



Optum Provider Training

April 15 & April 17, 2014

Agenda for today's training:

- Update on DSAMH and SLCo Audits
- Intake-What documentation is required?
- Documentation as per Medicaid Regulations
 - Assessments
 - Treatment Planning
 - Presentation: Person Centered Planning
 - Progress Notes
- Medical Necessity
- IT Reporting
- If you provide services to children who are in Foster Care
- If you provide services to clients who have a Non-Traditional Plan
- Recovery Plus
- Presentation: Update on Refugee Community and Services Available
- Program Integrity



Update on Audits



Salt Lake County Behavioral Health Monitoring Visit

Medicaid Cards

- Currently, A copy of Medicaid Card must be kept in the chart
- Starting July 2014, a new type of card will be issued. Alternate verification will be needed.
- Encourage signing up with the State of Utah as a Medicaid Provider, this will give you access to the eligibility look-up tool.

Timely Access

- Using Timely Access form to record all initial contacts.
- Make sure to include if the client is Medicaid eligible
- Tracking the data on the form by date
- Verifying in documentation if timely access was met

Member Handbook

- Are you offering a Medicaid Member Handbook to every new client?
- Where do you get copies of the Handbook?
- Do you use the Attestation?

Youth in Foster Care

- Change in Medicaid Card will mean it is more imperative to check eligibility.
- Outpatient MH treatment CANNOT be billed to Optum.

Salt Lake County Behavioral Health Monitoring Visit

SPMI/SED Checklist

- What does SPMI/SED mean?
- Where is the checklist located?
- How often is it reviewed?
- How does the use of this report affect treatment plans timelines/services received?

Treatment Plans

- What are the components of a Treatment Plan?
- When are the treatment plans reviewed? How often?
- Who signs the Treatment Plans?

Coordination of Care

- Are you requesting the client sign a release of information? Do you ask about a PCP?
- Are you contacting other providers you know are or have been part of the client's treatment?
- Are you documenting these contacts/attempts?

Post Stabilization Services

Post-Stabilization Services are inpatient services related to an emergency psychiatric condition that are provided after a member is stabilized. The purpose of the services is to maintain that stabilized condition, improve, or resolve the Enrollee's condition.

Utah State Division of Substance Abuse and Mental Health Audit

Coordination of Care

- Feedback from County and State Audit very similar
- Efforts for C of C must be recorded in the client record.

Person Centered Planning

- Is the client's voice a part of the plan?
- How do you show evidence of this?
- Why is this important?

OQ/YOQ

- Are you using the OQ/YOQ?
- Are you recording the data in the OQ Analyst website?
- If you are not, what do you need to ensure this is happening?
- Do you know how to use this tool clinically?
- How do you show evidence of the use of this tool?

Documentation

- Missing Assessments
- Strengths
- Treatment Plans, all elements must be included
- Objectives **MUST** be measurable
- Progress Notes must be linked to the goals/objectives established in the plan



Documentation



Intake Packet

QUIZ

- Of the following which documents should be included in your Intake Packet:
 - A. Consent for Treatment
 - B. Demographic Information (data for MHER)
 - C. Member Handbook
 - D. Attestation for receipt of Medicaid Member Handbook.
 - E. Acknowledgement of receipt of HIPAA Privacy Practices.
 - F. Release of Information
 - G. None of the above
 - H. All of the above



Assessment-details can be found on pages 34-36 of the Provider Manual

Assessments are to be strength-based and client driven. Mental health assessments must be updated annually and will include a summary of prior year Outcome Questionnaire/Youth Outcome Questionnaire (OQ/YOQ) scores and clinical analysis. Clients receiving Substance Use Disorder treatment require ongoing assessment with ASAM PPC-2R. Client Diagnosis will be reflected through assessment information and be updated as new information suggests.

Components of the Assessment:

1. Adult population- shall include, but is not limited to:
 - a. Family of origin and current family information.
 - b. Current living circumstance, including: housing, access to the necessities of living, family involvement, social support, current job status and employment.
 - c. Relationship history, including the ability to establish and sustain satisfying relationships.
 - d. Context of the presenting symptoms, including duration, severity and the degree to which symptoms impair daily functioning.
 - e. Physical symptoms and medical history, including medications and allergies.
 - f. Impulses or history toward harm to self or others.
 - g. Legal history, including history of personal and family psychiatric treatment.
 - h. Symptoms, history and current patterns of personal and family alcohol/substance abuse or dependency.
 - i. Reason for referral and present concerns: nature, duration, frequency, precipitants, circumstances, and consequences of the problem(s) mental status examination, including thought (content and process), perception, mood, level of suicidal risk, affect, memory, judgment, appearance, and orientation
 - j. Traumatic circumstances including child abuse, domestic violence, family substance abuse.
 - k. Other personal history including developmental milestones and work history.
 - l. Indicators of potential violence towards others, including history of or impulses towards violence.
 - m. Strengths, interests, and hobbies
 - n. Natural supports
 - o. Mental status exam.
 - p. Utah Scale for Serious and Persistent Mental Illness (SPMI).

Additional components of the Assessment for children and youth:

- a. Developmental milestones to include receptive and expressive language development
- b. Psychiatric and medical history, including vision and hearing problems
- c. School functioning and performance including any formal testing conducted by the school
- d. Emotional development and temperament
- e. Peer relations
- f. Family relationships, responsibilities, and perceptions of the child/youth and his/her difficulty and the subsequent impact on the family
- g. Cultural influences, religious beliefs, spiritual beliefs
- h. Unusual family or environmental circumstances
- i. Parental/family medical and behavioral health history and impact on child/youth
- j. Serious Emotional Disorders (SED)

Medical Necessity

- **Medically Necessary Services** means any rehabilitative service that is necessary to diagnose, correct, or ameliorate a behavioral health disorder or prevent deterioration or development of additional behavioral health problems, and there is no other equally effective course of treatment available or suitable that is more conservative or substantially less costly.

Treatment Plans

The Treatment Plan will be written in the following format:

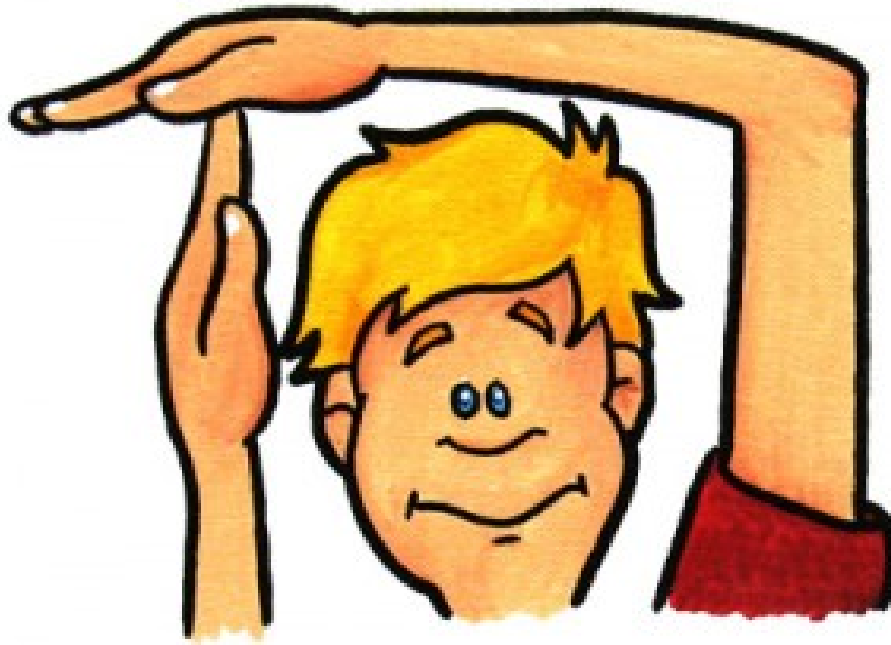
- a. **Goals:** The Goal is a statement that summarizes the individual's or family's desires for change and resolution to a problem or need, captured in their own words. Goals are identified throughout the assessment. They are not necessarily measurable but are reasonably attainable or recognized within an episode of continuing care.
- b. **Objectives:** Objectives will be established that address the client's aspirations as stated in the Goal statements. Objectives are short term goals/steps that help the individual reach their Goal. They describe desired changes in status, abilities, skills, or behaviors. Objectives will be measurable and will describe the progress anticipated in the near future.
- c. **Methods:** Methods are the strategies, interventions and tasks that the client, family, peers, community support and/or staff will provide in order to reach the goal and objectives. Methods will be short-term, behaviorally measurable and use action verbs and identifiable outcomes such as what, who, when where, and why.

Exercise:

- What is wrong (if anything) with the following Goal statements?:
 - I want to get a job.
 - Connie will reduce her acting out behaviors.
 - I want to manage my depression.
 - Connie will learn to control her self-harm.
- Write an objective for any of the goals above.
 - Consider the following:
 - Is your objective strength based?
 - Is your objective measureable?
 - How will the client and you know if the client is successful?
 - I am a new clinician assigned to this client, will I be able to quickly understand what the client has been working and if s/he is successful?
- Develop methods for the objective.
 - Consider the following:
 - Are these methods applicable to the client's individual needs?



Person Centered Planning



BREAK-15 MINUTES

Progress Notes-

Progress Notes must contain the following elements:

Related to Treatment Plan

- Service provided must go back to plan objective
- Recommended: statement in client words

Interventions

- Important to know what client did but I also want to know what you did.
- Interventions should be unique to the service
- Cut and paste is a no-no

Include all elements

- CPT Code
- Start Time and End Time
- Signature (electronic or handwritten)
- Plan

Claims Update

Duplicate Claims

- Same Provider
- Same Consumer
- Same Date of Service
- Same Procedure Code

Benefit Plans

- Make sure to choose the correct authorization type
- Cheat Sheet

Duplicate Consumers

- What happens if there are duplicate consumers in the system.

MHER

- Why complete the MHER?
- Available sheet

Reconciliation Reports

- Optum has the ability to run an additional report to aid in your reconciliation process.
- Please contact Network to obtain this report.

Data elements/data entry

- What's going well
- Areas of improvement

Unique Benefit Plans

Youth in Foster Care

- As per Medicaid requirements, Optum does not pay for Outpatient Services for Youth in Foster Care.
- These services must be billed to State Medicaid.
- Check Medicaid eligibility EVERY month. How?
- We will be recouping any funds paid to providers for Youth in Foster Care.
- Ongoing efforts are being made to improve this process.

Clients who have Non-Traditional Medicaid

- These clients have a limited Benefit Plan.
- What is that plan?
- How do you determine if client has Non-Traditional Medicaid

Program Integrity

Attestations

- Verify through SAM and LEIE
- Keep records of the searches
- Send Attestations Monthly

Compliance Plan

- How do you ensure you are billing correctly? PConn, EOBs, Progress Notes
- What do you do if you discover any errors?
- What do you do if you suspect a consumer is not Medicaid eligible?

Timely Access

- Send reports in monthly
- Make sure to answer certain questions. Medicaid eligibility; did they attend the appointment; if not, how come.



Refugee & Immigrant Center

Asian Association of Utah

<http://aau-slc.org>

What is Recovery Plus?



Recovery Plus is an initiative to promote health and wellness in people with mental illness and/or substance abuse. With support, education, and treatment, people can and will recover from symptoms of mental illness and addictions, including tobacco dependency.

Recovery Plus Cardinal Rules

1. No one will be denied treatment because of their tobacco use.
2. Assessment, education, treatment planning and NRT will be provided to all clients as appropriate.

If you would like more information: <http://recoveryplus.utah.gov/>



Thank you.

Contact information
Connie Mendez, LCSW Deputy Director
801.982.3038
connie.mendez@optum.com