

Virginia Medicaid: Multisystemic Therapy (H2033) and Functional Family Therapy (H0036) FAQs

Topic	Question	Response
General	Where can I find copies of the training?	<p>A recordings and powerpoints can be found here: https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/</p> <p>Recordings can also be found here: Virginia Medicaid, You Tube channel at: https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA/videos</p>
Licensing and Credentialing	Is MST replacing Intensive In-Home (IIH) or is this service in addition to IIH?	<p>MST is not replacing IIH services, this service is an addition to the previously existing DMAS Behavioral Health service array.</p> <p>However, providers who want to provide MST services must have a DBHDS Intensive In-Home license. The service description should include that MST will be provided as part of the service. Staffing requirements shall reflect proof of proper MST certification by MST Services, Inc. and staffing plans shall meet MST team requirements.</p>
Licensing and Credentialing	Would established IIH providers be considered new to MST or established because of the previous IIH coverage?	MST is a separate service with no connection to IIH other than the DBHDS license. A MST team is considered new when they enroll with the MCO/BHSA with the proper evidence from MST Services, Inc. that they are a certified MST team.
Licensing and Credentialing	Do providers need to credential with MCOs specifically for MST if they are already credentialed for IIH?	If an IIH provider decides to provide MST, they need to update their contract with the MCO/BHSA to include MST.
Licensing and Credentialing	When we contract with individual MCOs for FFT will we be contracting for just FFT or for outpatient as well since we need to add outpatient to DBHDS license?	DBHDS licensing and credentialing with MCOs are separate processes. If a FFT provider decides to also become a provider of outpatient psychiatric services, they can request to be credentialed with the MCO as an outpatient psychiatric services provider in addition to FFT but will not be automatically credentialed as a provider of outpatient psychiatric services.

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Team composition/ staff requirements	When an MST team supervisor goes out on a temporary leave of absence, either due to medical and/or maternity leave or there is a short-term supervisor staffing vacancy and the position is in the process of being filled, does the person filling in as the team's temporary back up supervisor have to meet all of the requirements (e.g., education/licensure) as the designated MST Supervisor or is there some flexibility with back up supervisors? For example: If a back-up supervisor with the required credentials is not available at the agency, would the team be required to stop billing Medicaid for all services until the designated Supervisor returns from the leave of absence or is hired or would there be an acceptable exception period allowed for the team in such circumstances? <i>(Note: In such cases, MST has sometimes advocated for a senior level MST therapist to step in to assume the temporary duties of the Supervisor position, but in some cases, the senior clinician may not meet the minimum level of education/licensure requirements.)</i>	The interim supervisor must meet all requirements as stated in the Mental Health Services Manual, Appendix D. All services within the Mental Health Services Manual are required to be supervised by a Licensed Mental Health Professional (LMHP). Services cannot be billed unless the staffing requirements are met.
Team composition/ staff requirements	When an MST team experiences a therapist staffing vacancy and the position is in the process of being filled, the team may be below the recommended minimum number of therapists for that team. This could create a situation where the team would be out of compliance with DMAS MST service guidelines. Would the team be required to stop billing Medicaid for all services until the staff vacancy is filled or would there be a grace period for the team to hire and get a replacement staff trained?	MST Services, Inc. allows teams to be out-of-compliance regarding the number of required staff temporarily, as long as MST Services, Inc. approves a request for a short-term exception to required practice. This exception is time-limited. DMAS will work with MST Services, Inc. and the Center for Evidence-Based Partnerships to track teams that have been provided a temporary staffing variance.
Documentation	Can a weekly summary or FFT Behavior Change Session Plan serve as an ISP?	Yes, if it also meets the ISP requirements in Chapter IV of the Mental Health Services Manual and all applicable DBHDS regulations.

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Documentation	Who needs to document that the youth is getting individual services, such as in the example you gave regarding the panic disorder. Youth has that established, and is now being referred to FFT. How does the FFT clinician know all is clear to start FFT?	It is best practice that if an individual is receiving multiple types of behavioral health services, that the providers communicate and coordinate care. Each provider should document any communication and information shared about the individual receiving services.
Service Authorization and Billing	In regards to continued stay requests, what guidance has been given to MCOs about Consultant/MST expert recommendations? If a consultant recommends extension and MCO does not, what procedures will be put in place?	<p>BHSA/MCOs received training from MST Services Inc. and FFT, LLC about each treatment.</p> <p>We encourage providers to follow the appeals process with the BHSA/MCO and then at the state level.</p> <p>MCOs will also be required to submit weekly reports to DMAS about any issues that come up including any provider concerns/complaints they receive and how they are working to resolve the concerns.</p>
Service Authorization and Billing	Could you clarify an established team again? If we have been providing MST or FFT for 5 years, are we considered new or established?	All current teams will be considered new for the first 18 months even if they have been a Medicaid provider for other services or have previously billed other funding sources for MST/FFT.
Service Authorization and Billing	In terms of billable time for MST, will the mandatory group supervision time be billable? Will the weekly time spent on MST paperwork mandatory to the model be billable? Or is it just clinical contacts?	<p>Supervision and administrative time completing paperwork is not a covered service and as a result cannot be billed. The formal rate setting for MST took into account administrative and supervision time when building the rate for covered services.</p> <p>The rate assumptions can be found here: https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/</p>
Service Authorization and Billing	Can we round up if we provide 8 minutes of service?	Medicaid does not allow rounding up for CMHRS and Enhanced Behavioral Health Services.