

Demystifying Medicaid Billing for IMH Services



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History of Florida Medicaid for 0-5 Population-Leader in the Nation

- ▶ Critical Changes in 2001 Handbook:
 - ▶ A separate Section for 0-5
 - **In-Depth Assessment** - Early Childhood Best Practice
 - “2. Be exhibiting symptoms of an emotional or behavioral nature that are atypical for the child’s age and development. For children 0 through 3 years of age, Medicaid encourages use of the *Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-3)* for assistance in determining the infant or child’s ICD-9-CM diagnosis.”

Florida Medicaid

- ▶ Critical Changes in 2001 Handbook:
 - **Individual AND FAMILY Therapy** (family added)
- ▶ Individual and family therapy services include the provision of insight oriented, cognitive behavioral, or supportive therapy to an individual or family.
- ▶ Individual and family therapy may involve the recipient, the recipient’s family (**without the recipient present**), or a combination of therapy with the recipient and the recipient’s family.



Florida Medicaid


- ▶ Major changes in the *Community Behavioral Health Services and Limitations Handbook, March 2014*:
- ▶ There are now three Handbooks;
 - Community Behavioral Health Services Coverage and Limitations Handbook
 - Behavioral Health Overlay Services Coverage and Limitations Handbook Adoption
 - Specialized Therapeutic Services Coverage and Limitations Handbook Adoption

Florida Medicaid

- ▶ Changes in the Community Behavioral Health Services and Limitations Handbook:
 - The Section for Services for recipient’s age 0-5 is omitted. Language “encouraging the use of” the DC:0-3R for children age 0-3 is omitted.
 - There are no ICD codes excluded for diagnosis and treatment.

Florida Medicaid

- ▶ There are two new provider titles related to Infant Mental Health:
 - **Bachelor’s Level Infant Mental Health Practitioner** - A bachelor’s level practitioner who provides services to recipients under the age of 6 years.
 - **Infant Mental Health Aide** - A mental health aide who provides services to recipients under the age of 6 years



Florida Medicaid

- ▶ Meeting with Secretary Dudek and senior staff on February 17th- very productive
- ▶ New Handbook revision in process
- ▶ Call with AHCA staff on 9/14/15 to provide input




Florida Medicaid

- ▶ What we learned on the call: (tentative)
 - There will NOT be a Handbook specific to IMH
 - There will be 3 separate Handbooks:
 - Assessment Handbook (to include CBHA and In-Depth)
 - TBOS Handbook
 - Behavioral Health Therapy Services and Supports Handbook
- ▶ There will not be different descriptions for 0-5 population
- ▶ Both the CBHA and In-Depth will be allowed
- ▶ Certification requirements will be eliminated

Florida Medicaid

- ▶ Still Undecided/Under Consideration:
 - Diagnoses
 - Description of requirements under TBOS for Bachelor's level behavioral consultant (requested that requirement for a CBA be eliminated)
 - Maximum number for Units of services for Individual/Family Therapy
- ▶ Workshops on Handbooks to begin in November or December



Medicaid Documentation

- ▶ General Medicaid Rules ~
- ▶ Rule #1 – KNOW THE HANDBOOK!!!!!!!
The ultimate “reimburse-ability” of a service by Medicaid will depend upon the quality and content of the documentation. If an activity is not documented in the record, from a legal point of view, the activity did not take place.

Medicaid Documentation

- ▶ Rule #2: Remember who the “client” is!
 - Unless you are treating the parent for a specific mental health disorder, the infant/child is the “identified client”. The chart is opened under the child’s name.
 - All documentation must focus on the child’s diagnosis, course of treatment, and discharge planning.
 - Treatment goals are focused on the child’s improvement with the parent providing the mechanism/vehicle for child’s improvement.


Medicaid Documentation

- ▶ General Medicaid Rules~
 - Entries must be individualized to each child
 - All entries must be kept in chronological order
 - All entries must be dated and legibly or electronically signed by the therapist who rendered the service using full name, credentials, and professional title
- ▶ **Printed or stamped name identifying the signature of the individual who rendered the service and the credentials (e.g., licensed clinical social worker or functional title)**

Medicaid Documentation

▶ General Medicaid Rules~



- Person(s) referenced in the documentation should be identified at least once on each Progress Note Page (i.e. Harry [cousin of client])
- Errors in notes - If an entry is erroneous or incorrect, clearly draw **one line** through the error; write "error" to the side in parentheses; enter the correction; add signature, title, and the date; if an explanation seems appropriate, do not hesitate to clarify why the correction is needed.



Medicaid Documentation

▶ General Medicaid Rules~


- Entries should be made in the record at the time the service is rendered. Claim date/service date need to match.
- Document that the services provided correspond to the billing in the type of service, amount of service (length of time the activity took), the service date and entry date.
- Assure the activities are documented with detail sufficient to support the "amount of service" billed to Medicaid.

Medicaid Documentation

▶ General Medicaid Rules~


- Activities claimed for reimbursement must be meaningful and appropriate for the needs of each individual. A continued need for therapy services must be substantiated. (Medically necessary)
- Completion/updates of Assessments, Treatment Plans, reviews, reports, correspondence, etc. should be referenced in the Progress Notes. Documentation should clearly identify where the information can be located (what section of record)



Medicaid Documentation

▶ General Medicaid Rules~


- Therapy services should be documented in progress notes beginning with the date a new referral is received and initial assessment conducted. Include who made the referral, the reason(s) for the referral, etc.
- Be certain all appropriate releases of information, authorization for assessment and services is obtained and **updated as required.**



Medicaid Documentation

▶ General Medicaid Rules~


- Each progress note entry must describe:
 - Who the service was with (mother/infant)
 - The kind or type of contact (individual/family therapy)
 - Where the contact took place (home/office)
 - Intervention or specific service rendered (CPP)
 - Purpose of contact (Treatment Goal #1)
 - Outcome of contact (Progress made as seen by.....)
 - Continued need for services (services continue to be medically necessary because...)
 - Any follow up needed (referrals, contact w treating physician, etc.)



Medicaid Documentation


▶ **What should the Recipient Clinical Record Include?**

- ▶ Providers must maintain a clinical record for each recipient treated that contains all of the following documentation:
- ▶ Consent for treatment that is signed by the recipient or the recipient's legal guardian. An explanation must be provided for signatures omitted in situations of exception.



Medicaid Documentation

- ▶ **Assessment Requirements:** Prior to receiving any community behavioral health services, infants and children ages 0 through 5 years must have a current assessment (within a year) that meets the requirements listed below.
- ▶ **In-Depth Assessment Essential Components:** For children under the age of 6 years, the in-depth assessment must include the following **additional** components:
 - Presenting symptoms and behaviors;
 - Developmental and medical history - history of pregnancy and delivery, past and current medical conditions and developmental milestones:



Medicaid Documentation

- ▶ Family psychosocial and medical history (may be as reported or based upon collateral information);
- ▶ Family functioning, cultural and communication patterns and current environmental conditions and stressors;
- ▶ Clinical interview with the primary caretaker and observation of the caregiver-infant (child) relationship and interactive patterns;
- ▶ Provider's observation and assessment of the child including affective, language, cognitive, motor, sensory, self-care and social functioning.

Medicaid Documentation

- ▶ **Integrated Summary:** The integrated summary is developed after the assessment has been completed. The integrated summary is written to evaluate, integrate, and interpret from a broad perspective, the history and assessment information collected. The summary identifies and prioritizes the infant or child's needs, establishes a diagnosis, provides an evaluation of the efficacy of past interventions, and helps to establish discharge criteria. A statement regarding prognosis with/without treatment should be included. The summary should also include the services necessary and why/how these services are medically necessary and client/family's ability/willingness to benefit from treatment services.

Medicaid Documentation

- ▶ **Treatment Plan Development:** The individualized treatment plan is a structured, goal-oriented schedule of services with measurable objectives that promotes the maximum reduction of the recipient's disability and restoration to the best possible functional level. The treatment plan must be jointly developed by the recipient and the treatment team. Exceptions require documented explanation. There are also exceptions to the requirement for signature of parent, guardian, or legal custodian.

Medicaid Documentation

- ▶ **Individual and family therapy services** include the provision of insight oriented, cognitive behavioral, or supportive therapy to an individual recipient or the recipient's family. Individual and family therapy may involve the recipient, the recipient's family (without the recipient present), or a combination of therapy with the recipient and the recipient's family.




Medicaid Documentation

- ▶ **Requesting Exceptions to Service Limits:** Requests for exceptions to service limits may be made for recipients under age 21 through Medicaid's prior authorization process.
- ▶ **Note:** See Chapter 2 in the [*Florida Medicaid Provider Reimbursement Handbook, CMS-1500*](#) for additional information on requesting prior authorizations.

Medicaid Documentation

- ▶ Medically Necessary-What Does This Mean??
 - On the federal level, CMS requires that all Medicaid-funded services be considered medically necessary. However, medical necessity is not defined in the federal law governing Medicaid - Title XIX section of the Social Security Act.
 - The Florida Legislature and AHCA have both established definitions, albeit different, of the term *medically necessary*.



Medicaid Documentation

- ▶ AHCA’s definition of “medically necessary” as outlined in [AHCA’s Community Behavioral Health Services and Limitations Handbook , March 2014](#) and the [Florida Medicaid Provider General Handbook, July 2012](#) is:
 - ▶ “Medicaid reimburses for services that are determined medically necessary and do not duplicate another provider’s service. In addition, the services must meet the following criteria:

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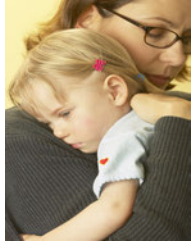
- ▶ Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
- ▶ Be individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient’s needs;
- ▶ Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;

Medicaid Documentation

- ▶ Reflect the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- ▶ Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.
- ▶ *The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services do not, in itself, make such care, goods or services medically necessary or a covered service.*

Medicaid Documentation

- ▶ *How do we accurately document “medically necessary” for an infant or toddler in order to meet Medicaid standards?*



Medicaid Documentation

- ▶ For purposes of providing behavioral health services to children 0-5, AHCA referenced in the previous Handbook the following “medically necessary/medical necessity” definition:
 - ▶ *There is adequate evidence to indicate that the child is at risk for more intensive, restrictive, and costly mental health services or placement; and*
 - ▶ *There is adequate evidence to indicate the child’s condition cannot be improved with less intensive services or interventions*

Medicaid Documentation


- ▶ So what is meant by “adequate evidence???”
- ▶ Adequate evidence should include:
 - Specific emotional or behavioral symptoms, duration and intensity of symptoms, how symptoms interfere with typical development, how symptoms interfere with success at home, child care, community;
 - Narrative describing the risk factors/behaviors for child/parent/relationship, including, but not limited to poverty, family history of mental illness, domestic violence, child abuse and neglect, physical illness/developmental delay in child/parent;

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- ▶ **Adequate evidence should include:**
 - Prenatal and birth history and history of infant/child functional impairment in sensory/ behavior/ social emotional development (poor attachment, at risk for expulsion, preterm, etc.);
 - Tools that support impaired functioning (TABS, CBCL, PSI, Maternal Depression screening, DECA, ASQ, ASQ:SE-2, etc.);
 - Failed interventions (parenting classes, PBS, ECMH consultation, pastoral counseling, etc.); and
 - Parent’s willingness to participate in treatment and ability to benefit from treatment services.

Medicaid Documentation

- ▶ So, once we’ve documented, how do we bill??
- AHCA supports use of Florida’s Crosswalk from DC: 0-3R to ICD-10 codes for purposes of determining the appropriate ICD-10 code for billing purposes. The Crosswalk can be found on The Florida Center’s website at www.thefloridacenter.org



Medicaid Documentation

- ▶ **Time To Work:**
 - ▶ Develop Diagnosis and Integrated Summary on In-Depth Assessment
 - ▶ Develop Treatment Plan Goals and Objectives
 - ▶ Develop a Progress Note




Medicaid Documentation

- ▶ Developing Diagnosis and Integrated Summary on a 9 month old with history of:
 - Inability to be calmed or soothed
 - Resistant to touch and certain textures
 - Dysregulated sleep patterns
 - Avoidance to certain foods
 - Startles easily
 - Teen parents who believe baby does intentionally
- ▶ Diagnosis: Axis 1: 411 Regulatory Disorders of Sensory Processing: Hypersensitive, Type A: Fearful/Cautious
- ▶ ICD-10 Code: F41.9 Unspecified Anxiety Disorder

Medicaid Documentation

- ▶ **Integrated Summary:**
 - Summarize history, clinical assessment, interpret from broad perspective, diagnosis, failed interventions, and need for services including medical necessity along with prognosis with or without services & necessary interventions.



Medicaid Documentation

- ▶ *"Emmy meets criteria for a provisional diagnosis of Regulation Disorders of Sensory Processing-Fearful/Cautious. Occupational Therapy assessment is recommended to confirm sensory processing disorder. Emmy's symptoms are atypical for her age and interfere with her development in home, school, and community. The parent-child relationship is negatively impacted by Emmy's symptoms, creating risk for a Relationship Disorder. Prior interventions (Teen Parent Program) have been ineffective. Individual/Family therapy (CPP) is recommended and considered to be medically necessary. Failure to treat may place child at high risk for more intensive services in the future. Family is willing and able to benefit from services and prognosis is good if treatment is initiated."*

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- ▶ Treatment Plan Goals:
- ▶ Goal 1: Emmy will be more receptive to parent interventions when she is upset.
 - Obj. 1: Parents will learn about Emmy's specific sensory profile and how best to approach her in activities that cause distress (bath, hair washing) and report a decrease in dysregulated behaviors (screaming, flailing) by 60% at time of discharge.
 - Obj. 2: Emmy and parents will demonstrate improved parent/infant relationship as evidenced by a 60% increase in positive interactions and "circles of communication" during therapy sessions by time of discharge.


Medicaid Documentation

- ▶ **Progress Note:**
- ▶ **D:** TH met with C and MOC for individual/family therapy session, focused on Goal 1; Obj. 2. M stated "Emmy's been acting crazy this week." M describes infants behavior as "manipulative and moody."
- ▶ **A:** M is frustrated and affect toward child is hostile. C is visibly distraught during session, often trying to pull away from M. M began crying expressing lack of belief in herself to appropriately parent C. TH validated M's feelings and normalized the circumstances. TH coached mom in expanding circles of communication and changing her affect while stacking circles with the C. Three positive circles of communication were witnessed during session. As M's affect changed to show pleasure, C's affect changed as well. M felt more positive toward C by end of session and kissed her on the cheek. Progress noted in M being able to shift from her negative belief and affect toward child more quickly.

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- ▶ **P:** TH will continue in treatment sessions to explain and implement the Circle of Security framework, use developmental guidance, and assist M in identifying her own "ghosts" from her childhood that are impacting the relationship with her daughter.
- ▶ Next session scheduled for November 24th at 10:00 am.
- ▶ Kathryn Shea, LCSW, IMH Specialist

Medicaid Documentation



- ▶ **QUALITY REVIEW PROTECTORS: ENSURING SMOOTH AUDITS AND REDUCING RISK**
- Create check lists for each file of what/when due
- Create forms that makes it easier for the workers, but gives Medicaid the information it needs
- Conduct internal trainings frequently (quarterly minimum). The more the workers hear the same information, the more it sinks in.
- Take advantage of all Medicaid trainings, Webinars, etc. Contact Medicaid for in-house training if needed.

Medicaid Documentation




- ▶ **QUALITY REVIEW PROTECTORS: ENSURING SMOOTH AUDITS AND REDUCING RISK**
- Conduct Peer Case Presentation/Peer Chart Reviews and document
- Document all internal trainings, use sign-in sheets, document all peer reviews, charts reviewed, outcomes, etc.
- Reflective Supervision-documented
- Make sure all department reviews/audits are incorporated into overall agency Continuous Quality Improvement (CQI) Plan

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- ▶ QUALITY REVIEW PROTECTORS: ENSURING SMOOTH AUDITS AND REDUCING RISK
 - Must continually document in assessment, treatment planning, treatment plan reviews, progress notes the **medical necessity** for services. Use the words “services are medically necessary because...”


Medicaid Documentation

It's not about quantity of writing....
*It's about **quality** of writing and incorporating all aspects of service provision*



Medicaid Documentation



- ▶ **Resource:**
Infant Mental Health Clinician's Best Practice Guide, March 2015
Posted on CPEIP website. www.cpeip.fsu.edu/
Under Infant Mental Health-IMH Professional Supports-labeled “Best Practices Guide, March 2015”



On the Horizon

- ▶ Significant Medicaid changes with Medicaid reform and Medicaid Managed Care.
- ▶ Revision in Handbooks...Hopefully improved!
- ▶ DSM-5 is out. Not really “young child friendly”.
- ▶ ICD-10-CM in effect since October 1, 2015
- ▶ Crosswalk from DC:0-3R to DSM-5 to ICD-10 completed!

THE END!



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