



# Behavioral Health:

## Outpatient, Residential, ABA

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for Telligen on behalf of Wyoming Medicaid



# Purpose

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- To provide a comprehensive understanding of Behavioral Health requests
- To go over proper documentation that should be submitted with the case
- Common mistakes made when submitting Behavioral Health cases



# House Keeping

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- **Questions**

- Please enter all questions into the chat
- Time at the end of the training will be used for answering chat questions
- Any questions that were not answered from the chat will be posted to the website

- **Content availability**

- Presentation will be recorded and available to view at <https://wymedicaid.telligen.com> as well as the slides
- If you need one on one training regarding the Qualitrac Portal or one on one training regarding proper documentation, please email Cashlee at [ccates@telligen.com](mailto:ccates@telligen.com)

- **Survey**

- Email from Survey Monkey
- Feedback on content
- Constructive feedback
- Any additional training you would like to see presented in the future



# Non-Covered Services

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- Hospital liaison services that include institutional discharge functions that are Medicaid reimbursable to the institution
- Consultation with other persons and agencies about non-Members, public education, public relations activities, speaking engagements, and education
- Clinical services not provided through face-to-face contact with the Member, other than collateral contacts necessary to develop/implement the prescribed plan of treatment
- Residential room, board, and care
- Substance abuse and mental health prevention services
- Recreation and socialization services
- Vocational services and training
- Appointments not kept
- Day Care
- Psychological testing is done for the sole purpose of education diagnosis or school placement



## For approval, the requested service must be:

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- Reasonably calculated to prevent, diagnose, or treat conditions in the participant that endangers life, causes pain, or cause functionally significant deformity or malfunction.
- There is no other equally effective course of treatment available or suitable for the participant requesting the service which more conservative or substantially less costly.
- Medical services must be of a quality that meets professionally recognized standards of care and must be substantiated by records including evidence of such medical necessity and quality.
- Meet all policy requirements.
- Be appropriate and effective treatment for the participant's current medical needs.
- Meet all federal and state regulations



# Outpatient and Residential Outpatient Behavioral Health

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- Outpatient Behavioral Health Services is a group of services designed to provide medically necessary mental health or substance abuse treatment services to Medicaid Members to restore these individuals to their highest possible functioning level.
  - Services are provided on an outpatient basis and not during an inpatient hospital stay
- Outpatient behavioral health therapy requests for members who are residing in a facility such as a group home, residential treatment center, or a juvenile detention facility



# Things to Remember

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- OP BH are threshold reviews. Members have 30 OP BH visits that do not require PA per year. The threshold restarts on 01/01. Reviews at the end of the year should be approved to 12/31.
- Make sure there is a treatment plan to cover all requested dates of service. This may require multiple plans.
- Progress notes need to be completed by the treating provider and have documentation that rendered services corresponded with requested codes. Progress notes need to reflect what goals are being addressed according to the treatment plan



# Rehabilitative Services

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- An ability was once present, but was lost; or, was present and not exercised, and ability is restored through rehabilitative services
- Similar to other rehabilitative therapies, such as occupational therapy, skills are incrementally introduced and practiced to reach achievable and measurable goals so that rehabilitative services are no longer necessary
- **Documentation**
  - Prepare and retain complete documentation to fully support the rehabilitative services provided, including a treatment plan developed in collaboration with the Member that is based on a clinical assessment and that specifies specific and measurable goals





- Your documentation should contain:
  - Name of the Member
  - The covered services provided and the procedure code billed to Medicaid
  - The date, length of time (start and end times in standard or military format), and location of the service
  - All persons involved
  - Legible documentation that accurately describes the services rendered to the Member and progress towards identified goals
  - Full signature, including licensure or certification of the treating Provider involved
  - Providers shall not sign for a service prior to the service being completed



# Treatment Plans

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- Treatment plans for services must be based on a comprehensive assessment of an individual's rehabilitation needs, including diagnoses and the presence of functional impairment in daily living, and be reviewed every 90-days
- Frequency and duration of each need should be listed they must be measurable goals and the progress notes need to tie back into the objectives
- The written treatment plan is one of the key elements to providing medical necessity. According to the Centers for Medicare and Medicaid Services (CMS), it should include a recommended level of care (duration and frequency of visits), specific treatment goals, and objective measures to evaluate treatment effectiveness. A treatment plan is important to help establish the clinical reasoning or thought process behind the care given and is an important document that should be updated frequently to match the progress the patient is making in their treatment. Wyoming Medicaid requires that the treatment plan be updated every 90 days, or more frequently if necessary



# Progress Notes

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- For each code being requested Telligen needs 3-5 of the most recent progress notes to review
- Measurable progress of the goals that are tied to the treatment plan and the evidence-based interventions that are utilized
- \*\*\*Please note that if you don't have 3-5 progress notes, you may send Telligen what is currently in the chart on that service along with an explanation of why more notes aren't available. This process will decrease the back-and-forth between Telligen and the provider. Additionally, do not send all progress notes for a member. Please only include progress notes relevant to the services requested. Submitting excessive documents can delay the review process



# Applied Behavioral Analysis Treatment (ABA)

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- Applied Behavior Analysis (ABA) treatments are allowable to children between the ages of zero (0) to 20 years of age with a diagnosis of Autism Spectrum Disorder.
- ABAs are individualized treatments based on behavioral sciences that focus on increasing positive behaviors and decreasing negative or interfering behaviors to improve a variety of well-defined skills
- is a highly structured program that includes incidental teaching, intentional environmental modifications, and reinforcement techniques to produce socially significant improvement in human behavior
- ABA strategies include reinforcement, shaping, chaining of behaviors, and other behavioral strategies to build specific targeted functional skills that are important for everyday life



# Common Mistakes

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- Be sure you are selecting the correct Provider ID. If the provider Id is selected incorrectly it will result in a new case needing to be submitted
- Be sure you are responding to your RFI's with the information being requested
  - A Word document or comment can always be added in addition to the documents required
- Date range on the case needs to align with the 90-day treatment plan
  - Treatment plans should not overlap
- Be sure your case matches the claim that you will be submitting
  - All modifiers
  - Correct units (Telligen does not calculate units)



# Helpful Tips/Links

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## Links-

- [2018 09 05 13 23 Documentation Standards - YouTube](#)
- [Documentation-Standards-2.pdf \(telligen.com\)](#)
- [Behavioral-Health-Provider-Bulletin-2-2022.pdf \(telligen.com\)](#)
- [Fee Schedules | Serving Wyoming Medicaid Providers and Members](#)
- [CMS 1500 Provider Manual | Serving Wyoming Medicaid Providers and Members](#)

## Tips-

- Be sure to upload all documentation for a prompt review
- Be sure the codes you are submitting for require authorization
- Be sure your authorization matches your claim



