

Medicaid Behavioral Health Service and Support System

Arkansas Department of Human Services



Medicaid Populations and Behavioral Health Services

Traditional Medicaid Beneficiaries

Need outpatient counseling services provided in an office, clinic or school setting

- Need medication management by a psychiatrist or primary care physician
- Can be stabilized quickly in a hospital and connected to outpatient counseling and medication management

PASSE Beneficiaries

Are not responding to outpatient counseling services alone

- Have functional deficits due to mental health diagnosis
- Need home and community-based services to prevent institutional settings

Who Can Perform Behavioral Health Outpatient Counseling Services for AR Medicaid Beneficiaries

- **Independently Licensed Clinicians (masters or doctoral)**
 - **Licensed Certified Social Worker**
 - **Licensed Marriage and Family Therapist**
 - **Licensed Psychologist**
 - **Licensed Psychological Examiner-Independent**
 - **Licensed Professional Counselor**
- **Non-Independently Licensed Clinicians (masters or doctoral)**
 - **Licensed Master Social Worker**
 - **Licensed Associate Marriage and Family Therapist**
 - **Licensed Associate Counselor**
 - **Licensed Psychological Examiner**
- **Licensed Alcoholism and Drug Abuse Counselor Masters**
 - **Licensed Alcoholism and Drug Abuse Counselor Masters or Doctoral**

Counseling Services Reimbursed by AR Medicaid

- **Mental Health Diagnosis**
- **Interpretation of Diagnosis**
- **Substance Abuse Assessment**
- **Individual Behavioral Health Counseling**
- **Marital/Family Behavioral Health Counseling-with Beneficiary Present**
- **Marital/Family Behavioral Health Counseling-without Beneficiary Present**
- **Psychoeducation**
- **Crisis Intervention**

Home and Community Based Services

Traditional Medicaid Beneficiaries

Need outpatient counseling services provided in an office, clinic or school setting

- Need medication management by a psychiatrist or primary care physician
- Can be stabilized quickly in a hospital and connected to outpatient counseling and medication management

PASSE Beneficiaries

Are not responding to outpatient counseling services alone

- Have functional deficits due to mental health diagnosis
- Need home and community-based services to prevent institutional settings

Child/Youth BH Continuum – Current Services

Increasing intensity of services 

Counseling	Home & Community Based Services (HCBS)	Residential HCBS	Psychiatric Residential Treatment Facility (PRTF)	Psychiatric Hospital Sub-Acute Unit
<ul style="list-style-type: none"> • Individual • Family • Group • Crisis Intervention <p><i>Provider types:</i> OBHA, ILP/ILP groups or Physician Offices</p>	<ul style="list-style-type: none"> • Behavioral Assistance • Child and Youth Support • Life Skills Development • Planned Respite • Family Peer Support Partner • Crisis Stabilization Intervention • Intensive In Home <p><i>Provider types:</i> OBHA or CSSP</p>	<ul style="list-style-type: none"> • Residential Community Reintegration Program <p><i>Provider types:</i> OBHA or CSSP</p>	<ul style="list-style-type: none"> • Residential Treatment Center <p><i>Provider types:</i> U21 Inpatient Psychiatric RTC</p>	<ul style="list-style-type: none"> • Residential Treatment Unit • Inpatient Stay (short-term stabilization) <p><i>Provider types:</i> U21 Inpatient Psychiatric RTU, psych hospital or hospital with psych unit</p>


Crisis Services

Hospital acute crisis unit beds and acute psychiatric hospitals

Adult BH Continuum – Current Services

Increasing intensity of services 

Counseling	Home & Community Based Services (HCBS)	Transitional Housing	Residential HCBS	Hospital
<ul style="list-style-type: none"> • Individual • Family • Group • Crisis Intervention 	<ul style="list-style-type: none"> • Adult Rehab Day Service • Supportive Employment • Supportive Housing • Adult Life Skills Develop. • Peer Support • Aftercare Recovery • Assertive Community Treatment 	<ul style="list-style-type: none"> • Not a Medicaid reimbursable service but often needed to for individuals who don't meet the level of need for Therapeutic Communities but need housing and additional supports 	<ul style="list-style-type: none"> • Therapeutic Communities 	<ul style="list-style-type: none"> • Inpatient Psychiatric Units in General Hospitals
<p><i>Provider types:</i> OBHA or ILP/ILP groups</p>	<p><i>Provider types:</i> OBHA or CSSP</p>	<p><i>Provider types:</i> OBHA or CSSP</p>	<p><i>Provider types:</i> OBHA or CSSP</p>	<p><i>Provider types:</i> General Hospital</p>


Crisis Services

Crisis stabilization units / acute crisis unit beds

Behavioral Health Outpatient Counseling Services

205.100

Physician's Supervision in the Provision of Behavioral Health Counseling Services

1-1-23

The counseling procedures covered under the Physician Program are allowed as a covered service for providers enrolled in the Primary Care Case Management (PCCM) program and when provided by the physician or by a qualified practitioner authorized by State licensure to provide them. For additional information about qualified practitioners who can provide counseling services, refer to Section II of the [Counseling Services Medicaid Provider Manual](#).

When a practitioner other than a physician provides the services, the practitioner must be under supervision of a physician in the clinic that is billing for the services. For counseling services only, the term supervision means the following:

- A. The person who is performing the covered service must be either of the following:
 1. A paid employee of the physician who is billing the Medicaid Program. A W-4 must be on file in the physician's office; or
 2. A subcontractor of the physician who is billing the Medicaid Program. A contract between the physician and the subcontractor must be on file in the physician's office;

And

 3. The paid employee or subcontractor must be enrolled with Arkansas Medicaid as a performing provider in a program that allows them to provide counseling services.
- B. The physician must monitor and be responsible for the quality of work performed by the employee or subcontractor under his/her supervision. The physician must be immediately available to give assistance and direction throughout the time the service is being performed.
- C. Psychological testing is not covered, except as defined in the Arkansas Medicaid [Diagnostic and Evaluation manual](#).

Behavioral Health Outpatient Counseling Services

292.740

Counseling Services

1-1-23

The counseling procedures covered under the Physician Program are allowed as a covered service when provided by the physician or when provided by a qualified practitioner who by State licensure is authorized to provide them.

Counseling Services must be provided by a physician or qualified performing provider in the physician's office or the outpatient hospital. Counseling codes may not be billed in conjunction with an inpatient hospital visit, or inpatient psychiatric facility visit and may not be billed when services are performed as Medicaid Behavioral Health Counseling Services at another enrolled Arkansas Medicaid provider type site. Only one (1) counseling visit per day is allowed in the physician's office, the outpatient hospital, or nursing home. Counseling Services provided and billed by a physician's office are defined in the Arkansas Medicaid Counseling Services provider manual. The rules set forth in the Counseling Services manual will apply with the exception of the place of service codes. Place of service will be limited to the following place of service codes: Place of Service Code 22 Outpatient Hospital, 11 Doctor's Office and 12 Patient's Home. Any additional services provided by a psychiatrist enrolled in the physician's program will count against the sixteen (16) visits per State Fiscal Year physician benefit limit. Record Review is not covered.

Behavioral Health Outpatient Counseling Services

- Medicaid has traditionally paid for medical services delivered by professionals using a fee for service model much like

292.210

National Place of Service Codes

7-1-20

Electronic and paper claims now require the same National Place of Service code.

Place of Service	POS Codes
Inpatient Hospital	21
Outpatient Hospital	22
Doctor's Office	11
Patient's Home	12
Ambulatory Surgical Center	24
Day Care Facility or ADDT Facility	49
Nursing Facility	32
Skilled Nursing Facility	31
Other Locations	99
Independent Laboratory	81
End Stage Renal Disease Treatment Facility	65
Emergency Room	23
Inpatient Psychiatric Facility	51

Behavioral Health Screening

292.741

Behavioral Health Screen

1-1-23

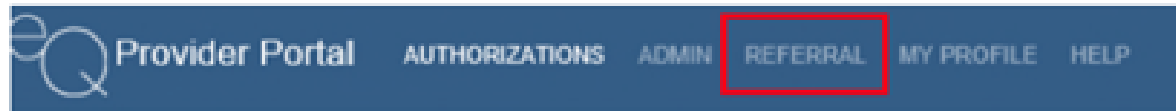
A physician, physician's assistant, or advanced nurse practitioner may administer a brief standardized emotional/behavioral assessment screening to a client along with an office visit. The allowable screening is up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization. An extension of benefits may be requested if additional screening is medically necessary. If a client is under the age of eighteen (18), and the parent/legal guardian appears depressed, he or she can be screened as well, and the screening billed under the minor's Medicaid number. The provider cannot prescribe meds for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling screening limit. The physician must have the capacity to treat or refer the parent/guardian for further treatment if the screening results indicate a need, regardless of payor source.

Referral Request for Behavioral Health Independent Assessment

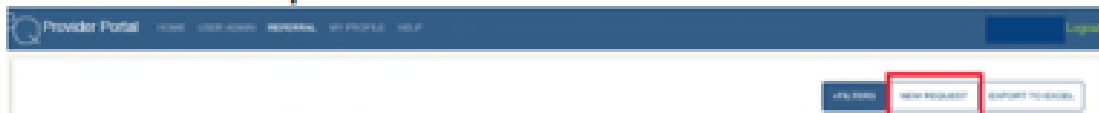
- Your patient needs a referral for a Behavioral Health Independent Assessment if they are:
 - Age 4 and above
 - Has a documented mental health diagnosis
 - Needs more than outpatient counseling and medication management services

Submitting a BH IA Referral Request Through Acentra

- Click *referral*



- Click *new request*



- Select your Practice ID
- Click Find Patient
 - You will need to enter First and Last name and DOB or the Member ID and DOB.
- Click *search* and the patient information will generate, click on the name.
- Click *find ordering provider*
 - Leave all fields blank
 - Click *search*
 - Click on the information that populates
- Make sure all demographic information is correct, including phone number.
- Add legal guardian 1 and 2 information if needed
- Add referral notes if needed
- Click *submit*

Checking the Status of a Referral Request

- To see the status of a referral, click on **referral**
 - View information regarding referral
 - Member Name
 - Member ID
 - Request Date
 - Transmission Status
 - Transmission Date
 - Process Completion Date
 - End Date of Assessment
 - Practice ID that Referral was entered under

Provider Portal | HOME | USER ADMIN | REFERRAL | MY PROFILE | HELP | Login

+FILTERS | NEW REQUEST | EXPORT TO EXCEL

Member Name	Member Number	Case Number	Request Date	Transmission St.	Transmission Da...	Process Comple...	Practice
Patient Test		12345	1/3/2019	CLOSED	1/3/2019		PRACTICE: 123456789
Test Patient		94321	1/3/2019	CLOSED	1/3/2019		PRACTICE: 123456789
Mr. Test Patient		98765	1/4/2019	Assessment Complete	1/4/2019	1/17/2019	PRACTICE: 123456789
Mrs. Test Patient		16789	1/4/2019	Not Sent: Existing Tier	2/21/2019		PRACTICE: 123456789

Acentra Health Contact Information

- Provider Education and Outreach
 - arkansaspr@acentra.com
- Arkansas Customer Service Line
 - 1-888-660-3831
- Arkansas Provider Fax Line
 - 1-855-997-3707