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MEDICAID MEMO

TO: Providers of Community Mental Health Rehabilitative Services, Magellan Health of Virginia, and Managed Care Organizations

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/30/2016

SUBJECT: Changes to Community Mental Health Rehabilitative Services – Final Regulations Pertaining to Mental Health Skill-Building Services, Crisis Intervention, and Crisis Stabilization – Effective August 1, 2016

The purpose of this memorandum is to notify providers of important changes that the Department of Medical Assistance Services (DMAS) will implement for Mental Health Skill-Building Services (MHSS), Crisis Intervention, and Crisis Stabilization Services beginning on August 1, 2016. The changes being implemented are due to approval of the MHSS final regulations. The MHSS changes were developed and shared with stakeholder groups from 2012 through 2014. DMAS collected public comments on the regulations from November 4, 2013 through December 11, 2013 and August 26, 2015 through October 25, 2015. Providers can find the final regulations (including the changes) on the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/l/ViewStage.cfm?stageid=7391.

DMAS collaborated with the Department of Behavioral Health and Developmental Services (DBHDS) as well as public and private stakeholders to develop and clarify these important program changes. The specific changes are described below. Providers must comply with the revised program requirements within the specified time frames in order to qualify for Medicaid reimbursement through DMAS and its behavioral health services administrator (BHSA).

The Behavioral Health Services Administrator (BHSA)-Magellan

The MHSS regulatory package includes modified language to better reinforce the authority and oversight capabilities of the Behavioral Health Service Administrator (BHSA). The BHSA, Magellan, is the entity that manages or directs a behavioral health benefits program under contract with DMAS. Magellan shall be authorized to constitute, oversee, enroll, and train a provider network, perform service authorization, adjudicate claims, process claims, gather and maintain data, reimburse providers, perform quality assessment and improvement, conduct member outreach and education, resolve member and provider issues, and perform utilization management including care coordination for the provision of Medicaid-covered behavioral health services.

Magellan and DMAS strive to ensure that our members have access to services and receive quality services to address their behavioral health needs. In response to this mission, Magellan's authority shall include entering into or terminating contracts with providers in accordance with DMAS authority

pursuant to 42 CFR Part 1002 and § 32.1-325 D and E of the Code of Virginia. DMAS shall retain authority for and oversight of Magellan.

Summary of Changes to MHSS, Crisis Intervention and Crisis Stabilization Services

The chart below can be used as a guideline for the major changes in the final regulations. However, providers are encouraged to read the regulations to ensure adherence to any changes affecting your agency. This is not an all-inclusive list.

Regulatory Section number	Requirement at Proposed/Emergency stage	What has changed in the Final Stage	Rationale for Change
12VAC30-50-226	MHSS Medical Necessity Criteria was changed to recognize "nonresidential" crisis stabilization services as meeting the service history requirement defined as part of the medical necessity criteria.	"The individual shall have a prior history of any of the following: (i) psychiatric hospitalization; (ii) either residential or **nonresidential crisis stabilization**; (iii) intensive community treatment (ICT) or program of assertive community treatment (PACT) services; (iv) placement in a psychiatric residential treatment facility (RTC-Level C) as a result of decompensation related to the individual's serious mental illness; or (v) a temporary detention order (TDO) evaluation, pursuant to § 37.2-809 B of the Code of Virginia. This criterion shall be met in order to be initially admitted to services and not for subsequent authorizations of service."	This change ensures consistent recognition of prior crisis service encounters as part of the individual's service history.
12VAC30-50-226	Crisis Intervention required registration within one business day of the provider's completion of their intake. Crisis Stabilization required registration within one calendar day of the provider's intake.	Clarified the timeliness requirements in the crisis intervention and crisis stabilization service authorization process.	The change allows for Crisis Intervention and Crisis Stabilization to be registered for reimbursement within one business day from start of services.
12VAC30-50-226	The LMHP-, LMHP-Resident, LMHP-Supervisee shall complete, sign, and date the ISP within 30 days of the admission to this service.	Changed the MHSS providers who are allowed to develop the ISP to match the standard for adult CMHR services which includes the QMHP types in addition to the LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP.	This requirement was mistakenly limiting ISP development to only the LMHP, LMHP-supervisee or LMHP-resident staff. It was amended to align with other adult oriented provider requirements.
12VAC30-50-226	Revised the provider requirements from the Emergency Regulations.	f. These services may only be rendered by an LMHP, LMHP-supervisee, LMHP-resident, LMHP-R, LMHP-RP, LMHP-S, QMHP-A, QMHP-C, QMHP-E, or	Included the LMHP-resident, LMHP-R, LMHP-RP, LMHP-S and QMHP-E to align

		QPPMH.	with other CMHRS provider requirements.
12VAC30-50-226	d. Effective July 1, 2014, the yearly limit for mental health skill-building services is up to 1300 units per fiscal year. The weekly limit for mental health skill-building services is up to 25 units for those individuals who are not residing in assisted living facilities or group homes (Level A or B). The daily limit is a maximum of five units. Only direct face-to-face contacts and services to the individual shall be reimbursable. Prior to July 1, 2014, the previous limits shall apply. e. Effective July 1, 2014, one unit shall be defined as one hour. Providers shall not round up to the nearest unit, and partial units shall not be reimbursed. Time may be accumulated in quarter-hour increments over the course of one week (Sunday to Saturday) to reach a billable unit. The provider shall clearly document details of the services provided during the entire amount of time billed.	Corrected unit values for MHSS, adjusted service limits to retain previous unit values.	The MHSS unit value was not changed as part of this regulatory action. The previous regulations stated that a unit equals 1-3 hours. Current Regulations state: 1 unit equals 1-2.99 hours 2 units equal 3-4.99 hours The annual limit for individuals who live in either a Level A or Level B Group Home setting will be limited to 8 units per week and 416 units annually. All other individuals who receive MHSS are limited to 520 units per year with a 10 unit per week maximum limit.
12VAC30-50-226	15. 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. Proposed : Service-specific provider intakes shall be repeated for all individuals who have received at least six months of MHSS to determine the continued need for this	Changed MHSS to no longer require a service specific provider intake every six months as seen in the proposed regulatory stage. That function was replaced with a "service review" by an LMHP, LMHP-supervisee, LMHP-resident, or LMHP-RP to ensure the individual continues to meet medical necessity criteria.	This change would have a budget impact so it was revised to conform to similar requirements in the CMHRS benefit that require a review by an LMHP, LMHP-R, LMHP-S, LMHP-RP every six months to document the need for continued services in the individuals medical record.

	service.		
12VAC30-60-143	19. If mental health skill-building services are provided in a group home (Level A or B) or assisted living facility, effective July 1, 2014, there shall be a yearly limit of up to 4160 units per fiscal year and a weekly limit of up to 80 units per week, with at least half of each week's services provided outside of the group home or assisted living facility. There shall be a daily limit of a maximum of 20 units. Prior to July 1, 2014, the previous limits shall apply. The ISP shall not include activities that contradict or duplicate those in the treatment plan established by the group home or assisted living facility. The provider shall attempt to coordinate mental health skill-building services with the treatment plan established by the group home or assisted living facility and shall document all coordination activities in the medical record.	This statement was using 15 minute unit values in the proposed text.	Replaced the incorrect MHSS listing of 15 minute unit values and their respective maximum allowances with maximum limitations that match the MHSS unit values defined in 12VAC30-50-226. MHSS Unit values remain one unit=1 to 2.99 hours per day, two units= 3 to 4.99 hours per day. Individuals approved for MHSS while residing in a group home setting may receive up to 8 units per week with an annual limit of 416 units per year.
12VAC30-60-143	3. The LMHP, LMHP-supervisee or LMHP-resident shall complete, sign, and date the ISP within 30 days of the admission to this service. The ISP shall 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 shall not exceed the frequency established in the individual's ISP. The ISP shall indicate the dated signature of the LMHP, LMHP-supervisee or LMHP-resident and the individual.	Changed the MHSS provider requirements for developing the ISP to allow an LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP, QMHP-A, QMHP-C, or QMHP-E to develop the ISP.	This requirement was mistakenly limiting ISP development to only the LMHP, LMHP-supervisee or LMHP-resident staff. It was amended to align with other CMHRS ISP requirements.

12VAC30-60-143	b. Documentation of this review shall be added to the individual's medical record no later than the last day of the month in which this review is conducted, as evidenced by the dated signatures of the LMHP, LMHP-supervisee, LMHP-resident, QMHP-A, QMHP-C or QMHP-E and the individual.	Adjusted the MHSS documentation requirement for the ISP review to match the ISP review definition by requiring the review "be documented in the individual's medical record no later than 15 calendar days from the date of the review"	Addressed an inconsistent statement with different timelines as identified in a stakeholder comment.

MHSS Service Limits

The annual service limit was increased from 372 units per fiscal year to 520 units per fiscal year. MHSS coverage is now limited to 10 units per week, MHSS service authorizations will be amended by Magellan to align with this requirement.

- One unit = 1 to 2.99 hours per day
- Two units = 3 to 4.99 hours per day

MHSS Provider Requirements

The QMHP-E was added back to the list of allowed MHSS providers. Please note that the QMHP-E, LMHP-S, LMHP-R and LMHP-RP were not listed as an eligible staff when providing MHSS from 12/1/2013-7/26/2016.

- Mental Health Skill-building Services providers must be licensed by DBHDS as a provider of Mental Health Community Support. Mental Health Skill-Building services shall be provided by an LMHP, LMHP-S, LMHP-R, LMHP-RP, QMHP-A, QMHP-C, QMHP-E or QPPMH.

Summary of Crisis Intervention and Crisis Stabilization Changes

- Crisis Intervention and Crisis Stabilization will continue to require registration to qualify for reimbursement. Registrations must be submitted to Magellan, the BHSA, within one business day.
- As part of Magellan's care coordination model, the clinical care management team will complete post registration reviews to monitor appropriate utilization of the services.
- Magellan will also provide care coordination to members and providers to assist with proper discharge planning.

Education and Outreach

A Magellan Provider Webinar is scheduled for July 12, 2016 to provide an overview of the CMHRS program changes, specifically MHSS, Crisis Intervention, and Crisis Stabilization. Additionally Magellan offers webinars, trainings, Continuing Education Units (CEU's) via the Magellan of Virginia website, email blasts, and a weekly provider call as a way to assist providers. To find details on all upcoming trainings please refer to: http://magellanofvirginia.com/for-providers-va/training.aspx.

Information regarding upcoming trainings will be posted to the DMAS and Magellan of Virginia websites. Recorded trainings will also be posted to both websites. Additional online training resources will be announced once the effective dates are finalized.

General questions regarding the CMHRS program may be e-mailed to VAProviderQuestions@magellanhealth.com.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a managed care program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC):
- http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
  http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.