

**West Virginia Department of Health and Human  
Resources  
Bureau for Behavioral Health Services**

**Support and Alternative Services Reporting Policy**

Effective July 1, 2005 (Revised 10/15/04)

**For the Comprehensive Behavioral Health Centers  
To be reported to the Bureau**

**SUPPORT CODE INSTRUCTIONS**

An initial \$2,500,000 was appropriated by the legislature for FY 2002 to assist in the changing the structure of the state's mental health system. The purpose of the appropriation was to phase-in funding for the provision of support services that were no longer eligible for Medicaid reimbursement or would not be approved as medically necessary under utilization management. In FY 2003 an additional \$2,500,000 was appropriated by the legislature to further ensure the continuation of appropriate community based services no longer covered under the Medicaid program.

The Office of Behavioral Health Services has allocated these funds to Centers based on population for FY 05. During this year, Centers will justify their allocation by using the attached codes. **THIS IS A GRANT METHODOLOGY AND NOT A FEE FOR SERVICE SYSTEM.** In FY 06, the \$5,000,000 will be allocated based on the Center's percentage of services justified to the total system's services justified.

**ELIGIBILITY**

Consumer must have a primary diagnosis of mental illness. Co-occurring diagnosis of mental illness and substance abuse or mental illness and MR/DD is acceptable.

**AND**

IRS income must be no greater than 200% of the Federal poverty level or the attached waiver form must be completed. (See Page 2 – Greater than 200% of poverty waiver form)

**Consumers who have a MR/DD waiver slot or are on the waiver wait list are not eligible for support services.**

**ACCOUNTING**

Each service provided will be posted to the general ledger and reported on the standardized financial statements. The accounts are 4358 Support and Alternative Revenue (credit) and 4315.1 Charity Care—Support and Alternative Services (debt).

**SUPPORT AND ALTERNATIVE SERVICES  
WAIVER OF INCOME REQUIREMENTS**

**DATE** \_\_\_\_\_

**CONSUMER**

**NAME** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

**INCOME** \_\_\_\_\_ **NO. IN FAMILY** \_\_\_\_\_

**200% ABOVE POVERTY LEVEL FOR THIS NUMBER** \_\_\_\_\_

**JUSTIFICATION TO RECEIVE SUPPORT SERVICES:**

\_\_\_\_\_ **TO PREVENT HOSPITALIZATION. Explain Services needed and length of time.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **OTHER. Explain need, service, and length of time.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**CONSUMER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CASE MANAGER**

\_\_\_\_\_  
**DATE**

**OFFICE OF BEHAVIORAL HEALTH AND HEALTH FACILITIES  
SUPPORT CODES  
AND RATES**

| <b>BH<br/>CODE</b> | <b>SERVICE</b>                         | <b>UNIT</b> | <b>RATE</b> | <b>PROPOSED<br/>RATE</b> |
|--------------------|--|-------------|-------------|--------------------------|
| BH 630             | GENERAL SUPPORT<br>RESIDENTIAL SUPPORT | 15 MIN      | \$3.13      | <del>\$10.50</del> 11.12 |
| BH 634             | 1:1                                    | 15 MIN      | \$3.13      | \$5.00                   |
| BH 635             | 1:2                                    | 15 MIN      | \$1.73      | \$4.00                   |
| BH 636             | 1:3                                    | 15 MIN      | \$1.30      | \$3.00                   |
| BH 637             | 1:4+                                   | 15 MIN      | \$1.09      | \$2.00                   |
|                    | SOCIALIZATION SUPPORT                  |             |             |                          |
| BH 641             | 1:1                                    | 15 MIN      | \$3.25      | \$5.00                   |
| BH 642             | 1:2 OR 3                               | 15 MIN      | \$1.87      | \$4.00                   |
| BH 643             | 1:4 OR 5                               | 15 MIN      | \$1.18      | \$3.00                   |
| BH 644             | 1:6 OR MORE                            | 15 MIN      | \$0.95      | \$2.00                   |
| BH 650             | RESPITE SUPPORT                        | 15 MIN      | \$2.50      | \$2.50                   |
| BH 652             | NURSING SERVICES                       | 15 MIN      | \$6.50      | \$10.00                  |
|                    | PRE-VOCATIONAL SUPPORT                 |             |             |                          |
| BH 654             | 1:1                                    | 15 MIN      | \$12.00     | \$12.00                  |
| BH 655             | GROUP                                  | 15 MIN      | \$6.00      | \$6.00                   |
|                    | SUPPORTIVE EMPLOYMENT                  |             |             |                          |
| BH 656             | 1:1                                    | 15 MIN      | \$5.00      | \$5.00                   |
| BH 657             | GROUP                                  | 15 MIN      | \$3.63      | \$3.63                   |
|                    | TRANSPORTATION SERVICES                |             |             |                          |
| BH 660             | AGENCY                                 | TRIP        | \$5.95      | \$5.95                   |
| BH 661             | MILEAGE                                | MILE        | \$0.38      | \$0.38                   |

## **RESPITE SUPPORT SERVICES**

### **CODE BH 650**

#### **Definition**

**Respite Support** is temporary care and supervision for a participant who cannot provide for all of his/her needs. This service is used for short-term intervals due to the absence/need of the participant's primary care giver(s). Respite care may include any of the following components as deemed appropriate/necessary by the IDT.

Supervision  
Monitoring  
Maintenance of skills

#### **A. The Purpose of Respite Support Services**

1. Allow the participant's primary care giver(s) to have planned time for him/herself and/or other family members.
2. Provide assistance to the participant's primary care giver(s) or participant in crisis or emergency situations.
3. Ensure the physical and/or emotional well being of the participant's primary care giver(s) or the participant by relieving the primary care provider(s) of the responsibility of providing care.
4. Be used as a back-up service when the participant's primary care giver(s) is not available.

#### **B. Providers of Services - Respite Support Services**

1. Respite Support are respite services which are provided by employees of a behavioral health center.

#### **C. Location of Services - Respite Support Services. Location of services should be in the most integrated setting as determined by the IDT.**

1. Participant's residence by a qualified provider;
2. Medicaid certified hospital;
3. Out of the participant's residence in a Medicaid certified group home or facility; and/or,

4. The community.

**D. Qualifications - Respite Support Services**

1. The provider must be age eighteen (18) years or older.
2. The provider must have a high school diploma or GED.
3. All respite providers must be screened through a Criminal Investigation Bureau (CIB) background check.

**E. Training Requirements - Respite Support Providers**

1. Understanding mental illness.
2. Sensitivity to participants and family concerns and needs.
3. Participant - Specific Training.
4. Consumer rights and confidentiality.
5. Recognition and reporting abuse and neglect.
6. Documentation Requirements.
7. Training in de-escalation and passive restraint.
8. CPR
9. First Aid

**F. Documentation Requirements - Respite Support Services.** Each provider of Respite Support services is required to complete a tracking form for each month.

1. Respite Services Tracking form includes:
  - a. Name of the participant;
  - b. Name of Respite provider;
  - c. Month of service;
  - d. Breakdown of the day and total amount of time respite was provided on that day in the given month;

- e. Total amount of units being submitted to the given month (1 unit = 15 min);
- f. Respite provider(s) signature and date at the end of the month which verifies that services were provided as documented; and,
- g. Service Coordinator's signature/date.

**G. Limitations - Respite Support Services**

- 1. The monthly total is 120 units.
- 2. One (1) unit = 15 minutes.

**H. Restrictions - Respite Support Services**

- 1. Respite Support providers may not provide Respite Support services to more than two (2) participants simultaneously.
- 2. Respite Support services may not be billed overnight. This service must be included in the participant's Treatment Plan.
- 3. Respite Support services may not be billed concurrently with any other support services.
- 4. Transportation services may not be billed concurrently.

**RESIDENTIAL SUPPORT SERVICES**  
**CODE BH 634, 635, 635, 636, 637**

**Definition**

**Residential Support Services** are support services delivered in a participant's residence and in the community which provide assistance to enable him/her to maintain skills which will allow him/her to live and socialize more independently.

Residential Support services may be billed for the following staff to participant ratios:

1 - 1, 1:2, 1:3, and 1:4 or more.

**A. Components of Residential Support Services**

Examples of support areas:

Personal grooming

Meal preparation

Self medication

Household skills

Community service skills

Independent living activities

Dressing

Emergency skills

Interpersonal skills

Independent travel

Staff supervision and  
protective oversight

1. Assistance, supervision and monitoring
  - a. Support noted by the presence of staff necessary for the participant to interact in home life or community activities. This assistance, supervision and monitoring is not presented in a training format with a formal step by step procedure.
  - b. The IDT determined if the participant requires assistance, supervision and/or monitoring.

**B. Location of Service - Residential Support Services. Location of services must be in the most integrated setting as determined by the IDT.**

1. Group Homes (GH) licensed by OHFLAC to service individuals who have a MI diagnosis.
2. The participant's family home or adoptive family home.
3. Adult Family Care Homes

4. Residential services may be carried over into the community as necessary for those support services which are outlined specifically in the Treatment Plan

**C. Qualifications - Residential Support Provider**

1. The provider must be age eighteen (18) or older.
2. The provider must be a contract provider or employee of a licensed behavioral health center licensed by the Office of Health Facilities Licensure and Certification (OHFLAC).
3. The provider must have a high school diploma or GED.
4. All residential support providers must be screened through a Criminal Investigation Bureau (CIB) background check.

**D. Training Requirements - Residential Support Provider.** All documentation of training and qualifications requirements must be maintained in personnel files maintained by the agency. The provider must meet all qualifications and training requirements prior to starting service provision and billing.

1. Understanding mental illness.
2. Sensitivity to participants and family concerns and needs.
3. Participant - Specific Training.
4. Consumer rights and confidentiality.
5. Recognition and reporting abuse and neglect.
6. Documentation Requirements.
7. Training in de-escalation and passive restraint.
8. CPR
9. First Aid

**E. Documentation Requirements - Residential Support Services**

1. There must be a clinical progress note for each twenty-four (24) hour period. This documentation must include a description of the activities



provided along with the date of service and the signature and credentials of the provider.

**F. Limitations - Residential Support Services**

No more than 24 hours of any combination of any services billed to any source may be billed for any one consumer.

**G. Restrictions - Residential Support Services**

1. Residential support services may not be billed concurrently with any other support services.
2. Transportation services may be billed concurrently where it is deemed necessary to provide assistance and supervision as approved by the IDT.

## **GENERAL SUPPORT SERVICES**

### **CODE BH 630**

#### **Definition**

**General Support services** include activities which are needed to help a participant achieve success and satisfaction in the community. This can include non-treatment-oriented discussions with participants, or assisting in the community with shopping or appointments, when a skill training program is not being implemented. Examples would include time spent with or without the participant obtaining goods or services for the participant, time spent at medical appointments, time spent serving as a representative payee for a participant, and time spent completing necessary forms for indigent medication programs.

General Support services are complimentary to and not exclusive of residential support services, as specified by individual needs on their Treatment Plan.

Participants will be able to access both general support services and residential support services under a combined service limit but cannot exceed more than 24 hours per day for any consumer.

#### **A. Components of General Support Services**

1. Assistance, monitoring, supervision and socialization
  - a. Support noted by the presence of staff necessary for the participant to interact in home life or integrated community activities as determined by the IDT. This is not presented in a structured format with a formal step by step procedure.
  - b. The IDT determines if the participant requires general support services to participate in these activities and documents the activities and the specific amount of time required.

#### **B. Location of Service - General Support Services. Location of service must in the most integrated setting as determined by the IDT.**

1. Community locations to implement those activities which support a participant's needs and choices.
2. Group Homes (GH) licensed by OHFLAC to serve individuals who have a MI diagnosis.
3. The participants/family home, or adoptive family home.

**C. Qualifications - General Support Providers**

1. The provider must be a contract provider or employee of a licensed behavioral health center licensed by the Office of Health Facilities Licensure and Certification (OHFLAC).
2. The provider must be age eighteen (18) years or older.
3. The provider must have a high school diploma or GED.
4. All providers must be screened through a Criminal Investigation Bureau (CIB) background check.

**D. Training Requirements - General Support Providers**

1. Understanding mental illness.
2. Sensitivity to individual and family needs and concerns.
3. Participant-specific training.
4. Consumer rights and confidentiality.
5. Recognition and reporting abuse and neglect.
6. Documentation requirements.
7. Training in de-escalation and passive restraint
8. CPR
9. First Aid

**E. Documentation Requirements - General Support Services**

1. General Support services providers must maintain detailed documentation (e.g., progress notes, daily activity logs) in the agency's chosen format.

**F. Limitations - General Support Services**

1. 1 unit = 15 minutes.
2. A maximum of 16 units per day per participant may be billed for this services.

**G. Restrictions - General Support Services**

1. General Support services shall not be billed concurrently with other support services.
2. Transportation services may not be billed concurrently where it is deemed necessary to provide assistance and supervision as approved and included in the participant's Treatment Plan.
3. A general support service provider shall only provide this service on a 1:1 staff ratio.

## **NURSING SERVICES**

### **CODE BH 652**

#### **Definition**

**Nursing Services** are services listed in the Treatment Plan which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or a licensed practical or under the supervision of a registered nurse, licensed to practice in the State of West Virginia. **A CONSUMER MUST RECEIVE ONE OTHER SUPPORT SERVICE TO BE ELIGIBLE FOR NURSING SERVICES.**

#### **A. Components of Nursing Services. Registered Nurse (R.N.) and/or Licensed Practical Nurse (LPN)**

1. Nursing services for which only a Registered Nurse (R.N.) and/or a Licensed Practical Nurse (LPN) can perform **including faxing new or changed orders to the pharmacy.**
2. Face-to-face assessments or evaluations of a participant.
3. Addressing a participant's medical needs over the phone.
4. Direct nursing care.
5. Medication administration.
6. AMAP related nursing services to ensure proper medication administration, by an authorized medication assistive person.

#### **B. Location of Services - Nursing Services**

1. The participant's home.
2. The participant's day services site.
3. Any other community location in West Virginia which provides the appropriate resources to deliver the specific skilled nursing service needed. Travel is not a reimbursable service for nursing services.

#### **C. Qualifications - Nursing Services**

1. Registered Nurse must

- a. Possess a current active West Virginia license in good standing to practice as a Registered Nurse; and,
  - b. Criminal Investigation Bureau (CIB) background check.
2. Licensed Practical Nurse must
  - a. Possess a current, active West Virginia license in good standing to practice as a Licensed Practical Nurse (LPN); and
  - b. Criminal Investigation Bureau (CIB) background check.

**D. Training Requirements - Nursing Services**

1. Understanding mental illness.
2. Sensitivity to individual and family needs and concerns.
3. Consumer rights and confidentiality.
4. Recognition and reporting abuse and neglect.
5. Documentation requirements.
6. CPR

**E. Prior Authorization Requirements - Nursing Services**

1. Process for internal prior authorization needs to be in place at each agency to determine parameters for same.

**F. Documentation Requirements - Nursing Services**

1. A progress note is required for each service provided.
2. The following outlines the minimum components which are required to be included in each case note.
  - a. Name of participant and client ID.
  - b. Date of service.
  - c. Total number of minutes to complete the service.

- (1) Minutes should be documented in “actual time” with start and stop times included.
- d. Type of activity.
- e. Type of contact.
  - (1) Face-to-face
  - (2) Phone.
  - (3) Written.
- f. Location of service.
- g. Detailed summary of the services provided.
  - (1) The note must “stand alone” which means prior knowledge of the participant is not required for any individual to read the progress note and fully understand what is occurring.
  - (2) The significance of people and places to the participant must be clearly identified in each case note.
  - (3) The reason for providing the service must be stated or apparent by reading the note.
  - (4) The outcome and/or result of the service must be specifically recorded or apparent by reading the summary of the service.
- h. Signature and credentials of the nurse.

## **SOCIALIZATION SERVICES**

**CODE BH 641 1:1**

**CODE BH 642 FOR 1:2 OR 3**

**CODE BH 643 FOR 1:4 OR 5**

**CODE BH 644 FOR 1:6 OR MORE**

### **Definition**

**Socialization Services** are a program of supervision designed to assist individuals to maintain his/her current skills in areas of daily living. Socialization services take place away from the participant's home and shall include activities in the community to facilitate skills maintenance. These are activities, which are needed to help a person achieve success and satisfaction in the community and are not reimbursable through other payment sources. This service is provided in a group setting.

Socialization services are billed in 1:1, 1:2 or 3, 1:4 or 5, and 1:6+ participant ratios.

Examples of socialization services are:

|                               |                       |
|-------------------------------|-----------------------|
| Emergency skills              | Volunteer activities  |
| Nutritional skills            | Social skills         |
| Self medication               | Interpersonal skills  |
| Household chores              | Community services    |
| Independent living activities | Independent travel    |
| Money management              | Community exploration |

**A. Location of Service – Socialization Services. Socialization must be provided in the most integrated setting as determined by the IDT.**

1. A day program operated by a behavioral health center, which is licensed by the Office of Health Facilities Licensure and Certification (OHFLAC). The services may be delivered at a licensed or certified site or in community settings in which it is appropriate to implement the participant's Treatment Plan.
2. Socialization services shall be implemented in the community as necessary to achieve those training objectives which are outlined in the Treatment Plan.
3. The community shall be used to implement the services outlined in the Treatment Plan. It is necessary for the IDT to develop a back-up plan which clearly outlines the steps that will be taken in the



event community based services are not able to be delivered on a particular day. This document is developed by the IDT.

**B. Qualifications – Socialization Services**

1. Provider must be of age eighteen (18) or older.
2. The provider must be an employee of a licensed behavioral health center licensed by the Office of Health Facilities Licensure and Certification, or an agency certified to provide the specific service through a limited provider agreement with the Bureau for Medical Services.
3. All providers must be screened through a Criminal Investigation Bureau (CIB) background check.
4. The providers must have a high school diploma or GED.

**C. Training Requirements – Socialization Services**

1. Understanding mental illness.
2. Sensitivity to individual and family needs and concerns.
3. Participant-specific training.
4. Consumer rights and confidentiality.
5. Recognition and reporting abuse and neglect.
6. Documentation requirements.
7. Training in de-escalation and passive restraint
8. CPR
9. First Aid

**D. Documentation Requirements – Socialization Services**

1. The minimum requirements for case notes are the following:
  - a. A schedule with a chronological listing of the general time frame of choices and activities.

- b. Documentation shall be maintained which reflects the opportunities the participant has for community-based services.
  - c. There must be a progress note for each day in which socialization services are provided. This documentation must include a description of the activity time spent and the signature and title of the staff providing the services.
- 2. The Treatment Plan must clearly state the number of hours and the specific days when the service will be provided. The location of the services shall be documented on the Treatment Plan as well.

**E. Limitations – Socialization Services**

- 1. A maximum of 320 units per month for all socialization services.
- 2. A maximum of sixteen (16) unit of socialization may be provided per day.
- 3. Socialization services are generally to be provided Monday through Friday.

**F. Restrictions – Socialization Services**

- 1. Socialization services may not be billed concurrently with any other support service.
- 2. Transportation services may be billed concurrently where it is deemed necessary to provide assistance and supervision as approved and included in the participant's Treatment Plan.

## **PRE VOCATIONAL SUPPORT SERVICES**

**CODE BH 654, 655**

### **Definition**

**Pre Vocational Support Services** are services planned and designed to assist an individual to acquire and maintain basic work related skills. The service must be an essential component of the participant's Treatment Plan and work activity must be subordinate to the acquisition and retention of work and work related skills. Services are aimed at preparing a participant for paid employment, but are not job-task oriented.

Pre-vocational training services may be provided by group 1:4 staff ratio.

### **A. Examples of Pre Vocational Support Services**

1. Training to follow directions and carry out assigned duties.
2. Training to acquire appropriate attitude and work habits such as socially appropriate behaviors on the work site.
3. Training on expectations on work place production and performance.
4. Compliance.
5. Attendance.
6. Problem solving and safety.

### **B. Location of Services - Pre Vocational Support Services. Location of services are to be provided in the most integrated setting as determined by the IDT.**

1. Work activity center licensed by the OHFLAC or by the United State Department of Labor, or acknowledged as a provider of Community Rehabilitative Services for DRS.
2. Adult day service center licensed by the OHFLAC.
3. Any integrated community setting or natural setting.

### **C. Qualifications - Pre Vocational Support Providers**

1. Provider must be the age of eighteen (18) or older.

2. All pre vocational training providers must be screened through a Criminal Investigation Bureau (CIB) background check.
3. All providers must be employees of a licensed behavioral health center.
4. The provider must have a high school diploma or GED.

**D. Training Requirements - Pre Vocational Support Services**

1. Understanding mental illness.
2. Sensitivity to individual and family needs and concerns.
3. Participant-specific training.
4. Consumer rights and confidentiality.
5. Recognition and reporting abuse and neglect.
6. Documentation requirements.
7. Training in de-escalation and passive restraint
8. CPR
9. First Aid

**E. Documentation Requirements - Pre Vocational Support Services**

1. A schedule with a chronological listing of the general time frame of choices and activities.
2. Time study information and data when applicable.
3. There must be a progress note for each day in which pre vocational services are provided. This documentation must include a description of the activity, time spent and the signature and title of the staff providing the service.

**F. Limitations - Pre Vocational Support Services. This service is limited to a ninety (90) day period.**

1. A maximum of 320 units per month may be billed for pre vocational services provided in the appropriate staff to participant ratio (1 unit - 15 min).
2. A maximum of sixteen (16) units of pre vocational support services may be provided per day.

**G. Restrictions - Pre Vocational Support Services**

1. Pre vocational support services may not be billed concurrently with other support services.
2. Transportation services may be billed concurrently when it is deemed necessary to provide assistance and supervision as approved and included in the participant's Treatment Plan.

## **SUPPORTED EMPLOYMENT SERVICES**

### **CODE BH**

#### **Definition 656, 657**

**Supported Employment** is described as the service provided by a job development specialist or a job coach which is required to enable the participant to engage in paid, competitive work in which persons without disabilities are employed.

These services are for individuals who have barriers to obtaining employment due to the nature and complexity of the work and its setting. These services are available to assist individuals for whom competitive employment at or above minimum age is unlikely without such support. The need for on-going post employment assistance is also a necessity.

Supported employment services may be provided by billing two different procedure codes:

Individual: 1:1 staff to participant ratio.

Group: 1:2+ staff ratio.

#### **A. Examples of Supported Employment Services**

1. Work assessment and planning.
2. Work counseling.
3. Job development and placement.
4. Job application and interviewing.
5. On the job training on work and work related skills.
6. Supervision and monitoring of on the job performance.
7. Intervention to teach appropriate work related behavior.
8. Retraining skills when the participant's job duties change.
9. Community resources training as it relates to work (transportation).
10. Transportation to and from the job site when no other natural support can be established.

**B. Location of Service - Supported Employment Services.**

A business that provides paid competitive employment in an integrated work setting.

**C. Qualifications - Supported Employment Providers**

1. Provider must be the age of eighteen (18) or older.
2. All supported employment providers must be screened through a Criminal Investigation Bureau (CIB) background check.
3. The providers must be contract personnel or employees of a licensed behavioral health center.
4. The provider must have a high school diploma or GED.

**D. Training Requirements - Supported Employment Services**

1. Understanding mental illness.
2. Sensitivity to individual and family needs and concerns.
3. Participant-specific training.
4. Consumer rights and confidentiality.
5. Recognition and reporting abuse and neglect.
6. Documentation requirements.
7. Job coach training.
8. Training in de-escalation and passive restraint
9. CPR
10. First Aid

**E. Documentation Requirements - Supported Employment Services**

1. At the end of the day, the unit totals will be documented on a form in the provider's chosen format that includes a minimum of the following components:
  - a. Date of service delivery.

- b. Start and stop times.
- c. Breakdown description of service delivered.
- d. Signature of service provider and date provided.

**F. Limitations - Supported Employment Services**

- 1. A maximum of 640 units per month inclusive of both supported employment 1:1 staff to participant ratio and 1:2 staff to participant ratio.

**G. Restrictions - Supported Employment Services**

- 1. Transportation services may be billed concurrently where it is deemed necessary to provide assistance and supervision as approved and included in the participant's IPP.
- 2. This service is not to be provided in a sheltered workshop setting.
- 3. Participants must be paid at least the minimum wage, or the prevailing wage of that particular industry.



## **TRANSPORTATION SERVICES**

**CODE BH 660 RATE \$5.95 PER TRIP**

**CODE BH 661 \$.38 PER MILE**

### **Definition**

**Transportation Services** involves transporting of a participant or travel by agency personnel to and/or from a support service. Examples of transportation related to support services are noted below:

To and from a participant's work site

To and from community activities.

To and from medical appointments.

Transportation I - Mileage or non-emergency transportation, is to be used when transporting a participant in a private vehicle, and is based on the State mileage rate per mile. The rate is the same regardless if more than one participant is being transported at the same time in a private vehicle. The mileage rate is subject to change at any time. It is based on the West Virginia State mileage rate for State employees.

Transportation II - Agency Van is to be used when transporting a participant in an agency owned van. This transportation is reimbursable when transportation is provided by an agency employee operating an agency vehicle. The reimbursement rate is \$5.95 (per participant) per one trip.

#### **A. Location of Services - Transportation.**

To various locations in the State of West Virginia.

#### **B. Qualifications - Transportation Providers**

1. Drivers must be age eighteen (18) or older with a copy of a current West Virginia drivers license kept on file with the employer.
2. All agency staff who provide transportation services must be screened through a Criminal Investigation Bureau (CIB) background.
3. Providers must be contract personnel or an employee of a licensed behavioral health center.

4. The driver/vehicle must have current insurance as per the minimum regulations set forth by the West Virginia Department of Motor Vehicles. A copy of the certificate of insurance must be available for verification upon request by the service coordination agency.
5. All agency and privately owned vehicles must be maintained for safety, and conform to West Virginia State laws and regulations.

Agency employees must be in compliance with the safety requirements and emergency procedures outlined in Section 1.1 of West Virginia licensing regulations for community behavioral health centers.

Agency operated vehicles must be in compliance with maintenance requirements and schedules as outlined in Schedule 11.1 of the West Virginia Licensing regulations for community behavioral health centers.

**C. Training Requirements - Transportation Services**

1. Understanding mental illness.
2. Consumer rights and confidentiality rights.
3. Recognition and reporting abuse and neglect.
4. Documentation requirements.
5. Training in de-escalation and passive restraint
6. CPR
7. First Aid

**D. Documentation Requirements - Transportation Services**

1. The agency is responsible to develop a daily transportation log for all transportation providers. The minimum required components are the following:
  - a. Name of participant.
  - b. Date of travel.
  - c. Transportation to (location).
  - d. Transportation from (location).

- e. Type of support service traveling to and from.
- f. Number of miles.
- g. Travel time.
- h. Totals of amounts that will be billed under each procedure code.
- i. Signature/date of provider or responsible supervisor.

**E. Limitations - Transportation Services**

- 1. Transportation services will be billed to the two transportation codes.
- 2. Transportation - I, has a monthly maximum cap of 1,200 miles per participant.
- 3. Transportation - II, has a monthly maximum cap of \$460.00 per participant. One unit = one trip = \$5.95.
- 4. Transportation services utilizing Transportation I are reimbursed per mile, not per participant or event. This means if more than one participant is in the vehicle, the maximum billing is the total number of miles drive. This is not to be multiplied by the number of participants.

**F. Restrictions - Transportation Services**

- 1. Transportation may only be billed concurrently with the following services in situations where agency staff are implementing community based programs:
  - a. Agency residential support services
  - b. Socialization services
  - c. Pre vocational services
  - d. Supported employment services
- 2. Transportation shall not be billed concurrently with any other reimbursable source (except for those services listed above). Example: school system.