

MEMORANDUM

TO: SMC LME Endorsed Providers

FROM: Steve Puckett

DATE: April 17, 2006

SUBJECT: Enhanced Services Implementation

We are now four weeks into implementation of the new, enhanced services; while there have been some bumps in the road, I am pleased that the wheels have not fallen off the bus and that you have continued to serve consumers resulting few actual gaps in services. Your flexibility and patience in the absence of clear consistent guidelines, and your ongoing commitment to the consumers we serve are genuinely appreciated.

We wish to give some feedback on what we are seeing re the new services, clarify some information that we were unclear about earlier, and provide you with the most recent information that we have from the state.

1. Please remember that target population consumers already in treatment before 3/20/06 and receiving basic services may continue to receive basic services up to 6/30/06. By 6/30, such consumers must complete and terminate services or transition to enhanced services.
2. Person-Centered Plans (PCPs) must be developed for target population consumers receiving enhanced services:
 - a. For consumers whose services were cross-walked to enhanced services (e.g., CBS to Community Support) must get a PCP by the month of their next birthday.
 - b. Consumers not already receiving a service that cross-walked to an enhanced service must get a PCP within 30 days of starting enhanced services.
3. A Diagnostic Assessment (or Basic Assessment for certain state-funded consumers) should be obtained for consumers receiving services before 3/20 to facilitate development of the PCP only if sufficient information to develop a PCP is not already known and available. Conduct a Diagnostic Assessment or Basic Assessment for a consumer already in treatment only if doing so will add value. Call the LME UM Department (option #3 on our autoattendant) to request authorization for a Diagnostic Assessment or Basic Assessment.
4. All new Medicaid consumers presumed in STR to be in a target population must receive a Diagnostic Assessment and a PCP.

5. New state-funded consumers presumed in STR to be at Level of Care A or B and in a target population will be referred for a Basic Assessment; new state-funded consumers presumed to be at Level of Care C or D and in a target population will be referred for a Diagnostic Assessment.
6. A Diagnostic Assessment for either a Medicaid or a state-funded consumer must be conducted by *two* licensed clinicians, one of whom is a physician, a physician extender, or a doctoral psychologist. Both must contribute to the case formulation, and both must sign the assessment.
7. Diagnostic Assessments are comprehensive assessments that must address the dimensions listed in meaningful, detailed ways. Problems we are seeing in some Diagnostic Assessments submitted include:
 - a. Conducted by only one clinician
 - b. Items not responded to and left blank
 - c. A lack of detailed, descriptive information. E.g., listing only “depression” as the presenting problem without describing the consumer’s specific symptoms and concerns.
 - d. A lack of dates and other quantitative information about events and problems listed.
 - e. Failure to adequately address problems identified. One of the most frequent is to refer to substance abuse but to fail to adequately describe the nature and extent of the problem.
 - f. Giving diagnoses not supported by the information provided, including GAF scores.
 - g. Failure to identify the specific target population and/or Level of Care for the individual.
8. Basic Assessments require only a single clinician, and may be somewhat briefer than full Diagnostic Assessments, but must still be thorough and complete in order to develop an appropriate person-centered plan of care. All of the issues in #7, except item a. (single clinician) also apply to Basic Assessments.
9. By far, the greatest concern that we have had in reviewing treatment recommendations and plans of care is the frequent failure to recommend enhanced services for target population consumers.
 - a. Community Support is the umbrella service within which skill development, psychoeducation, counseling, monitoring activities, and case management functions are provided. Evidenced-based practices such as Wellness Management and Recovery, Integrated Dual Disorders Treatment and other such interventions are to be provided within Community Support.
 - b. Other than medication management, basic services (individual, family and group psychotherapy) are not enhanced services and will be approved in PCPs and plans of care only with specific clinical justification. Example, a consumer with Borderline Personality Disorder would benefit from a

Dialectical Behavioral Therapy that is available in the consumer’s community only from a practitioner not providing Community Support.

10. The state has still not released the PCP form that was anticipated before 3/20. We are told that the plan will be released soon, and that each LME will set its implementation date. In the interim, providers may use their existing Service Plan or may use another PCP form so long as it contains the required elements and that outcomes are measurable.
11. There are four different types of assessments that we are now referring to. The following table lists those terms and the SMC LME meaning of each:

Assessment	Description
Diagnostic Assessment	Comprehensive assessment to support the development of a Person-Centered Plan (PCP) for Medicaid consumers presumed to be in a target population, and for State-funded consumers presumed to be in a target population and at Level of Care C or D. Conducted by two licensed clinicians, one of whom must be a physician, physician extender or doctoral psychologist. Must be referred or authorized by the LME. <i>Service [Service Code: T1023]</i>
Basic Assessment	Aka, “Diagnostic Assessment Lite.” Somewhat less comprehensive assessment to support the development of a PCP-Lite and Crisis Plan. For State-funded consumers presumed to be in a target population and at Level of Care A or B. Requires only a single licensed (or provisionally-licensed) clinician in an agency endorsed to conduct Diagnostic Assessments. Must be referred or authorized by the LME. <i>[Service Code: 90801, H0031 or H0001]</i>
Clinical Assessment	Intake assessment for a consumer presumed to be TNC (non-target population). Consumer must be screened by the LME. <i>[Service Code: 90801, H0031 or H0001]</i>
Emergency Assessment	Crisis assessment/intervention for a consumer not in service with the organization of the provider conducting the service. Evaluates crisis needs, provides or facilitates crisis intervention, and makes recommendations for follow-up services. Service must be requested by the LME. <i>[Service Code: 90801, H0031 or H0001]</i>

12. We have received questions about changes in the required paperwork with new referrals made after March 20. Diagnostic Assessments and Basic Assessments are to be completed electronically (please don’t hand-write!) in the templates on our website. These templates are updated periodically, so please always use the current form from the website. Other paperwork requirements did not change on March 20.

13. As you are aware, Secretary Hooker Odom has announced that ValueOptions and not LMEs will manage all Medicaid services within a few months. Here is what we currently understand:
- a. ValueOptions will begin reviewing & approving plans of care for new MH/SA consumers on 6-1-2006.
 - b. ValueOptions will begin concurrent utilization management of MH/SA services effective 7-1-2006.
 - c. In order to provide a bit of overlap, the LME will begin setting end-dates for all MH/SA authorizations for 7-15-2006.
 - d. ValueOptions will begin managing CAP waiver and other DD services on 9-1-2006; the LME will continue managing those services through 8-31-2006.
 - e. ValueOptions will present a series of provider trainings during the month of May, with the first training scheduled to be in Asheville May 1-2. Registration and handouts for these trainings will be posted on the ValueOptions website, www.valueoptions.com.
 - f. You are encouraged to monitor the DMA website for information on transition of management of Medicaid services.