



# APS Healthcare<sup>SM</sup>

Maine Behavioral Health ASO

Summary Report of Program and Activities

● May 2009





# APS Healthcare Is A National Specialty Healthcare Company

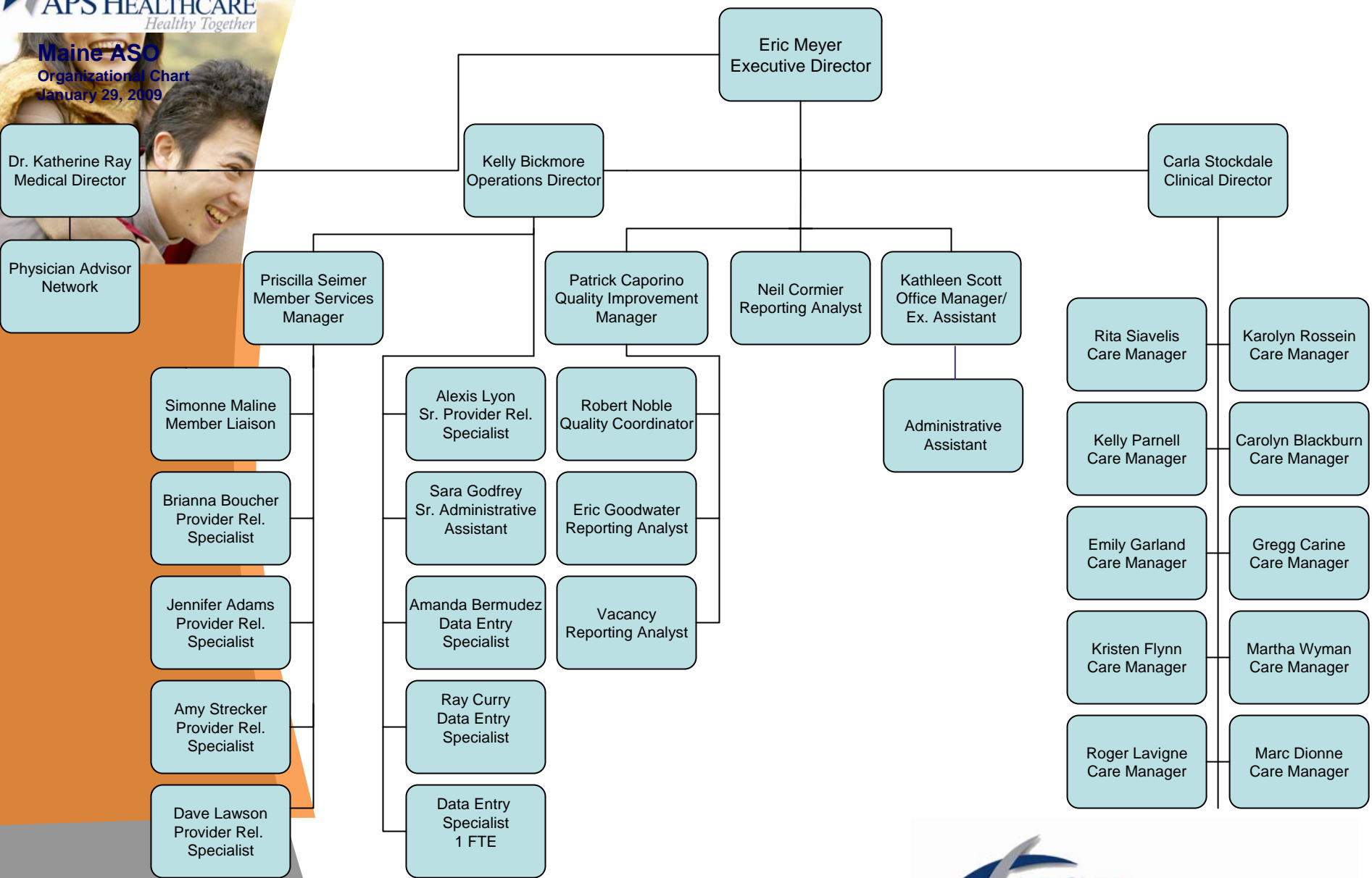
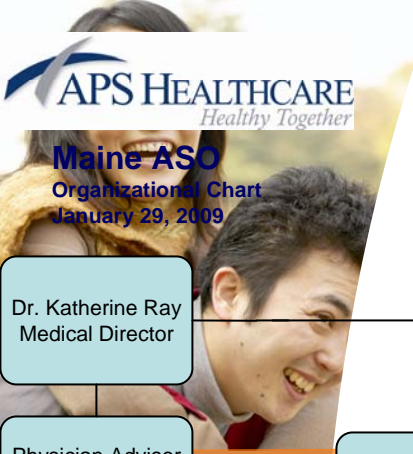
Market Leading Care  
Management And Behavioral  
Health Services





# Maine Behavioral Health Administrative Services Organization (ASO)

- Contracted with DHHS
- Program Start 12/1/07
- 32 Staff, all from, and located in Maine
- Service Center in South Portland
- Prior Authorization, Utilization Management, Member Services, Provider Services, Quality Management for:
  - Behavioral Health & Substance Abuse Services
  - MaineCare Funded Services Only





# What Does APS Healthcare Do as the Maine Behavioral Health ASO?

- Work with BH/SA Providers
- Clinically Review & Authorize Services
- Goal: Services are Right Type, Right Time, Right Length of Time
- Use the ASO Role & Data to Improve the Service System and Consumer Outcomes



# Some Numbers

- 368,047 Requests Submitted since 12/07
- Receive 20,000 +/- requests per month
- 356 Providers (Orgs & private practices)
- 99% Providers use APS CareConnection®
- Reviews submitted via Web Portal
- 2669 Individual Users of CareConnection
- Authorizations entered into MECMS
- Very low error rate



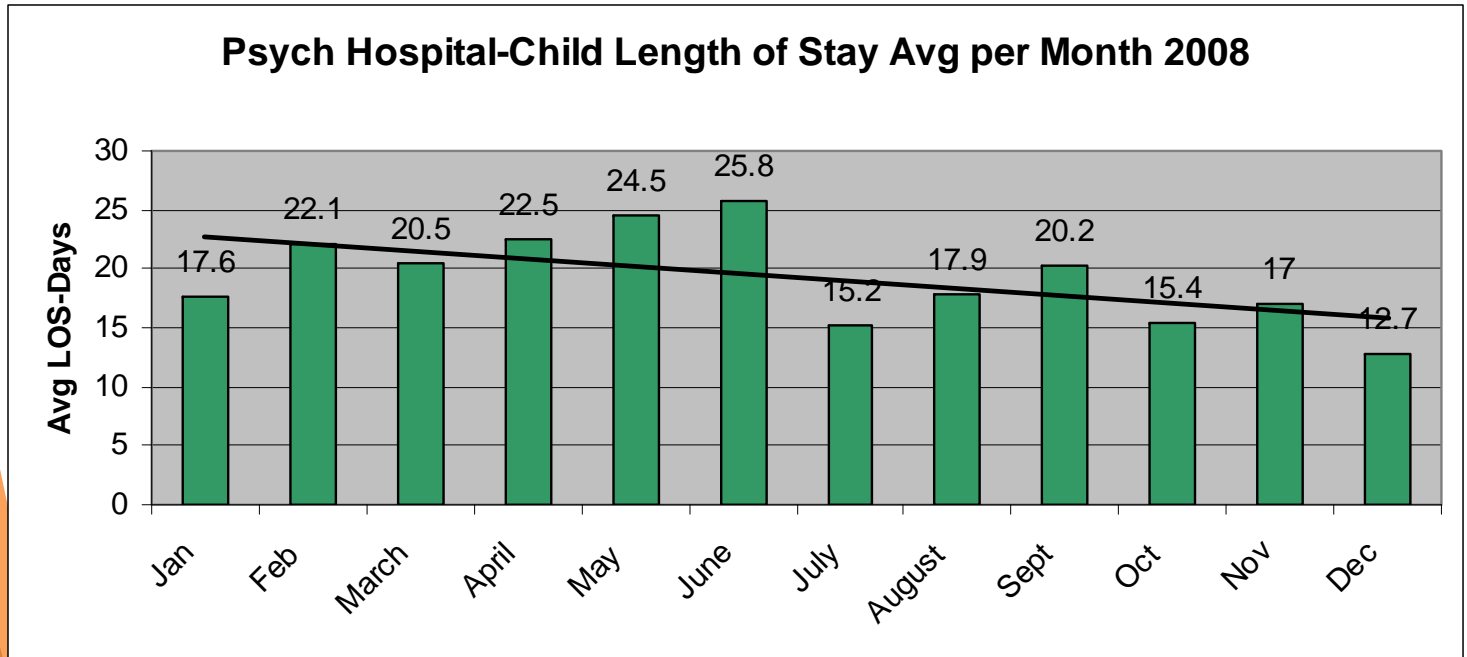
# Performance of the ASO: 2008

## Ensuring Clinically Appropriate Utilization

- Reductions in Hospital lengths of stay
- Decreases in utilization of mental health services
- Cost savings identified by DHHS
- Very low denial rate (0.51%)
- Utilization changes are the result of intensive collaborative approach by APS Clinicians



# Reductions in Hospital Lengths of Stay





# Performance of the ASO: 2008 Reporting & Analysis

- Detailed Reporting of MaineCare funded behavioral health services
  - Scope of Services
  - Service Utilization
  - Consumer Demographics
  - Clinical Characteristics of Consumers
- Children's Service Outcome Report
- PNMI Bed Occupancy Reports
- PNMI Length of Stay Reports
- Others in development



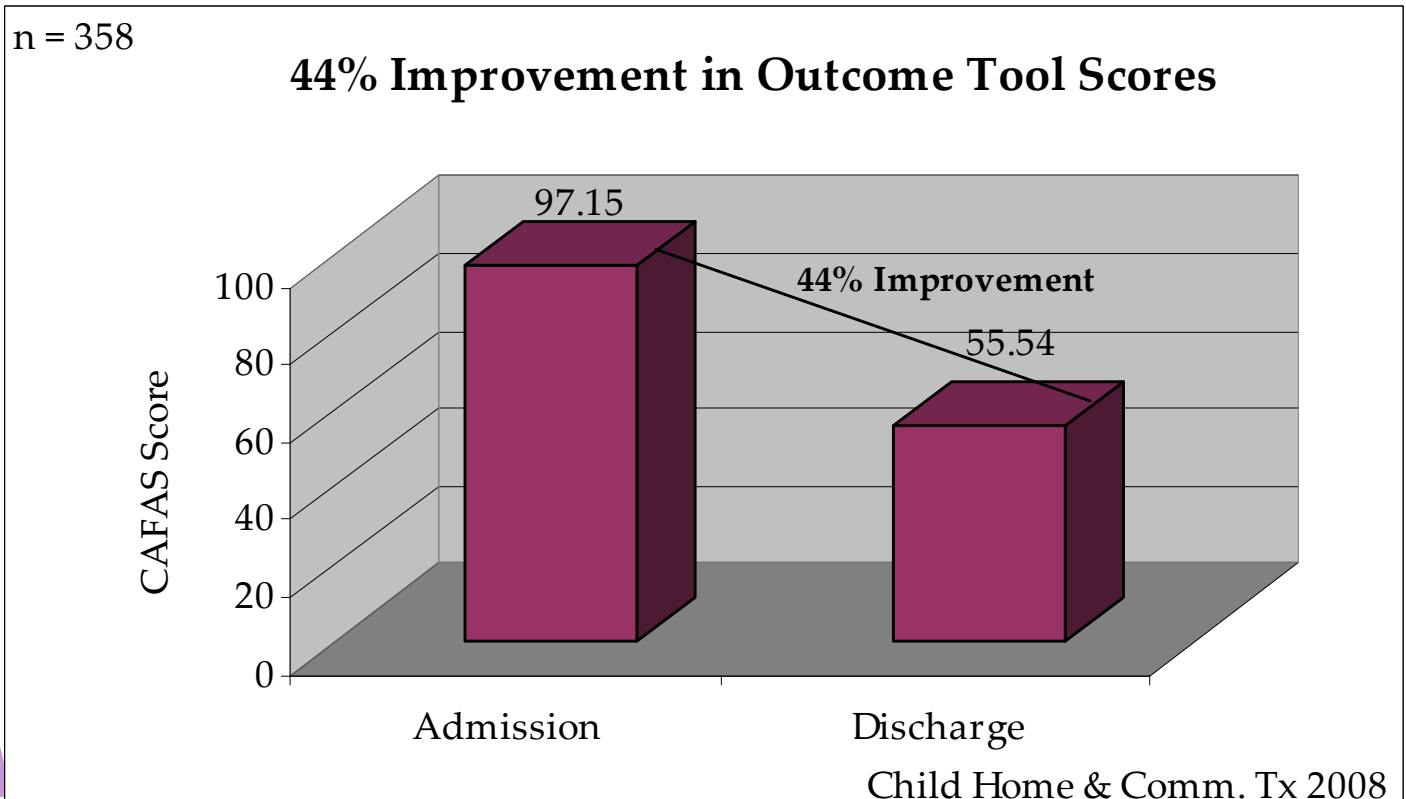
# Adult PNMI Bed Occupancy Report: Sample

Network Name	Location	C S N	City	Bed Count	Beds Filled	Percent
CHCS	Grove St Group Home	2	Bangor	4	3	75.0
CHCS	Husson Hollow Group Home	2	Bangor	8	7	87.5
CHCS	Orono Geriatric Grp Home	2	Orono	8	7	87.5
CHCS	SUN Program	2	Bangor	8	7	87.5
Counseling Services, Inc.	Alfred St & The Elms Alfred St	7	Biddeford	8	8	100.0
Counseling Services, Inc.	Alfred St & The Elms- The Elms	7	North Berwick	8	8	100.0

Posted on [www.qualitycareforme.com](http://www.qualitycareforme.com)



# Child Home & Community Based Treatment Outcomes 2008





# Quality Improvement for Providers

- Many changes in 2008 to reduce administrative burden
- Collaborative process with providers to identify issues and solutions
- Provider Batch Upload capability to be deployed “post” Fiscal Agent
- Other administrative improvements in development



# Maine ASO Integration of Physical & Behavioral Health

- Promote BH/SA Provider & PCP Communication
- Promote Integration with BH/SA Providers
- Support Systemic Change to Promote Health Integration



# Utilization Management Projects

- Adult MH Data Incorporated into UM Review
- Adult MH Grant Utilization Management
- Treatment Foster Care LOC Assessment
- Admin Burden Reduction
- Treatment Outcome Tool Incorporation into UM Process



# Integration of DHHS MaineCare Initiatives

APS Healthcare & Schaller Anderson are closely collaborating:

- Stakeholder Education to Clarify Distinct Roles
- APS Refers members to Schaller
- APS Data used to assist Schaller in locating “hard to reach” members



# Program Changes

- **Prior Authorization for Admissions to Psychiatric and Inpatient Detox Units at General Hospitals for 7/1**
  - Children and Adults
  - Does NOT include Spring Harbor & Acadia
  - Hospital Prior Authorization reviews will be conducted telephonically
  - Reviews can be submitted 24/7
  
- **PASRR (Preadmission Screening & Resident Review) for 7/1**
  - Review nursing home admissions for presence of mental illness



# Program Changes Continued

- Treatment Foster Care- Now for 8/1
  - APS to conduct LOC
  - DHHS to discontinue
- Other Changes to be announced soon



# APS Healthcare

Katherine L. Ray, MD  
Medical Director





# Background and Training

- Maine Native
- University of Vermont College of Medicine
- Adult Psychiatry Residency- Dartmouth Hitchcock Medical Center
- Child & Adolescent Psychiatry Fellowship - Maine Medical Center
- Work Experience 8 years Community Mental Health Centers in NH and Maine
- Teaching and Private Practice
- Interests: Prevention, Early intervention, Stress Management and Integration of Care, Complementary Therapies



# Principles of Utilization Management

- Identification of need for service
- Right service, right intensity, right duration
- Use of least restrictive environment to meet members' needs
- Promotion of health, well-being and satisfaction



# Treatment Planning

- Identification of Goals of Treatment
- Established timeframes
- Regular review of Progress
- Assessing outcomes and / or need for alternative treatment



# Larger Framework for Utilization Review

- Focus on Outcomes
  - Evidence informed practices
  - Ways to measure progress
  
- Delivery of Service
  - Efficiency of current treatments
  
- Access to Care
  - Unmet needs
  - Coordination of care



# Enhancing Clinical Documentation to Expedite Utilization Review

Presented by

**Carla Stockdale, LCSW**

**APS Healthcare, Clinical Director**





# Documentation Framework for Utilization Review

- Medical Necessity or Medically Necessary Services Definition
  - **Chapter 101:**  
**MaineCare Benefits Manual**  
Chapter I-General Administrative Policies and Procedures
- MaineCare Rule
  - **Chapter 101:**  
**MaineCare Benefits Manual**  
Chapter II- Specific Policies by Service
- Level of Care Criteria
  - MaineCare ASO Behavioral Health Services Utilization Review Level of Care Criteria
  - QualityCareforME.com
- APS Care Connection Clinical Documentation and Utilization Review by Care Managers



# Medical Necessity

- Definition of Medical Necessity from the MaineCare Benefits Manual, Chapter 1
- **Medical Necessity or Medically Necessary** services are those reasonably necessary medical and remedial services that are:
  - 1. provided in an appropriate setting;
  - 2. recognized as standard medical care, based on national standards for best practices and safe, effective, quality care;
  - 3. required for the diagnosis, prevention and/or treatment of illness, disability, infirmity or impairment and which are necessary to improve, restore or maintain health and well-being;
  - 4. MaineCare covered service (subject to age, eligibility, and coverage restrictions as specified in other Sections of this manual as well as Prevention, Health Promotion and Optional Treatment requirements as detailed in Chapter II, Section 94 of this Manual);
  - 5. performed by enrolled providers within their scope of licensure and/or certification; and
  - 6. provided within the regulations of this Manual



# Utilization Review Process

- Our Care Managers are independently licensed professionals with years of experience working in the provider community of Maine.
- Care Managers are cross-trained but have primary responsibility for service specific areas.
- Care Managers use MaineCare rule Level of Care Criteria and clinical documentation to make determinations.
- Internal Quality Assurance measures include routine peer consultation among Care Managers.
- Clinical back-up and supervision is provided on-site by the Clinical Director and Medical Director.



# Clinical Documentation Overview

- Create a thread between diagnosis, current presentation, treatment strategies and discharge plan.
- Completed review should enable reader to have current clinical “snap-shot” of member.
- Review should reflect what has occurred over the last authorized period and what is intended to occur over the next requested period



# Clinical Indicators

- Update at each review
- Clinical Indicators Justify the Service Requested
- Choose most current symptoms and behaviors that member has experienced over previous authorization period.
- History of Severity is service specific (for example: hospital 1-3 days, CSU 7 days, Residential 90 days). Please document only the symptoms which member has experienced from previous authorization period to current date.
- History of Severity = from the previous authorization period to the date of the request.
- Any additional risk factors/clinical indicators should be added to the additional information field.



# Coordination of Care

- The higher the LOC or utilization of a service, the more services a member receives, or the longer the length of stay the more coordination of care is reviewed
- Document what is distinct and different between the services being provided
- Is collaborative care occurring and what does that look like?



# Progress: What does it look like for your service?

- Progress is often Continuing Stay Criteria
  - The member is participating in treatment and making progress toward goals or there is an active strategy in place to improve progress toward goals
- Indicate progress since last review.
  - Progress on long term goal refers to overall functioning.
  - Progress on short term goal should be specific, i.e. identified triggers, number of coping skills, frequency of use, effectiveness
  - Overall Progress
- If utilization of a service has remained the same document the reason why



# Discharge Criteria

- Discharge Criteria should be included starting at the first Continued Stay Review
- Discharge Criteria is not the discharge plan
- It should be realistic, specific, and measurable
  - Always consider if a member didn't have any professional supports and how they would be supported



# Additional Information

- It is recommended that this section be used to provide a succinct clinical rationale for the service requested. Information included should be relevant for purposes of utilization review. Information may include:
  - Presenting Symptoms/Reason for Referral
  - Duration of Symptoms
  - Treatment History
  - Family/Social Environment
  - Strengths/Exceptions
  - Coordination of Care with other Providers
  - Barriers to Discharge
  - Other



[www.qualitycareforme.com](http://www.qualitycareforme.com)

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