

OBHS ANNOUNCES NEW SUPPORT SERVICES DEFINITIONS COMMUNITY BEHAVIORAL HEALTH SERVICES MAY UTILIZE NEW SERVICES

The Office of Behavioral Health Services has informed providers with a Grant Agreement of the availability of five new support services they may utilize. The five services include General Support Services; Socialization Support — Provider Operated; Drop-in Center — Provider-Operated or Contracted; Peer Support Groups; and Supportive Residential Services.

These new services may be reimbursed through the use of uncompensated care funds. Community behavioral health centers with a Grant Agreement with the Department and an allocation from uncompensated care funds are the only agencies which may utilize these funds. Services are reported on the Client Service Data Report, with the payor source listed as OBHS. A community behavioral health center may develop a targeted fund proposal for a drop-in center operated by a consumer organization and utilize uncompensated care funds for that program. Peer Support Groups may not be operated by a community behavioral health center; uncompensated care funds can be utilized to develop a targeted funds program with an external organization.

Questions about these new services may be posted to this website.

General Support Services: Procedure Code BH630

Activities which are needed to help a person achieve success and satisfaction in the community and/or provide support typically provided by but unavailable from family or friends. These activities may include discussions, whether or not related to the formal treatment; joining a consumer of services during a meal or other activity; or merely being present in the consumer's environment to assist in a more formal manner if needed.

These are activities which are not otherwise reimbursable under other procedure codes. These activities do not qualify as targeted case management, supportive counseling, basic living skills, or supportive residential services. Although the provider may be modeling behaviors which might be emulated as an objective toward achieving recovery and community integration, no formal treatment is being provided.

These activities must be documented when provided. Documentation, based on services provided in a 24-hour period, must include a description of the activity, the activity's relationship to the treatment plan (with a focus on treatment plan goals and objectives), time spent, and staff providing the service.

These activities would generally be provided outside of the person's home, in increments ranging in time from 30 minutes to six hours per day.

Value of Service: \$15.00 per hour

Socialization Support — Provider Operated:
Procedure Code BH631

Activities which encourage socialization with peers and other members of the community, but are not otherwise reimbursable under other procedure codes.

These activities include:

A formal and scheduled program operated by the provider daily (4 to 6 hours per day, 4 to 7 days per week) of socialization groups of five or more persons. Socialization may include games, discussion groups, small group recreation, or group participation in a community event. A calendar of events for each hour and each day of operation must be posted at a central location or primary meeting place for the group. Each individual treatment plan must describe the purpose of this service, including the relationship of the service to treatment plan goals and objectives. There must be evidence in the treatment plan that the individual cannot utilize other services, including but not limited to, supported employment, competitive employment, employment training, or formal education. Arrangements must be made for transportation between the consumer's residence and the program site and for contacting individuals who do not arrive at the program site when scheduled. Daily documentation must be placed in the consumer's treatment record, and include a description of activities in which the individual participated, time spent in the program, and how these activities related to the treatment plan's goals and objectives.

Value of Service: \$5.40 per hour

Drop-in center — provider-operated or contracted:
Procedure Code BH632

Locations for independent socialization, operating a minimum of 4 hours per day, 4 days a week, with on-site staff to help facilitate interaction between persons using the drop-in

center. The drop-in center may be operated by a Grantee eligible for OBHS uncompensated care funds or through a contract between such Grantee and another corporation. The treatment plan must indicate a referral to the drop-in center and efforts to encourage participation. The treatment plan must document the individual cannot participate in other services, including but not limited to, supported employment, competitive employment, employment training, or formal education. There must be a record of participation at the drop-in center and weekly documentation in the treatment record of individual participation. Documentation must reflect time spent in the drop-in center and reference to specific treatment goals and objectives.

Value of Service: \$0 per hour — target-funded

Peer Support Groups: Procedure Code BH633

Groups of individuals receiving behavioral health services, operated on a flexible schedule and based on the needs of individual members and the peer support group guidelines. The peer support group will not be operated by the provider, but consumers may be referred to the peer support group and the provider may reimburse the peer support group if it employs a facilitator and has costs for a location for the group. Peer support groups generally will not meet in a provider-owned facility. Documentation must demonstrate referral to a peer support group and efforts to encourage participation. Reimbursement will be provided for peer support groups in those instances that (1) the peer support group is not otherwise supported by federal or State funds; (2) there is evidence of an agreement between a peer support group and the provider for reimbursement for services; and (3) a record of participation is provided to enable the provider to record participation in the individual medical record. Reimbursement will provided up to the amount of the agreement between the peer support group and the provider.

Value of Service: \$0 per hour — target-funded

Supportive Residential Services: Procedure Code BH634

Services provided in the home of a recipient of services, whether or not the home is owned or leased by the provider, for a period of at least four hours a day that are not reimbursable as basic living skills, personal care, targeted case management, crisis intervention, crisis stabilization, or any other procedure code. Services are supportive in function and

purpose or to monitor behaviors to assure safety — they are not provided for the purpose of training, therapy, treatment, or supervision.

These activities must be included in the consumer's treatment plan and must be documented when provided. Documentation, based on services provided in a 24-hour period, must include a description of the activity, the activity's relationship to the treatment plan (with a focus on treatment plan goals and objectives), time spent, and staff providing the service.

Value of Service: \$6.00 per hour