

HMS VIRGINIA

BEHAVIORAL HEALTH EDUCATOR

Spring 2010

WELCOME!

Welcome to the second edition of the HMS Virginia Behavioral Health Newsletter.

This newsletter is intended to communicate review findings and analysis, provider education and general information regarding the review process.

The Newsletters and other provider educational materials are available in portable document form (pdf) on HMS' website.

To access, go to: www.hmspermedion.com

Click on the tab in the left hand column titled, "**Virginia Medicaid: Behavioral Health**" to access information and educational materials related to the Community Mental Health Rehabilitation Services post payment reviews.

Educational information is also available on the DMAS website at www.dmas.virginia.gov, located under the Learning Network.

For questions related to the audit process, please contact the HMS Project Manager at (703) 445-8009, or at VABH@hms.com.

For questions regarding the prior authorization process, please send your inquiries via e-mail to providerissues@kepro.org or PAUR06@dmas.virginia.gov or call (804) 225-3536.

For questions specifically related to any clinical issues for the Community Mental Health Rehabilitation Services, you may send inquiries to CMHRS@dmas.virginia.gov.

All other Medicaid provider issues should be addressed through the Provider Helpline. The number is 1-800-552-8627. If you are located in Richmond or out-of-state, call 804-786-6273.

STATUS OF AUDIT ACTIVITY

Utilization and cost (payment) for outpatient behavioral health services continues to trend strongly upward. Therapeutic Day Treatment saw more than a 53% increase in payments from calendar year 2008 to 2009, and claim payments for Intensive In-Home services grew by 37%. The primary drivers of these cost increases are high growth in the number of recipients receiving the services, compounded by a slight increase in the number of units billed per recipient on average.

HMS and DMAS are working together to ensure that Virginia Medicaid recipients receive the most appropriate behavioral and community mental health services in the appropriate setting and that services received by Virginia Medicaid recipients are performed in accordance with federal and state guidelines in addition to guidelines set forth in the Medicaid Manuals.

The review activity began in September of 2009 and is now well underway. One of the biggest concerns identified during the audits to date, is the number of staff providing services who do not meet DMAS' qualifications to provide the services.

HMS has reviewed numerous employee files in which documentation of the staff members' qualifications does not meet/corroborate with DMAS' qualifications to provide services. Please review the definitions and requirements for Licensed Mental Health Professional (LMHP), Qualified Mental Health Professional (QMHP), and Qualified Paraprofessional in Mental Health (QPPMH) in the Administrative Code, 12VAC30-50-226.A and in the Community Mental Health Rehabilitative Services (CMHRS) Manual, Chapter II.

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Government Services

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The auditors have reported that there appears to be confusion regarding the qualifications for QMHP's. QMHP means a clinician in the **human services field** who is trained and experienced in providing psychiatric or mental health services to individuals who have a psychiatric diagnosis.

A **human services field** includes social work, gerontology, psychology, psychiatric rehabilitation, special education, sociology, counseling, vocational rehabilitation, and human services counseling or other degrees deemed equivalent by DMAS.

The years of **clinical experience** required to qualify as a QMHP varies depending on the license and degree held by the staff member.

Clinical experience means providing direct services to individuals with mental illness, mental retardation, or receiving gerontology or special education services. It includes supervised internships, practicums, and field experience.

An audit of one provider's employee files, included a matrix with the listing of the degrees and licenses required, and the number of years of clinical experience required based on the degree and license. This allowed the provider to use check marks to fill in the matrix and quickly and effectively determine if qualifications were met to provide services. HMS recommends that providers review their employee files to ensure that staff providing mental health services have the license, degree and clinical experience to provide services.



LIST OF EXCLUDED INDIVIDUALS AND ENTITIES (LEIE)

In order to comply with Federal Regulations and Virginia Medicaid Policy, providers are required to ensure that Medicaid is not paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. All providers are required to take the following three (3) steps to ensure Federal and State program integrity:

1. Screen all new and existing employees and contractors to determine whether any of them have been excluded.
2. Search the HHS-OIG List of Excluded Individuals and Entities (LEIE) website monthly by name for employees, contractors and/or entities to validate their eligibility for Federal programs. The LEIE is available as a downloadable file or as an online searchable database and is located at <http://www.oig.hhs.gov/fraud/exclusions.asp>.
3. Immediately report to DMAS any exclusion information discovered. Such information should be sent in writing and should include the individual or business name, provider identification number (if applicable), and what, if any, action has been taken to date. The information should be sent to:

DMAS

**Attn: Program Integrity/Exclusions
600 E. Broad St. Ste 1300
Richmond, VA 23219**

As part of the audit process, HMS auditors will be reviewing this information with providers to assist with the agency's ongoing pursuit to strengthen and enhance DMAS' integrity efforts. Additional information on the HHS-OIG exclusion program can be found at <http://oig.hhs.gov>.

DOCUMENTATION CORNER

Supporting Eligibility for Intensive In-Home Services

HMS auditors have reviewed cases in which documentation in the medical record does not meet eligibility criteria as outlined in the Virginia Administrative Code and Policy Manuals for Intensive In-Home Services.

Two questions must be clearly documented in the medical record:

- *Does the child meet the eligibility criteria for the specific service, and does the child need the service?*

Does the child meet the eligibility criteria?

According to the Virginia Administrative Code, 12VAC30-60-61.A.1.a-c, and the Community Mental Health Rehabilitative Services Manual, Chapter IV, individuals must demonstrate a clinical necessity arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities. Individuals must meet at least two of the following criteria on a continuing or intermittent basis:

1. Have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community; and/or
2. Exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary; and/or
3. Exhibit difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.

Does the child need the service?

Services shall be used when out-of-home placement, due to the clinical needs of the child, is a risk and either:

1. Services that are far more intensive than outpatient clinic care are required to stabilize the child in the family situation; or
2. The child's residence, as the setting for services, is more likely to be successful than a clinic.

The HMS auditors have noticed that several providers have "forms" with eligibility criteria listed with boxes beside the criteria. The staff member performing the initial assessment then checks the boxes that are met. This does not demonstrate clinical necessity for Intensive In-Home Services. There should be a narrative description of the recent behaviors exhibited by the client that place the child at risk of removal from the home and warrant this intensive level of care. The narrative should identify the frequency, intensity and duration of behaviors meeting the eligibility criteria for the services.

The documentation to support the eligibility criteria should be present upon initiation of services, and also continued to be reviewed and documented on an ongoing basis throughout the course of treatment. For further information, please refer to educational materials located on the DMAS website, under the Learning Network, and the Community Mental Health Rehabilitative Services Manual.