

**Non-pharmaceutical Behavioral Health Services Prior Authorization
Advisory Committee Meeting
615 Howerton, Conference Room 202
February 4, 2016
10:00am -12:20pm**

MEMBERS IN ATTENDANCE

Allyson Ashley, LCSW
Dan Holdinghaus, LPC
Leslie Luchene, PhD
Vicky Lynn Tupper Mieseler, MS
Nancy Spargo, AM, LCSW
Laine Young-Walker, MD
Patsy Carter, PhD
Dawn Swinger, M. Ed., LPC

MO HEALTHNET STAFF IN ATTENDANCE

Eric Martin, PhD
Stacie Gibson
Rhonda Schenewerk
Sara Davenport, MS

MEMBERS ABSENT

Tim Decker
Bruce Horwitz, PhD
Nancy Gongaware, MA, LPC, SPHR

OTHER ATTENDEES PRESENT

Annette Walther, Wipro
Christy Collins, Children's Division

Topic	Discussion	Action
Approval of Minutes	Minutes were approved for the August meeting. Vicky Mieseler motioned and Nancy Spargo seconded, and vote in favor of approving was unanimous.	FYI
Retrospective Review – Progress Update	Eric provided an update on this. Stacie ran a report on providers delivering a higher number of individual therapy sessions to participants over a three year period. When sorted by the total number of sessions in three years, the top 20 were nearly all managed care members with a foster care medical eligibility code, which would mean their behavioral health services are carved out to fee-for-service. Next step is to request documentation and do a clinical review. We discussed whether to proceed, and consensus was to go ahead.	Will request documentation and do clinical review and report back to committee.

<p>Evidence-Based Practices Work Group Update – Survey Discussion</p>	<p>Eric reported that the idea of surveying providers regarding attitudes and training needs related to evidence-based practices was put on hold in light of upcoming free training opportunities in evidence based practices available to Missouri clinicians, including MO HealthNet providers. A hot tip was sent out to MO HealthNet providers informing of opportunities to participate in a year-long Trauma-Focused CBT learning collaborative, which begins in March 2016. A hot tip will also go out to MO HealthNet providers to inform of opportunities to participate in one of six regional Motivational Interviewing learning collaboratives. The Motivational Interviewing learning collaboratives begin in February, March, and April and will last for approximately six to nine months.</p> <p>Eric reported ABA services have begun, mostly assessment for intervention planning but also some intervention services.</p> <p>Algorithm updates are now in place for DBT, PCIT, PMT, and TF-CBT as well as Individual Therapy and/or family therapy for non-state custody age 13-17 and for adults.</p>	<p>Survey items will be developed with the goal to follow-up and build upon the TF-CBT and MI trainings.</p>
<p>Documentation Requirements</p>	<p>We discussed the idea of modernizing MHD documentation requirements in light of the fact that many providers now use or are moving to an electronic record. Consensus was to have a sub-committee take a look at the current documentation requirements and formulate recommended revisions. Allyson, Dawn, and Leslie volunteered for this sub-committee.</p>	<p>Eric will send out current documentation requirements to the sub-committee members so they can review and then work on recommendations.</p>
<p>Increase number of hours before PA needed?</p>	<p>We reviewed a frequency distribution for therapy sessions which shows that the most frequently occurring number of sessions for an individual is 1, and that the number of participants receiving therapy decreases in linear fashion as you go up</p>	<p>Awaiting final form of federal parity reg before considering</p>

	to higher numbers of sessions. This suggests that therapy utilization is self-limiting and setting the limit on non-PA sessions higher would reduce the number of PAs requested by providers and processed by technicians significantly. We discussed that the federal parity regulation is still not final, and consensus was that it would make sense to wait on the final form of that regulation as it may have implications for PA requirements.	further action
Question on Rationale for ME codes not requiring PA	Eric reviewed some of the timeline of PA staged implementation culled from archived provider bulletins. It was unclear from agency documentation why some ME codes were excluded from requiring PA. Committee recalled pushback from foster care advocates as potentially the reason.	
Update on CyberAccess and SmartPA utilization	We reviewed data on precertifications issued through CyberAccess and SmartPA. About 30% of precertifications are issued through CyberAccess.	FYI
Update on ABA services	ABA providers have been enrolling, and precertifications have been issued. It has been a slow start. These data will be reviewed at the next meeting. State plan has not yet been approved by CMS. Regulation is moving forward, currently in 30 day public comment period. ABA consultant bid closes 2/19/16.	FYI
Miscellaneous Updates	<p>Eating disorders legislation – coverage for LMFT, LCSW, LPC, partial hospitalization, residential, intensive o/p – applies to managed care.</p> <p>Child parent psychotherapy – discussion of whether this should be included in the EBPs that receive tailored package of hours for precertification.</p> <p>Moral reconnection therapy - EBP – have become aware of this being done through clinical exception requests .</p> <p>Discussion of need to develop criteria for which EBPs should be added to the algorithm wherein providers would receive hours on precertification that fit the model of treatment.</p> <p>Parity – CMS reg, public comment period ended, awaiting final rule, for Managed</p>	FYI

	<p>Care members (including if receive services through FFS – this would include the state custody (foster care) kids & 18 to 26 year old former foster youth who are managed care members but BH is carved out. PA requirements (non-quantitative treatment limitation) cannot be more restrictive than those for physical health for: inpatient, outpatient, pharmacy, & emergency department). SPA for LCSWs to see adults in CMHCs (treats CMHCs like FQHCs and RHCs in that regard)</p> <p>LMFT legislation</p> <p>School psychologists – proposal to add school psychologists as performing provider to school-based-services program. Limited to IEP services; school puts up the GR. Limited to nationally certified school psychologists. Some committee members expressed concern over individuals hired with this job title who do not have the appropriate training background and are not qualified to deliver behavioral health services. Eric reported that such individuals would not be eligible for the national certification and thus would not be able to enroll. Eric agreed to email information on school psychologist training and certification standards for review and further comment.</p>	
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