

**Non-pharmaceutical Behavioral Health Services Prior Authorization Advisory
Committee Meeting
615 Howerton, Conference Room 202
May 5, 2016
10:00am -12:20pm**

MEMBERS IN ATTENDANCE

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
 Bruce Horwitz, PhD

MO HEALTHNET STAFF IN ATTENDANCE

Eric Martin, PhD
 Stacie Gibson
 Rhonda Schenewerk
 Sara Davenport, MS
 Jenna McTeer, RN

MEMBERS ABSENT

Tim Decker
 Nancy Gongaware, MA, LPC, SPHR

OTHER ATTENDEES PRESENT

Annette Walther, Wipro
 Christy Collins, Children’s Division
 Gerri Roling, WIPRO

Topic	Discussion	Action
Approval of Minutes	Minutes were approved	FYI
Retrospective Review – Progress Update	Eric provided an update on this. The letter to request records was created to go out to the providers that had a high number of sessions with the same participants for three years in a row. Legal counsel reviewed the letter and asked for some revisions; the revisions will be made and will be resubmitted to admin for approval so that records can be requested for review.	FYI
Evidence-Based Practices Work Group Update – Survey Discussion	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	Eric will compile data on evidence-based training attendance by MO HealthNet enrolled providers as

	<p>Trauma-Focused CBT learning collaborative, which begins in March 2016. A hot tip also went out motivational interviewing, and a training summit for youth trauma. A hot tip was not sent out for the early childhood mental health as the internal process for approving hot tips has been slow along with sometimes getting the notice from the organizers without enough time to get a hot tip approved. Eric would like to collect information regarding the number of MO HealthNet enrolled providers that attended trainings, what kind of trainings they attended, and what obstacles they faced if they were not able to attend. Patsy suggested that a good starting point would be internally between MO HealthNet and the coalition. She suggesting getting a list of names from the coalition of everyone that signed up, and look to see if they are now requesting authorizations for the evidence based packages. Eric agreed that this was a good starting point. Eric mentioned that we continue to need a formal process for identifying which evidence based practices should be included in the PA algorithm.</p>	<p>well as data on providers requesting PA for evidence-based practices.</p> <p>Eric will also send out draft of process for determining EBPs for inclusion in the PA algorithm</p>
Documentation Requirements	<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. Eric sent out an email to the work group with the current documentation requirements from both the regulation and the manual, a call will be scheduled to develop recommendation for HealthNet to revise the requirements.</p>	<p>Call will be scheduled with workgroup</p>
Mental Health Parity	<p>Eric stated the final rule for Medicaid was recently published, it applies to CHIP kids and to managed care even when some services are provided through fee for service. This is going to be when the state agency has the responsibility to ensure parity, and that we are compliant. There are limitations on the behavioral health services in that they can't be more restrictive than they are for physical in the categories of outpatient, inpatient, pharmacy, and emergency care. PA's are considered non-quantitative treatment limitations, so requiring PA for behavioral health services but not for comparable physical health services is not consistent with parity. What will be considered a comparable service for physical VS behavioral health will have to be determined.</p>	<p>FYI</p>

<p>Psychological testing issue</p>	<p>Allison raised an issue regarding Mo HealthNet documentation requirements and limited hours for psychological testing VS assessment. Patsy stated she also had concerns with how the limits were structured, and asked Eric if he could get some information together regarding requirements for assessment and testing so the group can get familiar with it for a discussion. Vicky stated she had an issue with the time allotted for psychological testing, and stated that the providers have to cover a lot of the hours when they go over the allotted time. Vicky stated that 4 hours was not enough for assessment and testing. Eric advised that there is 3 hours for assessment and 4 separate hours for testing. A discussion was had on how to request additional hours for testing, and if an additional code could be billed for record review. Eric will get together current numbers to have further information to discuss. Eric will also send out an email to set up a workgroup regarding these issues, including Vicky, Patsy, and Allison. It was discussed whether or not to pull in the Psychological Association in on the workgroup, it was decided that a conference call will be scheduled with MOPA as well to gain their input. Sarah advised that there is a CPT code in place now for thirty minutes of record review for psychiatrist record review, so that may be a good starting point.</p>	<p>Eric will get requirements for an assessment/evaluation and numbers for services billed for psychological evaluations to the group for further discussion next meeting. Eric will also send out an email to set up a workgroup regarding these issues, including Vicky, Patsy, and Allison.</p>
<p>Update on CyberAccess and SmartPA utilization</p>	<p>We reviewed data on precertification's issued through CyberAccess and SmartPA. About 30% of precertifications are issued through CyberAccess current month, 24% YTD.</p>	<p>Eric will look at how many providers are signed up for CyberAccess, possibly have Xerox reach out to providers to use CyberAccess</p>
<p>School Psychologists</p>	<p>Eric gave the background on the topic that schools can bill behavioral based services to MoHealthnet if it is on the IEP for the Child. The school pays the GR and MHD pulls the federal match, the school receives the federal match. The packages of services require a PA, like fee for services, they have the same modalities, same limits, providers, and documentation is all the same. Eric looked</p>	

	<p>at if the school psychologists were qualified to provide behavioral health services by looking at their training, certification, and credentials. Eric stated if the psychologist has a doctorate they would be eligible to be licensed, if they have an education specialist degree they are not eligible, they would need to get a certification through NASP. DESE does not require the NCSP certification, but MO healthNet would require the NCSP certification in order for them to enroll. There was discussion about how to restrict them to only provided services through the school system. Eric advised the School has to precertify services, the school is enrolled and the psychologist is the performing provider. Eric also stated that bordering states are covering this.</p>	
Update on ABA services	<p>Providers enrolled for ABA services: 7 LA which are assistant behavioral analyst, 50 behavioral analysts, and 2 ABA qualified license psychologist - 2, both are licensed as behavioral analyst, there are 18 pending applications.</p>	FYI
Miscellaneous Updates	<p>Vacancies – 2 psychiatrist 1 LCSW vacancies, advised to give Eric’s contact information if the members have anyone that may be interested.</p>	FYI