Medical Assistance (MA) Funded Mental Health Services: Client Eligibility and Provider Guidelines

Rhode Island Department of Children, Youth and Families
Policy: 100.0155
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The Rhode Island Medicaid State Plan provides for community mental health services for children and youth who are eligible for Medical Assistance (MA) and enrolled in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. A providing agency that is approved by the Department has demonstrated competence in the provision of mental health services. Clinical community diagnostic and treatment services are available to eligible clients with mental or emotional disorders.

Federal and state requirements mandate that the allowances outlined within the Department's rate are full and total payment for these services. Payment for service is made if the service is provided while the child is eligible for Medical Assistance. Providers must adhere to Medicaid billing procedures and treatment planning and documentation guidelines of the Department. Payment is only for services that are actually provided and not for missed appointments.

Utilization review for Medicaid funded services encompasses the processes of authorizing assessment and counseling services (determining MA eligibility, monitoring EPSDT enrollment, and determining the need for services), authorizing the continuation of counseling services, and reviewing the quality and appropriateness of services at discharge.

Related Procedures and Addenda

Medical Assistance Funded Mental Health Service Providers
Client Eligibility and Definition of Services
Provider Documentation Requirements
Provider Treatment Planning Guidelines
Addendum I: Criteria for Approval of Practitioners

Related Policy

Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT)
Mental Health Evaluation and Counseling Services

Medical Assistance Funded Mental Health Service Providers

Procedure from Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

A The provider agency must fulfill certain requirements to be approved by the Department.

B The provider must be a member of a statewide system providing mental health services or must accept clients from throughout the state.

C The provider must demonstrate competence in the provision of mental health services through previous contracts with DCYF and/or BHDDH or as follows:

1. Accreditation by applicable licensing or professional association
2. Contracts with state or mental health agencies (not DCYF or BHDDH)
3. Two years documented experience in providing child/family therapy

D The provider must have the education, experience, and/or licensing credentials outlined in Addendum I: Criteria for Approval of Practitioners.

E The provider must have consultation available from a psychiatrist and representatives from at least two of the three following professional mental health disciplines: (1) nurse clinician, (2) licensed psychologist, or (3) master's level social worker.

F The provider must attend a one-half day DCYF sponsored training on MA and DCYF requirements.

G The provider must conform to MA and DCYF requirements outlined in promulgated policy.

H The provider must develop a quality assurance component including a peer review process that the Department periodically monitors to review the agency's quality assurance reviews and to monitor select cases for compliance with MA and DCYF requirements.

Client Eligibility and Definition of Services

Procedure from Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

A Children and Youth involved with the Department may be eligible for Medical Assistance. Children and Youth who fit into the following categories are generally eligible:

1. In placement (other than RI Training School).
2. Receiving Supplemental Security Income (SSI) benefits in conformance with **DCYF Policy 1000.0005, Supplemental Security Income (SSI)**.
3. Youth living in a family receiving public assistance.
4. Youth living in a family determined to be medically needy.

B Services that eligible clients may receive include, but are not limited to:

1. Assessment and evaluation
2. Psychological and neuropsychological assessment and evaluation
3. Individual and group therapy (the child or youth must be the focal point of the service. The parent and/or other significant individual may attend and be involved in the mental health service; however, the identified child or youth must always attend the session for compliance with MA regulations.)
4. Medication treatment and review

C With the exception of medication treatment and review, clinician's services do not include those services that are part of another community mental health service, such as psychiatric rehabilitation program components, crisis intervention services, or services defined as case management under the case management option of the state plan.

D Medicaid funded counseling is available to eligible youth with DSM IV (and subsequent versions) diagnoses.

Provider Documentation Requirements

Procedure from Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

A All providers are required to keep records necessary to fully disclose the nature and extent of the services provided to Medical Assistance recipients and to furnish to the State Agency and/or the Medicaid Fraud Control Unit of the Attorney General's Office such records and any other information regarding payments claimed or services rendered that may be requested.

B A clear audit trail must be maintained. Each provider is responsible for devising a system that documents the services provided. This back-up information is usually contained in the clinical record, daily attendance logs, or both. This information must be provided to DHS promptly upon request.

C All mental health services must be provided in accordance with a comprehensive treatment plan or individual plan of care that clearly documents the medical necessity of the services. Treatment plans must conform to the treatment planning guidelines.

D Written treatment or progress notes are maintained in chronological order in the client's individual case record. An entry is required for each service billed under Clinician's Services. The entry includes, at a minimum:

1. Specific services rendered
2. Date and actual time services were rendered
3. Who rendered the services
4. The setting in which the services were rendered
5. The amount of time it took to deliver the services
6. All entries are signed by the individual who performed the service. Facsimile signatures are not considered valid by the Department.

Provider Treatment Planning Guidelines

Procedure from Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

All mental health services covered by Medicaid, with the exception of crisis intervention services, must be provided in accordance with a comprehensive treatment plan or individual plan of care that documents the medical necessity for the service. Treatment plans for clients, for whom providers are billing Medicaid, must conform to the following guidelines:

A Each client has a written, comprehensive, individualized treatment plan that is based on assessments of the client's clinical needs.

B Responsibility for overall development and implementation of the treatment plan is assigned to an appropriate member of the professional staff.

C The treatment plan is formulated as soon as possible after the client's admission to the program.

D The treatment plan is reviewed at major decision points in each client's course of treatment including:

1. Time of admission, internal transfer between programs and discharge
2. A major change in the client's condition including frequent use of crisis intervention services
3. The point of time when a request for on-going authorization for services needs to be made
4. At least every six months of treatment to coincide with the DCYF bi-annual case plan review of the youth.

E The treatment plan reflects the client's clinical needs and condition and identifies functional strengths and limitations.

F The treatment plan clearly specifies the services, activities and programs necessary to meet the client's needs.

G The treatment plan contains specific, measurable goals that the client must achieve to attain, maintain and/or reestablish emotional and/or physical health as well as maximum growth and adaptive capabilities. Goals are based on periodic assessments of the client.

H The treatment plan contains the objectives for treatment described in terms of specific, observable changes in behavior, skill, and/or circumstances that relate to the goals. Expected achievement dates are included in the plan.

I The treatment plan specifies the frequency and estimated duration of treatment procedures.

J The treatment plan specifies the criteria to be met for termination of the treatment.

K The client and his/her family participate in the development of his/her treatment plan and such participation is documented in the individual client record.

L The treatment plan includes referrals for needed services that are not provided directly by the facility and, where possible, progress notes for those services.

M The client's progress and current status in meeting the goals and objectives of his or her treatment plan are regularly recorded in the client record in the form of progress notes. These notes are dated and signed by the individual making the entry.

N Progress notes include the following:

1. Documentation of the implementation of the treatment plan
2. Chronological documentation of the client's clinical course
3. Descriptions of significant changes in the client's condition
4. Periodic documentation of all treatment provided to the client
5. Descriptions of the response of the client to treatment as well as the outcome of treatment

O Progress notes are used as the basis for reviewing the treatment plan.

P Progress reports are prepared and submitted to the DCYF primary worker/supervisor in accordance with timeframes outlined in **DCYF Policy 700.0010, Mental Health Evaluation and Counseling Services**.

Q A discharge summary must be entered into the client record within a reasonable period of time after discharge and a copy sent to the DCYF primary worker within thirty days.

R The discharge summary must contain the following in accordance with criteria outlined in **DCYF Policy 700.0010, Mental Health Evaluation and Counseling Services**:

1. Significant findings including final primary and secondary diagnoses;
2. General observations about the client's condition initially, during treatment and at discharge;
3. Whether the discharge was planned or unplanned and, if unplanned, the circumstances;
4. Assessment of attainment of the service objectives; and
5. Documentation of referral to other appropriate program or agency.

Addendum I: Criteria for Approval of Practitioners

Addendum to Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

Physician/Psychiatrist

A principal child mental health physician (MD) shall be a psychiatrist licensed to practice in the state of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, as a child psychiatrist.

A child mental health physician shall be a psychiatrist licensed to practice in the State of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, and have at least two years experience with children, adolescents, and family or be supervised by a principal child mental health physician.

Psychologist

A principal child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists as a licensed psychologist and have a minimum of two years supervised experience in the delivery of mental health services to children and adolescents.

A child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists.

Social Worker

A principal child mental health social worker shall have a master's degree in social work and shall be currently registered as an independent social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health social worker shall have a master's degree in social work and shall be currently registered as a social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

Psychiatric Nurse

A principal child mental health psychiatric nurse shall be currently registered by the RI Board of Registration of Nurses and have a Master's degree in nursing and a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health psychiatric nurse shall be currently registered by the R. I. Board of Registration of Nurses and have a Master's degree in nursing and shall be supervised by a child mental health psychiatric nurse.

Master's Level Clinician

A clinician with master's degree in education or human service field who is supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Advanced Social Work Student

A second year MSW student supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).