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Behavioral Health Highlights



Objectives

- Documentation Requirements
- Covered Services – Myths about MAT and SBIRT
- Looking Ahead



Documentation Requirements



Documentation Requirements

- Documentation requirements are outlined in Medicaid Services Manual (MSM), 403.2B.
 - Treatment Plan
 - Rehabilitation Plan
 - Progress Notes
 - Discharge Plan
 - Discharge Summary



Documentation Requirements – Treatment/Rehabilitation Plan

- Treatment/Rehabilitation plan should be person-centered and include the recipient and family/legal guardian and understood by all parties.
- The treatment/rehabilitation plan should include goals and objectives related.
- Coordination between various providers and community resources to ensure whole person care.
- Signatures of all appropriate individuals (clinical supervisor, recipient and family/legal guardian where appropriate, and person who developed treatment/treatment plan).



Documentation Requirements – Progress Notes

- Progress notes are required whenever a services is rendered (ex. BST, PSR, Therapy).
- Reflects the progress or lack of progress directly related to goals and objectives in treatment plan.
- Documentation must be sufficient enough to support services provided.
- Documentation must reflect the amount/duration of services and provider who rendered the service.



Documentation Requirements – Discharge Plan

- Ensures continuity of care for recipient including ongoing medical and social services. The discharge plan must identify:
 - Anticipated duration of overall services;
 - Discharge criteria;
 - Required aftercare services;
 - Identification of agency(ies) or independent provider(s) for aftercare;
 - Plan for assisting the recipient in accessing services.



Documentation Requirements – Discharge Summary

- Documentation of the last service contact with recipient, diagnosis at admission and termination, and summary statement that describes effectiveness of treatment modalities and progress, or lack of progress toward treatment goals and objectives.
- Include reason for discharge.
- Discharge summaries completed no later than 30 calendar days from planned discharge, 45 calendar days from unplanned.
- Transfer of recipient to another program must provide a verbal summary at time of transfer and a written summary within seven calendar days.



Documentation Requirements – Upcoming Changes

- Public Workshop held on proposed policy changes on [May 9, 2016](#).
- Revisions have been made based on feedback from Public Workshop.
- Aiming for first quarter of 2017 for implementation.



Documentation Requirements – Proposed Changes

- Streamlining Treatment Plans and Rehabilitation Treatment Plans into one Individualized Treatment Plan.
- Additional language surrounding System of Care and family/legal guardian involvement.
- Additional clarification on progress note requirements.



Covered Services – Myths MAT and SBIRT



Covered Services - MAT

- **Medication Assisted Treatment** - Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders (SAMHSA). MAT is a combination of medications and services that are provided in concert to assist recipients with a substance use disorder (SUD).



Behavioral Therapies/Services			
Service	Fee For Service (FFS)	Health Plan of NV (HPN)	Amerigroup
Individual Therapy: 90832, 90834, 90837	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Family Therapy: 90846, 90847, 90849	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)
Group Therapy: 90853	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)
Therapy in Home or Community Setting: H004, H004 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)
Skills Training & Develop.: H2014, H2014 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Psychosocial Rehabilitation: H2017, H2017 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*)
Self-Help/Peer-Support: H0038, H0038 HQ	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA*, †QL)	X (Requires Clinical PA* for OON provider only)

*Clinical PA = PA required

‡PA requirement can be overridden when prescribed for treatment of detoxification/withdrawal.

QL† = Quantity Limit



Covered Services - SBIRT

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** - SBIRT is an evidence based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.



Services	Fee For Service (FFS)	Health Plan of NV (HPN)	Amerigroup
Alcohol and/or substance (other than tobaccos) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes: 99408	X	X	X
Greater than 30 minutes: 99409	X	X	X



Looking Ahead



Looking Ahead

- Implementation of new form FA-29A
- Changes to Targeted Case Management
- Justice Involved Populations
 - All proposed changes will go through a Public Workshop and notices are posted to the DHCFP website.



Questions?

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