



Medicaid Made Friendly for Substance Abuse Treatment Providers

Exploring Revenue Maximization
Opportunities and Strategies



Mary Herkert

mherkert@cfbhn.org



Agenda

- Multi-System Funding
- Medicaid vs Licensure Requirements
- Medicaid Substance Abuse Services
- Episodes of Care
- Medicaid Revenue Opportunities
Exercise

Identify Populations

- Adults
 - Criminal Justice System
 - SSI/ Elders
 - SPMI; Co-occurring DO
- Children
 - Juvenile Justice
 - Child Welfare
 - SED/EH; Co-occurring DO

Identify Funding Sources & Verify Eligibility

MULTI-SYSTEM FUNDING FOR BEHAVIORAL HEALTH SERVICES

	Medicaid/ Insurance	TANF	County	DCF/SAMH	DCF/Family Safety or CBC
Payment Mechanism	FFS or Capitation (HMO/ PMHP)	UOS	Contract	UOS/Rate Agreement	UOS
Priority	1	2	3	4	5

- Medicaid/Insurance
 - Managed Care Enrollment
 - Prior authorization issues

Services Crosswalk

	Medicaid/Insurance	TANF	County	DCF/SAMH Cost Center	DCF/Family Safety or CBC
Service	Inpatient Hospital Outpatient Hospital/ER	N/A	Contract-specific	(09) Inpatient (03) Crisis Stabilization	Contract-specific
	Outpatient physician/ BH Medical Services	N/A	Contract-specific	(12) Medical Services (14) Outpatient-Individual (11) Intervention (29) Aftercare/Follow-up	Contract-specific
	Behavioral Health Assessments	Assessment, Intervention	Contract-specific	(01)Assessments (11) Intervention (14) Outpatient Individual	Contract-specific
	Treatment Planning	N/A	Contract-specific	(04)Crisis Support/ emergency (08)In-home/On-site (11)Intervention (14)Outpatient Individual	Contract-specific
	Methadone Maintenance	N/A	Contract-specific	(13) Methadone Maintenance	Contract-specific
	Individual/Group/ Family Therapy	Outpatient services	Contract-specific	(11)Intervention (14)Outpatient-Individual (29)Aftercare/Follow-up (35) Outpatient-Group	Contract-specific

Services Crosswalk

	Medicaid/Insurance	TANF	County	DCF/SAMH Cost Center	DCF/Family Safety or CBC
Service	Day Treatment Services	Day/Night	Contract-specific	(06)Day/Night (32)Outpatient Detoxification	Contract-specific
	Living Skills and Rehabilitation Counseling	Aftercare	Contract-specific	(08)In-home/On-site (06)Day/Night (11)Intervention (14)Outpatient Individual (15)Outreach (35)Outpatient Group	Contract-specific
	Mental Health Clubhouse services	N/A	Contract-specific	(40) MH Clubhouse	Contract-specific
	N/A	Supported Employment	Contract-specific	(25) Supported Employment	Contract-specific
	Therapeutic Behavioral On-Site Services	In-home and On-site sves	Contract-specific	(08) In-Home and On-site Services	Contract-specific
	Behavioral Health Overlay Services (BHOS)	N/A	Contract-specific	(31) Behavioral Health Overlay Services	Contract-specific

Services Crosswalk

	Medicaid/Insurance	TANF	County	DCF/SAMH Cost Center	DCF/Family Safety or CBC
Service	Child Welfare Targeted Case Management	N/A	N/A	N/A	N/A
	Pharmacy	N/A	Contract-specific	(28) Incidental Expenses (for IDP services)	N/A
	N/A	Respite	Contract-specific	(22) Respite Services	Contract-specific
	N/A	N/A	Contract-specific	(23) Sheltered Employment	Contract-specific
	N/A	Crisis Support Emergency	Contract-specific	(04) Crisis Support/ Emergency	Contract-specific
	N/A	Day Care	Contract-specific	(05) Day Care	Contract-specific
	N/A	N/A	Contract-specific	(07) Drop-in/Self-Help Centers	Contract-specific
	N/A	Intervention	Contract-specific	(11) Intervention	Contract-specific
	N/A	Outreach	Contract-specific	(15) Outreach	Contract-specific

Medicaid Covered Services Required by Licensure

DCF Substance Abuse Licensure rules require that client records include psychosocial assessment, treatment plan, treatment plan reviews and progress notes

Requirement	Time frame	Medicaid Regs
Psychosocial Assessment	OP - 30 days	Must be completed prior to development of Tx. Plan
	Day/Night - 10 days	
	Med/Meth - 15 days	
Treatment Plans	OP - 30 days	Must be completed within 45 days of services
	Day/Night - 10 days	
	Med/Meth - 30 days	
Treatment Plan Reviews	OP, Day/Night - q 30 days	Reimbursable 6x per FY - Required at least q 6 mos
	Med/Meth - q 90 days x1yr then q 6 months	
Progress Notes	Day/Night - weekly	Weekly for Day Tx.; Per service event for all others
	OP - weekly or freq of sessions	
	Med/Meth - freq of sessions	

DCF Licensure related to Medicaid

DCF/SAMH Definitions

Clinical Services - screening, assessment, placement, treatment planning, counseling, and case management

Clinical Staff - Employees of a provider who are responsible for providing clinical services

Counseling - the process of engaging a client in a discussion of issues associated with the client's substance abuse and associated problems to work toward a constructive resolution of those problems and toward recovery.

Counselor - a member of the clinical staff who conducts and documents services such as counseling, psycho-educational groups, psychosocial assessment, treatment planning and case management

Progress Notes - documentation of progress or lack thereof toward meeting treatment plan objectives and that addresses the provision of services, the client's response to services and significant events.

DCF Licensure related to Medicaid

Service/Program Descriptions

Psychosocial Assessment - a series of evaluative measures designed to identify the behavioral and social factors involved in substance abuse and its symptoms and is used in the determination of placement and development of the treatment plan.

Treatment Plan - an individualized written plan of action that directs all treatment services and is based upon information from the assessment and input from the client served; Establishes goals and measurable objectives, time frames for completing objectives, and the type and frequency of services to be provided.

Day or Night Treatment - Services may include **individual/family/group counseling**, SA education, **life skills training**, training or advising in health/medical issues, **mental health services related to managing stable disorders, evaluating needs for in-depth mental health assessments, or symptom management**; at least three hours per day and at least 12 hours each week

DCF Licensure related to Medicaid

Service/Program Descriptions

Intensive Outpatient Treatment - Structured services each day that may include ancillary psychiatric and medical services, individual/family/group counseling, SA education, life skills training, training or advising in health/medical issues, mental health services related to managing stable disorders, evaluating needs for in-depth mental health assessments, or symptom management

Outpatient Treatment - Weekly services that minimally include one counseling session but may also include individual/family/group counseling or SA education services

Medicaid SA Services

Service	Proc Code	Rate	UOS
Alcohol and/or drug assessment (bio-psychosocial evaluation)	H0001HN	\$48.00	event
Alcohol and/or drug assessment (in-depth assessment w/ new patient)	H0001HO	\$125.00	event
Alcohol and/or drug assessment (in-depth assessment with established patient)	H0001TS	\$100.00	event
Therapeutic behavioral services, per 15 minutes (psychological testing)	H2019	\$15.00	15 min
Alcohol and/or drug assessment (limited functional assessment)	H0001	\$15.00	event
Screening to determine the appropriateness of an individual for a specified program, project, or treatment protocol, per encounter (behavioral health screening service/substance abuse)	T1023HF	\$43.62	event
Alcohol and/or substance abuse services, treatment plan development	T1007	\$97.00	event
Alcohol and/or substance abuse services, treatment plan review	T1007TS	\$48.50	event
Therapeutic behavioral services (individual/family therapy)	H2019HR	\$18.33	15 min
Therapeutic behavioral services (group therapy)	H2019HQ	\$6.67	15 min
Living skills and Rehab/Counseling	H2017	\$9.00	15 min
Substance Abuse Day Treatment	H2012HF	\$12.50	hour

Medicaid SA Services

Service	Proc Code	Rate	UOS
Therapeutic Behavioral On-Site Services (therapy)	H2019HO	\$16.00	15 min
Therapeutic Behavioral On-Site Services (therapeutic support)	H2019HN	\$4.00	15 min
Therapeutic Behavioral On-Site Services, per 15 minutes (behavior management)	H2019HM	\$10.00	15 min
Clinic visit/encounter, all-inclusive (behavioral health service: specimen collection/substance abuse)	T1015HF	\$10.00	event
Alcohol and/or drug abuse services, not otherwise specified (behavioral health service: verbal interaction/substance abuse)	H0047	\$15.00	event
Comprehensive multidisciplinary evaluation (by physician)	H2000HP	\$210.00	event
Clinic visit/encounter, all inclusive (medication management) per event	T1015	\$60.00	event
Comprehensive Medication Services, per 15 minutes (brief behavioral health status examination)	H2010HO	\$14.66	15 min
Comprehensive Medication Services, per 15 minutes (group medical therapy)	H2010HQ	\$8.65	15 min
Comprehensive medication services, per 15 minutes (substance abuse program brief individual medical psychotherapy)	H2010HF	\$15.00	15 min
Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	H0020	\$67.48	week

Reimbursable Services by Episode of Care

Outpatient Episode of Care (6 months) per client - Indiv, Med Mgmt, Drug Screens					
Service	Code	UOS	Rate	Total Revenue	% Total
Alcohol/Drug Assessment	H0001HN	1	\$ 48.00	\$ 48.00	1.80%
Treatment Plan Dev.	T1007	1	\$ 97.00	\$ 97.00	3.64%
Individual/Family Therapy	H2019HR	96	\$ 18.33	\$ 1,759.68	66.11%
Treatment Plan Review	T1007TS	2	\$ 48.50	\$ 97.00	3.64%
Limited Func. Assess	H0001	2	\$ 15.00	\$ 30.00	1.13%
Psychiatric Eval.	H2000HP	1	\$ 210.00	\$ 210.00	7.89%
Medication Management	T1015	6	\$ 60.00	\$ 360.00	13.53%
Clinic visit	T1015HF	6	\$ 10.00	\$ 60.00	2.25%

\$ 2,661.68

Reimbursable Services by Episode of Care

Outpatient Episode of Care (6 months) per client - Group, Med Mgmt, Drug Screens

Service	Code	UOS	Rate	Total Revenue	% Total
Alcohol/Drug Assessment	H0001HN	1	\$ 48.00	\$ 48.00	3.11%
Treatment Plan Dev.	T1007	1	\$ 97.00	\$ 97.00	6.29%
Group Therapy	H2019HQ	96	\$ 6.67	\$ 640.32	41.52%
Treatment Plan Review	T1007TS	2	\$ 48.50	\$ 97.00	6.29%
Limited Func. Assess	H0001	2	\$ 15.00	\$ 30.00	1.95%
Psychiatric Eval.	H2000HP	1	\$ 210.00	\$ 210.00	13.62%
Medication Management	T1015	6	\$ 60.00	\$ 360.00	23.34%
Clinic visit	T1015HF	6	\$ 10.00	\$ 60.00	3.89%

\$ 1,542.32

Reimbursable Services by Episode of Care

Rehab Episode of Care (6 months) per client - DTX (4hrs/wk), Med Mgmt, Drug Screens					
Service	Code	UOS	Rate	Total Revenue	% Total
Alcohol/Drug Assessment	H0001HN	1	\$ 48.00	\$ 48.00	0.83%
Treatment Plan Dev.	T1007	1	\$ 97.00	\$ 97.00	1.67%
Substance Abuse Day Tx.	H2012HF	384	\$ 12.50	\$ 4,800.00	82.84%
Treatment Plan Review	T1007TS	3	\$ 48.50	\$ 145.50	2.51%
Limited Func. Assess	H0001	2	\$ 15.00	\$ 30.00	0.52%
Psychiatric Eval.	H2000HP	1	\$ 210.00	\$ 210.00	3.62%
BH Screening/substance abuse	T1023HF	1	\$ 43.62	\$ 43.62	0.75%
Medication Management	T1015	6	\$ 60.00	\$ 360.00	6.21%
Clinic visit	T1015HF	6	\$ 10.00	\$ 60.00	1.04%

\$ 5,794.12

Reimbursable Services by Episode of Care

Rehab Episode of Care (6 months) per client - BLS/SRC (2hrs/wk), Med Mgmt, Drug Screens					
Service	Code	UOS	Rate	Total Revenue	% Total
Alcohol/Drug Assessment	H0001HN	1	\$ 48.00	\$ 48.00	1.76%
Treatment Plan Dev.	T1007	1	\$ 97.00	\$ 97.00	3.56%
Living skills/Rehab Counseling	H2017	192	\$ 9.00	\$ 1,728.00	63.48%
Treatment Plan Review	T1007TS	3	\$ 48.50	\$ 145.50	5.35%
Limited Func. Assess	H0001	2	\$ 15.00	\$ 30.00	1.10%
Psychiatric Eval.	H2000HP	1	\$ 210.00	\$ 210.00	7.71%
BH Screening/substance abuse	T1023HF	1	\$ 43.62	\$ 43.62	1.60%
Medication Management	T1015	6	\$ 60.00	\$ 360.00	13.22%
Clinic visit	T1015HF	6	\$ 10.00	\$ 60.00	2.20%

\$ 2,722.12

Reimbursable Services by Episode of Care

Child Episode of Care (6 months) per client - TBOS (1.5hr/wk), Family Tpy, Med Mgmt, Drug Screens					
Service	Code	UOS	Rate	Total Revenue	% Total
Alcohol/Drug Assessment (In-depth)	H0001HO	1	\$ 125.00	\$ 125.00	3.69%
Treatment Plan Dev.	T1007	1	\$ 97.00	\$ 97.00	2.86%
Ther. Beh. On-Site (therapy)	H2019HO	72	\$ 16.00	\$ 1,152.00	33.97%
Ther. Beh. On-Site (support)	H2019HN	72	\$ 4.00	\$ 288.00	8.49%
Individual/Family Therapy	H2019HR	48	\$ 18.33	\$ 879.84	25.95%
Treatment Plan Review	T1007TS	3	\$ 48.50	\$ 145.50	4.29%
Limited Func. Assess	H0001	2	\$ 15.00	\$ 30.00	0.88%
Psychiatric Eval.	H2000HP	1	\$ 210.00	\$ 210.00	6.19%
BH Screening/substance abuse	T1023HF	1	\$ 43.62	\$ 43.62	1.29%
Medication Management	T1015	6	\$ 60.00	\$ 360.00	10.62%
Clinic visit	T1015HF	6	\$ 10.00	\$ 60.00	1.77%

\$ 3,390.96

Potential Medicaid Revenue by Level of Care

Level of Care	# Clients	6 month Reimb Amt.	Total Revenue
OP Indiv	20	\$2,661.68	\$53,233.60
OP Group	20	\$1,542.32	\$30,846.40
Rehab-DTX	20	\$5,794.12	\$115,882.40
Rehab-BLS	20	\$2,722.12	\$54,442.40
Child	20	\$3,390.96	\$67,819.20

\$322,224.00

Medicaid Revenue Opportunity Exercise

M'caid HIPAA Code	Medicaid Code Description	SA 1	SA2	SA3	SA4	SA 5	SA6	Total by Code FY02/03
H0001HN	Bio-Psychosocial Evaluation (SA)	\$4,998.00		\$518.00		\$6,454.00	\$4,748.00	\$16,764.00
H0001	Limited Functional Assessment (SA)					\$165.00		\$288.00
H0001HO	In-Depth Assessment (SA) - New					\$4,875.00		\$4,875.00
H0001TS	In-Depth Assessment (SA) - Est						\$500.00	\$500.00
H2019	Psychological Testing						\$1,202.20	\$1,202.20
T1007	Development of Treatment Plan (SA) new			\$958.00		\$9,646.00		\$10,699.00
T1007	Development of Treatment Plan (SA) est	\$711.50				\$1,958.25		\$2,669.75
T1007TS	Treatment Plan Review (SA)	\$291.00		\$899.50		\$27,968.00	\$12,080.00	\$41,622.50
H2019HR	Individual/Family Therapy	\$5,351.10		\$970.00		\$56,608.00	\$11,862.00	\$75,643.10
H2019HQ	Group Therapy	\$2,645.34		\$8,403.64		\$44,350.00	\$1,316.00	\$56,714.98

Medicaid Revenue Opportunity Exercise

M'caid HIPAA Code	Medicaid Code Description	SA1	S A 2	SA3	SA4	SA5	SA6	Total by Code
T1015HF	Clinic visit - spec collection SA	\$1,036.44		\$1,207.48	\$113,638.84	\$6,699.20		\$122,731.45
H0020	Clinic visit - methadone service						\$1,138,142.44	\$1,138,142.44
H0047	Clinic visit - verbal interaction SA							
T1015	Med. Management					\$12,134.00	\$7,947.00	\$21,506.82
H2010HO	Medication Svcs., brief BH Status Exam							
H2010HQ	Medication Svcs., group med therapy							
H2000	Psychiatric Review of Hospital Records					\$199.60		\$199.60
H2000HP	Psychiatric Evaluation					\$6,460.00	\$8,256.00	\$17,250.00
H2000HO	Psychiatric Evaluation by non MD							

Medicaid Revenue Opportunity Exercise

Mcaid HIPAA Code	Medicaid Code Description	SA1	SA 2	SA3	SA4	SA5	SA 6	Total by Code
H2012HF	Substance Abuse Day Treatment				\$38,471.20	\$127,916.72		\$166,387.92
H2017	Living Skills and Rehabilitation Counseling			\$4,752.00	\$11,199.45	\$47,954.00		\$63,997.45
				\$3,830.00	\$21,562.19	\$593.00		\$25,985.19
	Rehabilitation Day Treatment					\$1,216.22		\$1,216.22
H2019HO	Intensive Therapeutic On-Site Services	\$1,506.20						\$1,506.20
H2019HM	Intensive Therapeutic On-Site Services (school-based)							
H2019HN	Home and Community-Based Rehabilitative Services							\$0.00
	Medical psychiatric services (cross-over)							\$0.00
H2010HF	Brief Indiv Medical Psytherapy (SA)							
T1023HF	BH Screening (SA)							