Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

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Employees' Manual, Title 8
Medicaid Appendix

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BEHAVIORAL HEALTH INTERVENTION SERVICES MANUAL TRANSMITTAL NO. 14-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: ***BEHAVIORAL HEALTH INTERVENTION SERVICES MANUAL***, Table of Contents (page 1), revised; Chapter III, ***Provider-Specific Policies***, Title Page, revised; Table of Contents (page 1), revised; and pages 1 through 16, revised.

Summary

The ***BEHAVIORAL HEALTH INTERVENTION SERVICES MANUAL*** is revised to:

- Move billing and payment information and forms to Chapter IV. *Billing Iowa Medicaid*.
- Align with current policies, procedures, and terminology.
- Ensure that current contact information is provided.
- Replace forms with links to ensure that the most recent version of the form is accessible.
- Remove the following obsolete forms:
  - 470-5033, *BHIS IME Authorization Not Needed*
  - 470-5034, *BHIS IME Notice of Decision*

Date Effective

Upon receipt.

Material Superseded

This material replaces the following pages from the ***BEHAVIORAL HEALTH INTERVENTION SERVICES MANUAL***:

Page	Date
Contents (page 1)	July 1, 2011
Chapter III	
Contents (page 1)	July 1, 2011
1-12	July 1, 2011
470-5034	5/11
13, 14	July 1, 2011
470-5033	5/10
15, 16	July 1, 2011
CMS-1500	8/05
17-24	July 1, 2011
Remittance Advice	Undated
25-29	July 1, 2011

Additional Information

The updated provider manual containing the revised pages can be found at: http://dhs.iowa.gov/sites/default/files/BHlthInter_0.pdf

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.

Behavioral Health Intervention Services

Provider Manual

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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. PROVIDERS ELIGIBLE TO PARTICIPATE

A provider of Behavioral Health Intervention Services (BHIS) is eligible to participate in the Iowa medical assistance program when the provider is enrolled in the Iowa Plan for Behavioral Health pursuant to 441 Iowa Administrative Code (IAC) Chapter 88, Division IV.

1. Enrollment

Providers eligible to participate in the Iowa Plan must also be enrolled with the Iowa Medicaid Enterprise (IME) for any payment to be made for non-Iowa Plan members. Please submit a copy of the welcome letter from the Iowa Plan with the enrollment application.

Each provider shall provide the IME Provider Services Unit with the current address of the provider's primary location and any satellite offices. It is the responsibility of the provider to contact the IME Provider Services Unit and provide an update whenever:

- There is a change of address.
- Other changes occur that affect the accuracy of the provider enrollment information.

2. Provider Requirements

As a condition of enrollment, providers of behavioral health intervention services must:

- Request criminal history record information, child abuse, and adult abuse background checks on all employees and applicants to whom an offer of employment is made, as required by Iowa Code section 135C.33(5).
- Follow standards in 441 IAC 79.3(249A) for maintenance of records. These standards pertain to all Medicaid providers. See Documentation.
- Assure that any services delivered by an individual or agency, either through employment by or a contract with the enrolled provider, shall comply with the requirements that are applicable to the enrolled provider.

3. Staff Education and Experience

The Iowa Plan contractor will use the following combination of education and experience when reviewing the agency for certification.

	Education and Experience	Clinical Supervision	Clinical Consultation
Community BHIS staff	Bachelor's degree in social sciences field plus: • 1 year experience, **or** • 20 hours training in child mental health, **or** Bachelor's degree in non-social science field plus: • 2 years experience, or • 30 hours training in child mental health	Licensed master's level prepared mental health practitioner (e.g., social work, marriage and family therapy, mental health counselor), license number required	Independently licensed master's level prepared mental health practitioner available for consultation as needed, license number required
Residential BHIS staff	Bachelor's degree in social sciences field, **or** Bachelor's degree in non-social science field plus 30 hours training in child mental health, **or** AA degree in social sciences field plus one year experience in child mental health services, **or** High school diploma or GED plus a minimum of five years of child mental health service experience	Licensed, master's level prepared mental health practitioner (e.g., social work, marriage and family therapy, mental health counselor), license number required **or** Bachelor's degree with five years or more child mental health service experience	Independently licensed master's level prepared mental health practitioner available for consultation as needed, license number required

B. MEMBERS ELIGIBLE TO RECEIVE SERVICES

Medicaid members may receive behavioral health intervention services when they meet the following requirements, as determined by a licensed practitioner of the healing arts acting within the practitioner's scope of practice as allowed under state law:

- The member has been diagnosed with a psychological disorder. See Diagnosis.
- The member has a need for behavioral health intervention services related to the member's psychological disorder. See Need for Service.

1. Diagnosis

To qualify for behavioral health intervention services, a member must be diagnosed with a psychological disorder that impairs the member's independent functioning relative to primary aspects of daily living such as personal relations or living arrangements. The Axis I diagnosis (ICD-9 or DSM-IV-TR numeric code and description) must be supportable by available documentation.

The primary diagnosis shall be the diagnosis the treatment plan is designed to address. Additional diagnoses are considered secondary. Information relating to a diagnosis that is over 12 months old needs to be confirmed.

A licensed practitioner of the healing arts must make the diagnosis and develop a treatment plan. The licensed practitioner must:

- Be enrolled in the Iowa Plan, and
- Be qualified to perform the clinical assessment for the purpose of establishing a diagnosis of psychological disorder under the Iowa Plan.

Clinical assessment of psychological disorders must be within the diagnosing practitioner's scope of practice under state licensing rules.

Qualified practitioners currently include providers credentialed in the Iowa Plan network as physicians, advanced registered nurse practitioners, psychologists, independent social workers (MSW, LISW), marital and family therapists, and mental health counselors.

Practitioners without an independent license must have clinical supervision as defined by their respective board.

2. Need for Service

A licensed practitioner of the healing arts (see Diagnosis for qualifications) must:

- Assess the member and develop a treatment plan that is comprehensive in nature and details all services the member requires, including services that are provided by other sources. The member's need for services must meet specific individual goals that are focused to address:
  - Risk of harm to self or others,
  - Behavioral support in the community,
  - Specific skills impaired due to the member's mental illness, and
  - Risk of out-of-home placement due to mental health needs or the transition back to the community or home following an out-of-home placement.
- Complete a standardized outcome tool during assessment and reassessments and provide the results to the behavioral health intervention provider.
- Re-examine the member at least every six months (or more frequently if conditions warrant) to:
  - Review the original diagnosis and treatment plan, and
  - Evaluate the member's progress, including a formal assessment.

The treatment plan will be provided to behavioral health intervention service providers to use as a basis for an implementation plan. See Implementation Plan.

C. COVERED SERVICES

Behavioral health intervention services are skill-building interventions that ameliorate behaviors and symptoms associated with an Axis I psychological disorder that has been assessed and diagnosed by a licensed practitioner of the healing arts.

The services must be medically necessary. "Medically necessary" means that the service is:

- Consistent with the diagnosis and treatment of the member's condition and specific to a daily impairment caused by a mental health disorder,
- Required to meet the medical needs of the member and needed for reasons other than the convenience of the member or the member's caregiver,
- The least costly type of service that can reasonably meet the medical needs of the member, and
- In accordance with the standards of evidence-based medical practice. The standards of practice for each field of medical and remedial care covered by the Iowa Medicaid program are those standards of practice identified by:
  - Knowledgeable Iowa clinicians practicing or teaching in the field, and
  - The professional literature regarding evidence-based practices in the field.

The services address mental and functional disabilities that negatively affect a member's integration and stability in the community and quality of life and reduce or manage the behaviors that interfere with the member's ability to function.

Services must be designed to reduce or eliminate the symptoms or behaviors resulting from the member's psychological disorder that prevent the member from functioning at the member's best possible functional level.

The focus of the intervention is to improve the member's health and well-being using cognitive, behavioral, or social interventions designed to ameliorate specific diagnosis-related problems.

Services are covered and payable only for Medicaid members meeting the criteria under MEMBERS ELIGIBLE TO RECEIVE SERVICES under an approved plan. See Non-Iowa Plan Eligible Authorization.)

1. Service Setting

a. Behavior Intervention

Behavior intervention is covered only for Medicaid members aged 20 or under. Behavior intervention includes services designed to modify the psychological, behavioral, emotional, cognitive, and social factors affecting a member's functioning.

Interventions may address the following skills for effective functioning with family, peers, and community in an age-appropriate manner:

- Cognitive flexibility skills
- Communication skills
- Conflict resolution skills
- Emotional regulation skills
- Executive skills
- Interpersonal relationship skills
- Problem-solving skills
- Social skills

Behavior intervention shall be provided in a location appropriate for skill identification, teaching, and development. Intervention may be provided in an individual, family, or group format as appropriate to meet the member's needs.

Covered services include only direct teaching or development of skills and not general recreation, non-skill-based activities, mentoring, or interruption of school.

The services must be directed toward the child. Services directed at a family member such as a parent, to meet the protective, supportive, or preventive needs of a child are not covered services.

A unit of service is 15 minutes.

b. Crisis Intervention

Crisis intervention is covered only for Medicaid members aged 20 or under. Crisis intervention services shall provide a focused intervention and rapid stabilization of acute symptoms of mental illness or emotional distress. The intervention shall be designed to de-escalate situations in which a risk to self, others, or property exists.

Services shall assist a member to regain self-control and reestablish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.

Crisis intervention shall be provided as outlined in a written treatment plan.

Crisis intervention services do not include control room or other restraint activities.

A unit of service is 15 minutes.

c. Family Training

Family training is covered only for Medicaid members aged 20 or under. Family training services shall:

- Enhance the family's ability to effectively interact with the child and support the child's functioning in the home and community, and
- Teach parents to identify and implement strategies to reduce target behaviors and reinforce the appropriate skills.

Training provided must:

- Be for the direct benefit of the member.
- Be based on a curriculum with a training manual.

A unit of service is 15 minutes.

d. Skills Training and Development

Skill training and development is covered only for Medicaid members who are aged 18 and older.

Skill training and development includes interventions to enhance independent living, social and communication skills that minimize or eliminate psychological barriers to a member's ability to manage symptoms associated with a psychological disorder effectively and maximize the member's ability to live and participate in the community.

Interventions may include training in the following skills for effective functioning with family, peers, and community:

- Communication skills
- Conflict resolution skills
- Daily living skills
- Problem-solving skills
- Social skills
- Interpersonal relationship skills

The unit of service is 15 minutes.

2. Service Setting

a. Community-Based Behavioral Health Intervention

Community-based behavioral health intervention is available to a member living in a community-based environment. Services have a primary goal of assisting the member and the member's family to learn age-appropriate skills to manage behavior and regain or retain self-control. Depending on the member's age and diagnosis, specific services offered may include:

- Behavior intervention.
- Crisis intervention.
- Skill training and development.
- Family training.

b. Residential Behavioral Health Intervention

Residential behavioral health intervention is available to members eligible for foster group care payment pursuant to 441 IAC 156.20(1). Services have the primary goal of assisting the member to prepare to transition to the community through learning age-appropriate skills to manage behavior and regain or retain self-control. Specific services offered include:

- Behavior intervention.
- Crisis intervention.
- Family training.

NOTE: Behavioral health intervention is not covered for members who are in an acute care or psychiatric hospital, a long-term care facility, detention center, state institution, or a psychiatric medical institution for children.

3. Excluded Services

Behavioral health intervention services do not include any of the following:

- Day care.
- Recreation.
- Non-skill-based activities.
- Mentoring.
- Respite services.
- Room and board.
- Family support services.
- Inpatient hospital services.
- Services which are solely educational in nature. Educational services should not be interrupted to provide behavioral health intervention services.
- Job-specific and task-specific vocational services.
- Any services not provided directly to the eligible member.
- Services that are not in the person's behavioral health intervention services treatment plan.

- Services to persons under 65 years of age residing in institutions for mental diseases.
- Services directed at a parent or family member to meet the protective, supportive, or preventive needs of a child.
- Services provided by the licensed practitioner of the healing arts (LPHA). These services must be billed to the Iowa Plan separately.
- Habilitative services, which are services that are designed to assist individuals in **acquiring** skills that they **never had**, as well as associated training to acquire self-help, socialization, and adaptive skills necessary to reside successfully in a home or community setting.
- Collateral contacts. Contacts such as phone calls with a member or a provider participating in the interdisciplinary team meeting are **not** billable as a behavioral health intervention service.
- Child welfare services and maintenance as defined in the DHS *Foster Group Care Services Provider Handbook*, Chapter C, are not included as behavioral health intervention services. Click here to view the handbook online.
- Services that are otherwise covered by the Iowa Medicaid program or that are an integral and inseparable part of another Medicaid-reimbursable service, including but not limited to:
  - Targeted case management services.
  - Institutional services.
  - Home- and community-based waiver services.
  - Control room or restraint activities.

D. REQUIREMENTS FOR SERVICE COVERAGE AND PAYMENT

1. Documentation

Providers must maintain medical records for five years from the date of service as evidence that the services provided were:

- Medically necessary,
- Consistent with the diagnosis of the member's condition, and
- Consistent with evidence-based practice.

Each page of the medical record shall contain the member's:

- Full name.
- Date of birth.
- Medicaid state identification number.

a. Medical Record

The medical record shall indicate the member's progress in response to the services rendered, including any changes in treatment, alteration of the plan of care, or revision of the diagnosis.

At the conclusion of services, the member's record shall include a discharge summary that identifies the:

- Reason for discharge.
- Date of discharge.
- Recommended action or referrals upon discharge.
- Treatment progress and outcomes.

The discharge summary shall be included in the member's record within 72 hours of discharge.

b. Progress Notes

The provider's file for each Medicaid member must include progress notes for each date of service that details specific services rendered related to the covered behavioral health intervention service for which a claim is submitted.

The following items must be included in each progress note entry, for each Medicaid member, and for each date of service:

- The date and amount of time services were delivered, including the beginning and ending time of service delivery, including AM or PM.
- The full name of the provider agency.
- The first and last name and title of provider staff actually rendering service, as well as that person's signature.
- A description of the specific components of the Medicaid-payable behavioral health intervention service being provided (using service description terminology from this manual).

- The nature of contact, relative to the Medicaid-payable service that was rendered. The progress note must describe what specifically was done, relative to both:
  - The goal as stated in the member's treatment plan or implementation plan, and
  - How the behavioral health intervention service provided addressed the symptoms or behaviors resulting from the member's psychological disorder.
- The place or location where service was actually rendered.
- The nature, extent, and number of units billed.

Progress notes shall include the progress and barriers to achieving:

- The goals stated in the treatment plan, and
- The objectives stated in the implementation plan.

2. Implementation Plan

Services must be included in a behavioral health intervention implementation plan that is based on the identified goals in the treatment plan and the member's diagnosis of a psychological disorder.

The behavioral health intervention services provider shall develop an implementation plan based on the treatment goals and service recommendations that the licensed practitioner prescribes in the member's treatment plan.

a. Components of the Implementation Plan

An implementation plan must include the following demographic information:

- The member's name
- The member's address
- The member's date of birth
- The member's Medicaid state identification number
- The behavioral health intervention services provider's name
- The date the plan was developed and revised

The plan must include the diagnosis and treatment order from the licensed practitioner of the healing arts, including scope, amount, and duration of services.

b. Evaluation of the Implementation Plan

The implementation plan will be evaluated according to the following criteria:

- The plan is consistent with licensed practitioner of the healing arts' written diagnosis and treatment recommendation.
- The plan addresses the member's mental health symptoms or behaviors.
- The plan is individualized.
- The plan incorporates strengths of the member and, if applicable, of the member's family into the interventions.
- The interventions are specific with roles and responsibilities identified.
- The services and treatment are consistent with best practice guidelines.
- The plan reflects the participation of the member and the member's legal representative, as applicable.
- The plan conforms to the medical necessity requirements.
- The plan is sufficient in amount, duration, and scope to reasonably achieve its purpose.
- The goals and objectives are measurable and time-limited.
- The treatment results and outcomes are specified.

3. Iowa Plan Service Authorization

Service is authorized by the Iowa Plan contractor. The Iowa Plan authorization process will be used for all behavioral health intervention service requests.

Contact the Iowa Plan at (800) 638-5820 to schedule a telephone authorization. The mental health professional who performed the assessment will participate in the authorization request.

For members who have not received behavioral health intervention services, providers may request up to 50 units online at: www.magellanprovider.com.

4. Medical Necessity

To be payable by Medicaid as a behavioral health intervention service, a service must be:

- Consistent with the diagnosis and treatment of the member's condition and specific to a daily impairment caused by a mental health disorder.
- Rehabilitative in nature and not habilitative.
- Designed to promote a member's integration and stability in the community and quality of life.
- Consistent with professionally accepted guidelines and standards of best practice for the service being provided.
- Designed to promote a member's ability to obtain or retain employment or to function in non-work settings.
- Designed to address mental and functional disabilities and behaviors resulting from a psychological disorder that interferes with an individual's ability to live and participate in the community.
- Furnished in the most appropriate and least restrictive available setting in which the service can be safely provided, consistent with the member's goals identified in the treatment plan and defined in the member's implementation plan.
- Required to meet the medical needs of the member and is needed for reasons other than the convenience of the member or the member's caregiver.
- In accordance with the standards of evidence-based medical practice. The standards of practice for each field of medical and remedial care covered by the Iowa Medicaid program are those standards of practice identified by:
  - Knowledgeable Iowa clinicians practicing or teaching in the field, and
  - The professional literature regarding evidence-based practices in the field.

5. Non-Iowa Plan Eligible Authorization

When the member does not have Iowa Plan eligibility for a month in which services are provided, the provider must obtain an authorization from the Iowa Plan. The IME will accept Iowa Plan authorizations. Claims must be submitted to the IME.

Fax the Iowa Plan authorization to the IME Medical Services Unit at (515) 725-1355 along with form 470-4621, *IME BHIS Fax Cover Letter*. Click here to view the form online.

E. BASIS OF PAYMENT

See PROCEDURE CODES AND NOMENCLATURE for details on the basis of payment for Behavioral Health Intervention Services.

F. PROCEDURE CODES AND NOMENCLATURE

Covered procedure codes are listed in the Iowa Plan for Behavioral Health Provider Handbook Supplement.

Submit bills for whole units of service only. If the time of service provision for a given billing period totals more or less than a whole unit, round 0.5 unit or higher up to the next whole unit; round less than 0.5 unit down to the next whole unit.

Bill a service with 15-minute units as follows:

- For eight minutes or higher, round up to the next whole unit.
- For seven minutes or lower, round down to the next whole unit.

NOTE: The beginning and ending time recorded in the progress notes must match the units billed on the claim for that date of service.

G. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Behavioral Health Intervention Services are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click here to view a sample of the CMS-1500.

Click here to view billing instructions for the CMS-1500.

Refer to *Chapter IV. Billing Iowa Medicaid* for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
http://dhs.iowa.gov/sites/default/files/all-iv_0.pdf