

MENTAL HEALTH IN WV CACS



2018

Developing a Sustainable Model

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Mental Health in WV CACs

DEVELOPING A SUSTAINABLE MODEL

OVERVIEW

Child Advocacy Centers (CACs) exist to improve the way their communities responds when there are allegations of child abuse. This means collaborating with a multidisciplinary team to ensure children are safe and connected to services that will help them heal from abuse. Per the National Children's Alliance's (NCA) Standards for Accredited Members, CACs must work to implement four primary direct services to clients:

- Forensic Interviewing
- Medical Evaluations
- Victim Advocacy
- Mental Health Treatment

Over time, it is common for CACs to deepen the above four services. A common area where this happens is in the mental health treatment children receive through the CAC. Centers may find that the need for mental health services outpaces the availability of those services in their communities. They may also find that children have significant delays in the receipt of services, meaning a child may have to wait for a month or more to access mental health treatment. A variety of evidence-based treatment models may be needed to meet the needs of different age groups and the presenting symptoms and behaviors associated with the trauma children have experienced. For these and many more reasons, a CAC may make increasing access to quality mental health treatment a strategic priority.

MODELS FOR PROVISION OF MENTAL HEALTH TREATMENT

National Children's Alliance standards allow for flexibility in the way in which communities partner to meet the Mental Health Treatment standard. Three examples of how this service is currently made available in West Virginia, sometimes as hybrid models, are as follows:

1. Memorandum of Understanding (MOU) with community provider: the CAC enters a formal MOU with another mental health provider in the community. The partnering community provider agrees to maintain compliance with the NCA Mental Health Treatment standard and provide services to CAC clients.
2. Co-location with community provider: the CAC provides space, either through a rental agreement or in-kind arrangement, to a community provider who agrees to provide mental health services at the CAC. The CAC still utilizes an MOU with the partnering community provider to ensure NCA standards compliance and service provision to CAC clients.
3. Direct mental health treatment provision: the CAC maintains staff or contracts with individuals to provide services to CAC clients.

None of these models is the “right” model – each has its strengths and challenges. Each community should evaluate need and available resources to determine which model ensures sustainable, high-quality services to children and families impacted by abuse in their communities.

STRENGTHS AND CHALLENGES OF SERVICE PROVISION MODELS

MOU with Community Provider

Strengths:

- The CAC does not have to incur the financial burden of paying a staff member for this service.
- The CAC does not have to create the administrative infrastructure necessary to oversee a therapy program.
- The CAC typically does not have to pay for the practitioner’s clinical supervision or malpractice insurance.
- Mental health programs typically have an existing infrastructure specifically designed for provision of mental health services.
- With this model financial sustainability is built-in, because costs can be recouped regularly due to existing billing infrastructures.

Challenges:

- Families may be less likely to receive a service at another “new” location.
- With this model a family may mistakenly receive a bill.
- The CAC typically does not assign priority or scheduling for clients.
- The CAC may have less quality-control over the service, which may create challenges when concerns with the services provided arise.
- Structure issues or change at the community provider may impact services to clients.

This model works well when a reputable mental health service provider in a community with pediatric trauma expertise is willing to partner with a CAC to ensure clients receive high-quality services in a timely manner.

Co-location with Community Provider

Strengths:

- The CAC does not have to incur the financial burden of paying a staff member for this service.
- The CAC does not have to create the administrative infrastructure necessary to oversee a therapy program.
- The CAC typically does not have to pay for the practitioner’s clinical supervision.
- Mental health programs typically have an existing infrastructure specifically designed for billing of mental health services.
- CAC clients may be more willing to receive ongoing services at the CAC after their initial connection to the center.
- The CAC typically coordinates with the co-located provider to assign and accommodate scheduling priority for clients.

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- The CAC may have the opportunity to coordinate other ongoing services (like victim advocacy) with the mental health appointments, thereby streamlining comprehensive services to the whole family.
- With this model financial sustainability is built-in, because costs can be recouped regularly due to existing billing infrastructures.

Challenges:

- With this model a family may mistakenly receive a bill.
- The CAC does not typically provide task or clinical supervision for the co-located service, so addressing issues (or conversely not having them addressed) can create tension or confusion.
- The CAC may have less quality control over the service, which may create challenges when concerns with the services provided arise.
- Structure issues or change at the community provider may impact services to clients.

This model works well when a CAC has space available in its physical location and a reputable mental health service provider in a community with pediatric trauma expertise is willing to partner with a CAC to ensure clients receive high-quality services in a timely manner.

Direct Mental Health Treatment Provision

Strengths:

- The CAC can ensure the clinical supervision, ongoing education, and quality of its service to clients.
- The CAC can routinely track client outcomes associated with mental health treatment provision, including reduction in trauma symptoms.
- The CAC can control the depth, breadth, and availability of services provided to clients (i.e. a CAC can grow staff to meet increasing need).
- The CAC can ensure other ongoing services (like victim advocacy) are provided at the same time as the mental health services, thereby streamlining comprehensive services to the whole family.

Challenges:

- Some funders are reticent to provide ongoing funding for mental health services since these are billable services.
- Some CACs may lack the administrative infrastructure to bill for services.
- Small CACs may not have the ability to provide a solid clinical supervision structure within their staffing structure and therefore must contract for this service outside the CAC at an additional cost.
- Without adequate or sophisticated clinical supervision, the CAC may not be aware of practice or quality issues.

This model works well when a CAC has high enough client caseloads to warrant the service, the organizational structure to provide task supervision, the administrative capacity to ensure funding reporting and/or billing for services, and the internal capacity or a contract to ensure clinical supervision.

Hybrid

Many CACs enlist a combination of the above described service models. For example, a CAC may have a therapist on staff and also have MOUs with other providers in the community.

DEFINING NEED

Program evaluation for all of the four core services CACs provide access to is strongly encouraged to ensure services are accessible, high-quality, and promote healing for the child and his or her family. Many tools are available to evaluate mental health services to clients.

- **CAC service data:** Centers can use their annual service data reports provided by WVCAN to evaluate the CAC's service trends over time and compare them to state and national averages. If a CAC sees that its service numbers are below state or national averages, it may want to consider a service enhancement initiative.
- **Outcome Measurement System:** Some of the questions on the Outcome Measurement System Initial and Ongoing Caregiver Surveys pertain specifically to mental health treatment. A center can again use benchmarks from state and national averages to evaluate its survey results. A center can also use OMS to create target benchmarks for client satisfaction with services.
- **Focus groups:** CACs can use a facilitated focus group structure to learn more from current and past clients about their experience with the CAC and the MDT. Data from the focus groups can be used to craft enhanced programming. For more information on focus groups, contact WVCAN.
- **Clients Completing Treatment:** A CAC can do targeted tracking of the number of clients completing mental health treatment, identify barriers to completion of treatment, and design a program to abate barriers.
- **Trauma assessments:** While difficult to obtain if a CAC does not have on-site mental health, aggregating trauma assessment scores of clients can show a clear need for expanded mental health service provision.

BILLING FOR SERVICES

Billing overview

CACs in West Virginia have successfully billed for mental health services. Billing for services creates a sustainable funding mechanism for the CAC to continue to directly provide, and expand if necessary, its mental health services. However, the CAC must be on strong administrative and financial footing to pursue billing for services.

Do clients pay?

A common concern of CACs is that clients should never be charged for services. This is a shared philosophy amongst many CACs, however NCA Standards for Accreditation only require that a client be provided the service "regardless of ability to pay." Therefore, NCA Standards do not limit a CAC from charging a client for a service. Nationally, some CACs use a sliding scale, as would many mental health agencies.

Regardless of NCA requirements, WVCAN recognizes that CACs in WV typically do not charge for any services. It is possible to bill insurance without charging clients. Insurance never bills a client for a service, but

rather provides that client with an Explanation of Benefits. The CAC can work with that client to ensure they understand they do not have to pay for services identified on the EOB.

CACs have three options for the portion of the service not covered by insurance:

1. Write it off: A CAC has the option, as do other medical providers, to provide charity care. However, this means the CAC receives no compensation for the service.
2. Bill it to a grant: A CAC can write a proposal to a grantor to pay for any services not covered by insurance. This could include any non-billable services (like attending case review) and any billable services only partially covered by insurance (due to co-pays or deductibles).
3. Bill Crime Victims Compensation Fund: Crime Victims Compensation Fund (CVCF) is designed to be a payor of last resort. However, CVCF is able to pay direct services to clients that are not covered by insurance, including co-pays and deductibles. The client has to be approved for payment through CVCF, which is not always an option, as a police report is required to apply. However, once a client is approved payment from CVCF is administratively straightforward. WVCAN has forms CACs can use to standardize their payment process from CVCF.

Using a billing firm

While a CAC could develop the internal infrastructure to bill for services, many small CACs are not set up to do so. There are many billing firms with which a CAC can affiliate. These services charge a range of fees from a per-service basis to a flat fee. A safe assumption would be that a billing firm would take 10% of each claim reimbursed. At this time, WVCAN is unaware of any small CAC (not umbrellaed under a larger organization) who bills for services without using a billing firm.

Understanding credentialing

Credentialing is the process of becoming networked or “paneled” with insurance carriers. Credentialing is a complicated process, and it is administratively challenging. CACs have the option to contract with a billing firm to provide this service for the CAC. Typically, billing firms charge \$2,500 for credentialing per insurance carrier. While this charge is significant, it is representative of the amount of time and expertise associated with this process. Billing firms state they can spend 10 hours per panel on this process, but individuals not understanding the process can easily spend 20 hours per panel.

What licenses can panel?

In West Virginia the following licenses can panel with Medicaid:

- Licensed Psychologist
- Supervised Psychologist
- LICSW
- LPC
- Psychiatrist

Other insurance carriers may accept additional licensures, and you should check with a billing firm to learn more about this.

How long does it take to get credentialed?

If you work with a billing firm, it can take anywhere from 60-120 days for provider credentialing, but that is only if you provide all of the information correctly the first time. If there is a petition process, lobbying, or appealing, it can take between 190-220 business days.

What is a NPI number and what is the difference between a NPI 1 and a NPI 2?

NPI (National Provider Identifier) and an NPI 1 is assigned to an individual provider and a NPI 2 is assigned to an organization. Having your NPIs in order is the first step in becoming eligible to bill any insurance.

For example, Jon Doe LPC will get an NPI 1. Any County CAC will get an NPI 1 (for its providers) and an NPI 2 (for the CAC).

How long does it take to get NPI numbers?

It could take as little as 5 minutes. It is very easy – simple questions. It could take as long as 3 days to a week. An NPI is not a big deal as long as you correctly answer the questions. Whether you are aiming for an NPI 1 or an NPI 2, the process is not a difficult one. However, we encourage you to make sure the taxonomy code associated with the NPI is correct and not too restrictive. For the NPI 1 associated with your CAC, we encourage choosing the multi-specialty taxonomy code.

Can interns be credentialed?

Most often no; however, some licensures and insurance companies will allow interns to bill under your supervisor's NPI.

Don't forget your re-attestation.

Four times a year you'll receive an email asking for you to "Re-attest" to the information in your profile. Not doing this can cause major problems with your ability to accept insurance, as the lapse will be known by the insurance companies you are paneled with. Re-attestation only takes a few minutes (if you can remember your provider number and password), so log in and get it taken care of ASAP. If you work with a billing firm, they will likely take care of this for you.

Understanding the Medicaid structure

Medicaid in WV is an umbrella term used to describe the governmental form of insurance available to low income citizens. However, Medicaid actually contracts with Managed Care Organizations (MCOs) to administer the majority of its clients' accounts. "Straight Medicaid" is a term used to describe clients who receive insurance directly from the Bureau for Medical Services and not through an MCO. At the time this document was written, foster children all received "Straight Medicaid;" however, this may change over time. By enrolling with Medicaid, a CAC becomes eligible to panel with the MCOs. Medicaid clients may choose the MCO they desire to be their insurance carrier; they may also switch between MCOs. If a client misses key paperwork, it is possible they will fall off their MCO coverage and back to "Straight Medicaid." Therefore, it is critical to ask for proof of insurance on an ongoing basis and re-affirm a client's eligibility through the Medicaid portal (available after enrollment is completed).

You can find the WV Medicaid Manual online at the below web address:

<https://dhhr.wv.gov/bms/Pages/Manuals.aspx>

The first few chapters go over general information relevant to all parts of Medicaid.

[Chapter 100 - General Information](#)

[Chapter 200 - Definitions and Acronyms](#) *Effective November 1, 2016*

[Chapter 300 - Provider Participation Requirements](#) *Effective May 19, 2018*

[Chapter 400 - Member Eligibility](#) *Effective December 1, 2015*

Chapter 521 is the Behavioral Health Outpatient Services Manual, which is the most relevant to CACs.

[Chapter 521 - Behavioral Health Outpatient Services](#) *Effective January 15, 2018*

West Virginia Medicaid Provider Portal

This is where you can apply to be a provider and log in to bill once you are a provider.

<https://www.wvmmis.com/default.aspx>

Contact information for assistance:

<https://www.wvmmis.com/PageViewer.aspx?auth=0&Url=%2FPTPA%2FPages%2FContactInfo.aspx>

KEPRO

KEPRO does all of the prior authorizations for straight Medicaid clients. Once you are a Medicaid provider, you complete their registration from and they will contact you with your login information. You can log in to get prior authorizations and retroactive authorizations for work to application date. They will also send a trainer out to you once you are registered. Their forms are all online. They also have their manual and reference material. Explore their site and read their manual. They also provide their scoring tools of how they review charts.

<http://wvaso.kepro.com/>

Medical Department Contacts

Toll-Free: 800-346-8272

Phone: 304-343-9663

General Email: WVmedicalservices@kepro.com

Recommended process to assess sustainability of billing for services

1. Begin to collect insurance information from current clients for a period of 3 months. Use the WVCAN worksheet entitled “MH Treatment Business Plan” to note the number of billable hours associated with each insurance carrier.
2. Consider which insurances to panel with. If the majority of your clients are associated with Medicaid or the Medicaid Managed Care Organizations (MCOs), you may only want to credential with them. However, private insurance can provide a higher reimbursement rate than Medicaid or the MCOs. This is a business decision: will my \$2,500 application fee pay for itself over time?
3. Use the WVCAN worksheet entitled “MH Treatment Business Plan” to project costs and revenue associated with the project.

4. Watch WVCAN's recorded CAC Medicaid training. Contact WVCAN to access this training.
5. Identify a billing firm to contract with, negotiate a contract. WVCAN has a sample RFP you can modify and issue to solicit these services.
6. Enroll as a Medicare provider (you must enroll with Medicare prior to enrolling with Medicaid).
7. Enroll as a Medicaid provider and specify that you are a CAC. Your billing firm may help with this process with a credentialing fee.
8. Connect with KEPRO to receive free on-site training for your center. KEPRO conducts provider reviews, offers training and education to providers, members, and other stakeholders, and reviews requests for prior authorization of Medicaid services.
9. If you are in compliance with Medicaid audit requirements, you will be in compliance with most (if not all) insurance carriers. Please note that Medicaid requires monthly sex offender registry check on every individual connected with therapy or billing at the CAC. You can conduct these checks for free on the Health and Human Services Office of Inspector General's Exclusions Database.
10. Update forms and processes to ensure compliance with Medicaid audit requirements.
11. Ensure your financial record-keeping is clear with a designated process for billing for services.
12. Go through credentialing process with other Managed Care Organizations and Private Insurance Carriers, as prioritized. Determine a fee schedule for Private Insurance Carriers (your billing firm may assist with this).
13. Begin to bill for services.
14. Reassess budget structure on an annual basis to ensure costs of your mental health program are covered.

CONSIDERING LICENSURE IN HIRING

As noted above, as the CAC hires new staff to its program, it may want to consider hiring individuals with licensure that renders them eligible to bill for services. Again, Medicaid will reimburse the following licenses:

- Licensed Psychologist
- Supervised Psychologist
- LICSW
- LPC
- Psychiatrist

USING GRANTS TO TRANSITION TO BILLING FOR SERVICES

As you can see, there are many costs associated with billing for services. CAC Directors who participated in the pilot billing project cited the need for significant dedicated, uninterrupted hours to set up the administrative infrastructure before they ever billed for a single client. The pilot sites also encouraged an expansion of staff hours to implement the administrative changes necessary to prepare a center to bill for services. In addition, there may be application fees associated with becoming a Medicaid provider (check to see if this is required for your CAC prior to applying), credentialing with various providers, etc. Some funders may be willing to pay for these up-front costs with the knowledge that it will help the CAC obtain a sustainable funding structure for its mental health program. We recommend a one-year grant to transition a CAC to a billing structure.

USING GRANTS TO SUSTAIN BILLING FOR SERVICES

Once in place, the CAC may want to obtain grant funding to fill gaps not covered by insurance. For clients, this includes co-pays and deductibles. For programs, it may include staff meetings, attending case review, consultation with team members, clinical supervision, etc.

CONCLUSION

Establishing a solid, sustainable mental health program at your CAC has the potential to impact the lives of thousands of child abuse victims and their families. However, choosing the model that is right for your community should be considered strategically. WVCAN is available for consultation wherever you find yourself in this process; never hesitate to reach out for support.