

A decorative graphic on the left side of the slide, consisting of a network of light blue lines and circles that resemble a circuit board or a neural network. The lines are vertical and horizontal, with some branching out to connect to small circles. The overall effect is a stylized, futuristic representation of technology or data flow.

OUTPATIENT BEHAVIORAL HEALTH

CODING CHANGES (96101) PSYCHOLOGICAL EVALUATION

- Due to Federal coding changes, for dates of service beginning on April 1, 2019 the billing code for Psychological Evaluation (Testing) (96101) will no longer be available.
- Providers will need to submit claims using the following codes as indicated:
- 96130 – This code will be used for the first hour of this service
- 96131 – This code will be used for subsequent hours of service within the same day.

TIER INFORMATION AVAILABLE

- The most recent independent assessment tier determination may now be found on the Medicaid eligibility strip. Providers are encouraged to check beneficiary eligibility prior to delivery of services.

CHANGES IN PAYOR

- Please be aware that based on reassessment, beneficiary eligibility for services may change.
- After March 1st, 2019 beneficiaries who are determined to be eligible for tier 2 or tier 3 services will be assigned to a PASSE, which will be responsible for the payment of all claims.
- Those with Medically Frail Medicaid (06) and those who qualify for services through Medicaid Spenddown will not be assigned to a PASSE and will receive services under the Outpatient Behavioral Health Services and Adult Behavioral Health Services for Community Independence Fee for Service Programs.
- Beneficiaries may be disenrolled from a PASSE if they are deemed to be eligible for Counseling Level services under the Outpatient Behavioral Health Services Program due to a change in tier (Tier 1) based on reassessment or those whose tier expires.

The background is a dark blue gradient. In the corners, there are white line-art graphics resembling circuit boards or neural networks, with lines connecting to small circles.

INDEPENDENT ASSESSMENT REFERRAL PROCESS

INDEPENDENT ASSESSMENT REFERRAL PROCESS

- All referrals for an initial Independent Assessment are now being processed by eQ Health.
- Referrals submitted to eQ Health prior to 2:00PM Monday through Friday (excluding holidays) are sent to Optum on the day submitted.
- Referrals submitted to eQ Health after 2:00PM Monday through Friday (excluding holidays) are sent to Optum on the next business day following submission.
- Providers should allow 24 business hours after file is sent to Optum for uploading before assisting or directing beneficiaries to contact Optum for scheduling of independent assessment.

INDEPENDENT ASSESSMENT REFERRAL PROCESS

- Once the file is uploaded to the Optum site, a letter is automatically generated and mailed to the beneficiary/ guardian notifying them of the referral and that Optum staff will be contacting them to schedule the assessment.
- The phone number to schedule the assessment is also included in the letter and beneficiaries do not have to wait for the call from Optum. They may call and schedule the assessment immediately.

INDEPENDENT ASSESSMENT REFERRAL PROCESS

- The file creating the Independent Assessment referral in the Optum system is loaded into the automatic dialer system within 24 hours of receipt.
- Phone calls begin immediately, Monday through Friday, with calls made at different times on different days.
- After three attempts to contact the beneficiary without a response, a phone call is made to the referring site requesting updated information.
- If updated information is provided, the information is updated and additional calls are made to attempt to contact the beneficiary.
- If no updated information is provided, the referral is closed at the end of the required period (14 days or 7 days) Beneficiaries may call to schedule a referral up to 20 days after the closing date.

OUTCOMES

- Scheduled Assessment
- Declined Assessment
- Beneficiary/Guardian did not respond
- Assessment schedule, beneficiary/guardian did not show for assessment
- Assessment cancelled (beneficiary)
- Assessment rescheduled (Optum or beneficiary)

INDEPENDENT ASSESSMENT REFERRAL PROCESS

- The following local number will appear on the caller ID – 501-436-6017
- Caller ID Information - DHS Assessment
- Scheduling Contact Number – 844-809-9538
- If the beneficiary does not answer and they have a voicemail box, a message is left indicating the purpose of the call (independent assessment) and the contact number for the beneficiary to call to schedule the assessment.

REMINDERS MARCH 1, 2019

- The updated Outpatient Behavioral Health Services Manual will go into effect on March 1, 2019.
- Adult Behavioral Health Services for Community Independence Manual which covers adults age 18-99 with a Tier 2 or Tier 3 eligibility determination who are not eligible for PASSE (Medically Frail Medicaid or Spenddown) will go into effect on March 1, 2019.



U21 PSYCHIATRIC RESIDENTIAL

TRANSITION TO PASSE PHASE II

PASSE SYSTEM

- PASSE phase II begins 3/1/19
- PASSEs will receive a global payment for each PASSE member and will be responsible for reimbursing providers for all treatment
- All Medicaid beneficiaries who have received a Tier 2 or Tier 3 designation from the BH Independent Assessment will become a mandatory PASSE member
- A small group of adults in the Medicaid Spend-down and AR Works Medically Frail eligibility categories will receive Tier 2 and Tier 3 services outside of the PASSE

U21 PSYCHIATRIC RESIDENTIAL SERVICES

- On 3/1/19 the services contained in BH Tier 2 or BH Tier 3 will only be reimbursed by the PASSE to which the member belongs
- This includes Psychiatric Residential Services which will be approved and reimbursed by the PASSE only
- Acute Psychiatric Hospital will be reimbursed by the PASSE for PASSE members
- Acute Psychiatric Hospital is available for Medicaid beneficiaries regardless of PASSE status

U21 PSYCHIATRIC RESIDENTIAL SERVICES

- All clients currently in Psychiatric Residential Treatment **must** have a BH Independent Assessment to become a PASSE member
- Psychiatric Residential services will not be billable to AR Medicaid on 3/1/19. This service will only be reimbursed by the PASSE

U21 PSYCHIATRIC RESIDENTIAL SERVICES

- We currently monitoring beneficiaries receiving treatment in a Psychiatric Residential facility who have not received an Independent Assessment.
- Optum is working with Psychiatric Residential providers to coordinate independent assessments for those beneficiaries currently in residential facilities who have not completed an independent assessment or who have a Tier 1 eligibility determination who will lose this service on March 1st.

RESIDENTIAL REFERRAL TRANSITION PERIOD

- Beginning 1/1/19 referrals for Psychiatric Residential admission will be processed differently to support the transition to the PASSE system
- All residential requests will continue to be processed by Beacon

RESIDENTIAL REFERRAL TRANSITION PERIOD

- For a client in an Acute Hospital setting:
 - Beacon will trigger a referral for an Independent Assessment for all clients who have
 - No Independent Assessment
 - Tier 1 designation
 - Tier 2 designation
 - Beacon will complete medical necessity review for all clients who have
 - Tier 3 designation

RESIDENTIAL REFERRAL TRANSITION PERIOD

- For a client in a community setting:
 - Beacon will trigger a referral for an Independent Assessment for all clients who have
 - No Independent Assessment
 - Tier 1 designation
 - DHS will contact the PASSE for all clients who have
 - Tier 2 designation
 - Tier 3 designation
- Each PASSE will have 5 days to contact the family to determine if they can assist in meeting the youth's needs in home and community settings
- Each PASSE will provide DHS with a disposition on the 5th business day

RESIDENTIAL REFERRAL TRANSITION PERIOD

- Each PASSE will meet with the family, update the Person Centered Service Plan (PCSP) and provide DHS with a disposition at the end of the 5 day period
 - Possible disposition for client with Tier 2 designation
 - Family has services needed to maintain youth in home and community setting
 - Change of functional status Independent re-Assessment requested
 - Possible disposition for client with Tier 3 designation
 - Family has services needed to maintain youth in home and community setting
 - Recommend Beacon review for medical necessity

RESIDENTIAL REFERRAL TRANSITION PERIOD

- DHS will track all dispositions
- PASSE Ombudsman Office will contact family to ensure community services are in place for those reported with community services in place

U21 PSYCHIATRIC RESIDENTIAL SERVICES

- On 3/1/19 all referrals for Psychiatric Residential Treatment will be processed by the PASSE to which the client has been assigned
- U21 clients who are not members of a PASSE and are admitted to a Psychiatric Acute Hospital will receive an automatic referral for an Independent Assessment
- Clients receiving a score for Tier 2 or Tier 3 services will be assigned a PASSE within 24 hours of receipt of score
- Psychiatric Residential providers will request admission approval from PASSE

PASSE PHASE II

- Four PASSEs began providing PASSE Phase I care coordination services February 1, 2018
- PASSE Phase II in which PASSEs accept responsibility for the total cost of care begins March 1, 2019
- Three PASSEs have signed Phase II agreements and will be moving forward
 - Arkansas Total Care
 - Empower
 - Summit
- ForeverCare made a business decision not to move forward with Phase II

PASSE PHASE II

- ForeverCare will continue providing care coordination and assist transitioning their approximately 7,600 members to a newly assigned PASSE
- Members will be assigned a new PASSE by the second week in February and will have a 90 day choice period
- Service providers will be able to view PASSE assignments February 15, 2019 including the new assignments for transitioning ForeverCare members