

**MO HEALTHNET NON-PHARMACEUTICAL MENTAL HEALTH
PRIOR AUTHORIZATION ADVISORY COMMITTEE**
205 Jefferson Street Jefferson City, MO

February 4, 2010

MEMBERS IN ATTENDANCE

Judy Coy, LPC
Cindy Burks, LCSW
Mark C. Johnson, MD
Jennifer Davis, LSCW
Laine Young-Walker, MD
Dan Holdinghaus, LPC
Vicky Lynn Tupper Mieseler, MS
Bruce Horwitz, PhD

AGENCY STAFF IN ATTENDANCE

Lisa Clements, PhD, Clinical Director
Becky West, MO HealthNet Specialist
Annette Walther, IFOX
Ian McCaslin, Director, MO HealthNet
Patsy Carter, Department of Mental Health
Rhonda Driver, Director of Pharmacy MHD
Yen Carl, Senior Office Support Assistant
Mary Heet, Pharmacy Exception Hotline Supervisor
Tom Reichard, Executive Director, State
Committee for Social Workers

MEMBERS IN ATTENDANCE BY PHONE

Allyson Ashley, LCSW
Nancy Gongaware, LPC

MEMBERS ABSENT

Richard Burch, MD
Felix Vincenz, MD

CONFERENCE CALL ATTENDEES (ADHD DISCUSSION)

Dr. Beth Andrews: Department Chair for Pediatrics and Medical Director of St. Johns Children's Hospital
Dr. Kyle John: Child Psychiatrist (St. John's)
Dr. Thomas Weeston: Child Psychiatrist (St. John's)
Dr. Joyce Noble: Psychologist who specializes in Children (St. John's)
Cynthia Jackson: Practice Manger
Dr. Kevin Blanton: Sikeston, MO
Dr. Claudia Preuschoff: President of Mo. Chapter of American Academy Pediatricians
Dr. Kristin Shol: Clinic Director and Child Pediatrician (Columbia, MO)
Dr. Charles Graves: President of Freeman Health System, Medical Director of Family Preservation Services and Family Turn around.
Dr. Stroud with Thompson Center

Welcome/Announcement- Lisa Clements, PhD, Clinical Director, Psychology Program called the meeting to order at 10:00 a.m. Introductions were made.

ADHD Discussion: In 2007, the Non Pharmaceutical Mental Health PA Advisory Committee recommended a psychosocial intervention for children under age 6 with a co morbid condition who are prescribed stimulants for ADHD treatment. Rhonda Driver went over the clinical edit criteria for the ADHD therapy for adults and children. Dr. Clements went over data regarding patients under 6 years of age with SMART PA (HelpDesk) requests. The data were from January 1 through September 30, 2009. There were a total of 378 unique patients. For children age 2, there were 3 unique patients, for 3 year olds there were 45 unique patients, for 4 year

olds there were 148 unique patients, and for the 5 year olds there were 182 unique patients. Out of the 378 patients, there were a total of 9 denials. For the 3 year olds there were 2 denials, the 4 year olds there were 4 denials, and the 5 year olds there were 3 denials. Out of the 378 unique patients, there were a total of 143 patients with a paid claim for Psychology/Counseling Program services. For the 3 year old there were 10 patients, for the 4 year olds there were 50 patients, and for the 5 year olds there were 83 patients. For children over 6, there is no requirement for therapy before stimulants are approved. Dr. Clements stated that Committee members do not review requests that come in. MO HealthNet contracts with a child psychiatrist that reviews the requests from a clinical perspective. Providers stated there were no problems or recommendations for children age 6 and up. The providers suggested that the Committee drop the age requirement for the clinical edit to 4 or 5 year olds instead of 6. There was also a recommendation to verify the HelpDesk is giving correct feedback and are adequately trained to screen requests. Dr. McCaslin suggested a follow up conversation with all the providers on the phone and asked the providers to e-mail their recommendations and written remarks or to submit comments to clinical.services@dss.mo.gov. Dr. Clements asked that a few of the providers send in the specific patient's information so the exact call can be researched to determine what information was given by the HelpDesk.

The Committee recommended that the stimulant request form for children under 6 year olds be revised to simplify the form. Suggestions for changes were made. It was suggested that the Committee make calls to providers who participated in the ADHD discussion to obtain specific case examples and initiate QA with the HelpDesk. The motion was moved and seconded, and motion passed. Dr. Clements stated that we will revisit this discussion at the next meeting and make recommendations or changes to the motion.

Review of Minutes: The August 7, 2008 meeting minutes were approved as submitted.

Clinical Social Worker Licensure Changes: Tom Reichard from the State Board of Social Workers updated the Committee with the new changes to Social Worker licensure. Mr. Reichard stated that effective immediately, the Board will be verifying that all supervisors have met the experience requirements. A clinical supervisor is defined as a licensed clinical social worker who has "practiced in the field for which he or she is supervising the applicant uninterrupted since August 28, 2004 or a minimum of five years." The 16 hour supervisor training course is a requirement under law, and the effective date is April 30, 2010. Also, the board will begin phasing out the provisionally licensed clinical social worker licensure as of April 30, 2010.

Mr. Reichard stated that there are three new tiers of licensure and one was renamed. The Licensed Advanced Macro Social Worker (LAMSWSW) will require a master's or doctorate degree in social work from an accredited school, passing the ASWB advanced generalist examination, and 3,000 hours of supervised experience. The Licensed Master Social Worker (LMSWSW) will require a master or doctorate degree in social work from an accredited school and passing the ASWB master exam. The Licensed Baccalaureate Social Worker (LBSWSW) will require a baccalaureate degree in social work from an accredited school and passing the ASWB bachelor exam. The Licensed Baccalaureate Social Worker-Independent Practice requires a baccalaureate degree in social work from an accredited school, passing the ASWB bachelor's exam, and 3,000 hours of supervised experience. MO HealthNet will allow Licensed Master Social Workers to enroll as providers. They will follow the current policy for provisionally licensed Clinical Social Workers. Enrollment for this new specialty will begin April 30, 2010. The other new tiers of licensure will not be allowed to enroll as a MO HealthNet provider.

Reports: At the last meeting the Committee members agreed that the reports would no longer be included in the meeting packets. All reports were sent to Committee members in an e-mail

prior to the meeting. Dan Holdinghaus asked if Dr. Clements could provide graphs of the PA (Prior Authorization) numbers over the last two years, such as total number of PAs that were approved and denied, and the total number of children in foster care over the last two years.

Prior Authorization Reports: Dr. Clements reviewed Report Six for adults and children that were sent electronically prior to the meeting. For adults, the unique patient count for January 1 through December, 31, 2009 year was 5,972. January 2008 through December 2008, the unique patient count was 4,735. January 1 through December 31, 2007 there were 5,204 unique patients. While there has been a significant increase in the number of unique patients, there has not been an increase in the number of PAs.

For children, the unique patient count for August 1, 2009 through December 31, 2009 was 7,212 and for August 1, 2008 through December 31, 2008 the unique patient count was 6,812. For the period August 1, 2007 through December 31, 2007 there were 6,760 unique patients. There was a significant increase in the number of unique patients for the children as well.

Children in Foster Care:

Dr. Clements stated that from January through December 2009 there were 4,899 unique patients who received PAs. In 2008 there were 4,642 unique patients. The 16 year olds are still the dominant group although last year they were at 10% and this year there are at 8.8%. Prolonged Posttraumatic Stress Disorder, Oppositional Defiant Disorder, and Attention Deficit with Hyperactivity Disorder are still the top three diagnosis codes of all PAs for children in foster care.

Dr. Clements reviewed the Program Integrity report for 2009 which was included in the meeting packet. In 2009 there were a total of 47 cases that were active out of 5,000 providers. Also, there were 7 providers that were placed on Pre-Payment Review as a result of the investigation. Program Integrity recouped a total of \$167,340.25. As of now, there are 12 cases that are still open.

Motion to adjourn was made and seconded at approximately 2:00 p.m.

MEMBER	RECOMMENDATIONS TO REVISE THE STIMULANT REQUEST FORM FOR CHILDREN UNDER 6	MOTION TO CLOSE MEETING	MOTION TO ADJOURN
Richard Burch, MD	Absent	Absent	Absent
Felix Vincenz, MD	Absent	Absent	Absent
Laine Young-Walker, MD	Yeah	Yeah	Yeah
Mark C. Johnson, MD	Yeah	Second	Yeah
Bruce Horwitz, PhD	Yeah	Yeah	Second
Vicky Lynn Tupper Mieseler, M.S.	Yeah	Yeah	Yeah
Allyson Ashley, LCSW	Motion	Yeah	Yeah
Cindy Burks, LCSW	Second	Yeah	Yeah
Jennifer Davis LCSW	Yeah	Motion	Yeah
Judy Coy, LPC	Yeah	Yeah	Yeah
Nancy Gongaware, LPC	Yeah	Yeah	Yeah
Dan Holdinghaus, LPC	Yeah	Yeah	Motion

Next Meeting May 6, 2010