



Maine ASO
Behavioral Health Services
Utilization Review Program



Utilization Review

Clinical Documentation Training

APS Healthcare

May, 2008

Training Objectives

- Overview of Medical Necessity
- Utilization Review Process
- Clinical Documentation for Utilization Review
- APS Healthcare – APS CareConnection®
 - o Tips & Strategies



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

- 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.

Clinical Documentation

- A good clinical summary should include:
 - o Demographic (age, gender, family composition, geography)
 - o Presenting Symptoms/Reason for Referral
 - o Duration of Symptoms
 - o Treatment History
 - o Social Environment History
 - o Strengths/Exceptions
 - o Clinical Rationale

Member Information

- **APS CASE ID:** This number will change every time you start a new review. These numbers change so that the reviewer and the provider can identify which portion of a member's treatment is being referenced.
- **MEMBER'S INFORMATION:** This information is generated from the MaineCare information which is uploaded to the CareConnection® system on a regular basis.
- **ELIGIBILITY INFORMATION:** Please double-check the members eligibility. If there is limited eligibility you will need to contact MaineCare to determine the limitation.



Guardian Information

This page will not apply to all members.

- Please complete this page for adults who are under guardianship
- Please complete this page for all children
 - Use the choice “Family” until the choice of “Parent” is added



Administrative

- Start Date for Current Authorization Request: This date refers to the start of this authorization period not the start of treatment.
- Much of the review will pre-populate from the previous review.
- For PNMI requests a location is required.



Requesting Agency

- Please add your phone number and e-mail address so that we may contact you as necessary.
- “Is this agency/individual the treating provider?” This question needs to be answered with “Yes.”

Multiaxial Assessment

- ICD 9 is used as it is consistent with federal Medicaid requirements
- Use the DARK BLUE Box to find the ICD 9 code
 - Search by DSM code or title
- Primary diagnosis is the diagnosis you are currently treating.
- Co-Occurring diagnosis relates to mental health/substance abuse
- AXIS III Text box for medical issues
- AXIS IV Psychosocial stressors-Drop down indicates Mild, Moderate or Severe
- AXIS V GAF Global Assessment of Functioning: Free Text
 - Please identify how the GAF has changed since last review



Services Requested

- **MODIFY**-Use this function to change the start and/or end date and the number of units
- **NO ACTION**-Use this function when you are not wanting to extend the particular service code
- **SUBSEQUENT CONTINUED STAY REVIEWS**-
If you want to reactivate a service code click on modify even though there is a gray line. This will allow you to open that service code.

Symptoms and Behaviors

- Top section is required for Section 17 Only
- Top section is optional for Other Services: It is helpful for other review purposes.
- Assessment Tools-For required services only
- Agency Involvement-Important to select all providers to the best of your knowledge
- Family Social Involvement-Indicate all supports that apply and then rate the overall support of family/natural supports



Medications

- All medications, both psychiatric and medical, should be entered with the medication type.



Clinical Indicators

- 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 3 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.

Treatment and Service History

- Answer all questions as completely as possible, to the best of your knowledge.
- For the question, “How long has member been receiving this service,” please use your own numeric scale. (modifications for a drop-down menu will be coming soon)
- Co-occurring questions refer to Mental Health and Substance Abuse.



RDS

- Required for Section 17 services only
- Inclusion in CareConnection® will eventually lead to reduction of duplicate reporting to DHHS.

Individual Treatment Plan

- Use CTRL Key to select more than one option under Strengths and Skills
- The questions under Treatment Plan section are only required for Section 17, but do provide useful information. It is recommended that these questions be answered if the information is available.
- Questions regarding substance abuse are required.
- It is recommended that providers use Comments section to provide more depth and clarity to their clinical presentation.

Treatment Plan Goals

- All information in Treatment Goal section should be completed.
 - **Problem Statement** – Should mirror reason for referral. Ex. Billy struggles with interpersonal relationships with siblings.
 - **Long Term Goal** – Reverse of Problem Statement. Ex. Billy will have improved interpersonal relationships with siblings.
 - **Short Term Goal** – Specific behavior that will be addressed. Not a restatement of the Long Term Goal. Ex. Billy will demonstrate a decrease in physical aggression towards siblings.
 - **Objectives** – Action Steps Ex. Billy will identify triggers to anger; Billy will develop and practice coping skills to better manage anger; Billy will develop adaptive ways to express his feelings.
- 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 of skills, etc.
- Goals and target dates should be modified to reflect progress.

Additional Reporting Data

- School will be added as a drop down under Vocational/Employment status. Until that time use “other” and indicate school.

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:
 - o Presenting Symptoms/Reason for Referral
 - o Duration of Symptoms
 - o Treatment History
 - o Family/Social Environment
 - o Strengths/Exceptions
 - o Other



Submit to APS

- The treatment plan must be printed prior to submitting the review.
- Once you submit a review it cannot be edited by the provider. If additional information is required you must contact APS or resubmit the request.

APS Contacts

- For CareConnection® assistance contact Provider Relations
- To respond to clinical questions please contact Care Managers directly. Their extensions are listed in CareConnection® in the download notification or in the provider note section of that review.
- Phone: 1-800-521-0027
- Email: mainecare-prov@apshealthcare.com