

# RSPMI TO OBHS TRANSITION

JUNE 28, 2018

# IA REFERRAL

- \* Those providers wishing to refer a client for an Independent Assessment may do so through Beacon.
- \* Referrals may only be requested by behavioral health providers. The State may initiate requests in certain circumstances.
- \* Beneficiaries may not directly request a referral for an Independent Assessment from DHS, Optum or Beacon.

# Scheduling Assessments

- \* A beneficiary may SCHEDULE an assessment if there is a referral in the Optum system by contacting Optum at 1-844-809-9538.
- \* If you have beneficiaries who are on your list and need to schedule an assessment, please have them contact Optum at the above number to schedule an assessment.

# Scheduling Assessments

- \* If you have requested an Independent Assessment through Beacon for a beneficiary who was not on your list, or who is new to your organization, you may assist the beneficiary by sitting down with them and contacting Optum to schedule an assessment.
- \* Please allow 72 hours from date of submission before contacting Optum to ensure that the referral has been processed and is available to be scheduled

# Referrals

- \* Optum does not have the ability to create referrals for providers or clients.
- \* They may only process referrals that have been created by Beacon or the State in certain circumstances.
- \* The referral process is including in this slide deck for reference.

# Full Array of Services

- \* The Independent Assessment process should be utilized for beneficiaries with chronic functional deficits resulting from behavioral health symptoms that require a multidisciplinary treatment team including professional and paraprofessional home and community based services.
- \* An Extension of Benefits should be requested for those beneficiaries receiving only professional level services such as therapies or medication management.

# Compliance

- \* ALL compliance items indicated in the manual for Rehabilitative (Tier 2) and Intensive (Tier3) Levels of services are required for those beneficiaries determined through the independent assessment to be eligible for this level of service.
- \* This includes Treatment Plans and Psychiatric Assessments and coordination of care by the PASSE care coordinators.
- \* All of these elements are required, even if the provider is only providing Counseling Level Services.
- \* All clients receiving a Tier 2 or Tier 3 score are being attributed to a PASSE and will receive care coordination services and PASSE will be responsible for their total care January 1, 2019

# Extension Of Benefits

- \* Extension of benefits is required for all services when the maximum benefit for the service is exhausted. Yearly service benefits are based on the state fiscal year running from July 1 to June 30.



# Processing of Extension of Benefits

- \* Beacon will not process requests for extension of benefits until the impact of recovery based treatment on symptoms may be assessed

# Myth

- \* Beneficiaries may only receive one Individual Behavioral Health Counseling session per month.
- \* Services should be provided at frequencies and duration deemed to be medically necessary and clinically appropriate based on clinical assessment. Extension of benefits is available based on documentation of medical necessity.

# Myth

- \* My clients need an independent assessment in order to receive weekly or biweekly MHP services.
- \* Providers may request an EOB for services based on clinical need.
- \* Counseling Level services were designed with ease of access in mind and only require a PCP referral.

# Non Refusal Requirement

215.500

- \* The Outpatient Behavioral Health Services provider may not refuse services to a Medicaid-eligible beneficiary who meets the requirements for Outpatient Behavioral Health Services as outlined in this manual. If a provider does not possess the services or program to adequately treat the beneficiary's behavioral health needs, the provider must communicate this with the Care Coordination Entity for beneficiaries receiving Rehabilitation Services or the Patient-Centered Medical Home for beneficiaries receiving Counseling Services so that appropriate provisions can be made.

# Confirmation Numbers

- \* The first groups of confirmation numbers have been sent to providers who have already made the switch to OBHS.
- \* New files will continue to be processed and all providers should have confirmation numbers by July 2<sup>nd</sup>.
- \* Confirmation numbers are being sent to the provider with the current prior authorization for services. If you do not receive a confirmation number for a specific beneficiary please contact Beacon.

# IA Embed Wrap Up

- \* The embedded assessor method was developed to ensure all active clients received an opportunity for an Independent Assessment
- \* Optum is completing calls to beneficiaries that did not receive an IA during embed
- \* Active beneficiaries that did not receive an IA received a letter informing them that paraprofessional services would end June 30, 2018.

# Residential

- \* We are in the final wrap-up of Independent Assessments for our existing outpatient beneficiaries and we are now focusing on those beneficiaries who are currently in residential facilities.
- \* In the upcoming weeks you will be contacted by someone from Optum to schedule time for the completion of assessments at your facility. They will coordinate this process and work with you to accommodate scheduling.

# Residential

- \* Parent/guardian participation is mandatory and may be face-to-face or by phone. We ask that you assist Optum in contacting the parent/guardian so that the beneficiary may be assessed prior to discharge.
- \* Thank you for your assistance in making sure that all of these beneficiaries receive an assessment prior to discharge.



# Residential Admission August 1<sup>st</sup> 2018

- \* Beginning on August 1, 2018 a Tier 3 determination will be required prior to review of residential requests for admission.
- \* A Tier 3 determination does not guarantee admission for residential care.
- \* A Tier 3 determination indicates that the beneficiary has been deemed eligible to receive Intensive Level Services, based on a medical necessity review of submitted request and clinical information.

# Residential Admission August 1<sup>st</sup> 2018

- \* Any residential admission request received by Beacon on or after August 1, 2018 will require the completion of an independent assessment with a Tier 3 determination prior to medical necessity review for admission.

# Transition Process

- \* The current process for residential admissions will continue through July 31, 2018.
- \* The Independent Assessment will not impact those beneficiaries who are currently in a residential placement.
- \* Beneficiaries who do not receive a Tier 3 determination will not be discharged from the program.
- \* Beacon will continue to manage those admissions and continuing stay reviews through discharge.



# Independent Assessment Referrals for OBH

[June 2018]

# Independent Assessment Referrals

For Behavioral Health Agencies that have transitioned to OBH:  
The process for requesting an IA for new beneficiaries will be as follows:

- Submit request in ProviderConnect
- Indicate Rehabilitative/Intensive Level as Type of Program
- Nothing required to be attached
- Complete required fields marked with an asterisk (\*)
- **For ability to contact-you must enter the Guardian Name field as well as contact phone number in Narrative Entry box (see following screenshots)**


\*Please ensure Rehabilitative/Tier 2 or Intensive/Tier 3 is the program type as this will be what generates the referral for beneficiaries with no determination.

# Screenshots-Type of Program


## Requested Services Header

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.


\*Requested Start Date (MMDDYYYY)

11282017 


\*Treatment Services

OUTPATIENT 

\*Type of Service

MENTAL HEALTH 

\*Program

OUTPATIENT 

\*Type of Program

- SELECT...
- COUNSELING
- CRISIS
- INTENSIVE
- LMHP
- PSYCH TESTING
- REHABILITATIVE
- RSPMI
- RSYC
- SCHOOL BASED

Provider

Tax ID

Provider ID

Provider Last Name

Beneficiary

Beneficiary ID

Last Name

First Name

# Screenshot

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## Requested Services Header

Requested Start Date <b>06/24/2010</b>	Beneficiary Name <b>SUSAN, ASLAN</b>	Provider Name <b>PETER, TUMNUS</b>	Vendor ID <b>A00003</b>	<input type="button" value="Save Request as"/>
Type of Request <b>INITIAL</b>	Beneficiary ID <b>987654321</b>	Provider ID <b>123456</b>	Provider Alternate ID <b>712345</b>	NPI # for Author <input type="button" value="SELECT..."/>
Treatment Services <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>Mental Health</b>	Program <b>OUTPATIENT</b>	Type of Program <b>RSPMI</b>	Authorized User <input type="text"/>

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

## Contact Information

Please provide contact name and phone # of person to provide additional information if needed.

\*Contact Name

\*Phone #

## Type of Services

Type of Service  
**MENTAL HEALTH**

Beneficiary's Guardian

\*Please enter Guardian name

# Screenshot

TYPE OF SERVICES CURRENT RISKS DIAGNOSIS HISTORY TREATMENT PLAN PSYCHOTROPIC MEDICATIONS REQUESTED SERVICES RESULTS

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## Requested Services Header

Save Request as Draft

NPI # for Authorization

SELECT...

Authorized User

Treatment Services  
OUTPATIENT

Type of Service  
MENTAL HEALTH

Program  
OUTPATIENT

Type of Program  
REHABILITATIVE

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

## Current Risks

### Focus Of Care

Narrative History

Narrative Entry

(0 of 2000)



\*Please enter phone number in Narrative Entry



# Independent Assessment Results

Once a Tier Determination is received by Beacon:

- \* For Tier 2 or 3 determinations-Beacon will issue a “confirmation” number and send to the provider via an approval letter with half of the benefit package indicated until 12/31/18.
- \* For Tier 1 determinations or for closed referrals-provider will be notified that the request will be closed due to ineligibility.

# Contacts



# Beacon Contact Information

Kerri Brazzel, Project Director

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# QUESTIONS

The bottom of the slide features a decorative graphic consisting of several overlapping, wavy white lines that create a sense of movement and depth against the blue background.