

**Non-pharmaceutical Behavioral Health Services Prior Authorization Advisory
Committee Meeting
615 Howerton, Conference Room 202
November 3, 2016
10:00am -12:20pm**

MEMBERS IN ATTENDANCE

Dan Holdinghaus, LPC
 Leslie Luchene, PhD
 Vicky Lynn Tupper Mieseler, MS
 Nancy Spargo, AM, LCSW
 Dawn Swinger, M. Ed., LPC
 Bruce Horwitz, PhD
 Allyson Ashley, LCSW

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
 Laine Young-Walker, MD
 Patsy Carter, PhD

OTHER ATTENDEES PRESENT

Annette Walther, Wipro
 Christy Collins, Children's Division
 Ivy Doxley, Children's Division

Topic	Discussion	Action
Welcome/Roll Call	Attendance noted above	FYI
Minutes	Minutes from prior meeting approved	FYI
Evidence-Based Practices (EBP) Update	Committee reviewed data for precertifications during the period June 1, 2015 through May 31, 2016. Of the specific EBPs in the behavioral health services precertification algorithm, providers most often indicated they were using trauma-focused cognitive-behavioral therapy (TF-CBT), followed by dialectical	FYI

	<p>behavior therapy (DBT), parent-child interaction therapy (PCIT), and parent management training (PMT). MO Children’s Trauma Network has sponsored multiple trainings on EBPs so the workforce capacity to provide EBPs is increasing. Most attendees have been affiliated with community mental health centers.</p> <p>An additional EBP to be considered for inclusion in the behavioral health services precertification algorithm is the Child-Parent Psychotherapy. This raised discussion around the need for developing criteria for evaluating which EBPs should be included in the algorithm. Inclusion in the algorithm streamlines the precertification process somewhat for providers, but some EBP models do not fit well with the currently covered procedure codes (e.g., longer session length is needed for some). Ultimately, we would like to see a model where providers receive enhanced reimbursement for EBPs.</p>	
Documentation Requirements Work Group Update	Eric reported that this work group (comprised of Allyson, Leslie, Dawn, Eric) has completed a draft revision of the documentation requirements for the behavioral health services program. The draft will be distributed to all committee members for input.	Next step will be to incorporate feedback from committee members. The regulation will need to be revised and then the information can be included in the provider manual as well. Eric will work on the regulation revision.
Mental Health and Substance Use Disorder Parity	Eric reported that MHD is reviewing the new CMS rule regarding Mental Health and Substance Use Disorder Parity. This rule applies to MO HealthNet managed care members regardless of how benefits are covered (by managed care or carved out to fee-for-service). In essence the rule states that limits on MH/SUD benefits cannot be more restrictive than limits on medical/surgical benefits in	Results of parity analysis will determine impact on prior authorization process – this committee will

	<p>four categories: inpatient, outpatient, emergency, and prescription drugs. Because children in the care and custody of the state receive behavioral health services outside of the managed care plans through fee-for-service, the prior authorization process will be subject to parity analysis and some reforms may be required to attain parity compliance.</p>	<p>be advised and consulted regarding consideration of options.</p>
<p>Billing of Occupational Therapy, Physical Therapy, and Speech Language Therapy for community mental health centers</p>	<p>Brief discussion concluded that this falls outside the scope of this committee.</p>	
<p>Schools – update</p>	<p>Eric reported that the Department of Social Services continues to work toward adding Nationally Certified School Psychologists as providers in accredited public or charter schools (for IEP-related behavioral health services). Their services will be subject to the same prior authorization process as other providers.</p>	<p>FYI</p>
<p>Psychological Testing</p>	<p>Committee reviewed and discussed the current MHD policy, which limits psychological testing to four hours per participant, per provider, per rolling year. Feedback from providers has noted that for complex cases this has resulted in testing being done by multiple providers, which prevents an overall comprehensive assessment being completed by any one provider and negatively impacts continuity of care. One option would be to allow providers to prior authorize additional testing hours beyond the four. This makes more sense clinically, but has a potential fiscal impact, and requires system work.</p>	<p>Further consideration needed</p>