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Changes to Mental Health Support Services

FREQUENTLY ASKED QUESTIONS

Question	Answer
When will the changes go into effect?	The changes are contained in emergency regulations, which must go through various stages of review before they can be implemented. The changes will not go into effect until the emergency regulation is signed by the Governor. The changes will not go into effect prior to December 1, 2013.
Will there be a public comment period during the regulation process?	Yes. After the emergency regulations go into effect, DMAS will begin work on permanent regulations that will make the MHSS changes permanent. During the permanent regulation process, there are two opportunities for public comment through the Regulatory Town Hall website (www.townhall.virginia.gov). DMAS encourages interested individuals to sign up as public users on the Regulatory Town Hall. It is a very easy process and the Town Hall will email these individuals notifications of regulatory actions being taken, including open comment periods.
Will Mental Health Skill-Building Services be the new name for Mental Health Support Services?	Yes.
What is the unit structure and rate going to be?	One unit will equal one hour. The urban rate will be $52.00/unit and the rural rate will be $47.43/unit.
Can time be added together to reach a unit?	Yes, but only time increments of 15 minutes may be added together. These 15-minute increments may be added together over the course of a week (Sunday to Saturday) to equal a unit. The amount of service provided may not be rounded up to reach a unit, and partial units will not be reimbursed. Progress notes should reflect activities during each interaction with the client, and should include a start and stop time for each interaction. (Progress notes should not be in 15-minute increments unless the interaction only lasted 15 minutes.)
Can individuals who are approved by the Department of Health Professions to work at a specific location and perform specific duties as an LMHP-Supervisee or LMHP-Resident continue to perform the functions of an LMHP?	Yes, provided that the individual is in continuous compliance with DBHDS and DHP requirements for supervised practice.
Can paraprofessionals provide MHSS?	Yes, provided that they are supervised on a weekly basis by an LMHP, QMHP-A, or QMHP-C. All requirements for staffing and supervision established by DHBDS must also be met.

What are the MHSS eligibility requirements for individuals age 21 and older?	The individual must meet the requirements in paragraphs 1-4 below: (1) The individual shall have one of the following as a primary Axis I DSM diagnosis: (a) Schizophrenia or other psychotic disorder as set out in the DSM OR (b) Major Depressive Disorder - Recurrent; Bipolar I; or Bipolar II OR (c) Any other Axis I mental health disorder (such as, but not limited to PTSD and anxiety disorders) that a physician has documented specific to the identified individual within the past year to include all of the following: (i) that is a serious mental illness; (ii) that results in severe and recurrent disability; (iii) that produces functional limitations in the individual's major life activities which are documented in the individual's medical record, AND; (iv) that the individual requires individualized training in order to achieve or maintain independent living in the community. (2) The individual shall require individualized training in acquiring basic living skills such as symptom management; adherence to psychiatric and medication treatment plans; development and appropriate use of social skills and personal support system; personal hygiene; food preparation; or money management. (3) The individual shall have a prior history of any of the following: psychiatric hospitalization; residential crisis stabilization; Intensive Community Treatment (ICT) or Program of Assertive Community Treatment (PACT) services; placement in a psychiatric residential treatment facility (RTC Level C); or Temporary Detention Order (TDO) evaluation as a result of decompensation related to serious mental illness. This criterion shall be met in order to be initially admitted to services, and not for subsequent authorizations of service. (4) The individual shall have had a prescription for anti-psychotic, mood stabilizing, or anti-depressant medications within the 12 months prior to the assessment date. If a physician or other practitioner who is authorized by his license to prescribe medications indicates that anti-psychotic, mood stabilizing, or antidepressant medications are medically contraindicated for the individual, the provider shall obtain medical records signed by the physician or other licensed prescriber detailing the contraindication. This documentation shall be maintained in the individual's mental health skill-building services record, and the provider shall document and describe how the individual will be able to actively participate in and benefit from services without the assistance of medication. This criterion shall be met upon admission to services, and not for subsequent authorizations of service.

What are the MHSS eligibility requirements for individuals under the age of 21?	They are the same as the requirements for individuals aged 21 and over, plus they must meet one additional criterion: The individual shall be in an independent living situation or actively transitioning into an independent living situation. (If the individual is transitioning into an independent living situation, services shall only be authorized for up to six months prior to the date of transition.)
Are there any new requirements for service reauthorization?	Reauthorizations for service shall only be granted if the provider demonstrates to the service authorization contractor that the individual is benefitting from the service as evidenced by updates and modifications to the ISP that demonstrate progress toward ISP goals and objectives. If the provider is unable to demonstrate this, authorization will be denied.
How will providers verify and document an individual's prior history of any of the following: psychiatric hospitalization; residential crisis stabilization; Intensive Community Treatment (ICT) or Program of Assertive Community Treatment (PACT) services; placement in a psychiatric residential treatment facility (RTC Level C); or Temporary Detention Order (TDO) evaluation as a result of decompensation related to serious mental illness?	The provider will establish and document evidence of the individual's prior psychiatric services history by contacting the prior provider or providers of health care services after obtaining written consent from the individual. The MHSS provider shall document the following minimum elements: (i) name and title of caller; (ii) name and title of professional who was called; (iii) name of organization that the professional works for; (iv) date and time of call; (v) specific placement provided; (vi) type of treatment previously provided; (vii) name of treatment provider, and; (viii) dates of previous treatment. Family member statements shall not suffice to meet this requirement.
How will providers verify and document that an individual has had a prescription for anti-psychotic, mood stabilizing, or anti-depressant medications within the 12 months prior to the assessment date?	The provider will establish and document evidence of the psychiatric medication history by maintaining a photocopy of prescription information from a prescription bottle or by contacting a prior provider of health care services or pharmacy or after obtaining written consent from the individual. The MHSS provider shall document the following minimum elements: (i) name and title of caller; (ii) name and title of professional who was called; (iii) name of organization that the professional works for; (iv) date and time of call; (v) specific prescription confirmed; (vi) name of prescribing physician; (vii) name of medication, and; (viii) date of prescription.
Are there any new requirements for the MHSS assessment?	Yes. The provider may only bill one unit for the assessment. (The assessment will continue to be billed using procedure code H0032, modifier U8. The rate for the assessment will be $91.00 urban and $83.00 rurual.) The LMHP (or LMHP-Supervisee or LMHP-Resident) must document the primary Axis-I diagnosis on the assessment and must also document Axis II through V on the assessment.
Can individuals who receive in-home residential services or congregate residential services through the ID or DD waiver also receive MHSS?	No. This is a duplication of services and is not permitted.

Can individuals who receive independent living services through DSS or CSA also receive MHSS?	No. This is a duplication of services and is not permitted.
Can individuals who receive Treatment Foster Care through DSS also receive MHSS?	No. This is a duplication of services and is not permitted.
Can individuals who reside in ICF/IDs or hospitals receive MHSS?	No. This is a duplication of services and is not permitted.
Can individuals who reside in nursing facilities receive MHSS?	Individuals who reside in nursing facilities may receive MHSS, but only for up to 60 days prior to discharge. If the individual has not been discharged from the nursing facility during the 60-day period of services, mental health skill-building services shall be terminated, and no further service authorizations shall be available to the individual unless a provider can demonstrate and document that MHSS is necessary. Such documentation shall include facts demonstrating a change in the individual's circumstances and a new plan for discharge requiring up to 60 days of MHSS.
Can individuals who reside in Residential Treatment Centers (Level C) receive MHSS?	MHSS is not available for residents of Residential Treatment Centers-Level C facilities. However, the MHSS assessment may be provided in the Level C facility within the seven days immediately prior to discharge.
Can individuals who have organic disorders, such as delirium, dementia, or other cognitive disorders not elsewhere classified, receive MHSS?	These individuals will be prohibited from receiving MHSS unless their physician issues a signed and dated statement indicating that the individual can benefit from this service.
Can individuals who receive personal care services or attendant care services also receive MHSS?	Yes. However, MHSS cannot be provided at the same time on the same day that the personal care or attendant care services are being provided, unless documentation fully substantiates the need for MHSS services when personal care or attendant care services are being provided. The MHSS provider must review the care being provided by other provider and ensure that there is no duplication of services.
The Nursing Facility Provider Manual indicates that Rehabilitative Services provided to Medicaid recipients in nursing facilities must be ordered by a physician and must be written in the physician's POC. This includes Mental Health Rehabilitative Services for persons with mental illness. If a client is currently receiving MHSS and is then admitted to a Nursing Facility to receive rehabilitation following surgery, is MHSS temporarily discontinued until the physician at the Nursing Facility orders it to resume?	Yes, that is correct. MHSS can be provided in a Nursing Facility only if the provider and the service comply with Nursing Facility rules. Once the physician approves the MHSS, it may resume. Note that under the new rules, MHSS will be limited in a nursing facility to a period of 60 days prior to discharge.

The Home Health Manual states: "When it is identified that a participant has an ongoing need for services similar to those provided by the home health aide, the home health agency must provide information to the participant and/or caregiver about other services (e.g., personal care, companion aide, etc.) that may be more appropriate in meeting their needs. The home health agency is expected to make the necessary referrals for these services prior to the utilization of the participant's 32 allowable home health aide visits. Once other services similar to those provided by the home health aide begin, the home health aide services are terminated." If a client is currently receiving MHSS and then is approved to receive either home health, personal care, or a companion aide, does MHSS continue as long as there is not a duplication of services?	That is correct – the services may be provided on the same days, provided that the home health, personal care or companion aide plan of care is reviewed by the MHSS provider to ensure that services provided by these individuals do not duplicate services provided on the MHSS care plan. MHSS should include training and support related to meal planning, etc., and is not a companion care or personal care service. If the MHSS provider engages in inappropriate activities such as companion care, those services are subject to retraction.
May an outside (unaffiliated) provider of MHSS offer services within a Level A or B group home?	All residents of Level A and Level B group homes are under 21, and must meet the additional eligibility criteria of: The individual shall be in an independent living situation or actively transitioning into an independent living situation. (If the individual is transitioning into an independent living situation, services shall only be authorized for up to six months prior to the date of transition.) Group homes are not an independent living situation. Therefore, MHSS would be available to residents in a Level A or Level B group home, but only for the six months prior to discharge to an independent living situation. The MHSS provider would need to focus the service on the transition to independent living, including services such as (but not limited to) transportation, banking, prescription refills and responding to emergencies at home. MHSS could only be provided during that six-month period if certain requirements were met. The MHSS provider must collaborate with the group home to ensure that the MHSS services do not duplicate any services provided by the group home. The MHSS provider must also ensure that they do not exceed the annual limit of 1040 units or the weekly limit of 20 units. Half of each week's services must be provided outside of the group home. All of the other requirements for MHSS (regarding eligibility for services, etc.) must also be met. Further, all Level B group homes need to comply with DBHDS licensing requirements, and all Level A group homes need to comply with DSS licensing requirements.