Mental Health Skill-building Services (MHSS-H0046)

November 2013
Disclaimer

These slides are not meant to substitute for the comprehensive information available in the manual or state and federal regulations.

*Please refer to the emergency regulations in 12VAC30-50-226 and 12VAC30-60-143 for in depth information.
Presenters

• **Magellan Behavioral Health Services:**
  
  Rick Kamins, Ph.D.                     Chief Clinical Officer
  Stacy Hamilton Gill, LCSW            Director – Clinical Services
  Tammy Miller LPC                      CMC Learning Lead
  Ajah Mills                            Director – Field Network
  Katie Richardson                     Lead IT Analyst

• **Virginia DMAS Presenters:**
  
  Sherry Confer                         Behavioral Health Supervisor
  Fatimah Kirby                         Behavioral Health Analyst
Training Objectives

• To clarify why Mental Health Support Services was changed to Mental Health Skill-building Services.

• To inform providers of new eligibility criteria, assessment and documentation requirements, limitations to the service, unit structure, rate and service limits, and service authorization changes.
Training Objectives

• To review provider requirements and staff qualifications.

• To identify who to contact if members no longer meet eligibility requirements for mental health skill-building services.
MHSS Name Change

• Mental Health Skill-building Services (MHSS) is the new name for Mental Health Support Services (MHSS). The name change reflects that MHSS is a training service -- not a mental health outpatient service, a preventative service, or a crisis service.
Why Change the Name?

• Vague eligibility criteria allowed individuals who do not have a diagnosis of significant mental illness to receive MHSS. MHSS was used as companion care, rather than skill building/training for individuals with significant mental illness.
Why Change the Name?

MHSS Expenditures

- 2008: $50,000,000
- 2009: $75,000,000
- 2010: $100,000,000
- 2011: $125,000,000
- 2012: $150,000,000
- 2013: $175,000,000
DSS or CSA- Independent living skills services

ID or DD Waiver- In-home residential services or congregate residential services through the waiver

Treatment foster care

Inpatient services: hospitals and intermediate care facilities for the intellectually disabled

MHSS
MHSS Service Definition

• Mental Health Skill-building services are defined as individualized training to enable individuals to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.
Service Definition

• MHSS must provide training in the following areas in order to be reimbursed by Medicaid:

  -Functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources;

  -Assistance with medication management; and

  -Monitoring health, nutrition, and physical condition.

Providers will only be reimbursed for training activities related to these areas.
MHSS Eligibility Criteria

Individuals qualifying for this service must demonstrate a clinical necessity for the service arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities.

Individuals must meet all of the following criteria in order to be eligible to receive mental health skill-building services:
1. Have a need for individualized training in acquiring basic living skills such as symptom management; adherence to psychiatric and medication treatment plans; development and appropriate use of social skills and personal support system; personal hygiene; food preparation; or money management.
MHSS Eligibility Criteria

2. Have a qualifying mental health diagnosis (psychotic disorder, major depressive disorder – recurrent, or bipolar disorder I or II).

- If an individual has another disorder, it will qualify if a physician determines:
  - it is a serious mental illness
  - it results in severe and recurrent disability that produces functional limitations in major life activities, and
  - the individual requires individualized training in order to achieve or maintain independent living in the community
MHSS Eligibility Criteria

3. The individual must have a prior history of qualifying mental health treatment.

❖ A qualifying mental health treatment is:

- psychiatric hospitalization,
- residential treatment,
- residential crisis stabilization,
- PACT or ICT services,
- RTC-Level C placement, or
- A TDO evaluation due to mental health decompensation.
Documentation Requirements

• The provider will establish and document evidence of the individual's prior psychiatric services history by contacting the prior provider or providers of behavioral health care services after obtaining written consent from the individual.

  – Family member statements will not be accepted to meet this criteria.

• This criterion will be evaluated for service authorizations but not for service reauthorizations.
• When contacting a previous provider to verify services, providers must document:
  ❖ The name and title of caller
  ❖ Name and title of professional who was called
  ❖ Name of organization that the professional works for;
  ❖ Date and time of the call;
Documentation Requirements

- Specific placement provided;
- Type of treatment previously provided;
- Name of treatment provider, and;
- Dates of previous treatment.
4. The individual has had a prescription for an anti-psychotic, mood stabilizing, or anti-depressant medication within the twelve months prior to the assessment date unless a physician documents that such medication is medically contraindicated.
MHSS Eligibility Criteria

• Note that the eligibility requirements state that the medication must be prescribed. DMAS is aware that some individuals may not yet have achieved adherence with their medication plan.

• This criterion will be evaluated for service authorizations but not for service reauthorizations.
Documentation Requirements

• The provider will establish and document evidence of the psychiatric medication history by:
  
  ✤ maintaining a photocopy of prescription information from a prescription bottle or
  
  ✤ by contacting a prior provider of health care services or pharmacy after obtaining written consent from the individual.
Documentation Requirements

• When contacting a prior provider of health care services or pharmacy, providers must document:
  
  ❖ name and title of caller;
  
  ❖ name and title of professional who was called;
  
  ❖ name of organization that the professional works for;
Documentation Requirements

- date and time of call;
- specific prescription confirmed;
- name of prescribing physician;
- name of medication, and;
- date of prescription.
MHSS Eligibility Criteria

If the individual is **under the age of 21** they must meet the above eligibility criteria AND the following:

1. be in an independent living situation or transitioning into one within six months.

2. have an Independent Clinical Assessment completed by the CSB/BHA.
An Independent Living Situation is defined as:

A situation in which an individual, younger than 21 years of age, is not living with a parent or guardian or in a supervised setting and is providing his/her own financial support.
Individuals who have organic disorders, such as delirium, dementia, or other cognitive disorder not elsewhere classified, will be prohibited from receiving mental health skill-building services unless their physicians issue a signed and dated statement indicating that the individuals can benefit from this service.
MHSS Eligibility Criteria

Individuals with disorders not previously identified as an Axis I disorder under the DSM-IV(TR), such as personality disorders, will not be excluded from the MHSS eligibility criteria provided that the individual has another primary Axis I disorder and the provider can document and describe how the individual is expected to actively participate in and benefit from services.
In this training:

LMHP (Licensed Mental Health Professional) means any VA licensed physician, licensed clinical psychologist, LCSW, LPC, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or certified psychiatric clinical nurse specialist/practitioner.

LMHP also refers to a person who has completed his/her graduate degree and is under the direct personal supervision of a person licensed under VA law, who is working towards licensure, and who is in compliance with the appropriate VA licensing board requirements.

QMHP (Qualified Mental Health Professional) refers to a QMHP-A, QMHP-C, or QMHP-E
At admission, an appropriate face-to-face assessment must be conducted, documented, signed and dated by the LMHP indicating that the individual’s identified needs can best be met through mental health skill-building services.

The face-to-face assessment must be updated annually.
The MHSS Assessment

The provider may only bill one unit for the assessment. (The assessment will continue to be billed using procedure code H0032, modifier U8).

The LMHP must document the primary DSM-5 Axis-I diagnosis on the assessment and must also document what was previously DSM-IV(TR) Axis II through V on the assessment.
MHSS Individualized Service Plan (ISP)

- The LMHP or QMHP must complete, sign and date the ISP within 30 days of the admission to this service.

- The ISP must include documentation of how many days per week and how many hours per week are required to carry out the goals in the ISP.

- The total time billed for the week must not exceed the frequency established in the individual's ISP.
MHSS Individualized Service Plan (ISP)

• The ISP shall include the dated signature of the LMHP or QMHP who wrote the plan and the individual receiving services.

• The ISP must indicate:
  – the specific training and services to be provided,
  – the goals and objectives to be accomplished and
  – criteria for discharge as part of a discharge plan that includes the projected length of service.
The ISP must include discharge goals that will enable the individual to achieve and maintain community stability and independence.

The ISP must fully support the need for interventions over the length of the period of service requested from the service authorization contractor (Magellan).
• Every three months, the LMHP or QMHP must review with the individual, modify as appropriate, and update the ISP.

• This review must be documented in the record, as evidenced by the dated signatures of the LMHP or QMHP and the individual.

• The ISP must be rewritten at least annually.
MHSS Medication Non-Adherence

• If the provider knows or has reason to know of the individual’s non-adherence to a regimen of prescribed medication, medication adherence must be a goal in the ISP.

• If a paraprofessional (QMHPP) is delivering services, the supervising LMHP or QMHP must be informed of any medication non-adherence.
• The LMHP or QMHP must coordinate care with the prescribing physician regarding any medication non-adherence concerns.

• The provider must document the following minimum elements of the contact with the prescribing physician:
MHSS Medication Non-Adherence

- Name and title of caller,
- Name and title of professional who was called,
- Name of organization that the prescribing professional works for,
- Date and time of the call
- Reason for care coordination call
- Description of medication regimen issue or issues that were discussed, and
- Resolution of medication regimen issue or issues that were discussed.
Mental health skill-building services, which may continue for up to six consecutive months, must be reviewed and renewed at the end of the period of authorization by an LMHP who must document the continued need for the services.
MHSS Documentation of Time Billed

- Mental health skill-building services must be documented through a daily log of time involved in the delivery of services and a minimum of a weekly summary note of services provided. The provider must clearly document services provided to detail what occurred during the entire amount of the time billed.
MHSS Limitations

• Only direct face-to-face contacts and services to an individual will be reimbursed.

• Any services provided that are strictly academic in nature will not be billable. These include, but are not limited to:
  – Basic educational programs
  – Instruction in reading, science, math, or
  – GED preparation.
MHSS Limitations

• Any services provided that are strictly vocational in nature will not be billable.

• Support activities and activities directly related to assisting an individual to cope with a mental illness to the degree necessary to develop appropriate behaviors for operating in an overall work environment are billable.
MHSS Limitations

• Room and board, custodial care, and general supervision are not components of this service.

• Transportation to appointments is not a component of this service.
MHSS Limitations

• For individuals in a group home (Level A or B) or assisted living facility the ISP must not include activities that contradict or duplicate those in the treatment plan established by the group home or assisted living facility.

• The provider must attempt to coordinate MHSS with the treatment plan established by the facility and must document all coordination activities in the medical record.
MHSS Limitations

- Group home (Level A or B) and assisted living facility providers must not serve as the MHSS provider for individuals residing in the providers’ respective group home or assisted living facility.

- MHSS will not be reimbursed for individuals who are receiving in-home residential services or congregate residential services through the ID or DD waiver.
MHSS Limitations

• Mental health skill-building services will not be reimbursed for individuals who are receiving:
  – living skills services
  – Department of Social Services’ (DSS) independent living program, or independent living services through DSS Licensed Children’s Residential Facilities, independent
  – independent living services or independent living arrangement through DSS Licensed Child placement agencies, or
  – any CSA funded independent living skills programs.
MHSS Limitations

• Mental health skill-building services will not be available to individuals who are receiving treatment foster care.

• MHSS is not available to individuals who reside in Intermediate Care Facilities for individuals with Intellectual Disabilities (ICF/ID) or hospitals.
MHSS Limitations

• Individuals in Nursing Facilities may be eligible to receive MHSS 60 days prior to discharge.

• If the individual is not discharged from the nursing facility during the 60-day period, MHSS must be terminated and no further service authorizations will be available unless the provider can demonstrate and document necessity, including facts demonstrating a change in the individual’s circumstances and a new plan for discharge requiring up to 60-day of MHSS.
MHSS Limitations

- For individuals in Psychiatric Residential Treatment Centers (RTC Level C) only the assessment for MHSS may be billed within 7 days of discharge from the facility.

- Services will not be reimbursed if personal care services or attendant care services are being received simultaneously, unless justification is provided as to why this is necessary in the medical record.
MHSS Limitations

• Medical record documentation must fully substantiate the need for the services when personal care or attendant care services are being provided concurrently.

• This applies to individuals who are receiving additional services through:
  – ID Waiver,
  – DD waiver,
  – EDCD waiver, and
  – EPSDT services such as ABA.
MHSS Limitations

- Mental health skill-building services must not be duplicative of other services.

- Providers have a responsibility to ensure that if an individual is receiving additional therapeutic services that there will be coordination of services by either the LMHP or QMHP to avoid duplication of services.
MHSS Licensed Providers

Mental Health Skill-building Service providers must be licensed by The Department of Behavioral Health and Developmental Services (DBHDS) as a provider of Mental Health Community Support.
MHSS Staff Qualifications

• MHSS may be provided by an LMHP, LMHP Supervisee or Resident, QMHP-A, QMHP-C, QMHP-E, or QMHPP.

• The LMHP, LMHP Supervisee or Resident, QMHP-A, QMHP-C, or QMHP-E must provide weekly supervision for services provided by a QMHPP.

• Documentation of supervision must be maintained in the mental health skill-building services record.
MHSS Staff Qualifications

• DMAS’ administrative regulations for behavioral health services will refer to the DBHDS administrative regulations.

DMAS does not license or certify providers.

DBHDS provides the guidance on acceptable employee qualifications and providers are to employ qualified staff to provide Medicaid reimbursed behavioral health services.
MHSS Staff Qualifications

• If providers have questions about the staff qualification requirements, they will need to contact The Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing.
Units, Rates & Service Limits

- The unit and rate structure as well as service limits for mental health skill-building will not change at this time.

- All previous units, rates, and service limits will remain in effect until DMAS notifies providers of a change.
Units, Rates & Service Limits

• MHSS (H0046) requires service authorization before any services (beyond the service-specific provider assessment) are reimbursed.

• The service limit for service-specific provider assessments is 2 per provider per individual per fiscal year. This allows each provider to bill 2 service specific-provider assessments for each individual from July 1 – June 30 of every year.

• The service-specific provider assessment code (H0032, modifier U8) must be billed before the service treatment (H0046) will pay.
• For individuals new to service and under the age of 21 the provider’s service-specific provider assessment must not occur prior to the Independent Clinical Assessment or there will be post payment retractions.

• The unit of service for MHSS are:
  
  – One unit = 1 to 2.99 hours per day
  – Two units = 3 to 4.99 hours per day
  – Three units = 5 to 6.99 hours per day
  – Four units = 7+ hours per day

• Time may be accumulated to reach a billable unit. Service delivery time must be added consecutively to reach a billable unit of service.
Units, Rates & Service Limits

• A maximum of 372 units of Mental Health Skill-building Services may be authorized annually with coverage under the State Plan Option.

• The annual treatment (fiscal) year for all individuals is defined as the period July 1 through the following June 30.

• Each July 1 all service limits will be set to zero.
MHSS Service Authorization

Authorization is required for Medicaid reimbursement.

These services may be authorized for up to six consecutive months.
• All requirements identified above will apply to new authorizations requested on or after 12/01/2013

• For individuals with open service authorizations as of 12/01/13 the new criteria will not apply until the renewal of the service authorization occurs.
MHSS Service Authorization

• The service authorization contractor for DMAS as of 12/01/13 will be Magellan of Virginia.

• For information regarding what is required to obtain service authorization through Magellan for MHSS, please visit the Magellan of Virginia website at:

  http://www.magellanofvirginia.com
MHSS Service Authorization

- The website offers information to providers regarding behavioral health services that will be administered by Magellan, which includes MHSS.

- It also has information regarding upcoming events including webinars and forums offered by Magellan.

- Frequently asked questions pertaining to the BHSA contract and MHSS will also be posted and updated routinely.
MHSS Reauthorizations

• Reauthorizations for service will only be granted if the provider demonstrates to Magellan that the individual is benefitting from the service as evidenced by updates and modifications to the ISP that demonstrate progress toward ISP goals and objectives.

• If the provider is unable to demonstrate this, the authorization will be denied.
Options for those Ineligible for MHSS

• Individuals with more serious mental illness may meet all of the criteria with the exception of the prior history of psychiatric hospitalization; residential crisis stabilization; ICT/PACT; RTC Level C; or TDO evaluation as a result of decompensation related to serious mental illness.
Options for those Ineligible for MHSS

• These individuals may continue to need services to achieve or maintain independence. Independent living skills programs are available through Centers for Independent Living and other agencies to meet the needs of these individuals.
Options for those Ineligible for MHSS

• Medicaid Mental Health Case Management is also available to individuals with serious mental illness who need assistance with locating appropriate services and oversight of their mental illness treatment.
Options for those Ineligible for MHSS

• As of 12/01/2013 Care Managers at Magellan of Virginia will also be available to assist members and providers with determining the most appropriate, least restrictive, services to meet their behavioral health needs.
Available Resources

- Additional information will be available on the DMAS and Magellan of Virginia websites including:
  
  - A MHSS Fact Sheet
  
  - A MHSS Frequently Asked Questions, and
  
  - The updated Community Mental Health and Rehabilitative Services Manual
Contacts

• DMAS Office of Behavioral Health
  – Email Address CMHRS@dmas.virginia.gov

• Magellan of Virginia
  – http://magellanofvirginia.com