

Missouri Division of Behavioral Health

Bulletin Number: FY 18—Clinical 041	COMMUNITY TREATMENT BULLETIN	Effective Date: July 1, 2017
NEW	Subject: CCBHC Clinical Implications for Community Support, Peer Support, and Family Support Services in CPR and CSTAR Programs	Number of Pages: 2

1. **Programs Affected:** Community Psychiatric Rehabilitation (CPR) for Adults, CPR for Children and Youth, and Comprehensive Substance Treatment and Rehabilitation (CSTAR) for those agencies that are designated as a Certified Community Behavioral Health Clinic (CCBHC). The following information applies to individuals in all levels of care for CPR and CSTAR.
2. **Background and Purpose:** Agencies designated by the Division of Behavioral Health (DBH) as CCBHCs are part of a two-year demonstration project that moves select Missouri providers from a fee-for-service system to a Prospective Payment System (PPS). Clinical Implications for Community Support, Peer Support, and Family Support services are outlined in this clinical bulletin. A PPS payment may be billed on a day that a service is provided if it qualifies as a “visit.”

Note: For those CPR and CSTAR programs NOT operating in a CCBHC program (or at a CCBHC site), nothing about billing for Community Support, Peer Support, and Family Support will change.

3. **Clinical Implications:** For services provided on or after July 1, 2017, the Division of Behavioral Health is revising what constitutes a billable “visit” for Community Support (H0036), Peer Support (H0038), and Family Support (H0038 HA) delivered in CCBHC CPR or CCBHC CSTAR programs to include only:
 - 3.1 Face-to-face contact with the individual served.
 - 3.2 Face-to-face visits with the guardians of individuals, with the parent/guardian or schools for children under 18 years of age, or for individuals 21 and under in state custody.
 - 3.3 Face-to-face visits with other family members, including spouses, may only be considered face-to-face visits for the purposes of CCBHC PPS payment when that family member is receiving one of the nine CCBHC services.
 - 3.4 Travel time required for making face-to-face contact is considered part of the service intervention.
 - 3.4.1 Travel time may only be considered part of the intervention when a direct face-to-face contact is made. If face-to-face contact is not established, nothing is billed.
 - 3.4.2 It is no longer necessary to distinguish in progress notes the time spent in direct contact with individuals served from time spent in travel.
 - 3.4.3 [Guidelines for unit-based services](#) still apply.
 - 3.5 Although considered necessary service interventions, the following **will not count** as a visit:

- 3.5.1 Direct contact by phone with the individual served.
- 3.5.2 Direct contact in person or phone with families, staff within your agency or other agencies on behalf of the person served, other than stated in 3.2 and 3.3 above.
- 3.5.3 Documentation time is not considered part of the service intervention unless completed collaboratively with the individual served during the service session.

Note: Development of the PPS rate for each agency was based on the cost of providing the array of services required by the typical individual served for a specified period of time including services not counted as a 'visit.' Activities outlined in 3.5 above should continue and should be documented in the individual record.

- 4. All Medicaid requirements regarding medical necessity for services and appropriate documentation of the same are maintained.
 - 4.1 Documentation and service activities must meet definitions and instructions in all regulations and manuals.
 - 4.2 Documentation of services provided that do not count as a "visit" and pertinent information reported by family members or significant others including a change in the individual's condition, an unusual or unexpected occurrence in the individual's life or both must be entered into the clinical record.
 - 4.3 Staff qualifications for each service have not changed.