



COMMONWEALTH of VIRGINIA

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Executive Director

OFFICE OF COMPREHENSIVE SERVICES
Administering the Comprehensive Services Act for At-Risk Youth and Families

ADMINISTRATIVE MEMO #13-11

**TO: CPMT CHAIRS
CSA COORDINATORS**

**FROM: SUSAN CUMBIA CLARE
EXECUTIVE DIRECTOR**

**RE: DEFINITION AND ELIGIBILITY CRITERIA: MENTAL HEALTH SUPPORT
SERVICES**

DATE: DECEMBER 2, 2013

This is to make you aware of a change in service definition and eligibility criteria issued by the Department of Medical Assistance Services (DMAS) for the service presently known as "Mental Health Support Services." The service has been renamed to "Mental Health Skill Building." The attached document from DMAS describes this change in detail.

This service, Mental Health Skill Building, is covered under the State Executive Council's recently adopted "Use of State Pool Funds for Community-Based Behavioral Health Services" policy. In accordance with the implementation guidelines adopted by the SEC, this new regulation shall be utilized for purposes of determining the appropriate use of Pool Funds. The SEC will review the newly promulgated regulation at its December 19, 2013 meeting.

The Office of Comprehensive Services has developed a model form that may be used by Family Assessment and Planning Teams to document a child/youth's medical necessity for community-based behavioral health services. The form is attached to this memo and has been posted on the CSA website under the "Standard/Model Forms" area in the Resource Library.

Questions regarding this memorandum may be directed to Carol Wilson by e-mail, carol.wilson@csa.virginia.gov, or by phone, (804)-662-9817.

cc: William A. Hazel, Chair, State Executive Council
Members of the State Executive Council
Members of the State and Local Advisory Team



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Mental Health Skill Building Services

FACT SHEET

<p>What is this service?</p>	<p>Mental Health Skill-Building Services (MHSS) is the new name for Mental Health Support Services (MHSS). The name change reflects that MHSS is a training service -- not a mental health clinical service, a preventative service, social welfare, nor a crisis service. MHSS is a training service for individuals with significant mental illness. The service is designed to train individuals in functional skills and appropriate behavior related to the individual's health and safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition, and physical condition. MHSS is intended to enable individuals with significant mental illness to achieve and maintain community stability and independence in the most appropriate, least restrictive environment.</p>															
<p>What were the costs of MHSS?</p>	<p style="text-align: center;">MHSS Expenditures</p> <table border="1"> <caption>MHSS Expenditures (Estimated)</caption> <thead> <tr> <th>Year</th> <th>Expenditure (Millions)</th> </tr> </thead> <tbody> <tr> <td>2008</td> <td>45</td> </tr> <tr> <td>2009</td> <td>65</td> </tr> <tr> <td>2010</td> <td>90</td> </tr> <tr> <td>2011</td> <td>130</td> </tr> <tr> <td>2012</td> <td>178</td> </tr> <tr> <td>2013</td> <td>215</td> </tr> </tbody> </table>	Year	Expenditure (Millions)	2008	45	2009	65	2010	90	2011	130	2012	178	2013	215	<p>Since fiscal year 2008, there has been a \$178 million increase in the cost of this service. The expenditures have risen 384% in five (5) years.</p>
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2008	45															
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<p>Why were changes needed?</p>	<p>Vague eligibility criteria allowed individuals who do not have significant mental illness to receive MHSS. Often MHSS was being utilized as companion care, rather than skill building/training for individuals with significant mental illness.</p>															
<p>What are the units and rate?</p>	<p>One unit = 1 to 2.99 hours per day Two units = 3 to 4.99 hours per day Three units = 5 to 6.99 hours per day Four units = 7 or more hours per day</p> <p>DMAS anticipates a rate structure change will occur in 2014. Once the modified rate structure is finalized, DMAS will notify providers.</p>															
<p>Limits</p>	<ul style="list-style-type: none"> • A maximum of 372 units of Mental Health Skill Building may be prior authorized annually. • A claim edit is in place that will cut back payment or deny claims for services beyond the maximum number of units allowed. • Each July 1st all service limits will be set to zero. 															

<p>What are the new service eligibility requirements for MHSS services?</p>	<p>An individual must meet all of the following:</p> <ul style="list-style-type: none"> • Have a need for 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; • Have a qualifying mental health diagnosis (psychotic disorder, major depressive disorder – recurrent, or bipolar disorder I or II). If an individual has another disorder (such as, but not limited to PTSD and anxiety disorders) they may meet eligibility requirements if a physician determines it is a significant mental illness that results in severe and recurrent disability that produces functional limitations in major life activities, and the individual requires individualized training in order to achieve or maintain independent living in the community (this must be documented by the physician); • Have a prior history of qualifying mental health treatment (psychiatric hospitalization, residential treatment, residential crisis stabilization, PACT or ICT services, RTC-Level C placement, or TDO evaluation by a CSB/BHA due to mental health decompensation). This bullet must be met in order to be initially admitted to services, however not for subsequent authorizations; • Have had a prescription for an anti-psychotic, mood stabilizing, or anti-depressant medication within the twelve months prior to the assessment date unless a physician documents that such medication is medically contraindicated. This bullet must be met in order to be initially admitted to services, however not for subsequent authorizations; and • If an individual is under the age of 21, they must be in an independent living situation or transferring into one within six months.
<p>Service Authorizations</p>	<p>The new service eligibility criteria, service definition, requirements for service provision, and limits and exclusions will be applied to all new service authorization requests and to re-authorization requests as they occur on or after December 1, 2013.</p> <p>All requests submitted to Magellan for service authorization will require the new eligibility requirements to be met.</p>
<p>How do the changes relate to overlaps with other services?</p>	<p>The changes will prohibit duplication of services by prohibiting overlaps of MHSSB with:</p> <ul style="list-style-type: none"> • ID or DD Waiver- in-home residential services or congregate residential services through the waivers; • DSS or CSA- independent living skills services; • Treatment foster care; and • Inpatient services: hospitals and intermediate care facilities for the intellectually disabled. <p>The changes will limit the amount of MHSS that may be provided in assisted living facilities, group homes, nursing homes, and psychiatric residential treatment centers (Level C).</p>
<p>Staff Qualifications</p>	<ul style="list-style-type: none"> • MHSS may be provided by mental health paraprofessionals. An individual may qualify as a paraprofessional through several avenues, including 90 hours of classroom experience and 12 weeks of experience under the supervision of qualified staff. • The assessment shall be performed by an LMHP, LMHP Resident, or LMHP Supervisee. • The ISP shall be written by a QMHP-A, QMHP-C, LMHP, LMHP Resident, or LMHP Supervisee within 30 days of admission.
<p>Effective date</p>	<p>The service eligibility changes for new authorizations will go into effect December 1, 2013. All reauthorizations must meet the eligibility criteria at the time of reauthorization.</p>
<p>Who to contact?</p>	<p>Please contact the DMAS Office of Behavioral Health at: CMHRS@dmas.virginia.gov</p>

**MODEL COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES
APPROPRIATENESS DETERMINATION FORM**

1. Identifying Information:

Client name: _____ CSA ID No: _____ Date of FAPT: _____ DOB: _____

2. Specific Services Requested (check all that apply):

Intensive In-Home Services: _____

Mental Health Skill-Building Services: _____

Therapeutic Day Treatment: _____

3. Clinical Necessity Criteria (Complete for each requested service)

A. Intensive In-Home Services.

Children/adolescents must demonstrate a medical necessity arising from a **severe condition due to mental, behavioral, or emotional illness** that results in significant impairment in major life activities. Children/adolescents must meet **at least two** of the following criteria on a continuing or intermittent basis:

- _____ Has difficulty in establishing or maintain 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.
- _____ Exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.
- _____ Exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. For example, is at risk for acting act in such a fashion that will cause harm to themselves or others.

B. Mental Health Skill-Building Services.

Individuals younger than 21 years of age shall meet all of the following criteria in order to be eligible to receive mental health skill-building services:

- _____ 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).
- _____ 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 DMS;
 - b) Major Depressive Disorder, Recurrent; Bipolar-I; or Bipolar II, or:

c) Any other Axis I mental health disorder 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 or serious emotional disturbance; (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.

_____ 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.

_____ 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 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.

_____ 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 anti-depressant 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 in order to initially admitted to services, and not for subsequent authorizations of service

C. Therapeutic Day Treatment.

The child must meet **all four** of the following General Eligibility criteria.

_____ The child/adolescent has a mental, behavioral, or emotional illness that results in significant functional impairments in major life activities, compared to other similar aged children.

_____ The disability has become more disabling over time.

_____ Significant intervention is required through services that are supportive, intensive, and offered over a protracted period of time in order to provide therapeutic intervention.

_____ The child must demonstrate a clinical necessity for TDT arising from a mental, behavioral, or emotional illness that results in significant functional impairments in major life activities.

AND

The child must meet **at least two** of the following criteria on a continuing or intermittent basis:

- _____ The child has difficulty 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.
- _____ The child exhibits such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary.
- _____ The child exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or recognize significantly inappropriate social behavior. For example, is at risk for acting out in such a fashion that will cause harm to themselves or others.
- _____ Require help in basic living skills, such as maintaining personal hygiene, preparing food and maintaining adequate nutrition, or managing finances to such a degree that health or safety is jeopardized.

Clinical Review Section (to be completed by reviewing LMHP):

The following materials were reviewed by the licensed professional in consideration of the requested service(s):

- _____ CSA Individual Family Service Plan (IFSP)
- _____ Virginia Child and Adolescent Needs and Strengths Assessment (CANS)
- _____ FAPT Minutes
- _____ Case Manager/Family/Client Reports (please circle those that apply)
- _____ Other pertinent documentation (e.g., IEP, VEMAT, medical/psychiatric documentation).
Please list:
 -
 -
 -
 -

LMHP Certification Statement: My signature certifies I have reviewed the abovementioned materials and determined the client meets the medical necessity criteria for the recommended service(s).

Name of LMHP (Printed)

**Signature of LMHP
(including credentials)**

Date