

**Health & Behavior Assessment & Intervention (HBAI)  
Readiness Review**

Getting reimbursed to offer HBAI is a complex process and requires planning and forethought. This checklist is designed to help organizations determine their readiness to deliver HBAI and to plan for the necessary steps to achieve reimbursement.

Readiness Review Criteria	Yes	No	N/A	Comments
<b>A. Medicare Provider Criteria</b>				
1. The organization has its own Medicare/Medicaid/MCO provider number or has identified a Medicare/Medicaid/MCO provider that will partner in the delivery of HBAI.				
a. Partner agrees to enter into a MOU that defines how reimbursement will be used to cover program expenses and revenue over expenses (surplus).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If Partner is an FQHC, the organization understands the billing process for FQHCs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The Medicare/Medicaid/MCO provider partner has the capacity to bill and collect for services.				
a. Partner has a current Medicare/Medicaid/MCO provider number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Partner has a National Provider Identifier (NPI).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Partner agrees to accept the liability for billing for HBAI services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Partner has the capacity to bill and collect for services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Consumer intake process for billing identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Consumer consent process agreed upon by both parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Partner has a contract with a billing agency or in-house billing capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Billing capacity also includes the ability to track and correct denied claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Partner has ability to segregate and track receivables and provide ad hoc reports on HBAI collections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Readiness Review Criteria	Yes	No	N/A	Example/Evidence
3. Clinical Staff: Medicare requires an approved health care provider (Nurse Practitioner (NP), Physician Assistant (PA), or MD/DO) or licensed psychologist. Most Medicare Advantage plans allow a licensed social worker to operate as the supervising clinician.				
a. CBO and Medicare/Medicaid/MCO provider partner agree on each organization's contribution to staffing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Cost of staffing for each organization is factored into the total cost of delivering the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Clinical supervision personnel are identified for each proposed location that HBAI will occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Medical Records/HIPAA				
a. Process for storing and securing protected health information in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Education records adhere to HIPAA standards for protection of health information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Records are stored and made available for a minimum of ten years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Programs are always subject to audit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Break-Even				
a. Number of projected beneficiaries to receive HBAI services meet program expense projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Responsibilities for consumer recruitment identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. Integration of HBAI with CDSME Workshop Delivery</b>				
1. Intake Requirements				
a. Participants should have one or more chronic diseases and have psychosocial barriers to self-manage their disease, which signify that they need assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Caregivers can attend, but the beneficiary must also be present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Readiness Review Criteria	Yes	No	N/A	Example/Evidence
2. Licensed Provider: Must be licensed psychologist, health care provider (NP, PA, or MD/DO) or if the payer is a Medicare Advantage plan, the provider may be a licensed social worker -- depending on the MCO requirements.				
a. Licensed provider identified for each class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Session 0 provides an opportunity for lay leaders and licensed provider to initiate/complete the intake assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Physician/Provider order obtained the day of, or prior to, Session 0.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Intake assessment includes completion of an individualized education plan and documentation of individualized education goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Individualized education plans are reviewed and signed off by the licensed instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Licensed provider is available during each class (in the same building that workshops are occurring).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Licensed provider must reassess consumers' progress toward meeting education goals at least one time during the series of workshops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Licensed provider must complete a follow-up plan at the completion of the series of classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Follow-up plan must be submitted to the referring physician/provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. Program Management Requirements</b>				
1. Program coordinator identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Program coordinator must maintain program personnel files and ensure that program staff meet their annual training requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Program coordinator must maintain the program staff job descriptions and ensure that any staff member participating in HBAI meets the qualifications of their respective position, as defined by their specific job description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. It is recommended that the coordinator develop and implement a program continuous quality improvement process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer Name: \_\_\_\_\_

Date: \_\_\_\_\_

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