



## Community Support Services (Behavioral Health Rehab Option)

### Revision Table

Revision Date	Sections Revised	Description
4/29/04	All	This new manual replaces the Community Support Services Mental Health and the Community Support Services Substance Abuse Provider Specific Policy Manuals. This manual more accurately describes the community support services covered under the Rehab Option.

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## **Community Support Services (Behavioral Health Rehab Option) Provider Specific Policy**

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## Community Support Services (Behavioral Health Rehab Option) Provider Specific Policy

### 1.0 Overview

#### 1.1 General Information

1.1.1 This manual contains the standards by which the Division of Social Services (DSS) enrolls Community Support Services Programs under the Behavioral Health Rehabilitative Services Option. Provider certification by the Division of Substance Abuse and Mental Health (DSAMH) is required for Delaware Medical Assistance Program (DMAP) enrollment and reimbursement.

1.1.2 Through an Inter-Divisional Agreement, the Division of Social Services, (DSS), DMAP has delegated DSAMH the authority to administer certain Medicaid programs pertaining to optional rehabilitative services. The authority includes certification of programs for provider enrollment, rate setting and quality assurance. Delegated quality assurance functions include program monitoring, utilization control, training and technical assistance.

1.1.3 Community support services are medically related treatment, rehabilitative and support service provided through self-contained programs by teams of clinicians, associate clinicians and assistant clinicians under the supervision of a physician.

1.1.4 The DMAP covers behavioral health rehabilitative services for persons with disabilities caused by mental illness, alcoholism or drug addiction.

1.1.5 Categories of community support programs include:

- Community Continuum of Care Program (CCCP)
- Psychosocial Rehabilitation Center (PRC); and
- Residential Rehabilitation Facility (RRF)

1.1.5.1 CCCP Program – A CCCP provides a comprehensive array of non-residential support services in community-based settings to improve the capacity for self-care and productive daily living of persons whose disabilities markedly impair their ability to live independently without support.

1.1.5.2 PRC Programs – A PRC provides non-residential facility-based group therapies to improve the capacity for self-care and productive daily living of persons whose disabilities markedly impair their ability to live independently without support.

1.1.5.3 RRF Programs - An RRF program provides residential facility-based group and individual therapies to improve the capacity for self-care and productive daily living of persons whose disabilities preclude their ability to live independently.

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## **2.0 Qualified Providers**

### **2.1 Requirements**

- 2.1.1 Providers of community support services must be certified by DSAMH as meeting applicable program, organizational and administrative standards and be enrolled with DMAP in accordance with DMAP enrollment criteria.
- 2.1.2 Providers eligible to apply for Certification by DSAMH as a provider of community support services include:
- Private non-profit human service providers
  - Private for-profit human service providers
  - State, county or municipal government operated health and human services departments.
- 2.1.3 All providers who are reimbursed for community support services must be professionally and properly licensed and/or certified in compliance with state and federal laws

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## **3.0 Provider Certification**

### **3.1 Procedures for Certification**

- 3.1.1 Providers seeking initial program certification by DSAMH for provision of any category of behavioral health community support services may request a certification survey package including program, organizational and administrative standards by contacting DSAMH. Refer to the General Policy for the appropriate address and telephone number.
- 3.1.2 Within 10 days of receiving a provider certification request for initial certification, DSAMH shall forward the requesting provider a certification survey package. The completed certification application contained in the certification package must be returned to DSAMH within 90 days of receipt by the requesting provider. DSAMH will review the application to determine if all pre-survey information is complete. If additional information is required, DSAMH will notify the applicant of the additional information necessary to complete the application.
- 3.1.3 Within 90 days of DSAMH's receipt of a complete initial certification application, DSAMH shall schedule and conduct a certification survey/monitoring site visit and complete a survey/monitoring report. The application and the survey/monitoring report will form the basis for the certification determination.
- 3.1.3.1 DSAMH, in its sole discretion, may issue a Provisional certification based upon a paper review of application documents pending the conduct of a survey/monitoring site visit.
- 3.1.4 DSAMH shall make a certification determination within 30 days of completing the survey/monitoring report and will notify the provider of the determination.
- 3.1.5 DSAMH shall forward HP Enterprise Services, LLC (HPES), DMAP's fiscal agent, notice of the provider's initial certification to provide behavioral health community support services to eligible DMAP clients. Upon receiving DSAMH certification providers may enroll with the DMAP in accordance with policy and procedures established by DMAP.

### **3.2 Procedures for Recertification**

- 3.2.1 Recertification of providers shall be determined annually.
- 3.2.2 Providers seeking recertification by DSAMH for provision of any category of behavioral health community support services may request an application for recertification by contacting DSAMH. Refer to the General Policy for the appropriate address and telephone number.

- 3.2.3 Within 10 days of receiving a request for an application for recertification, DSAMH shall forward the requesting provider a recertification application package. The completed recertification application must be made available to DSAMH not later than the first day of the survey/monitoring site visit.
- 3.2.4 DSAMH shall conduct an on-site survey/monitoring visit within the 90-day period prior to the expiration of the existing certification.
- 3.2.5 On-site certification/recertification survey/monitoring visits will be unannounced unless DSAMH, in its sole discretion, determines that an announced survey/monitoring will better serve the purpose of the survey/monitoring.
- 3.2.6 DSAMH shall make a recertification determination within 30 days of completing the survey/monitoring report and will notify the provider of the determination.

### **3.3 Provisional Certification**

- 3.3.1 DSAMH may issue a Provisional Certification when: 1) based on the survey/monitoring report following an on-site survey/monitoring, whether announced or unannounced, DSAMH determines that significant corrective action is required to correct program, organizational or administrative deficiency(ies) as necessary to comply with applicable program, organizational or administrative certification standards; OR, 2) DSAMH is unable to timely conduct a survey/monitoring site visit; OR, 3) based upon a desk review of submitted initial certification documentation, DSAMH determines that a survey/monitoring site visit is unnecessary prior to certification.
- 3.3.2 DSAMH may require the provider to submit corrective action plans, other documentation as required and periodic reports of progress in implementing the corrective plan during the period of provisional certification.
- 3.3.3 A Provisional Certification may be issued for a period of up to 120 days. The Director of DSAMH may at his/her sole discretion and on the request of the provider, extend the period of Provisional Certification for additional periods of time provided that the total continuous period of Provisional Certification does not exceed 240 days.
- 3.3.4 DSAMH may, during the period of Provisional Certification, conduct periodic on-site survey/monitoring visits to determine provider progress in taking corrective action(s) to correct program, organizational or administrative deficiency(ies) as necessary to comply with applicable program, organizational or administrative certification standards.

### **3.4 Suspension of Certification**

- 3.4.1 DSAMH may suspend the provider certification any time upon 15 days written notice to the provider when the provider fails to satisfy or continue to meet the

program requirements. The written notice shall advise the provider of the reason(s) for the suspension.

3.4.2 The provider may request a hearing by the DSAMH Director for the purpose of demonstrating that the reason(s) for suspension have been corrected.

3.4.3 Failure of the provider to demonstrate the correction of reason(s) for suspension within 60 days of receipt of the notice to suspend shall result in the revocation of the provider's certification. The Director, DSAMH, may extend the period of suspension, without revocation, by not more than 30 days.

3.4.4 DSAMH may specify conditions for program operations during suspension, including but not limited to prohibiting the program from accepting new admissions, when such conditions are deemed necessary by the Director, DSAMH, to safeguard the wellbeing of service recipients.

### **3.5 Revocation of Certification**

3.5.1 Upon revocation of a provider's certification, DSAMH shall notify DSS of the revocation along with the provider's failure to meet the requirements to be recognized as an enrolled provider with the DMAP.

3.5.2 DSAMH may revoke a provider's certification without prior written notice to the provider in the event that the provider has evidenced conduct which has caused or which can reasonably be expected to cause harm to clients.

3.5.3 DSAMH shall:

3.5.3.1 Advise the DMAP of the revocation;

3.5.3.2 Provide written notification of the revocation to the provider within 5 working days of the effective date of the revocation.

### **3.6 Reinstatement of Certification following Revocation**

3.6.1 A provider may reapply for certification as a new provider of CSS at any time following the effective date of revocation (see Procedures for Certification).

### **3.7 Ongoing Monitoring**

3.7.1 As an authorized representative of DSS, DSAMH has the right to access any information directly related to the provider's administration of the DMAP. DSAMH may conduct on-site visits to a provider and review client records periodically to survey/monitor ongoing compliance with certification standards.

3.7.2 DSAMH will notify a provider in writing of any deficiencies found during a survey/monitoring visit.

- 3.7.3 The provider shall submit a plan to correct any deficiencies within 30 days of notification.

## **4.0 Covered Services**

Covered services are provided only within the context of a certified CSS program.

### **4.1 Comprehensive Medical/Psychosocial Evaluation**

- 4.1.1 The comprehensive medical/psychosocial evaluation is a multi-functional assessment of the client conducted by a physician (psychiatrist, internist or family practitioner), and clinicians under the supervision of the physician, to establish the medical necessity of provision of rehabilitative services to formulate a treatment plan.

### **4.2 Physician Services**

- 4.2.1 Physician services are provided within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.
- 4.2.2 In the context of community support service programs, physician services refer to medical or psychiatric assessment, treatment, and prescriptions for pharmaceuticals.

### **4.3 Emergency Services**

- 4.3.1 Therapy performed in a direct and face-to-face involvement with the client available on a 24-hour basis to respond to a psychiatric or other medical condition which threatens to cause the admission of the client to a hospital, detoxification or other crisis facility.

### **4.4 Counseling and Psychotherapy Services**

- 4.4.1 Counseling is supportive psychotherapy performed as needed in a direct and face-to-face involvement with the client available on a 24-hour basis to listen to, interpret and respond to the client's expression of her/his physical, emotional and/or cognitive functioning or problems.
- 4.4.2 In addition to supportive psychotherapy there are several highly specific modalities of psychotherapy, each based on an empirically valid body of knowledge about human behavior. Provision of each modality requires specific credentials.
- 4.4.3 Specific modalities of Psychotherapy may be provided only by physicians and clinicians who are credentialed in specific modalities or learning and practicing under the supervision of one who is credentialed.

### **4.5 Psychiatric Rehabilitative Services**

- 4.5.1 Rehabilitative therapy provided on an individual and small group basis to assist the client to gain or relearn the self-care, interpersonal and community living skills needed to live independently and sustain medical/psychiatric stability.
- 4.5.2 Psychiatric rehabilitation is provided primarily in a home and community-based setting where skills must be practiced.

#### **4.6 Psychosocial Rehabilitation Center (PRC) Services**

- 4.6.1 Facility-based, group rehabilitative therapy for clients who cannot be adequately served through only individualized home and community-based psychiatric rehabilitative services.
- 4.6.2 Therapy is provided in 4-hour blocks for up to 5 days per week at a psychosocial rehabilitation center facility.

#### **4.7 Residential Rehabilitation Facility Services**

- 4.7.1 Facility-based, 24-hour rehabilitative therapy for clients who cannot be adequately served through a psychosocial rehabilitation center and/or individualized home and community-based psychiatric rehabilitative services.
- 4.7.2 Facilities providing residential rehabilitation services shall not be larger than 16-bed capacity. Room and board costs are not included in the service costs.

## **5.0 Service Limitations**

### **5.1 Eligibility Limitations**

5.1.1 Community support services are limited to eligible DMAP clients who would benefit from services designed for or associated with mental illness, alcoholism or drug addiction.

5.1.2 Coverage for community support services is limited to those Medicaid clients who are certified by the program physician as severely disabled according to criteria for severity of disability caused by mental illness and/or substance abuse.

### **5.2 Appropriate Use**

5.2.1 The program provider must complete a comprehensive medical/psychosocial assessment within 30 days of the client's admission to the program.

5.2.2 The program physician must certify that the Community Support Services are medically necessary. DSAMH may at any time review any client's treatment record to verify that the evaluation, treatment plan and certification of medical necessity are complete. DSAMH may require a full review of medical necessity in the event that a determination of medical necessity by the program physician does not appear to be supported by the assessment materials.

5.2.3 Providers will not be reimbursed for services provided after 60 days of admission to the program or beyond 15 days of the yearly anniversary date of admission to the program without a completed assessment, treatment plan and physician's certification of medical necessity.

### **5.3 Service Utilization**

5.3.1 Services provided to each client must be medically necessary and in accordance with the prescribed treatment plan.

5.3.2 Services shall not be provided primarily for the convenience of the provider or the client.

### **5.4 Location of Service Provision**

5.4.1 Providers may not bill DMAP for services provided to a client while they reside in an institution for mental diseases or in a correctional institution.

### **5.5 Sub-Contracting of Services**

5.5.1 Services billable to DMAP are limited to those provided by an employee of the certified provider agency or by a physician or other qualified staff person directly

contracted with the provider. Providers may not contract or subcontract with another provider agency for any covered services to be provided by that agency or by staff not directly under the supervision and control of the certified CSS program.

## **5.6 Physician Supervision**

- 5.6.1 Services billed to DMAP must be authorized by a physician's determination of medical necessity, must be supported by an individual treatment plan signed by the physician and must be supervised by a physician in a manner prescribed by DSAMH program standards.

## **5.7 Non-Covered Services**

- 5.7.1 The following services are not covered and shall not reimbursable by DMAP:

5.7.1.1 Vocational and educational services;

5.7.1.2 Services which are solely recreational in nature;

5.7.1.3 Services provided to individuals other than the eligible Medicaid recipient;

5.7.1.4 Services delivered by telephone;

5.7.1.5 Services provided to clients while a patient or resident in an institution for mental disease as defined by Centers for Medicare and Medicaid Services (CMS): "Institution for mental diseases" means a hospital, nursing facility or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of individuals with mental diseases, including medical care, nursing care, and related services.

## **6.0 Obtaining Prior Authorization**

### **6.1 Services Requiring Prior Authorization**

6.1.1 All behavioral health Community Support Services require prior authorization from DSAMH.

### **6.2 Procedures**

6.2.1 The DSAMH Eligibility and Enrollment Unit (EEU) determines the eligibility of persons to receive CSS under the Rehabilitative Services Option and authorizes the provision of all categories of CSS. An application for determination of eligibility and authorization for provision of any category of CSS can be obtained by contacting DSAMH. Refer to the General Policy for the appropriate address and telephone number.

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## **7.0 Reimbursement**

### **7.1 Payment Methodology**

- 7.1.1 Rates for community support services will be established by a rate-setting committee composed of representatives from various Divisions of the Delaware Department of Health and Social Services (DHSS), including Division of Social Services (DSS), the Division of Management Services (DMS), and the Division of Substance Abuse and Mental Health (DSAMH).
- 7.1.2 A universal per-diem rate for all services with the exception of Psychosocial Rehabilitation Center Services and Residential Rehabilitation Services is to be set initially and for three subsequent fiscal years based upon a trend analysis of Medicaid expenditures for individualized home and community-based Community Support Services during the base period of SFY 2000 through SFY 2002 and adjusted thereafter by the rate setting committee.
- 7.1.3 Rates for Psychosocial Rehabilitation Center services and Residential Rehabilitation services are provider specific and are calculated by determining the total costs for each provider of the respective services, including cost of services to all clients regardless of Medicaid eligibility. The rates will be per-diem for Residential Rehabilitation services and per half-day unit for Psychosocial Rehabilitation Center services.
- 7.1.4 Specific procedure codes are assigned for billing the DMAP for community mental health and substance abuse support services. Refer to Appendix A of this manual for these codes.

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## **8.0 Program Certification Standards**

### **8.1 Standards**

- 8.1.1 DSAMH maintains CSS Program Certification Standards for all categories of CSS programs.
- 8.1.2 A copy of the program certification standards and information on applying for program certification for any category of behavioral health Community Support Services may be obtained by contacting DSAMH. Refer to the General Policy for the appropriate address and telephone number.

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## 9.0 Appendix A – Community Support Services (Behavioral Health Rehab Option) Codes

### 9.1 Procedure Codes

When billing the DMAP for community support services (behavioral health rehab option) providers are required to use the following codes.

Code	Description
H2015	Comprehensive community support services, per 15 minutes (Use this code for dates of service on and prior to <b>3/31/04</b> )
H2016	Comprehensive community support services; per diem (Use this code for dates of service on and after <b>4/1/04</b> )
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program) when stay is typically longer than 30 days, without room and board, per diem