



IDAHO DEPARTMENT OF
HEALTH & WELFARE

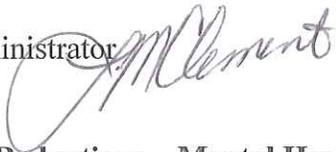
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December 1, 2010

MEDICAID INFORMATION RELEASE MA10-20

To: Mental Health Clinics, Psychosocial Rehabilitation Service agencies,
and Mental Health Service Coordination agencies

From: Leslie M. Clement, Administrator
Division of Medicaid 

Subject: **House Bill 701 Budget Reductions – Mental Health Services**

Effective January 1, 2011, the Department will initiate temporary rules which will reflect changes in mental health benefits that are intended to align with legislative direction to maintain a viable, but reduced Medicaid program.

These changes in services and benefits are being implemented to comply with House Bill 701, Section 14 A and B that reflects legislative priorities for cost reductions. Medicaid was instructed to first review pricing to ensure that it did not pay any services higher than Medicare and did not overpay. The Department was also instructed to work with all providers to review and reduce current pricing through negotiations. The Department had previously worked with providers to adopt a reimbursement methodology that has been approved by the Centers for Medicare and Medicaid. No additional changes were made in pricing methodology this year and separate rules will be promulgated to reflect the existing rate methodology. The Department initiated statewide stakeholder participation regarding cost reduction ideas using teleconferencing, face to face meetings, and web surveys. The temporary rule changes identified below are intended to reflect the cost reduction suggestions received through these various channels and include eliminating non-effective, non-outcome based services; reducing and simplifying administrative requirements; and making other minor benefit changes. Other longer term efforts are in various stages of development to address legislative direction regarding selective contracting, waivers, and standardized statewide assessments.

The specific language of the temporary rule changes is being published on December 1, 2010, in the Idaho Administrative Bulletin at www.adm.idaho.gov/adminrules. While the temporary rules are in effect, beginning with the claim date of service January 1, 2011, the temporary rule changes are:

Collateral Contact Will Not Be Available (Procedure Code 90887)

Collateral contact will no longer be an allowed benefit, and will not be reimbursed by Medicaid. Existing prior authorizations for collateral contact services will no longer be valid after December 31, 2010. Participant treatment plans must be adjusted to reflect this change.

Changes to Assessment Benefit and Required Documentation

Annual Assessment Benefit (Procedure Code 90801, 90802, and 97003)

The annual assessment limitation for mental health diagnostic assessment services will be four (4) hours per year. The remaining allowed assessments are the Comprehensive Diagnostic Assessment and an Occupational Therapy Evaluation. Participants must have a mental health status exam every year but are not required to have a new diagnostic assessment every year. Participants' comprehensive diagnostic assessments should be reviewed annually to reflect their current status and the assessment document should be updated as necessary.

Intake Assessments Will Not Be Available (Procedure Code T1028)

Intake assessments will no longer be reimbursed by Medicaid. Participants will no longer be required to have a separate assessment when they transfer to a different agency. Stakeholder input suggested that the assessment requirement be reduced to one assessment to help reduce the administrative burden on providers.

Functional Assessments Will Not Be Available (Procedure Code H0031)

Functional assessments will no longer be reimbursed by Medicaid. Participants will no longer be required to have a separate assessment to determine their functional needs. Stakeholder input suggested that the assessment requirement be reduced to one assessment to help reduce the administrative burden on providers. The comprehensive diagnostic assessment must contain sufficient information to establish that the participant meets the program eligibility requirements. For children, the PECFAS/CAFAS must continue to be completed to help identify a child's program eligibility and treatment needs.

Psychological & Neuropsychological Testing Benefit (Procedure Codes 96101-96103 and 96118-96120)

Psychological and neuropsychological testing benefits will not be included in the standard assessment benefit discussed above. This testing benefit will be limited to two (2) hours of computer-administered testing and four (4) hours of individual testing per year. Additional testing hours are available with a PA from the Department. This type of testing is provided in direct response to a specific evaluation question and is not intended to be used instead of a comprehensive diagnostic assessment or as a method to obtain additional assessment hours.

Psychosocial Rehabilitation Services Limitation (Procedure Codes H2017, H2014 HQ, H0036)

PSR services will be limited to five (5) hours per week. No additional service hours will be available. Claim data has shown that the majority of participants who receive PSR services are using an average of four (4) hours or less per week. Existing prior authorizations for additional PSR services will no longer be valid after December 31, 2010. Treatment plans should be adjusted to reflect this change.

Individualized Treatment Planning (Procedure Code H0032)

Participants new to mental health treatment are eligible for the treatment plan benefit of two (2) hours. Participants with existing treatment plans must receive plan updates as part of their ongoing treatment services. Participants newly discharged from psychiatric hospitalization may

receive new treatment plans. Stakeholder input regarded the annual treatment plan requirement as an unnecessary administrative burden. A participant's treatment plan should continue to reflect that an update was conducted at least every 120 days or sooner as needed.

Duplication of Treatment

The Department has identified that duplication of treatment occurs when a participant who meets eligibility criteria for both the DD program and the MH program receives a combination of skill building services from two programs simultaneously. In the mental health program, psychosocial rehabilitation services and partial care are both considered skill training services and cannot occur together.

<p><u>Skill Training Services</u></p> <p>Psychosocial Rehab service codes H2017, H2014HQ, H0036</p> <p>Partial Care code H2014</p> <p>Dev Therapy codes H2021, H2021HQ, H2014, H2014HQ, 97537, 97537 HQ, H2032, H2032HQ</p> <p>IBI codes H2019, H2019HM</p> <p>Res Hab codes H2015, H2016, H2022, S5140</p>	<p>Participants may receive only one type of skill training service.</p> <ul style="list-style-type: none"> • Participants who receive only mental health skill training services will no longer be able to receive PSR and partial care services at the same time. Each participant must meet the level of care requirement to be eligible for the service they receive. • For participants who are eligible for both developmental disability services and mental health services, the participant must decide from which program they want to obtain skill training services.
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- If a participant wants to obtain skill training services through the mental health program, an addendum to the participant's individual service plan (ISP) must be submitted from his DD services provider to the Department by December 31, 2010, and must indicate the DD skill training service has been deleted from the ISP. The mental health service provider who is chosen to provide these services must ensure that the participant obtains the appropriate service based on the participant's level of care need. If this participant or his provider have questions about program eligibility, they are welcome to contact the Office of Mental Health and Substance Abuse for assistance as indicated at the end of this notice.
- If an adult participant does not have an ISP addendum submitted on his behalf to the Department prior to January 1, 2011, he will continue to receive his specific DD skill building service only and will not be eligible to continue with PSR services or partial care services.

- If an adult participant is receiving PSR and Partial Care services and not any DD services, the mental health service provider must ensure that the participant obtains the appropriate service based on the participant's level of care. If this participant or his provider have questions about program eligibility, they are welcome to contact the Office of Mental Health and Substance Abuse for assistance as indicated at the end of this notice.
- Partial Care services may only be accessed by adult participants who have a serious and persistent mental illness.
- Psychotherapy and pharmacologic management services will continue to be available Medicaid benefits for participants through mental health clinics.

The Office of Mental Health and Substance Abuse (OMHSA) will be notifying mental health service agencies of the participants that they serve who will be affected by this change. The OMHSA requests the cooperation of providers for the timely submission of any information requested to help assist participants with this new requirement, and comply with this benefit limitation.

Updating Assessments

Providers should comply with the following guidelines as related to assessment practices and in order to avoid duplication of unnecessary services:

- IDAPA rules have been changed to reflect that comprehensive diagnostic assessment addendums be completed at least once every year.
- When an assessment is documented as currently reflecting the participant's status at least once every year, it is considered a current assessment and a new evaluation is not necessary. A new assessment may be completed if the qualified professional determines that the assessment does not accurately reflect the participant's status.

If you have additional questions about the changes in mental health benefits, please contact the policy subject matter expert for the Office of Mental Health and Substance Abuse in the Division of Medicaid. You may email your question to burtc@dhw.idaho.gov or call 208-364-1844.