



July 11, 2012

RE: **Guidance Document:** Case Management and Assessment services for Medicaid Recipients transitioning between Community Behavioral Health Services Providers.

Dear Community Behavioral Health Services Provider:

This letter serves to provide guidance and direction related to the delivery of case management and assessment services for Medicaid recipients that transition between CBHS Providers. This guidance is provided in response to multiple issues raised by providers through the weekly *Frequently Asked Questions* teleconference that the Division of Behavior Health has been hosting since the implementation of the new regulations. Included are the conditions in which a CBHS Provider can and cannot bill these services to Medicaid. In all instances a CBHS Provider is expected to provide these and all services according to recipient needs.

- A CBHS Provider may provide and bill case management services following a recipient's discharge from their respective services for a period of time not to exceed 135 days for the purpose of discharge planning activities.
- Case management services may not be billed for any activities conducted within the same CBHS Provider, including all employees, programs, facilities, or any contract program, facility or residence (such as a Foster Home).
- When a recipient is referred from a CBHS Provider to another treatment agency only the *referring* CBHS Provider may bill case management services for assistance accessing and coordinating needed services.
- Case management services may be billed by a CBHS Provider that *receives* a recipient through referral from another CBHS Provider or other health care facility once the recipient has received a professional behavioral health assessment and a treatment plan has been completed.
- Within thirty (30) days prior to a recipient being discharged from either a residential substance use treatment program, or a behavioral rehabilitation services facility, the receiving CBHS Provider may provide and bill for completion of: (1) an AST; (2) an initial client status review; and (3) a professional behavioral health assessment.
- A CBHS Provider may not bill for these or any behavioral health services prior to discharge for a recipient that is currently receiving services from a hospital, residential psychiatric treatment center, acute care facility, nursing home or other health care facility.
- A CBHS Provider also may not bill for any behavioral health service for a recipient who is in the custody of law enforcement or confined within a correctional facility.

If you have any questions regarding the information provided in this Guidance Document please contact Mark Haines-Simeon, Policy & Planning at 269-3600 for assistance.

Thank-you for your continued service to Alaska and Alaskan's in need.

Sincerely,

A handwritten signature in blue ink that reads "Melissa Witzler Stone".

Melissa Witzler Stone
Director