BEHAVIORAL HEALTH – PROGRAM OVERVIEW

Behavioral health services are covered services for the treatment of mental, emotional or chemical dependency disorders.

We provide coverage of medically necessary behavioral health services as indicated below:

- Texas Health Steps behavioral health services for Medicaid members birth through age 20 that are necessary to correct or ameliorate a mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a mental illness or condition must comply with the requirements of a final court order that applies to the Texas Medicaid program or the Texas Medicaid managed care program as a whole.

- For Medicaid members over age 20 and CHIP members, behavioral health-related health care services may include consideration of other relevant factors, such as:
  - Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder
  - Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care
  - Are furnished in the most appropriate and least restrictive setting in which services can be safely provided
  - Are the most appropriate level or supply of service that can safely be provided
  - Could not be omitted without adversely affecting the member’s mental and/or physical health or the quality of care rendered
  - Are not experimental or investigative
  - Are not primarily for the convenience of the member or provider

We do not cover behavioral health services that are experimental or investigative. Covered services are not intended primarily for the convenience of the member or the provider. For more information about behavioral health services call 800-327-7390 / TTY: 800-735-2988.

PRIMARY CARE PROVIDER RESPONSIBILITIES FOR BEHAVIORAL HEALTH

The PCP must have behavioral health screening and evaluation processes in place that are appropriate for detection, treatment or referral of members. PCPs are responsible for documenting in medical records any referrals and any known self-referrals for behavioral health services.

PCPs also are encouraged to:

- Maintain contact with behavioral health providers

- Document behavioral health assessments and treatments – medical record documentation and referral information using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) multi-axial classifications

- Inform the provider of any condition the member may have that could affect the behavioral health service

- Communicate and coordinate care essential to ensuring quality and continuity of care. The PCP should assist with behavioral health referrals and provide Magellan with supporting documentation

- Initiate member referrals for behavioral health services by contacting Magellan

- Obtain consent for disclosure of information
Behavioral health providers are encouraged to contact a member’s PCP to discuss the patient’s general health and must contact members who have missed appointments within 24 hours to reschedule appointments as per HHSC-mandated provisions.

**Behavioral Health Services - Member Access to Behavioral Health Services**

Behavioral health services are provided for the treatment of behavioral health disorders, emotional disorders, and chemical dependency disorders. Behavioral health services do not require a PCP referral. Members may self-refer to a Magellan provider.

A PCP may, in the course of treatment, refer a member to a behavioral health provider for an assessment or for treatment of an emotional, mental, or chemical dependency disorder. PCP’s may also provide behavioral health services within the scope of their practice.

**Behavioral Health Assessment Instruments for Primary Care Providers**

In addition to the screening tools provided in the Texas Medicaid Provider Procedures Manual at [http://www.bcbstx.com/provider/Mmedicaid/behavioral.html](http://www.bcbstx.com/provider/Mmedicaid/behavioral.html), more tools are available by contacting Magellan Customer Service department at **800-327-7390**.

**Local Mental Health Authority (LMHA)**

Covered services are provided to members with severe and persistent behavioral health/mental illness (SPMI) and serious emotional disturbance (SED), when medically necessary, whether or not the member is also receiving targeted case management or rehabilitation services through the LMHA. The LMHAs in our service area are contracted providers with our behavioral health provider.

A Case Management assessment that explores the physical, psychological and social needs of the member is included, whether or not the member receives targeted behavioral health case management. Based on this assessment, Case Management collaborates with the member to identify goals that will be the basis for the treatment plan.

Rehabilitation services may be provided to individuals who satisfy the criteria of the behavioral health priority population and who are determined to need them. These services may be provided to a person who has a single severe behavioral/mental disorder (excluding mental retardation, pervasive developmental disorder, or substance abuse) or a combination of severe behavioral/mental disorders.

**Self-Referral to Any Network Behavioral Health Provider**

Members may self-refer to any in-network behavioral health provider without a PCP referral. The provider is responsible for obtaining pre-authorization from Magellan at **800-327-7390** (TTY: **800-735-2988**).

**Coordination between Behavioral Health and Physical Health Services**

BCBSTX requires that all physicians and other professional providers have screening and evaluation procedures for the detection and treatment of, or referral for, any known or suspected behavioral health problems and disorders. Physicians and other professional providers may provide any clinically appropriate behavioral health services within the scope of their practice.
BCBSTX requires that all behavioral health service providers refer members with known or suspected and untreated physical health problems or disorders to their PCP for examination and treatment, with the member’s or the member’s legal guardian’s consent. Behavioral health providers may only provide physical health care services if they are licensed to do so.

BCBSTX also requires that behavioral health providers send initial and quarterly summary reports of a member’s behavioral health status to the PCP or other professional provider, with the member’s or the member’s legal guardian’s consent.

**Court-Ordered Commitments**

Court-ordered commitment means commitment of a member to a psychiatric facility for treatment that is ordered by a court of law pursuant to the Texas Health and Safety Code, Title VII, Subtitle C. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination.

**Follow-up after Hospitalization for Behavioral Health Services**

BCBSTX requires that all members receiving inpatient psychiatric services are scheduled for outpatient follow-up and/or continuing treatment prior to discharge. The outpatient treatment must occur within seven days from the date of discharge. Providers must contact members who have missed appointments within 24 hours to reschedule appointments.

**Focus Studies and Utilization Management Reporting Requirements**

Consistent with National Committee for Quality Assurance (NCQA) standards, Magellan analyzes relevant utilization data against established thresholds for each health plan to detect potential under- and over-utilization on at least a semi-annual basis.

If findings from these monitors fall outside the specified target ranges or threshold and indicate potential under- or over-utilization that may adversely affect members, further drill-down analyses will occur based upon the recommendation of the Magellan Utilization Management Committee (UMC). The drill-down analyses may include the following data from specific provider and practice sites:

- Case management services as needed for members receiving behavioral health services
- Retrospective reviews of services provided without authorization
- Investigation and resolution of member and provider complaints and appeals within established time frames
- Coordination with the local behavioral health authorities
- Focus studies
- Claims payment for covered behavioral health services

**Magellan’s Claims Address**

Magellan  
Attn: Claims  
P.O. Box 2154  
Maryland Heights, MO 63043
Magellan has established a comprehensive Quality Improvement Program to help ensure that high quality behavioral health treatment and services are provided to STAR members, including focused activities to monitor and evaluate access across the behavioral health continuum of care.

**Procedures for Follow-up on Missed Appointments**

Behavioral health providers are encouraged to contact a member’s PCP to discuss the patient’s general health and must contact members who have missed appointments within 24 hours to reschedule appointments as per HHSC-mandated provisions.

**COVERED BEHAVIORAL HEALTH SERVICES**

Medicaid-covered behavioral health services are not subject to the quantitative treatment limitations that apply under traditional, fee-for-service (FFS) Medicaid coverage. The services may be subject to BCBSTX non-quantitative treatment limitations, provided such limitations comply with the requirements of the Mental Health Parity and Addiction Equity Act of 2008, including:

- Inpatient mental health services
- Outpatient mental health services
- Psychiatry services
- Counseling services for adults (age 21 and older)
- Outpatient substance use disorder treatment services, including:
  - Assessment
  - Detoxification services
  - Counseling treatment
  - Medication-assisted therapy
- Residential substance use disorder treatment services, including detoxification services
- Substance use disorder treatment, including room and board
- Mental Health Rehabilitative Services
- Targeted Case Management

**CHIP Covered Behavioral Health Services (These services are not covered for CHIP Perinate)**

- Inpatient mental health
- Outpatient mental health
  - Assessment
  - Counseling
  - Detoxification services
  - Crisis stabilization
  - Psychological and neuropsychological testing
  - Rehabilitative 24-hour and day treatment
- Inpatient substance abuse
- Outpatient substance abuse
  - Assessment
  - Detoxification services
  - Psychiatry
  - Psychological and neuropsychological Testing
  - Crisis stabilization
Attention Deficit Hyperactivity Disorder (ADHD)

Treatment of children diagnosed with ADHD, including follow-up care for children who are prescribed ADHD medication, is covered as outpatient mental health services. Reimbursement for these services will be determined according to the Provider Agreement. Covered benefits are as outlined in the TMPPM.

Mental Health Rehabilitative Services and Targeted Case Management

Mental Health Rehabilitative (MHR) Services and Targeted Case Management (TCM) must be available to eligible STAR Members with Severe and Persistent Mental Illness (SPMI) or Severe Emotional Disturbance (SED).

SPMI is a condition of an adult 18 years of age or older. It is a diagnosable mental, behavioral, or emotional disorder that meets the criteria of DSM-IV-TR and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

SED is a condition of a child up to age 18 either currently or at any time during the past year. It is a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV-TR and that has resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Mental Health Rehabilitative (MHR) Services include training and services that help the member maintain independence in the home and community, such as the following:

- **Medication training and support:** Curriculum-based training and guidance that serves as an initial orientation for the member in understanding the nature of his or her mental illnesses or emotional disturbances and the role of medications in ensuring symptom reduction and the increased tenure in the community

- **Psychosocial rehabilitative services:** Social, educational, vocational, behavioral, or cognitive interventions to improve the member's potential for social relationships, occupational or educational achievement, and living skills development

- **Skills training and development:** Skills training or supportive interventions that focus on the improvement of communication skills, appropriate interpersonal behaviors, and other skills necessary for independent living or, when age appropriate, functioning effectively with family, peers, and teachers

- **Crisis intervention:** Intensive community-based one-to-one service provided to members who require services in order to control acute symptoms that place the member at immediate risk of hospitalization, incarceration, or placement in a more restrictive treatment setting

- **Day program for acute needs:** Short-term, intensive, site-based treatment in a group modality to an individual who requires multidisciplinary treatment in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting or reduce the amount of time spent in the more restrictive setting

Targeted Case Management (TCM) Services include:

- Case management for members who have Severe Emotional Disturbance (child, 3 through 17 years of age), which includes routine and intensive case management services

- Case management for members who have Severe and Persistent Mental Illness (adult, 18 years of age or older)
Mental Health Rehabilitative Services and Targeted Case Management Services including any limitations to these services are described in the most current TMPPM, including the Behavioral Health, Rehabilitation, and Case Management Services Handbook. We will authorize these services using the Department of State Health Services (DSHS) Resiliency and Recovery Utilization Management Guidelines (RRUMG) but BCBSTX is not responsible for providing any services listed in the RRUMG that are not covered services.

Providers of MHR Services and TCM Services must use and be trained and certified to administer the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths (CANS) tools to assess a member’s need for services and recommend a level of care. Providers will submit these forms to BCBSTX in an electronic format as prescribed by HHSC requirements. A provider entity must attest to BCBSTX that the organization has the ability to provide, either directly or through sub-contract, the full array of RRUMG services to members.

HHSC has established qualifications and supervisory protocols for providers of MHR and TCM Services. This criterion is located in Chapter 15.1 of the HHSC Uniform Managed Care Manual.

PRIMARY AND SPECIALTY SERVICES

STAR members have access to the following primary and specialty services:

• Behavioral health clinicians available 24 hours a day/seven day a week to assist with identifying the most appropriate and nearest behavioral health service

• Routine or regular laboratory and ancillary medical tests or procedures to monitor behavioral health conditions of members; these services are furnished by the ordering provider at a lab located at or near the provider’s office; in most cases, our network of reference labs is conveniently located at or near the provider’s office

• Behavioral health case managers to coordinate with the hospital discharge planner and member to ensure appropriate outpatient services are available

• Support and assistance for network behavioral health care providers in contacting members within 24 hours to reschedule missed appointments

CARE COMMUNITY AND COORDINATION GUIDELINES

PCPs and behavioral health care providers are responsible for actively coordinating and communicating continuity of care. Appropriate and timely sharing of information is essential when the member is receiving psychotropic medications or has a new or ongoing medical condition. The exchange of information facilitates behavioral and medical health care strategies.

Our care continuity and coordination guidelines for PCPs and behavioral health providers include:

• Coordinating medical and behavioral health services with the Local Mental Health Authority (LMHA) and state psychiatric facilities regarding admission and discharge planning for members with Serious Emotional Disorders (SED) and Serious Mental Illness (SMI), if applicable

• Completing and sending the member’s consent for information release to the collaborating provider

• Using the release as necessary for the administration and provision of care
• Noting contacts and collaboration in the member’s chart
• Responding to requests for collaboration within one week or immediately if an emergency is indicated
• Sending a copy of a completed Coordination of Care/Treatment Summary form to us and the member’s PCP when the member has seen a behavioral health provider; the form can be found on our website
• Sending initial and quarterly (or more frequently, if clinically indicated) summary reports of a member’s behavioral health status from the behavioral health provider to the member’s PCP
• Contacting the PCP when a behavioral health provider changes the behavioral health treatment plan
• Contacting the behavioral health provider when the PCP determines the member’s medical condition could reasonably be expected to affect the member’s mental health treatment planning or outcome and documenting the information on the coordination of care/treatment summary

EMERGENCY BEHAVIORAL HEALTH SERVICES
An emergency behavioral health condition means any condition, without regard to the nature or cause of the condition, that in the opinion of a prudent layperson possessing an average knowledge of health and medicine requires immediate intervention and/or medical attention. and in an emergency and without immediate intervention and/or medical attention, the member would present an immediate danger to himself, herself or others or would be rendered incapable of controlling, knowing or understanding the consequences of his or her actions.

In the event of a behavioral health emergency, the safety of the member and others is paramount. The member should be instructed to seek immediate attention at an emergency room or other behavioral health crisis service. An emergency dispatch service or 911 should be contacted if the member is a danger to self or others and is unable to go to an emergency care facility.

A behavioral health emergency occurs when the member is:
• Suicidal
• Homicidal
• Violent towards others
• Suffering a precipitous decline in functional impairment and is unable to take care of activities of daily living
• Alcohol or drug dependent with signs of severe withdrawal

We do not require precertification or notification of emergency services, including emergency room and ambulance services.
URGENT BEHAVIORAL HEALTH SERVICES

An urgent behavioral health situation is defined as a condition that requires attention and assessment within 24 hours. In an urgent situation, the member is not an immediate danger to himself or herself or others and is able to cooperate with treatment.

Care for non-life-threatening emergencies should be within six hours.

REFERRALS FOR BEHAVIORAL HEALTH

STAR and CHIP members may self-refer to any BCBSTX network behavioral health services provider by calling Customer Service at 888-657-6061 (TTY: 711). No precertification or referral is required from the PCP.

Providers may refer members for services by calling Magellan at 800-327-7390 (TTY: 800-735-2988).

Our staff is available 24 hours a day/seven day a week, 365 days a year for routine, crisis or emergency calls and authorization requests.