

# KEY POINT HEALTH SERVICES, INC.

Outpatient Mental Health Programs,  
Residential Care, Psychiatric Rehabilitation and Off Site Counseling

135 N. Parke Street  
Aberdeen, Maryland 21001

Karl Weber, PhD - Chief Executive Officer

Services Overview  
Corporate History

Year End Report 2017

## **Services Overview**

Key Point Health Services, Inc. is a private nonprofit corporation providing mental health care to adults, seniors, and children with a variety of mental health concerns and was founded in 1982. A significant segment of the organization concentrates on those persons with serious and persistent mental illness, i.e. those with schizophrenia, bi-polar disorder, major depression and those meeting the following criteria:

- Impaired role functioning on a continuing or intermittent basis for at least two years, including at least three of the following:
- Inability to maintain independent employment
- Social behavior that results in interventions by the mental health system
- Inability, due to cognitive disorganization, to procure financial assistance to support self in the community
- Severe inability to establish or maintain a personal support system, or
- Need for assistance with basic living skills

The organization also treats children (half the outpatient clinic's enrollment are children) families and seniors in a more traditional walk in outpatient clinic setting. These services are provided by psychiatrists and licensed mental health professionals. The majority of the funding for these outpatient visits are authorized by Maryland American Psychiatric Systems (BEACON), the administrative service organization contracted by the Maryland Department of Health and Mental Hygiene (DHMH). BEACON is the administrative services organization that monitors, authorizes, and pays for services and is also known as the Public Mental Health Services (PMHS). Outpatient visits are paid by Medicare, Medical Assistance, funding by the State of Maryland for the under-insured called Gray Zone (known as PMHS) and some private pay patients.

Services are also provided to active duty service members, retired service members and military families which are paid by Tricare. Key Point has a strong commitment to our Armed Forces and is actively involved with the MD Army National Guard, the MD Air National Guard, and the US Army.

This is a list of the Medical Assistance and Medicare Programs under which Key Point bills and the identified concurrent programs:

Dundalk Outpatient Mental Health Clinic (OMHC)

Catonsville OMHC

Aberdeen OMHC

Off Site Counseling is offered at all OMHC's under the supervision of the OMHC Dundalk Psychiatric Rehabilitation Program (PRP), Community Outreach Program (COP), Residential Rehabilitation Programs (RRP) Harford County, Baltimore County and Baltimore City

Catonsville PRP and COP

Aberdeen PRP and COP

## **History of Corporate and Program Development**

Key Point, Inc. was founded in 1982 and incorporated in 1983 as a non-profit corporation which began as a Residential Rehabilitation Program (RRP) funded solely by grants from the Maryland State Department of Health and Mental Hygiene (DHMH). Clients were interviewed and evaluated for placement from the Maryland State Hospitals as part of the state's deinstitutionalization project. Clients were placed in apartments in the Dundalk community and the young company began to grow with more and more residential placements.

In July, 1985 Key Point, Inc opened a Psychiatric Rehabilitation Program (PRP) and began treating the residential patients in the new program located in the Merritt Point Center in Dundalk. All funding for the PRP came through grants administered by the Baltimore County Bureau of Mental Health in Towson. For the next 11 years Key Point continued to grow and continued to operate under grants provided by Baltimore County. PRP services were offered to the community at large.

On July 1, 1996 a competitive bid was won by Key Point to manage the outpatient mental health services provided by Baltimore County at 7702 Dunmanway, Dundalk, MD 21222. After the contract was awarded, these outpatient mental health services were provided by Key Point through a grant-based system monitored by Baltimore County until July 1, 1998 when the State of Maryland changed the grant-based system to a fee-for-service system to be administered by the newly formed administrative service organization named Maryland Health Partners (MHP). Maryland Health Partners has subsequently been replaced by BEACON.

On July 29, 1996 the name of the corporation was amended from Key Point, Inc. to Key Point Health Services, Inc. in order to provide a more descriptive name of the corporation. On December 8, 1997 Key Point assumed the operation of the Bel Air OMHC (Outpatient Mental Health Center) and PRP from the State of Maryland in Harford County. On July 1, 1999 Key Point assumed operation of the Catonsville OMHC from the University of Maryland and soon began a PRP and Community Outreach Program (COP) in Catonsville.

### **Significant Dates:**

1982 - Karl Weber begins grant work and set up for the corporation to be formed

1983 - Original Articles of Incorporation and Bi-Laws

1983 - Karl Weber hired as Executive Director; Dundalk RRP begins  
1985 - Dundalk PRP begins  
1996 - OMHC bid won, Dundalk outpatient clinic now operated by Key Point  
1997 - Harford County OMHC, PRP, COP and RRP begin  
1998 - Fee for Service begins, Maryland State grants-based system ends  
1999 - Catonsville OMHC, PRP, COP begins  
2002 – Purchased and renovated outpatient clinic in Catonsville. PRP opens in Catonsville  
2005 - Bel Air Programs move to newly renovated Aberdeen building  
2009 - Dundalk OMHC, PRP, RRP moves to newly purchased building  
2010 – Off Site Counseling begins  
2015 – Purchase 3 buildings in Aberdeen, OMHC, PRP, RRP, COP  
2016 – Electronic Medical Record implemented  
2016 – CARF certification process begun

The non-profit corporation has grown into a successful, meaningful program dedicated to enriching the lives of people with mental health concerns. In the past the organization received a Governor's Citation and a Senate Proclamation in recognition of its first decade of service to the citizens of Greater Baltimore. Recently (2017) Key Point received Proclamations and Citations from Harford County Council, Maryland Department of Commerce, Maryland House of Delegates, Maryland State Senate, Harford County Office of Economic Development and The City of Aberdeen.

Since 1991 Key Point has contracted an independent outside CPA firm to perform an annual financial audit. This audit report is distributed to the Core Service Agencies (CSA) which are the monitoring agencies in each county for the State of Maryland. In addition periodic licensure visits for each program are performed by the State and the licenses are renewed for 3-year terms. The administrative service organization, BEACON also performed periodic audits through an independent agency. The Social Security Administration performs periodic audits and all of these audits are available for review. To date all audits have been satisfactory, no penal action has been warranted and minimal corrective action has been recommended.

## Program Descriptions

Key Point Health operates four distinct services:

- Psychiatric Rehabilitation Program (**PRP**) for adults **and Psychiatric Rehabilitation** for children.
- Residential Rehabilitation Program services in Baltimore City and Harford and Baltimore Counties (**RRP**)
- Outpatient Mental Health Clinics including School Based Counseling and Off Site Counseling (**OMHC**)

- Community Outreach Program (**COP**)

The Psychiatric Rehabilitation Program (**PRP**) provides a wide and unique variety of supportive services using a skills teaching model for persons with serious and persistent mental illness. Classes are provided in: industrial arts; domestic arts such as proper nutrition, shopping, dressing, health and medication management; communications skills; leisure and community relations; and job preparation. The program also provides recreational and social opportunities for clients who have a serious and persistent mental illness and for those who meet the aforementioned criteria.

Funding for PRP services are provided through the appointed Maryland administrative services organization called Maryland American Psychiatric Systems (BEACON). The PRP staff performs an assessment of the client, determines their needs, and develops a treatment plan and requests authorization from BEACON to perform the services. Upon delivery of the authorized services a billing event is submitted through Key Point's billing system and BEACON issues the payment. Audits for the proper authorization, billing and delivery of these systems are performed by an independent audit agency called Integrated Healthcare Auditing Services (IHAS) and are monitored by the Maryland Department of Health and Mental Hygiene (DHMH).

The Residential Rehabilitation Program (**RRP**) provides housing, supportive services, and living skills training to enable our clients to lead more independent lives. This is done within a supportive, success oriented environment. Once again the majority of these clients are those with serious and persistent mental illness meeting the aforementioned eligibility criteria. Each client works with a rehabilitation counselor and develops an individual plan for rehabilitation services which is regularly reviewed and updated. Living skills training addresses areas like personal hygiene, shopping and meal preparation, budgeting, and use of public transportation. Audits for the proper authorization, billing and delivery of these systems are performed by the independent audit agency, Integrated Healthcare Auditing Services (IHAS), and are monitored by the Maryland Department of Health and Mental Hygiene (DHMH). In addition the Social Security Administration audits the social security payments paid to Key Point for residential services.

Key Point Health owns homes in each area where residential services are provided and also rents individual apartments. Funding for purchasing the homes is provided through standard mortgages and through funds provided by the Maryland Department of Health and Mental Hygiene Capital Program grant process. Funding for the daily residential services is provided by BEACON after authorization is received and funding is provided through each client's social security payments. From these funding sources Key Point pays the rent, utilities, maintenance, insurance and staffing costs as well as providing the client with

living expense monies.

The Outpatient Mental Health Clinics (**OMHC**) are located in Aberdeen, Dundalk, and Catonsville which provide psychiatric outpatient treatment to children, families, adults, and seniors. Trained and licensed mental health professionals consisting of psychiatrists, psychologists, nurse practitioners, mental health counselors and clinical social workers provide individual and group counseling along with medication therapy. The outpatient clinics also provide child and family counseling services in the clinics as well as a School Based Counseling Program in which professional staff members are located in various schools throughout Baltimore, Cecil and Harford Counties providing a valuable resource to the teaching staff.

Under the direction of the OMHC, a critical and vital program called the **School Based Counseling Services** provides outpatient mental health care to children within designated schools. Identified students within the schools are provided a family focused treatment regimen comprising of individual, group and family services. Funding for these services is provided by Medical Assistance. Children enrolled in the programs throughout Aberdeen, Catonsville, Cecil County and Dundalk.

Funding for these outpatient mental health services are provided by billable events authorized by Beacon, the Administrative Services organization, Medical Assistance, Medicare and a small grant by Baltimore County for seniors. Authorization for the payment and delivery of services is provided by Beacon once the treatment plan is formulated. Once the billable event has occurred Key Point submits a claim to the appropriate funding agency. Audits for the proper authorization, billing and delivery of these systems are performed by Beacon and are monitored by Behavioral Health Administration (BHA) formerly called the Maryland Department of Health and Mental Hygiene (DHMH).

The Community Outreach Program (**COP**) supports clients in their own homes in the community by providing life skills training, independent support, case management, social event opportunities, medication monitoring, crisis intervention and coordination of needed mental and physical health services.

Funding is once again provided by billable events approved and authorized by BEACON. Audits for the proper authorization, billing and delivery of these systems are performed by Beacon and are monitored by BHA.

### Corporate Mission Statement

The mission of Key Point Health Services is to provide quality behavioral health services in an environment committed to the journey of wellness and recovery.

## Corporate Vision Statement

The vision of Key Point Health Services is to generate a culture of mental and behavioral well-being that welcomes and supports all members of our community.

## Number of Services Offered and number of patients served:

- a) 52 residential placements in the Southeast Baltimore County area with 24 hour, 7 day per week supervision and assistance. The 52 placements are divided into various levels of supervision depending on the clients needs
- b) 48 residential placements (RRP) in Eastern Baltimore City with 24 hour, 7 day per week assistance
- c) 27 residential placements (RRP) in Harford County, 24 hour, 7 days per week
- d) 125 community rehabilitation (PRP) slots in Southeast Baltimore County 5 days per week
- e) 45 community rehabilitation (PRP) slots in Southwest Baltimore County 5 days per week
- f) 101 community rehabilitation (RRP) slots in Harford County

In fiscal year 2017 Key Point delivered services to **7,161 unduplicated individuals** totaling **250,000 therapeutic interventions**.

The OMHC's had 106,000 scheduled appointments, 83,000 showed and 23,000 no shows which is a 21% no show or cancellation rate. Far below the international average of 31%. (Reducing No-Show rates in Ambulatory Psychiatric Clinic Institution: University of Texas Health Science Center). (Relationships among Outpatient Clinic Show Rates, Time to Appointment, Diagnostic Categories and Age. Karl Weber, PhD).

The balance of the services delivered, 167,000 were in the RRP, PRP and COP

programs.

## **Intake and Billing Procedures**

Key Point performs the intake, screening and evaluation process for each patient enrolled in either/or the Residential Rehabilitation Program (RRP), the Psychiatric Rehabilitation Program (PRP), the Outpatient Mental Health Clinic (OMHC), and the Community Outreach Program (COP). The following text provides the intake, evaluation, screening and billing procedures for each of these programs. It is essential to understand that a patient can, and many times is, enrolled in each of the distinct and separate programs. Treatment records will exist in each of the distinct programs with overlapping treatment notes between the various programs.

### ***Patient Services OMHC:***

The outpatient mental health clinic (OMHC) provides mental health services to children, adolescents, and adults. Key Point accepts Medicare, Medical Assistance, the underinsured or Greyzone and self payment for our services. Both Medical Assistance and the underinsured are covered by the Public Mental Health System PMHS. A small percentage of our patients are paid by private insurance. If the patient is a member of the PMHS and uninsured, they must meet one of seven criteria in order for Key Point to be reimbursed for their services:

1. eligible for Pharmacy Assistance, or
2. has received services in the PMHS in the last 2 years, or
3. homeless, or
4. on SSDI due to a psychiatric impairment, or
5. has been incarcerated within the last 3 months, or
6. on conditional release from a MD state hospital, or
7. Discharged from a psychiatric hospital within the last 3 months.
8. Patients meeting any of the above criteria will be charged \$2.00 co-pay, with the PMHS system responsible for the balance of the payments for services rendered. Depending on the financial situation of a particular patient, co pays are not always collected. Medical Assistance patients have no co-pay. Key Point follows the guidelines set by Medicare for self pay rates.

Patients gain admittance to the OMHC by first calling and giving brief demographic information and a brief description of their problem. New patients are given a face to face screening appointment within 24-48 hours. At that time, they are screened by an advanced licensure therapist, who reviews their eligibility for services and refers out those who are inappropriate for traditional outpatient services. If appropriate for our services prospective patients are given an intake appointment to meet with their therapist. At the intake, the

therapist performs a bio-psychosocial assessment. The patient is then referred to a psychiatrist within the clinic for a diagnostic evaluation. The patient is usually followed by at least these two clinicians, though the treatment team may consist of more providers in the future depending on the nature of the treatment planned. The therapist develops a treatment plan with the patient's input and agreement. The treatment plan is then reviewed by the treatment team.

Patients receiving services under the PMHS must have their services authorized by BEACON, which is the administrative service organization (ASO) that manages mental health benefits, under contract, for the Department of Health and Mental Hygiene in Maryland. Providers, such as Key Point who are registered with BEACON access their authorization system through a secure internet connection. Patients are registered with BEACON at the time of screening, at which time BEACON authorizes 12 unmanaged visits for therapy, an evaluation authorization, and 12 medication management visits. Requests for further authorizations require the submission of a treatment plan that is satisfactory peer review by BEACON care managers. Patients are billed according to the services provided by the therapists and doctors. Services are documented on an encounter sheet, which is tallied and submitted to the billing offices daily. Co-pays are collected at the time of service, with documentation of such submitted to the billing office daily. Deposits of co-pays are done weekly.

The OMHC offers individual, group, family and medication management services to patients 5 years old and up. We tend to focus on those individuals with chronic mental illness or severe family dysfunction. All of our services are voluntary however, in some cases the treatment may be court appointed. All patient appointments are entered in the STREAMLINE electronic scheduler and an encounter form is generated from the electronic scheduler for each patient appointment and attached to the patient's chart the day of the appointment. The encounter form includes patient demographic information, diagnosis, date and time of service, current insurance identification information and a computer generated list of CPT codes that are approved HIPAA compliant.

Following the delivery of a particular service, the clinician marks the Current Procedural Terminology (CPT) code that was appropriate for the service completed. This encounter form is then given to the clinic office manager who enters the data into our STREAMLINE data and billing system. A copy of the encounter form is maintained for a permanent record of service. The services entered into STREAMLINE audited for accuracy, then are electronically billed to the appropriate provider by the KPHS administration office in Aberdeen, Md.

### **Documentation Protocol**

Following the provision of a service, it is documented on the Patient Attendance Sheet, and an appropriate progress note is made in the patient's chart and appropriately signed. If medication management was provided, the psychiatrist also documents all medication prescribed on the medication log by name, dose, and count and any other medical services provided I. e. medical history, blood

pressures, and review lab work. It is also noted that benefits and side-effects were explained if a new medication prescribed.

### ***Children and Family Services, School Based Program***

The school based program is an extension of our clinic based services. We provide therapeutic services to selected students in local schools in Baltimore and Harford Counties. The schools must agree to these services and, in most cases, have completed a contractual agreement between the school system and Key Point. Although each school identifies children who they feel would benefit from Key Point services, it is the parent/guardian (or other court appointed agencies) who authorize Key Point to work with the child. In addition, Key Point has a Memorandum of Understanding with The Children's Home in Catonsville to provide services to selected children in that program.

#### **Intake:**

Referrals are received from the school, clinic, families, and other agencies. The referral form indicates who in the school spoke with the parent and that the parent has given permission for Key Point to call them. Alternatively the parent may chose to call Key Point directly. Based on the completed referral form the school based therapist contacts the family and completes the application. The clerical staff will verify Medical Assistance participation and obtain an authorization for services. If a student is not eligible for services then the referring agency is notified of such and alternative treatment options may be provided.

Upon completion of the above steps the parent/guardian and the child will be scheduled for an admission appointment. This will be scheduled in the local school or in the local KPHS office at the preference of the parent. The therapist will obtain paperwork that supports the parent's authority to sign for the child's services. This could include such things as Birth Certificate, custody papers from the court, or other legal documents. During the admission interview the therapist completes a psychosocial evaluation, develops a diagnosis or diagnostic impression, and establishes the initial plan for treatment.

#### **Treatment Services:**

The school based program provides a range of therapeutic services which are designed to meet the clinical needs of each child. Services provided in the schools include individual, family and group therapies. In addition, all children are encouraged to be evaluated by a child psychiatrist. Any Psychiatric services are completed in a local clinic. When appropriate the child may receive medication management from the psychiatrist. Students who are not seen by the psychiatrist will be seen by a therapist who is credentialed to provide a diagnosis. If the primary therapist is not so credentialed then the diagnosis will be arranged through a clinician who is so credentialed. Continued treatment will be supervised by a credential therapist.

During the summer months children are encouraged to continue to receive therapy either in the school or in the local office. Through a variety of groups and

individual and family therapies the summer program seeks to maintain progress from the school year, provide structure in the youth's lives, and to concentrate on specific clinical needs. These groups usually are held twice a week and cover a variety of topics which include such things as anger management, social skills, stress management and the like.

Family therapy is generally a required part of treatment for all children in the school based program. However, in recognition that many of these families would not receive any mental health services if not seen in the school, we evaluate each case individually. At times it is a lengthy process to engage some families. In these cases the therapist will make multiple attempts to build trust with the family and to educate them as to the benefits of their involvement in treatment. If it is determined that a child will not benefit from treatment without the parent/guardian's involvement in treatment then family therapy will be required or the case closed. Generally, if the child is receiving medication management services through Key Point then family involvement is required on at least a monthly basis.

### ***Community Outreach Program***

The overall goal of the Community Outreach program is to maximize the community integration of persons with psychiatric disabilities by providing quality rehabilitation services. The Community Outreach Program is part of the overall Psychiatric Rehabilitation program, which includes on and off site services. The process of obtaining services is listed below.

- A psychiatrist and/or therapist deem that a patient is appropriate for services, a referral is sent to the program.
- Once the referral is received, the program manager or director will meet with the patient, contact the referral source and establish an open case. Once complete the patient is assigned a counselor to work one on one with that patient.
- The one on one working alliance between Outreach Worker and the patient assists in managing psychiatric symptoms. In addition, the program works with the patient to maintain their environment of choice.
- The Community Outreach Program supports patients in their own homes and the community by providing the following services:
- Life Skills training (i.e. Maintenance of housing such as cleaning, grocery shopping, and banking), Independence Support, Mobility Training, Case Management (i.e. Housing, entitlements), Social event opportunities, Assistance with scheduling and maintaining appointments, Medication monitoring of self administration, Crisis intervention, Liaison and assistance with other services and care providers including hospitals and physicians, Coordination with vocational services.

### **Acquisition of Authorization and Reimbursement**

Once a person has been referred the authorization process consists of

completing an online authorization request to BEACON Healthcare the managing entity for the Department of Mental Health and Hygiene Administration. This request will either be managed by BEACON or routed to the respective county's Core Service Agency depending on if the person has Medicaid, Medicare or is uninsured. Regardless, the process of determining the medical necessity is consistent through both methods. Once the treatment has been authorized the provider is given an authorization number and a span of time. This allows the agency to submit claims for services rendered.

Upon entry into the program, the program begins to work toward rehabilitation goals introduced in the treatment plan by meeting either as a group or individually and bills for each encounter until a patient has met a threshold number of visits set by BEACON at which time the agency is paid a case rate amount. An encounter is defined as a visit of at a minimum of 15 minutes for an off-site visit and 60 minutes for and on-site visit.

Treatment provided is circular in nature. Courses of treatment are determined through the use of short term goals and encounters focus on these goals with the intent of eventually achieving long term goals. Each billing event should include recognition and work toward the above listed services.

Support for each billing event consists of a service ticket which staff and patient both sign with date and time of meeting. In addition, depending on whether it is a group activity or individual meeting an explanation of services provided also appears on this documentation. This documentation is submitted to the billing department at which time it is sent electronically to be paid by BEACON Healthcare. Billing tickets are then returned to each site and kept in storage.

Service tickets should reflect that goals that were written as part of the request for authorization were addressed during billing encounters. In addition, monthly progress notes address the month in it's entirety as opposed to each meeting as well as justification every six months through the submission of another authorization request.

## ***Psychiatric Rehabilitation Program (PRP)***

### **Program Overview**

The Psychiatric Rehabilitation Program provides services to adults with serious and persistent mental illness. The mission of the program is to maximize the community integration of our members and enable them to be successful and satisfied in the environment of their choice by working together to develop useful rehabilitation goals. The program works to assist the client in clarifying their preferences for future movement to greater independence. The general focus of these choices include the living, learning, working and social environments.

Each member of the program has an assigned Rehabilitation Specialist who works directly with the client to develop an Individualized Rehabilitation Plan (IRP). The IRP provides a detailed plan which includes the clients' long term

objectives and short term goals which need to be completed in order to achieve those objectives. Assessments are completed in order to determine the areas of critical skill deficits. These deficits are then addressed through skill programming and skill teaching models to overcome the barriers presented. Interventions for these skill goals are provided through one on one counseling meetings, classroom instruction, community integration activities, sheltered employment opportunities, case management and coordination of services with the other providers.

The program provides an environment of opportunities for learning, work, socializing and community networking. The mornings primarily consist of classroom instruction on an array of subjects. These include the formal educational classes such as Symptom Management, Stress Management, Medications, Social Skills Training, Health, Nutrition, Diabetes Education, Academics/GED Preparation, Computer Training and Mentally Ill Substance Abuse (MISA). Classes also focus on the development of increasing individual interests and leisure skills such as Ceramics, Woodshop, Art, Music, Cooking, Spirituality and Bible Study. The mornings offer the members at least five classes to choose from each day. The afternoon program provides community integration activities that promote assistance with skill development. These activities include exercise opportunities such as working out at a private gym, bowling, assistance with shopping for personal needs, banking and education opportunities in the community. Social skills development through leisure and recreational activities such as trips to museums, local events and historical sites are included on a regular basis.

The Sheltered Employment Program provides various opportunities for clients to return to the workforce after years of unemployment with the assistance of a Supervisor who is trained to provide ongoing instruction in job skill development. The areas for job skill development include janitorial, clerical, food service and landscaping. Services are then coordinated with the Department of Rehabilitation Services (DORS) in order to increase future opportunities for job training and employment options in the community. Case Management provides clients the assistance needed to obtain and maintain entitlements.

### **Intake Process:**

1. Clients are referred from the following sources:
  - Key Point Outpatient Mental Health Center
  - Key Point Residential Rehabilitation Program
  - Private Outpatient Mental Health Providers
  - Hospital Based Outpatient Mental Health Centers
  - State Hospitals
  - Core Service Agencies
2. The referral source contacts the case manager to review the necessary clinical information and eligibility criteria for entrance to the program. The program services available and needs of the client are discussed in order to establish

compatibility.

The referral source then completes a written referral which documents the previously mentioned items and forwards it to the Case Manager. The **Priority Population** form attached describes the State implemented **eligibility criteria requirements**.

3. Once the referral documentation is received the Case Manager begins contacting the client within five business days. Continued efforts are made every five days after until an intake appointment has been established. Each attempt at contact is recorded and filed with the referral. The referral source is informed of the intake appointment or of problems making contact with the client.
4. The clinical information provided is entered into an Authorization Request for Services and submitted for approval to the authorizing party, BEACON.
5. During the initial intake meeting services are reviewed with the client and a tour of the program is provided. A general overview of opportunities available, classroom instruction, community integration activities and general schedule of events are reviewed. The Case Manager begins the process of establishing the clients chart. Several initial forms are presented and reviewed with the client. Once the client expresses their understanding and agreement, they sign and date each.
  - a. Adult Day Care Meal Benefit Application
  - b. Demographics/Financial Information
  - c. Record of Entitlements
  - d. Emergency Contact Information
  - e. Members Rights
  - f. Rules of the Program
  - g. Grievance Policy and Procedure
  - h. Financial Agreement
  - i. Consent for Services
  - j. Staff Support
  - k. Privacy Practices
  - l. Releases of Information for Records
6. Upon completion of the initial intake, the client's agreement of participation and schedule of attendance are confirmed. The Demographics/Financial Information Form is then submitted to the Billing Department Manager in order to establish the system for reimbursement of services.
7. The client is then assigned to a Rehabilitation Specialist who takes over management of their treatment. Within 30 days of the initial intake the Rehabilitation Specialist will complete the Initial Assessments (Level of Functioning, Resource and the Multnomah Community Ability Scale) Social History, Treatment Plan and Initial Progress Note, all of which explain and justify the services being provided.
8. Ongoing documentation of treatment is a combination of Individualized

Rehabilitation Plans (IRP) identifying client specific goals to be completed every 180 days Progress notes providing updates every 30 days on the IRP goals and the daily Service Tickets recording the type of contact and service received by each client.

### **Services Provided/Billing:**

Client services include a wide array of activities. These encompass individual meetings, classroom educational opportunities and community integration activities. The services are recorded on a Service Ticket which includes the following components.

1. Date
2. Start Time/End Time
3. Service Code
4. Service Location
5. Name of Activity
6. Signature of Staff performing the activity
7. Contact Summary of what/how the service was provided
8. Clients Signature

Before the end of each day the Service Tickets are reviewed for accuracy then submitted to the Billing Department. The services are then entered according to whether they were provided on-site at the program or off-site in the community.

1. Individual Meetings are no less than 15 minutes in length and as long as needed.
2. Classroom Instruction is 1.5 hours.
3. Community Group Integration Activities are 2 hours.
4. Individual Integration Activities are no less than 15 minutes and as long as needed.

The services provided are coded according to their identifying rehabilitation activity. They are categorized under seven main codes, and then subcategorized according to the functioning skills of each providing a total of 49 codes.

- 1 BASIC SUPPORT SERVICES
- 2 SELF CARE SKILLS
- 3 SOCIAL SKILLS
- 4 INDEPENDENT LIVING SKILLS
- 5 MEDICATION SKILLS SUPPORT
- 6 HEALTH TRAINING SKILLS
- 7 VOCATIONAL

### ***PRIORITY POPULATION DEFINITIONS for PRP***

- 295.10 Schizophrenia, Disorganized Type

- 295.20 Schizophrenia, Catatonic Type
- 295.30 Schizophrenia, Paranoid Type
- 295.40 Schizophreniform Disorder
- 295.60 Schizophrenia, Residual Type
- 295.70 Schizoaffective Disorder
- 295.90 Schizophrenia, Undifferentiated Type
- 296.33 Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
- 296.34 Major Depressive Disorder, Recurrent, Severe With Psychotic Features
  - Delusional Disorder
  - Psychotic Disorder, NOS
- 301.22 Schizotypal Personality Disorder
- 301.83 Borderline Personality Disorder
- 296.43 Bipolar I Disorder, Most Recent Episode, Manic, Severe Without Psychotic Features
- 296.44 Bipolar I Disorder, Most Recent Episode, Manic, With Psychotic Features
- 296.53 Bipolar I Disorder, Most Recent Episode, Depressed, Severe Without Psychotic Features
- 296.54 Bipolar I Disorder, Most Recent Episode, Depressed, Severe With Psychotic Features
- 296.63 Bipolar I Disorder, Most Recent Episode, Mixed, Severe Without Psychotic Features
- 296.64 Bipolar I Disorder, Most Recent Episode, Mixed, Severe With Psychotic Features
- 296.80 Bipolar Disorder, NOS
- 296.89 Bipolar II Disorder

**AND**

PRIORITY POPULATION individuals must meet the target diagnostic criteria and meet the following functional limitations:

Impaired role functioning on a continuing or intermittent basis for at least two years, including at least three of the following:

- Inability to maintain independent employment
- Social behavior that results in interventions by the mental health system
- Inability, due to cognitive disorganization, to procure financial assistance to support self in the community
- Severe inability to establish or maintain a personal support system, or
- Need for assistance with basic living skills The diagnostic criteria may be waived for the following two conditions:

1. An individual committed as not criminally responsible who is conditionally

released by a Mental Hygiene Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland or

2. An individual in a Mental Hygiene Administration facility with a length stay of more than six months who require RRP services, but who does not have a target diagnoses. This excludes individuals eligible for Developmental Disabilities services.

### ***Residential Rehabilitation Program (RRP)***

Key Point Health Services Residential Rehabilitation Programs serves clients in Baltimore City, Baltimore County, and Harford County. The RRP provides housing and the support services for clients who meet the Priority Population Criteria. Key Point rents or owns homes and apartments in local communities and the reimbursement is provided by the State of Maryland based on each day the home is occupied by the resident. Referrals to the program come through the Core Service Agency (CSA) for each jurisdiction. The steps for application to the program are as follows:

- A standard application is filled out by the client, therapist, family member, or other involved party.
- The application is sent to the CSA for the jurisdiction in which the client is looking to locate.
- The CSA reviews the application and determines if the client meets the basic requirements for placement in a residential rehabilitation program.
- The CSA determines which level of service is most appropriate for the client seeking placement into the program (i.e. general level or intensive level of services.)
- The client is placed on the CSA's waiting list.
- When a program in the CSA's jurisdiction has a vacancy, the referral is sent to that program for screening by the program to determine if the program can service the client.

Once a program receives a referral, the following steps are taken:

- The case manager or another member of the residential staff sets up a face to face interview with the perspective client within five days of receipt of the referral.
- The program representative reviews with the perspective client what the program has to offer and what the rules, regulations, and requirements of the program are.
- The program representative will review documentation available on the client.
- The referral and interview results will be discussed with the residential team and a decision as to placement or denial will be made (this must

- take place within 10 business days of the initial receipt of the referral.
- If the client is accepted for placement into the residential program, the client will be notified and any transition visits will be arranged.
- A move in date will be given to the client.
- If the client is not accepted for placement, a letter will be sent to the client outlining the reasons for non acceptance.

Once a client is placed into the residential rehabilitation program, authorization must be requested and approved by CSA and BEACON (the payer for the Maryland Public Mental Health System.) Clients are approved as either general or intensive level. The program is paid a monthly case rate for each client. The rate is based on the following:

- If the client receiving general or intensive level of services.
- If the client is being served by one provider or multiple providers.
- If the client is receiving on-site or off-site services or a combination of these services.
- How many days of service per month the client receives.

Bills are submitted to BEACON. Each level has a predetermined minimum number of encounters that are needed to be reimbursed for the case rate. If the minimum number of encounters is not met for the month, the reimbursement cascades down to the next level of reimbursement. Direct care staff fill out an encounter log that notes the time spent with the client and the rehabilitation that is being worked on with the client.

## **Billing Procedures**

### **OMHC Clinic Billing**

Encounter forms/Service Tickets are printed and given to the doctor and or therapist to fill out for services performed on that day for a specific client. The encounter forms are then given to the office manager for data entry into STREAMLINE. Once the encounter forms are entered into STREAMLINE they are sent up to the billing department for auditing and transmission to BEACON/Medicare. After the claims are submitted to BEACON/Medicare they are filed here in the office for seven years. A copy is also kept at the site for one year. To audit an OMHC visit, the investigator should review the following:

1. The encounter form
2. Progress note and/or medication log in the OMHC chart
3. Billing event in STREAMLINE
4. Payment in STREAMLINE
5. Review for any retractions in the STREAMLINE system
6. Verify the payment/retraction with the Paper Explanation of Payments (EOP)

## School Based Services

The therapist (or clerical staff if in the clinic) completes a financial information form, copies insurance cards, and if the patient has Medical Assistance or Pharmacy Assistance will obtain the authorization for services. At each visit the insurance is re-verified usually through the EVS System. As part of the contract in Harford County we provide services to all students irrespective of insurance coverage. Each visit is billed daily on an Encounter form/Service ticket. If the therapist is credentialed with a private insurance we will bill the insurance company and collect the designated co pay from the family. If we are not credentialed with an insurance company then the therapist will establish a fee in discussion with the family. The family is sent a statement for services. To audit a service provided under the School Based Program, the investigator should review the following:

1. The encounter form
2. Progress note in the School Based chart.
3. Billing event in STREAMLINE
4. Payment in STREAMLINE
5. Review for any retractions in the STREAMLINE system
6. Verify the payment/retraction with the Paper Explanation of Payments (EOP)

## PRP/RRP/COP Billing

Encounter Forms/Service tickets are preprinted for that day; each client signs the service ticket that he/she attends. The service tickets are then sent to the billing department for data entry. Once the service tickets are entered in to STREAMLINE they are audited and then transmitted to BEACON. After the claims have been transmitted to BEACON the originals are returned to the site for filing. A copy of the service ticket day sheet is kept in the billing department for seven years. All visits to the PRP/RRP/COP are currently paid on a case rate schedule depending on the authorization level assigned by the PMHS provider and/or CSA. DHMH has determined that if the assigned level of service is not achieved, the provider may cascade down to the next level of service. The various levels of authorization are as follows:

### Cascading Blended POS 49



### Cascading Spilt POS 15 or 52



**INTENSIVE RRP AND ON-SITE BILLING (U7/U5)**

**Authorize/Bill as U7-49**

Min. Visits	Amount
23	3245
19	2845
17	1474
13	1074
6	667
5	440
4	400
3	389
2	222

**Authorize/Bill as U5-52**

Min. Visits	Amount
4	400
3	227
2	167

**Authorize/Bill as U5-15**

Min. Visits	Amount
19	2845
13	1074
5	440
2	222

**GENERAL RRP AND ON-SITE BILLING (U6/U4)**

**Authorize/Bill as U6-49**

Min. Visits	Amount
17	1474
13	1074
6	667
5	440
4	400
3	389
2	222

**Authorize/Bill as U4-52**

Min. Visits	Amount
4	400
3	227
2	167

**Authorize/Bill as U4-15**

Min. Visits	Amount
13	1074
5	440
2	222

**SUPPORTED LIVING BILLING (U3)**

**Authorize/Bill as U3-49**

**Authorize/Bill as U3-52**

**Authorize/Bill as U3-15**

Min. Visits	Amount
6	667
5	447
3	389
2	222

Min. Visits	Amount
3	227
2	167

Min. Visits	Amount
5	440
2	222

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**COMMUNITY LIVING BILLING (U2)**

**Authorize/Bill as U2-49**

Min. Visits	Amount
3	389
2	222

**Authorize/Bill as U2-52**

Min. Visits	Amount
2	167

**Authorize/Bill as U2-15**

Min. Visits	Amount
2	222

Each service performed in a given day is entered on a group service ticket and entered into the STREAMLINE billing system. All of the minutes on the service tickets for a patient are then totaled for the day into two categories On-Site and Off-Site. Once the billing system totals the visits an encounter is then billed depending on whether or not the services performed total the required amount of minutes for the On-Site or Off-Site encounter. An On-Site encounter requires a total of 60 minutes or more. An Off-Site encounter requires a total of 15 minutes or more. Each encounter is then sent to the PMHS provider. The PMHS provider tally's the encounters monthly. Once the patient has met the threshold for his/her particular authorization level a bill is generated by billing department through STREAMLINE and sent to the PMHS provider for payment of the authorized case rate. If at the end of a billing cycle a patient does not meet the required threshold for his/her level of authorization, the billing rates are cascaded down to the next level of payment for which meets the number of services provided. The billing department maintains a schedule in excel to determine when the patient meets the threshold level for his/her authorization. No less than weekly a report is generated in the STREAMLINE billing system (Case Rate Report). This report is used to enter the number of encounters a patient has received into the excel spreadsheet. The PMHS provider regularly reviews the encounter data submitted by the providers to ensure that we have billed the correct level of service has been billed. If an error is found the PMHS provider sends a retraction report to the provider. The provider has 30 days to correct

and resubmit the encounter data and bill if necessary. To audit a service provided under the PRP/RRP/COP, the investigator should review the following:

1. The service tickets
2. The encounter data
3. Progress note and/or authorization in the PRP/RRP/COP chart
4. The Case rate billing
5. The excel worksheet used to track whether or not the patient has met the authorized level of service
6. Billing event in STREAMLINE
7. Review for any retractions in the STREAMLINE system
8. Payment in STREAMLINE
9. Verify the payment/retraction with the Paper Explanation of Payments (EOP)

### **Bed Day Billing (RRP)**

Every Monday each residential program sends up a list to the billing department indicating which patients have attended the program for that week. Bed days are then entered into the STREAMLINE billing system according to the list provided. Once the bed days are entered into STREAMLINE they are audited and then transmitted to BEACON weekly. The list and a copy of the Day sheet entry are kept in the billing department for seven years. Under the current Comar regulations a bed day is allowed to be billed even though a patient may be temporarily absent from the program i.e., hospitalized, family visit, incarcerated, etc. The absence may not exceed 30 days. The regulations provide for these temporary absences in order to preserve the patients residential living arrangements. On the 31<sup>st</sup> day the patient must be formally discharged and no longer billed for a bed day. To audit a service provided under the RRP, the investigator should review the following:

1. The list provided to the billing department each week.
2. Determine whether or not a client was absent from the program for greater than 30 days. Any of the following would help to confirm the presence of a patient - the patients' program chart to view ongoing treatment, other billing events in any other program particularly the RRP or grocery checks cashed by patient.
3. Billing event in STREAMLINE
4. Review for any retractions in the STREAMLINE system
5. Payment in STREAMLINE
6. Verify the payment/retraction with the Paper Explanation of Payments (EOP)



