

Utilization Review

MACSP Member Clinical Documentation Training for Targeted Case Management Services

APS Healthcare

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Training Objectives

- Overview of Medical Necessity
- Utilization Review Process
- Clinical Documentation for Utilization Review of Targeted Case Management Services
- 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

MaineCare Benefits Manual, Chapters II, Section 13, Targeted Case Management Services

13.03-3 Case Management Services for Children

Children must meet the following criteria (13.03-1.B.1. OR 13.03-1.B.2. OR 13.03-1.B.3. AND 13.03-1.B.4.) to be eligible for TCM Services.

1. Must either meet the definition of developmental disabilities as defined in 34-B M.R.S.A. §5001 or must have an Axis II diagnosis of mental retardation as described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders; OR
2. An Axis I diagnosis of pervasive developmental disorder as described in the most recent Diagnostic and B. Eligibility Criteria for Children with Developmental Disabilities

Statistical Manual of Mental Disorders; OR

3. A child between birth and five (5) years of age who:
 - a. is determined by a professional approved by the Department as being at risk of developing a Pervasive Developmental Disorder due to known environmental or biological risks using DHHS adopted tools, AND
 - b. has significant impairment or limitation in adaptive behavior or functioning according to criteria as established by the Department and determined by a qualified professional approved by the Department.
4. Level of Care Criteria for services assessed through the CHAT (defined in section 13.01-8):

Case management service is authorized for up to thirty (30) days from the date of the first billed encounter if the CHAT score is twenty (25) or less.

Case management services may continue beyond thirty (30) and up to ninety (90) days from the date of the first billed encounter if the CHAT score is at least between twenty-six (26) and thirty-five (35).

Clinical information will be considered in addition to the CHAT scores above as the scores are not the sole criteria for eligibility and review.

Case management services may continue if the CHAT score is above 35. Service continuation will be dependent upon clinical information submitted.

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, service objectives and discharge plan.
- Completed review should enable reader to have current clinical “snap-shot” of member.
- Completed review should demonstrate intensity, frequency, and duration of the service.

Clinical Documentation

- A good clinical summary may include:
 - o Demographics (age, gender, family composition, geography)
 - o Presenting Symptoms/Reason for Referral
 - o Duration of Symptoms
 - o Developmental Issues impacting functioning
 - o Treatment History
 - o Social Environment History
 - o Strengths
 - o Clinical Rationale for this Level of Care

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

Please complete this page for all children

o Use the choice Family Member for Parent

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.

Requesting Agency

- Please add the phone number and e-mail address of the person you would like us to contact if there were any clinical questions about the request.
- “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

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 identified for Sec 17 services is not required and is optional. It is often helpful for other review purposes but can be skipped over for TCM services.
- CHAT Score will be provided in the Additional Info Section
- 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.
- Additional Medication Info Section can also be used to capture any relevant medication that cannot be found in the list

Clinical Indicators

- Clinical Indicators help to 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. Developmental issues and functional impairments may also be the focus here.**

Treatment and Service History

- This Section may be skipped if questions are not relevant to the clinical picture and request for service.
- Report on how long the member has been receiving this service can be captured in the section or in Additional
- Please note that Co-occurring questions refer to Mental Health and Substance Abuse.

RDS

- This Section does not need to be completed and can be skipped. It is required for Section 17 services **only**.

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 to the service.
 - **Long Term Goal** – Reverse of Problem Statement. What is the overall identified need of the member?
 - **Short Term Goal** – Focus of TCM to assist member in meeting identified needs. Specific case management function that will help address identified need. Not a restatement of the Long Term Goal.
 - **Objectives** – Action Steps for Case Management Functions. Who, what, when, where, and how.
 - Indicate progress since last review.
 - Goals and target dates should be modified to reflect progress.

Additional Reporting Data

- This section may be skipped for TCM service requests.

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. This section can assist with capturing any information that was unable to be reflected in other sections to demonstrate medical necessity. Information may include:
 - o Presenting Symptoms/Reason for Referral
 - o Duration of Symptoms and/ or functional impairments
 - o Treatment History
 - o Family/Social Environment (not a full psychosocial assessment)
 - o Strengths
 - 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

Phone 1-800-521-0027 Option 1

- To respond to clinical questions please
contact Care Managers.

Phone: 1-800-521-0027 Option 4

- Email: mainecare-prov@apshealthcare.com