Arkansas Department of Human Services

Stakeholder Webinar

July 12, 2018

Agenda

- Areas of Need for Behavioral Health Services
- Licensure Update
- Transition to OBHS
- IA Referrals and Confirmation Numbers
- Counseling level service clarification

Licensure and Certification Standards for: Behavioral Health Agencies, Acute Crisis Units, Partial Hospitalization, Therapeutic Communities Level 1 and 2, Substance Abuse and Community Reintegration.

Division of Provider Services and Quality Assurance

Dept. of Licensure and Certification

Sherri Proffer, RN

July 12, 2018

The application for a new BHA, ACU, PH, TC is available at the AFMC website.

The application for a new substance abuse may be found here:

https://humanservices.arkansas.gov/images/uploads/dbhs/SA%20Licensure%20Standards%20-%20Revision.pdf

As well as on the AFMC site.

Site reviews will be conducted before a license or certification is given. Site reviews will be conducted as quickly as possible.

Should you have any questions in regard to the licensure or certification process or regulations. Please contact:

All new applications to provider services under a BHA or those additional certifications shall be emailed or mailed to:

Barbra Brooks
PO Box 8059, Slot S408
Little Rock, AR 72203
Barbra.brooks@dhs.arkansas.gov
501.686.9870

Or

Sherri Proffer, RN
PO Box 8059, Slot S408
Little Rock, AR 72203
Sherri.proffer@dhs.arkansas.gov
501.320.6792

RSPMI TO OBHS TRANSITION

July 12, 2018

IA REFERRAL

* Those providers wishing to refer a client for an Independent Assessment may do so through Beacon.
* Referrals may only be requested by behavioral health providers. The State may initiate requests in certain circumstances.
* Beneficiaries may not directly request a referral for an Independent Assessment from DHS, Optum or Beacon.

Scheduling Assessments

* If you have requested an Independent Assessment through Beacon for a beneficiary who is new to your organization, you may assist the beneficiary by sitting down with them and contacting Optum to schedule an assessment.
* Please allow 72 hours from date of submission before contacting Optum to ensure that the referral has been processed and is available to be scheduled
* Optum 1-844-809-9538.

Referrals

* Optum does not have the ability to create referrals for providers or clients.
* They may only process referrals that have been created by Beacon or the State in certain circumstances.
* The referral process is including in this slide deck for reference.

Intensive Services

* The Independent Assessment process should be utilized for beneficiaries with chronic, acute behavioral health symptoms that require a multidisciplinary treatment team including professional and paraprofessional home and community based services.
* An Extension of Benefits should be requested for those beneficiaries receiving only professional level services such as therapies or medication management.

Extension Of Benefits

* Extension of benefits is required for all services when the maximum benefit for the service is exhausted. Yearly service benefits are based on the state fiscal year running from July 1 to June 30.

Processing of Extension of Benefits

* Beacon will not process requests for extension of benefits until the impact of recovery based treatment on symptoms may be assessed

Myth

* Beneficiaries may only receive one Individual Behavioral Health Counseling session per month.
* Services should be provided at frequencies and duration deemed to be medically necessary and clinically appropriate based on clinical assessment. Extension of benefits is available based on documentation of medical necessity.

Myth

* My clients need an independent assessment in order to receive weekly or biweekly MHP services.
* All clients must be independently assessed.
* Providers may request an EOB for services based on clinical need.
* Counseling Level services were designed with ease of access in mind and only require a PCP referral.

Non Refusal Requirement 215.500

* The Outpatient Behavioral Health Services provider may not refuse services to a Medicaid-eligible beneficiary who meets the requirements for Outpatient Behavioral Health Services as outlined in this manual. If a provider does not possess the services or program to adequately treat the beneficiary's behavioral health needs, the provider must communicate this with the Care Coordination Entity for beneficiaries receiving Rehabilitation Services or the Patient-Centered Medical Home for beneficiaries receiving Counseling Services so that appropriate provisions can be made.

Confirmation Numbers

Confirmation Numbers

* Block Confirmation numbers have all been sent to the current provider of record based on the last RSPMI prior authorization request.
* If you do not receive a confirmation number for a specific beneficiary please submit request for confirmation number to Beacon through ProviderConnect.

beacon
health options

OBH Requests: IA Referrals and Confirmation Numbers

[July 2018]

Independent Assessment Referrals

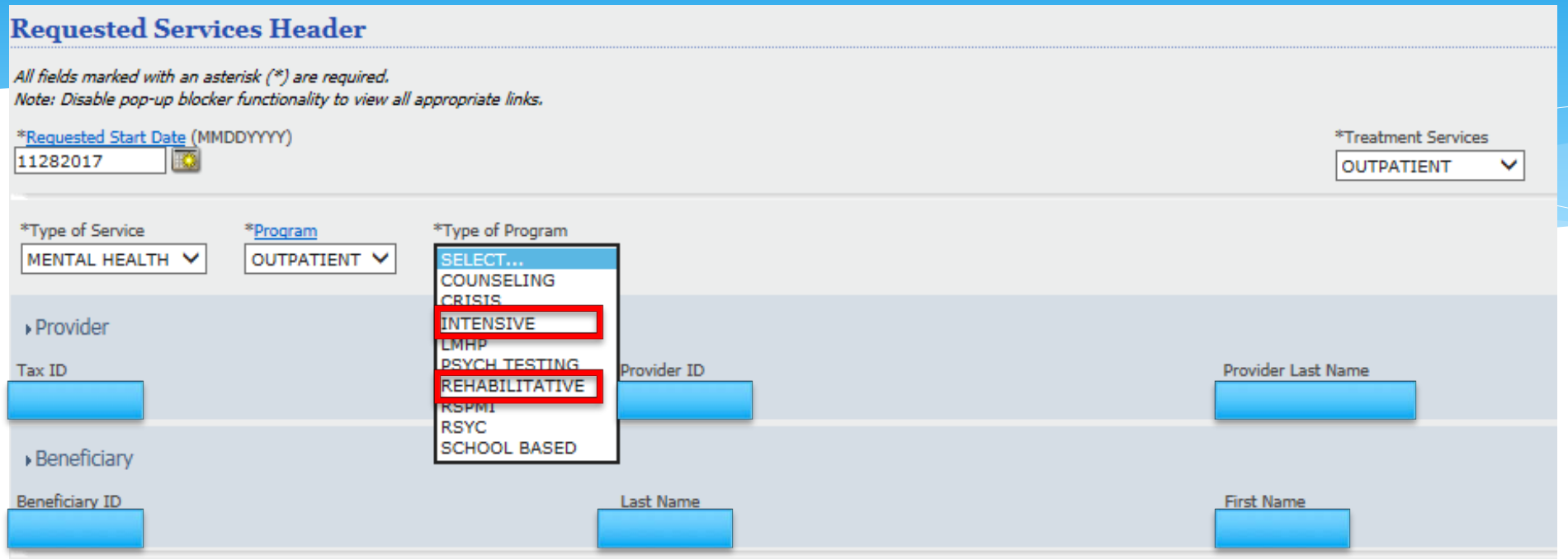
For Behavioral Health Agencies that have transitioned to OBH:

The process for requesting an IA for *new* beneficiaries will be as follows:

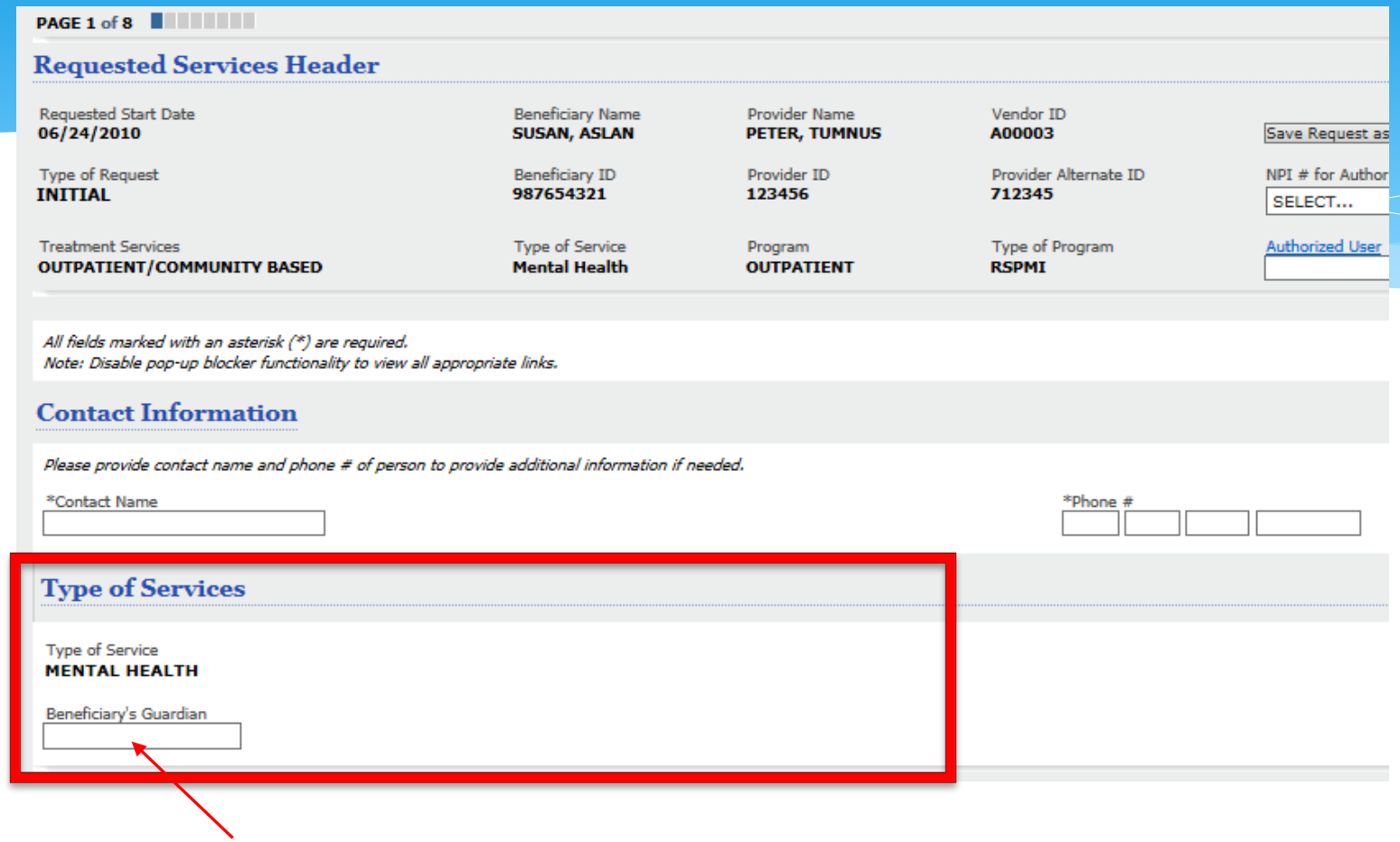
- Submit request in ProviderConnect
- Indicate Rehabilitative/Intensive Level as Type of Program and pick at least one Tier 2 service
- Nothing required to be attached
- Complete required fields marked with an asterisk (*)
- For ability to contact-you must enter the Guardian Name field as well as contact phone number in Narrative Entry box (see following screenshots)

*Please ensure Rehabilitative/Tier 2 or Intensive/Tier 3 is the program type as this will be what generates the referral for beneficiaries with no determination.

Screenshots-Type of Program

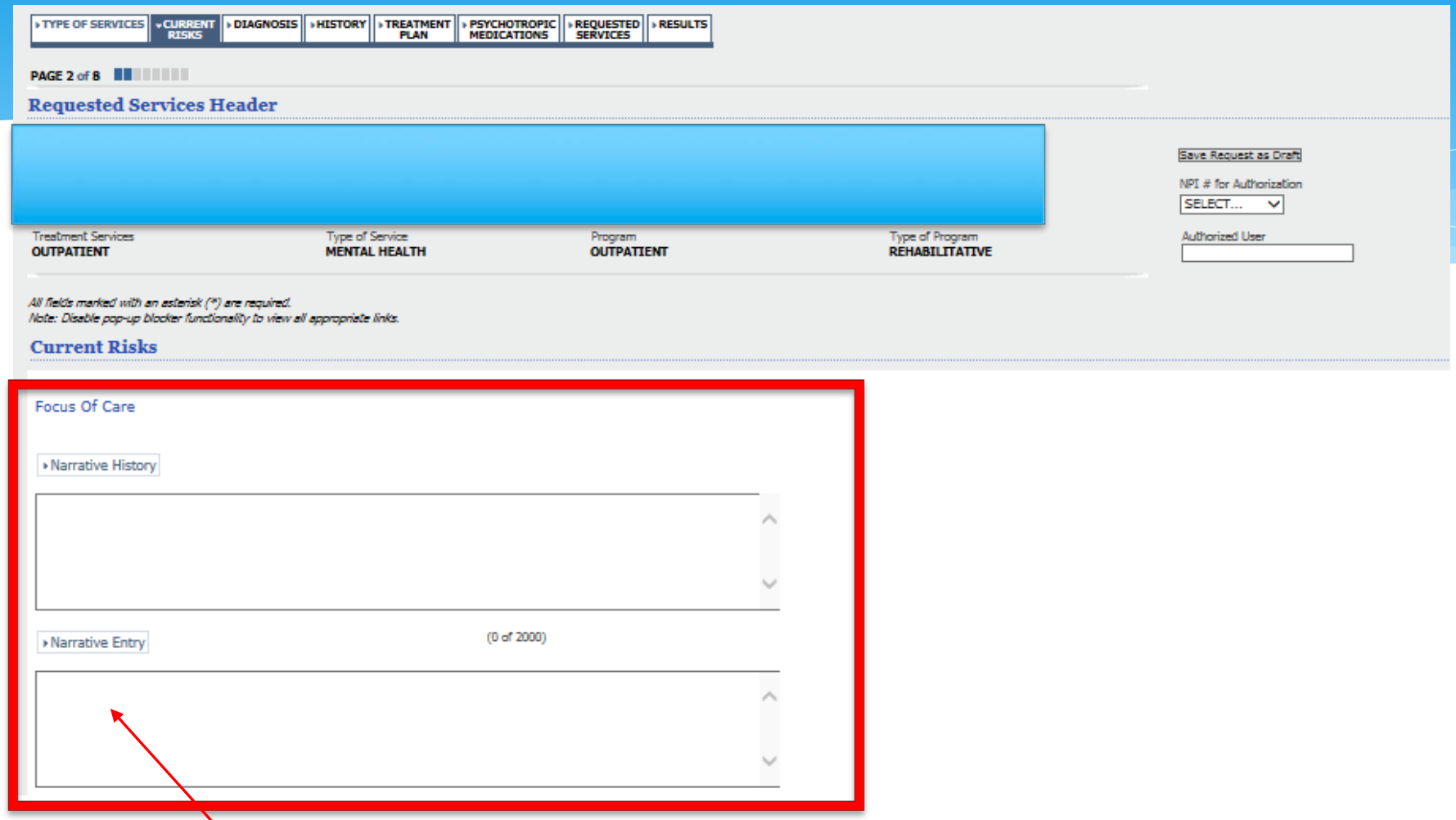


Screenshot



*Please enter Guardian name

Screenshot



*Please enter phone number in Narrative Entry

Independent Assessment Results

Once a Tier Determination is received by Beacon:

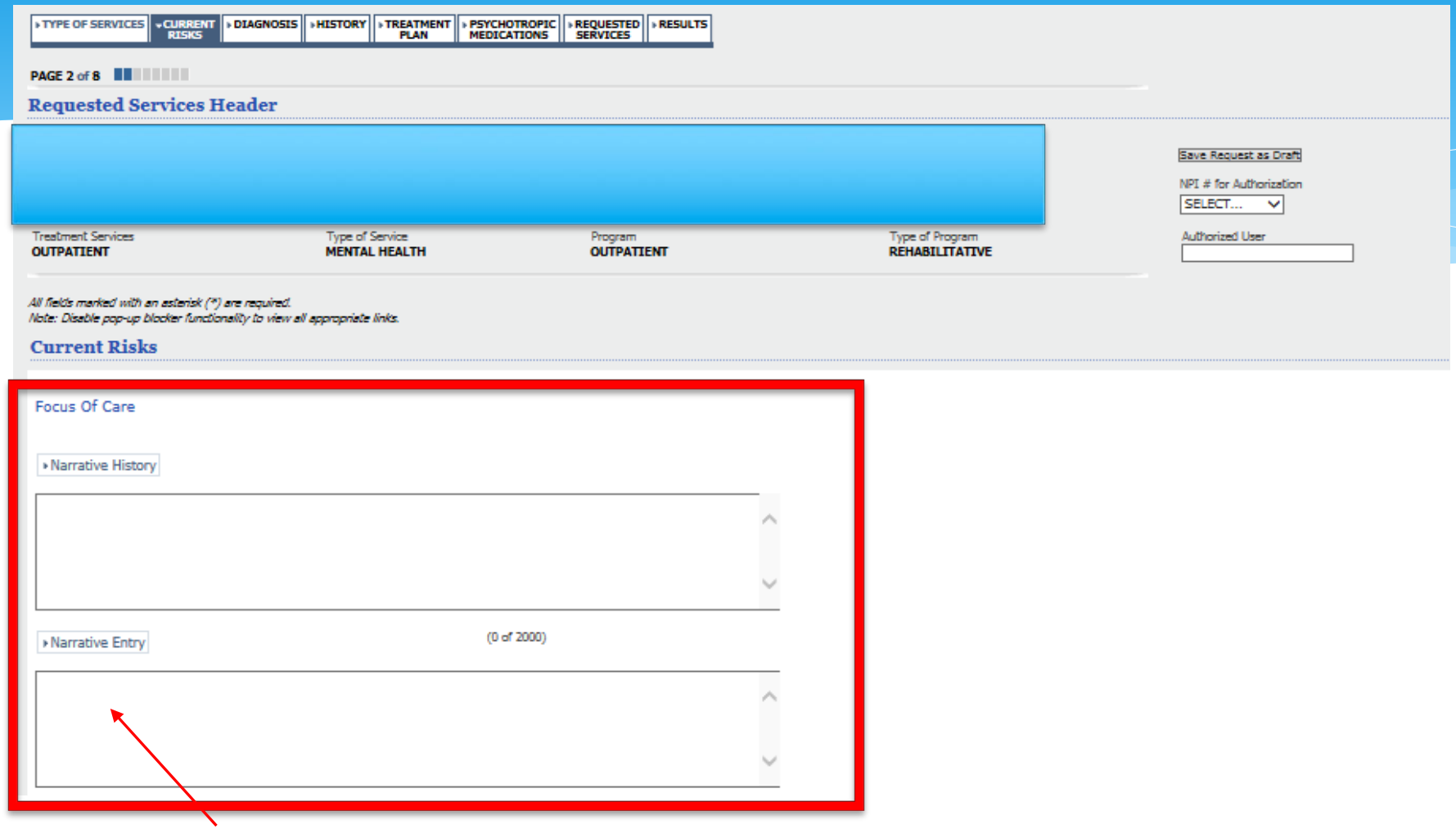
* For Tier 2 or 3 determinations-Beacon will issue a "confirmation" number and send to the provider via an approval letter with half of the benefit package indicated until 12/31/18.
* For Tier 1 determinations-provider will be notified that the request will be closed due to ineligibility.

Requesting Confirmation Numbers

If a provider admits a ***new beneficiary who has already been assessed,*** a request for a confirmation number will have to be submitted. For example, this will occur when beneficiaries change providers.

In this request, please use the Narrative Entry box (screen shot on next slide)to indicate the request is for a confirmation number for newly admitted beneficiary.

Screenshot



*Please note in Narrative Entry that this is a request for a confirmation number on a beneficiary new to this provider

Contacts

Beacon Contact Information

Kerri Brazzel
Kerri.Brazzel@beaconhealthoptions.com

LaTosha Brown
LaTosha.Brown@beaconhealthoptions.com

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Medicaid-Eligible Individuals Who May not Enroll with a PCP – Section 172.200

All Medicaid-eligible participants must enroll with a PCP unless they:

- Have Medicare as their primary insurance.
- Are in a long term care aid category and a resident of a nursing facility.
- Reside in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).
- Are in a Medically Needy Spend Down eligibility category.
- Only have a retroactive eligibility period.
  - Medicaid does not require PCP enrollment for the period between the beginning of the retroactive eligibility segment and the fifth day (inclusive) following the eligibility authorization date.
  - If eligibility extends beyond the fifth day following the authorization date, Medicaid requires PCP enrollment unless the beneficiary is otherwise exempt from PCCM requirements.

Contact information

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AFMC

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Questions?