

Provider Press

News You Can Use

Articles included:

Fall 2019

- Medicaid Expansion
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- Education and Training update
- Regional Network Manager updates
- CANS Corner

We hope you find this publication of Provider Press helpful and insightful. On a quarterly basis, we will cover important updates, upcoming trainings and topics of interest to our Provider network. Your network management staff are continuing to enhance communication opportunities. We welcome your feedback on information that is important to you to ensure we are providing you with relevant and timely information.

Additional detail can be found in the Provider Alerts listed on our website should you want more information on any of these topics.

Medicaid Expansion

In November 2018, voters passed a proposition to expand Medicaid in Idaho. The goal of Medicaid Expansion is to provide Medicaid coverage to individuals with incomes up to 138% of the Federal Poverty Level. With this implementation effective January 1, 2020 comes an addition of an estimated 91,000 members. In preparation, Optum Idaho is working with the Idaho Department of Health and Welfare (IDHW) Division of Medicaid, providers, state agencies, and other stakeholders to ensure a smooth implementation for all newly eligible Idahoans and Optum network providers.

To support these efforts, Optum Idaho conducted a Provider Capacity Survey from September 16 to November 1. The survey was conducted by GS Strate-

gies, who is contracted with Optum Idaho. Optum will use this data to fully understand and prepare for the capacity of the network to serve the newly eligible Medicaid population. If you did not respond to the survey, your Regional Network Manager may reach out to understand your agency's capacity. Thank you to all providers who responded to the survey. Your participation is greatly valued and appreciated!

Optum's effort to support members in accessing behavioral health services includes an increased focus in expanding our Telemental Health network. If you are a Master's level clinician interested in adding Telemental Health to your practice, please contact your Regional Network Manager.

Medicaid Expansion (cont'd)

As a part of Medicaid Expansion, Optum is implementing three new services with an effective date of January 1, 2020: reimbursing for Medicaid members served at regional Crisis Centers, Partial Hospitalization, and Recovery Coaching. Partial Hospitalization will be prior authorized. The project teams have a provider communication upcoming, and recruitment efforts are underway.

Medicaid Expansion will see many members transitioning to Medicaid funding from State-funded programs. To support this transition of members, Optum Idaho has taken the following steps to ensure that members treatment is not disrupted due to the change in payer:

- Skills Building/CBRS will have prior authorization requirements lifted only for Medicaid Expansion members (as identified by group number 22132 or 22135 in their eligibility information) for the first 180 days of 2020 (from January 1, 2020 to June 28, 2020). This will allow newly eligible members to access the care they need with limited interruption to their episode of treatment, and reduce administrative burden on providers working to intake new clients eligible under expansion. For more information, please consult the provider alert that was distributed to the Network on November 1 titled “Medicaid Expansion.”
- For members transitioning from State-funded services to Medicaid funding, the requirement to have a CDA on file will be temporarily lifted as long as the member has the assessment required

by the state-funded program from which they are transitioning (ex. GAIN for SUD Program). This

temporary change to assessment requirements is in effect for Medicaid Expansion members (as identified by rate code/group number in their eligibility information) for the first 180 days of 2020 (from January 1, 2020 to June 28, 2020). If a member continues their current episode of treatment while transitioning from a state-funded program to Medicaid under Medicaid Expansion, that episode of treatment may continue without the need to complete a CDA until June 28, 2020. New treatment episodes, changes in levels of care and/or additional services must have appropriate clinical assessment (i.e. a CDA) to evidence the medical necessity criteria for the level of care. Please note that this temporary change to the CDA requirement only applies to members transitioning their current episode of State-funded treatment into Medicaid funding in the Idaho Behavioral Health Plan. For more information about this temporary exemption and the required criteria, please consult the provider alert that was distributed to the Network on November 1 titled “CDA for Transitioning Members.”



YES Updates

Targeted Care Coordination (TCC) went live in the Optum network on June 1, 2019 and within the first three months, 334 members received this service! TCC is the process that assists youth and their families to locate, coordinate, facilitate, provide linkage, advocate for, and monitor the mental and physical health, social, educational, and other services as identified through a child and family teaming process that includes assessment and reassessment of needs and strengths.

YES (cont'd)

Optum continues to enhance this service to make it more viable for providers. For example, TCCs may now get reimbursed for mileage when completing TCC in the member's home. In addition, the telephonic rate for TCC is now the same as face-to-face services. Optum and the Idaho Department of Health and Welfare are exploring options for future conflict-free requirements and will notify the network on conflict-free requirements at a future date.

If you want to provide TCC but have not started the required TCC training, please email the Education inbox at optum.idaho.education@optum.com to let us know you are interested. We would also like to hear from any master's level providers who may want to provide TCC via telehealth. If this is of interest, please contact your Regional Network Manager.



Members accessing services via the 1915(i) (expanded income or traditional Medicaid needing respite) are required to have their PCSP updated at least annually. As we are building the network we realize there may be some delays in the member/family receiving Targeted Care Coordination as quickly as needed. Services are available to members and billable before a PCSP is developed and approved. Services will not be denied and claims will not be recouped because a member doesn't have a PCSP. The member may receive medically necessary services while the PCSP is in development, but these services should be documented on the PCSP along with the names of providers who are included in the CFT meetings.

¹However, once the TCC network is more fully developed, TCC and a PCSP will be required before YES members may access services, and members may lose eligibility if a PCSP is not developed. This will be communicated to providers once that is in place.

Person-centered service plans (PCSPs) are developed as part of the TCC effort and includes content driven by the CANS. The PCSP is created and regularly updated at Child and Family Team (CFT) meetings that include everyone that the member/family would like to participate. **A PCSP is directed by the individual, is ongoing, and focuses on the strengths, interests, and needs of the whole person. The person is supported to use their own power to choose what they will do and who will help them to achieve a life meaningful to them.**

TCC and PCSPs are available to all members but is required for members accessing YES services through the expanded income limits or traditional

Medicaid members needing Respite. However, members working with a case manager at Children's Mental Health (CMH) for Wraparound, Developmental Disabilities, or 20-511A will continue to work with their CMH case manager and develop a PCSP with them. To avoid duplication of services, each member should only have one PCSP that includes services accessed through all programs.



YES (cont'd)

The first time you use the PCSP form, please save it to your desktop, and be sure to use Adobe Acrobat Reader DC (free download). The form is located at optumidaho.com > For Network Providers > Targeted Care Coordination > Forms.

All CFT members need to sign the PCSP, including the parent(s) or legal guardian(s), the child (if the family thinks the child is age-appropriate to sign), and the TCC. This also includes all providers from behavioral health, mental health, developmental disabilities, and substance use who are treating the member. If the provider is listed on the PCSP, even if they did not attend the CFT meeting, they must sign the PCSP

(or provide the TCC an email that states they are in agreement with the plan). For clarification, if a member is receiving direct services from any of these providers, they must be listed on the PCSP and agree/sign. The TCC's signature represents that the TCC has these appropriate signatures on file.

PCSPs are required to be updated at least annually or more frequently if the member/family requests it or if clinically indicated by changes in the CANS, for example. Optum will review PCSPs within 5 business days for compliance to the Code of Federal Regulations (CFR).

Optum Support and Services Manager (OSSM) is the platform used by TCCs to submit PCSPs of YES members to Optum, and is located at optumidaho.com > For Network Providers > Targeted Care Coordination > OSSM. OSSM is also where you will track attendees for the Child and Family Team meeting. Optum's CFR review sheet with any comments can also be found in the [OSSM](#) section of the website under Plans > Assessments. OSSM is only used for members accessing YES services through the expanded income limits or traditional Medicaid members needing Respite.

When you log in to OSSM for the first time it will prompt you to either use your Optum ID or create one. Please make sure you follow the instructions in the reply email from Optum Provisioning to get the process started. There is no supervisory view in OSSM, but prior to uploading a PCSP, TCCs and their supervisors may circulate the plan internally until it's complete. From a HIPAA standpoint, the member decides who they want to give access to see their PCSP, not the provider, nor Optum.

RESPITE SERVICES

If you are interested in offering respite services, please contact your Regional Network Manager.

The member, family and other CFT team members may access a final PCSP if it meets CFR and if the member/family consents, by going to the PCSP Portal located at optumidaho.com > For Members > Resources and Tools > PCSP Portal. This access is granted by the TCC in OSSM.

If you are having difficulties, please refer to the OSSM Instruction Manual on the [TCC page](#) of the website or contact Optum by calling 1-855-202-0983, option 1. Please have your name, email, and Optum ID ready.

Please check the [YES FAQs](#) on the website for additional information.

EDUCATION AND TRAINING

The Optum Idaho Targeted Care Coordination Endorsement is now available in its entirety on Relias for providers to access on demand.



Receiving the Optum Idaho Targeted Care Coordination Endorsement consists of the following two steps:

1. The Optum Idaho Endorsement: General Foundation training series on Relias
2. The Optum Idaho Endorsement: Targeted Care Coordination training series on Relias

If you wish to enroll as a Targeted Care Coordinator in the Optum Network and begin the training process, please email the Optum Idaho Education inbox at optum.idaho.education@optum.com with the subject line "Targeted Care Coordination". **NOTE:** If you've already attended in-person, you do not need to attend again.

For more information, please visit optumidaho.com.

Upcoming Trainings

Optum Idaho is offering a second round of in-person Youth Support training. See the details below:

Hilton Garden Inn, Idaho Falls— November 22, 2019, 8:45 a.m. – 4:15 p.m. MT

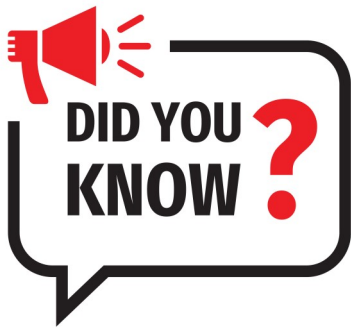
To register for in-person trainings, please visit optumidaho.com > For Network Providers > [Provider Trainings](#) and be sure to complete the two prerequisites (General Foundation training series on Relias, and three Youth Support modules on Relias).

Welcome, Jan!

Jan Jacobs joined Optum Idaho on September 9, 2019 as the Regional Network Manager for Region 4-Boise and Region 5. Jan is a Boise native and has worked in the healthcare industry for over 25 years. Her experience includes, claims submission and reimbursement, provider enrollment and clinic management. She has spent the past 15 years at St. Luke's Health System. In her free time she enjoys being with her twin granddaughters: Hadley and Aliyah, her dogs: Toby and Lang and shopping.



CANS CORNER



- ◆ As of 9/16/19, Bachelors level paraprofessionals who are CANS certified, can complete the CANS assessments.
- ◆ Mileage reimbursement is available for CANS assessments in the member's home.
- ◆ ICANS user Group Call—This call is led by the Automation Help Desk and is attended by staff from both provider and state agencies. Updates are provided on ICANS functionality and training along with discussions on ICANS technical support. This Webex takes place on the third Thursday of each month. [Click here to register](#). For additional questions, the ICANS Frequently Asked Questions (FAQ) is located [here](#).

“The CANS assessment is able to capture the world of the patient in a unique and largely meaningful way. I find this primarily occurs when I am having discussions with patients and families around topics that are not within my normal lens of evaluation and assessment. The CANS also takes a deeper look into areas that are not specifically Medicaid focused requirements. I appreciate the CANS strengths based, collaborative, and patient centered approach to treatment planning and care.”

*Brhe Zolber, LCPC
Brhe is a Pediatric Mental
Health Therapist at St. Luke's
Health System.*