Missouri Division of Behavioral Health

Bulletin Number: FY 17 - 039	COMMUNITY TREATMENT BULLETIN	Effective Date: July 1, 2017
New	**Subject: Documentation of Healthcare Home Services and Functions**	**Number of Pages: 3**

1. Programs Affected

1.1 Community Mental Health Center Healthcare Homes (CMHC HCH)

2. Background and Purpose

2.1 This bulletin replaces the following memo: Documentation of Healthcare Home Services and Functions dated February 2, 2012.

2.2 This is to provide direction regarding the expectations for documentation of CMHC HCH services and functions and to clarify associated billing policies.

3. Billing Policies

3.1 Providers may not bill DMH or MO HealthNet (Medicaid) for individualized consumer services provided by full time HCH staff (HCH Director, Nurse Care Managers, Care Coordinators, and Primary Care Physician Consultants). The cost of these staff are covered in the Healthcare Home PMPM (per member per month) payments.

3.2 When part-time HCH staff are <u>not</u> working as part of the HCH team, the provider may bill DMH or MO HealthNet (Medicaid) as appropriate for individualized services they provide.

3.3 When HCH staff provide individualized services to a consumer, this must be documented in the consumer record with a progress note that meets minimum DMH/Medicaid requirements. This includes all face-to-face interventions and significant collateral (non face-to-face) interventions that are relevant to a consumer's care and treatment. Collateral contacts could include a HCH staff member consulting with another clinical staff person at the agency regarding the consumer's care.

3.4 For agencies <u>not participating</u> in the Certified Community Behavioral Health Clinic (CCBHC) demonstration, if a Community Support Specialist (CSS) consults with HCH staff, the consultation time <u>is</u> billable by the CSS as Community Support.

3.5 For agencies participating in the CCBHC demonstration, CSS consultation with HCH staff is not billable by the CSS. The costs of care coordination are built into the Perspective Payment System (PPS).

4. Initial Consumer Meetings

4.1 Providers are required to meet with persons who would benefit from HCH enrollment and introduce them to services offered by the HCH.

4.2 The initial consumer meetings must be documented by a brief progress note in the consumer record stating that the meeting occurred, who met with the consumer, and any other pertinent information regarding the consumer's enrollment.

4.3 Providers have the choice of who conducts the initial meetings with consumers. Some providers have used Nurse Care Managers (NCM) for this function. Some have used a CSS, if appropriate, and some have chosen to have both staff meet with the consumer together. In this case, the initial meeting can be an opportunity to introduce the person to their assigned NCM. Staff are expected to document the meeting as specified above. If both the CSS and NCM met with the consumer jointly, each one should write a progress note for the consumer record. If the CSS met with the consumer, this activity may be billed as Community Support.

5. Chart Reviews

5.1 Consumer record reviews are to be completed as soon as possible and no later than the time of the consumer's next annual treatment plan update following their introduction to the Healthcare Home.

    5.1.1 When such reviews are completed, the NCM must document the review in the consumer record. The progress note must, at a minimum, document that the chart review occurred. The provider may add other appropriate information in the progress note at their discretion.

6. Health Information Technology (HIT) Utilization

6.1 Healthcare Home staff are required to be actively utilizing the health technology tool, selected by the Coalition and DBH, to support care coordination and population health management. NCMs are to monitor consumer's health status and care gaps to help inform the treatment team and plan for interventions.

6.2 The DBH will monitor monthly reports looking at the utilization of the care management tool, and that each enrolled consumer is monitored on a population health level in the system.