

Medical Assistance (MA) Funded Mental Health Services: Client Eligibility and Provider Guidelines

Rhode Island Department of Children, Youth and Families

Policy: 100.0155

Effective Date: July 24, 1989 Revised Date: February 11, 1991 Version: 2

The Rhode Island Medicaid State Plan provides for community mental health services for children who are eligible for Medical Assistance (MA) and enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. A providing agency that is approved by the Department has demonstrated competence in the provision of mental health services. Clinical community diagnostic and treatment services are available to eligible clients with mental or emotional disorders. Criteria for approval of practitioners in the field of child and adolescent mental health is outlined within the attached Addendum I: Criteria for Approval of Practitioners.

Federal regulations require that payment by the Medical Assistance program must not exceed the amount allowed by the Federal Medicare program. Federal and state requirements mandate that the allowances outlined within the Department's fee schedule are considered as full and total payment for these services. Payment for service will be made if the service is provided while the child is eligible for Medical Assistance.

Providers must adhere to billing procedures and treatment planning and documentation guidelines that are outlined in the procedures below.

Utilization review for Medicaid funded services encompasses the processes of authorizing assessment and counseling services (determining MA eligibility, monitoring EPSDT enrollment, and determining the need for services), authorizing the continuation of counseling services, and reviewing the quality and appropriateness of services at discharge. A variety of staff persons from the Division of Children's Mental Health Services and the Division initiating the service request (Family Services, Child Protective Services, Juvenile Correctional Services) are responsible for different tasks in the utilization review process.

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Medical Assistance (MA) Funded Mental Health Services Providers

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines The provider agency must fulfill certain requirements to be approved by the Department.

- B. The provider must be a member of a statewide system providing mental health services or must accept clients from throughout the state.
- C. The provider has demonstrated competence in the provision of mental health services through previous contracts with DCYF and/or DMHRH or in accordance with the following criteria:
 - 1. Accreditation by applicable licensing or professional association
 - 2. Contracts with state or mental health agencies (not DCYF or DMHRH)
 - 3. Two (2) years documented experience in providing child/family therapy
- D. The provider has the education, experience, and/or licensing credentials outlined in the attached Addendum I: Criteria for Approval of Practitioners.
- E. The provider has consultation available from a psychiatrist and representatives from at least two (2) of the three (3) following professional mental health disciplines: (1) nurse clinician; (2) licensed psychologist; or (3) master's level social worker.
- F. The provider must attend a one-half day DCYF sponsored training on MA and DCYF requirements.
- G. The provider must conform to MA and DCYF requirements outlined in promulgated policy.
- H. The provider must develop a quality assurance component including a peer review process that the Department will periodically monitor to review the agency's quality assurance reviews and to monitor select cases for compliance with MA and DCYF requirements.

Definition of Services

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. Services that eligible clients may receive under this program include, but are not limited to, the following:
 - 1. Assessment and evaluation
 - 2. Psychological and neuropsychological assessment and evaluation
 - 3. Individual and group therapy (the child or youth must be the focal point of the service. The parent(s) and/or other significant individual(s) may attend and be involved in the mental health service(s); however, the identified child or youth must always attend the session(s) for compliance with MA regulations.)
 - 4. Medication treatment and review
- B. With the exception of medication treatment and review, clinician's services do not include those services that are part of another community mental health service, such as psychiatric rehabilitation program components, crisis intervention services, or services defined as case management under the case management option of the state plan.
- C. Medicaid funded counseling is available to eligible youth with DSM IV diagnoses.

Fee Schedule

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. Federal regulations mandate that payment by the Medical Assistance Program must not exceed the reasonable amount allowed by the Federal Medicare Program. If, in any instance, the amount allowed by the Federal Medicare Program is less than the allowable amount specified in the attached Addendum III: Fee Schedule, payment will be made in accordance with the lower reimbursement rate.
- B. Federal regulations and the requirements of the Rhode Island Medical Assistance Program mandate that payment made in accordance with allowable fees must be considered as full and total payment for these services. The Department of Human Services will not permit any arrangement which would require eligible recipients of the Medical Assistance Program or anyone else to provide supplementary payment for these services.
- C. The fee for each service shall be in accordance with established fees, the provider's allowed Medicare charge or the provider's customary charge to other third party insurers or self-paying individuals for that service, whichever is lower. Providers who submit bills with charges higher than either their allowed Medicare charge or their customary charge, whichever is less, will be required to make repayments to the RI Department of Human Services.

Medicaid Eligibility for Children Involved with the Department

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. Youth involved with the Department may be eligible for Medical Assistance.
- B. Youth who fit into the following categories are generally eligible:
 - 1. Youth in placement (other than RI Training School)
 - 2. Youth receiving SSI benefits
 - 3. Youth living in a family receiving AFDC benefits
 - 4. Youth living in a family determined to be medically needy

Authorization of Payment

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. The primary service worker identifies a service need and consults with his/her supervisor.
- B. The worker ensures that the child is eligible for services.
 - 1. The worker can verify Medicaid eligibility and the Medical Assistance number for a child or youth in DCYF placement on-line in RICHIST.
 - 2. A child who is not in placement may also be eligible for Medicaid funded counseling if he or she receives AFDC or SSI benefits or Medical Assistance. Medical Assistance status for a child in one of these categories can be verified through the Department of Human Services' (DHS) Assistance Payments Master File.
 - a. The primary service worker/supervisor can obtain this information from Monday through Friday during the hours of ten thirty (10:30) AM to twelve (12:00) noon and one (1:00) PM to three (3:00) PM.
 - b. Files are kept according to mother's last name. The following telephone numbers are utilized to obtain this information. A-E: 464-3581; F-McCormack: 464-3582; McCormack-Roda: 464-3583; and Roda-Z: 464-3548.
 - 3. A child must be enrolled in the EPSDT program to receive Medicaid funded counseling.
 - a. The primary service worker can verify the child's EPSDT status on-line in RICHIST.
 - b. An eligible child who is not enrolled in the EPSDT program can be enrolled in the program by scheduling a medical examination for the child or youth and requesting that the physician complete an EPSDT screening.
- C. The DCYF #005 process is utilized to request authorization for services.
 - 1. The worker indicates if a child is MA and EPSDT enrolled on the DCYF #005 and provides the current MA number (in some cases, a child is EPSDT enrolled under an inactive MA number). This must be indicated on the DCYF #005.
 - 2. The signature of the Regional/Assistant Director on the DCYF #005 serves as the certification of need for services. This is required by the Department of Human Services.
 - 3. When the provider receives the approved copy of the DCYF #005 from the Office of the Regional/Assistant Director, the provider forwards the bill along with a copy of the DCYF #005 directly to the Department of Human Services' Division of Medical Services.
 - 4. The vendor is authorized to provide only services approved on the DCYF #005.
 - 5. The quality and appropriateness of services rendered to the client are monitored by the primary service worker in accordance with Policy 700.0010, Mental Health Evaluation and Counseling Services.

General Provider Billing Procedures

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. Payment for previously authorized services can only be made if the services are provided while the child or youth remains eligible for Medical Assistance.
- B. All claims must be submitted for payment no later than twelve (12) months from the date of service. Federal regulations prohibit the payment of claims submitted beyond this time frame. Providers are encouraged to submit all claims in the first week of the month following the month in which the service is provided. This allows for the processing of claims in a timely manner. Bills submitted more than thirty (30) days after the end of the month in which the service is provided may be returned for additional documentation.
- C. The provider should avoid the submission of duplicate bills. In instances where a careful review indicates that the original claim has not been paid on any of the past six Medical Fund Vouchers, a list should be sent to the Rhode Island Medical Assistance Program. This list must identify the outstanding claims by recipient name, case number, date of service and the invoice number. Following review of the list, the provider of service will be notified relative to the submission of a second claim, if indicated. If a duplicate claim is to be submitted, it must be an exact copy of the original claim and must be signed by both the provider and the recipient. Such requests pertinent to unpaid claims must be made within one year from the date of service.
- D. The provider must obtain the signature of the client on the appropriate signature log. When the client is too young to sign, the signature of the parent, foster parent, or DCYF staff person must be obtained. In no instance is it acceptable for the billing form to be signed by a person employed by the provider in lieu of the signature of the client or of an adult responsible for the client.
- E. Providers of service must sign the billing form. Signature stamps or persons signing for the provider are not acceptable.
- F. The provider must utilize all other-third party resources, such as Federal Medicare, Blue Cross/Blue Shield or other private health or casualty insurance coverage, when available, prior to billing the Medical Assistance Program.
- G. For Medical Assistance recipients who also have Federal Medicare coverage, payment will be made for the deductible and co-insurance factors. Once the annual deductible is met, no payment will be made for the co-insurance portion if the Medicare payment equals or exceeds the Medical Assistance allowance.

Billing Clients Covered by Rhode Island Medical Assistance Only

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. The MA-499, an 8 1/2" x 11" paper billing form, is utilized. The MA-499 is currently available either in a pin-fed configuration or as a single-sheet photocopied form. The MA-499 is completed by indicating the following information on the corresponding section (1-19) of the form:
1. Name of Recipient
 2. Sex
 3. Age
 4. Parent or Guardian as applicable
 5. Address of Recipients
 6. Medical Assistance Case Number and ID Number
 7. Utilize a lead "0" and the 5 digit DCYF #005 number from the applicable DCYF #005 form
 8. Date(s) of Service
 9. Primary diagnosis -- Diagnosis Code should be on the last line
 10. Service provided for each date of service utilized. The Service Code should be on the last line utilized. A separate form must be utilized for each provider type (e.g. a separate form for Psychiatrist services and one for Social Worker services)
 11. These blocks are utilized to indicate the type of services provided by each provider
 12. Indicate Assessment Services on the appropriate date lines
 13. Indicate individual 40-50 minute visit on the appropriate date lines
 14. Indicate individual 15-20 minute visit on the appropriate date lines
 15. Indicate group minimum 40-50 minute visit on the appropriate date line
 16. Indicate appropriate Medical Assistance fee for each date of service
 17. Total each column. Ensure the total Medical Assistance allowance is accurate
 18. Indicate Vendor's name, address license number, and vendor type 5500
 19. Indicate prior authorization number if applicable
 20. Signature of provider
- B. The original MA-499 is submitted to the Medical Assistance Program, 600 New London Avenue, Cranston, Rhode Island 02920.
- C. A copy of the form is retained and filed for future reference.
- D. IMPORTANT. Each encounter requires a separate signature on the signature log.
- E. A separate form must be utilized for services provided in different months.
- F. Providers must fill in the correct diagnosis code and service code. An error in either code, or the omission of a code, could result in a bill being rejected.
- G. IMPORTANT. The DCYF #005 number (top right corner of DCYF #005) preceded by a "0" must be included on the MA-499 billing form in block #7. Failure to include this number will result in the billing form being returned.

Billing Clients Covered by Rhode Island Medical Assistance and Federal Medicare (Dual Enrollees)

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. The billing form HCFA 1500 (RI) (long, three copy paper form with green face copy) is utilized.
- B. All identifying information must be completed including the recipient's Federal Medicare Number and Medical Assistance Case Number and Identification Number.
- C. The form must be signed by both the physician and the client or authorized person. Signature on File is not acceptable.
- D. The DCYF #005 number must be indicated in block 23 to the right of the Diagnoses code.
- E. The HCFA 1500 (RI) is routed in the following manner:
 - 1. First copy (green) is sent to Blue Cross/Blue Shield, 444 Westminster Mall, Providence, Rhode Island 02901.
 - 2. Second copy (white) is sent to the Medical Assistance Program, 600 New London Avenue, Cranston, Rhode Island 02920.
 - 3. Third copy (white) is retained by the Provider as a file copy.

Billing Clients Covered by Other Third Party Coverage

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. Medical Assistance payments are last payment benefits. All health and accident insurance benefits including Medicare, CHAMPUS, Worker's Compensation, Blue Cross/Blue Shield, HMO's, and Ocean State Master Health Plan shall be used first and to the fullest extent in meeting the medical needs of the eligible recipient. When other health insurance is involved, claims submitted to the Medical Assistance Program will not be processed unless accompanied by a statement of payment or denial from the other third party.
- B. In cases where there is other third party coverage, payment by the Medical Assistance Program will be limited to the extent that the total payment does not exceed the maximum allowable fee for the Medical Assistance Program in the absence of other coverage.

Provider Documentation Requirements

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

- A. All providers are required to keep records necessary to fully disclose the nature and extent of the services provided to Medical Assistance recipients and to furnish to the State Agency and/or the Medicaid Fraud Control Unit of the Attorney General's Office such records and any other information regarding payments claimed or services rendered that may be requested.
- B. A clear audit trail must be maintained. Each provider is responsible for devising a system that documents the services provided. This back-up information is usually contained in the clinical record, daily attendance logs, or both. This information must be sufficiently detailed to show, for example, that a client was in a day program for at least three consecutive hours on each day for which Medicaid was billed for this service. This information must be provided to DHS promptly upon request.
- C. All Medicaid mental health services must be provided in accordance with a comprehensive treatment plan or individual plan of care that clearly documents the medical necessity of the services. Treatment plans must conform to the treatment planning guidelines.
- D. Written treatment or progress notes shall be maintained in chronological order in the client's individual case record. An entry is required for each service billed under Clinician's Services. The entry shall include, at a minimum:
 - 1. Specific services rendered
 - 2. Date and actual time services were rendered
 - 3. Who rendered the services
 - 4. The setting in which the services were rendered
 - 5. The amount of time it took to deliver the services
 - 6. All entries shall be signed by the individual who performed the service. Facsimile signatures will not be considered valid by the Department.

Provider Treatment Planning Guidelines

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

All mental health services covered by Medicaid, with the exception of crisis intervention services, must be provided in accordance with a comprehensive treatment plan or individual plan of care that documents the medical necessity for the service. Treatment plans for clients, for whom providers are billing Medicaid, must conform to the following guidelines:

- A. Each client shall have a written, comprehensive, individualized treatment plan that is based on assessments of the client's clinical needs.
- B. Responsibility for overall development and implementation of the treatment plan must be assigned to an appropriate member of the professional staff.
- C. The treatment plan must be formulated as soon as possible after the client's admission to the program.
- D. The treatment plan must be reviewed at major decision points in each client's course of treatment including:
 - a. Time of admission, internal transfer between programs and discharge
 - b. A major change in the client's condition including frequent use of crisis intervention services
 - c. The point of time when a request for on-going authorization for services needs to be made
 - d. At least every six months of treatment to coincide with the DCYF bi-annual case plan review of the youth.
- E. The treatment plan must reflect the client's clinical needs and condition and identify functional strengths and limitations.
- F. The treatment plan must clearly specify the services, activities and programs necessary to meet the client's needs.
- G. The treatment plan must contain specific, measurable goals that the client must achieve to attain, maintain and/or reestablish emotional and/or physical health as well as maximum growth and adaptive capabilities. These goals must be based on periodic assessments of the client.
- H. The treatment plan must contain the objectives for treatment described in terms of specific, observable changes in behavior, skill, and/or circumstances that relate to the goals. Expected achievement dates must be included in the plan.
- I. The treatment plan must specify the frequency and estimated duration of treatment procedures.
- J. The treatment plan must specify the criteria to be met for termination of the treatment.
- K. When possible, the client and his/her family must participate in the development of his/her treatment plan and such participation must be documented in the individual client record.
- L. The treatment plan must include referrals for needed services that are not provided directly by the facility and, where possible, progress notes for those services.
- M. The client's progress and current status in meeting the goals and objectives of his or her treatment plan must be regularly recorded in the client record in the form of progress notes. These notes must be dated and signed by the individual making the entry.
- N. Progress notes must include the following:
 1. Documentation of the implementation of the treatment plan
 2. Chronological documentation of the client's clinical course
 3. Descriptions of significant changes in the client's condition
 4. Periodic documentation of all treatment provided to the client
 5. Descriptions of the response of the client to treatment as well as the outcome of treatment
- O. Progress notes must be used as the basis for reviewing the treatment plan

- P. Progress reports must be prepared and submitted to the DCYF primary service worker/supervisor in accordance with timeframes outlined in Policy 700.0010, Mental Health Evaluation and Counseling Services.
- Q. A discharge summary must be entered into the client record within a reasonable period of time after discharge, and a copy sent to the client's DCYF primary service worker within thirty (30) days.
- R. The discharge summary must contain the following in accordance with criteria outlined in Policy 700.0010, Mental Health Evaluation and Counseling Services
 - 1. Significant findings including final primary and secondary diagnoses
 - 2. General observations about the client's condition initially, during treatment and at discharge
 - 3. Whether the discharge was planned or unplanned and, if unplanned, the circumstances
 - 4. Assessment of attainment of the service objectives
 - 5. Documentation of referral to other appropriate program or agency

Utilization Review

Procedure From Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

A variety of staff persons from the Division of Children's Mental Health Services and the Division (Family Services, Child Protective Services, Juvenile Correctional Services) initiating the request are responsible for different tasks in the utilization review process.

- A. Authorization of assessment and counseling services
 - 1. Determination of MA eligibility
 - 2. Monitoring of EPSDT enrollment
 - 3. Determination of need for services.
- B. Authorization for the continuation of counseling services
- C. Review of the quality and appropriateness of services at discharge

Addendum I: Criteria for Approval of Practitioners

Addendum To Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

Physician/Psychiatrist

A principal child mental health physician (MD) shall be a psychiatrist licensed to practice in the state of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, as a child psychiatrist, or eligible for such certification.

A child mental health physician shall be a psychiatrist licensed to practice in the State of Rhode Island and currently certified by the American Board of Psychiatry and Neurology, or an equivalent body, and have at least two (2) years experience with children, adolescents, and family or be supervised by a principal child mental health physician.

Psychologist

A principal child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists as a certified psychologist and have a minimum of two years supervised experience in the delivery of mental health services to children and adolescents.

A child mental health psychologist shall be currently licensed by the Rhode Island Board of Registration of Psychologists and shall be supervised by a principal child mental health psychologist.

Social Worker

A principal child mental health social worker shall have a master's degree in social work and shall be currently registered as an independent social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health social worker shall have a master's degree in social work and shall be currently registered as a social worker pursuant to RI General Laws 5-39-1 et seq. and have a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

Psychiatric Nurse

A principal child mental health psychiatric nurse shall be currently registered by the RI Board of Registration of Nurses and have a Master's degree in nursing and a minimum of two years of supervised experience in the provision of mental health services to children and adolescents.

A child mental health psychiatric nurse shall be currently registered by the R. I. Board of Registration of Nurses and have a Master's degree in nursing and shall be supervised by a child mental health psychiatric nurse.

Master's Level Clinician

A clinician with master's degree in education or human service field who is supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Advanced Social Work Students

A second year MSW student supervised by an Approved Practitioner (MSW, Ph.D, MD, MSN).

Addendum II: Medicaid Approved Service Providers

Addendum To Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

East Bay

East Bay Community Mental Health Center
2 Old County Road
Barrington, RI 02806
245-1750

Kent County

Kent County Community Mental Health Center
50 Health Lane
Warwick, RI 02886
738-4300

Tides Family Services
1599 Main Street
West Warwick, RI 02893
822-1360

Cranston, Johnston and Northwestern Rhode Island

Mental Health Services of Cranston, Johnston & Northwestern RI
1516 Atwood Avenue
Johnston, RI 02919
273-8100 or 273-8741

Rape Crisis Center
300 Richmond Street
Suite #205
Providence, RI 02903
421-4100

St. Mary's Home for Children
Shepard Program
420 Fruit Hill Avenue
North Providence, RI 02911
353-7101

Professional Counseling Associates
1200 Hartford Avenue
Johnston, RI 02919
861-0590

Northern Rhode Island

Northern RI Community Mental Health Center, Inc.
58 Hamlet Avenue
Woonsocket, RI 02895
766-3330

Woonsocket Family and Child Services
460 South Main Street

Woonsocket, RI 02895
766-0900

Blackstone Valley Psychological Institute
Marquette Plaza
Woonsocket, RI 02895
765-5100

Family Life Consultants Center for Counseling and Therapeutic Arts
958 Victory Highway
Slatersville, RI 02876
766-3225

Pawtucket/Central Falls
Community Counseling Center
160 Beechwood Avenue
Pawtucket, RI 02860
722-7855

Family Service Society of Pawtucket and Vicinity
33 Summer Street
Pawtucket, RI 02860
723-2124

Rhode Island Youth Guidance Center, Inc.
82 Pond Street
Pawtucket, RI 02860
725-0450

Providence
The Providence Center for Counseling and Psychiatric Services
520 Hope Street
Providence, RI 02906
274-2500

Groden Center
86 Mt. Hope Avenue
Providence, RI 02906
274-6310

Traumatic Stress Associates
839 North Main Street
Providence, RI 02904
331-2468

Adolescent, Child and Family Services
174 Irving Avenue
Providence, RI 02906
351-3580

Delta Consultants
294 Governor Street
Providence, RI 02906
421-1405

Pediatric Psychiatry and Psychology

Rhode Island Hospital
593 Eddy Street
Providence, RI 02903
277-8945

Governor Center for Child, Adult, and Family Therapy
295 Governor Street
Providence, RI 02906
456-8617

Family Services, Inc.
55 Hope Street
Providence, RI 02906
331-1350

Children's Friend and Service
2 Richmond Street
Providence, RI 02903
331-2900

Washington County
Washington County Community Mental Health Center
P. O. Box 899
Charlestown, RI 02813
364-7705

Mental Health Associates
88 Springdale Drive
Kingston, RI 02881
783-8734

Delta Consultants
South Kingstown Office Park
Salt Pond Road, Building D-4
Wakefield, RI 02879
789-3694 or 885-4225

South County Child and Family Consultants
1058 Kingstown Road, P.O. Box 301
Peacedale, RI 02883
789-1553

Child and Family Consultants
Lilly Pads Professional Center
23 North Road
Peacedale, RI 02883
782-4242

Stablewood Mental Health
R.D. 5, Ministerial Road
Wakefield, RI 02879
783-4960

Person to Person
23 Grove Avenue
P.O. Box 131

Westerly, RI 02891
596-3949

Newport County
Newport County Community Mental Health Center
65 Valley Road
Newport, RI 02840
846-1213

Child and Family Services of Newport County
24 School Street
Newport, RI 02840
849-2300

Howard I. Benesch, Ph.D. and Associates
2128 Main Road
P.O. Box 349
Tiverton, RI 02878
625-1431

Addendum III: Fee Schedule

Addendum To Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

The Actual Fee Paid by Medicaid Will Be The Lower Of:

- a) the fee shown in this schedule.
- b) the agency's usual and customary charge.
- c) the fee paid by Medicare for the same service.

CHILD MENTAL HEALTH PHYSICIAN

Assessment - one and one half hours	\$110 per assessment
Individual minimum 40-50 minute visit	\$76 per visit
Individual minimum 15-20 minute visit	\$38 per visit
Group minimum 40-50 minute visit	\$38 per client per visit

CHILD MENTAL HEALTH PSYCHOLOGIST

Assessment - one and one half hours	\$99 per assessment
Individual minimum 40-50 minute visit	\$66 per visit
Individual minimum 15-20 minute visit	\$33 per visit
Group minimum 40-50 minute visit	\$33 per client per visit

CHILD MENTAL HEALTH SOCIAL WORKER

CHILD MENTAL HEALTH PSYCHIATRIC NURSE

MASTER'S LEVEL CLINICIAN (Supervised by Approved Practitioner)

SECOND YEAR MSW STUDENT (Supervised by Approved Practitioner)

Assessment - one and one half hours	\$67 per assessment
Individual minimum 40-50 minute visit	\$43 per visit
Individual minimum 15-20 minute visit	\$22 per visit
Group minimum 40-50 minute visit	\$22 per client per visit

Addendum IV: Service Codes

Addendum To Policy 100.0155: Medical Assistance Funded Mental Health Services: Client Eligibility and Provider Guidelines

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