



Mental Health Bridge - Early Childhood

Provider Manual

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WELCOME TO THE EARLY CHILDHOOD MENTAL HEALTH BRIDGE PROGRAM!

Established in 2022, Ohio Mental Health Bridge is a new program aimed at expanding access to mental health services for children in Ohio childcare centers licensed by ODJFS. The program offers an online referral tool that assists in setting up ongoing mental health services for children and their families delivered by mental health agencies located in their community.

Services may include office-based therapy, home-based treatment for the whole family, virtual mental health visits, and more. Ohio's Mental Health Bridge will build upon and supplement other state government investments in early childhood mental health.

ABOUT THE PROVIDER GUIDEBOOK

This Provider Guidebook is intended for use by the Collaborative's network of Provider agencies that participate in the Mental Health Bridge - Early Childhood Program (MHBEC). The manual houses operational policies and procedures for the Program. Since the guide may be revised from time to time, please check our [website](#) to ensure you are viewing the correct edition.

PARTICIPATING PROVIDER PROTOCOLS AND REQUIREMENTS

Participating Providers are OhioMHAS-certified, nationally accredited community mental health agencies with specialization in child and family mental health. Participating providers are clinically integrated within the Child and Family Health Collaborative of Ohio and members of the Ohio Children's Alliance.

The *Practitioner* is defined as a qualified behavioral health specialist, a licensed practitioner, who is employed by or contracted with a Participating Provider; and who meets the qualifications of the Program, Participating Providers are obligated to ensure all Practitioners are credentialed, possess required training, and are regularly screened to ensure they are not debarred or excluded from providing services to children & families.

The *Collaborative Services* include, but are not limited to, providing a HIPAA-compliant referral platform and training related to referral management and services rendered. The Collaborative will provide a web-based platform to facilitate referrals of children into the Program and make a good faith effort to release referrals within (1) business day. Submission of referrals for services through such a platform will be accessible to Participating Providers. Referrals are only monitored during business hours and referrals received on evenings or weekends will be reviewed the following business day.

Policy 1: Verification of Participating Provider Organization Assurances

Participating Provider organizations shall be responsible for the employment and management of all of their Practitioners who are performing Services. These requirements include:

- a) Maintaining administrative and subcontract records.
- b) Ensuring all Services are provided by duly licensed, certified, or otherwise authorized professional personnel in a culturally sensitive manner.
- c) Ensuring generally accepted standards of practice of community behavioral health prevail at the time of delivery of Services.
- d) Ensuring applicable requirements of State and Federal Law are followed in the implementation and delivery of Early Childhood Mental Health Services.
- e) Ensuring applicable care standards of accreditation organizations are adhered to, if applicable.
- f) Ensuring Practitioners employed by or contracting with the Participating Provider maintain good standing at all times during the term of the Program contract and the necessary licenses, registrations, or certifications required by State and Federal Law to provide or arrange early childhood mental health services.
- g) Make available to the Collaborative any reimbursement or accounting information for the administration of the Program.
- h) Replacing Practitioners who are deemed “ineffective” by the Collaborative (during highly unusual circumstances) per the terms outlined in the Program Sub Contract.

Policy 2: Ownership Records

All business and medical records relating to the Participating Provider’s operation of the Program, including but not limited to, all books of account, enrollment records, general administrative records, and client records, shall be and remain the sole property of Participating Provider and shall be Confidential Information. Collaborative shall not divulge, furnish, or make accessible to anyone, without Participating Provider’s prior written consent, any such Confidential Information other than as may be necessary to complete Program services, or as otherwise required by law, government, or court order. Participating Provider agrees to properly store and retain such records in accordance with its records retention program.

Policy 3: Practitioner Qualifications

Practitioners possess various credentials and certifications including Ohio Infant Mental Health Credential and Ohio Early Childhood Mental Health Credential, Parent-Child Interaction Therapy, EMDR (Eye Movement Desensitization and Reprocessing), TF-CBT (Trauma-Focused Cognitive Behavioral Therapy).

If the Practitioner provides services to a child in a child care center *alone*, the following documentation must be provided to the Child Care Center per licensure requirements:

- Child First Aid & CPR
- Child Abuse training
- Copy of degree or transcripts
- 1296 Medical form

- Proof of child abuse training (in OCCRRA)
- Proof of childcare center orientation training (in OCCRRA)
- 1176 Background check through OCCRRA

Policy 4: Referrals

The Collaborative will utilize a web-based referral platform to facilitate referrals of new children to Participating Providers. It is expected that Childcare Centers, will submit referrals for children through this referral platform. Referrals will be distributed by the Collaborative to Participating Providers through an alphabetical round-robin approach based on geographical proximity to the client’s county of residence.

Participating Providers are *strongly encouraged, but not* required to accept all referrals assigned to them by the Collaborative. Participating Providers shall attempt contact with the child, parent, guardian, or custodian within two (2) business days of receipt of referral to arrange Early Childhood Mental Health service delivery. Providers will make at least three attempts to contact the parent or guardian before rejecting a referral.

Referrals distributed by the Collaborative to Participating Providers will collect the following information fields:

- Referrer name, Child Care Center name, email address, phone number
- Child name, county of residence, age, gender identity, legal custody status, health plan information
- Parent or Guardian name(s), address, contact information, consent to refer attestation
- Narrative description of client situation that warrants services
- Any current behavioral challenges
- Special accommodations

Policy 5: Place of Service

Services may occur in the following locations in keeping with HIPPA protocols and depending on the availability of a HIPPA-compliant space.

POS 02 – Telehealth Provided Other than in Patient’s Home. The location where health services and health-related services are provided or received, through telecommunication technology. The patient is not located in their home when receiving health services or health-related services through telecommunication technology.

POS 10 – Telehealth Provided in Patient’s Home. The location where health services and health-related services are provided or received, through telecommunication technology. The patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.

POS 12 – In-Home. Location, other than a hospital or other facility, where the patient receives care in a private residence.

POS 53- Community Mental Health Center. A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.

POS 99 – Other Place of Service (Childcare Center)

For Billing and Coding guidance please refer to the latest Ohio Department of Medicaid [Behavioral Health Manual](#)

Policy 6: Claims and Billing

The Collaborative will be responsible for the payment of amounts owed to Participating Providers for Initial Assessment and up to ten (10) subsequent sessions. The collaborative will reimburse the initial assessment, and 10 subsequent sessions one-time-only through the life of the program.

- Initial Assessment: Providers will be reimbursed at a rate of \$500 an assessment for each new initial assessment that is conducted for any eligible referral received
- Subsequent sessions: Providers will be paid at a rate of \$150 per session, not to exceed 10 sessions.

Participating Providers will submit claims to the Collaborative by the 5th of each month for services performed in the prior month. Claims submission will occur by uploading the MHBEC Claims Submission template to a secure Provider-specific shared folder. Access to folders will be granted during onboarding.

The Collaborative will adjudicate the claims timely and pay Participating Providers by the 25th of the following month, following receipt of the claims. The Collaborative will make available an automated clearing house (ACH) bank transfer payment method to the Participating Provider.

For additional Billing and Coding guidance please refer to the latest Ohio Department of Medicaid [Behavioral Health Manual](#)

Policy 7: Training and Technical Assistance

Participating Providers agree to make a good faith effort to participate in training and technical assistance opportunities provided by the Collaborative related to this Program.

APPENDIX A

The Collaborative will make available a Mental Health Bridge Early Childhood (MHBEC) Program Claims Submission Template, which Participating Providers will use to document services provided every month. The tool is designed in Microsoft Excel format and will be made available on the Collaborative [website](#) and may be revised from time to time. The tool includes the following fields:

- Rendering Provider
- Childcare Center Name
- Client Date of Birth
- Client First Name
- Client Last Name
- Insurance Type – Medicaid, Private pay, uninsured
- Place of Service
 - POS 02 – Telehealth Provided Other than in Patient’s Home
 - POS 10 – Telehealth Provided in Patient’s Home
 - POS 11 – In-Office
 - POS 12 – In-Home
 - POS 53 – Community Mental Health Center
 - POS 99 – Other Place of Service (Childcare Center)
- Date of Service – Date Services were rendered
- Type of Service Rendered – brief description of the type of Early Childhood Mental Health Services that were provided
- Allowable Codes
 - Initial Assessment Codes
 - 90791
 - 90792
 - CPT Codes
 - 90832, 90840
 - 90834, 90846
 - 90836, 90847
 - 90837, 90849
 - 90838, 90853
 - 90839, 90875
 - 90201, 90202
 - 90203, 90204
 - 90205, 99211
 - 99212, 99213
 - 99214, 99215
 - CPST & TBS Codes
 - H2019
 - H0036
- Rate
 - \$500 initial assessment

- \$150 subsequent codes