

POLICY MEMO FOR CPST PER DIEM OPERATION COMMUNITY INTEGRATION (OCI) MEDICAID CODES

OFFICIAL MEMORANDUM:

DATE: 03/11/2019; Policy Memo Revised 6/7/2019

TO: Community Mental Health Centers, SUD Providers, and MCO's

FROM: Kansas Department for Aging and Disability Services (KDADS) Behavioral Health Commission

SUBJECT: Addition to the CMHC and SUD Provider Medicaid-Reimbursable Codes

INTRODUCTION:

The purpose of this document is to provide information regarding the policies for our Operation Community Integration (OCI) Programming Codes, which will be effective July 1st, 2019. The State of Kansas has opened four HCPCS Level II Per Diem codes to enhance community supportive services. These four per diem program codes were designed to assist high risk behavioral health consumers with intensive support services necessary to improve independent living skills and reduce symptoms that will interfere with a consumer's ability to sustain safe and stable permanent community housing. The OCI program service model shall demonstrate how services and supports will be provided in an evidence-based manner such that it enables individuals diagnosed with a behavioral health diagnosis to develop the skills necessary to become fully integrated into their communities, particularly in the areas of community integration, housing, and employment. All support services and interventions must be medically necessary and driven by consumer choice.

HISTORY:

For State Fiscal Year 2019, the Kansas Legislature allocated funding for the purpose of creating "supported behavioral health housing services projects." Per the Centers for Medicaid and Medicare Services (CMS), Medicaid funding cannot be used for reimbursement related to room and board costs. Services for a Medicaid-eligible individual, meeting established criteria, provided in integrated community settings, however, is reimbursable. The opening of these codes will ensure that high risk, hard to house Medicaid-eligible consumers have access to support services that will assist them with community integration.

OPERATION COMMUNITY INTEGRATION MEMO

Effective with dates of service on and after July 1st, 2019, reimbursement will be provided for services targeting individuals at high risk of being unable to sustain independently in the community without intensive level supportive services offered through a Community mental Health Center (CMHC) and/or a State of Kansas Licensed Substance Use Disorder (SUD) Provider. There are no age restrictions for coverage of the H0037 and H2016 codes as long as criteria met for inclusion in the stated population group.

IMPLEMENTATION:

All residential and community OCI sites must be determined safe and habitable prior to being used as an OCI setting. Agencies participating in OCI must submit a completed OCI Habitability Check List on all consumers participating in OCI programming. All providers must be approved and in good contractual/licensure standing with KDADS, and the Managed Care Organizations contracted under the State Medicaid Authority of Kansas Department of health and Environment, prior to any billing of the designated OCI codes. All provider agencies must submit an implementation and service delivery plan to KDADS Behavioral health Commission for review and approval. Please submit plan via email to: Melissa.bogartstarkey@ks.gov; Charles.Bartlett@ks.gov and Diana.Marsh@ks.gov.

The Implementation plan must include the following:

- The proposed service, setting and timeline for implementation
- Method for completing and submitting KDADS required DLA 20 screens
Staffing patterns/staff qualifications including proof of certification of the staff approved to provide the DLA 20 screen and an agency point of contact who will supervise the (OCI) setting (community and community residential) programs; Organizational Chart structure identifying Level of Effort of Staff
- Plan for providing evidence that the site is safe and meets Housing and Urban Development (HUD) habitability standards (See OCI Habitability Check List)
- Identify process for obtaining multi-disciplinary input into treatment planning and the CMHC's and SUD providers plan for coordinated efforts with the local HUD Continuum of Care and Coordinated Entry Process
- A detailed plan that will identify how the agency will separate room and board and service cost
- A detailed plan of how the agency will reach Evidence Based Practices fidelity requirements for IPS Supported Employment and Housing First by July 1st, 2021
- Agency plan to ensure that the MCO's and/or the State Medicaid entity Kansas Department of Health and Environment (KDHE) are not billed for duplicative services while consumer is participating in OCI programming

Service Delivery Implementation Plan:

(The Service Delivery Plan Must Include the Following)

- A plan that addresses how the agency will work with consumers to open program access to eligible consumers and provide the Operation Community Integration (OCI) required DLA 20 screening to eligible consumers
- The agencies Support Services Menu-that identifies an array of core programming service supports that will be offered to consumers while they are participating in OCI programming
- Flow chart to identify how the teams will collaborate with the local HUD Continuum of Care and how consumers will participate in Coordinated Entry Access Points programming in the community (identify if your agency is a HUD Coordinated Entry Access Point and how consumers will be placed on the Coordinated Entry list)
- Name and contact information for the qualified mental health professional and/or licensed substance abuse counselor who will be providing the screens, and supervising the OCI teams
- Brief description of case load size and limitations of the OCI teams

The intensive support service code-is known as Operation Community Integration (OCI) programming and will be billed on a per diem basis. The Level of Care will be determined by the following eligibility criteria and the completion of the DLA 20 screen by a certified screener.

The Intensive Community Residential Placement (ICRP) Support Services: The ICRP service level of need is targeted towards consumers whose screening indicates a need for medically necessary intensive on-site residential services, because of a history of un-successful integration in multiple community settings and/or the presence of an ongoing risk of harm to self or others which would otherwise require long-term psychiatric or incarceration. Consumers most appropriate for this level of care can tolerate regular interaction with their peers but have significant difficulties with Activities of Daily Living and may require round-the-clock observation and oversight, and/or require periodic redirection from staff to avoid behaviors potentially harmful to self and/or others. These behaviors will directly interfere with the consumers ability to obtain/ sustain independent living in the community. Basic core services required to bill this level of care must include monitoring points of ingress/egress, periodic room checks, and provision of support and rehabilitation activities that are goal oriented and center around ADL's and reducing consumers crisis symptoms. It is expected that rehabilitation activities will be distributed between on-site services and those obtained in the community and will be goal driven supports focused on community integration.

Payment for this level of service will be reimbursed using Medicaid Billing Codes H0037HK or H2016HK: on a per diem rate set at \$297.59 and will involve admission to a congregate living environment with 5-16 beds. Staff shall be made available on a full time 24-7 basis to provide intensive programmatic interventions and supports. Staff in ICRP programming are required to ensure that consumers do not engage in behaviors that are harmful to themselves or others, or in activities that involve a high risk of relapse of symptoms or behaviors that interfere with sustaining community-based housing.

Intensive Community Integration (ICI) Support Services H0037 and H2016: The ICI Medicaid billing support code is targeted towards consumers who are unable to tolerate congregate living arrangements in which the presence of other consumers in their immediate living area tends to precipitate psychiatric and substance abuse relapse, aggression, or other behaviors associated with risk of re-hospitalization or incarceration. Consumers at this level of care may possess sufficient competencies in Activities of Daily Living but struggle with the ability to manage socially appropriate behavior skills needed to obtain or sustain permanent housing. Direct care staff are required to ensure that consumers do not engage in behaviors that are harmful to themselves or others, and that consumers are not participating in activities that involve a high risk of relapse of psychiatric and/or Substance Use Disorder symptoms that interfere with the ability of the consumer to live independently in the community.

Payment for this level of service will be reimbursed at a per diem rate of \$237.16. These medically necessary services will be administered in individual apartment settings (one person per apartment) in either a clustered location or the consumers current independent living/apartment setting (this will include emergency shelters and crisis diversion units) that are in the community. Staff in this level of care are available on either a full-time or part-time basis.

Services and Supports provided by OCI Community Mental Health Center Teams

OCI billing codes are intended to reimburse providers for direct face-to-face intensive services and supports delivered in both residential and community settings. Operation Community Integration (OCI) programming allows only the following service codes and modifiers to be billed in addition to H0037 and H0037 HK:

Individual Therapy: 90832; 90834; 90837; **Family Therapy:** 90847; **Evaluation and Management:** 99211-99215; **Interventions and supports reimbursed through OCI Programs shall not be duplicated and shall NOT be part of the service menu offered through the OCI programs.** The OCI Service Specific Codes will be subject to the prior authorization process, and the CMHC can bill Medicaid code H0037 for the completion of the admission screening process. Criteria for billing either of these codes is dependent upon the CMHC and SUD Provider adhering to the Evidence Based Programming Practices of Housing First (or an alternative EBP program selected and approved by the BH Commissioner of KDADS), IPS Supported Employment, and the Promising Practices of SOAR as they relate to the individual being served. Each CMHC and SUD Provider will be given 24 months to have a base-line fidelity review for Evidence Based Practices, and it will be an expectation that all CMHC's using billing codes H0037 and H0037HK and all SUD Provider using H2016 and H2016 HK be within good fidelity standing by July 1, 2021.

Services and Supports provided by OCI Licensed Substance Use Disorder Teams

Licensed Substance Use Disorder Providers

OCI billing codes are intended to reimburse providers for direct face-to-face intensive services and supports delivered in both residential and community settings. Operation Community Integration (OCI) programming allows only the following service codes and modifiers to be billed in addition to H2016 and H2016 HK; **Substance Use Disorder Assessment:** H0001; **Individual Substance Use Disorder Therapy:** H0004; **Individual Substance Use Disorder Group:** H0005; **Intensive Outpatient Treatment:** H0015. The OCI Service Codes will be subject to the prior authorization process, and the SUD provider can bill Medicaid code H2016 for the completion of the admission screening process. Criteria for billing either of these codes is dependent upon the Substance Use Disorder provider adhering to the Evidence Based Programming Practices of Housing First (or an alternative EBP program selected and approved by the BH Commissioner of KDADS), IPS Supported

Employment, and the Promising Practices of SOAR as they relate to the individual being served. Each SUD provider will be given 24 months to have a base-line fidelity review for Evidence Based Practices, and it will be an expectation that all SUD providers are using billing codes H2016 and H2016HK be within good fidelity standing by July 1, 2021.

Services and Programming that are allowable under OCI billing codes: Services are designed to provide medically necessary supports and interventions that are person centered and reflect the needs and choice of the consumer. Treatment planning and services are done in collaboration with the consumer and the services used to support the consumer reflect medical necessity, relate directly to the goal of community integration and consumer choice.

The core principles of Operation Community Integration shall follow the Service Model for Housing First. At all times services provision shall reflect the following core principles:

- Access and connection to community supports that offer safe and affordable housing options and identification of supports that will allow consumer to sustain housing;
- Daily programming goals and face-to-face interventions needed to reflect the goal of community integration and housing stability in permanent housing;
- Supports may look different from individual to individual, and shall be based on developmentally appropriate needs and considerations, including those of transition aged youth, elders, persons with criminal records and homeless families;
- Services should be client driven and targeted to support “housing readiness”;
- Services and treatment planning should address quality of life, health, behavioral health, and employment barriers that can be achieved through permanent supported housing;
- Services shall be guided by medical necessity and the consumer’s service choice, self-determination, dignity and respect.

SUPPORT SERVICES MENU:

Support Services Menu in OCI programming:

****Mandatory service:** all OCI consumers shall complete HUD’s Homeless Certification Worksheet and all OCI consumers will be referred to the local HUD Coordinated Entry/Access Points for participation in HUD’s housing programming

- Assistance in performing, coaching and skill building around basic daily living and social skills.
- Coaching and skill building regarding symptom management and community integration.
- Prompting and skill building for conflict resolution.
- Collaboration and consumer participation in HUD’s Coordinated Entry System.
- Recovery coaching and relapse prevention planning.
- Case Management support to assist consumer with linkage to community resources to obtain and sustain safe, affordable housing.
- Providing landlord/tenant dispute resolution to reduce the risk of eviction or other adverse action.
- Assistance with entitlement advocacy and the application process by a certified SOAR staff member to support community integration.
- Direct face-to-face interventions with consumers to assist with budget development, budget management, and provide education on the benefits of a budget.
- Referral and collaborative supports to assist consumer with barriers regarding legal issues.
- Direct supports, prompting and skill building to address anger management issues that interfere with consumers ability to successfully integrate into the community through interventions and guided by SAMHSA’s Cognitive Behavioral Therapy Intervention work-book.
- Assistance with medication management (which may include Medication Assisted Treatment).
- Assistance with housing option searches, housing applications and securing permanent housing.
- Coordination with social supports and activities that will improve community integration.

- IPS Supported Employment EBP programming for consumers wanting to obtain employment to support community integration.
- Assistance with creating and developing a housing support crisis plan to address symptom management while reintegrating and residing in the community.
- Mobile Crisis response and stabilization services and/or collaboration with CIT teams-will allow the provider to begin crisis assessment where the at-risk consumer is located.

***ALL HOUSING SUPPORT SERVICES MUST BE DELIVERED USING THE EVIDENCE BASED PRACTICE OF HOUSING FIRST.**

TARGET POPULATION

- Beneficiaries who are discharging from a state psychiatric facility and are either Medicaid eligible (or anticipated to be Medicaid eligible and have been granted a determination from the KDHE, KDADS Reintegration program and have a Presumptive Medical Determination (PMDT) Tier 1 determination and meet the federal Medicaid income eligibility guidelines) upon discharge from a State of Kansas-operated psychiatric facility or recently discharged within 60 days;
- Beneficiaries who are discharging from a licensed substance use disorder social detox or residential treatment facility and are either Medicaid eligible (or anticipated to be Medicaid eligible and have been granted a determination from the KDHE, KDADS Reintegration or SOAR/Medicaid program and have a Presumptive Medical Determination (PMDT) Tier 1 determination and meet the federal Medicaid income eligibility guidelines).
- Medicaid eligible young adults with either an SED, SPMI and/or a SUD diagnosis exiting a PRTF, foster care, or DOC-JS custody;
- Medicaid eligible SED consumers whose families are either homeless or at risk of homelessness and need additional supports;
- Medicaid eligible beneficiaries who are exiting a state correctional facility or county jail (and are anticipated to become Medicaid eligible and have been granted a Tier 1 determination by KDHE's Presumptive Medical Determination (PMDT) Team, and have met the income eligibility guidelines for Medicaid through participation in the KDHE/KDOC Pre-Release program, and/or have been assisted by a certified SOAR worker thru the SOAR/Medicaid program);
- Individuals who have recently discharged from a state institution (psychiatric or correctional) and/or county correctional facility within the last 60 days and are exhibiting behavioral symptoms that may place them at risk for re-incarceration or state psychiatric hospitalization admission who are homeless or at risk of homeless;
- Individuals residing in acute care hospitals and/or state hospital diversion units unable to be discharged because of a lack of housing options and/or an inability to maintain housing in the community without intensive daily supportive services;
- Individuals exiting a Nursing Facility for Mental Health who will have Medicaid re-instated and who wish to reside in the community but may need additional coaching and support services while integrating into the community.
- Medicaid High Utilizers of Behavioral Health Services with multiple admissions to Emergency Departments and/or Crisis Stabilization Admissions.

BILLING AND DOCUMENTATION REQUIREMENTS:

These supportive services are intended to be intensive, directed supports that will be of a short-term nature and therefore the initial prior authorization period will be for no more than 45 units for each level of service payment. If an individual should transition from a higher intensity of service billing the H0037HK to a lower intensity level of care service billing the H0037, the individual would have a total of 90 service units per episode of care. These are to be considered soft limits and if criteria are met for a continuance, an extension,

or additional service units within the episode of care KDADS will review the case and it can be considered and approved by the individual's MCO and KDADS BHS staff on a case-by-case basis. Operation Community Integration (OCI) services are billed at a daily per diem unit rate based on service delivery of a face-to-face intervention. On each day that an OCI code is billed the client chart must reflect documentation of intensive services and supports delivered that day. Examples of appropriate documentation may include, but is not limited to the following; daily summary progress notes, weekly summary progress notes, shift notes, progress notes documenting individual interventions with consumers including but not limited to individual assistance (i.e. Crisis assistance/support, conflict management, behavior re-direction, prompting and reminders, providing education on goal directed activities, assistance with completions of HUD documentation for access to HUD housing and programming supports, vocational rehabilitation referrals, and/or food stamp applications, communication with SOAR Eligibility Specialist for SSA up-dates and Medicaid application and reviews.

REQUIRED DOCUMENTATION:

Consumers charts must include and/or demonstrate the following approved services and supports;

- Copy of the initial screen, eligibility and recommendations made by the (Certified DLA 20 admissions screener)
- Brief write up to identify medical necessity that supports the appropriate level of care and why consumer is in need of this level of supportive services.
- Treatment plans must be completed within 72 hours of admission to the program.
- Treatment plans must be modified and updated as necessary and reviewed with treatment team monthly. Proof of treatment plan review shall be placed in consumers chart
- Admission Note that supports which target population and level of service need the admitting consumer qualified under
- Face-to-face interventions
- Strengths Based Assessment identifying the individual's preferences and barriers related to successful tenancy and community

*Individuals in Residential Programming Intensive Community Residential Placement (ICRP) level of care must also have entries in a safety log as well as progress notes that reflect safety monitoring, and evidence of periodic safety checks overnight.

*Individuals in the Intensive Community Integration (ICI) level of care must have a critical intervention plan for all consumers participating in this level of care in the consumers individual file.