

Nevada Case Study: Lindsey Ricciardi, PhD

July 2014



1. Title, current position, and any major leadership roles you hold/held while working on trainee reimbursement issues:

As a licensed psychologist, I started working on the issue of Medicaid reimbursement while serving as the president-elect of the Nevada Psychological Association. I continued to work on it through my president and past-president year. I am currently the chair of the continuing education committee [as of July 2014].

2. What is your state's status regarding intern and postdoc reimbursement for services at the present time? Is Medicaid a different story than private insurances?

Here in Nevada, Medicaid is divided into fee-for-service (FFS) Medicaid and two Managed Care Organization (MCO) Medicaids (Health Plan of Nevada and Amerigroup). When folks are first put on Medicaid they are typically put on FFS. This often shifts to a MCO held contract; this seems to be happening more and more quickly post Medicaid expansion in our state. With FFS, psychologists and post-doctoral psychology fellows are considered "Qualified Mental Health Professionals" (QMHPs) and can contract and bill for services. Postdocs must be supervised according to state statute. I discovered that Marriage and Family Therapy interns and Social Work interns are also considered QMHPs; however, psychology interns are not. This is what I set out to change and did. However, these changes would only apply to FFS Medicaid, not the MCO Medicaids.

3. How did you get there? Please provide a rough timeline.

- 2010: NPA was starting an internship training consortium (NPATC) to help with the dire shortage of APA approved training sites in our state (currently there is only one). The training consortium was trying to get psychologists and organizations to sign up as training sites, but kept running into the problem of reimbursement. Dr. Michelle Paul (previously Carro), NPA president at the time, reached out to the Medicaid Administrator at the time (in the Division of Health Care Financing and Policy for Department of Health and Human Services) to see what could be done about including appropriately supervised interns as QMHPs. At that time, the response was that

they could not be included was because there was no board oversight for interns, whereas MFT and LCSW interns each have a respective board. What Dr. Paul tried to communicate at the time was that psychology interns had oversight from their graduate training institution by the nature of psychology training. The Medicaid administrator changed, and Dr. Paul's position changed, so the issue was dropped for a couple of years before NPA picked it up again.

- September 2012: I sent an email to APA's STATEPSYCH listserv polling states about if and how their interns were reimbursed for services through Medicaid.
- October 2012: With the help of the NPA legislative committee and our lobbyist, we created a white paper to inform all involved and to provide easy access when communicating the issue to key people and organizations.
- October 2012 to January 2013: I worked with our lobbyist and legislative committee to determine best plan of attack. We found out what needed to change (the statutes versus the code), how to do this effectively, and drafted a letter to Medicaid.
- March 2013: We sent the [first letter to Medicaid](#) outlining the issue and requested a meeting. Later this month, we also met with the Board of Psychological Examiners to obtain their support. The Board voted unanimously to proceed by registering interns with the Board.
- July 2013: Phone Conference with the Medicaid Administrator and several of her staff. They were open to changing the Nevada Medicaid Manual, chapter 400, to include psychology interns if the Board would register and oversee them and these changes were finalized in our Nevada administrative code. Once these changes were finalized, Medicaid would start a 90-day process of changing the service manual to include psychology interns as QMHPs.
- January 2014: I attended and spoke at the Nevada Behavioral Health Commission meeting and was able to get the psychology QMHP issue included in a letter to the governor for further support. Also this month, a [request to change the Nevada Administrative Code](#) was sent from the Legislative Council Bureau.

4. What barriers did you encounter and how did you overcome these?

- Because of the nature of our training, and the concern that interns did not have Board oversight, we decided that our best route would be to go through the Psychology Board of Examiners to see if we could get the Nevada Administrative Code changed to have the board register and regulate interns. Fortunately, we are a very small state (less than 400 psychologists). This approach would likely not be ideal for a state with a much larger population of psychologists or trainees. We spoke to various individuals on the Board and asked for the issue to be an agenda item at their Board meeting. The Board unanimously approved supporting the change and then a public hearing was set.
- The Veteran's Administration had concerns about the changes because of the nature of the VA. Often in Nevada, VA psychologists have not yet been licensed in the state for three years; the VA was concerned that the new intern regulation would impact them adversely. Ultimately, the board agreed to have the VA exempt from these changes.

5. Who were your champions, partners, and allies without whom this success would have been harder or impossible?

Champions were our previous president Dr. Paul (she started this process and was instrumental); the Legislative committee and several community psychologists for whom the change would greatly benefit their ability to serve those in need (such as Stephanie Holland of Desert Psychological Services); the new

Medicaid Administrator and her receptive and willing administrative staff; and of course the board of Psychological Examiners.

It's worth underscoring that the climate was right. With Medicaid expansion in our state and so few providers, there was a clear need. I think most people get that this is a workforce pipeline issue. With no way to reimburse trainees, we have few training sites; with few training sites/trainees, the few interns we train in Nevada leave the state, and we are not attracting trainees to our state. Hence we are 49th in the nation for psychologists per capita. Nevada also had some really bad press at one of our state hospitals where we were bussing people out of state with compromised mental health. The silver lining of this issue was that it certainly shed light on the fact that our state hospitals are in dire need of more psychologists and psychiatrists. This put fire under the Governor's office to respond with action.

6. What motivated you to pursue this?

My motivation comes from a lot of sources. Mainly, I'm very concerned about the shortage of psychologists in our state and the internship crisis. I recently had one of my most qualified practicum students not match for an internship! I am also concerned that, in general, people do not understand the difference between a psychologist and MFTs or LCSWs. I have trained practicum students, interns, and postdocs for the past 5 years in my private practice and have seen firsthand the impossible nature of finding insurance reimbursement for trainees juxtaposed with the massive demand for services in our underserved communities with few resources. And to be quite frank, it bothered me that master's level SW and MFT interns were being reimbursed at QMHP rates and doctoral level psychology interns could not be reimbursed at all. (They could be reimbursed as Qualified Mental Health Associates, or QMHAs, and do psychosocial rehabilitation and basic skills training, but not therapy).

7. What successes or positive results have you seen?

While not yet finalized, I think we have been very successful. We rallied as a small community of psychologists. We have in writing that Medicaid has promised to change the Medicaid Services Manual chapter 400 once the new board regulations have been finalized. I think we have also educated a lot of people in this process about what psychologists do, and what makes us unique from master's level behavioral health professionals. People often don't get it unless they are educated. If people do not see the value of our profession, then we will be a dying a profession.

8. What top few lessons have you learned while engaging in this process?

I probably learned that we still have so, so, so much work to do to solve the internship crisis! And also that the way we structure our training (pre-doctoral vs. post-doctoral) confuses people and may ultimately hurts us when it comes to reimbursement issues. I have also learned the importance of being the "squeaky wheel" and how taking every opportunity to open doors, educate, inform, mobilize ,and be at the table really can help to get results.

9. Are you willing to be a virtual mentor to other states?

Yes. Email me at lindsey.ricciardi@gmail.com.