

NH Department of Health and Human Services (DHHS)
 Division for Behavioral Health
 Bureau of Mental Health Services

105 Pleasant St.
 Concord, NH 03301

Provider Signature and Review Requirements for Treatment Plans

DATE:	April 17, 2020
TO:	Community Mental Health Programs & Providers
FROM:	Julianne Carbin, Director, Bureau of Mental Health Services
SUBJECT:	COVID-19 Emergency Guidance #4 (Revised) Waiver of Physician Signature Requirement and Acceptance of Alternative Signatures on ISPs and CFSPs; Waiver of 90-day Reviews and Acceptance of 180-day Reviews on ISPs and CFSPs

The Bureau of Mental Health Services (BMHS) is working with our provider community to adhere to the guidance outlined by the Centers for Disease Control (CDC), the State's Division of Public Health Services, and our federal and State partners. Although organizations are responsible for daily operations and management of their COVID-19 responses, the following common question has been raised by providers and therefore guidance is being provided.

If you need to reach us, please send correspondence to all of the following: Julianne Carbin, Kelley Capuchino, and Erica Ungarelli, with a CC to Julia McNamara.

Julianne.Carbin@dhhs.nh.gov; Kelley.Capuchino@dhhs.nh.gov;
Erica.Ungarelli@dhhs.nh.gov; Julia.McNamara@dhhs.nh.gov

The Bureau extends its sincere gratitude to those who are working to ensure the health and safety of the individuals and families we serve.

Timeline

COVID-19 Emergency guidance will be in place for 60-days effective Wednesday, March 18, 2020. The BMHS will provide, modify and extend guidance as needed.

Treatment Plan Questions

Question 1:

In lieu of a physician signature on an individual service plan (ISP) or child and family service plan (CFSP), will BMHS accept the documented recommendation of a licensed mental health practitioner?

Response:

Any provider preparing ISPs or CFSPs may request that the BMHS waive the physician signature requirement and instead allow the signature of any practitioner listed in 42 CFR § 485.916(a), a physician, nurse practitioner, physician assistant, clinical psychologist, or clinical social worker, provided the practitioner is acting within the scope of their NH license, certification or registration. A link to the federal regulation is below:

<https://ecfr.io/Title-42/sp42.5.485.j>

Providers may request the waiver by sending an email with the following subject line: *Request for waiver of physician signature on treatment plans* to the following staff at the BMHS:

Julianne.Carbin@dhhs.nh.gov; Julia.McNamara@dhhs.nh.gov.

The BMHS will deem any such email as a waiver request and grant the request by reply email.

The waiver applies to the following administrative rules:

He-M 401.10(o), providing that “[t]he individual service plan shall be signed by a psychiatrist as indication of CMHP approval of the plan and as indication that the services to be provided that are covered by medicaid are medically necessary;”

He-M 401.11(g), providing that “[t]he child and family service plan shall be signed by a psychiatrist as indication of CMHP approval of the plan;”

He-M 401.11(h), providing that “[t]he psychiatrist may order, based on legitimate treatment considerations, the continuation of services by the child and adolescent program for a person who has turned age 18, up to the age of 21;”

He-M 408.06(d), providing that “[i]ntake assessments that are completed to function as the initial ISP shall include the initial services to be provided and a physician’s signature;”

He-M 408.08(h), providing that “[p]rior to the implementation of the plan, a psychiatrist’s signature shall be required to indicate the medical necessity of the services to be provided;”

He-M 408.08(i), providing in pertinent part that “[f]or individuals whose ISPs indicate “medication monitoring only” services, the physician shall enter in the ISP, at least quarterly, a comprehensive statement;”

He-M 408.08(m), providing that “[d]ocumentation of any amendments to the ISP shall include the signature of the individual and the physician;” and

He-M 408.08(n), providing that “[d]ocumentation of the addition of new services to the ISP shall include the signature of a physician prior to the services being provided or billed.”

Question 2:

In lieu of quarterly reviews for ISPs and CFSPs, will the BMHS accept 180-day reviews?

Response:

Any provider performing ISP and/or CFSP reviews may request that the BMHS waive the quarterly review requirement and instead perform reviews on a 180-day basis.

Please note that the individual service plan or child and family service plan required by He-M 401 and He-M 408 correspond to a “comprehensive assessment” as defined in 42 CFR § 485.902 rather than an “active treatment plan” also defined in that section, and thus do not require updating every 30 days.

Providers may request the waiver by sending an email with the following subject line: *Request for waiver of 90-day review period for treatment plans* to the following staff at the BMHS:

Julianne.Carbin@dhhs.nh.gov; Julia.McNamara@dhhs.nh.gov.

The BMHS will deem any such email as a waiver request and grant the request by reply email.

This waiver applies to the following administrative rules:

He-M 401.12(b), providing that “[a]ll eligible consumers other than those referenced in He-M 401.12(a) shall have their individual service plans reviewed on a quarterly basis and revised as necessary,” and references to “quarterly” in He--M 401.12(c)-(f);

He-M 401.13(a), providing that “[a]ll eligible children and adolescents shall have their child and family service plan reviewed and revised as necessary on a quarterly basis,” and references to “quarterly” in He-M 401.13(b)-(e);

He-M 408.08(i), providing in pertinent part that “[f]or individuals whose ISPs indicate “medication monitoring only” services, the physician shall enter in the ISP, at least quarterly, a comprehensive statement;” and

He-M 408.10(b), providing that “[f]or each individual, the CMHP shall conduct and document a quarterly ISP review at least every 90 days from the effective date of the ISP,” and references to “quarterly” in He-M 408.10(c)-(f).