

INDEX

8.322.6 MULTI-SYSTEMIC THERAPY

8.322.6.1	ISSUING AGENCY	1
8.322.6.2	SCOPE	1
8.322.6.3	STATUTORY AUTHORITY	1
8.322.6.4	DURATION	1
8.322.6.5	EFFECTIVE DATE	1
8.322.6.6	OBJECTIVE	1
8.322.6.7	DEFINITIONS	1
8.322.6.8	MISSION STATEMENT	1
8.322.6.9	MULTI-SYSTEMIC THERAPY.....	1
8.322.6.10	ELIGIBLE PROVIDERS	1
8.322.6.11	PROVIDER RESPONSIBILITIES:.....	2
8.322.6.12	ELIGIBLE RECIPIENTS	2
8.322.6.13	COVERED SERVICES	3
8.322.6.14	NONCOVERED SERVICES AND SERVICE LIMITATIONS.....	3
8.322.6.15	NONCOVERED SERVICES	3
8.322.6.16	PRIOR AUTHORIZATION AND UTILIZATION REVIEW	4
8.322.6.17	REIMBURSEMENT	4

This page intentionally left blank.

TITLE 8 SOCIAL SERVICES
CHAPTER 322 ENHANCED EPSDT – COMMUNITY MENTAL HEALTH SERVICES
PART 6 MULTI-SYSTEMIC THERAPY

8.322.6.1 ISSUING AGENCY: New Mexico Human Services Department.
[8.322.6.1 NMAC - N, 12/1/07]

8.322.6.2 SCOPE: The rule applies to the general public.
[8.322.6.2 NMAC - N, 12/1/07]

8.322.6.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended and by state statute. See Section 27-2-12 et seq. NMSA 1978 (Repl. Pamp. 1991).
[8.322.6.3 NMAC - N, 12/1/07]

8.322.6.4 DURATION: Permanent
[8.322.6.4 NMAC - N, 12/1/07]

8.322.6.5 EFFECTIVE DATE: December 1, 2007, unless a later date is cited at the end of a section.
[8.322.6.5 NMAC - N, 12/1/07]

8.322.6.6 OBJECTIVE: The objective of these regulations is to provide policies for the service portion of the New Mexico medical assistance programs.
[8.322.6.6 NMAC - N, 12/1/07]

8.322.6.7 DEFINITIONS:

A. **Early and periodic screening, diagnosis and treatment (EPSDT):** A medical assistance program for children consisting of diagnostic, treatment, and other necessary health care measures needed to correct or ameliorate physical and mental illnesses or conditions discovered during the tot to teen healthcheck by the screening providers or during a healthcheck referral.

B. **MST services, inc:** A national organization located in Mt. Pleasant, South Carolina, deemed by the human services department (HSD) or its authorized agents, to be the primary authority on licensure of New Mexico multi-systemic therapy (MST) programs.

C. **Multi-systemic therapy:** MST provides an intensive home/family and community-based treatment for eligible recipients who are at risk of out-of-home placement or are returning home from placement, and their families. The MST model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions.

D. **Tot to teen healthcheck:** The health screening service component of EPSDT.
[8.322.6.7 NMAC - N, 12/1/07]

8.322.6.8 MISSION STATEMENT: The mission of the New Mexico medical assistance division (MAD) is to maximize the health status of eligible recipients by furnishing payment for quality health services at levels comparable to private health plans.
[8.322.6.8 NMAC - N, 12/1/07]

8.322.6.9 MULTI-SYSTEMIC THERAPY: MAD pays for medically necessary health services furnished to eligible recipients. To help New Mexico eligible recipients under 21 years of age receive the level of services needed, MAD pays for MST services as part of EPSDT services [42 CFR Section 441.57]. The need for MST services must be identified in the tot to teen healthcheck screen or other diagnostic evaluations.
[8.322.6.9 NMAC - N, 12/1/07]

8.322.6.10 ELIGIBLE PROVIDERS:

A. Upon approval of New Mexico MAD provider participation agreement by MAD or its designee, licensed practitioners or facilities that meet applicable requirements are eligible to be reimbursed for furnishing covered services to eligible recipients. A provider must be enrolled before submitting a claim for payment to the

appropriate MAD claims processing contractor. MAD makes available on the HSD/MAD website, on other program-specific websites, or in hard copy format, information necessary to participate in health care programs administered by HSD or its authorized agents, including program policies, billing instructions, utilization review instructions, and other pertinent materials. When enrolled, providers receive instructions on how to access these documents. It is the provider's responsibility to access these instructions or ask for paper copies to be provided, to understand the information provided and to comply with the requirements. The provider must contact HSD or its authorized agents to request hard copies of any program policy manuals, billing and utilization review instructions, and other pertinent materials and to obtain answers to questions on or not covered by these materials. To be eligible for reimbursement, a provider is bound to the provisions of the MAD provider participation agreement. Reimbursement for MST services provided can be made when the service is rendered by one of the following providers:

- (1) the agency is licensed by MST services, inc. of Mt. Pleasant, S.C., or any of its approved subsidiaries; and
 - (2) the agency is certified by the licensing and certification unit of HSD or its authorized agent.
- B. Both clinical services and supervision by licensed behavioral health practitioners must be in accord with their respective licensing board regulations.
- C. MST team members must include at minimum:
- (1) a master's level clinical supervisor who is an independently licensed behavioral health professional;
 - (2) licensed master's and bachelor's level behavioral health staff able to provide 24 hour coverage, seven days per week;
 - (3) licensed master's level behavioral health practitioners are required to perform all therapeutic interventions; bachelor's level behavioral health practitioners are limited to performing functions defined within the scope of their licensure or practice;
 - (4) bachelor's level staff must have a degree in social work, counseling, psychology or a related human services field and must have at least three years' experience working with the target population of children/adolescents and their families;
 - (5) staffing for MST services shall be comprised of no more than one-third bachelor's level staff and, at minimum, two-thirds licensed master's level staff.
- D. Clinical supervision must include at a minimum:
- (1) weekly supervision provided by an independently licensed master's level behavioral health practitioner who is MST trained; this supervision, following the MST supervisory protocol, is provided to team members on topics directly related to the needs of MST eligible recipients and their families on an ongoing basis; and
 - (2) one hour of local group supervision per week and one hour of telephone consultation per week with an MST systems supervisor, provided to team members on topics directly related to the needs of MST individuals and their families on an ongoing basis.
- E. All clinical staff are required to participate in and complete a prescribed five-day MST introductory training and subsequent quarterly trainings.
- F. The MST direct-service staff-to-family ratio shall not exceed 1:6.

[8.322.6.10 NMAC - N, 12/1/07]

8.322.6.11 PROVIDER RESPONSIBILITIES: A provider who furnishes services to medicaid and other health care program eligible recipients agree to comply with all federal and state laws and regulations relevant to the provision of medical services as specified in the MAD provider participation agreement. A provider also agrees to conform to MAD program policies and instructions as specified in this part and its appendices, and program directions and billing instructions, as updated. A provider is also responsible for following coding manual guidelines and CMS correct coding initiatives, including not improperly unbundling or up-coding services.

[8.322.6.11 NMAC - N, 12/1/07]

8.322.6.12 ELIGIBLE RECIPIENTS:

A. MST is provided to MAD eligible recipients ten to 18 years of age, and their families, who are diagnosed with serious emotional/behavioral disturbances; involved in or at serious risk of involvement with the juvenile justice system; have antisocial, aggressive/violent, substance-abusing behaviors; are at risk for out-of-home placement; or are returning from out-of-home placement where the above behaviors were the focus of treatment.

B. A co-occurring diagnosis of substance abuse shall not exclude an eligible recipient from the program.
[8.322.6.12 NMAC - N, 12/1/07]

8.322.6.13 COVERAGE CRITERIA:

A. MAD covers medically necessary MST required by the condition of the eligible recipient.
B. This culturally sensitive service provides an intensive home/family and community-based treatment for eligible recipients, and their families, who are at risk of out-of-home placement or are returning home from placement. Services are primarily provided in the home, but workers also intervene at school and other community settings.

C. The MST model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Specialized therapeutic and rehabilitative interventions are used to address specific areas of need, such as substance abuse, delinquency and violent behavior.

D. All MST services must be furnished within the limits of MAD benefits, within the scope and practice of the eligible provider's respective profession, as defined by state law, and in accordance with applicable federal, state and local laws and regulations.

E. All MST services must be provided in compliance with the current MAD definition of medical necessity.

[8.322.6.13 NMAC - N, 12/1/07]

8.322.6.14 COVERED SERVICES AND SERVICE LIMITATIONS:

A. The following services must be furnished by MST providers to receive reimbursement from the appropriate MAD contractor. Payment for performance of these services is included in the providing agency's reimbursement rate:

- (1) an initial assessment to identify the focus of the MST intervention;
- (2) therapeutic interventions with the eligible recipient and his family;
- (3) case management; and
- (4) crisis stabilization.

B. An available team of practitioners, using a team approach are available to provide MST services to eligible recipients and their families. MST providers must have the ability to deliver services in various environments, such as homes, schools, homeless shelters, street locations, etc. MST services:

- (1) promote the family's capacity to monitor and manage the eligible recipient's behavior;
- (2) involve families and other systems, such as the school, probation officers, extended families and community connections;
- (3) provide access to a variety of interventions 24 hours a day, seven days a week, by staff that will maintain contact and intervene as one organizational unit; and
- (4) include structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains: adaptive, communication, psychosocial, problem solving, behavior management, etc.

C. The duration of MST intervention is typically three to six months. Weekly interventions may range from three to 20 hours a week, less as a case nears closure.

[8.322.6.14 NMAC - N, 12/1/07]

8.322.6.15 NONCOVERED SERVICES: MST services are subject to the limitations and coverage restrictions that exist for other MAD services. See 8.301.3 NMAC, *General Noncovered Services*. MAD does not cover the following mental health specific services:

- A. hypnotherapy;
- B. biofeedback;
- C. conditions that do not meet the standard of medical necessity as defined in MAD policies;
- D. treatment for personality disorders;
- E. milieu therapy;
- F. educational or vocational services related to traditional academic subjects or vocational training;
- G. experimental or investigational procedures, technologies or non-drug therapies and related services;
- H. activity therapy, group activities and other services which are primarily recreational or diversional in nature;
- I. electroconvulsive therapy; or

J. treatment of mental retardation alone.
[8.322.6.15 NMAC - N, 12/1/07]

8.322.6.16 PRIOR AUTHORIZATION AND UTILIZATION REVIEW: All services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished and before payment is made, or after payment is made. See 8.302.5 NMAC, *Prior Authorization and Utilization Review*. Once enrolled, the provider receives instructions on how to access provider program policies, billing instructions, utilization review instructions, and other pertinent material and to obtain answers to questions on or not covered by these materials. It is the provider’s responsibility to access these instructions or ask for paper copies to be provided, to understand the information provided and to comply with the requirements.

A. **Prior authorization:** Certain procedures or services may require prior authorization from MAD or its designee. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process.

B. **Eligibility determination:** Prior authorization of services does not guarantee that individuals are eligible for medicaid or other health care programs. Providers must verify that individual is eligible for a specific program at the time services are furnished and determine if eligible recipient has other health insurance.

C. **Reconsideration:** Providers who disagree with prior authorization request denials or other review decisions can request a re-review and a reconsideration. See 8.350.2 NMAC, *Reconsideration of Utilization Review Decisions* [MAD-953].

[8.322.6.16 NMAC - N, 12/1/07]

8.322.6.17 REIMBURSEMENT: MST agencies must submit claims for reimbursement on the HCFA/CMS form or its successor. See 8.302.2 NMAC, *Billing for Medicaid Services*. Once enrolled, providers receive instructions on documentation, billing, and claims processing.

A. Reimbursement is made to MST agencies for covered services at the lesser of the following:

- (1) the provider’s billed charge; or
- (2) the MAD fee schedule for the specific service or procedure.

B. The provider’s billed charge must be its usual and customary charge for services.

C. “Usual and customary charge” refers to the amount that the eligible provider charges the general public in the majority of cases for a specific procedure or service.

D. Reimbursement for Indian health service agencies and federally-qualified health centers follow the guidelines and special provisions for those entities.

[8.322.6.17 NMAC - N, 12/1/07]

HISTORY OF 8.322.6 NMAC: