

<b>SUBJECT:</b>	<b>Vermont Designated Agency Policy</b>	
<b>BUSINESS OWNER:</b>	Quality Improvement	Page <u>1</u> of <u>4</u>
<b>APPROVED BY:</b> Health Value Improvement Committee January 31, 2017		<b>APPROVED BY EXECUTIVE COMMITTEE:</b>
<b>Signature:</b>		<b>EFFECTIVE:</b> January 31, 2017
		<b>REVISED:</b>
_____ Joshua Plavin, MD, MPH Chair, Health Improvement Committee Vice President and Chief Medical Officer, BCBSVT		<b>NEXT REVIEW DATE:</b> <b>Jan 2018</b>
<b>DATE DISTRIBUTED TO COMMUNICATIONS DESIGNEES:</b>		<b>APPLIES TO:</b> All Lines of Business
<b>REGULATORY / ACCREDITATION LINKS:</b>		
<b>POLICY LINKS:</b>  Credentiaing Policy Facility Credentiaing Policy Mental Health Counselor Training Policy		

## Vermont Designated Agencies

### I. Background

Per Vermont law (18 V.S.A. § 8907), the commissioners of the Vermont Department of Mental Health and the Vermont Department of Disabilities, Aging, and Independent Living designate public or private nonprofit agencies to provide or arrange for the provision of services to persons with a mental health condition or psychiatric disability and persons with a developmental disability. The Plan recognizes that these designated agencies (or “DAs”) provide some services using non-licensed individuals who do not satisfy Plan’s general credentialing requirements.

### II. Policy:

Blue Cross and Blue Shield of Vermont (BCBSVT; the Plan) supports DAs in their mission to provide mental health and substance abuse services. The Plan allows supervised billing for those Qualified Mental Health Providers that screen patients for involuntary psychiatric inpatient or outpatient admission.

### III. Scope:

- a. This policy covers billing for services provided by specially-trained Qualified Mental Health Providers (QMHP), employed by DAs, who screen emergency department patients for involuntary psychiatric admission. A QMHP must be certified by the State of Vermont and comply with scope of practice limitations.
- b. The policy does not cover services provided by:
  - i. A non-licensed, non-certified mental health practitioner fulfilling his/her training requirements for licensure. See Plan’s Mental Health Counselor Training Policy.
  - ii. A practitioner who is not licensed, credentialed and enrolled in the Plan’s network or working under the supervision of a licensed Plan network provider.
  - iii. A non-licensed mental health/substance abuse practitioner who cannot practice independently and is not completing supervised practice hours for licensure.
  - iv. Providers employed by DAs that are licensed. See Plan’s Credentialing Policy for more information.
  - v. Facility-based services provided by a DA are not within the scope of this policy. See Plan’s Facility Credentialing Policy.

### IV. Process:

- a. A QMHP may submit claims for their services if the following criteria are met:

- i. Has a clinical supervisor
  - 1. Licensed Mental Health Master's level or higher clinician enrolled and participating in the Plan network.
  - 2. Services provided under the supervision of a non-licensed, non-certified mental health clinician are not eligible.
- ii. Services provided by the QHMP must be billed under the supervising clinician's National Provider Identifier (NPI) using the HH modifier.
- iii. Only codes 90839 and 90840 may be considered
- b. Supervising practitioner must cosign all clinical notes made by the QMHP

*A Designated Agency that holds a contract with the Plan shall abide by all terms of its contract and must cooperate and comply with all applicable Plan policies and procedures as may be updated from time to time. To the extent any of Plan's policies or procedures conflict with any of the terms of this Policy, the terms of this Policy shall control.*