Medi-Cal EPSDT: Specialty Mental Health Services 101

Organizational Provider Training
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Agenda

- Overview of EPSDT SMHS
- California's 1915(b) waiver
- Organizational certification requirements
- Eligible Providers
- Staff credentialing requirements
- Medical necessity
- Documentation requirements
- Reimbursement
- Audits
- STRTP Mental Health Program Approval
- Next Steps

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Important to remember:

- Medi-Cal is a health insurance program for the poor.
- It pays for health care services, including mental health care.
- Individuals covered by Medi-Cal are “beneficiaries.”
- Foster youth are Medi-Cal beneficiaries, regardless of the income of their parents.

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What is a “beneficiary”?

- Beneficiary, in the context of MediCal, means a person who receives the direct benefit of the services.
- EPSDT beneficiaries are under the age of 21.
- Other terms:
  - Mental health clients
  - Identified patients

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What that means for you?

- Every foster child or youth currently in your group home, FFA, THPP, or THP+FC program – both child welfare and juvenile justice placements – is a Medi-Cal beneficiary, and is potentially eligible for Medi-Cal specialty mental health services.

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What is EPSDT?

- Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)
- A Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility.
  - Allows for periodic screenings to determine all health care needs, including mental health care.
  - Based upon the identified health care need and diagnosis, is eligible for medically necessary treatment services.
  - Includes all services covered by Medi-Cal.
  - Additionally, beneficiaries may be eligible for additional medically necessary services, in addition to the regular Medi-Cal benefits.

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Specialty Mental Health Services

- Specialty Mental Health Services (SMHS) are a Medi-Cal benefit available to all Medi-Cal beneficiaries who:
  - Meet eligibility requirements for the full-scope of Medi-Cal covered services, AND
  - Meet medical necessity criteria.

For those who meet those criteria, SMHS are an entitlement.

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Specialty Mental Health Services

- Specialty Mental Health Services (SMHS) are a Medi-Cal benefit available to all Medi-Cal beneficiaries who:
  - Meet eligibility requirements for the full-scope of Medi-Cal covered services, AND
  - Meet medical necessity criteria.
- All foster youth are full-scope Medi-Cal eligible.
- 2 types of SMHS:
  - Rehabilitation SMHS
  - EPSDT SMHS
- Children and youth are eligible for both.

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What are the SMHS?

Rehabilitation SMHS

- Mental Health Services
  - Assessment
  - Plan development
  - Rehabilitation
  - Collateral
  - Individual, family or group therapy
- Crisis intervention
- Crisis stabilization

} Unplanned services

- Day treatment intensive services
- Day rehabilitation
- Medication support
- Targeted case management

EPSDT SMHS

- Therapeutic Behavioral Services (TBS)
- Katie A. specialized services
  - Intensive Care Coordination (ICC)
  - Intensive Home-Based Services (IHBS)
  - Therapeutic Family Care (TFC)

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Other EPSDT SMHS

- EPSDT provides for coverage of all medically necessary services that are included within the federal categories of mandatory and optional services, **regardless of whether such services are covered under the State Plan.**
- A service need not "cure" a condition in order to be covered under EPSDT.
  - Services that maintain or improve the child's current health condition are also covered because they "ameliorate" a condition.
  - Services are also covered when they prevent a condition from worsening or prevent development of additional health problems.

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What are the medical necessity criteria for SMHS?

Medical Necessity Criteria

- Have 1 of 18 qualifying diagnoses (DSM) ➔

AND

- Have either:
  - A significant impairment in an important area of life functioning;
  - A significant probability of deterioration in an important area of life functioning; or
  - A reasonable probability a child will not progress developmentally as individually appropriate.

AND…

Qualifying diagnoses

(A) Pervasive Developmental Disorders, except Autistic Disorders
(B) Disruptive Behavior and Attention Deficit Disorders
(C) Feeding and Eating Disorders of Infancy and Early Childhood
(D) Elimination Disorders
(E) Other Disorders of Infancy, Childhood, or Adolescence
(F) Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
(G) Mood Disorders, except Mood Disorders due to a General Medical Condition
(H) Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
(I) Somatoform Disorders
(J) Factitious Disorders
(K) Dissociative Disorders
(L) Paraphilias
(M) Gender Identity Disorder
(N) Eating Disorders
(O) Impulse Control Disorders Not Elsewhere Classified
(P) Adjustment Disorders
(Q) Personality Disorders, excluding Antisocial Personality Disorder
(R) Medication-Induced Movement Disorders related to other included diagnoses.

Common primary diagnoses for youth

- Adjustment Disorder
- Anxiety Disorders
- Asperger's Syndrome
- Attention Deficit Disorders
- Conduct Disorder
- Depressive Disorders
- Post Traumatic Stress Disorder
- Disorder of Infancy, Childhood, Adolescence, NOS

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What are the medical necessity criteria for SMHS?

- Beneficiary must meet each of the following intervention criteria:
  - Focus of the proposed intervention is to address the identified condition; AND,
  - Expectation is that proposed intervention will:
    - Significantly diminish impairment;
    - Prevent significant deterioration in important area of life functioning; OR
    - Allow child to progress developmentally as individually appropriate.

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What are the medical necessity criteria for SMHS?

- Beneficiary must meet each of the following intervention criteria:
  - Focus of the proposed intervention is to address the identified condition; AND,
  - Expectation is that proposed intervention will:

Bottom line:

Please note: While adults must have a "severe" impairment, there is no level of functional impairment requirement for those under the age of 21.

- Allow child to progress developmentally as individually appropriate.

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Must SMHS be provided only to the youth themselves?

- Not necessarily.
  - All SMHS must be focused on improving or stabilizing the functioning of the individual youth.
  - However, work with the system partners and individual "collateral" supports to the youth MAY BE appropriate IF the focus of this work is to improve or stabilize the functioning of the youth.

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California's 1915(b) Waiver

- California administers a Section 1915(b) Freedom of Choice waiver to provide Specialty Mental Health Services (SMHS) using a managed care model of service delivery.
- Medi-Cal beneficiaries who meet medical necessity criteria for SMHS do not have their choice of provider; under the waiver, they must get those services through their county Mental Health Plan (MHP).
- Each MHP is responsible for providing or arranging for provision of SMHS.
- MHP either provides SMHS directly or contracts with providers to provide these services.

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Primary types of service providers

- County owned and operated
  - County staff provide SMHS in county clinics
- Organizational Provider
  - County MHP contracts with community based organizations to provide SMHS, including both administration and direct services.
- Individual Provider
  - County MHP contracts with individual licensed providers to provide direct services only.

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How Your Agency Becomes an Organizational Provider

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Simple three step process:

1. Obtain MediCal provider certification
   a. If STRTP, obtain Mental Health Program approval.
2. Obtain contract with county mental health plan(s)
3. Obtain authorization to provide individualized services to individual youth

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Organizational provider certification requirements

- Each provider organization (both county run and contracted) must meet initial certification requirements and then be re-certified annually.
- Minimum certification requirements are determined by DHCS based on federal law.
- County mental health plans may include additional requirements to meet local initiatives and regulations.

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Organizational provider certification elements

- Posted brochures and notices
- Licenses or certifications (e.g.: CCL license)
- Fire safety inspection
- Physical plant review
  - Tour
  - "...clean, sanitary, and in good repair"
- Policies and Procedures manual
- Compliance with HIPAA requirements
- Additional requirements specific to type of services provided

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Organizational provider contract and service authorization requirements

- Each county mental health plan (MHP) determines its own contract and service authorization policies and procedures.

Check with each MHP that you hope to contract with to determine its particular, idiosyncratic requirements & processes.

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How Your STRTP Gets its Mental Health Plan Approval

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We don’t know

- The revised Program Approval has not been released since we commented on the original draft.

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Here's what we do know

- Required by AB1997
- Components:
- Under development
  - MediCal provider certification
  - Additional requirements
- Currently required minimum service requirements:
  - Mental Health Services
  - Crisis Intervention
  - Medication Support
  - Targeted Case Management
  - Provide access to other mental health services based on individual need

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How Your Agency Gets a Contract to Provide SMHS

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It’s complicated

- You will not be certified unless the certifying MHP plans to contract with you.
- Once you are certified, the MHP will enter into contract talks with you.
- If you have never contracted with a MHP to provide SMHS, you should check with a consultant.

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Getting Paid for Providing SMHS

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Understanding fee-for-service

- Medi-Cal SMHS are paid for on a fee-for-service, cost reimbursement basis.
- You may be reimbursed by a county MHP for the cost of:
  - Having provided a specialty mental health service,
  - using a qualified and approved individual service provider operating within his/her scope of practice,
    - to a Medi-Cal eligible beneficiary
    - who meets medical necessity criteria
    - and for whom the service has been authorized
    - at a contracted per-unit fee for each service provided.

Understanding fee-for-service

- Fees are computed
  - Per minute,
  - Hourly, or
  - Daily

  depending on the type of SMHS.

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Understanding fee-for-service

- Per Minute
  - Mental Health Services
    - Assessment
    - Plan development
    - Rehabilitation
    - Collateral
    - Individual, family or group therapy
  - Crisis intervention
  - Medication support
  - Targeted case management
  - Therapeutic Behavioral Services (TBS)
  - Katie A. specialized services
    - Intensive Care Coordination (ICC)
    - Intensive Home-Based Services (IHBS)
- Per Hour
  - Crisis stabilization
- Per Day
  - Day treatment intensive services
  - Day rehabilitation
  - Katie A. specialized services
    - Therapeutic Family Care (TFC)

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Understanding fee-for-service

- You will negotiate a fee for each type of SMHS:
  - Based on the projected cost to your agency to provide that unit of service, and
  - Limited (in practice) by the MHP's County Interim Rate, i.e., the maximum the county can receive from DHCS for that unit of service.

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Understanding fee-for-service

- You will have to determine your agency's cost basis for delivering each unit of service for each SMHS, including:
  - Wages and benefits
  - Supervision
  - Rent
  - Allocable overhead
  - Productivity
  - Etc.
- If you have never calculated a cost basis, you may want to contact a consultant. It's complicated.

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Getting paid

- In order to be reimbursed, you will have to bill the county MHP according to their process.
- On audit, you will have to show evidence:
  - Of the beneficiary's Medi-Cal eligibility,
  - That the beneficiary meets medical necessity criteria,
  - That the specialty mental health service has been authorized,
  - That the service relates to the goals in the beneficiary's treatment plan.
  - Of having provided the service, and
  - Of the individual service provider's qualifications and approval.

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Getting paid

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  - That the service relates to the goals in the beneficiary's treatment plan.
  - Of having provided the service, and
  - Of the individual service provider's qualifications and approval.

Get a consultant.
This is complicated.

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Who Can Provide Which SMHS

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Eligible direct service providers

- Licensed Professionals of the Healing Arts (LPHA)
- Mental Health Rehabilitative Specialists (MHRS)
- Adjunct Mental Health Staff
  - Peer Mentors
- Other
  - Graduate Students
- All direct service providers must work within their scope of practice

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Licensed Practitioner of the Healing Arts (LPHA)

- Requirements:
  - Licensed practitioner or registered intern
- Examples:
  - Physician
  - Licensed Clinical Psychologist
  - Licensed Clinical Social Worker
  - Licensed Marriage and Family Therapist
  - Licensed Professional Clinical Counselor
  - Registered Nurse
  - Certified Nurse Specialists
  - Nurse Practitioners

- Approved activities:
  - May function as a “Head of Service”
  - May conduct comprehensive assessments and provide a diagnosis without co-signature
  - May co-sign the work of other staff members within their scope of practice
  - May provide and claim for all service categories within their scope of practice

Mental Health Rehabilitation Specialist (MHRS)

Requirements:

- Baccalaureate degree and four years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment, OR
- Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis, OR
- Up to two years of post associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years' experience in a mental health setting

Approved activities:

- May function as a "Head of Service" on agency/provider application as determined by the MHP
- May provide and collect information for assessments
- May co-sign the work of other staff members within the MHRS's scope
- May provide and claim for a) Mental Health Services (except Therapies), b) Unplanned Services, c) Targeted Case Management, d) TBS, e) ICC, and f) IHBS within their scope of practice

Other Qualified Provider

Requirements:

- An individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service by the MHP.
- Examples:
  - Parent partners/mentors/ advocates
  - Youth mentors/advocates
  - TFC parents

Approved activities:

- May provide the following with LPHA co-signature:
  - Mental Health Services (including contributing to Assessment, but excluding Therapy)
  - Day Rehabilitation
  - Day Treatment Intensive Services,
  - Crisis Intervention Services
  - Targeted Case Management
  - ICC
  - IHBS
  - TFC

Other staff [graduate students]

Requirements:

- An individual participating in a field intern/trainee placement while enrolled in an accredited and relevant graduate program.
- No minimum experience required.

Approved activities:

- May provide the following with LPHA co-signature:
  - Conduct comprehensive assessments and client plans
  - Write progress notes
  - Claim for individual and group therapy
  - Claim for any service within the scope of practice of the discipline of his/her graduate program

Documentation: If it isn't documented properly, it didn't happen…and you're not getting paid for it.

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General documentation requirements

- Consents
- Releases of Information
- Assessment
- Client Plans
- Progress Notes

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Documenting Medical Necessity

DSM diagnosis, resulting in:

1. Serious impairment OR

   probability of significant deterioration in an important area of life functioning; OR

   probability child will not progress developmentally as appropriate, AND

3. Proposed intervention(s) is expected to:

   a) Significantly diminish the impairment; OR

   b) Allow the child to progress developmentally as individually appropriate; OR

   c) Correct or ameliorate the condition.

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Documenting Medical Necessity

1. DSM IV diagnosis, resulting in
2. Serious impairment OR

   probability of significant deterioration in an important area of life functioning; OR

   probab… develop… …ND
3. Propos… …ed to:
   a) Signif… …; OR
   b) Allow the child to progress developmentally as individually appropriate; OR
   c) Correct or ameliorate the condition.

Note: The impairment must be non-responsive to physical healthcare-based treatment solely.

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Documenting assessment

Elements may include, but are not limited to, the following:

- Presenting problem
- Relevant conditions and psychosocial factors
- Mental health history
- Medical history
- Medications
- Substance exposure/Substance use (including caffeine and OTCs)
- Client strengths
- Risks
- A mental status examination
- A complete five-axis diagnosis
- Additional clarifying formulation information, as needed

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Client Plan Components

- Problems
- Goals
- Interventions
- Estimated duration
- Signatures

Not required, but best practice:

- Strengths

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Client plan documentation requirements

- Initial client plan must be completed within the time period specified in the MHP's documentation guidelines, or lacking MHP guidelines, within 60 days of the intake.
- Client plan must be completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.
- Must have documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP contract with DHCS.

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Progress Note documentation requirements

- Every service activity must have a separate, corresponding note (whether claimable or not).
- All progress notes need to include all the required elements
  - **F** = Functional Impairment
  - **I** = Intervention
  - **R** = Response
  - **P** = Plan
- Every service is expected to be documented in a timely manner.

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Progress Note Documentation Frequency

Every service contact for:

- Mental Health Services
- Medication Support Service
- Crisis Intervention
- Targeted Case Management
- Therapeutic Behavioral Services
- Intensive Care Coordination

Daily for:

- Crisis residential
- Crisis stabilization (one per 23-hour period)
- Day treatment intensive
- Therapeutic Family Care

Weekly for:

- Day Treatment Intensive summary which is signed or co-signed by LPHA
- Day Rehabilitation summary which is signed or cosigned by LPHA

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“Lock Outs”

Mental Health Services are not reimbursable(or the provider is “locked out” of being reimbursed for services provided):

- When the youth is receiving Day Rehabilitation or Day Treatment Intensive services during the same time period (medication Support Services is not a lock-out during Day Rehabilitation and Day Treatment Intensive hours of operation).
- On days when Crisis Residential Treatment Services, Inpatient Psychiatric Services or Psychiatric Health Facility Services are reimbursed by MediCal, except for the day of admission to, and the day of discharge from the facility.
- On days the youth is housed in juvenile hall, jail and other similar settings
- At the same time period that Crisis Stabilization is reimbursed.

The exception to these rules is Targeted Case Management, which may be provided reimbursed for the purposes of discharge planning.

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Non-reimbursable services

- No service provided: Missed appointment
- Academic educational services
- Vocational services that have as a purpose actual work or work training
- Recreation
- Services provided were solely clerical
- Supervision of all staff (including clinical internship, clinical hours, discipline, etc.)
- Personal care services provided to youth. These include grooming, personal hygiene, assisting with medication, and meal preparation when performed **for** the child.
- Socialization, if it consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors of the youth involved
- Specialty Mental Health Services that are Minor Consent Services, if they are provided to a child whose eligibility is limited to Minor Consent Services
- Solely transportation of an individual to or from a service
- Translation or interpretive services including sign language
- Services provided to youth residing in institutional settings such as juvenile hall or a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility

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Audits

- Provider Self-audits
- County audits
- State audits
- Federal audits

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Next Steps

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- Provide Federal EPSDT Manual with highlights
- Develop and Post FAQ
- Participate in development and delivery of DHCS MH101
- Conduct MH staff salary study
- Present MH 201 training
- Provide support to regional/county allied provider organizations
- Provide list of consultants for individual organizations needs

Individual Organizations

- Contact home county MHP (contact list posted on California Alliance website) to determine local process
- Determine current internal capacity to develop and deliver SMHS program
- Reassign staff and/or hire consultants to develop and implement MH program.

Questions?

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