



## 535A HEALTH HOMES FOR INDIVIDUALS WITH A BIPOLAR DISORDER AT RISK FOR HEPATITIS

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## 535A HEALTH HOMES FOR INDIVIDUALS WITH A BIPOLAR DISORDER AT RISK FOR HEPATITIS

### BACKGROUND

Health Homes are a model of care authorized for high need, high-cost members with chronic physical conditions or serious mental illness. The Health Home is to be a comprehensive system of care coordination for these Medicaid members with chronic conditions. Health Home providers will coordinate all primary, acute, behavioral health and long-term services and supports to treat the “whole person” across his/her lifespan.

All requirements in [Chapter 535, Health Homes](#) and [Chapter 535.A, Health Homes For Individuals With A Bipolar Disorder At Risk For Hepatitis](#) apply to Health Home providers for this Health Home project.

West Virginia has implemented Health Homes for various eligible populations in specific geographic regions. There are multiple State Plan Amendments (SPAs) regarding Health Homes. West Virginia SPA 14-0009 began on July 01, 2014 and covered Medicaid members who have a diagnosis of a Bipolar Disorder and who are infected or at risk of becoming infected with hepatitis B and/or hepatitis C and who receive services in Cabell, Kanawha, Putnam, Mercer, Raleigh, and Wayne counties. West Virginia SPA 16-0007 began on April 01, 2017 and expanded this project statewide.

### POLICY

#### 535A.1 MEMBER ELIGIBILITY

This program is available to West Virginia Medicaid members who have a diagnosis of a Bipolar Disorder and who are infected or at risk of becoming infected with hepatitis B and/or hepatitis C. The qualifying diagnoses for bipolar disorder are listed in [Appendix 535.A](#).

#### 535A.2 DOCUMENTATION REQUIREMENTS

An initial and periodic assessment and information review of each enrollee will include, as appropriate, but not be limited to, the following:

- [Centers for Disease Control and Prevention \(CDC\) Hepatitis Risk Assessment](#)
- Completion of the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment
- Evaluation of suicide risk
- Patient health questionnaire
- Completion of the World Health Organization’s (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
- Composite International Diagnostic Interview (CIDI)-based bipolar screening scale
- Functional screening
- Medication reconciliation
- Specific laboratory results as appropriate for each individual enrollee, such as hepatitis B and C test results
- Relevant biometrics

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- Treatment history
- Written crisis plan for each enrollee

### 535A.3 PRIOR AUTHORIZATION

Prior Authorization is required for all covered Health Home services. Prior Authorization is requested through the Utilization Management Contractor (UMC).

### 535A.4 REIMBURSEMENT

Reimbursement will be regularly reviewed. Providers cannot bill for both targeted case management and Health Home services for the same member at the same time. See [Chapter 523, Targeted Case Management](#).

### 535A.5 LEVELS OF SERVICES

The West Virginia Health Homes for individuals with a bipolar disorder at risk for hepatitis program is a two-level service system, comprised of both a Standard and an Intensive Health Home Service.

#### 535A.5.1 Level-I Health Home Standard Service

**Procedure Code:** S0281  
**Service Unit:** One (1) per calendar month  
**Description:** Medical home program, comprehensive care coordination and planning, maintenance of plan - Standard Level I

The basic Level I Health Home standard service code is intended to cover the provision of all of the Health Home services as determined to be appropriate to meet the member's needs. At the time of enrollment, the Health Home requests prior authorization of the Level I service for each enrollee through the UMC contractor.

There must be a minimum of one (1) contact between the Health Home provider and the enrollee per month. Contact must be a two-way contact such as face to face or by telephone. The provider must not consider mail, electronic mail (email), text, or other media use as contact with the Health Home enrollee.

#### 535A.5.2 Level-II Health Home Intensive Service

**Procedure Code:** S0281  
**Modifier Code:** TF  
**Service Unit:** One (1) per calendar year (12 months, January to December)  
**Description:** Medical home program, comprehensive care coordination and planning, maintenance of plan - Intensive Level II

Level II is available for those Health Home enrollees determined to require more intensive service for a period. Prior authorization of the Level II intensive service is requested through the UMC. Each Medicaid member who qualifies will receive a one-month authorization. Authorization is based on clinical



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information presented by the Health Home provider, including history of hospitalizations, emergency room utilization, assessment scores, and clinical judgment documenting a deterioration of the enrollee's condition and a crisis situation requiring stabilization. Level II is only reimbursable one time per calendar year (12 months) and must be billed with TF as the modifier code.

### GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter.

### REFERENCES

West Virginia State Plan Amendments for Health Homes 14-0009 and 16-0007 are available on the West Virginia Bureau for Medical Services' [Health Homes website](#).

### CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
New Policy	535.1 Bipolar and Hepatitis in Health Homes	April 1, 2015
Replace 535.1	535A Health Homes For Individuals With A Bipolar Disorder At Risk For Hepatitis	April 1, 2017