefits, and arrange transportation to needed services.
- ⊘ Service Coordination For Youth: This includes the coordination of services and supports identified in an individual's wraparound plan which has as its objective the assurance of an integrated, comprehensive plan of supports and services which includes family members, natural supports, and relevant community providers/stakeholders.

Targeted case management is considered content of service of the daily rate paid to therapeutic foster or group care providers when provided within the same calendar month.

Each person working as a Targeted Case Manager shall, at a minimum:

- ⊘ Have at least a BA/BS degree or be equivalently qualified by work experience or a combination of work experience in the human services field and education, with one year of experience substituting for one year of education;
- ⊘ Possess demonstrated interpersonal skills, ability to work with persons with severe and persistent mental illness and/or severe emotional disturbance, and the ability to react effectively in a wide variety of human service situations.
- ⊘ Meet the specifications outlined in the CMHC licensing standards in regard to any ongoing requirements (as in completion of the training requirements according to a curriculum approved by the Division of Health Care Policy); and
- ⊘ Pass KBI, SRS child abuse check, adult abuse registry and motor vehicle screens.

The Targeted Case Manager is supervised by "approved center staff" which may include a MSW (Master's Level Social Worker), LMLP (Licensed Master's Level Psychologist), licensed psychologist or master's degree psychiatric nurse within the agency delivering CPST services.

**Telemedicine**

Telemedicine is the use of communication equipment to link health care practitioners and patients in different locations. This technology is used by health care providers for many reasons, including increased cost efficiency, reduced transportation expenses, improved patient access to specialists and mental health providers, improved quality of care, and better communication among providers.

Consultations, office visits, individual psychotherapy, and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider must bill the procedure codes (CPT codes) listed below using the GT modifier and will be reimbursed at the same rate as face to face services. The originating site, with the consumer present, may bill code Q3014 (telemedicine originating site facility fee).

99241GT - 99245GT  
99251GT - 99255GT  
99261GT - 99263GT  
99271GT - 99275GT  
99201GT - 99205GT

99211GT - 99215GT  
90801GT  
90804GT - 90809  
90847GT  
90862

**Therapy-Family:**

Client centered treatment to help the person functioning with the family. Therapy must be conducted by approved center staff under a treatment plan approved by the physician.

Family therapy or a combination of family and group therapy is limited to **40** hours per calendar year, per consumer.

**Therapy-Group:**

Therapy delivered in a group setting to two or more unrelated consumers. Service must be conducted by approved center staff under a treatment plan approved by the physician.

Group therapy or a combination of group and family therapy is limited to **40** hours per calendar year, per consumer.

Group therapy is not covered when provided by psychologists, physicians or CMHC's in an inpatient setting since it is content of service of the DRG reimbursement to the hospital.

**Therapy-Individual:**

This is one-to-one therapy by approved center staff conducted under a treatment plan approved by a psychiatrist or physician skilled in the treatment of mental disorders.

Outpatient individual therapy is limited to 32 hours per calendar year for consumers not participating in the KAN Be Healthy Program. Forty (40) hours per calendar year are allowed for KAN Be Healthy participants.

Individual and group psychotherapy or family therapy are covered when there is a treatment plan containing a psychiatric diagnosis and goals of treatment. This limitation will be monitored post-pay and will require the provider to document, in legible writing, the amount of time spent in therapy, major issues covered and changes in medication, diagnosis, condition, treatment plan or course of treatment. The provider must document that a review of the treatment plan has been conducted every three months. Scheduled utilization reviews will meet the requirement that a review of the treatment plan has been conducted every three months.

Only six hours of outpatient psychotherapy (individual, group, family) will be covered for Kansas Medical Assistance Program consumers when provided in the quarter following admission to a partial hospitalization activity **and** targeted case management services. If more than six hours of individual, group, or family therapy are billed in the same quarter a Medical Necessity form must be completed and attached to the claim. Medical necessity is defined as the individual exhibiting behavior that is dangerous to himself/herself or others, and without additional therapy inpatient hospitalization would be required.

KAN Be Healthy participants continue to be eligible for outpatient psychotherapy (individual, group, family), targeted case management, and partial hospitalization services concurrently.

**Therapy-In-home:**

Home based family therapy is client centered treatment designed to focus attention and change, specifically to the Medicaid consumer within the family. Therapy must be conducted by approved center staff under a treatment plan, approved by the physician. Multiple units of service each week are included. Documentation in the treatment plan must support that in-home therapy is necessary to prevent hospitalization or out-of-home placement. The in-home therapy treatment plan must be reviewed and updated every 90 days as required in the utilization review process.

In-home crisis intervention is intended for adults with severe and persistent mental illness, or children and adolescents with severe emotional disturbance.



**8400** Updated 9/04

In-home therapy is covered **only** for the purpose of preventing the out-of-home placement of a child under 18 years of age.

Community Mental Health Centers providing in-home therapy must have program approval from Mental Health and Retardation Services, demonstrating the agency's ability to meet the Kansas home-based intervention standards, and do the following:

- ☐ identify the target population
- ☐ respond to families in crisis (within 24-48 hours)
- ☐ provide intensive services (6-20 hours per week)
- ☐ identify treatment goals
- ☐ work in collaboration with local SRS offices
- ☐ demonstrate educationally the understanding of crisis and short-term intensive interventions

For more information regarding the SRS authorization procedure, contact Mental Health and Retardation Services (MH/RS) at (785) 296-3472.

| <u>COV.</u> | <u>PROCEDURE CODE</u> | <u>NOMENCLATURE Updated 9/04</u>   |
|-------------|-----------------------|--|
|             |                       | <b><u>MEDICATION - GROUP</u></b>   |
|             | *S9446                | Patient education, not otherwise classified, non-physician, group, per session   |
|             |                       | <b><u>MEDICATION - REVIEW</u></b>  |
|             | *H2010                | Comprehensive Medication Services, per 15 minutes (may bill 2/day)   |
|             | *90862                | Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (by a physician or approved center staff, brief service).                  |
|             |                       | <b><u>MENTAL HEALTH ATTENDANT CARE</u></b>   |
|             | T1019HE               | Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR, part of the individualized plan of treatment, use HE modifier                            |
|             |                       | <b><u>PARTIAL HOSPITALIZATION</u></b>  |
|             | G0176                 | Activity therapy, such as music, dance, art or play therapies not for recreation related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)         |
|             | G0177                 | Training and education services related to the care and treatment of a patient's disabling mental health problems per session (45 minutes or more)   |
|             |                       | <b><u>PERSONAL CARE SERVICE</u></b>  |
|             | T1019                 | Personal Care Service is one to one support and/or supervision for persons transitioning from an NFMH to community living  |
|             |                       | <b><u>SCREENS FOR CONTINUED STAY IN AN NFMH</u></b>  |
|             | T2011                 | The annual screen for continued stay for individuals residing in a Nursing Facility for Mental Health (NFMH)   |
|             |                       | <b><u>PSYCHIATRIC PREADMISSION ASSESSMENTS</u></b>   |
|             | T1023                 | Screening to determine the appropriateness of consideration of an individual for participation in a specific program, project, or treatment protocol, per encounter  |
|             | H0032                 | Mental health service plan development by non-physician  |
|             |                       | <b><u>PSYCHOLOGICAL TESTING</u></b>  |
|             | 96100                 | Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities (e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour |

\* Service can be provided by either a CMHC or non-CMHC.