



Behavioral Health Rehabilitation

ODMHSAS and OHCA Reimbursable Services



Behavioral Health Rehabilitation (BHR) Services

- Individual Rehabilitation
- Group Rehabilitation
- PSR Model

Eligibility

- The individual must be eligible to receive behavioral health services under either ODMHSAS or OHCA (SoonerCare); and must meet eligibility requirements for rehab.
- If billing under a SoonerCare contract, the individual must have SoonerCare eligibility.

Eligibility

- If billing ODMHSAS, the individual must be receiving services at an ODMHSAS contracted agency and have Mental Health and Substance Abuse in the member eligibility file in the system.
- Being certified by ODMHSAS, and having a contract with ODMHSAS are two separate things. A contract means that your agency receives funding from ODMHSAS.

Eligibility-Adults

- Must have a history of psychiatric hospitalization or admissions to crisis centers
- Determined to be disabled by the SSA for mental health reasons
- Residing in a residential care facility or receiving services through a specialty court program.

Eligibility-Children

- History of psychiatric hospitalizations or admissions to crisis centers
- Have been determined disabled by the SSA for mental health reasons
- Has a current IEP or 504 Plan for Emotional Disturbance
- Been evaluated by a school psychologist, licensed psychologist/psychiatrist and deemed "At Risk" per the PA Manual

Prior Authorization

- There must be an active Prior Authorization (PA) for the period of time during which the BHR service is provided.
- Getting electronic permission for a person to receive services prior to performing a service.

Prior Authorization


- Individual must have an active Service Plan with BHR treatment objectives
- BHR service provided must be related to the plan unless the services is provided in pre admit status (CDC-21)
- The service(s) provided must include only those service functions that are allowable under BHR, and should be documented in a progress note accordingly

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

SECTION I		Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>	Transaction Type:* <input type="text"/>
Member ID: <input type="text"/>		Date of Birth (MMDDYYYY): <input type="text"/>	Service Focus*: <input type="text"/>	(Contacts: 21, 27) (23, 40, 41, 42) (50, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72)	
RACE: (1=Yes for all that apply; Blank=No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/> Email Address: <input type="text"/> ETHNICITY: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>		GENDER: (F=Female; M=Male) <input type="checkbox"/> Alert Information: <input type="checkbox"/> Trauma Score: <input type="checkbox"/>	SCREENS: (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="checkbox"/> Substance Abuse Screen <input type="checkbox"/> Trauma Screen <input type="checkbox"/> Gambling Screen <input type="checkbox"/>	PRIMARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>	
SECTION II & III CURRENT RESIDENCE: A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/> D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing <input type="checkbox"/> J. Homeless-Streets <input type="checkbox"/> Is customer in PRISON/JAIL?: (If 1, Residence must=H) <input type="checkbox"/> 1. Prison 2. No 3. Jail LIVING SITUATION: <input type="checkbox"/> CHRONIC HOMELESSNESS: <input type="checkbox"/> 1. Alone 2. With Family/Relatives 3. With Non-Related Persons (1=Yes; 2=No) EMPLOYMENT: <input type="checkbox"/> 1. Full-time (35+ hrs.) 2. Part-time (<35 hrs.) 3. Unemployed (looking for work in last 30 days) 4. Not in Labor Force = (A-F below) TYPE OF EMPLOYMENT/ Not in Labor Force: <input type="checkbox"/> 1. Competitive 2. Supported 3. Volunteer 4. None 5. Transitional 6. Sheltered Workshop A. Homemaker B. Student C. Retired D. Disabled E. Inmate F. Other Is customer currently IN SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/> EDUCATION: (Highest Grade Completed or Current Grade 00-25) (00=Less Than 1 Grade Completed, GED = 12) <input type="text"/> MILITARY STATUS: (1=Veteran; 2=No; 3=Active) <input type="checkbox"/> MARITAL STATUS: <input type="checkbox"/> 1. Never Married 2. Married 3. Divorced 4. Widowed 5. Living as Married 6. Separated Is customer PREGNANT?: (1=Yes; 2=No) <input type="checkbox"/> If Yes enter expected DOB, blank if No (MMDDYYYY) <input type="text"/> ANNUAL INCOME: \$ <input type="text"/> Number contributing to and/or dependent upon "Annual Income" above: (01-15) <input type="text"/> SSI: <input type="checkbox"/> (1=Yes; 2=No) SSDI: <input type="checkbox"/>		LANGUAGE PROFICIENCY: <input type="checkbox"/> What language is preferred?: (0-9) <input type="text"/> Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/> DISABILITY: (01-11 or Blank) <input type="text"/> LEGAL STATUS:* <input type="text"/> County of Commitment: <input type="text"/> (01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required) TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/> PRESENTING PROBLEM:* <input type="checkbox"/> Drugs of Choice: (01-21)* <input type="text"/> Usual Route of Administration: <input type="text"/> Frequency of Use in Last 30 days: <input type="text"/> Age First Used: (00-99) <input type="text"/> LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)* <input type="text"/> CAR: (Mental Health) (01-50) <input type="text"/> Feeling Mood <input type="checkbox"/> Thinking <input type="checkbox"/> Substance Use <input type="checkbox"/> Medical/Physical <input type="checkbox"/> Family <input type="checkbox"/> Interpersonal <input type="checkbox"/> Role Performance <input type="checkbox"/> Socio-Legal <input type="checkbox"/> Self Care/Basic Needs <input type="checkbox"/> ASI: (Substance Abuse) (0-9) <input type="text"/> Medical <input type="checkbox"/> Employ/Support <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Legal Status <input type="checkbox"/> Family/Social Rel. <input type="checkbox"/> Psychiatric Status <input type="checkbox"/> TASI: (Ages 12-17) (0-4) <input type="text"/> Chemical <input type="checkbox"/> School <input type="checkbox"/> Emp/Sup <input type="checkbox"/> Family <input type="checkbox"/> Peer/Soc <input type="checkbox"/> Legal <input type="checkbox"/> Psychiatric <input type="checkbox"/>		SMI: (1=Yes; 2=No) <input type="checkbox"/> SED: (1=Yes; 2=No) <input type="checkbox"/> (For customer 18 and older) (For customer under 18) In the <u>past 30 days</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/> In the <u>past 12 months</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 12 months ago? (00-99) <input type="text"/> In the <u>past 30 days</u> , how many <u>times</u> has the customer <u>attended self-help/support groups</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/> FAMILY ID, DOC # or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/>	
		SECTION IV (Required if under 18 years old)		In what <u>type of out-of-home placement</u> is the customer currently living? <input type="checkbox"/> (select only one from below) 1. Not in out-of-home placement 2. Residential Treatment 3. Specialized Community Group Home 4. Foster Care 5. Group Home 6. Other In the <u>past 90 days</u> , how many <u>days</u> was the customer in <u>restrictive placement</u> ? (00-99) <input type="text"/> In the <u>past 90 days</u> , on how many <u>days</u> did an <u>incident of self-harm occur</u> ? (00-99) <input type="text"/> SCHOOL-AGED CHILDREN: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>absent from school</u> ? <input type="text"/> In the <u>past 90 days</u> of the school year, how many <u>days</u> was the customer <u>suspended from school</u> ? <input type="text"/> CHILDREN UNDER SCHOOL AGE: (00-66 days OR 99 for not applicable) In the <u>past 90 days</u> , how many <u>days</u> was the customer <u>Not permitted to return to day care</u> ? <input type="text"/>	
LEGAL NAME: Last: <input type="text"/> Maiden: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/> Suffix: <input type="text"/>		ADDRESS: (1) <input type="text"/> (2) <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/>			

Pre Admit

- CDC Service Type 21 submitted in PICIS
- A start date is issued
- Good for 90 days (Can request an extension online)
- Initial Assessment
- Service Plan Development
- End when prior authorization is accepted
- Limited to 1 per client per agency (unless no services for 6 months)



Staff Providing BHR

The staff providing BHR must have the required credentials

What Staff Can Provide Basic BHR Services?

- Licensed Behavioral Health Professionals (LBHP)
- Certified Alcohol and Drug Counselors (CADC)
- Behavioral Health Case Manager II (Certification issued July 1, 2013 or after)
- All license and certifications must be **CURRENT**

What Staff Can Provide Specialty BHR Services?

- ODMHSAS General Psychiatric Rehabilitation Model (PSR):
 - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of orientation in the PSR model
- ODMHSAS Illness Management and Recovery (IMR):
 - LBHP, or CADC, or BHRS, or CM II (Certification issues July 1, 2013 or after), with completion of ODMHSAS facilitated training on IMR for PSR programs

Who Can Receive BHR Services?

- Adults with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)
- Children with other emotional or behavioral disorders.

Who is Excluded from Receiving BHR Services?

- An individual, who at the time of service, is not able to cognitively benefit
- Children under the age of 6, unless prior authorization for children ages 4 & 5 has been granted

Who is Excluded from Receiving BHR Services?

- Residents of ICF/IID facilities
- Individuals residing in nursing facilities
- Individuals residing in inpatient hospitals or IMDs
- Inmates of public institutions
- Children receiving Residential Behavioral Management Services in a group home or therapeutic foster home

Service Functions NOT Allowed Under BHR

- Counseling/Psychotherapy
- Mentoring
- Discussion/Process based groups (including support groups, AA)
- Discussion/Process based individual services

Service Functions NOT Allowed Under BHR

- Academic education/tutoring
- Social/Recreation
- Custodial Care/Day Care (just observing and only intervening if something happens)
- Family education (without the client present)

Service Functions NOT Allowed Under BHR

- Room and board
- Supported employment
- Respite
- Travel time

Monthly Service Limits

There are **monthly rehabilitation limits** for outpatient service levels that apply for both ODMHSAS and OHCA. Group and/or individual rehabilitation services provided in combination may not exceed the following:

- **Level 1 – 32 Units Per Month (8 hours)**
- **Level 2 – 48 Units Per Month (12 Hours)**
- **Level 3 – 64 Units Per Month (16 Hours)**
- **Level 4 – No Limit**

OHCA Daily Limits

In addition to monthly rehabilitation limits, OHCA also has daily rehabilitation limits:

- **Group Rehabilitation**- maximum of 24 units per day for adults, and 16 units per day for children (6 hours for adults, 4 Hours for children)
- **Individual Rehabilitation**- maximum of 6 units per day (1 hour 30 Min)

Service Plan

The individual must have an **active service plan with BHR treatment objectives**, and the **BHR service provided is related to the plan**. (unless providing CM services under a CDC 21: Pre-Admission array)

- 1. Dates**

- 2. Signatures of all people involved**

- 3. Correct dates on objectives.**



Progress Note

BHR services shall be documented in a progress note

Progress Note Considerations for BHR

- BHR progress notes must relate to the Service Plan
- The BHR intervention should be clearly reflected in the progress note
- BHR progress notes must include the name of the curriculum used
- If working in PSR progress notes may take the form of a daily summary or weekly summary note

Progress Note

- (1) date;
- (2) person to whom services are rendered;
- (3) start and stop times for each service;
- (4) original signature of the service provider
- (5) credentials of the service provider;
- (6) specific service plan needs, goals and/or objectives addressed;

Progress Note

(7) specific activities performed by the case manager on behalf of the member related to , goals and/or objectives;

(8) progress or barriers made towards goals and/or objectives;

(9) member (family when applicable) response to the service;

(10) any new service plan needs, goals, and/or objectives identified during the service; and

(11) member satisfaction with staff intervention.



Other Documentation Requirements

A list/log/sign-in sheet reflecting participants and facilitating rehab clinician, must be maintained for each group rehabilitation session



ARC/ PICIS

1. <http://www.odmhsas.org/arc.htm>
2. CDC Data Entry System (PICIS)
3. Documents or Billing Information



Questions?