

Behavioral health services and referral process: an overview

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Learning objective

- Learn the different behavioral health levels of care
- Discuss what medical necessity means
- Understand the difference between an assessment and psychological testing
- Learn about prior authorizations (PA)
- Learn how to locate a network provider and identify steps needed to initiate behavioral health services

Behavioral health levels of care

- Behavioral health services have been organized into a set of categories which are defined by level of care.
- Level of care (LOC) refers to the intensity of services an individual will receive during a specific stage of treatment.

Level of care categories are:

- Inpatient
- Intermediate
- Outpatient



Levels of care and medical necessity

The LOC a youth receives is based on medical necessity.

Medical necessity is used to describe care that is reasonable, necessary and/or appropriate, based on evidence-based clinical standards of care.

- Services at each level of care have their own medical necessity requirements. It is the role of the provider to determine if services are needed (according to medical necessity criteria).

Inpatient

Inpatient services are the highest level of care.

- **Psychiatric residential treatment facility (PRTF)** is a live-in health care facility providing therapy for mental illness, substance abuse or other behavioral problems for youth under the age of 21.
 - PRTF is for treatment, not a placement.
- **Acute/crisis stabilization** is inpatient treatment where a youth receives active, but short-term treatment for a severe episode of illness (i.e., suicidal ideation (SI), homicidal ideation (HI), insufficient or severely limited resources or skills necessary to cope with the immediate crisis).

Intermediate care

Intermediate level of care are services that are provided to a youth when the youth does not meet medical necessity for inpatient services but requires a higher degree of services that are provided at the outpatient level.

- **Partial hospitalization program (PHP)** is a comprehensive, short-term, intensive, clinical treatment program. Youth in a PHP attend structured programming throughout the day and return home in the evenings.
- **Intensive outpatient program (IOP)** is short-term, intensive treatment. Youth in the IOP do not need the structure of a full day program and attend treatment approximately three hours per day.

Outpatient

Outpatient services are provided in person, in an ambulatory care setting (i.e., provider's office, youth's home and/or school).

- **Intensive family intervention (IFI)** is an intense community-based service which uses a multi-disciplinary team (MDT) approach to provide comprehensive treatment. IFI works to promote a healthy family environment and to prevent the need for placing the child in out-of-home situations (inpatient or foster care).
- IFI is usually provided to youth who live in a family-style setting or are in the process of reunification with their family.
- IFI can also be used as transitional services (i.e., step down from acute hospitalization, PRTF or to prevent inpatient hospitalization).

Outpatient (cont.)

Assertive community treatment (ACT) is an evidence-based practice, that is client-centered, recovery-oriented and highly intensive community-based service for adults who are diagnosed with a severe and persistent mental illness. The individual's mental illness significantly impairs their functioning in the community and whose needs have not been met by more traditional mental health services. The ACT team works with the adult multiple times a week providing a variety of interventions and are available 24 hours, seven days a week.



Outpatient (cont.)

- **Core services** consist of a variety of services based on client-centered treatment, utilizing the youth's strengths and incorporating evidence-based therapeutic interventions.
- These services can be provided in family style or group home settings.
- These services are usually not as intensive as IFI or ACT.
- **Medication management:** The youth receives medication management through a single provider.
- **Individual/family counseling:** The youth receives counseling (individual or family) through a single therapist and usually at the provider's office.

Behavioral health assessment

- An assessment is a face-to-face comprehensive clinical interview style evaluation.
- An assessment is an important part of behavioral health treatment. It allows a behavioral health provider to:
 - Identify symptoms, strengths, needs and abilities
 - Obtain a medical, social and trauma history
 - Determine the need of therapeutic services
 - To determine a diagnosis, if warranted, by a credentialed individual administering the assessment.



Commonly used behavioral health assessment types

- **Biopsychosocial assessments:** used to determine need for therapeutic services
- **Comprehensive child and family assessment (CCFA):** used and purchased by the Division of Family and Children Services (DFCS) to obtain an accurate picture of the needs of the family/youth. Used in placement and service determination.
- **Trauma assessment:** a component of the CCFA that is completed by an Amerigroup Community Care behavioral health provider who is equipped to assess trauma-related issues; the trauma assessment should include service/treatment recommendations.

Testing

- Testing consists of a face-to-face evaluation using a standardized test or a battery of tests to assess a specific set of skills, knowledge and/or traits.
- Testing can be used in different situations to obtain information.
 - Psychological testing is an objective and standard way of measuring an individual's mental or behavioral characteristics. It is a comprehensive battery of tests to assess self-concept, cognitive skills or personality traits.
 - Educational testing is typically administered by a school to determine educational needs/capacity.

Common psychological tests

Wechsler Scales (WAIS, WISC, WASI, WIAT)	Sentence Completion	Beck Anxiety Inventory (BAI)
Conner's Continuous Performance Test (Conner's CPT3)	Bender Gestalt	Minnesota Multiphasic Personality Inventory (MMPI)
Personality Inventory for Children (PIC-2)	Rorschach Test	Beck Depression Inventory (BASC, BDI)
Personality Assessment Inventory (PAI)	Wide Range Achievement Test 4 (WRAT-4)	Millon Inventories (MCMI)

Note: These are examples only – Amerigroup does not endorse, require or prefer any of the above tests.

Medical necessity and psychological testing

In order to have psychological testing approved, the provider must show medical necessity.

- The testing must be for the purpose of establishing a diagnosis and development of a treatment plan for a mental disorder.
- The information must not be adequately available from one or more comprehensive medical or behavioral health evaluations with the member and appropriate ancillary sources (e.g., family members, health care providers, school records).
- There is evidence to suggest that the testing results will have a timely and direct impact on the youth's treatment plan.

Medical necessity and psychological testing (cont.)

Psychological testing is not medically necessary for:

- Educational/vocational services assessment
- Placement
- Annual/routine checkup
- Admission to nonmedical programs
- Nonmedically indicated court ordered tests
- Testing for research purpose



Prior authorization

Prior authorization (PA) is the process used to determine if a procedure or service is needed, if the service is a covered benefit and ensure that there are no duplication of services or providers.

The following BH services do **not** require prior authorization

- Behavioral health assessment
- Individual, family and group therapy
- Medication management

It is the role of the provider to determine if other services are needed and to complete an outpatient treatment request form (OTR).

Through this process, the provider should present all clinical information justifying the services.

Locating a network provider

Amerigroup can assist with identifying network providers by:

- Contacting the GF 360° intake line
- Contacting the youth's GF 360° care coordinator
- Online at providers.amerigroup.com



The direct link to the provider search is

<https://providers.amerigroup.com/pages/providerdirectory.aspx>

Georgia Families 360° Care Coordination Team

- Every youth in the GF 360° program is assigned to a Regional Care Coordination team with a specified care coordinator.
- Care coordinators are the primary partner for identifying and referring for services that a youth needs. They assist with identifying treatment gaps, work with treatment teams to fill the gaps and assist with the holistic treatment of the youth.



Care coordination and network providers

Care coordinators can assist by:

- Discussing medical and behavioral health issues.
- Reviewing current services and effectiveness of treatment (i.e., medication oversight and behavioral health counseling).
- Help locate an Amerigroup provider and assist with scheduling an appointment.
- Assist involved parties in gathering needed items for clinical documentation (i.e., dates of last PRTF admit).
- Liaison between stakeholders, providers and Amerigroup Utilization Management department.

Care coordination team (cont.)

For questions or for assistance, contact the
Intake Line, 24 /7

at

1-855-661-2021





Next steps



Our goal is to ensure that our youth are getting the right care at the right time. We could use your help!

- Make sure that the youth is evaluated by a primary care provider (PCP) to ensure that symptoms are not caused by a medical condition. An Early and Periodic Screening, Diagnosis and Treatment check is recommended.
- Once treatment has started, ensure that the youth's PCP is aware of all providers working with them to ensure continuity of care.
- Contact the youth's GF360° care coordinator for additional information or assistance.

Questions?

