ADDENDUM

STATE: Arkansas	**BUSINESS UNIT(S):** Arkansas Total Care
PRODUCT TYPE: Medicaid	**P&P NAME:** Behavioral Health Covered Benefits and Services Addendum F
P&P NUMBER: CC.BH.UM.28	**REGULATOR MOST RECENT APPROVAL DATE(S):**

SCOPE:

These unique requirements apply to the Arkansas Total Care (ARTC) Non-Medical Support Services to provide contractually required information that varies from the CABH policy/procedure.

Beneficiaries identified to meet Tier II or Tier III Level of Care as determined by an independent assessment under criteria established by DHS. For beneficiaries with BH service needs:

    a.   Tier II – At this level of need, services are provided in a counseling service setting but the level of need requires a broader array of services.

    b.   Tier III – Eligibility for this level of need will be identified by additional criteria, which could lead to inpatient admission or residential placement

ARTC Frequency Guidelines								
General Frequency Recommendations (Extension of benefits may be approved with proper documentation based on member need)								
Name of Service	**Service Code**	**Modifier**	**Visits or units**	**PA Required**	**New members to the PASSE or new to a provider 90 days**	**3 months (13 weeks)**	**6 months (26 weeks)**	**12 months (52 weeks)**
Peer Support (adult only)	H0038	UC U4, U4 telephonic	Units; 1 Unit=15mins	Yes	52 units (13 hours)	52 units (13 hours)	104 units (26 hours)	208 units (52 hours)
Supportive Housing	H0043	U4	Units; 1 Unit=60mins	Yes	30 units (30 hours)	30 units (30 hours)	60 units (60 hours)	120 units (120 hours)
Family Support Partners	H2014	UC U4, U4 telephonic	Units; 1 Unit=15mins	Yes	52 units (13 hours)	52 units (13 hours)	104 units (26 hours)	208 units (52 hours)
Child & Youth Support Services	H2015	UC U4 (degreed); U1 U4 (non-degreed)	Units; 1 Unit=60mins	Yes	15 units (15 hours)	15 units (15 hours)	30 units (30 hours)	60 units (60 hours)
Individual/Group Life Skills	H2017 Life Skills (Adolescent, ages 16-21)	UA U4 or U4 U6 (non-degreed); UC U4 (degreed); HQ UC U4 Group (degreed); HQ U4 U6 Group (non-degreed)	Units; 1 Unit=15mins	Yes	73 units (18.25 hours)	73 units (18.25 hours)	146 units (36.5 hours)	292 units (73 hours)
Adult Life Skills	H2017 (Adult)	U3 U4 (degreed); U4 U5 (non-degreed)	Units; 1 Unit=15mins	Yes	73 units (18.25 hours)	73 units (18.25 hours)	146 units (36.5 hours)	292 units (73 hours)

ARTC Frequency Guidelines								
General Frequency Recommendations (Extension of benefits may be approved with proper documentation based on member need)								
Name of Service	Service Code	Modifier	Visits or units	PA Required	New members to the PASSE or new to a provider 90 days	3 months (13 weeks)	6 months (26 weeks)	12 months (52 weeks)
Adult Rehabilitative Day Service	H2017 Rehab Day	UB U4 (degreed); UA U4 (non-degreed)	Units; 1 Unit=60mins	Yes	90 units (90 hours)	90 units (90 hours)	180 units (180 hours)	360 units (360 hours)
Behavioral Assistance	H2019	U4 UC (degreed), U4 (non-degreed)	Units; 1 Unit=15mins	Yes	73 units (18.25 hours)	73 units (18.25 hours)	146 units (36.5 hours)	292 units (73 hours)
Supportive Employment	H2023	U4	Units; 1 Unit=60mins	Yes	60 units (60 hours)	60 units (60 hours)	120 units (120 hours)	240 units (240 hours)
OP Respite	T1005	U4	Unit; 1=15 mins	Yes (extension can be requested)	96 units (24 hours)	96 units (24 hours)	192 units (48 hours)	384 units (96 hours)
IP Respite	H0045	U4	Unit; 1 = Day	Yes - (providers can request an extension)	2 units (2 days)	8 units (8 days, yearly)	8 units (8 days, yearly)	8 units (8 days, yearly)
Therapeutic Communities	H0019	HQ UC U4 (Level 1); HQ U4 (Level 2)	Units; 1 = Day	Yes - up to 180 (providers can request an extension)	90 units (90 days)	90 units (90 days)	180 units (180 days, yearly)	180 units (180 days, yearly)
Residential Community Reintegration	H2020	U4	Unit; 1 = Day	Yes - up to 90 (providers can request an extension)	90 units (90 days, yearly)	90 units (90 days, yearly)	90 units (90 days, yearly)	90 units (90 days, yearly)

Outpatient (OP) Codes			
Service: All Authed in 3 Month Increments	**Code**	**Guidelines/Requirements**	**Specific Documentation required to support services**

Peer Support	H0038	*Adults only
		1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			    a. Minimum of every 12 months.
			    b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Supportive Housing	H0043	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			    a. Minimum of every 12 months.
			    b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Outpatient (OP) Codes			
Service: All Authed in 3 Month Increments	Code	Guidelines/Requirements	Specific Documentation required to support services

Family Support Partners	H2014	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			    a. Minimum of every 12 months.
			    b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Child and Youth Support Services	H2015	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			    a. Minimum of every 12 months.
			    b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Outpatient (OP) Codes			
Service: All Authed in 3 Month Increments	**Code**	**Guidelines/Requirements**	**Specific Documentation required to support services**

Individual/Group Life Skills	H2017 Life Skills (Adult and Adolescent)	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Three most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			   a. Minimum of every 12 months.
			   b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Adult Rehabilitative Day Service	H2017 Day Rehab (1 unit=60minutes	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			   a. Minimum of every 12 months.
			   b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Outpatient (OP) Codes			
Service: All Authed in 3 Month Increments	**Code**	**Guidelines/Requirements**	**Specific Documentation required to support services**

Behavioral Assistance	H2019	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			    a. Minimum of every 12 months.
			    b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Supportive Employment	H2023	1. Member is engaged in and attending necessary outpatient behavioral health services.
		a. Therapy – Minimum of 3 per quarter.
		b. Documentation must be sent in with specific encounters per each service code
		c. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.
			On Initial Review:
			1. Intake Assessment
			2. Current PCSP identifying services – As outlined by the PASSE (for internal use only)
			3. Most recent outpatient notes for therapy, if applicable
			4. Treatment Plan if available
			
			Continuation of Services:
			1. Psych Assessment (CPT Codes 90791 or 90792)
			2. Current PCSP review/ planning – As outlined by the PASSE (for internal use only)
			3. If applicable, most recent medication note
			4. Two most recent notes for each therapy service member is attending
			5. Treatment plan containing SMART goals that are within the scope of the service being provided and addresses the member needs and skill sets.
			    a. Minimum of every 12 months.
			    b. Progress or lack of progress toward goals within the last 30 days if the treatment plan was created more than 30 days prior to request.

Outpatient (OP) Codes

Service: All Authed in 3 Month Increments	Code	Guidelines/Requirements	Specific Documentation required to support services
Respite	T1005	1. A written recommendation from a therapist. 2. Member is engaged in and attending necessary outpatient behavioral health services. a. Documentation must be sent in with specific encounters per each service code b. There is adequate documentation from the provider that the service rendered is addressing member's identified needs and meets specific service description.	We request the following: a. Service is documented in the PCSP b. A recommendation letter from the therapist indicating requested service with name and title of staff to perform service.

Inpatient (IP) Codes

Service	Code	Guidelines/Requirements	Specific Documentation required to support services
Respite Limited to 8 days per 12 months	H0045	Yes - Prior Auth required.	We request the following: a. Service is documented in the PCSP (for internal use only) b. A recommendation letter from the therapist
Therapeutic Communities	H0019	Yes - Prior Auth required. Can auth up to 180 days	We request the following: a. Service is documented in the PCSP (for internal use only) b. A recommendation letter from the therapist c. Weekly group therapy note for a total of up to 18 group therapy notes d. Monthly individual note for a total of up to 6 therapy notes e. Monthly MD note for a total of up to 6 MD notes
Residential Community Reintegration	H2020	Yes - Prior Auth required. Can auth up to 90 days	We request the following: a. Service is documented in the PCSP (for internal use only) b. A recommendation letter from the therapist c. Treatment notes from first 90 days to show if there were circumstances that prevented a safe integration.

REVISION:	DATE:
Attachment created to include Arkansas Total Care (ARTC) Non-Medical Support Services.	10/5/20

REVISION:	DATE:
Annual Review. No content changes.	3/24/21
Added Tier II or Tier III LOC as determined by DHS Criteria	6/1/21
Updated the Arkansas Total Care (ARTC) Non-Medical Support Services information with approval from the health plan.	12/7/2021
Annual Review. Reviewed by the Compliance Department. No content changes.	3/29/22
Ad Hoc Review: Added OP Respite information to the ARTC Frequency Guidelines and Outpatient (OP) Codes table from the Arkansas Total Care (ARTC) Non-Medical Support Services.	7/19/22

POLICY AND PROCEDURE ATTACHMENT APPROVAL

The electronic approval retained in Centene's P&P management software is considered equivalent to a signature.