

Behavioral Health

An Updated Rule – Effective 1/01/19

The supplement to existing rule which was posted on 11/02 offers guidance, policy updates, and explanation of new services that augment current NMAC 8.831.2. It is being issued in advance of the rule promulgation of NMAC 8.321.2 so that new behavioral health services will be available on January 1, 2019. There is an opportunity to submit public comment now for the changes outlined in the supplement as well as during the rule promulgation process, which is anticipated to follow in the next several weeks.

Three Challenges facing NM Behavioral Health and HSD's response

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



- 1) Workforce
- 2) Access
- 3) Integration

1) Workforce

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.



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



#2: ACCESS

Updated 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
- Family Peer Support certification by CYFD for parents/caregivers
- Individual or group family skills building services for all Medicaid recipients
- Peer Support Services reimbursable in a hospital OP or ED

Other Changes to Increase Access in the New BH Rule and Fee Schedule

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- ❑ Increased rates by 20% for targeted, high need services
7/01/18
 - ❑ Treatment Foster Care for youth
 - ❑ Assertive Community Treatment for serious mental illness
 - ❑ Group Therapy
 - ❑ Individual Peer Support
 - ❑ After hours & Holiday therapy
 - ❑ Comprehensive Community Support Services rendered in the community
 - ❑ Crisis Mobile Teams (doubled the rate)



Community Based Crisis Stabilization Centers

- ❑ Congregating 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.

Crisis Triage Centers

Features

- OP or residential
- Voluntary admission
- Alternative to ED or jail
- Community relationships
- 24/7 admission
- Ages 14 and above (optional)
- Maximum 16 beds
- Stay up to 8 days
- Detoxification services optional



- Legislation to add OP option to residential option passed
- Legislation to allow hospital based crisis triage centers passed
- DOH Licensing near the finish line
 - All comments responded to and/or incorporated
- MAD Rule begins promulgation
- Cost based pricing

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

3: 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





Child Well-Being



- 1) Child/youth BH Collaborative Strategic Plan
- 2) Zero to Three Initiative with CYFD, HSD, DOH, UNM, Professional Organizations, Educators, Community Providers

Questions?

