


# Medicaid Services, Behavioral Health Provider Revised Requirements Senate Bill 74 7 AAC 135

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# SB 74 History

- ▶ State of Alaska Legislative Session 2016
- ▶ Adds new provider requirements for non-grantee organizations
- ▶ Adds new independent licensed mental health professionals
- ▶ Reductions to clinical record documentation
- ▶ Needful revisions to grantee provider requirements



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

- ▶ Section .010(b):

Overview:

Adds psychologists and clinical social workers as qualified providers of behavioral health clinic services; allows “Screening and brief intervention services” to be delivered by a provider of clinic services.

- ▶ Section .010(c)(10):

Overview:

References and updates all drugs used in medication administration treatment of opioid use disorders.




# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

7 AAC 135.010(b)(l) is amended to read:

(1) a mental health professional clinician, a physician licensed as required under 7 AAC 110.400 , a physician assistant licensed as required under 7 AAC 110.455, [OR] an advanced practice registered nurse [PRACTITIONER) licensed and certified as required under 7 AAC 110.100, a psychologist licensed as required under 7 AAC 110.550, or :a clinical social worker licensed as required under 7 AAC 110.565, if the provider is working within the scope of the provider's education, training, and experience:

(A) the following professional behavioral health assessments conducted in accordance with 7 AAC 135.110:

- (i) a mental health intake assessment;
  - (ii) an integrated mental health and substance use intake assessment;
  - (iii) psychological testing and evaluation ;
- (B) psychotherapy conducted in accordance with 7 AAC 135.150;
- (C) short-term crisis intervention services conducted in accordance with 7 AAC 135.160;
- (D) screening and brief intervention services in accordance with 7 AAC 135.240;



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

- ▶ Section .100:

- Overview

- Repeals requirement for administration of Alaska Screening Tool (AST) but retains ability to conduct and bill for screening.

AST IS NO LONGER REQUIRED, but you can still do a screening and be paid.

RECOMMEND: an Evidenced Based screening tool and reference it in the assessment




# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

7 AAC 135. 100 is repealed and readopted to read:

7 AAC 135.100. Behavioral health screening.

(a) The department will pay a provider listed in 7 AAC 70.010(a) and an eligible provider under 7 AAC 105.200 for conducting a behavioral health screening with a new or returning recipient using a screening tool recommended by the department or identified by the provider as appropriate for use with the recipient.

(b) A provider under this section shall include the results of the screening in the recipient's clinical record including any action taken or recommended based on the recipient's responses.



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

- ▶ Section .120:

Overview:

Amends treatment plan requirements –

- ▶ Recipient signature no longer required
- ▶ Client Status Review (CSR) no longer required
- ▶ Treatment plan review now conducted “approximately every 90 days” according to federal Medicaid requirements
- ▶ Review conducted with recipient present
- ▶ Documentation of review may be inserted into clinical record however it best fits for provider’s clinical records system



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

7 AAC 135.120(a) is repealed and readopted to read:

7 AAC 135.120. Behavioral health treatment plan.

(a) The department will pay a community behavioral health services provider or a mental health physician clinic for services provided to a recipient only if

(1) those services are provided under an individualized behavioral health treatment plan that meets the requirements of this section and 7 AAC 135.130;

(2) the plan is based on a professional behavioral health assessment under 7 AAC 135.110;

(3) the plan is signed and monitored by the directing clinician; and

(4) if the recipient is 18 years of age or younger, the plan is developed with the recipient or the recipient's representative and is based upon the input of a treatment team that meets the requirements of (c) of this section.





## 7 AAC 135. Medicaid Coverage, Behavioral Health Services

7 AAC 135.120 is amended by adding a new subsection to read:

(f) The directing clinician must review a recipient's plan of **treatment face-to-face** with the recipient at least every **90 days** to confirm that the identified problems and treatment services are current and relevant, and to identify any need for continuing assessment or treatment services to address new problems identified by the provider or the recipient. If the recipient is 18 years of age or younger, the review must be conducted in accordance with (c) of this section. The directing clinician shall **document in the recipient's clinical record the date that the review was conducted.**



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

- ▶ Section.130:
  - ▶ Overview: Amends clinical records requirements –
    - ▶ Links all relevant clinical record documentation, including progress/case notes, to general Medicaid requirements established in 7 AAC 105.230
    - ▶ Assessment report reduced to include diagnosis, identification of problems, and general recommendations for treatment.
    - ▶ Treatment plan reduced to include treatment goals, ordered services, and date of implementation

**\*Future training just on clinical documentation forth coming\***

# 7 AAC 135. Medicaid Coverage, Behavioral Health Services



**YOU MUST STILL FOLLOW YOUR ACCREDITATION'S REQUIREMENT FOR CLINICAL DOCUMENTATION!**

If your accreditation requires a treatment plan with problem statement, goal, objective and listed interventions, then your clinical record must continue to comply with your accreditation!



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

- ▶ Section .190
  - ▶ Overview: Section rewritten to replace detoxification terms and criteria with “withdrawal management services” terms and criteria to conform to ASAM 3rd Ed.
- ▶ Section .200
  - ▶ Overview: Expands ability to deliver “Comprehensive community support services” to individual, group, or family
- ▶ Section .210
  - ▶ Overview: Clarifies peer support services –
    - ▶ Allows service to be provided to individual, family, or group
    - ▶ Establishes that a peer must have similar experience of the recipient served
    - ▶ Allows supervision of a peer to be provided by a Mental health professional clinician or a substance use disorder counselor



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

7 AAC 135.210(b) is amended to read:

(b) Peer support services must be provided by a person who has experience similar to the recipient and [BEHAVIORAL HEALTH CLINICAL ASSOCIATE] who maintains frequent in-person or telephonic contact with the recipient in order to achieve all the objectives listed in (a) of this section [SUPPORT THE RECIPIENT AND PARTICIPATE IN GROUP ACTIVITIES];

(2) is competent to provide peer support services by virtue of having experienced behavioral health issues in self or family; and

(3) is supervised by a mental health professional clinician or substance use disorder counselor who the community behavioral health services provider has determined is competent to supervise peer support services [BY A BEHAVIORAL HEALTH CLINICAL ASSOCIATE].



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

- ▶ Section .290
  - ▶ Overview: Facilitation of telemedicine session is REPEALED and no longer billable
- ▶ Section .910
  - ▶ Overview: New section that establishes requirements for licensed mental health professionals (e.g. psychologist, clinical social worker), including billing instructions if working as an employee or volunteer of a CBHS or Mental Health Physician Clinic.
- ▶ Section .990(32)
  - ▶ Overview: Definition of a licensed mental health professional



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

7 AAC 135 is amended by adding a new section to read:

## **7 AAC 135.910. Licensed mental health professionals providing behavioral health services.**

(a) A mental health professional enrolled under 7 AAC 105.210 and licensed as required in AS 08 who provides behavioral health services under this chapter may only request payment for those services by submitting a claim for payment using the

(1) community behavioral health services provider's claims processing procedures if the mental health professional is an employee or volunteer of that organization; payment for services under this paragraph is subject to the same requirements and restrictions placed on a behavioral health services organization under this chapter;



# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

**7 AAC 135.910 is amended by adding a new section to read continued:**

(2) mental health physician clinic claims processing procedures if the mental health professional is an employee of the clinic; payment for services under this paragraph is subject to the same requirements and restrictions placed on a mental health physician clinic under this chapter; or

(3) mental health professional's National Provider Identifier (NPI) number if providing the service as an independent practitioner; payment for services under this paragraph must be medically necessary and clinically appropriate, must be directly rendered by the licensed mental health professional, and must meet the service criteria set out in this chapter.





## 7 AAC 135. Medicaid Coverage, Behavioral Health Services

**7 AAC 135.910 is amended by adding a new section to read continued:**

(b) If, during an assessment, evaluation, or treatment of a recipient under 21 years of age, the provider determines that the recipient may meet the criteria in 7 AAC 135.065 for a child experiencing a severe emotional disturbance, the provider shall refer the recipient to a community behavioral health services provider that provides behavioral health rehabilitation services in the community.

(c) If, during an assessment, evaluation, or treatment of a recipient 21 years of age or older, the provider determines that the recipient may meet the criteria in 7 AAC 135.055 for an adult experiencing a serious mental illness, the provider shall refer the recipient to a community behavioral health services provider that provides behavioral health rehabilitation services in the community.



## 7 AAC 135. Medicaid Coverage, Behavioral Health Services

**7 AAC 135.910 is amended by adding a new section to read continued:**

(d) If, during an assessment, evaluation, or treatment of a recipient, the provider discovers that the recipient meets the criteria in 7 AAC 135.020(b)(1) for an individual experiencing a substance use disorder, the provider shall refer the recipient to a community behavioral health services provider that provides substance use disorder treatment services in the community.

(e) If a provider covered under this section refers a recipient to a community behavioral health services provider for rehabilitation services in accordance with (b)-(d) of this section, the provider may still continue to provide other services to the recipient that the provider is eligible to provide under 7 AAC 110.

# 7 AAC 135. Medicaid Coverage, Behavioral Health Services

135.990(32): Definition of a licensed mental health professional

7 AAC 135.990 is amended by adding new paragraphs to read:

(32) "licensed mental health professional" means

(A) a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government;

(B) a clinical psychologist licensed by the Board of Psychologist and Psychological Associate Examiners;

(C) a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners;

(D) an advanced practice registered nurse or a registered nurse with a master's degree in psychiatric nursing, licensed by the Board of Nursing;

(E) a marital and family therapist licensed by the Board of Marital and Family Therapy;

(F) a professional counselor licensed by the Board of Professional Counselors;

(G) a clinical social worker licensed by the Board of Social Work Examiners