

Clinical Director Report- December 2011

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Children's Training Hours Series: A joint effort between LifeWays and the Children's Improving Practices Leadership Team (IPLT). It is the 3rd Monday of each month from 11:00 AM to 1:00 PM in a LifeWays Meeting Room, feel free to bring your lunch to the session. The purpose is to provide LifeWays Provider Network staff the opportunity to fulfill the 24 hour children's hours training requirement FREE OF CHARGE.

If you would like more information or would like to present a topic, contact Julie Willett at 789-1224.

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CAFAS Training: CAFAS Trainings are offered in April, August and December so plan accordingly relative to your staff's expiration date. CAFAS Reliable Rater Certificates expire every 2 years.

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PECFAS Training: PECFAS Trainings are offered in March, July, and November so plan accordingly relative to your staff's expiration date. PECFAS Reliable Rater Certificates expire every 2 years.

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Consultation Time with Mark Lewis:

In the month of January, the following dates and times are available:

- January 11, 2012- 1 PM to 4 PM
- January 13, 2012- 9 AM to 12 PM or 1 PM to 4 PM.

Email Merre Ashley if your company would like one of more of these dates and times. Her email is merre.ashley@lifewayscmh.org

GOING FORWARD: LifeWays will be purchasing 1 week per month of Mark Lewis' time. During this week, he will spend a half day with an agency providing consultation assistance on difficult cases, working with supervisors to develop their expertise in MI/SW interventions, etc. The goal is to develop a high level of competency and confidence in the Provider Network's use of Motivational Interviewing/Motivation Enhancing Skills. A skill set that will be extremely important as we move forward together to implement Health Care Reform.

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Coverage Determination Decisions related to Medicaid Health Plans

A Medicaid beneficiary with a mental illness, serious emotional disturbance or developmental disability, who is enrolled in a Medicaid Health Plan (MHP) is eligible for specialty mental health services and supports when his/her needs exceed the MHP benefits.

The eligibility determination process shall consist of collaborative efforts between the individual's treating outpatient therapist and/or psychiatrist, LifeWays Access Center Staff, the MHP's Mental Health Consultant and/or Medical Director and LifeWays' Medical Director.

The handout titled "Coverage Determination Decisions related to Medicaid Health Plans" is the procedure that will be going into the Provider Manual. It is effective January 1, 2012.

Coverage Determination Decisions related to Medicaid Health Plans

PURPOSE: A Medicaid beneficiary with a mental illness, serious emotional disturbance or developmental disability, who is enrolled in a Medicaid Health Plan (MHP) is eligible for specialty mental health services and supports when his/her needs exceed the MHP benefits. This procedure has been developed to assist MHPs and LifeWays Network Providers in making coverage determination decisions. Generally, as the Medicaid beneficiary's psychiatric signs, symptoms and degree/extent of functional impairment increase in severity, complexity and/or duration, it is more likely that the beneficiary will require specialized services and supports available through LifeWays.

INITIAL DETERMINATION

The current treating outpatient therapist and/or psychiatrist assesses that the following condition(s) are present:

- 1) The beneficiary is currently or has been, within the last 12 months, seriously mentally ill, seriously emotionally disturbed as indicated by diagnosis, intensity of current signs and symptoms, and substantial impairment in ability to perform daily living activities, or for children, substantial interference in achievement or maintenance of developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills.
- 2) Or, the beneficiary does not have a current or recent, within the last 12 months, serious condition but was formerly seriously impaired in the past. Clinically significant residual symptoms and impairments exist and the beneficiary requires specialized services and supports to address residual symptomatology and/or functional impairments, promote recovery and/or prevent relapse.
- 3) Or, the beneficiary has been treated by the MHP for mild/moderate symptomatology and temporary or limited functional impairments and has exhausted the 20 visit maximum for the calendar year; however, exhausting the 20 visit maximum is not necessary prior to referring complex cases to LifeWays.

The presence of one or more of the above conditions is documented in the individual's clinical record, and serves as justification for contacting LifeWays.

FURTHER DETERMINATION

If the current treating outpatient therapist and/or psychiatrist determines that one of the above conditions is present, the outpatient therapist or psychiatrist shall contact LifeWays Access at 517-789-1200 to schedule an assessment for the individual. At the time of scheduling the assessment appointment, the referring professional shall fax (517-789-1276) to LifeWays Access Center a signed release of information and the clinical note that documents the presence of one or more of the conditions described under the "initial determination" section of this procedure.

The LifeWays Access Center staff will conduct an assessment to determine the individual's eligibility for specialty services and/or supports. If the individual is determined to be eligible, the Access Center staff will link the individual to the appropriate service(s) and/or support(s) to meet his/her clinical needs. If the individual is determined to not meet eligibility for LifeWays services, the Access Center staff will

provide information to the individual regarding community resources to meet his/her needs. LifeWays Access Center staff will contact the referring professional regarding the outcome of the assessment and the linkages/information that was provided to the individual.

FINAL DETERMINATION

If the referring professional disagrees with the outcome of the LifeWays Access Center's assessment, he/she shall contact the beneficiary's MHP's Mental Health Consultant to review the referring condition(s) listed under the "initial determination" section of this procedure as well as the outcome of LifeWays' assessment. If the MHP's mental health consultant believes that treatment through LifeWays is medically necessary and can reasonably be expected to improve the individual's condition, the MHP's mental health consultation shall contact LifeWays' Medical Director to concur about the case. LifeWays' Medical Director can be contacted through LifeWays' Physician Services Unit at 517-796-4540. If the MHP's Mental Health Consultant and LifeWays' Medical Director are unable to reach an agreement, the MHP's Mental Health Consultant shall request the MHP's Medical Director and LifeWays' Medical Director concur about the case. The result of the conversation between the Medical Directors shall be the final determination.

It is expected that case discussions between the Medicaid Health Plan staff and LifeWays staff will require collaboration and negotiated understanding especially related to condition three (3) under the "initial determination" section of this procedure where it is expected that additional treatment through LifeWays shall achieve an improvement in the individual's condition.