

# Provider Training Series

## The Search for Compliance

August 29, 2013

Training #7 – Compliance Topics  
for BHRS (specifically BSC, MT, & TSS)

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# Compliance

## Introduction

# Why Compliance?

- Required by Law
- Avoid High Risk to Individuals & Agencies:
  - False Claims Act
    - Exclusion from participation in any federal programs
    - Prison
    - Corporate Integrity or Deferred Prosecution Agreement
    - Criminal: \$250,000 individuals/\$500,000 companies
    - Civil: \$11,000/claim, plus 3x the amount of each claim
  - HIPAA/HITECH Act—Civil & Criminal Penalties based on intent
  - Sanctions/loss of contracts
  - State False Claims Acts & Privacy/Security Laws
  - Impaired business reputation
  - Financial loss from provider billing errors & potential fraud

# Requirements of Compliance

1. High level support & authority
2. Written standards
3. Training & education
4. Culture of open communication
5. Monitoring & auditing
6. Consistent enforcement & discipline of violations
7. Appropriate response to detected problems
8. Effective compliance program

# VBH-PA Compliance Program

- **Compliance Program** – A formal program that supports VBH-PA (ValueOptions) goal that all employees & board Individuals are aware of & act in compliance with applicable laws & promote adherence to ethical standards.
- **Compliance Department** – Responsible for performing daily oversight & assessment of the effectiveness of the Compliance Program & recommending changes/improvements as necessary.

# VBH-PA Provider Training

## VBH-PA Compliance Training

- Previous 2011 & 2012 Provider Trainings
  - [http://www.vbh-pa.com/fraud\\_abuse.htm](http://www.vbh-pa.com/fraud_abuse.htm)
- 2013 Provider Trainings
  - More specific & concentrated topics
  - More technical assistance

# 2013 Provider Training Series

## The Search for Compliance

- The webinar series will include:
  - Compliance & regulation technical assistance on specific topics
  - Provider Question & Answer (Q&A) session on compliance
- The topics & Q&A sessions of the webinar series will assist providers with the search for compliance. The webinar series will focus on compliance topics, such as, locating the regulations, keeping complete medical records, preparing for oversight audits, achieving specific level of care requirements, & determining Medicaid billable & non-billable activities.

# Compliance Topics for BHRS Specifically BSC, MT, & TSS

Training #7

# Behavioral Health Rehabilitation Services (BHRS)

1. Regulations & References
2. Background & Framework
3. Documentation Requirements
4. BHRS Audits
  - Aggregate Audit Results
5. Non-billable Activities

# Regulations & References

## Federal:

- Centers for Medicare & Medicaid (CMS) [www.cms.gov](http://www.cms.gov)
  - Mental Health Services for Medicaid Programs
    - <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Mental-Health-Services-.html>
  - Medicaid Documentation Requirements
- 42 CFR [www.gpo.gov](http://www.gpo.gov)
  - Program Integrity Requirements for Medicaid

# Regulations & References

## State:

- Appendix T [http://www.vbh-pa.com/provider/mnc/CL\\_8.000\\_HC\\_Appendix%20T\\_BHRS\\_Part%20B.pdf](http://www.vbh-pa.com/provider/mnc/CL_8.000_HC_Appendix%20T_BHRS_Part%20B.pdf)
  - Behavioral Health Rehabilitation Services Under EPSDT
- PA Recovery & Resiliency  
[http://www.parecovery.org/services\\_bhirs.shtml](http://www.parecovery.org/services_bhirs.shtml)
- List of Bulletins for BHRS  
[http://www.parecovery.org/documents/BHRS\\_Bulletin\\_List.pdf](http://www.parecovery.org/documents/BHRS_Bulletin_List.pdf)
- DPW Bulletin Search  
<http://www.dpw.state.pa.us/publications/bulletinsearch/index.htm>
- Pennsylvania Code [www.pacode.com](http://www.pacode.com)
  - 1101.51. Ongoing responsibilities of providers

# Regulations & References

## BH-MCO:

- VBH-PA Provider Manual [www.vbh-pa.com](http://www.vbh-pa.com)
  - Documentation Guide (All providers)
  - Provider Information Section
  - Provider Information
    - Quality Audit Tools
- VBH-PA Fraud & Abuse Webpage [http://www.vbh-pa.com/fraud\\_abuse.htm](http://www.vbh-pa.com/fraud_abuse.htm)
- VBH-PA Recovery Toolkit [http://www.vbh-pa.com/provider/info/clinical\\_ut/BHRS\\_Recovery\\_Toolkit.pdf](http://www.vbh-pa.com/provider/info/clinical_ut/BHRS_Recovery_Toolkit.pdf)
- BHRS Workgroup in the process of finalizing Practice Standards

# Regulations & References

## BHRS Providers:

- Approved Service Description for BHRS
  - Individualized & Child Centered Services
  - Community Based Supports
  - Multi-System Methods
  - Cultural Considerations
  - Least Restrictive\ Intrusive Therapies

# Background & Framework

## CMS Requirements for Medicaid Programs:

- Individuals may receive services in their homes, other residences, in schools, or medical institutions, if necessary. While states have the option to cover some of these services, EPSDT requires that children receive all medically necessary services, including mental health services. In addition to State Plan services, states may offer mental health benefits through home & community-based services (HCBS) waivers.

# Background & Framework

## CMS Requirements for Home & Community Based Services

- 1915 (c)
  - State HCBS Waiver programs must:
    - Demonstrate that providing waiver services won't cost more than providing these services in an institution
    - Ensure the protection of people's health & welfare
    - Provide adequate & reasonable provider standards to meet the needs of the target population
    - Ensure that services follow an individualized & person-centered plan of care

# Background & Framework

## Background of BHRS (PA Recovery):

- 1988 PA was interested in implementing a wraparound program
- 1989 Omnibus Budget Reconciliation Act (OBRA 1989)
  - Includes preventive & illness-related care
- 1992 Federal & state grants began to develop systems of care & community-based services for children
- 1994 The three most frequently requested wrap-around services were Therapeutic Staff Support (TSS), Mobile Therapy (MT) & Behavioral Specialist Consultant (BSC) services.
  - OMAP decided to add these to the fee schedule, significantly expanding services for children (& eliminating the need for state review of individual requests).

# Background & Framework

## Background of BHRS (PA Recovery):

- 1994 Two Bulletins
  - Outpatient Psychiatric Services for Children Under 21 Years of Age
  - Accessing Outpatient Wraparound Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age
- 2000-2005 Multiple bulletins were issued to further define & clarify services provided as BHRS. These bulletins addressed length of authorization periods, number of psychological evaluations, freedom of choice, service description expectations, documentation, supervision & training expectations as well as further information on MT, BSC, & TSS.

# Background & Framework

## Background of BHRS (PA Recovery):

- 2006 Minimum qualifications for TSS were revised & issued in bulletin 08-06-15
- 2009 Guidance was issued on conducting Functional Behavior Assessments (FBAs)
- 2010 Bulletin OMHSAS 10-04 addressed the frequency of comprehensive evaluations to determine the need for BHR services, as well as the maximum length of the authorization period.
- 2011 Psychologists providing MT, BSC, & TSS were reminded of their FTE limit in bulletin OMHSAS 11-05

# Background & Framework

## OMHSAS:

- BHRIS
  - Both federal & state law require that the MA Program pay only for services that are medically necessary, defined in part as a “service . . . or level of care that is necessary for the proper treatment or management of an illness, injury or disability.” 55 Pa. Code § 1101.21. One component of determining whether a service or level of care is necessary for proper treatment or management is that the service or level of care will “assist the recipient to achieve or maintain maximum functional capacity, taking into account both the functional capacity of the recipient & those functional capacities that are appropriate of recipients of the same age.” 55 Pa. Code § 1101.21a. The medical necessity for BHRIS is specific to the behavioral health needs of the child as demonstrated by a DSM-IV diagnosis.

# Background & Framework

## VBH-PA Definitions of BHRS (BSC, MT, & TSS):

- VBH-PA Recovery Handbook
  - Behavioral Health Rehabilitation Services (BHRS) are intended to be individualized, community based enhanced mental health services that are delivered in an intentional & goal directed manner. They are to be based upon the strengths of the child & family, & work continually toward establishing & empowering natural supports, so that each child can eventually be maintained in a healthy environment with as little intrusion or restriction as possible.
  - The recovery model is an ideal framework around which to organize the delivery of BHRS services. Recovery implies a journey toward optimal mental health, in which the child & family are empowered to recognize the possibility of change, build on their strengths & achieve self responsibility.

# Documentation Requirements

- All BHRS (BSC, MT, TSS) records at a minimum must have the following documentation requirements:
  1. Evaluation/ISPT
  2. Treatment Plan
  3. Progress Note
  4. Encounter Forms (BH-MCO Requirement)
  5. Discharge Plan/Summary

# Documentation Requirements

## Individualized Treatment Plan

- There must be a individualized treatment plan for payment, & must meet following:
  - Must be individualized per the comprehensive psychiatric evaluation/ISPT
  - Must have measurable goals & objectives with specific timeframes
    - Expected frequency & duration of services
  - Signed & dated by the treatment team & psychologist/director
  - Signed & dated by the member/parent/guardian
  - 30-day periodic plan reviews with signatures by treatment team & member/parent/guardian
- The progress notes must reflect the treatment plan goals, objectives, & interventions
  - Next steps in treatment should be specific progress towards treatment goals

# Documentation Requirements

## Progress Notes – Claim Requirements

- All progress notes must meet the following requirements for payment:
  - Name or MA Id
  - Date of service
  - Start & stop times of service
  - Units match the claims billing
  - Place of service
  - Narrative that includes all clinical requirements
  - Clinician signature, credentials, & signature date
  - All requirements are legible
  - All requirements must be completed & dated prior to claims submission date

# Documentation Requirements

## Progress Notes – Clinical

- All progress notes must meet the clinical documentation standards & the following requirements for payment:
  - Purpose/reason for the session
  - Treatment plan goals/objectives addressed
  - Interventions & response to intervention
  - Activities & justification of activities related to functional impairment as a result of the mental illness
  - Coordination of care or list of resources
  - Next steps in treatment or goals to be addressed

# Documentation Requirements

## Encounter Forms

- All encounter forms must meet the required CMS standards in accordance with 42 CFR & the following requirements for payment:
  - Encounter details
    - Individual name including Individual identification number (as required in the PA Medicaid Bulletin)
    - Type of service
    - Date with start & stop times
    - Total units billed
  - Individual's signature & date
  - Clinician's signature, credentials, & date

# Documentation Requirements

## Discharge Summary

- Discharge planning should begin on the day of admission & continue through treatment
- The discharge summary should include the following:
  - Individual's frequency & duration of participation
  - Summary report of services providing, including any linkages to services & natural supports
  - Documentation of progress, such as, goals completed or goals not addresses
  - Reason for discharge
  - Signed & dated by treatment team

# BHRS Audits

## Compliance Audits

- Scope of audits
  - Claims Billing
  - Treatment Plan/Progress Note Assessments
  - Framework/Service Delivery
  - Compliance Program Evaluation
  - Quality Documentation Audit Tools, if applicable
- Compliance audits began in 2010
- Compliance audits will continue since this is the highest paid level of care

# BHRS Compliance Audits

## 2010-2012 Aggregate Audit Results

# of Audits	Average # of Findings	Average Identified Overpayments
19	8	\$32,699

# BHRS Audits

## 2010-2012 Aggregate Audit Results

Findings	Percentage of Audits with this Finding
BSC progress notes did not meet minimum clinical documentation standards.	100%
BSC supporting documentation for non-direct service not attached or referenced to location in progress note.	100%
BSC utilization not supported with documentation.	95%
Missing/Inaccurate progress notes or encounter forms.	95%

# BHRS Audits

## 2010-2012 Aggregate Audit Results

Findings	Percentage of Audits with this Finding
BHRS clinicians did not meet the minimum standards of the 1994 Bulletin for BSC & MT.	82%
Clinicians with common names listed on the excluded providers lists. Providers were not demonstrating that they were proactively reviewing the excluded provider list for all clinicians.	50%
BSC activity was non-billable.	42%
BSC billing for excessive observation or treatment planning.	42%

# Peer Support Service Audits

## 2010-2012 Aggregate Audit Results

Findings	Percentage of Audits with this Finding
Documentation of supervision was not meeting the requirements.	<b>Overall</b>
BSC billing for excessive non-direct activities.	<b>Overall</b>
BSC billing for excessive transportation.	<b>Overall</b>
Parent or guardian is not actively involved with BSC.	<b>Overall</b>
BSC activities were not reflective of treatment plan goals, objectives, & interventions.	<b>Overall</b>

# Non-billable Activities

## BHRS (BSC, MT, & TSS) Non-billable Activities:

- Any activity or service not defined in the treatment plan
- Community outings & recreational or social activities with no mental health interventions
  - Such as amusements parks or sports outings
    - Can be provided if there a functional impairment identified in the treatment plan related to mental illness
- Assistance with basic living needs
  - Such as bathing, brushing teeth, & toileting, is not considered a BHRS
    - Can be provided if there is a functional impairment identified in the treatment plan related to mental illness
- Services in a group therapy settings
- Babysitting or services provided without parent/caregiver/teacher involvement
- Educational services
  - Such as tutoring

# Non-billable Activities

## BHRS (BSC, MT, & TSS) Non-billable Activities:

- Chart audits
- Excessive non-direct BSC services
  - Such as, no direct contact with member/parent/guardian & excessive BSC services reviewing or researching documentation with no added value for treatment planning
- Treatment plan updates or summaries with no narrative in progress note or supporting documentation
- Administrative functions
  - Such as, typing, copying, cutting, emailing, & texting
- Record-keeping activities
- Non-direct treatment or collateral services by MT or TSS
  - MT services must be therapy

# Non-billable Activities

## BHRS (BSC, MT, & TSS) Non-billable Activities:

- Services that do not meet requirements in approved service descriptions
- Attempted visits or phone calls
- Provider staff meetings
- Travel
- Excessive Transportation services not defined in the treatment plan
- Grievance hearings

# Non-billable Activities

## BHRS (BSC, MT, & TSS) Non-billable Activities:

- Services provided by staff that do not meet the minimum requirements in the 1994 Children's Bulletin & TSS Bulletin
- Services provided by staff with degrees from unaccredited colleges & universities
- Services provided by staff that are excluded from participating with any federal, Medicare, or Medicaid program
- Services provided by staff with incomplete background screenings
- Multiple levels of service provided by the same clinician
  - Same clinician is the BSC & MT for the same member

# Q&A Session

Please feel free to ask questions related to  
compliance

# The Search for Compliance, Continues

Make sure you are registered for the  
ValueAdded at

<http://www.vbh-pa.com/providers.htm>

# Future Webinars

**Tuesday, September 17, 2013 10:00AM**

## Credentials & Exclusions

- Credential Requirements & Verification
- Exclusion Lists

# Thank You

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