

What are Community based services?

Community based services (CBS) are Value Added services intended for members with significant functional impairments resulting from an identified mental health diagnosis and/or substance abuse diagnosis that places the member at imminent risk for out of home placement to a therapeutic setting. Community based services are subject to prior authorization and must be medically necessary according to the CBH Medical Necessity Criteria for community based services. Community based services are authorized in 15 minute increments on a monthly basis. CBS may be provided by a para-professional, but must be supervised by a masters-level or above licensed mental health professional. The following are community based services that are covered by Cenpatico for Kansas HealthWave Title XXI (SCHIP) members:

H0036—Community psychiatric supportive treatment (CPST) are goal directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the member's individualized treatment plan. CPST is a face-to-face intervention with the member present; however, at least one member of the child's family must be involved. The majority of CPST contact must occur in community locations where the member lives, works, attends school, and/or socializes.

CPST may include the following components:

- Assist the member and family or other collaterals to identify strategies or treatment options associated with the member's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the member's daily living, financial management, housing, academic, and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.
- Individual supportive counseling, solution focused interventions, emotional and behavior management, and problem behavior analysis with the beneficiary, with the goal of assisting the beneficiary to develop and implement social, interpersonal, self care, daily living, and independent living skills to restore stability, support functional gains, and adapt to community living.
- Participation in and use of strengths-based planning and treatments, which include assisting the beneficiary and family members or other collaterals to identify strengths and needs, resources, and natural supports; to develop goals and objectives; and to use personal strengths, resources and natural supports to address functional deficits associated with the member's mental illness.
- Assist the member with effectively responding to avoiding identified precursors or triggers that would risk the member remaining in a natural community location, including assisting the member and family or other collaterals to identify a potential psychiatric or personal crisis, develop a crisis management plan, and/or as appropriate, to see other supports to restore stability and functioning.

H2017, H2017Tj—Psychosocial Rehabilitation (PSR) services are designed to assist the member with compensation for or eliminating functional deficits and interpersonal and/or environmental barriers associated with the member's mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the member's individualized treatment plan. The intent of PSR is to restore the fullest possible integration of the member as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the beneficiary present. Services may be provided individually or in a group setting. The majority of PSR contacts must occur in community locations where the member lives, work, attends school and/or socializes.

PSR may include the following components:

- Restoration and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, and develop coping strategies and effective functioning in the member's social environment including home, work and school.
- Restoration and support with the development of daily living skills to improve self management of the negative effects of psychiatric or emotional symptoms that interfere with a member's daily living. Supporting the member with development and implementation of daily living skills and daily routines critical to remaining in home, school, work and community.

Where do I find the covered billing codes?

To bill community psychiatric supportive treatment, submit the following procedure code:
H0036

To bill psychosocial rehabilitation submit the following procedure codes:

H2017	PSR---Individual
H2017TJ	PSR---Child Group

Cenpatico Kansas reimburses participating providers according to the applicable reimbursement schedule(s) attached to the Fee for Service Agreement. Providers will only be reimbursed for the billing codes outlined on the reimbursement schedule(s). Contact the Cenpatico Kansas Network Manager for assistance if the claims payment does not match the contracted rate on the Fee for Service Agreement.

How are community based services authorized?

Prior authorization for CBS is required. Providers can complete the Outpatient Treatment Request (OTR) form and fax this to Cenpatico at 1-866-694-3649 to request services. OTR forms are located in the Forms section of the Cenpatico Network Policy and Procedure Manual or may be downloaded at <https://www.cenpatico.com/portal/public/cenpatico> by clicking on "Provider" and then "Forms".

A Cenpatico Utilization Manager will review the request for medical necessity and if medical necessity criteria are met, services will be authorized in 15 minute increments for one month. If the Utilization Manager is unable to authorize services due to lack of medical necessity criteria, the request will be forwarded to a physician advisor who will review the case and render a decision.

Providers will be notified of the new/updated authorization via fax confirmation. Authorization decisions for non-urgent services are typically made within seven (7) business days; however Cenpatico is allowed up to fourteen (14) calendar days of receipt of the request for services to respond.

What are the clinical practice guidelines and medical necessity criteria?

The clinical practice guidelines and medical necessity criteria may be found in the Cenpatico Network Policy and Procedure Manual. Cenpatico has adopted clinical practice guidelines from the American Psychiatric Association. Cenpatico clinical staff is available to discuss these in detail with you at 1-866-896-7293.

Are community based services only available to members diagnosed with SED?

No. An SED designation is not required according to the Cenpatico medical necessity criteria.

How does Cenpatico define out of home placement?

In order to qualify for community based services, a member **must** demonstrate imminent risk for out of home placement due to functional impairments clearly linked to a mental health diagnosis.

How does a provider appeal related to medical necessity?

Appeals related to a medical necessity decision made during the authorization, pre-certification or concurrent review process may be made in writing to:

*Cenpatico -- Appeals/Grievance Department
504 Lavaca, Suite 850
Austin, TX 78701*

For questions or to learn more about the appeals/grievance process contact 1-866-896-7293.

To learn more about Cenpatico visit our website at <https://www.cenpatico.com>.

Provider Quick Reference Guide

Phone Numbers

HealthWave 21 Eligibility & Authorizations.....	866-896-7293
Utilization Management.....	866-896-7293
Provider Services.....	866-896-7293
Appeals – Medical Necessity.....	866-896-7293
Credentialing.....	866-896-7293
Re-credentialing.....	866-896-7293
Claims Customer Service.....	866-324-3632

Kansas Provider Network Office	800-989-1655
Debra Burnham, Network Development Manager.....	785-633-5746
dburnham@centene.com	
Jeanie Kimball, Provider Relations Specialist, jkimball@centene.com	

Faxes

Utilization Management	866-694-3730
Outpatient Treatment Request (OTR)	866-694-3649
Quality Management/Critical Incident Reports	866-714-7991
Grievances	866-714-7991
Credentialing	866-694-3735
Kansas Provider Network Office.....	785-354-4206

Cenpatico Kansas Office
Bank of America Tower, 534 South Kansas Avenue,
Suite 305, Topeka, KS 66603
Phone: 800-989-1655

Claims
Cenpatico
ATTN: CLAIMS DEPARTMENT
P. O. Box 6400, Farmington, MO 63640-3807

Appeals – Claims
Cenpatico
ATTN: CLAIMS APPEALS
P. O. Box 6000, Farmington, MO 63640-3809

Cenpatico – EDI: 800-225-2573, ext. 25525 or
ediba@centene.com

Emdeon: 866-369-8805

Appeals – Medical Necessity
Cenpatico
ATTN: APPEALS/GRIEVANCE DEPARTMENT
504 Lavaca, Suite 850, Austin, TX 78701

Cenpatico Provider Web-site
<http://www.cenpatico.com/providers/>

Kansas HealthWave Verification and Information Number
1-800-792-4884
<http://www.kansashealthwave.org/>

All forms can be found at <http://www.cenpatico.com/providers/forms/kansas>