

THE REFFERAL PROCESS

SERVICES:

JCBHC provides an array of mental health services to individuals and their families. The services include individual therapy, family therapy, group therapy, diagnostic assessments, crisis management, service plan development, medication management, behavior modification (child only), family support, rehabilitation psycho-social, and peer support (adult only). Transportation service is available for Medicaid clients as well.

A. Rehabilitative Behavioral Health Services

School-Based Services – Youth (40 weeks)			
	Modifier	Total Units	Frequency
Behavior Modification - H2014	HO-HN	4800	120 units/weekly

STAR Program - Adolescents and Adults (52 weeks)			
	Modifier	Total Units	Frequency
Rehab Psychosocial Service – H2017	HO-HN	4160	80 units/weekly

B. Summer Youth Services

	Modifier	Total Units 3 mos/13 wks	Total Units 6 mos/26 wks	Total Units 1 yr/52 wks	Frequency
Individual Therapy - 90804	HO	26	52	104	2 units/weekly
Group Therapy	HO	130	260	520	10 units/weekly
Family Therapy w/Client – 90847	HO	26	52	104	2 units/weekly
Behavior Modification – H2014	HO	1560	3120	6240	120 units/weekly
Service Plan Development (Mental Health) – H0032	HO	12	24	48	12 units/contract

ELIGIBILITY FOR SERVICES:

Medicaid eligible clients may receive Rehabilitative Behavioral Health Services (RBHS) when there is a confirmed psychiatric diagnosis from the current edition of the DSM or the ICD. This excludes irreversible dementias, mental retardation, and developmental disorders unless they co-occur with a serious mental disorder that meets current edition DSM criteria.



Jamison Consultant's Behavioral Health Center, LLC

State agencies may refer clients to JCBHC to render RBHS. The following agencies are identified as a designated state referring agency and may refer Medicaid clients to JCBHC for treatment:

- Division of the Continuum of Care for Emotionally Disturbed Children
- Department of Disabilities and Special Needs
- Department of Education and Local Education Agencies
- Department of Juvenile Justice
- Department of Mental Health
- Department of Social Services

MAKING A REFERRAL:

All Rehabilitative Behavioral Health Services provided by JCBHC must be authorized by a designated state agency **prior** to the delivery of services. When it is necessary to refer a client for services, the designated state agency will provide JCBHC with a completed SCDHHS Referral/Authorization for Rehabilitative Services form (DHHS Form 254) and a Medical Necessity Statement (MNS). The DHHS Form 254 **MUST** include the following:

- The client's Medicaid ID number.
- The referring provider or entity's name and NPI number.
- The Prior Authorization number assigned by the designated referring agency, which is mandatory for billing purposes.
- The name of the designated referring state agency.
- The authorization (beginning) date and the expiration (ending) date, which establishes the period during which services are authorized to be provided. Authorization periods must not exceed twelve (12) months duration.
- The specific service(s) authorized to be provided (*i.e.*, Individual Therapy, Behavior Modification, etc.).
- The designated modifier of the staff level authorized to provide each service.
- The maximum authorized amount number of units and frequency for RBHS.
- Signature, title and date of a qualified state agency representative and phone or contact number.

REFERRAL SUBMISSIONS:

A copy of the completed SCDHHS Referral/Authorization for Rehabilitative Services form (DHHS Form 254) and the Medical Necessity Statement (MNS) may be submitted in the following ways:

- Fax: 803.496.9009
- Email: sjamison@centurylink.net
- Mail: PO Box 100 Holly Hill, SC 29059

