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Policy

Enrollment Moratorium: Qualified Behavioral Aids (QBA) and Qualified Mental Health Associates (QMHA)

Public Workshop: November 20, 2018



Discussion Points

- Focus Group and Data
 - Suggested solutions
- Moratorium: What does this mean?
- Redesign Opportunities



Focus Group: Psychotherapy and Neurotherapy

- Presented at Public Workshop on September 11, 2018:
- Participants included, but not limited to:
 - Those that expressed an interest in participating
 - Invitations to The Commission on Behavioral Health
 - Invitations to Behavioral Health Regional Coordinators
 - Invitations to various Boards within the Behavioral Health field
 - Invitations to Sister Agencies
- Dates of Focus Groups:
 - August 24, 2018, 1-4
 - August 31, 2018, 1-4
 - September 7, 2018, 1-4



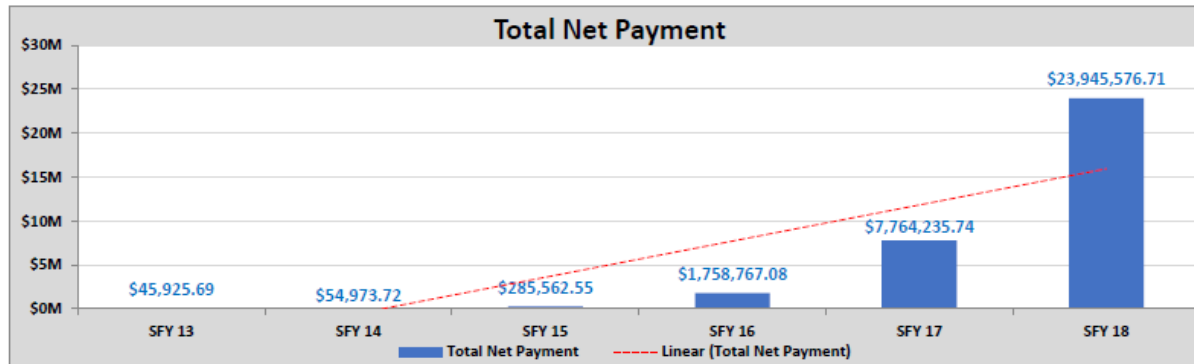
Medication Training and Support

Medication Training and Support

State Fiscal Year	Total Patients	% change from prior SFY
SFY 13	1,400	
SFY 14	643	-54.07%
SFY 15	474	-26.28%
SFY 16	1,522	221.10%
SFY 17	3,574	134.82%
SFY 18	6,641	85.81%
Timeframe Difference		
SFY 17	3,574	
SFY 18	6,641	85.81%

State Fiscal Year	Total Claims Paid	% change from prior SFY
SFY 13	2,214	
SFY 14	1,038	-53.12%
SFY 15	2,906	179.96%
SFY 16	16,652	473.02%
SFY 17	41,003	146.23%
SFY 18	108,207	163.90%
Timeframe Difference		
SFY 17	41,003	
SFY 18	108,207	163.90%

State Fiscal Year	Total Net Payment	% change from prior SFY
SFY 13	\$45,925.69	
SFY 14	\$54,973.72	19.70%
SFY 15	\$285,562.55	419.45%
SFY 16	\$1,758,767.08	515.90%
SFY 17	\$7,764,235.74	341.46%
SFY 18	\$23,945,576.71	
Timeframe Difference		
SFY 17	\$ 7,764,235.74	
SFY 18	\$ 23,945,576.71	208.41%



Notes: Medication Training is covered for monitoring of compliance, side effects, recipient education and coordination of requests to a physician for changes in medication(s). The state plan only allows for medication training as part of outpatient behavioral health services when performed by a Qualified Mental Health Provider (QMHP). Through a recent SUR review, it was discovered that Qualified Mental Health Associates (QMHA) are billing for medication training which is outside of the scope approved in the state plan and medication training is also billed when there is no indication of a pharmacy claim to warrant medication training. DHCFP is in the process of issuing a web announcement and updating billing guides and policy language to clarify appropriate billing practices for medication training. In addition, SUR is addressing recoupments for inappropriate billing of medication training.

SFY = July 1 - June 30; Report run in Paid status; Report is for FFS population



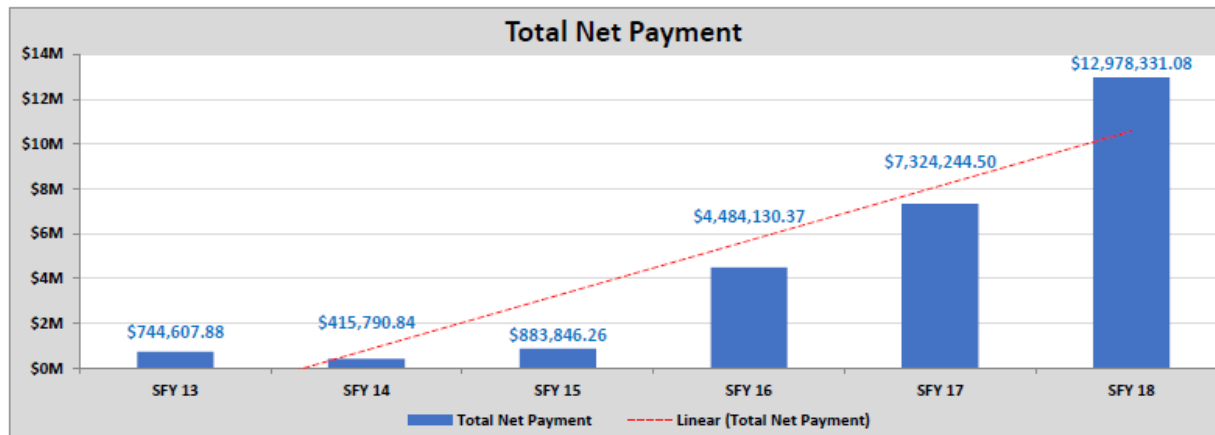
Crisis Intervention

Crisis Intervention Services (CI)

State Fiscal Year	Total Patients	% change from prior SFY
SFY 13	598	
SFY 14	1,005	68.06%
SFY 15	1,365	35.82%
SFY 16	2,669	95.53%
SFY 17	3,141	17.68%
SFY 18	4,760	51.54%
Timeframe Difference		
SFY 17	3,141	
SFY 18	4,760	51.54%

State Fiscal Year	Total Claims Paid	% change from prior SFY
SFY 13	1,582	
SFY 14	2,112	33.50%
SFY 15	2,890	36.84%
SFY 16	7,756	168.37%
SFY 17	12,702	63.77%
SFY 18	20,385	60.49%
Timeframe Difference		
SFY 17	12,702	
SFY 18	20,385	60.49%

State Fiscal Year	Total Net Payment	% change from prior SFY
SFY 13	\$744,607.88	
SFY 14	\$415,790.84	-44.16%
SFY 15	\$883,846.26	112.57%
SFY 16	\$4,484,130.37	407.34%
SFY 17	\$7,324,244.50	63.34%
SFY 18	\$12,978,331.08	77.20%
Timeframe Difference		
SFY 17	\$ 7,324,244.50	
SFY 18	\$ 12,978,331.08	77.20%



Notes: Crisis intervention (CI) are services that target urgent situations where recipients are experiencing acute psychiatric and/or personal distress. The goal is to assess and stabilize the situation. Effective November 17, 2017 the CI limits were reduced from 4 hours per day over a 5 day period to a 3 day period without prior authorization to align with Mental Health Parity.

YTD = July 1 - April 30; Report run in Paid status; Report is for FFS population



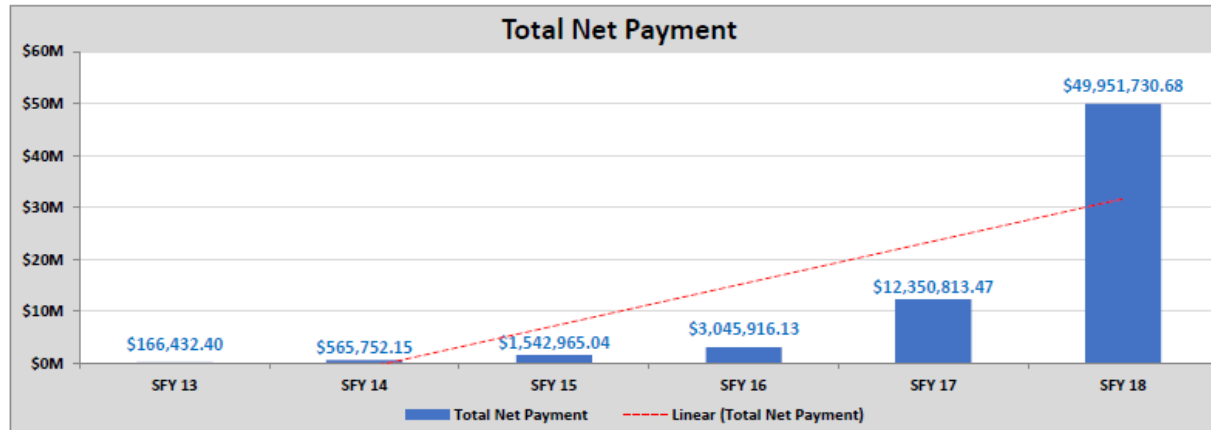
Intensive Outpatient Program

Intensive Outpatient Psychiatric Services (IOP)

State Fiscal Year	Total Patients	% change from prior SFY
SFY 13	54	
SFY 14	134	148.15%
SFY 15	288	114.93%
SFY 16	628	118.06%
SFY 17	2,436	287.90%
SFY 18	6,516	167.49%
Timeframe Difference		
SFY 17	2,436	
SFY 18	6,516	167.49%

State Fiscal Year	Total Claims Paid	% change from prior SFY
SFY 13	790	
SFY 14	1,678	112.41%
SFY 15	5,542	230.27%
SFY 16	15,139	173.17%
SFY 17	49,625	227.80%
SFY 18	267,504	439.05%
Timeframe Difference		
SFY 17	49,625	
SFY 18	267,504	439.05%

State Fiscal Year	Total Net Payment	% change from prior SFY
SFY 13	\$166,432.40	
SFY 14	\$565,752.15	239.93%
SFY 15	\$1,542,965.04	172.73%
SFY 16	\$3,045,916.13	97.41%
SFY 17	\$12,350,813.47	305.49%
SFY 18	\$49,951,730.68	304.44%
Timeframe Difference		
SFY 17	\$ 12,350,813.47	
SFY 18	\$ 49,951,730.68	304.44%



Notes: Intensive Outpatient Psychiatric Services (IOP) is a comprehensive interdisciplinary program of an array of direct mental health and rehabilitative services which are expected to improve or maintain an individual's condition and functioning level for prevention of relapse or hospitalization. The services are provided to individuals who are diagnosed as severely emotionally disturbed or serious mental illness. There is currently no limitation on services.

SFY = July 1 - June 30; Report run in Paid status; Report is for FFS population



Parking Lot Items

- Presented at Public Workshop on September 11, 2018:
 - Behavioral Health Community Network (BHCN) requirement for Medical Supervisor
 - Structure of BHCN versus Independent Practitioner
 - Appropriateness of Medication Training and Support under Provider Type 14
 - Clarification on Crisis Intervention
 - Qualifications as a provider based on evidence based practices (EBP)
 - Incentives based on utilization of EBP's



Temporary Moratorium

§ 455.470(c) State's Authority

- CMS must concur with any state-based moratorium.
- The State must impose the moratorium for an initial period of 6 months. (§ 455.470(c)(1))
- May extend the moratorium in 6-month increments. (§ 455.470(c)(2)).
- Must document in writing the necessity for extending the moratorium. (§ 455.470(c)(3))
- Documentation must be made available to CMS for concurrence prior to the extension.



Enrollment Allowed During Moratorium

- Revalidations – no break in your current enrollment
- Existing providers wanted to link to another BCHN



Enrollment Not Allowed During Moratorium

- New enrollments
- Currently enrolled providers who are subsequently terminated during the moratoria; failed to complete revalidation



Things to Consider

- Be aware of your revalidation due date
- Revalidation report is posted on the website at:
<https://www.medicaid.nv.gov/providers/enroll.aspx>
- Revalidation applications will be accepted up to one year in advance



Once the Moratorium is Lifted: Adjustment of Risk Level

- Under CFR 42 455.450(e)(2), once a moratorium is lifted, all new enrollments for provider types that were subject to the moratorium will have to be screened under a “high” categorical risk level for a period of 6 months from the date the moratorium was lifted.
- High risk screening level includes fingerprint based criminal background checks and site visits.



Things to Consider

- How do we best serve and protect our community with behavioral health needs?
- How do we raise the bar for provider qualifications?
- How do we ensure appropriate care for recipients?
- How do we develop accountability for services?



Things to Consider

- Education
- Experience
- Training
- Accountability



Washington State

- To be a Certified Counselor, your provider must...
 - Hold a bachelor's or advance degree from a program accredited by nationally recognized standards.
 - Pass a state approved exam
 - Have a written consultation/supervisory agreement
 - Complete 36 hours of continuing education every two years, with six hours being in law and ethics, and three hours of suicide assessment, screening, and referral every six years



Washington State

- To be a Certified Adviser, your provider must...
 - Hold an associate's degree from a program accredited by nationally recognized standards
 - Pass a state approved exam
 - Complete Four hours of training in HIV/AIDS education
 - Have a written supervisory agreement.
 - 36 hours of continuing education every two years, with six hours of law and ethics, and three hours of suicide assessment, screening, and referral.



Qualifications to become a certified adviser - Washington State

- Applicants for certified adviser must:
 - (1) Have an associate degree which included a supervised internship in a counseling-related field as defined in WAC [246-810-024](#);
 - (2) Pass an examination in risk assessment, ethics, and appropriate screening using the global assessment of functioning scale, client referral, and Washington state law; and
 - (3) Have a written supervisory agreement which meets the requirements in WAC [246-810-025](#) with a credential holder who meets the qualifications to be a supervisor in WAC [246-810-026](#).



Practice scope and limits for certified advisers– Washington State

- The scope of practice of certified advisers consists exclusively of the following:
 - (1) Appropriate screening of the client's level of functional impairment using the global assessment of functioning as described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Recognition of a mental or physical disorder or a global assessment of functioning score of sixty or less requires that the certified adviser refer the client to a licensed health care practitioner.
 - (2) If the client has a global assessment of functioning score greater than sixty, a certified adviser may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards.



Qualifications to become a certified counselor – Washington State

(1) Until July 1, 2010, an applicant for certified counselor who has been a registered counselor for a minimum of five years must:

- (a) Hold a valid, active registration that is in good standing or be in compliance with any disciplinary process and orders;
- (b) Show evidence of having completed at least six clock hours of course work that included risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington state law;
- (c) Pass an examination in risk assessment, ethics, appropriate screening using the global assessment of functioning scale, client referral, and Washington state law; and
- (d) Have a written consultation agreement which meets the requirements in WAC [246-810-025](#) with a credential holder who meets the qualifications to be a consultant in WAC [246-810-026](#).

(2) Unless eligible for certification under subsection (1)(a) of this section, applicants for a certified counselor must:

- (a) Have a bachelor's degree in a counseling-related field, as defined in WAC [246-810-024](#);
- (b) Pass an examination in risk assessment, ethics, and appropriate screening using the global assessment of functioning scale, client referral, and Washington state law; and
- (c) Have a written supervisory agreement which meets the requirements in WAC [246-810-025](#) with a credential holder who meets the qualifications to be a supervisor in WAC [246-810-026](#).



Practice scope and limits for certified counselors - Washington State

- The scope of practice of certified counselors consists exclusively of the following:
 - (1) Appropriate screening of the client's level of functional impairment using the global assessment of functioning as described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. Recognition of a mental or physical disorder or a global assessment of functioning score of sixty or less requires that the certified counselor refer the client for diagnosis and treatment to a licensed health care practitioner.
 - (2) If the client has a global assessment of functioning score greater than sixty, a certified counselor may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards.
 - (3) If the client has a global assessment of functioning score of sixty or less, a certified counselor may counsel and guide the client in adjusting to life situations, developing new skills, and making desired changes, in accordance with the theories and techniques of a specific counseling method and established practice standards if:
 - (a) The client has been referred to the certified counselor by a licensed health care practitioner and care is provided as part of a plan of treatment developed by the referring practitioner who is actively treating the client. The certified counselor must adhere to any conditions related to the certified counselor's role as specified in the plan of care; or
 - (b) The certified counselor referred the client for diagnosis and treatment from a licensed health care practitioner and the client refused, in writing, to seek diagnosis and treatment from the other provider. The certified counselor may provide services to the client consistent with a treatment plan developed by the certified counselor and the consultant or supervisor with whom the certified counselor has a written consultation or supervisory agreement.
 - (4) A certified counselor must not be the sole treatment provider for a client with a global assessment of functioning score of less than fifty.



Resources:

- <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/CertifiedAdviser>
- <https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/CertifiedCounselor>



Questions?