Residential Provider Training Part I

Magellan of Virginia
December 13, 2016
Webinar Tips to Maximize Our Learning Today

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- To ask a question about the content today, please click on the Q&A button and type in your question.

- Please note that we will answer questions as soon as possible and any questions we are not able to answer today or tomorrow, we will follow up with a document posting these answers following the webinar.
Training Objectives—Part I

• Review the regulation changes to Therapeutic Group Homes (TGH) and Psychiatric Residential Treatment Facilities (PRTF)
  • Service Description
  • Therapeutic Interventions
  • Family engagement and family engagement activities
  • Therapeutic Leave
  • Discharge planning
  • Treatment plans
  • Individual therapy, Group therapy, Family therapy
  • Certificate of Need
  • Staff credentials
  • Medical necessity criteria
Regulation Changes
Regulation Changes

• Effective on January 1, 2017 the new Medicaid Manual supplements will immediately supersede the program criteria and program rules as defined in Chapter 4 “Covered Services and Limitations” sections of the Psychiatric Services and Community Mental Health Rehabilitation Services manuals for Level A, B and C Residential Treatment Services until the impacted services are defined in a new Residential Services Manual which shall be developed by the Department of Medical Assistance Services (DMAS) in early 2017.

• DMAS will change the service name for Level C residential treatment centers to now be labeled as Psychiatric Residential Treatment Facilities (PRTF) and the Level A and Level B Residential services will now be labeled as Therapeutic Group Home services.

• Providers are responsible for reviewing the Medicaid Manual supplements. The information in this training does NOT supersede the Emergency Regulations or the Medicaid Manual Supplements.
Significant changes, projected to improve the care experiences for youth and families, will include:

- Revised program requirements for residential treatment services;
- Revised program requirements for therapeutic group home services;
- Enhanced family engagement and discharge planning requirements to begin upon admission;
- Revised processes for assessment of youth and family needs, certification of medical necessity for residential treatment services, and care coordination.

Changes are designed to transition existing services into models of care with evidence-based treatment approaches, standardized medical necessity criteria, and rigorous program requirements to create a youth and family-focused system that will match future managed care administration structures, oversight and contracting requirements.
Building Bridges Initiative (BBI) Integration:

- BBI Trainings:
  - Magellan hosted two BBI trainings to assist providers with integrating BBI Principles

- BBI Resources:
  - [http://www.buildingbridges4youth.org/](http://www.buildingbridges4youth.org/)

- Family Driven & Youth Guided Care:
  - Promote informed decision making & joint planning
  - Voice & Choice
  - Trauma Informed Care
Therapeutic Group Home (TGH)  
Service Description

- TGH services are for children and adolescents under the age of 21. They are combined treatment services rendered in a residential setting that provides a therapeutic structure of daily psycho-education activities, therapeutic supervision, behavioral medication, and mental health care to ensure attainment of therapeutic goals.

- The therapeutic group home should provide therapeutic services to restore, develop, or maintain appropriate skills necessary to promote prosocial behavior and healthy living to include the development of coping skills, family living and health awareness, interpersonal skills, communication skills and stress management skills. Substance use disorders should be addressed as clinically indicated.
Psychiatric Residential Treatment Facility (PRTF) Service Description

• 24 hour, supervised, clinically and medically necessary out of home program designed to provide necessary support and address mental health, behavioral, substance use, cognitive, or other treatment needs of an individual under the age of 21 in order to prevent or minimize the need for more intensive inpatient treatment.

• Must meet DMAS-approved Medical Necessity Criteria or be approved as an EPSDT service.

• Must have a diagnosis made by an LMHP, LMHP-RP, LMHP-R or LMHP-S.
Therapeutic Interventions defined

• "Intervention" means scheduled therapeutic treatment such as individual or group psychoeducation; psychoeducational activities with specific topics focused to address individualized needs; structured behavior support and training activities; recreation, art, and music therapies; community integration activities that promote or assist in the youth's ability to acquire coping and functional or self-regulating behavior skills; day and overnight passes and family engagement activities.

• Interventions shall be provided in the therapeutic group home or residential treatment facility and, when clinically necessary, in a community setting, or as part of a therapeutic leave activity. All interventions and settings of the intervention shall be established in the CIPOC.
Therapeutic Interventions Continued

- Interventions shall not include individual, group, and family therapy, medical or dental appointments, physician services, medication evaluation or management, or school attendance.

- Interventions must be documented on a progress note and should be outlined and aligned with goals and objectives on treatment plans.

- Any deviation from the interventions on the treatment plan should be documented along with clinical or medical justification based on the individual needs of the youth.
Therapeutic Interventions

Therapeutic Group home [TGH]: minimum of one intervention per 24 hour period in addition to individual, group, and family therapies

Psychiatric Residential Treatment Facility [PRTF]: minimum of three interventions per 24 hour period including nights and weekends; can include family engagement activities
Family Engagement & Family Engagement Activity defined

- "Family engagement" means a family-centered and strengths-based approach to partnering with families in making decisions, setting goals, achieving desired outcomes, and promoting safety, permanency, and well-being for children, youth, and families.

- "Family engagement activity" means an intervention consisting of family psycho-educational training or coaching; transition planning with the family; family and independent living skills; and training on accessing community supports as identified in the IPOC and CIPOC. Family engagement activity does not include and is not the same as family therapy.
Family Engagement Continued

• Allows for ongoing opportunities for the youth to build and maintain meaningful relationships with family members.
• Youth should have frequent, unscheduled and non-contingent phone calls and visits with family members.
• May also include enhancing and facilitating the development of the individual’s relationship with other family members or supportive adults who will be responsible for the youth’s care and well-being upon discharge.
• Should be individualized depending on the needs of the particular family.
Family Engagement

Family engagement activities shall be provided in addition to family therapy.

For Therapeutic Group Homes and PRTF: Family engagement activities provided at least weekly and documented in treatment plans including daily communication with family or legally authorized representative as part of the family engagement strategies.

Family engagement activities should be documented in progress notes and aligned with treatment plan [IPOC or CIPOC] goals.
Therapeutic Leave Definition

- Therapeutic passes shall be provided as clinically indicated, and as paired with facility- and community-based interventions and combined treatment services to promote discharge planning, community integration, and family engagement activities.
Therapeutic Leave Passes

• Consist of partial or entire days of time at home or time with family and away from group home or treatment facility.
• Must have identified goals of the pass, as approved by the treating physician, psychiatrist, or LMHP responsible for overall supervision of the CIPOC
• Passes must be documented in the CIPOC how the goals will:
  • Facilitate or measure treatment progress
  • Facilitate aftercare designed to promote family/community engagement
  • Promote connection and permanency
  • Provide for goal-directed family engagement
Therapeutic Leave Passes

• 24 therapeutic passes per youth, per admission, without authorization as approved by treating LMHP [in Therapeutic Group Home] or by treating physician [in PRTF] and documented in the CIPOC.
• For home passes beyond the 24 passes per admission, authorization will be required through Magellan. Providers can request additional therapeutic passes through concurrent SRA requests or through telephone to the ICM that is assigned the case.
• Any unauthorized therapeutic leave passes shall result in retraction for those days of service.
• It should be encouraged that youth NOT miss important family events.
• Therapeutic Passes are an opportunity for youth and their families to build “positive” memories.
Discharge Planning Definition

- "Discharge planning" means family and locality-based care coordination that begins upon admission to a residential treatment facility or therapeutic group home with the goal of transitioning the individual out of the residential treatment facility or therapeutic group home to a less restrictive care setting with continued, clinically-appropriate, and possibly intensive, services as soon as possible upon discharge. Discharge plans shall be recommended by the treating physician, psychiatrist, or treating LMHP responsible for the overall supervision of CIPOC and shall be approved by the BHSA.
Discharge Planning – Prior to Discharge

• Begins at admission and continues throughout placement.

• Planning should involve collaboration with youth and family or legally authorized representative, local FAPT if applicable, CSB, and Magellan ICM and FSC.

• Must be submitted to Magellan for review and approval.

• Once Magellan approves, the facility should arrange aftercare appointments (medical and behavioral health) for all needed appointments 30 days after transition.
Discharge Planning – Prior to Discharge

• Facility should request written permission from guardian to share treatment information with all aftercare providers and share information once they have a valid release.

• Youth should be linked to the local school for enrollment and IEP purposes.

• Individuals shall be discharged when treatment goals are met or other less intensive services may achieve stabilization.
Discharge Planning – After Discharge

- Magellan should be notified within one business day of discharge.
- Magellan must be informed of all scheduled aftercare appointments that have been made for 30 calendar days after discharge.
- Facility should request information from post-discharge providers to establish that planning of services and activities has begun.
- Facility should establish that the youth has been enrolled in school and must provide IEP recommendations to the school if necessary.
TGH and Treatment Plans

The IPOC:

❖ Shall be completed **on the day of admission**
❖ Shall be signed and dated by the LMHP, LMHP-R, LMHP-RP, or LMHP-S, the individual, and a family member or legally authorized representative on the day of admission.
❖ Shall include:
  • individual and family strengths and personal traits that would facilitate recovery and opportunities to develop motivational strategies and treatment alliance
  • diagnoses, symptoms, complaints, and complications indicating the need for admission
  • a description of the functional level of the individual; (iv) treatment objectives with short-term and long-term goals

The IPOC:

❖ Shall include:
  • orders for medications, psychiatric, medical, dental and any special healthcare needs whether or not provided in the facilities, treatments, restorative and rehabilitative services, activities, therapies, social services, community integration, diet, and special procedures recommended for the health and safety of the individual
  • plans for continuing care, including review and modification to the plan of care
  • plans for discharge
**TGH and Treatment Plans**

**The CIPOC:**
- Shall be completed **no later than 14 calendar days** after the initial submission and signed by the LMHP, LMHP-R, LMHP-RP, or LMHP-S, the individual and a family member or primary caregiver.
- Shall be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the individual's situation.
- Shall include:
  - be based on input from school, home, other healthcare providers, the individual, and the family or legal guardian.
  - shall state treatment objectives that include measurable short-term and long-term goals and objectives, with target dates for achievement.
  - prescribe an integrated program of therapies, activities, and experiences include a comprehensive discharge plan.

**The CIPOC:**
- The CIPOC shall be reviewed, signed, and dated every **30 calendar days** by the LMHP, LMHP-R, LMHP-RP, or LMHP-S and the individual or a family member or primary caregiver.
- Updates shall be signed and dated by the LMHP, LMHP-R, LMHP-RP, or LMHP-S and the individual or a family member or legally authorized representative.
- Shall include:
  - the individual's response to the services provided.
  - *Recommended changes in the plan based on the individual’s response*.
  - determinations regarding whether the services being provided continue to be required.
PRTF and Treatment Plans

The IPOC:

- Shall be completed within **24 hours of admission**.
- Shall be signed and dated by the individual, parent, or legally authorized representative, a physician, and treatment team members within 24 hours of admission.
- Shall include:
  - Individual and family strengths and personal traits that would facilitate recovery and opportunities to develop motivational strategies and treatment alliance
  - Diagnoses, symptoms, complaints, and complications indicating the need for admission
  - A description of the functional level of the individual

The IPOC:

- Shall include:
  - Treatment objectives with short-term and long-term goals
  - Any orders for medications, psychiatric, medical, dental, and any special healthcare needs, whether or not provided in the facility, education or special education, treatments, interventions, restorative and rehabilitative services, activities, therapies, social services, diet, and special procedures recommended for the health and safety of the individual
  - Plans for continuing care, including review and modification to the plan of care
  - Plans for discharge
PRTF and Treatment Plans

The CIPOC:

- Shall be completed **no later than 14 calendar days** after the initial submission and signed by the individual, parent, or legally authorized representative, a physician, and treatment team members.
- The residential treatment facility shall request authorizations from families to release confidential information to collect information from medical and behavioral health treatment providers, schools, social services, court services, and other relevant parties.
- Shall include:
  - Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the individual's situation and must reflect the need for residential treatment facility care.

The CIPOC:

- Shall include:
  - Be developed by an interdisciplinary team of physicians and other personnel specified in section 12VAC30-50-130(D)(3)(d).
  - Shall state treatment objectives that shall include measurable, evidence-based, short-term and long-term goals and objectives, family engagement activities, and the design of community-based aftercare with target dates for achievement.
  - Prescribe an integrated program of therapies, interventions, activities, and experiences designed to meet the treatment objectives related to the individual and family treatment needs.
  - Describe comprehensive transition plans and coordination of current care and post-discharge plans with related community services to ensure continuity of care upon discharge with the recipient's family, school, and community.
PRTF and Treatment Plans

The CIPOC:
The CIPOC shall be reviewed every 30 calendar days by the team responsible for the comprehensive individual plan of care to determine that services being provided are or were required from a residential treatment facility and to recommend changes in the plan as indicated by the individual's overall adjustment during the time away from home.

The CIPOC shall include the signature and date from the individual, parent, or legally authorized representative, a physician and treatment team members.

The team developing the CIPOC shall meet the following requirements:

- At least one member of the team must have expertise in pediatric behavioral health.
- The team shall include either: (i) a board-eligible or board-certified psychiatrist; (ii) a licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or (iii) a physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a licensed clinical psychologist.
- The team shall also include one of the following: (i) an LMHP, LMHP-supervisee, LMHP-resident, LMHP-RP
Individual Therapy

For Therapeutic Group Homes

• Weekly Individual therapy should be provided in the group home by an LMHP, LMHP-R, LMHP-RP or LMHP-S and should be documented in progress notes and IPOC and CIPOC.
• A week is defined as Sunday through Saturday.

For Psychiatric Residential Treatment Facilities

• Individual therapy should be provided three times a week (or more frequently based upon the individual’s needs) provided by an LMHP, LMHP-R, LMHP-RP, or LMHP-S and should be documented in the IPOC and CIPOC and progress notes.
• A week is defined as Sunday through Saturday.
Group Therapy

For Therapeutic Group Homes

- Weekly group therapy (or more frequently if clinically indicated) should be provided by an LMHP, LMHP-R, LMHP-RP or LMHP-S and should be documented in IPOC or CIPOC and progress notes.

For Psychiatric Residential Treatment Facilities

- Should be provided as clinically indicated by an LMHP, LMHP-R, LMHP-RP or LMHP-S and should be documented in the IPOC and CIPOC and progress notes.
Family Therapy

For Therapeutic Group Homes
- Should be provided as clinically indicated by an LMHP, LMHP-R, LMHP-RP, or LMHP-S and documented and planned in the IPOC and CIPOC and progress notes.

For Psychiatric Residential Treatment Facilities
- Should be provided as clinically indicated by an LMHP, LMHP-R, LMHP-RP or LMHP-S and should be documented in the IPOC and CIPOC and progress notes.
- Should be aligned with the youth and family’s goals.
Certificate of Need

• The IACCT shall provide the completed CON to the facility within one calendar day of completing the CON and that CON shall be effective 30 calendar days prior to admission

• TGH: Recertification by an LMHP, LMHP-R, LMHP-RP or LMHP-S at least every 60 days
• PRTF: Recertification by a Physician at least every 30 days
Staff Credentials

Therapeutic Group Home:

• Program Director shall be Full Time and be a QMHP-C or QMHP-E with a bachelor’s degree and at least one year’s clinical experience.

• TGH Services may only be rendered by an LMHP, LMHP-S, LMHP-R, LMHP-RP, a QMHP-C, a QMHP-E or a QPPMH.

• 50% of direct care staff shall meet DBHDS QPPMH criteria.

• Service Specific Provider Intakes shall be performed by LMHP, LMHP-R, LMHP-RP, or LMHP-S prior to admission using all elements specific by DMAS
Staff Credentials

PRTF:
• The Treatment Team shall meet these requirements:
  1. At least one member must have expertise in pediatric behavioral health
  2. Must be capable of the following based on education and experience (preferably with competence in child/adolescent psychiatry):
     • Assessing the youth’s immediate and long-range therapeutic needs
     • Assessing developmental priorities
     • Identify personal strengths and liabilities
     • Assessing the potential resources of the individual’s family and guardian
     • Setting treatment objectives
     • Prescribe therapeutic modalities to achieve treatment plan objectives.
Staff Credentials – Treatment Team PRTF

1. Shall include either: [i] a board-eligible or board-certified psychiatrist; [ii] a licensed clinical psychologist and a physician licensed to practice medicine or osteopathy; or [iii] a physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a licensed clinical psychologist.

2. The team should also include one of the following: an LMHP, LMHP-supervisee, LMHP-resident or LMHP-RP.
Program definitions/changes

Therapeutic Group Home

• Crisis Management, Clinical Assessment, and Individualized Therapy Services must be provided to avoid higher level of care.
• Care Coordination must be provided with medical, educational and other behavioral health providers involved in the care and discharge planning of the youth.
Medical Necessity Criteria

- Beginning on January 1, 2017 Psychiatric Residential Treatment Services and Therapeutic Group Home services will begin using different Medical Necessity Criteria. Changes in the service authorization process will be implemented on January 1, 2017 when Magellan will stop using the current medical necessity criteria for Level A and Level B Group home Services and will instead make authorization decisions in the new Therapeutic Group Home services using new medical necessity criteria and IACCT review process.

- Authorizations will be issued using a maximum duration of 30 days per admission based on medical necessity requirements and to allow for complex care coordination in order to transition to an appropriate level of care.
**Medical Necessity Criteria**

- The IACCT team will gather relevant information from which Magellan will use to render a medical necessity determination.

- The service review process used by Magellan will assess the plan of care and treatment plan to determine if the services are adequate to treat the individual’s needs in the residential or group home setting. The Magellan review will focus more intensively on the quality of care for the member while in the residential service setting.

- The specific changes to the medical necessity criteria is outlined in the Manual Supplement.
Training Therapeutic Group Home & Psychiatric Residential Treatment Facility Providers
Part 2 will be on December 14, 2016 from 1 p.m. to 2:30 p.m.
http://magellanofvirginia.com/media/1511021/11-28-16_training_tgh_psychiatric_res tx_facility_providers_email_blast_for_website.pdf
Additional Information and Resources

Magellan of Virginia - Psychiatric Residential Treatment Facility changes

DMAS Behavioral Health, Addiction and Recovery Treatment Services
http://dmasva.dmas.virginia.gov/Content_pgs/obh-home.aspx

Building Bridges Initiative
http://www.buildingbridges4youth.org/resources
Conclusion and Q&A
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