



NorthSTAR Provider Alert
Clinical Eligibility and Authorization

September 1, 2004

Dear NorthSTAR Provider

<Name>

<Address>

<Address2>

<State>, <Zip>

The following information is intended to help illustrate and clarify for providers the process of Uniform Assessment role in establishing clinical eligibility for services and subsequent authorization procedures. We provide this information realizing that there will invariably be an ongoing need for further clarification as we proceed in implementing this significant system change. We ask for your patience and cooperation in the coming months as we all work together in making this transition a success.

Clinical Eligibility and the Uniform Assessment

Resiliency & Disease Management Initiative:

Effective September 1, 2004 NorthSTAR will implement the State Resiliency & Disease Management initiatives of the Texas Recommended Authorization Guidelines (TRAG) for Children and Adults. The TRAG will be implemented in the fee for service environment of NorthSTAR, and will include the TRAG Uniform Assessment. The Level of Care Criteria will reflect the criteria for services based on the assessment domain results of the TRAG. ValueOptions will monitor fidelity to the TRAG through clinical audits.

The revised criteria will outline the services members may be eligible to receive based on medical necessity, and include new services and service codes. The new documents will be available by 9/1/04 and trainings will be available throughout the month of August 2004. Please review the following materials to prepare for the implementation of the State Resiliency & Disease Management initiative:

<http://www.mhmr.state.tx.us/CentralOffice/BehavioralHealthServices/RDM.html>

Transition to Resiliency & Disease Management Services

Under the R&DM Initiative there are now four distinct new rehabilitation services, which will replace the old service of Community Support Service, and Adult Counseling (90806). Under the new Medicaid rules Cognitive Therapy for members over 21 is no longer allowed as 90806, and must now be billed as H0024 (rehabilitation counseling). The new Rehabilitation Services are as follows:

RCP/RCG Rehabilitative Counseling and Psychotherapy – H0004 – 15-minute unit

Rehabilitative counseling and psychotherapy is cognitive behavior therapy focused on the reduction or elimination of an individual's symptoms of severe and persistent mental illness and increasing the individual's ability to perform activities of daily living. Conditions. Rehabilitative counseling and psychotherapy: may only be provided to an individual who is 21 years of age or older; may be provided one-to-one or in a group; may be provided on-site or in-vivo; must be provided by: an LPHA; or a master's level professional working under the supervision of an LPHA in accordance with rules adopted by the applicable licensing board.

- Transition: Members over the age of 21 will have any current authorization for TIN transitioned to the new service code effective 9/1/04. Units will be increased to account for unit size change from 1 hour to 15 min.

Psychosocial Rehabilitation (Adults only) H2017 – 15 minute unit

Psychosocial rehabilitation services are social, educational, vocational, behavioral, and cognitive interventions that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, and independent living skills that are the result of a severe and persistent mental illness in adults. Psychosocial rehabilitation services may also address the impact of co-occurring disorders upon the individual's ability to reduce symptomology and increase daily functioning. Psychosocial rehabilitation services consist of the following component services: independent living services; coordination services; employment related services; housing related services; and medication related services.

- Transition: Any Adult member with a current authorization for CSS (H2017) will retain their authorization for CSS until it expires. Youth under 18 will have their existing authorization for CSS transitioned to STD- H2014 effective 9/1/04.

MTS Medication Training and Support Services – H0034 – 15 minute unit

Medication training and support services are training based on curricula promulgated by the department, which is referenced as Exhibit C in TAC §419.468, to assist an individual in: understanding the nature of an adult's severe and persistent mental illness or a child or adolescent's serious emotional

disturbance; understanding the role of the individual's prescribed medications in reducing symptoms and increasing or maintaining the individual's functioning; identifying and managing the individual's symptoms and potential side-effects of the individual's medication; learning the contraindications of the individual's medication; understanding the overdose precautions of the individual's medication; and learning self-administration of the individual's medication.

- Transition: None – This is a new service which will be authorized as clinically indicated when the Uniform Assessment is received

STD Skills Training and Development Services – H2014 – 15-minute unit

Skills training and development services is training provided to an individual or the LAR or primary caregiver of a child or adolescent. Such training: addresses severe and persistent mental illness or serious emotional disturbance and symptom-related problems that interfere with the individual's functioning and living, working, and learning environment; provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community; and facilitates the individual's community integration and increases his or her community tenure. Skills training and development services include teaching an individual the following skills: skills for managing daily responsibilities (e.g., paying bills, attending school and performing chores); communication skills (e.g., effective communication and recognizing or changing problematic communication styles); pro-social skills (e.g., replacing problematic behaviors with behaviors that are socially acceptable); problem-solving skills; assertiveness skills (e.g., resisting peer pressure, replacing aggressive behaviors with assertive behaviors, and expressing one's own opinion acceptably); social skills (e.g., selection of appropriate friends and activities); stress reduction (e.g., progressive muscle relaxation, deep breathing exercises, guided imagery, and selected visualization); anger management skills (e.g., identification of antecedents to anger, calming down, stopping and thinking before acting, handling criticism, avoiding and disengaging from explosive situations); skills to manage the symptoms of mental illness and to recognize and modify unreasonable beliefs, thoughts, and expectations; skills to identify and utilize community resources and informal supports; skills to identify and utilize acceptable leisure time activities (e.g., identifying pleasurable leisure time activities that will foster acceptable behavior); and independent living skills (e.g., money management, accessing and using transportation, grocery shopping, maintaining housing, maintaining a job, and decision making). Skills training and development services include training an LAR or primary caregiver to assist the child or adolescent in learning the skills described above

- Transition: Any youth under 18 will have their existing authorization for CSS transitioned to STD- H2014 effective 9/1/04.

Conversion Grid:

Service	New Code	Unit Size	Authorization Conversion
ACT	H0040	month	all auths remain effective

SEP	H2023	15 min	all auths remain effective
TRN	H0044	day	all auths remain effective
MSH	None	N/a	all auths end 8/31/04
CSS	H2017	15 min	<ul style="list-style-type: none"> • Adults 18 and over convert to new Psychosocial Rehab • Youth under 18 remaining units in CSS auth will be converted to STD Skills Development and Training
TIN	For Adults over 21 – 90806=H0004	For Adults over 21 – 15 min	<ul style="list-style-type: none"> • Assessment units (90801) remain effective for adults and children • Youth under 21 counseling TIN auths remain effective and remain 1-hour units • Adults 21 and over counseling TIN auths will be converted to RCP and units will be increased to account for unit size change from 1 hour to 15 min
SVC	T1017	15 min	<ul style="list-style-type: none"> • Youth under 18 auths convert to SVC Routine Case Management but units are 15 min instead of monthly case rate (units will not be increased, providers will need to submit requests for additional units needed) • Adults 18 and authorized for CSS – SVC auths end 8/31/04 • Adults 18 and not authorized for CSS - auth converts to routine case management 15 min unit (units will not be increased, providers will need to submit requests for additional units needed)

Case Management and Rehabilitative Services:

Case Management and Rehabilitative Services must be delivered in accordance to Appendix X (attached). ValueOptions will assure compliance through stringent utilization management and audit mechanisms. Particular attention will be paid to documentation and provider qualification requirements.

Post-Acute Services:

Post Acute Services are Specialty Provider activities related to assisting in the discharge of a member from an acute facility, and the necessary follow-up services until the first appointment at the clinic. These Services will be authorized as Routine Case Management effective 9/1/04. Authorization for these services will be obtained when the provider is at the discharging facility or within 24 hours of intervention and within 48 hours following discharge.

We have attempted to address most of the changes, which will take place September 1, 2004. As we have indicated, there will undoubtedly be remaining questions and it is our intent to address them as quickly as possible as they arise. Please do not hesitate to contact us with your questions. We are confident that by working collaboratively, the many changes that will take effect in September will lead to a more stable and effective system of care for the consumers we serve.

Attachments:

Amendment to Provider Agreement

Exhibit 1 (Revised Rates and Codes)

Appendix 10 (Case Management and Rehabilitative Services Rules)