



Optum Idaho Clinical Model 2.1

June 2015

Introduction of Optum staff

- Presenters
 - Dennis J. Woody, PhD, Optum Idaho Clinical Director
 - Bevin Modrak, LCPC, Optum Idaho Clinical Program Manager
- Other Optum Staff Who Are Here Today

Agenda

- Introductions
- Clinical Model 2.0 Lessons Learned
- Changes to Clinical Model 2.1
 - Utilization Management
 - Category 4 additions (Case Management, Peer Support)
- New Service Request Form
 - Walkthrough
 - Case Studies
- Questions and Answers

What did we learn from Clinical Model 2.0?

- Adoption of the medical necessity model and evidence-based practices requires continued review and outreach
- UM Templates focus on historical client profile and do not accurately capture current, relevant and clinical information necessary for efficient UM decisions and add significant administrative burden to providers.
- The volume of authorizations, combined with provider uncertainty about the process, continues to present significant challenges for UM review. These issues represent an obstacle to the goal of a 14-day timeline for completing a review.

Clinical 2.1 Changes

- Move some Category 3 services to Category 4 with pre-determined parameters for authorization
 - Case Management
 - Peer Support
- Use a new Service Request Form which will replace the old UM Template which streamlines the request for authorization
- Revised Level of Care Guidelines will add clarity on:
 - CBRS
 - Case Management
 - Peer Support Services
 - OP Psychotherapy Extended Sessions

Changes to Category 4

Case Management

Peer Support

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Updated Service Categories

- Category 4
 - ***Case Management (T1017, H0006)***
 - ***Behavioral Health, Substance Abuse***
 - ***Peer Support Services (PSS) (H0038)***
 - Crisis Services (H2011)
 - Crisis services should be used at the time of the crisis
 - Authorization for crisis services is completed on a retrospective basis (after the crisis)
 - Treatment Plan: the following services may bill using H0032
 - Peer Support Services, Case Management, CBRS
 - Extended Office Visits
 - May be used for EMDR
 - BH Assessment (H0031, includes PECFAS/CAFAS)

New Category 4 Thresholds (Per Member)

Case Management (Old)

- Prior authorization via UM template required every 90 days for up to **54 hours per calendar year**
- Additional services must be authorized
 - Prior authorization process
 - Address denial vs. dispute process

Case Management (*New*)

- Threshold will be **60 hours per calendar year**
 - No prior authorization required
 - Address denial vs. dispute process
 - Service request form will be used for services above 60 hours

Peer Support (Old)

- Threshold is **2 hours per week up to 9 months**
- Additional services must be authorized
 - Prior authorization process
 - Address denial vs. dispute process

Peer Support (*New*)

- Threshold will be **2 hours per week for 12 months (a full calendar year)**
 - No prior authorization required
 - Address denial vs. dispute process
 - Service request form will be used for services above 104 hours

New Service Request Form (for submitting requests for service)

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Why we changed it: **New** Service Request Form

- Continue to implement new processes and documentation to reduce the administrative burden for our providers
- Create documentation that better aligns with measured outcomes, best practices and use of evidence-based practices
- Increase consistency in clinical review by designing a form that highlights the current health condition of the member rather than capturing historical information
- Form provides an easy flow format that allows for simple addition of information in a single section for continued service coverage requests
 - Disclaimer – any key updates such as diagnosis, agency, functioning must be updated in initial section

Reference Guide for Evidence Based Practice (EBP)

Medical Necessity

- The State of Idaho's regulatory definition of medical necessity:
 - Location of definition: IDAPA 16.03.09.011.16:
<http://adminrules.idaho.gov/rules/current/16/0309.pdf>
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
 - Location of definition: IDAPA 16.03.09.880: <http://adminrules.idaho.gov/rules/2014/16/0309.pdf>
- The Optum Idaho Provider Manual defines medical necessity on page 16:
 - Location of manual: https://m1.optumidaho.com/c/document_library/get_file?uuid=852658a4-9743-4700-a850-7ef7cd19ebb2&groupId=110293

Best Practice Guidelines

- Links to the Best Practice Guidelines are located on the Optum website, Provider Express. Guidelines are always accessible at:
<https://www.providerexpress.com/html/guidelines/preferredPracticeGuidelines/index.html>

Level of Care Guidelines

- Optum Idaho Level of Care Guidelines are reviewed and approved by both Optum and the Idaho Department of Health and Welfare (IDHW)
- These guidelines are always accessible at:
<https://m1.optumidaho.com/web/optumidaho/providers> Provider tab > Guidelines and Policies > Level of Care Guidelines

How we changed it: **New** Service Request Form

The current utilization management (UM) template will be retired on August 15th, 2015. New requests for service may be submitted 2-3 weeks prior to the expiration of the existing authorization using the new Service Request Form:

Adult

- Initial Service Request
 - Eligibility Criteria
 - Safety
 - Appropriateness of Service
 - Medical Necessity
 - Specific areas on CBRS, Case Management, and Peer Support
- Continued Service Criteria
 - For Continued Service Requests only
- Discharge Criteria

Child/Adolescent

- Initial Service Request
 - Eligibility Criteria
 - Safety
 - Appropriateness of Service
 - Medical Necessity
 - Specific areas on CBRS, Case Management
- Parental/Caregiver Participation
- Continued Service Criteria
 - For Continued Service Requests only
- Discharge Criteria

Guiding Principles for the New Service Request Form

- Starting using the form as soon as possible to become familiar with the format. The current UM template will be discontinued officially on August 15th.
- Evidence Based Practices (EBP) are a key focus for the new form. Reference Best Practices, Medical Necessity definition, and Level of Care Guidelines (LOGCs) on the Optum Idaho website.
- Keep focus on Current, Clinical, and Relevant client goals and medical condition
- Keep historical profile to a minimum with an emphasis on the member's last year of functioning
- Provide an accurate reporting of all services to date
- **Transition Support**
 - We are available to help support the transition to this new form and answer questions
 - There will also be four examples of initial and continued service requests for both Adults and Child/Adolescent under Provider Training

Using the New Service Request Form: A Case Study

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IDAHO SERVICE REQUEST FORM

(Note the form will expand as needed)

Type of Request: _____ Initial Service Request Continued Service Review

Select Age group: Adult Adolescent _____ Child _____

Section 1: Eligibility Criteria (please fill out for both Initial Service and Continued Services)

Eligibility

Date: 6/22/15

Member's Name: John Smith

Date of Birth: 1/18/71

Member's Parent/Legal Guardian: N/A

Medicaid ID: 9999999999

Provider Name: Joe Brown

Credentials (e.g. LPC, LMSW, B.A.): LPC

Agency Name: Your Agency

Provider/Agency Address: – 1415 Market St. Some Town Idaho, 83000

Provider/Agency Phone Number (for call back if needed): 208-444-0000

Requested Level of Care (LOC):

Community-Based Rehabilitation (CBRS) Requested Start Date of Service: 07/01/15

I agree to accept the 154 units over 90 days for this service Yes No ___ If no, please list the units you are requesting for 90 days? _____ If a consultation is requested, check here

Skills Training and Development/Partial Care. Adult Only Requested Start Date of Service: 07/01/15

I agree to accept the 480 units over 90 days for this service Yes No ___ If no, please list the units you are requesting for 90 days? _____ If a consultation is requested, check here

Category 4 Services (Please indicate which service below. (You will be receiving a callback from a Care Advocate)

Case Management. Units Requested 24 Requested Start Date of Service: 07/01/15

Peer Support Services. Units Requested _____ Requested Start Date of Service: XX/XX/XX



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Extended Office. Additional Units Requested _____ Requested Date of Service: XX/XX/XX

Treatment Plan. Units Requested _____ Requested Date of Service: XX/XX/XX

Behavioral Health Assessment (CAFAS-PECFAS). Units Requested _____ Requested Date of Service: XX/XX/XX

Crisis Management. Units Requested _____ Date of Service as Provided: XX/XX/XX

Safety

Is the member at imminent risk of harm to self or others?

Yes No *If yes, the member should be referred to a higher level of care.

If yes, what are the specific thoughts, behaviors and plans?

Does the member have any co-occurring behavioral health or medical conditions that cannot be safely and effectively managed at this level of care?

Yes No *If yes, the member should be referred to a higher level of care.

Child/Adolescent Requests Only

Is the member in alternative out of home placement?

Yes No Enter type of placement and date started:

Has the caregiver agreed to participate in the requested services?

Yes No

Is the member's level of functioning impacted by rejection or separation and/or a history of abandonment and loss?

Yes No If yes, please specify:

Appropriateness of Services

What is the member's key behavioral health diagnostic, treatment and/or service history including duration of symptoms and services over the last 12 months? (Limit information to what is most clinically relevant to this service request) (Please summarize briefly).

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Client reports having "PSR" services through Green Water Counseling from approximately 2005 to about 2009. He believes every day for about two hours per day.

He is presently seeing a therapist two times per week to ensure he is on track, not self-medicating, has a place to work through and discuss and process his symptoms, build insight and increase awareness related to his dual diagnoses.

He was released from jail in mid-November and at that time was ordered to Level I SUD treatment. However, he was recently was released from drug and alcohol groups because he was not benefitting from those groups and provided with individual psychotherapy. He reports severe and chronic pain and feels this is preventing him from moving forward with treatment.

Update 7/18/15: Client has been receiving on average 6 hours per week of CBRS since his initial request in March 2015. Client has continued to attend therapy 2 times per week to address his symptomology, drug use history, and trauma related issues. Client continues to have daily difficulty with integrating into the community and daily life given his significant mental health issues, long prison history and the absence of any type of social and/or familial connections.

Is the member receiving current behavioral health services from another program/provider such as Developmentally Disabled (DD)services, Individualized Education Plan (IEP), Substance Use Disorders (SUDs) treatment, Counseling?

Yes **No** If yes, please specify where and by whom:

Drug and alcohol counseling; MH psychotherapy with Your Agency; Sundance for home health services coming in to his home for about four total hours per day. Two hours in the morning and two hours in the evening. They do medication monitoring, light housework, getting to some of his appointments, etc.

Update 7/18/15: Drug and alcohol counseling with Your Agency was discontinued due to lack of benefit; client continues with intensive psychotherapy with Your Agency and PCS services with Sundance Home Health.

Does the member have difficulty functioning in any of the following areas?

Vocational/Educational Financial Family Social Supports Basic Living Skills
 Housing Community/Legal Health/Medical Relationships

Specify impairment and/or behavioral disturbances in the above marked areas:

Unable to work due to his disabilities; vocational plans are unrealistic given severity of current presentation of symptoms. Currently on felony probation with approx. 11 felonies on his record. Most legal issue have been related to untreated MH issues. Absence of social supports due to MH issues and long term incarceration; multiple and severe medical issues impairing his health and ability to maintain basic living skills with consistency.

Update 7/18/15: Employment and vocational plans remain limited given the severity of his symptomology and related behaviors. Social supports remain relatively limited at this time.

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given client tendency to avoid social interactions due to reported feelings of inadequacy and ongoing presentation of his self-expressed “prison mentality”. Client remains on felony probation although is following-through all mandates at this time. Client physical health is stabilized inclusive of following all medical recommendations, medication adherence, and cooperating with PCS providers in the home.

Provide a functional baseline for the member. What was the age of onset of his/her mental disorder (duration)? What was the highest level of functioning for him/her ? (e.g. has member been able to work, go to school, live independently, etc at some point in their life) (Please specify if known):

Client has not had a level of functioning which has allowed him to live independently

Which current behaviors and symptoms are the main focus of treatment? (Please summarize):

Client experiences interfering symptoms to include thinking people are out to get him, hearing voices, thinking television is talking to him and general paranoid thinking. He reports he hears voices or hears television talking to him frequently. He worries about past legal problems, believes he has PTSD and wants to make it right. He will dwell on this for hours and days at a time. His legal problems have often been the result of reacting to voices or thoughts in his head. He shares that he has beliefs that others do not have or would think are odd. Client has spent many years of his life in jail. Often he gets into trouble for things that are not intentional and are the result of his symptoms and/or self-medicating behaviors. Client has an odd and unusual presentation when he is in public and sometimes this intimidates or scares people.

Update 7/18/15: Client continues to experience auditory hallucinations inclusive of paranoid thoughts. Client is now able to verbalize these events to his workers in an effort to use grounding/reality checking more regularly. PTSD history is continued to be addressed in therapy and utilization of skills to address anxiety are beginning to emerge with prompt. Daily coping skills are being addressed regularly in terms of managing ruminative behaviors associated with his legal and incarceration history inclusive of addressing his self-described “prison mentality”. Client remains adamant in his desire to not reoffend and be incarcerated at this juncture. Client is not able to demonstrate a measurable ability to recognize how his behaviors impact his social functioning thus far however.

What is the reason the member needs this service now? (e.g. setbacks, changes in symptoms, event, etc...). (Please summarize):

At this time his sister and he are asking for these services and as many services as are available to him need to be provided to keep him out of jail and the hospital or prison. It would appear that while he has had some skills training in the past he has not really had intensive skills training and thus would significantly benefit from them.

Update 7/18/15: Client was originally hesitant about engaging in all mental services although is now able to express and demonstrate the benefits he has experienced over the last few months. Client appears to be more amenable to recognizing his role in facilitating his growth and thereby decreasing the potential for dependency on services as he previously

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experienced. However, Client continues to experience negative symptoms and related behaviors associated with his primary diagnosis of Schizophrenia. Given his long history of incarceration and trauma events, he will need continued skills development in combination with therapeutic intervention to obtain a reasonable level of independence

What are the primary, specific and measurable goals the requested services will address over this review period ?

(Complete for all services requested):

Community-Based Rehabilitation (CBRS) Goals. (Please list only if requesting service):

Develop/demonstrate the ability to cope effectively with his MH symptoms/behaviors

Develop/demonstrate 1-3 skills to identify suicidal ideation effectively.

Develop/demonstrate 1-3 skills to reduce/avoid tendency for incarceration or hospitalization

Skills Training and Development/Partial Care Goals. (Adult Only) (Please list only if requesting service):

Develop/demonstrate social communication skills

Conduct psycho-education on symptoms and demonstrate understanding of condition

Develop/demonstrate basic living skills at home

Case Management Goals. (Please list only if requesting service):

Ensure that member is linking to support services including medical, school, school IEP

Ensure that member is linking to community resources for basic living needs e.g. food, medical, dental, housing

Peer Support Services Goals. (Please list only if requesting service):

Extended Office Goals. (Please list only if requesting service):

Treatment Plan: Identify rationale for additional units. (Please list only if requesting service):

Behavioral Health Assessment (CAFAS-PECFAS): Identify rationale for additional units. (Please list only if requesting service):

Crisis Management: Summarize Crisis event. (Please list only if requesting service):

What are the planned service activities or interventions that will help the member attain his/her goals over this review period ? (Complete to support goals on specific services above):

Community-Based Rehabilitation (CBRS) Interventions. (Please list only if requesting service):

Develop/practice a minimum of 1-3 strategies to address emergent symptoms and behaviors in the next 90-days.

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Develop/practice a minimum of 1-3 strategies to address suicidality over the next 90-days

Develop/practice a minimum of 1-3 strategies to address situations or behaviors which have resulted in incarceration/hospitalization historically.

Skills Training and Development/Partial Care Interventions. (Adult Only) (Please list only if requesting service):

Role play social conversations and discuss weekly areas for improvement or practice

Discuss symptoms and address questions or concerns related to setbacks

Develop weekly schedule and shopping list and review for issues

Case Management Interventions. (Please list only if requesting service):

Identify and create a plan for linking to support services including medical, school, school IEP

Identify and create a plan for linking to community resources for basic living needs e.g. food, medical, dental, housing

Peer Support Services Interventions. (Please list only if requesting service):

Extended Office Interventions. (Please list only if requesting service):

Has the member had any medical or psychiatric hospitalizations in the past 12 months?

Yes **No** If yes, please specify reason, facility and dates. (indicate if frequent hospitalizations have been present in member treatment history):

Client has a history of hospitalization following his release from prison in September 2012; State Hospital 6/1/13 to 5/19/14 Admitted under code 18-212, for restoration of competency. Client reported that he would kill himself if he returned to prison and that when he is released to the community that he wants to drink alcohol. Mbr reports hearing voices.

Recently there was a concern that the client was decompensating sometime in January and there was a risk of him being hospitalized. Green Water Counseling personnel believed he might be suicidal and he was put on a watch. Client reports the following: When he went to the hospital a month or so ago he states he was not implying he wanted to die but "I was in so much pain, I didn't want to live." He has been placed in a suicide safe room while in prison in the past. He states that in 2012 he recalled thinking about jumping off of somewhere and wanting to die. He has in the past considered "feeding myself to the wolves." Voices do tell him to kill himself but he reports not since he was incarcerated. He recalls a history of voices telling him to bite himself to kill himself. While incarcerated he recalled more of this. When he has added stress or a lot of time on his hands this worsens.

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Is the member currently on medications?

Yes No If yes, please list all medical and psychiatric medications and dosage:

Oral Risperdal 2mg qam and 4mg qpm; Invega injection; Seroquel 100mg q 4 hours and 600mg Seroquel qhs. Zoloft 100mg qam; Etodolac 400mg bid

Update 7/18/15: No changes

Is the member currently under the care of a medical practitioner for medication management? (e.g. psychiatrist, psychiatric NP, PA, etc...)

Yes No If yes, please specify name: Dr Bob

Are you actively coordinating care with the Primary Care Physician (PCP) for this member?

Yes No If yes, please specify the PCP: Dr Jane

Does the member have any available natural supports and resources ? (e.g., family, community members, peers, other service providers, DD services):

Yes No If yes, please specify: Sister

Medically Necessary Services

Primary Diagnosis: Schizophrenia, unspecified type

Diagnosis Code: 295.90

Additional Diagnosis: Amphetamine use and dependence, unspecified in full remission

Diagnosis Code: 304.4

Additional Diagnosis:

Code:

Medical Diagnosis (list all):

Chronic physical pain. Hep C; COPD; GERD; obesity, hypertension

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If requesting CBRS, please provide the following information:

Name the specific Best Practice Treatment Guideline that recommends the services provided by CBRS. (refer to Optum Idaho website: Providers > Provider Guidelines and Policies > Optum Best Practice Guidelines):

Please list Best Practice specific guideline, page and/or section:

PRACTICE GUIDELINE FOR THE Treatment of Patients With Schizophrenia

C. SPECIFIC PSYCHOSOCIAL INTERVENTIONS

...” psychosocial interventions can improve the course of schizophrenia when integrated with psychopharmacological treatments. These interventions can provide additional benefits for patients in such areas as relapse prevention, improved coping skills, better social and vocational functioning, and ability to function more independently. While pharmacotherapy focuses on symptom diminution, psychosocial interventions may provide emotional support and address particular deficits associated with schizophrenia. Psychosocial treatments are interpersonal and call on various roles of the clinician: a manager to coordinate the services available within a treatment system, a teacher to provide education about the patient’s disorder and how to cope with it, a friendly other to provide support and encouragement, a trained therapist to provide strategies for interpersonal enrichment, and a physician to provide biological treatments.”

e) Social skills training

Social skills training is defined by the use of behavioral techniques or learning activities that enable patients to acquire instrumental and affiliative skills in domains required to meet the interpersonal, self-care, and coping demands of community life...

If not conforming to a Best Practice Guideline, what is the clinical rationale for the exception? (Please specify include assessment scores, etc...):

If requesting Case Management, please provide the following information:

Provide clinical rationale for why the member needs this service (e.g. why they can’t link to needed social services):

Client is limited in accessing resources due to severity of his MH symptomology.

If requesting Peer Support, please provide the following information:

Provide clinical rationale for why the member needs this service now (e.g. why is the member not using appropriate community or natural services):

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Section 2: Continued Coverage Criteria (Please fill out this additional section for Continued Services only with changes and updates added as needed to the Initial Request).

Is the member engaged and actively participating in planned service activities and/or active treatment such as therapy?

Yes No

Has the member's functioning changed?

Yes No **Specify how the member's functioning has changed over this review period.** (Outline improvements or setbacks):

Client is more cooperative with all service providers in his efforts to become more independent. Client has increased in maintaining psychiatric medication adherence along with medical treatment adherence for health issues. Client is able to demonstrate grounding exercises with prompt; verbalizes problematic symptoms with increased regularity although requires monitoring and prompt from workers. Client suicidal ideation appears to be less prevalent over the last 60-days with having expressed SI on only 2 occasions w/o intent, means, or plan. Client appears to be more amenable to recognizing his role in facilitating his growth through his use of therapy and CBRS. Client has remained free of any additional legal encumbrances inclusive of maintaining his abstinence from substances. Client is constant in attending all appointments with prompt and assistance.

List the primary, specific and measurable areas the member has demonstrated progress in against the original goals. (Please list for each service requested):

Client is able to implement grounding/reality checking skills with prompts

SI events have been reduced to a minimum; client processes related issues in therapy

Client relies on workers to assist him in grounding exercises and prompt to recognize elevations in symptomology.

Based on the above progress, list the primary areas the member still needs to demonstrate improvement. (Please list for each service requested):

Continued development of demonstrated behavioral management skills to address emergent MH symptomology.

Continued processing of SI related to trauma; develop skills to address emergent SI when w/o worker in presence.

Continued development of demonstrated behavioral management skills to address ability to recognize problematic behaviors which have led to incarceration/hospitalization historically; includes identification of behaviors as they emerge.

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What are the new primary, specific and measurable goals the requested continued services will address over this review period? (Please list for each service requested):

Goals are as listed above.

Has the member identified the natural resources/supports needed to achieve his/her goals?

Yes__ No X

Section 3: Discharge Criteria (Please fill out for both Initial Service and Continued Services).

Is there a discharge plan in place?

Yes X No __ If no, why not:

Please list target discharge date. (Please list for each service requested if different):

Discharge date is now 2/1/16

If discharge date has changed, specify why. (Please list for each service requested if different dates):

Client continues to demonstrate significant problems with implementing skills independent of prompt.

Please indicate if any of the following below are met:

The member has achieved all or most of his/her goals.

The member has not been able to actively participate in services after attempts to engage and motivate the member.

The member requests discontinuation of services.

The member is not responding and is not likely to respond to services.

The member has not benefited from services as expected.

DISCLAIMER: Example cited above is a work of fiction. Names, places and incidents are used fictitiously, and any resemblance to actual persons, living or dead is entirely coincidental.

Using the **New** Service Request Form

- The new Service Request Form is located on www.optumidaho.com on the Provider tab
 - Each of the subsections within the form are relevant to the consideration
 - Legibility and accuracy support timely completion of the authorization request
 - Use the guideline of Clinical, Current, and Relevant (CCR) when providing member information

Key Summary

- Case Management and Peer Support changed from a Category 3 to a Category 4
 - Parameter based authorizations will be issued for these services to reduce the administrative burden
- **New Service Request Form will be mandatory effective 08/15/15.**
 - The current UM template will be retired on that date and will no longer be accepted for authorization requests
 - We encourage you all to use this new form moving forward immediately

Moving Toward Success

We believe that by relying on lessons learned and provider feedback to improve the clinical model we can work together to create a system that works better for everyone including providers and the individuals and families we jointly serve.

Together we can offer the right care, at the right time and at the right place.

Questions?



Thank you for attending!