



Behavioral Health Transition

Independent Assessment

PASSE Phase II

Independent Assessment

Referrals for Independent Assessments

- Referrals for Independent Assessments should be based on the clinical evaluation of the beneficiary and the identification through treatment records or through ongoing treatment, of **chronic (long term) functional** deficits due to a behavioral health disorder.
- It is recommended that those beneficiaries with acute needs be treated and evaluated through the OBHS program to determine the existence of chronic functional deficits versus acute needs which may be addressed through professional clinical services.

Supplemental Information Forms

- Optum independent assessors will no longer be reviewing Supplemental Information Forms as part of the assessment process.
- The Supplemental Information Form was utilized in Phase I of the transformation process in order to gather pertinent information based on treatment history from providers to identify potential areas of questioning during the assessment.
- Beneficiary guardians, including DCFS staff, 911 Monitors, parents, or legal guardians should participate either in person or via phone in assessments to provide information on beneficiary functional status.

Independent Assessment Referral Process

- All referrals for an initial Independent Assessment are now being processed by eQ Health.
- Referrals submitted to eQHealth prior to 2:00PM Monday through Friday (excluding holidays) are sent to Optum on the day submitted.
- Referrals submitted to eQHealth after 2:00PM Monday through Friday (excluding holidays) are sent to Optum on the next business day following submission.
- Providers should allow 48 business hours after file is sent to Optum for uploading before assisting or directing beneficiaries to contact Optum for scheduling of independent assessment.

Independent Assessment Referral Process

- Once the file is uploaded to the Optum site, a letter is automatically generated and mailed to the beneficiary/guardian notifying them of the referral and that Optum staff will be contacting them to schedule the assessment.
- The phone number to schedule the assessment is also included in the letter and beneficiaries do not have to wait for the call from Optum. They may call and schedule the assessment immediately upon receipt of the letter.

Independent Assessment Referral Process

- The file creating the Independent Assessment referral in the Optum system is loaded into the automatic dialer system within 24 hours of receipt.
- Phone calls begin immediately on this “pending” referral, Monday through Friday, with calls made at different times on different days.
- After three attempts to contact the beneficiary without a response, a phone call is made to the referring site requesting updated information.



Independent Assessment Referral Process

- If updated information is provided, the information is updated and additional calls are made to attempt to contact the beneficiary.
- If no updated information is provided, the referral is moved to “calls complete” status.
- At the end of the required period (14 days or 7 days) the referral is moved to “pending closure” status. While in this status beneficiaries may call to schedule a referral up to 20 days after the “pending closure” status was initiated.

Status of Referrals

- Pending – referrals are pending a scheduled appointment
- Calls Complete – Optum has completed the required outreach calls
- Pending Closure – Referrals in a 20 day “grace” period prior to closure
- Closed – Referrals closed due to unable to contact beneficiary, with no contact from beneficiary or other reasons

Outcomes

- > Scheduled Assessment
- > Declined Assessment
- > Beneficiary/Guardian did not respond
- > Assessment schedule, beneficiary/guardian did not show for assessment
- > Assessment cancelled (beneficiary requested)
- > Assessment rescheduled (Optum or beneficiary)

Independent Assessment Referral Process

- The following local number will appear on the caller ID – 501.436.6017
- Caller ID Information - DHS Assessment
- Scheduling Contact Number – 844.809.9538
- If the beneficiary does not answer and they have a voicemail box, a message is left indicating the purpose of the call (independent assessment) and the contact number for the beneficiary to call to schedule the assessment.

Notification of Reassessment Results

- The results of the reassessment will be automated to the PASSE.
- The PASSEs and Optum are working together on a coordinated effort for reassessment and continue to work on details of reporting.
- The appeals process and timelines will be applied for beneficiaries who complete a reassessment with a tier drop to a Tier 1 that will cause disenrollment from a PASSE or ineligibility for Tier 2/3 services.

PASSE Phase II

PASSE Assignment

- All beneficiaries assessed prior to March 1, 2019 as Tier 2 or Tier 3, who qualify for PASSE assignment should now be enrolled in a PASSE.
- PASSE enrollment should be reflected on the Medicaid eligibility screen.
- Please be aware of PASSE end dates.
 - > Beneficiaries may change PASSEs during the open enrollment period. PASSE assignments may change.
 - > Members may lose eligibility due to loss of Medicaid coverage or change in Medicaid eligibility category.

PASSE ASSIGNMENT – Phase II

- Beneficiaries who receive an Independent Assessment after March 1, 2019 will be assigned to a PASSE automatically** when an assessment results file is received from Optum.
- The PASSE will be notified of the assignment and a letter will be mailed to the member notifying them of PASSE assignment.
- Seven days after the auto-assignment, the beneficiary becomes a member of a PASSE and the PASSE assignment will be available on the Medicaid eligibility strip.

*** Based on Medicaid eligibility category*

No PASSE Assignment

- Check eligibility – beneficiary is no longer eligible for Medicaid
- Check eligibility category – May be due to Medically Frail, Spenddown, AR Choices Waiver based on aid category, Independent Choices, Arkansas Works Insurance, Long Term Care
- Contact Provider Support for Assistance 888.889.6451

Additional slides

Reminders March 1, 2019

- The updated Outpatient Behavioral Health Services Manual became effective on March 1, 2019.
- Adult Behavioral Health Services for Community Independence Manual which covers adults age 18-99 with a Tier 2 or Tier 3 eligibility determination who are not eligible for PASSE (Medically Frail Medicaid or Spenddown) became effective on March 1, 2019.



Services Outside of the PASSE

- Authorizations, Extension of Benefits (EOB), and Independent Assessment referrals for those outside of the PASSE will be processed through eQHealth.
- Providers should be able to submit EOBs and requests for confirmation numbers to eQHealth for services provided prior to March 1, 2019.



Checking Eligibility

- Providers are strongly encouraged to check eligibility for beneficiaries prior to the provision of services.
 - > Throughout 2019 and going forward, beneficiaries will be completing periodic reassessments and tier determinations may change.
 - > Beneficiaries may change PASSEs during open enrollment periods resulting in a change of PASSE assignment.
 - > Medicaid eligibility may change, for example, a beneficiary receiving services under Medically Frail Medicaid may receive disability and traditional Medicaid.

PCP Referrals in PASSE

- Assignment of PCPs for those members who have been assigned to a PASSE will be processed through the assigned PASSE. Please do not contact ConnectCare for PCP assignments for these members.
- Continue to contact ConnectCare for those outside of the PASSE requiring a PCP.

If you need assistance, DHS, and each PASSE has a staff on hand, ready to help you:

- DHS PASSE PROVIDER LINE: 888.889.6451
- ARKANSAS TOTAL CARE (ATC INC): 866.282.6280
- EMPOWER HEALTHCARE SOLUTION: 855.429.1028
- SUMMIT COMMUNITY CARE (APC PASSE LLC): 844.462.0022
- BENEFICIARY SUPPORT: 833.402-0672
- PASSE OMBUDSMAN FOR PASSE MEMBERS: 844.843.7351



BENEFICIARY SUPPORT

- ARKANSAS TOTAL CARE (ATC INC): 866.282.6280
- EMPOWER HEALTHCARE SOLUTION: 866.261.1286
- SUMMIT COMMUNITY CARE (APC PASSE LLC): 844.405.4295
- BENEFICIARY SUPPORT: 833.402.0672
- PASSE OMBUDSMAN: 844.843.7351

