**Changes to Rehab Services**

**Frequently Asked Questions**

As of July 28, 2014

**How do we get to the report you are talking about in PICIS?**

On the PICIS home page, go to Reports, under Financial Reports there is a new section titled Rehabilitation. All related rehab service reports will be in this section.

**On the No-Rehab list that PICIS has published, can you clarify that the people that are NOT on that list DO qualify for rehab?**

For clients with current PAs that end after August 31, 2014, and the PAs include rehab services, if they are not on the No-Rehab list, then we have determined that they meet criteria for rehab services and they will remain with the PA groups that allow rehab services.

**Why would PICIS not publish the list of approved clients for rehab services and make this easier for everyone?**

We want you to focus on the clients that we do not have documentation for that would meet criteria if the documentation was sent to us. We will be providing a report of your current clients that have been determined by ODMHSAS to meet criteria in the future. However, we will only show the current clients at your agency, we are not allowed to show all clients eligible due to client confidentiality concerns.

**When will we receive information that our existing clients are eligible?**

The list will be made available before August 1.

**When we submit the CDC 21, will we be alerted at that time if they meet the criteria?**

We will not notify you, but will have a report that shows whether the client is eligible after you have submitted a 21.

**If a client has an IEP, will PICIS have a list or do we send in the documentation?**

PICIS does not have this information, the provider must send in the attestation form provided on the arc website (www.odmhsas.org/arc.htm). Do NOT submit the IEP document, only the provided attestation form.

**Will all clients need a new assessment or transaction type 23?**

No, they will not need a new assessment or a transaction type 23.

**For clients currently receiving rehab services, will these services now become case management services?**

No, rehab services and case management are two completely different services. For ODMHSAS clients, please refer to the ODMHSAS Services Manual for service definitions. For Medicaid members, please refer to Medicaid rules, Part 21 for rehab services and Part 67 for case management for service definitions. ODMHSAS will be monitoring utilization data for clients who were receiving rehab services and now are no longer eligible and begin receiving a lot of case management services that were not provided before the rehab services limits were in place. As a reminder, the system automatically limits the number of case management services allowed to be billed for each client per day and month.

Can the time spent on getting verification from SSA, getting verification from the school, or getting any other verification to meet rehabilitation requirements be billed under Case Management? No, Case Management is used to connect clients to resources outside of the agency serving the client. These functions would not be connecting folks with external resources, but rather collecting information to support services/treatment within the agency. This would be like the collection of  previous treatment records or financial documents that might be needed to ensure they meet service criteria within the exiting agency, which is not reimbursable.

**What does the letter need to say from SSA?**

Documentation needs to be the benefits letter from SSA.

**When we send SSI/SSDI award letter, will you be able to verify if they have been determined disable due to mental health reasons?**

No, at this time we cannot. We are working with SSA to automatically receive the information so that the providers are not required to submit benefit letters. It is the provider’s responsibility to only request eligibility for clients with a mental health disability.

**What happens when PICIS shows the client as being eligible for rehab services per the list and I don't think that they would meet the requirements? If rehab is performed and they are deemed not eligible do these services have to be repaid?**

If the provider believes that the client does not meet the new rehab requirements and has been placed on the list by ODMHSAS in error, the provider is responsible for notifying ODMHSAS of the discrepancy by contacting the PICIS Helpdesk. Pursuant to OAC 317:30-5-241, "authorization of services is not a guarantee of payment. The provider is responsible for ensuring that the eligibility, medical necessity, procedural, coding, claims submission, and all other state and federal requirements are met." In order to facilitate the authorization process for providers, ODMHSAS is identifying clients that can be classified through claims data as meeting the new criteria. This however, does not absolve the provider of the requirements in 317:30-5-241.

If the provider submits documentation declaring the client as eligible and it is determined at a later date that the client was not eligible, then those payments can be recouped. For example, if an SSA benefits letter is submitted and it is later determined that the client’s disability is not due to mental health reasons, the payments can be recouped. Another example is a client who is eligible because of s/he reside in a residential care facility. If during the authorization period, the client leaves the residential care facility, s/he is no longer eligible for rehab services and any rehab payments for rehab services after the discharge date from the residential care facility can be recouped.

**For clients who are eligible under PG001 or PG038, will they automatically be switched to the new PA groups with rehab or do PA adjustments need to be done?**

No, clients will remain in these PA groups and rehab services are not allowed with these PA groups.

**If the client is already approved for rehab services, is an adjustment required?**

No, current clients will remain in the PA groups that allow rehab services and in the future you should request the Rehab PA groups for these clients as long as they remain eligible.

**Once required documentation is sent in, how long will it take ODMHSAS to verify rehab eligibility for a new client?**

Initially, it may take up to 2-3 weeks. After the initial back log is completed, it is believed the timeframe will be within five business days.

**On the IEP/504 attestation letter form, what does ED & OHI stand for?**

Emotional Disturbance (ED) and Other Health Impairment (OHI). For OHI, mental health impairments must be identified somewhere in the Plan.

**If they are level 4 and had rehab but are no longer eligible when the rehab shuts off will it change the PA cap?**

No, the PA caps will remain the same.

**Will providers be given a fax or transmittal number for submission of the necessary proof?**

No, all of the documentation will be submitted through the PICIS system via PA adjustments.

**How do letters of collaboration apply to rehab services?**

If the client is eligible for rehab services for reasons other than being in a specialty court, the same collaboration rules apply. If the client qualifies due to being in a specialty court, only the specialty court provider can provide rehab services.

**Do treatment plans need to be modified if the client is currently receiving rehab services and is no longer eligible and how quickly do these updates need to be made?**

Providers can wait until the scheduled update to modify the plan. It is recommended that they write an informational progress note stating that the client will no longer be receiving rehabilitation services, as they are no longer eligible for the service, and that the client/guardian has been informed of the change.

**If a client qualifies with more than one of the criteria, do I need to submit documentation for each criterion?**

No, documentation showing the client meets one criterion is sufficient.

**How do we determine if a consumer is admitted to a residential care facility (RFC) for mental health?**

The provider must talk to the RCF and ask if facility is designed to serve clients with mental health disorders. Further, the provider must upload and attach to the electronic PA Adjustment Request a letter from the residential care administrator stating that the member is a current resident and that their facility is designated to support individuals with mental health issues.

**Will autism qualify for mental health under the SSI?**

Yes, autism does but intellectual disabilities do not.

**If a client is currently receiving rehab services, will they be able to receive these services through the end of the authorization period?**

No, ODMHSAS will be changing the PAs but only PA lines that start on/after 8/1 (please see example below). However, prior authorizations are not guarantees of payment (*see OAC 317:30-5-241).* Even though a PA line might be active with rehab up to 8/14 as in the example below, the rule goes into effect 8/1/2014. That means that if you know the customer does not meet criteria, rehab must not be provided after 8/1/2014. Any paid claims for rehab provided after 8/1/14 to clients that are known to the provider as not meeting the new criteria are subject to recoupment.

The authorization period is broken up into six lines. For all lines ending on or after August 1, 2014, rehab services will no longer be allowed. For example:

A PG044 in effect from 7/15/2014 to 1/14/2015 would have six lines:

* 7/15/2014 to 8/14/2014
* 8/15/2014 to 9/14/2014
* 9/15/2014 to 10/14/2014
* 10/15/2014 to 11/14/2014
* 11/15/2014 to 12/15/2014
* 12/15/2014 to 1/14/2015

The line starting 8/15 and the following lines would be changed to PG048. The line for the time period of 7/15/2014 to 8/14/2014 would stay the same.

**If a client is referred from OJA or DHS or has been removed from the home, will they meet the “at risk” criteria?**

If they are transitioning out of therapeutic foster care (TFC) or an OKDHS Level E group home, the client can be referred by OKDHS to a school psychologist, fully licensed psychologist or psychiatrist for a full psychological evaluation. This information from the psychological evaluation, along with other required information, will be submitted in a PA Adjustment Request for “at risk” children. ODMHSAS will review all of the information and determine if the child meets Medical Necessity for “at risk.” Being in OJA or DHS custody or having been removed from the home does not necessarily indicate that children meet “at risk” criteria.

**Do clients currently in therapeutic foster care (TFC) automatically qualify for rehab services?**

No, TFC clients do not receive payments through the PICIS system. Rehab services should not be requested through the PICIS system for these children. For information regarding authorization of TFC services, visit www.okhca.org/behavioral-health.

**Does Department of Corrections (DOC) Community Sentencing apply like Drug Court?**

No, this is not considered a specialty court setting.

**Does the history of psychiatric hospitalization include inpatient placement for drugs or alcohol?**

No, it must be psychiatric hospitalization. That means detox, residential treatment for substance use disorders, battered women shelters, shelters, halfway houses, etc. are ***not*** settings that would qualify a client for rehab services.

**Can you identify mental health disorders that qualify for rehab criteria and what documentation is needed?**

We do not have a set list of disorders that meet SSI/SSDI disability determination. Please refer to the Rehab Eligibility Changes Guidance at [www.odmhsas.org/arc.htm](http://www.odmhsas.org/arc.htm) for documentation requirements.

**What if the consumer is 17 and a dropout? Can a psychiatrist that is prescribing meds to them determine them "at risk" or does it have to originate from a "school psychologist"?**

No, consumers who are not in school do not meet the criteria of inability to function in the classroom because of mental illness and/or severe behavioral problems. Additionally, it is ODMHSAS (acting as the designated SoonerCare behavioral health utilization manager for OHCA) that makes the "at risk" determination based on the results of the evaluations by one of the qualified providers listed above.

**What if the psychiatric hospital does not exist anymore, like Children's Medical Center in Tulsa, or an adult facility that had inpatient in the 80s and the hospital does not have records for them?**

If the hospital was publically funded, ODMHSAS should have the records. If there are not records of the inpatient stay, the client does not meet criteria. ODMHSAS will not accept client attestations in order to meet rehab eligibility criteria.

**What exactly do the school/principal need to provide to CM/Therapist/Agencies that will be deemed appropriate for "at risk" determination?**

The following documents are required to be uploaded and attached to the electronic PA Adjustment Request:

Clinical Assessment including:

* Bio‐psychosocial assessment, including a narrative of any updates if the assessment was not completed in the last 30 days (the updated information provided in the descriptors for the current CAR assessment may provide sufficient update);
* Current CAR/ASI/TASI, including descriptors or narrative that supports the scores (The CAR/ASI/TASI must be no more than 30 days old).
* The educational curriculum to be used, if created by the provider.
* Interpretive Summary from the Psychological Evaluation.

In addition to the above documentation requirements, children determined to be "at risk" through the school referral as described in (1) above will need to submit the following:

* A copy of the child's adjusted school schedule (if the child's schedule has been adjusted due to behavioral problems at school);

Or

* A signed letter from the principal or vice principal of the child's school expressing intent to adjust the child's schedule due to behavioral problems in the classroom.

**For children 'at risk,' do they have to be referred to the psychologist/school psychologist/psychiatrist BY the school, or can they be referred by the provider or parent?**

The child must be referred by school. These referrals are based on the child’s inability to function in the classroom because of mental illness and/or severe behavioral problems.

**For scheduling for a psychiatrist to determine conduct the evaluation, who does the responsibility fall on - the agency or the school?**

The school must make the referral for a full psychological evaluation. Who actually schedules the appointment is irrelevant as long as the referral is from the school. Further, ODMHSAS is the final determiner of “at risk” based on the information presented in the PA Adjustment Request, which includes summary information from the evaluation/testing done by a psychologist/psychiatrist.