WHAT IS NEW MEXICO DOING?

TRANSFORMING THE BEHAVIORAL HEALTH CARE SYSTEM INTO AN INTEGRATED SYSTEM OF CARE BUILT ON PRINCIPLES OF RECOVERY AND RESILIENCY
A SYSTEM OF CARE

...incorporates a broad array of services and supports into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery, management, and policy levels.

SOC Guiding Principles

1. Access to comprehensive array of services and supports
2. Individualized services, written plan
3. Care provided in least restrictive, most normative environments
4. Families full participants in all aspects
5. Integrated, linked, and coordinated

Cliff Davis, Human Service Collaborative, 2003
SOC Guiding Principles

6. Mechanisms for care management
7. Early identification and intervention
8. Smooth transitions to adult service system, when appropriate
9. Protection of consumers rights
10. Sensitive and responsive to cultural differences

Cliff Davis, Human Service Collaborative, 2003
Recovery refers to the process by which people with a disability learn to live fulfilling and productive lives within their communities.

A message of hope given to them by their community plays an integral role in this process.
The recovery process must include these components to be successful (SAMHSA 2006)

- Self-direction
- Empowerment
- Peer support
- Respect, including self-respect
- Responsibility
- Hope.
Promoting Resilience

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses — and to go on with life with a sense of mastery, competence, and hope.

Utilizing the core values and components of recovery increases and individual’s or family’s ability to be resilient.

Achieving the Promise: Transforming Mental Health Care in America. The President’s New Freedom Commission Report on Mental Health
Comprehensive Community Support Services

- Is a critical step in building a system of care in New Mexico that is based on principles of recovery and resiliency
- Has been officially approved by Centers for Medicare and Medicaid (CMS) to be part of our State Plan
- Is designed to put the needs, desires and aspirations of consumers and family members at the center of all treatment considerations
Questions? Comments?

To ensure that providers are receiving the same information across the State, we ask that you please, write down your questions and comments on the form provided and turn in to your VO staff. All questions and comments will be compiled and answers provided through a letter that will go out to all providers.
Community support is an active, rehabilitation and recovery/resiliency oriented set of interventions

Requires a variety of skills, approaches, and information

Builds capacity within consumer/family – active empowerment through skills and support
What does that mean?
- Focus on issues caused or impacted by disability and directly related to psychiatric illness
- Not just beneficial – necessary
- As defined in Medicaid State Plan
Role of Community Support Worker

- Teacher/trainer
- Organizer/planner
- Coordinator and communicator
- Facilitator and linker
- Partner with specific expertise and knowledge
- Support
Comprehensive Community Support Services (CCSS)

Service Definition and Billing Information
Review of CCSS Service Definition

- Review Service Definition Top Paragraph: Questions?

- Sources of Funding: BHSD, CYFD, HSD Medicaid (including Managed and Coordinated Medicaid)

- For Corrections, a limited number of providers (identified by NMCD) will be allowed to provide CCSS.
Target Populations

- Consumers who meet one of the following:
  - Children at risk of/or experiencing Serious Emotional/Neurobiological/Behavior Disorders
  - Adults with SMI
  - Consumers with chronic substance abuse; or
  - Consumers with co-occurring and/or dually diagnosed with a primary diagnosis of mental illness
Q. Can agencies certified to do CCSS for children serve youth up to age 21?

A. Yes, certified children’s providers can provide CCSS for youth under the chronological age of 21.
Assessment

- Assessment required: must have a behavioral health assessment that results in a Service Plan
- Service Plan must specify:
  - Community support services are needed
  - Other treatment interventions needed by the consumer.
Service Plan

- CCSS must address the goals identified in the Service Plan
- Community Support Activities and providers must:
  - A. Be clearly identified in the Service Plan
  - B. Be coordinated by the primary community support worker; and
  - C. A provider of services other than CCSS should not duplicate CCSS work provided by the designated CCSS agency.
Q. What is expected in an assessment and service plan (bill 90801 CPT Code)

**Demographic Data**

**Presenting Concerns**

**Past Beh. Health History**

**Personal History**

**Family History**

**Medical History**

**Strengths and Supports**

**Need for CCSS**

**Mental Status Exam**

**Diagnosis**

**Strengths and Supports**

**Treatment Recommendations**
Q. Is it possible to bill any CCSS units after the Assessment but before the Service Plan is completed.

A. Yes, up to 16 units (4 hours) can be billed prior to the completion of a Service Plan.
Designated Agency

- Individuals receiving CCSS must have only one designated agency that has the primary responsibility of assisting the recipient and family with implementing the Service Plan.
Frequently Asked Question

Q. How will it be determined who the consumer’s CCSS agency is?

A. 1. Consumer choice
    2. If consumer choice is not clear, based on chronology of first agency on record to implement the service plan
Q. If CCSS coordination occurs between two agencies that each do CCSS, can each program bill for CCSS?

A. No, only the agency that holds the comprehensive Service Plan will be allowed to bill. If a consumer chooses to obtain behavioral health (non-CCSS) services with another agency, it is expected that the two agencies will cooperate and the CCSS agency will ensure services are integrated.
Activities

- Assistance to the consumer in the development and coordination of the consumer’s service plan, including:
  - Recovery/resiliency management plan
  - Crisis management plan
  - (when requested) advanced directives

- (cont next slide)
Activities (cont.)

- Assessment, support and intervention in crisis situations
- Development and use of crisis plans
Activities (cont.)

- Individualized interventions with the following objectives:
  - Services and resources coordination to assist gaining access to necessary rehabilitative, medical or other services
  - Assistance in development of interpersonal community coping and functional skills.
  - Encourage development and eventual succession of natural supports
Activities (cont.)

- Assistance in learning symptom monitoring and illness self management skills
- Assistance to obtain and maintain stable housing
- Necessary follow up to determine if services have adequately met consumer needs
60% of Comprehensive Community Support Services must be face-to-face and *in vivo* (*where the client is*).
Q. How are In vivo services measured?

A. The in vivo encounters will be measured across the agency over a 3 month period (Medication management consumers are exempted)
Activities (cont.)

- CCSS worker will make every effort to engage the client in achieving treatment and recovery goals.
- Consumers participating in medication management as the primary focus of service are not subject to the off site service requirement or the consumer staff ratio.
Behavior Management Interventions are not considered CCSS and should be billed under BMS by Certified BMS Providers.
Frequently Asked Question

Q. What is the difference between CCSS and BMS?

A. BMS is a distinct youth service meant to be used when specific behavioral interventions are implemented. See HSD Medicaid regulations.
Can Translation Services be billed?
No, but CSW can work with the consumer to obtain translation services that may be needed. That work may be billed.

Can providers bill for telephone calls regarding a consumer’s behavioral health services?
A. Yes, but only if it is an inter-agency call tied to the Service Plan.
Q. Can intra-agency calls be billed?
A. No

Q. Can intra-agency activities be billed as CCSS?
A. CCSS is not meant to be billed for staff-only intra-agency activities. However, if the consumer is present during an intra-agency activity related to the development and/or implementation of the Service Plan, then it can be billed as CCSS.
Frequently Asked Question

Q. How do you define “separate agencies” for the purpose of clarity on interagency billing practices?
A. We are currently considering that an agency is considered an organization with a unique tax identification number.

Q. Can CCSS be billed when the CCSS worker is in the car with the consumer?
A. No
Q. Can an agency have more than one person provide CCSS for an individual consumer?

A. Yes. There may be CSW’s with areas of specialty in an organization and it may be useful to have more than one person offering CCSS. However, there must be one primary CSW who is coordinating care, and the need for all CCSS must be clearly identified in the service plan.
Q. How does the provider differentiate between billing for CCSS and billing for Crisis Intervention?

A. CCSS billing is used for CSW working with the consumer to create a crisis management plan and to support the implementation of that plan when appropriate.
Provider Requirements Adult

- To see Adult Consumers
  - FQHC
  - IHS Hospital or clinic
  - Tribal 638 hospital or clinic
  - Licensed CMHC
  - Certified for PSR by DOH
  - Certified for TCM by DOH

  For more information, contact your VO Regional Director
Provider Requirements - Youth

- For Youths through age 20 years old
  - FQHC
  - IHS Hospital or clinic
  - Tribal – 638 hospital or clinic
  - Contracted with CYFD to provide Case management
  - Certified as a TCM agency by CYFD
    - For more information, contact your VO Regional Director
Criminal Record checks will continue to be required as before: that is, any agency with staff working with CYFD consumers more than twenty hours per week, unaccompanied by other staff or consumer parents/guardians, will have to undergo CRC for all staff pursuant to 8.8.3 NMAC and 7.20.11.15 NMAC
Staffing Requirements

-CSW’s must be:
- At least 18 years old
- BA in Human Services and one year relevant experience OR
- AA in Human Services and 2 years relevant experience OR
- High school or GED and 3 years relevant experience OR
- Certified Peer Specialist OR Certified Family Specialist
CCSS Supervisors must hold a BA in a human services field, have 4 years of relevant experience and 1 year of supervisory experience.

CCSS Clinical Supervisors (could be the same person as above) must be a licensed independent practitioner in a behavioral health field.
Certified Peer and Family Specialists

- Approximately 65 Peer Specialists have already been certified. Training will continue this spring.
- Family Specialist Certification Training is being developed. The curriculum is close to being completed and, once approved, training will begin soon thereafter.
Advantages of Certified Peer Specialist

- Studies indicate peer support reduces hospitalizations and length of stay
- Increases medication adherence
  - Role models
- Efficient and Cost effective
- Career ladder for consumers
A manual has been developed by the Office of Consumer and Family Engagement (CAFÉ) for providers about the value of peer and family specialists and how best to utilize their services.

For more information contact CAFÉ at 1-800-362-2013
Q. Does every agency have to have a Peer and/or Family Specialist on staff?

A. All providers are encouraged to hire peer and family specialists as key members of their staff. This is not currently a requirement, though it is under consideration in longer term discussions.
Q. If a peer or family specialist has a degree in a human services field, does their CCSS work get reimbursed at the higher level?

Y. Yes. All CCSS services will be reimbursed based upon the educational level of the practitioner as long as the education is in a human services related field.
Minimum Staff Training

- 20 hours of documented training or continuing education from a menu of CCSS topics.
- Supervisors must also have a minimum of 8 hours training specific to supervisory activities.
Q. What is the state approved training for CSWs?

A. The training curriculum does not currently exist. For the first year agencies can select from the array in the Service Definition.
Q. Do agencies have to provide training in all areas identified in the Service Definition.

A. No. You do NOT have to complete all 14 points listed in the service definition. Training topics should be based on an agency’s assessment of the needs of the staff in relation to the population served.
Case loads

- Average case load may not exceed 1:20 (one worker to twenty consumers receiving CCSS).
- Exception: consumers participating in medication management as the primary focus of service are not subject to the consumer-staff ratio.
Q. How will this caseloads be measured?

A. Caseloads will be averaged across an agency over a three month period.
In addition to the standard client record documentation requirements for all services, the following is required for this service:

- Case notes identifying all activities and location of service
CCSS documentation should include:

- Date of service
- Service location
- Service time span (e.g. 3:15-3:30 pm)
- Linkage of CCSS service to the Service Plan goal.
- Who performed the service, with credential
- Should include all elements of a DAP or SOAP note
- It should be legible
Frequently Asked Question

Q. Will the change from CMS or PSR or Lifeskills require discharge and admission on the start date of CCSS?

A. No
Q. When transitioning case management files to CCSS, does a new chart need to be created or should documentation continue in the old CMS chart?
A. It is the goal to have one chart per billed consumer (not per family). Once CCSS begins the agency holding the comprehensive assessment should begin transitioning into a single comprehensive chart. An ideal way to do this is to have tabs identifying each section of the chart.
If some behavioral health services are being offered by another agency, a release of information should be obtained and necessary clinical information should be incorporated into a central file.
Exclusions

- CCSS (H2015) may not be billed in conjunction with:
  - Multi-systemic therapy
  - Assertive Community Treatment
  - Residential Services
  - Inpatient Hospitalization
  - Partial hospital
  - Treatment foster Care
  - Recreational outings
  - Transitional Living Services
  - Resource Development
Exclusion-Exception

- Under limited circumstances CCSS can be billed by the primary CSW to assist consumers with their transition from residential levels of care. CCSS will be limited to 16 units per each discharge from residential level of care.
Q. During the transition into CCSS will CYFD / DHI auditors allow some “grace time” for adjustment to this new approach?

A. In late December, 2007, providers will be receiving some form of certification from Licensing and Certification (LCA) or DHI, dependent on their status. They will also receive a letter that describes in detail the process and timelines that will be used for ongoing certification.
There will be no site visits until April of 2008, at which time staggered visits will begin. During the interim time of January to April, technical assistance will be available to any provider requesting it.

For further information contact:
CYFD: Cynthia Brock at 841-4822
     Olivia Ridgeway at 827-9932
DHI: 476-9025
Q. Can providers bill for more than 16 units if needed, or use the time for purposes other than discharge.

A. No

Q. Can I bill CCSS on the same day when consumer is in:
   - Shelter Care: yes
   - FFT: yes
   - Group PSR: yes
Billing and Enrollment
Enrollment in VONM enrollment system

- There is no change in the enrollment system. The same requirements are in effect for:
  - Managed and Coordinated Medicaid
  - BHSD (formerly DOH)
  - CYFD
- For Corrections, a limited number of providers (identified by NMCD) will be allowed to provide CCSS.
Billing

- Continue with same paper or electronic billing procedures
- Funding Source:
  - If using Electronic Billing, use the group number section of the EDI software to indicate any funding stream other than Medicaid.
  - For paper claims, indicate any funding stream other than Medicaid in Box 11.
Submit A Claim - Step 1 of 2

Required fields are denoted by an asterisk (*) adjacent to the label.

To submit a single claim, begin with step 1 below.

- **Provider Name:** HEALTH ASSOCIATES - NM6077
- **Vendor ID:** VNMD07320T (X-digits, no spaces or dashes)
- **Member ID:** 230316 (X-digits, no spaces or dashes)
- **Group Number:** CYFD
- **Member Name:**
  
  (First Last)
- **Member Account #:**
  
  (X-digits, no spaces or dashes)
- **Member DOB:** 08/15/1984 (MMDDYYYY)

[Next] [Cancel]
Billing

- Code: H2015 plus modifiers
- 15 minute Unit
- POS codes: 03, 04, 05, 06, 07, 08, 09, 11, 12, 14, 16, 49, 50, 53, 55, 56, 57, 72. POS 99 may be used as “other community setting”.
Provider Degree Modifier and Rate paid to the billing agency:

- HO Master’s degree in Human Services
  $19.06 per 15 minute unit
- HN Bachelor degree in Human Services
  $16.70 per 15 minute unit
- HM Less than a Bachelor’s degree
  $13.87 per 15 minute unit
CMS 1500

- Use Box 11: use same funding stream rules for Medicaid, DOH or CYFD
  - Medicaid-Blank
  - DOH=DOHO
  - CYFD=CYFD
  - One claim line per date of service (same as now)
Other Billing Issues

- NO Prior Authorization is needed. However, retrospective review of records will occur.

- Travel time is not included and cannot be billed.
Other Billing Issues

- Codes no longer to be used:
  - HSD Managed Medicaid and FFS:
    - Targeted case management T1017 HK or T1017 HE
      - This also applies to case management used by FQHCs, IHS or Tribal 638 programs
  - H2017 CYFD INDIVIDUAL Life Skills
  - Individual PSR H2017 HE
Other Billing Issues

- Codes no longer to be used:

- BHSD and CYFD:
  - T1016 for BHSD or CYFD

HSD FFS and BHSD

INDIVIDUAL PSR H2017 HE
Other Billing Issues

- Codes no longer to be used
  CYFD
  INDIVIDUAL Life Skills H2017
  HE
Other Billing Information

- **NMCD: No Longer Used**
  - Individual Life Skills H2017 HE
  - T1016 case management (with some exceptions) NMCD will notify providers
  - Resource management is a NMCD (only) code T2041
Q. Can I bill CCSS for PE/MOSAA activities?
A. No
Q. Can an agency certified to provide CCSS contract out CCSS work?
A. Yes, but the agency contracting will be responsible for assuring that all training requirements are met. The CCSS work must be supervised by the CCSS agency and be integrated into the overall treatment.
Q. If we have questions to which we would like an official answer, where do we submit it?

A. Send all questions to bhcollaborative@state.nm.us and an official answer will be sent out to all CCSS providers. Use “CCSS” as the subject line on your e-mail