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CHAPTER FORTY-SEVEN
REHABILITATIVE SERVICES

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Chapter 47. Rehabilitative Services

Rule No. 560-X-47-.01 Authority and Purpose

(1) Rehabilitative services are specialized services of a medical or remedial nature delivered by uniquely qualified practitioners designed to treat or rehabilitate persons with mental illness or substance abuse diagnoses. These services will be provided to recipients on the basis of medical necessity.

(2) Direct services may be provided in the client's home, a supervised living situation, organized community settings, such as community centers, health clinics, nursing homes, etc. Direct services can be provided in any setting, except in licensed hospital beds, that is convenient for both the client and staff member, that affords an adequate therapeutic environment, and that protects the client's rights to privacy and confidentiality.

Authority: 42 CFR Section 440.130 (d); Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Section 4105. State Plan for Medical Assistance, Attachment 3.1-A. Rule effective August 11, 1990; amended August 14, 1991. Emergency rule effective March 1, 1994. Effective date of this amendment June 14, 1994.

Rule No. 560-X-47-.02 Eligibility

(1) Financial eligibility is limited to individuals eligible for Medicaid under the Alabama State Plan.

(2) Treatment eligibility is limited to individuals with a diagnosis, assigned by a licensed physician, a licensed psychologist, a licensed physician's assistant, a certified registered nurse practitioner, a licensed professional counselor or associate licensed counselor of mental illness or substance abuse as listed in the most current International Classification of Diseases - Clinical Modification (ICD-CM). The V codes are not covered for adult rehabilitative treatment services; however, the intake evaluation and diagnostic assessment will be covered even if the resulting diagnosis is a V code. For treatment services provided to children under 21 or adults receiving DHR protective services, the only V code covered for reimbursement is V62.9, unspecified psychosocial circumstance.

(3) Providers of rehabilitative services shall meet the following eligibility requirements:

(a) Shall be in full compliance with applicable federal and state laws and regulations including compliance with the requirements expressed in the current version of the Medicaid Provider Manual, Rehabilitative Services, Chapter 105;

(b) Shall submit evidence to Medicaid of full compliance with 560-47-X-.03; and have such compliance approved in advance; and

(c) Shall execute the Medicaid non-institutional provider agreement with appropriate attachments.

Author: Karen M. Smith, Associate Director, Clinics and Mental Health Programs
Statutory Authority: 42 CFR Section 440.130 (d); Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Section 4105. State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990. Amended August 14, 1991, March 1, 1994, and June 14, 1994. **Amended:** Filed March 20, 2001; effective June 15, 2001.

Amended: Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed July 14, 2015; effective August 18, 2015.

Rule No. 560-X-47-.03 Service Providers

Service providers must demonstrate that they meet the criteria in either (1), (2), OR (3) and both (4) AND (5) below.

(1) A provider must be a Community Mental Health Center who is a 310 Board that is certified and under contract with the Alabama Department of Mental Health (DMH) as defined by the Alabama Medicaid Administrative Code, Administrative Standards for 310 Boards and the DMH Contract Services Delivery Manual. The provider must have demonstrated the capacity to provide access to the following services through direct provision or referral arrangements:

(a) Inpatient services through referral to community hospitals and/or through the provider physician serving as the attending physician for community hospitalizations;

(b) Substance abuse services including intensive outpatient services and residential services.

(2) For the provision of Substance Abuse Rehabilitative Services an entity:
(a) Must be an organization that is currently certified by the Alabama Department of Mental Health (DMH) to provide alcohol and other drug treatment services under the provisions of Chapter 580 of the Alabama Administrative Code; and

(b) Must submit an application to and receive approval by DMH to provide Substance Abuse Rehabilitative Services under the Medicaid Rehabilitative Option program.

(3) For individuals under 21 years of age who need rehabilitative services and who are being served by the Alabama Department of Human Resources (DHR), the Alabama Department of Public Health (DPH), the Alabama Department of Youth Services (DYS), or the Department of Children's Affairs (DCA), these state agencies shall also be eligible rehabilitative services providers if they have demonstrated the capacity to provide either directly or through contract an array of medically necessary services. Additionally, DHR may provide these services to adults in protective service status. At a minimum this array will include:

(a) Individual, group, and family counseling;

(b) Crisis intervention services;

- (c) Consultation and education services;
- (d) Case management services;
- (e) Assessment and evaluation.

(4) A provider must demonstrate the capacity to provide services off-site in a manner that assures the client's right to privacy and confidentiality and must demonstrate reasonable access to services as evidenced by service location(s), hours of operation, and coordination of services with other community resources.

(5) A provider must assure that Medicaid recipients receive quality services in a coordinated manner and have reasonable access to an adequate array of services delivered in a flexible manner to best meet their needs. Not all services listed above are covered by Medicaid, but the provider must have demonstrated the capacity to provide these services.

Author: Karen M. Smith, Associate Director, Clinics and Mental Health Programs
Statutory Authority: 42 CFR Section 440.130 (d); Social Security Act, Title XIX, Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Section 4105. State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990. Amended August 14, 1991; March 13, 1993; March 1, 1994; June 14, 1994; and December 12, 1996. **Amended:** Filed October 20, 2000; effective January 10, 2001. **Amended:** Filed March 20, 2001; effective June 15, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed June 20, 2006; effective September 15, 2006. **Amended:** Filed November 17, 2006; effective February 15, 2007. **Amended:** Filed August 27, 2015; effective October 1, 2015.

Rule No. 560-X-47-.04 Minimum Qualifications for Mental Health, Substance Abuse, and Child & Adolescent Services/Adult Protective Services Professional Staff

(1) Mental Health Professional Staff qualifications are delineated within the specifications for each covered mental health rehabilitation service as described in the applicable Alabama Medicaid Agency Provider Manual, Rehabilitative Services, Chapter 105.

(2) Substance Abuse Professional Staff qualifications are delineated within the specifications for each covered mental health rehabilitation service as described in the applicable Alabama Medicaid Agency Provider Manual, Rehabilitative Services, Chapter 105.

(3) Alabama Department of Youth Services Child and Adolescent Services/Adult Protective Services Professional Staff qualifications are as follows:

- (a) A physician licensed under Alabama law to practice medicine or osteopathy;
- (b) A psychologist licensed under Alabama law;
- (c) A professional counselor licensed under Alabama law;
- (d) A marriage and family therapist licensed under Alabama law;
- (e) A social worker licensed under Alabama law;

(f) A registered nurse who has completed a master's degree in psychiatric nursing;

(g) An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling or other human service field areas and who meets at least one of the following qualifications:

1. has successfully completed a practicum as a part of the requirements for the degree; or
2. has six months post master's level professional experience supervised by a master's level or above with two years of post-graduate professional experience.

(h) Services rendered to persons with a primary psychiatric diagnosis must be delivered by a person meeting the criteria listed above unless an exception is specifically noted and defined in the Medicaid Provider Manual, Rehabilitative Services, Chapter 105.

(i) A pharmacist licensed under Alabama law may provide medication monitoring;

(4) Alabama Department of Youth Services Child and Adolescent Services Professional Staff Qualifications are delineated within the specifications for each covered mental health rehabilitation services as described in the current version of the Alabama Medicaid Agency Provider Manual, Rehabilitative Services, Chapter 105.

Author: Karen M. Smith, Associate Director, Clinics and Mental Health Programs

Statutory Authority: 42 CFR Section 440.130 (d); Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987, P.L. 100-203, Section 4105. State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990. Amended August 14, 1991; March 1, 1994; and June 14, 1994. **Amended:** Filed October 20, 2000; effective January 10, 2001.

Amended: Filed March 20, 2001; effective June 15, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005. **Amended:** Filed July 13, 2015; effective August 17, 2015.

Rule No. 560-X- 47-.05 Requirements for Client Intake, Treatment Planning, and Service Documentation

(1) Requirements for intake, treatment planning, and service documentation are detailed in the Medicaid Provider Manual, Rehabilitative Services, Chapter 105, Section 105.2.3. Manuals may be downloaded from the Medicaid website at www.medicaid.state.al.us.

(2) Documentation in the client's record for each session, service, or activity for which Medicaid reimbursement is requested shall comply with any applicable certification or licensure standards and shall include, at a minimum:

- (a) the identification of the specific services rendered;
- (b) the date and the amount of time that the services were rendered;
- (c) the signature of the staff person who rendered the services;

(d) the identification of the setting in which the services were rendered;
(e) a written assessment of the client's progress, or lack thereof, related to each of the identified clinical issues discussed.

(3) The author of each entry must be identified and must authenticate his or her entry. Authentication may include signatures, written initials, or computer entry.

(4) When clinical records are audited, the list of required documentation found at 560-X-47-.05(2) will be applied to justify payment by Medicaid. Documentation failing to meet the minimum standards noted above will result in recoupment of payments.

Author: Lynn Sharp, Associate Director, Institutional Services

Statutory Authority: 42 CFR Section 440.130(d), 482.24; Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987; P.L. 100-203, Section 4105; State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990. Amended March 1, 1994; and June 14, 1994.

Amended: Filed June 19, 2000; effective September 11, 2000. **Amended:** Filed March 21, 2005; effective June 16, 2005.

Rule No. 560-X-47-.06 Covered Services

(1) Only the following rehabilitative services shall qualify for reimbursement under this program.:

- (a) Intake Evaluation,
- (b) Physician/Medical Assessment and Treatment,
- (c) Diagnostic Testing,
- (d) Crisis Intervention and Resolution,
- (e) Individual Counseling,
- (f) Family Counseling,
- (g) Group Counseling,
- (h) Medication Administration,
- (i) Medication Monitoring
- (j) Partial Hospitalization,
- (k) Adult Mental Illness Intensive Day Treatment,
- (l) Rehabilitative Day Program,
- (m) Mental Illness Child and Adolescent Day Treatment,
- (n) Treatment Plan Review,
- (o) Mental Health Consultation,
- (p) Adult Substance Abuse Intensive Outpatient Services,
- (q) Child and Adolescent Substance Abuse Intensive Outpatient Services,
- (r) In-home Intervention,
- (s) Prehospitalization Screening,
- (t) Basic Living Skills,
- (u) Family Support,
- (v) Assertive Community Treatment (ACT),

- (w) Program for Assertive Community Treatment (PACT),
- (x) Methadone Treatment.

(2) A complete description of each covered service along with benefit limitations is contained in the Medicaid Provider Manual, Rehabilitative Services, Chapter 105. Quarterly manual updates may be downloaded from the Medicaid website: medicaid.state.al.us.

(3) Services shall be provided in a manner that meets the supervisory requirements of the respective certifying or licensing authority or as authorized by state law.

Author: Lynn Sharp, Associate Director, Institutional Services

Statutory Authority: 42 CFR Section 440.130(d); Social Security Act, Title XIX; Omnibus Budget Reconciliation Act of 1987; P.L. 100-203, Section 4105; State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990. Amended August 14, 1991; March 13, 1993; March 1, 1994; and June 14, 1994. **Amended:** Filed June 19, 2000; effective September 11, 2000. **Amended:** Filed October 20, 2000; effective January 11, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005.

Rule No. 560-X-47-.07 Payment Methodology

(1) The Medicaid reimbursement for each service provided by a rehabilitative services provider shall be based on the following criteria as found in 42 CFR Sections 447.325 and 447.304 and shall not exceed the lower of:

- (a) The customary charges of the provider but not more than the prevailing charges in the locality for comparable services under comparable circumstances; or
- (b) the amount billed; or
- (c) the fee schedule established by Medicaid as the maximum allowable amount.

(2) Actual reimbursement will be based on the rate in effect on the date of service. Only those services that qualify for reimbursement will be provided under this program.

Author: Karen M. Green, RN, Nurse Analyst, Institutional Services

Statutory Authority: 42 CFR Section 447.304 and 447.325; Social Security Act, Title XIX, State Plan for Medical Assistance, Attachment 4.19-B.

History: Rule effective August 11, 1990; amended August 14, 1991. Emergency rule effective March 1, 1994. Effective date of this amendment June 14, 1994. **Amended:** Filed February 20, 2009; effective May 15, 2009.

Rule No. 560-X-47-.08 Third Party Liability

(1) The rehabilitative services provider shall make all reasonable efforts to determine if there is a liable third party source, including Medicare, and in the case of

liable third party source, utilize that source for payments and benefits prior to applying for Medicaid payments.

(2) Third party payments received after billing Medicaid for service for a Medicaid recipient shall be returned to the Alabama Medicaid Agency.

Authority: 42 CFR Section 433.135; Social Security Act, Title XIX, State Plan for Medical Assistance, Attachment 4.19-B. Rule effective August 11, 1990; amended August 14, 1991.

Rule No. 560-X-47-.09 Payment Acceptance

(1) Payment made by Medicaid to a rehabilitative services provider shall be considered to be payment in full for covered services rendered.

(2) No Medicaid recipient shall be billed for covered Medicaid services in part or in full for those services rendered, billed, and paid to the provider by the Medicaid fiscal agent. These services are exempt from copays.

(3) No person or entity, except a liable third party source, shall be billed for covered Medicaid services in part or in full.

Author: Lynn Sharp, Associate Director, Institutional Services

Statutory Authority: 42 CFR Section 447.15; Social Security Act, Title XIX, State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990; amended August 14, 1991. **Amended:** Filed March 21, 2005; effective June 16, 2005.

Rule No. 560-X-47-.10 Confidentiality

(1) A rehabilitative services provider shall not use or disclose, except to duly authorized representatives of federal or state agencies, any information concerning a recipient, except upon the written consent of the recipient, his attorney, his guardian, or upon subpoena from a court of appropriate jurisdiction.

Authority: 42 CFR Section 431.306; Social Security Act, Title XIX; State Plan for Medical Assistance, Attachment 3.1-A. Rule effective August 11, 1990; amended August 14, 1991.

Rule No. 560-X-47-.11 Records

(1) The rehabilitative services provider shall make available to the Alabama Medicaid Agency at no charge all information regarding claims submitted and paid for services provided eligible recipients and shall permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of federal and state agencies. Complete and accurate

rehabilitative and fiscal records which fully disclose the extent of the service shall be maintained by the provider. Said records shall be retained for a period of three years plus the current year and/or until completion of any audit.

(2) Documentation of Medicaid clients' signatures may be entered on a sign-in log, service receipt or any other record that can be used to indicate the client's signature and the date of service. Treatment plan review, ACT, PACT, prehospitalization screening, crisis intervention, family support, mental health consultation, and any non-face to face services that can be provided by telephone do not require client signatures.

(3) Documentation failing to meet the minimum standards noted in the Medicaid Provider Manual, Rehabilitative Services, Chapter 105, will result in recoupment of payments.

Author: Lynn Sharp, Associate Director, Institutional Services

Statutory Authority: 42 CFR Section 431.17, Social Security Act, Title XIX, State Plan for Medical Assistance, Attachment 3.1-A.

History: Rule effective August 11, 1990; August 22, 1990; August 14, 1991; March 1, 1994; and June 14, 1994. **Amended:** Filed October 20, 2000; effective January 11, 2001. **Amended:** Filed March 21, 2005; effective June 16, 2005.