

Frequently Asked Questions

BHAs as Community Health Providers

Medical (SPA) model vs Community BH Center model

	State Plan Amendment (SPA)	Community BH Services (CBHS)
Encounter rate	\$442.39	\$616
Services	(See BHA Superbill, separated by cert. level)	Rehab, Clinic, SA, Crisis stabilization, SBIRT
Clients	No formal diagnosis required to provide service; can use ICD-10 codes and Z-codes	Must meet criteria for SED, SMI, SUD, Crisis
Documentation	Progress note, service-specific form (e.g., assessment, plan of care, SBIRT)	AKAIMS, AST, CSR, assessment, tx plan, etc.
Oversight	Billed under physician group/individual BHA/P NPI #	Billed as clinical associate or under directing clinician/agency CHBS

BHA Services

- *Who can provide what services?*
 - BHA services can only be provided by a certified BHA performing duties within the scope of the individual's certification, training, and job description.
 - The BHA Superbill identifies what services that can be provided by BHAs at the various level of certification.
- *Are BHAs required to have oversight by an MD or Master's level clinician?*
 - Tribal agencies may have clinicians provide joint supervision with the physician. Per the CHAP Certification Board Standards and Procedures, BHAs can only provide services under the clinical supervision of a master's level clinician. For utilization of the SPA model, BHA services are billed using the physician group/NPI# of a consenting physician at your organization.
- *Is a statement of medical necessity required before a BHA service can be provided?*
 - All Medicaid services need to meet medical necessity. The clinical documentation prepared before the claim is submitted should support the medical necessity for the service provided.
- *Can BHA services be provided in settings outside the clinic in order to bill?*
 - BHAs can provide services outside the clinic, if and when it is clinically appropriate to do so.

Documentation and patient records

- *What are the documentation requirements?*
 - Documentation requirements for BHA SPA services are based on State of Alaska Medicaid Regulation 7AAC.105.230 Medicaid Behavioral Health Services, Clinical Record.
- *Who can sign documentation for a service provided by a BHA (i.e., the BHA or Clinician)?*
 - BHAs can sign progress notes for services they provided.
 - Individual organizations may have additional/internal requirements for progress notes to be signed by another provider (e.g. master's level clinician).
- *What forms must be used to document BHA services?*
 - A sample Progress Note has been developed and is available for use by any organization who decides to do so. This template has been developed to meet the requirements set forth in the State of Alaska Medicaid Regulation 7AAC.105.230 Medicaid Behavioral Health Services, Clinical Record. The form can be modified to include additional fields that may be specific to the organization or required by an accrediting body; it can also be used to guide the development of a Progress Note form in an electronic health record.
 - THOs will determine what forms will be used to document assessment, crisis stabilization, SBIRT, and plan of care services.
- *Does the minimal dataset need to be submitted into AKAIMS?*
 - No.
- *How often must the BHA obtain a signed informed consent?*
 - Whatever standard is applied to your THO medical program also applies to services provided by a BHA.

- *How long do records need to be stored/secured?*
 - Alaska statute provides that a hospital shall retain and preserve records that relate directly to the care and treatment of a patient for a period of seven years following the discharge of the patient. However, for minors, records shall be kept until at least two years after the patient has reached the age of 19 years or until seven years following the discharge of the patient, whichever is longer. Records consisting of X-ray film are required to be retained for five years.
 - The Centers for Medicare & Medicaid Services (CMS) provides that medical records must be retained in their original or legally reproduced form for a period of at least 5 years.
 - The American Health Information Management Association (AHIMA) recommends patient health and medical records (adults): 10 years after the most recent encounter.
- *How does HIPAA apply to BHA work in the field (protecting client information)*
 - Any HIPAA processes in place at the organization also apply to BHAs. It is up to the organization to determine how these processes apply to the use of paper documents, laptops, iPads, or other means of documentation the field

Billing

- *What diagnoses can be used by each level?*
 - BHAs can use Z-codes or diagnostic codes and specifiers from the DSM-5/ICD-10. A list of common Z-codes and diagnostic codes are included on the superbill; the list provided on the superbill is *not* comprehensive.
 - Diagnosing with the DSM should only be done within the scope of the individual's certification, training, and job description.
 - An existing diagnosis can be used, provided it is current, clinically relevant, and aligns with organization's requirements for the frequency of reassessments to confirm diagnosis.
- *Are there service limits/requirements to complete service authorizations?*
 - No.
- *What situations warrant the use of SPA vs. CBHC models?*
 - Each agency will determine what services will be provided by certified BHAs at their organization.
 - Regardless of what services model is used, the organization is responsible for ensuring compliance with all Medicaid-billable services.
- *Can a BHA provide services under each model of service (i.e., SPA or CBHS)?*
 - Yes. Under the SPA, only certified BHAs are eligible for Medicaid reimbursement for services which are approved and consistent with their level of certification. Under the CBHS, BHAs can still provide services under the "Clinical Associate" provider type.
 - It is the provider and organizations' responsibility to make sure the client record and documentation meet the requirements of the model the service is provided.
- *Can a client receive BHA SPA services and a CBHS service on the same day?*
 - It depends. 😊
 - When it's ok: When the services provided are different in nature. For example, a BHA can facilitate the telemed appointment under the SPA, while a clinician provides clinical services under the CBHS model. Also, a BHA/P and CHA/P can provide services to the same client on the same day and both provider groups can bill for the encounter rate.
 - When it's not ok: When Medicaid doesn't allow two providers to furnish the same service to the same client on the same day". For example, rehab services cannot be provided under the SPA and CBHS to the same client on the same day."
- *When can I start billing under the BHA SPA?*
 - Once the Medicaid billing system has been updated.
 - SPA 16-0007 became effective July 1, 2017. Organizations should document all services that will be billed under the SPA, as they are provided. Once the billing system has been updated to include the new provider type and related services, organizations can submit bills for reimbursement of these services retroactively.

Organizational planning and preparation

- **What *documentation templates* should be used for BHA SPA services?**
 - A sample Progress Note has been developed to meet the requirements set forth in the State of Alaska Medicaid Regulation 7AAC.105.230 Medicaid Behavioral Health Services, Clinical Record. The form can be modified to include additional fields that may be specific to the organization or required by an accrediting body. The form can also be used to guide the development of a Progress Note form in an electronic health record.
 - THOs will determine what forms will be used to document assessment, crisis stabilization, SBIRT, and plan of care services, ensuring that each form meets the documentation requirements for the specific service. THOs are also responsible for generating an Informed Consent and Release of Information.
- **What *needs to be in place for billing systems* under the SPA?**
 - Individual NPI numbers are required for each certified BHA. BHAs will be categorized in a new taxonomy group (TBD).
 - IMPORTANT NOTE: Some services and billing codes used under SPA can also be provided under the CBHS model; each organization is responsible for ensuring their internal billing rules are adequate or modified, as needed. Additionally, when doing cost reports, the tribal organization is responsible for keeping and calculating the costs of services separate, based upon the encounter rate for the specific model(s) utilized.
- **What *training and technical assistance* is available for organizations who want to implement the SPA?**
 - Staff in the behavioral health divisions of the State of Alaska (SoA) and Alaska Native Tribal Health Consortium (ANTHC) are available to answer questions and provide general training related to BHA services, billing, and documentation.
 - The SoA is your best resource for information and resources related to the CBHS model. Once the billing system has been updated with information related to the SPA, the SoA will also provide training on topics related to enrollment, provider billing documents, taxonomy codes. The ANTHC BHA team has worked with a team of tribal providers to develop resources and materials for THOs to use as they implement the SPA. The BHA team can provide general technical assistance regarding the BHA services under the SPA, particularly as they relate to BHA training and certification.
- **What are the *supervision requirements* for BHAs under the SPA?**
 - Per the CHAP Certification Board Standards and Procedures, the clinical supervision of a behavioral health aide or practitioner may be direct, indirect, or general as defined in section 2.40.010(c) [supervision of BHA/Ps; definitions of level of supervision] provided that
 - (1) the person providing clinical supervision must either be a licensed behavioral health clinician or behavioral health professional, provided that a behavioral health practitioner acting within the scope of his or her certification may provide day-to-day support and mentoring of behavioral health aides;
 - (2) the behavioral health aide or practitioner must be supervised at whatever level of supervision is required for the specific service or care being provided;
 - (3) the supervisor may impose a higher level of supervision on the behavioral health aide or practitioner than that provided in this article; and
 - (4) the supervisor may develop an individualized protocol under which the behavioral health aide or practitioner is permitted to engage in a wider range of activities than that allowed under this article, provided:
 - (A) the individualized protocol is in writing signed by the behavioral health aide or practitioner and a licensed behavioral health clinician who is both familiar with the work of the behavioral health aide or practitioner and the setting in which the authorized services will be provided;
 - (B) the level of supervision and level of performance required for each service to be provided under the individualized protocol is specified; and
 - (C) the individualized protocol must be reviewed and updated upon re-certification of the behavioral health aide or practitioner.