



Therapeutic Day Treatment: Service Request Authorization Updates

Presented by Clinical
November 1, 2016



The Purpose of This Training...



- To highlight the changes on the new Service Request Authorization (SRA) forms for Therapeutic Day Treatment (TDT) that will be required starting December 1, 2016.
 - *New modifiers*
 - *New outcome measures*
 - *New clinical questions*
- To discuss the need for a crisis plan for all individuals in the TDT program.



TDT Modifier Codes



Magellan will now require providers to specify the location of the TDT service.

- If the request is for a school-based program, the provider will select H0035 HA.
- If the request is for an after-school program, the provider will select H0035 HA UG.
- If the request is for a summer program, the provider will select H0035 HA U7.

CLINICAL INFORMATION		
Procedure Code	<input type="checkbox"/> H0035 – HA (school day)	<input type="checkbox"/> H0035 – HA, U7 (summer)
	<input type="checkbox"/> H0035 – HA, UG (after-school)	

- If the requested authorization time frame includes either a school-based and summer program or after-school and summer program, the provider can choose both on the SRA.
 - *When billing, the provider will need to select the appropriate location for the dates of service billed.*

TDT Service Location

Providers will need to give the name of the location of TDT services (i.e. the school or after-school/summer location), the address of the service location, and the program hours.

TDT Service Location (Name of school/program location)	Presidents Elementary School
TDT Service Location Address City, State & Zip Code	123 School Rd. Richmond, VA 22222
TDT Program Hours of Operation	7 am to 3 pm

TDT Outcome Measures

Magellan has added TDT specific outcome measures to both initial and continued stay SRAs. These measures were developed to improve Magellan’s ability to evaluate the effectiveness and efficiency of the TDT program.

- Providers will need to use a specific number to answer the outcome measures, i.e. 5 days absent in the school year or 3 days of out-of-school suspension in the past 6 months.

ADDITIONAL INFORMATION	
Has the individual used substances (including alcohol and tobacco) in the past 6 months?	
Number of days absent in the school year	
Number of days in out-of-school suspension in the past 6 months	
Number of days in in-school suspension in the past 6 months	
Number of excused absences in the past 6 months	
Number of unexcused absences in the past 6 months	
Number of classes the individual is taking	
Number of classes the individual is satisfactorily passing	

Additional Clinical Questions – Initial & CCR



Providers will need to report if there is a crisis plan for each individual.

- Crisis plans should be in place for all individuals in the program, whether or not they report suicidal or homicidal ideations or other behaviors that put them at risk.
 - *The crisis plan can be included in the ISP.*

3. Does the individual have a crisis plan? Yes No

Crisis Plans

Intensity of the plan should be individualized and based on need.

- For individuals with SI/HI or other significant risk factors, a more thorough safety plan should be implemented.
 - *24/7 crisis numbers provided to parent or guardian and member, numbers and locations of nearby hospitals, suicide hotlines*
 - *Warning signs, coping strategies*
 - *If the individual has threatened harm, have dangerous items been removed from the home or out of reach of the member (i.e. knives, ropes, etc.)?*
- Intensive safety plans should be reviewed with the parent or guardian and the individual on a frequent basis.

Additional Clinical Questions – Initial & CCR

Providers will need to report how care coordination is being provided between them and any other CMHR service providers, i.e. IiHs, TCM, etc.

- Care coordination is a requirement of all CMHR services.
 - *This is outlined in the CMHRS manual, Chapter 4, pages 10-11.*
- The provider is directed to specify the CMHR services in the MNC question related to repeated interventions.

9. Is the individual receiving any other CMHR services? Yes No
- a. If yes, please specify in question #19a.
 - b. If yes, care coordination is required between different providers and must be documented in the ISP and progress notes. Please specify how care coordination is being provided between the TDT provider and the individual's other service providers:

Additional Clinical Questions – Initial & CCR

Providers will need to describe how the IEP and/or the self-contained classroom will not duplicate the TDT services.

11. Does the individual have an IEP? Yes No
- a. If yes, will TDT duplicate what the school is providing? Yes No
- i. If no to question #11a, explain how TDT will not duplicate the services provided through the individual's IEP:
12. Is the individual currently in a self-contained or resource (ED) classroom? Yes No
- a. If yes, will TDT duplicate what the school is providing? Yes No
- i. If no to question #12a, explain how TDT will not duplicate the services provided within the self-contained or resource (ED) classroom:

Additional Clinical Questions – Initial & CCR

Providers will need to describe how and/or why the school setting alone cannot manage the individual's mental health symptoms and behaviors.

- Questions to think about:
 - *Why can't the teacher manage the individual's behaviors?*
 - *Why can't the individual be managed through his or her IEP and/or self-contained classroom?*
 - *What has the school done to manage the individual's behaviors that has been ineffective?*

13. Could the individual's mental health symptoms and/or behaviors be handled in the school setting without TDT?

Yes No

- a. If no, explain how the school would not be able to manage the individual's mental health symptoms and/or behaviors:

Additional Clinical Questions – Initial & CCR

Providers will need to explain if the school is actively seeking homebound instruction and/or what interventions the school has implemented to prevent homebound instruction.

- Questions to think about:
 - *Is TDT the last resort prior to homebound services?*
 - *Does the IEP describe a need for homebound services?*
 - *Is homebound required due to psychiatric medical need?*
 - *Has homebound been determined appropriate by a physician, psychiatrist, or licensed clinical psychologist?*

23. Would the individual otherwise be placed on homebound instruction due to severe emotional or behavioral problems that interfere with learning? Yes No
- a. If yes, is the school actively considering homebound instruction for the individual? Yes No
- i. If yes to question #23a, explain what interventions the school has implemented to prevent the individual from being placed on homebound instruction:

Additional Clinical Questions – Initial & CCR

Providers will need to specify a specific discharge plan with dates, aftercare services, support systems, barriers, etc.

- Discharge planning begins at admission and should be an on-going process.
 - *The purpose of TDT is to improve the individual’s mental health symptoms and/or behaviors so they can be managed in a lower level of care and/or function within the school, home, and community settings without TDT.*

Discharge:

27. Describe the individual’s current discharge plan: [REDACTED]
- a. What is the estimated discharge date? [REDACTED]
 - b. What are the specific services recommended for aftercare for the individual? [REDACTED]
 - c. List the specific agencies to which the individual will be connected to prior to being discharged from TDT: [REDACTED]
 - d. What are the individual’s support systems and/or community supports that will aid them following discharge from TDT: [REDACTED]
 - e. Identify barriers to discharge and how they will be addressed prior to discharge (this may include environmental and individual risk factors): [REDACTED]

Additional Clinical Questions – CCR

Providers will now be required to submit the ISP with EACH continued stay request. This is a change from requiring it only at the first initial.

- This will help to improve care coordination between Magellan and providers.
 - *Magellan Care Managers may make recommendations to the ISP goals, objectives, and/or discharge plan.*
- If an ISP is not received, the request may be administratively non-authorized.



Additional Clinical Questions – CCR

Providers will now be required to specifically report the progress the individual has made within TDT.

- If the member has not improved, what is the provider going to do differently?
- If the member has made significant progress, will they be discharged soon?

16. In the last authorization period, the individual has shown: No Progress Minimal Progress Moderate Progress Significant Progress
- a. Describe the individual's progress during the last authorization period and how it relates to each goal and objective. Please do not copy and paste the ISP:
 - b. If the progress is none to minimal, explain what therapeutic interventions will be implemented in this authorization period to promote improvement. Also explain barriers to progress and changes in the treatment plan:
 - c. If the individual has made moderate to significant progress, will the individual be discharged within the next authorization period? Yes No
 - i. If no to question #16c, why not?

Magellan Support

If you have questions about the SRAs or questions related to TDT services:

- Call our customer service line at 1-800-424-4046 and ask to speak with a Care Manager on the child/adolescent team.
- Join our weekly provider call on Fridays from 1-2 pm.
 - *Dial-In: 888-850-4523*
 - *Passcode: 743713*
- Select *Contact Us* on the Magellan of Virginia website to submit an e-mail to the clinical team.

If your agency uses an approved form from your EHR, please update and submit the forms to VAProviderQuestions@magellanhealth.com for review and approval prior to December 1, 2016.

- Old SRA forms will not be accepted starting 12/1/16.

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Thank You

