



Presentation to the  
NMADCP Pre-conference Convening  
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# Why are we here?

- To offer information about treatment.
- To enter into partnership.



# Opportunities for Behavioral Health Services Within Medicaid

Sallyanne Wait, Medical Assistance Division



# Opportunities for Practitioners within the Judicial System

**\*\*The Updated BH NMAC Regulation\*\***



1) Enrollment  
in Medicaid

2) Service  
opportunities

3) Educational  
opportunities

# 1) Enrollment in Medicaid

## Added agency types that could utilize non-independent practitioners – 1/01/19

- (1) a community mental health center (CMHC);
- (2) a federally qualified health center (FQHC);
- (3) an Indian health service (IHS) hospital, clinic or FQHC;
- (4) a PL 93-638 tribally operated hospital, clinic or FQHC;
- (5) a children, youth and families department (CYFD) facility;
- (6) a hospital and its outpatient facility;
- (7) a core service agency (CSA);
- (8) a CareLink NM health home (CLNM HH);
- (9) a crisis triage center licensed by the department of health (DOH);
- (10) a behavioral health agency (BHA) with supervisory certification;
- (11) an opioid treatment program in a methadone clinic with supervisory certification;
- (12) a political subdivision of the state of New Mexico enrolled with Medicaid as a behavioral health agency, FQHC, CMHC or CSA;
- (13) a crisis services community provider enrolled as a BHA, FQHC, CMHC, or CSA.

A political subdivision of the state of New Mexico enrolled with Medicaid as a behavioral health agency –  
Effective 1/01/18

1. Determine your organizational structure (1 group or many)
2. Apply to BHSD for supervisory certification
3. Determine the services you will provide
4. Determine your practitioners and types
5. Enroll the organization in Medicaid as a behavioral health agency
  1. Must know what “special services” you will provide (e.g. IOP)
  2. Affiliate all your practitioners with the agency
6. Obtain NPI #s for all practitioners if they don't already have one
7. Enroll all practitioners and affiliate with agency
8. Contract with all MCOs

Non-Independent Practitioners Under Supervision,  
can be rendering providers in a BHA

### **Non-independent practitioners**

- 305 – Physician Assistant
- 317 – Nurse, RN
- 430 – Behavioral Health Worker
  - Specialty 114 – Certified Peer Support Worker
  - Specialty 115 – Certified Family Peer Support Worker
  - Specialty 116 – Community Support Worker
  - Specialty 117 – Correctional Peer Support Specialist
  - Specialty 119 – Licensed Baccalaureate Social Worker

# Services Offered by Peer Support Workers

- Recovery Support Services for MCO members – group (existing)
- Family Support Services for MCO members (existing)
- Individual or group skills building services for all Medicaid recipients
- Individual or group family skills building services for all Medicaid recipients
- Comprehensive Community Support Services
- Mobile Crisis Team (with other clinical practitioner)



# More Non-Independent Practitioners – under supervision

- 445 – Licensed Counselors, Therapists and Social Workers  
Specialties.....
- 058 Licensed Associate Marriage and Family Therapist (LAMFT)
- 086 Master’s level Psychologist
- 087 Licensed Master’s Level Social Worker (LMSW)
- 088 Licensed Psychologist Associate
- 089 Master of Arts – psychology related
- 119 Licensed Baccalaureate Social Worker (LBSW)
- 122 Licensed Mental Health Counselor (LMHC)
- 123 Licensed Professional Art Therapist (LPAT)
- 099 Behavior Analyst (for autism spectrum disorder)



1. Added different types of non-independent licensed providers to BH agencies
  - Physician Assistants
  - Registered nurses
  - Psychologist Associates
2. Added non-licensed practitioners
  - Masters level behavioral health intern
  - Psychology intern
  - Pre-licensure psychology post doctoral student
  - Certified Peer Support Worker
  - Certified Family Peer Support



## Option # 2 – Enroll practitioners as independent providers within a group

- They are not affiliated with justice department
- Cannot utilize non-independent practitioners
- Independent practitioners
  - 301 – Physician, MD
  - 302 – Physician , DO
  - 316 - Certified Nurse Practitioner, psychiatric (CNP)
  - 431 – psychologist
  - 440 – Licensed Alcohol & Drug Abuse Counselor (LADAC) for SUD only
  - 440 – Certified Alcohol & Drug Counselor (CADC) for SUD only
  - 443 – Psychiatric Clinical Nurse Specialist (CNS)
  - 444 – Licensed Clinical Social Worker (LCSW)
  - 435 – Licensed Professional Clinical Counselor (LPCC)
  - 436 - Licensed Marriage and Family Therapist

# Training Website for Provider Enrollment

[https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#sandbox\\_title](https://nmmedicaid.portal.conduent.com/static/ProviderInformation.htm#sandbox_title)

Scroll down to the “**Training Presentations**” section to find the Provider Enrollment Workshop:



Topic	PowerPoint	Adobe
Reconsideration, Adjustment and Void Workshop	PPT Format	PDF Format
Family Planning	PPT Format	PDF Format
Medicaid School-Based Services Provider Training	PPT Format	PDF Format
Electronic Transactions Workshop	PPT Format	PDF Format
Provider Enrollment Workshop	PPT Format	PDF Format
Emergency Medical Services for Aliens (EMSA)	PPT Format	PDF Format
PE Determiner Portal Registration and Log on Workshop	PPT Format	PDF Format
Tab Run-Cost Audit Request Workshop	PPT Format	PDF Format
Online Provider Update	PPT Format	PDF Format
HIPAA 5010 Transactions Overview	PPT Format	PDF Format
Web Portal Electronic Transactions Overview	PPT Format	PDF Format

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# Community Based Crisis Stabilization Centers

## A New Service

- ❑ Congregated existing services 7/01/18 for newly developed sites
  - ❑ crisis triage that involves making crucial determinations within several minutes about an individual's course of treatment;
    - ❑ screening and assessment;
    - ❑ de-escalation and stabilization;
    - ❑ brief intervention or psychological counseling;
    - ❑ peer support; and
    - ❑ prescribing and administering medication, if applicable.
  
- ❑ Navigational services for individuals transitioning to the community include
  - ❑ Prescription and medication assistance;
  - ❑ Arranging for temporary or permanent housing;
  - ❑ Family and natural support group planning;
  - ❑ Outpatient behavioral health referrals and appointments; and
  - ❑ Other services determined through the assessment process.

# Use of Evidence Based SUD Patient Placement Criteria and Access to critical levels of care for OUD and SUD

Addressed in an Implementation Plan Showing existing services and Gaps in Service Offerings

American Society of Addiction Medicine (ASAM)

0.5 – Early intervention - Screening & Prevention

1.0 - Outpatient – Less than 9 hours services/week

2.1 – Intensive Outpatient – More than 9 hours/week

2.5 – Partial Hospitalization; Day Treatment

3.1 Clinically Managed Low-Intensity Residential

3.3 Clinically Managed Population Specific High Intensity Residential

3.5 Clinically Managed High Intensity Residential

3.7 Medically Monitored Intensive Residential

4.0 Medically Managed Intensive Inpatient

Milestones 1 & 2

- Access to critical levels of care
- Use of evidence based practices

# SBIRT

## Expansion of Program begins 1/01/19

Current program funded through a grant –

Medicaid reimbursement effective 1/01/19

### CC 2.0 Waiver Request and State Plan Amendment

Lowering age to 14 and above

Screening tools relevant to age

Expand into comprehensive types of medical settings

Expand throughout State

Trained practitioners as a requirement to participate

Expanding cadre of Peer Support Workers to screen

Reimbursement through Medicaid – FFS & MCO

Maintaining screening for SUD, trauma, depression, anxiety

## Added agency types that could deliver certain specialized services – 1/01/19

- Comprehensive Community Support Services (CCSS)
  - Behavioral Health Agency with supervisory certificate
  - A CareLink NM Health Home
  
- Intensive Outpatient Services
  - A CareLink NM Health Home
  - An opioid treatment program in a methadone clinic
  - Note:** Behavioral Health Agencies could already render this service



# Integration & Person-Centered Care

- ❑ Treat First Clinical Model – Pilot Moves to Best Practices
  - ❑ Clients needs addressed at first encounter – referred to pertinent practitioner
  - ❑ Reduces no-show rate for next encounter enhancing utilization of existing practitioners
  - ❑ “Treat First Talks” – an educational web-site (in development)
- ❑ Reimbursement for Interdisciplinary Teaming (integrated care)
  - ❑ Lead agency gathers recipient, natural supports, multiple providers from different disciplines to plan and evaluate together
  - ❑ Both lead agency and participating providers bill for the same session



## Links for your support

- New Behavioral Health Supplement & Policy and Billing Manual – Opportunity to comment is **now**, until December 7<sup>th</sup>, 2018

<http://www.hsd.state.nm.us/2017-comment-period-open.aspx>

- Behavioral Health Fee Schedule

<http://www.hsd.state.nm.us/providers/fee-schedules.aspx>

- Behavioral Health Network of Care

- Behavioral Health Provider Manual



# Treatment Services Focus

Mika Tari, LMSW, BHSD

Tiffany Wynn, LPCC, BHSD

# Assertive Community Treatment

- Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.
- ACT is a multidisciplinary team approach with assertive outreach in the community. The consistent, caring, person-centered relationships have a positive effect upon outcomes and quality of life.
- Research shows that ACT reduces hospitalization, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness. ACT may also reduce staff burnout and increase job satisfaction, cost effectiveness, and client satisfaction.
- Application

# Comprehensive Community Support Services

- The purpose of CCSS is to surround a MAP eligible recipient and his or her family with the services and resources necessary to promote recovery, rehabilitation and resiliency. Community support activities address goals specifically in the following areas: independent living; learning; working; socializing and recreation. CCSS consists of a variety of interventions, with at a minimum 60 percent face-to-face and in vivo (where the MAP eligible recipient is located). that address barriers that impede the development of skills necessary for independent functioning in the community.
- UNM CCSS Training
- Attestation



# Intensive Outpatient Programming

- IOP services provide a time-limited, multi-faceted approach to treatment service for a MAP eligible recipient who requires structure and support to achieve and sustain recovery. The IOP model is based on research and evidence-based interventions that target specific behaviors with individualized behavioral interventions. SUD/ COD
- Application
- Process Flow



# Supervisory Certification

- Supervisory Certification is a major component of a wider workforce development strategy for the State of New Mexico's Behavioral Health service delivery system.
- Clinical supervisors must adhere to all state board regulations and maintain active licensure in one of the following categories: LMFT, LPCC, LCSW/LISW or any professional license recognized by the board as a clinical supervisor.
- Those who are under supervision must have completed all necessary requirements for their licensure type.
- Attestation



# Technical Assistance & Support

- ACT, CCSS: [tiffany.wynn@state.nm.us](mailto:tiffany.wynn@state.nm.us)
- IOP: [hsd.csmbhsd@state.nm.us](mailto:hsd.csmbhsd@state.nm.us)    [tiffany.wynn@state.nm.us](mailto:tiffany.wynn@state.nm.us)
- Supervisory Certification: [Bilfornils.bhsd@state.nm.us](mailto:Bilfornils.bhsd@state.nm.us)  
[mika.tari@state.nm.us](mailto:mika.tari@state.nm.us)    [tiffany.wynn@state.nm.us](mailto:tiffany.wynn@state.nm.us)
- Peer Support Services: [mika.tari@state.nm.us](mailto:mika.tari@state.nm.us)  
[mark.garnard@state.nm.us](mailto:mark.garnard@state.nm.us)





# NM Network of Care

- <http://newmexico.networkofcare.org/mh/index.aspx>
- This Web site is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features.



# Provider Guide

- <http://newmexico.networkofcare.org/mh/content.aspx?cid=3772>
- This guide is intended for several audiences. It is most specifically written to give current providers of publicly-funded behavioral health services a global picture of the environment within which these services are administered by the State of New Mexico, and more importantly, answers to common questions and electronic links to a large number of detailed documents that address more technical issues.



# Project ECHO

- <https://echo.unm.edu/nm-teleecho-clinics/integrated-addiction-and-psychiatry-clinic/>
- The Integrated Addictions & Psychiatry (IAP) TeleECHO Clinic was created to expand access to high-quality and effective medical and behavioral treatment for addiction and mental illness in communities throughout New Mexico.



# Upcoming Opportunities

- Clinical Supervision Guide (NMBHPA website)
- IOP, CCSS, and Clinical Supervision Learning Communities
- CCSS Training January 28 & 29, 2019 (Santa Fe)





Questions?