BEHAVIORAL HEALTH TRANSFORMATION

AN OVERVIEW
LICENSED MENTAL HEALTH PRACTITIONER PROGRAM: Short term independently licensed therapist providing clinic-based outpatient therapy

SCHOOL BASED MENTAL HEALTH PROGRAM: Independent licensed therapist employed by schools providing therapy services in school setting

SUBSTANCE ABUSE TREATMENT SERVICES: Array of professional services with separate treatment plan for substance abuse treatment

PSYCHIATRIC RESIDENTIAL PROGRAM: Inpatient services provided in locked facilities in congregate care settings for three to six months

RSPMI PROGRAM: Child/youth receive seriously emotionally disturbed designation given by provider agencies which includes service array of professional and paraprofessional services

INTENSIVE LEVEL: Psychiatric residential including step-down level to promote transition

REHABILITATION LEVEL: Certified agencies provide an array of professional and para-professional services for those with higher need. Services are based in community and targeted to behavioral and family support. Treatment can include both substance abuse and mental treatment for co-occurring conditions.

COUNSELING LEVEL: Directly accessed short term professional services provided in offices that are freestanding, part of a behavioral health agency or co-located with other service providers.
RSPMI: Service array of paraprofessional and professional services provided by certified agencies for adults designated as seriously mentally ill.

PSYCHIATRIC UNITS: Located in Medical/Surgical hospitals provide inpatient services for three to seven days to stabilize those in acute crisis.

ARKANSAS STATE HOSPITAL: State run psychiatric hospital.

COUNSELING LEVEL: Directly accessed short term professional services provided in offices that are freestanding, part of a behavioral health agency, or co-located with other service providers. Treatment can include both substance abuse and mental treated as co-occurring condition.

REHAB LEVEL: Certified agencies provide an array of professional and para-professional services for those who with higher need. Services are based in community and targeted to community integration and recovery.

INTENSIVE LEVEL: Highly structured residential environment in community setting for those with need of supervision for personal and community safety.

PSYCHIATRIC UNITS: Located in Medical/Surgical hospitals provide inpatient services for three to seven days to stabilize those in acute crisis.

ARKANSAS STATE HOSPITAL: State run psychiatric hospital.
Transitional Goals

Reduce high cost residential services

Increase home and community based services
Behavioral health services, counseling and treatment are provided to persons with substance use disorders and mental health conditions.

Services are accessed at the local level through certified community providers.

Services are available for young children, children, youth and adults.

A service provider completes an assessment to determine diagnosis, develops a plan and implements a course of treatment.

Services may include:
- Counseling services
- Intensive home and community-based services
- Residential services
- Crisis services

All services are provided to reduce, manage or alleviate symptoms, helping people to lead full and productive lives in their homes and communities.
Behavioral Health Transformation

Includes:

• New targeted service array
• More providers and improved access
• Changes to way services are administered
Improved Access for Behavioral Health Services

Access to services is improved by:

• Equalizing the reimbursement rate across provider types
  o Behavioral health agencies
  o Independently licensed practitioners
• Decreasing administrative burden for provision of counseling services
• Lifting the moratorium on new providers
Improved Access for Behavioral Health Services

Access to services is improved by:

• Allowing co-location of independently licensed practitioners and primary care physicians
• Addition of physician’s office as place of service code for independently licensed practitioners and behavioral health agencies
## Continuing to Expand the Provider Network

<table>
<thead>
<tr>
<th>Category</th>
<th>Prior to July 2017</th>
<th>As of November 1, 2018</th>
<th>New Providers enrolled after July 1, 2017</th>
<th>Applications in Process</th>
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<tbody>
<tr>
<td>Independently Licensed Practitioners</td>
<td>31</td>
<td>150</td>
<td>119</td>
<td>7</td>
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<tr>
<td>Behavioral Health Agency Sites</td>
<td>253</td>
<td>282</td>
<td>29</td>
<td>40</td>
</tr>
</tbody>
</table>

* Total # for independently licensed practitioners (ILP) does not include licensed psychologists.
Service Providers

• Three types of providers will be able to enroll as a Medicaid provider and provide services in the school setting:
  – School-employed master’s level, licensed mental health professionals
  – Independently licensed master’s level, licensed mental health professionals in private practice or group practice
  – Certified behavioral health agencies that employ master’s level, licensed mental health professionals, qualified behavioral health providers, RNs, physicians, and peer and family support providers
Changes to Services

• Services are moved into tiers based on Independent Assessment
  – None Counseling level
  – Tier I Counseling level
  – Tier II Rehabilitative level
  – Tier III Intensive level

• Crisis services remain available to all beneficiaries at ALL tier levels
SUBSTANCE ABUSE SERVICES

• Certain outpatient behavioral health services are covered by Arkansas Medicaid for an individual whose primary diagnosis is substance abuse.
  – Individual behavioral health counseling – substance abuse
  – Group behavioral health counseling – substance abuse
  – Marital/family behavioral health counseling with and without beneficiary present – substance abuse
  – Multi-family behavioral health counseling – substance abuse
  – Substance abuse assessment
  – Mental health diagnosis
  – Interpretation of diagnosis
Medicaid Fee for Service

Counseling Level Services
Medicaid Fee for Service

- Outpatient behavioral health services available to all beneficiaries with active Medicaid (NO INDEPENDENT ASSESSMENT REQUIRED)

Medicaid Fee for Service

- Adult specialty services (beneficiaries who have been independently assessed as eligible for Tier II or Tier III and do not qualify for PASSE assignment. )
  - 06 Medically Frail
  - Spend-down
Counseling Level Service (Annual Benefit)

- Current Services
  - Mental health diagnosis 1 session
  - Interpretation of diagnosis 1 session
  - Individual behavioral health counseling 12 sessions
  - Group behavioral health counseling 12 sessions
  - Marital/family behavioral health counseling 12 sessions
  - Psychiatric assessment (not required) 1 session
  - Pharmacological management 12 sessions
  - Psychological evaluation (60 minute unit) 8 units

- New Services
  - Substance abuse assessment 1 session
  - Multi-family behavioral health counseling 12 sessions
  - Psychoeducation (15 minute unit) 48 units

Extension of benefits allowed, based on medical necessity.
Notes

• Extension of benefits is available based on medical necessity for all counseling level and adult specialty services.
Tier II and Tier III

Medicaid Fee For Service
Tier II and Tier III Services

PASSE

• Beneficiaries who have been independently assessed as eligible for Tier II or Tier III and qualify for PASSE assignment

Medicaid Fee for Service

• Adult specialty services (beneficiaries who have been independently assessed as eligible for Tier II or Tier III and do not qualify for PASSE assignment)
Rehabilitative Level Services

Home and community-based behavioral health services with care coordination for the purpose of treating mental health and/or substance abuse conditions. Services shall be rendered and coordinated through a team-based approach. A standardized independent assessment to determine eligibility and a treatment plan is required. Rehabilitative level services home and community-based settings shall include services rendered in a beneficiary’s home, community, behavioral health clinic/office, health care center, physician office, etc.
Tier II Services (Annual Benefit)

- Current Services
  - Adult rehabilitative day services 90 units (60 minutes)

- New Services
  - Aftercare recovery support 292 units (15 minutes)
  - Adult life skills development 292 units (15 minutes)
  - Peer support 120 units (15 minutes)
  - Family support partners 120 units (15 minutes)
  - Partial hospitalization 40 days (per diem)
  - Supportive employment 60 units (60 minutes)
  - Supportive housing 60 units (60 minutes)
  - Therapeutic communities level 1 180 days (per diem)
  - Therapeutic communities level 2 185 days (per diem)

Extension of benefits allowed based on medical necessity.
Intensive Level Services

The most intensive behavioral health services for the purpose of treating mental health and/or substance abuse conditions. Services shall be rendered and coordinated through a team-based approach. Eligibility for intensive level services will be determined by additional criteria and questions on the independent assessment based upon the results from the independent assessment to determine eligibility for intensive level services. This level of care will be based upon a referral from a behavioral health agency that is providing rehabilitative services to a beneficiary. Residential treatment services are available if deemed medically necessary and eligibility is determined by additional criteria and questions on the standardized independent assessment.
Tier III Services
Certified Facilities Only

• Provider type:
  – Certified therapeutic community provider

• Access:
  – Services require independent assessment and Tier III determination

• Service type:
  – Therapeutic communities (adults)
    • Level 1 and level 2
Crisis Services

Crisis services available to ALL tiers

– Crisis intervention (mental health professional)
– Acute psychiatric hospitalization
– Acute crisis units
– Substance abuse detoxification
Independent Assessment Process

• Referrals for an independent assessment are initiated through a behavioral health provider.
• Referrals are sent to Optum through a contracted vendor.
• Optum attempts to contact beneficiary and/or guardian to schedule independent assessment.
• Optum completes assessment if successful contact is made and tier is determined.
• Eligibility for services begins on date of tier determination.
Acute Care Referrals

• Psychiatric acute care facilities may refer beneficiaries for an independent assessment when admitted to the facility.
• Optum prioritizes these referrals and attempts to complete assessment prior to discharge from facility.
• Multiple acute care admissions will trigger a referral for an independent assessment.
Questions?

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