

The Georgia
Collaborative ASO



**Psychiatric Residential
Treatment Facility
(PRTF) and Community
Based Alternatives for
Youth (CBAY) Overview
June 19, 2015**

Agenda



Introductions

Collaborative Overview

Updates on the GA Collaborative Timeline

PRTF Overview

Service Guidelines

Level of Care Referral and Authorization Process:

- Initial Assessment and Referral
- PRTF LOC Clinical Review Process Transition
- PRTF LOC Clinical Determination Communication and Adverse Decision
- PRTF Authorization Process
- Denial and Fair Hearing Process

Program Absences, Leaves and Discharges

CBAY

Provider Resources

Introductions

- Department of Behavioral Health and Developmental Disabilities
 - Melissa Sperbeck, Deputy Chief of Staff
 - Matt Yancey, Director, Office of Children, Young Adults, and Families
 - Adell Flowers, Policy and Procedures Specialist

- Georgia Collaborative ASO
 - Jason Bearden, CEO, GA Collaborative ASO
 - Laura Beaver, Implementation Clinical Director
 - Wendy Martinez, CEO, BHL
 - David Newton, VP of Clinical Operations
 - Sheree Marzka, Senior Director of National Compliance
 - Sheri Smidhum, Director of Provider Relations

The Georgia Collaborative ASO



- The right service
- In the right amount
- For the right individuals
- At the right time

Goals of the Collaborative

“Easy Access to High Quality Care That Leads to a Life of Recovery and Independence”

- Support recovery, resiliency and independence in community based service system
- Leverage technology through an integrated, customizable platform allowing all core functions to “communicate” (The CONNECTS platform)
- Coordination of previously disparate systems
- Improve state-wide and provider specific outcomes and provider performance

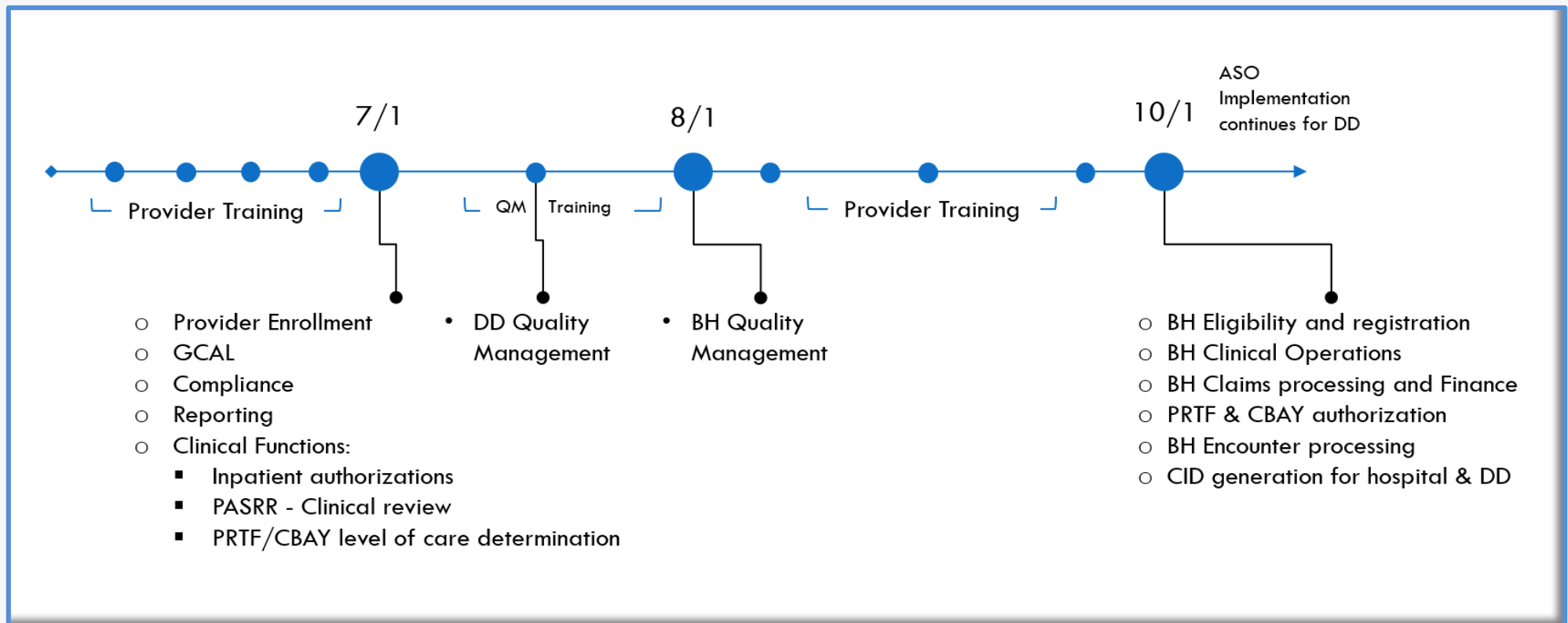


Updates on the Georgia Collaborative Timeline



Phased Implementation Strategy & Timeline

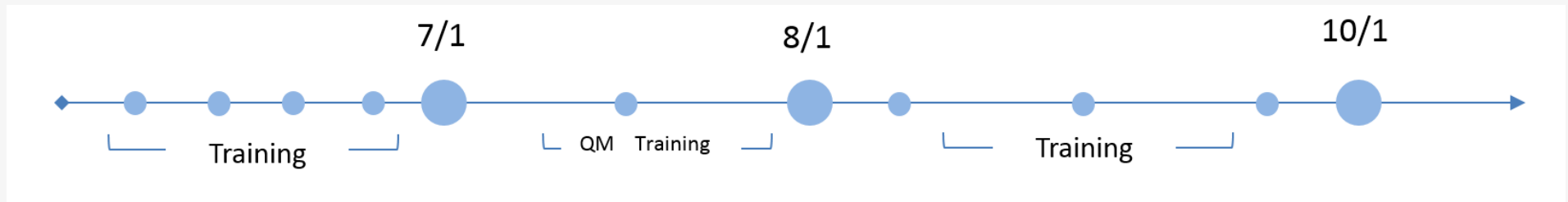
The go-live date for certain behavioral health and intellectual and developmental disabilities services remains July 1, 2015. However, certain activities will be phased beyond this date as part of our ongoing implementation.



Training and Communications

- Training will be conducted during webinars and face-to-face sessions
- Email invites will be sent to all enrolled providers pertinent to content presented
- Many webinars will be recorded and posted for your convenience
- All training materials will be posted to the Collaborative and DBHDD ASO webpage

Training and Resources



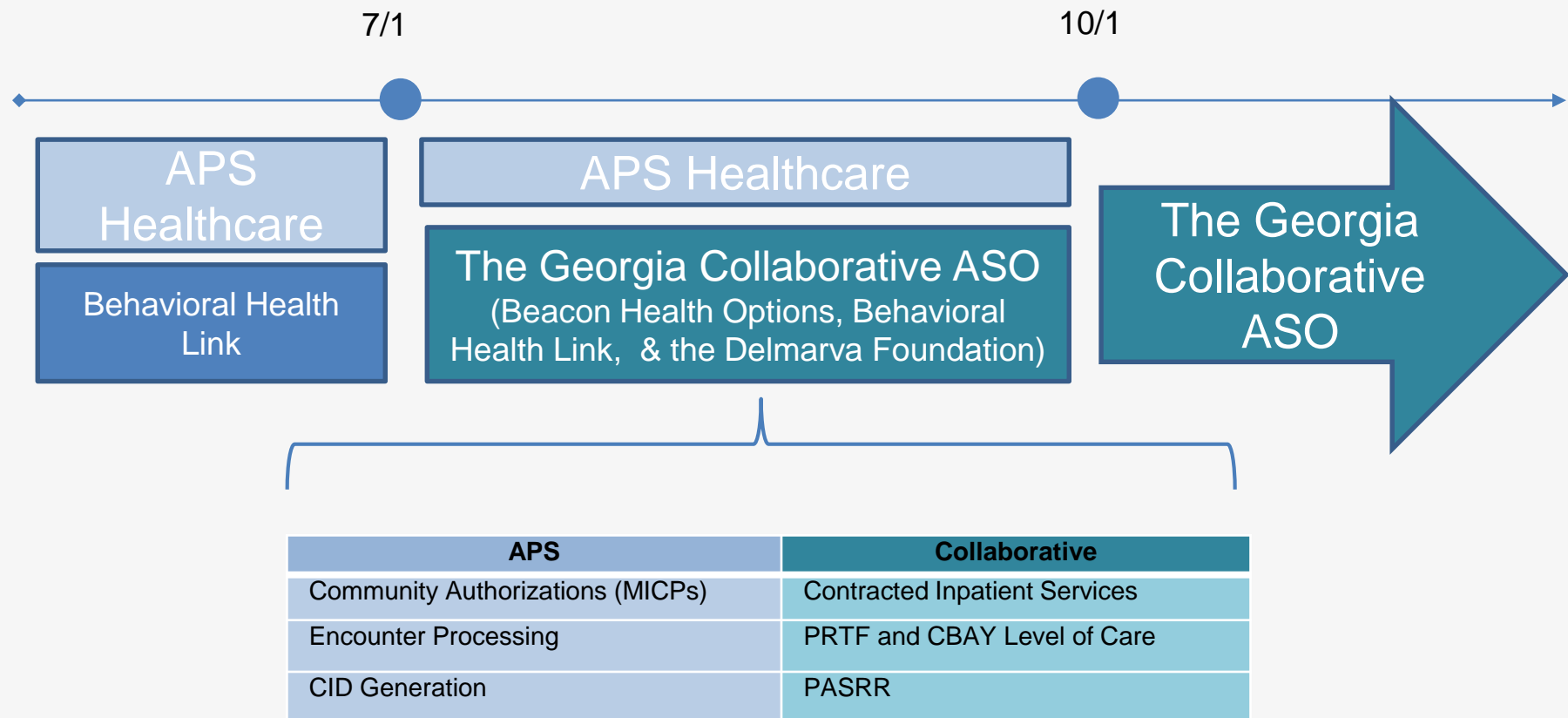
DBHDD ASO Page: <http://dbhdd.georgia.gov/georgia-collaborative>

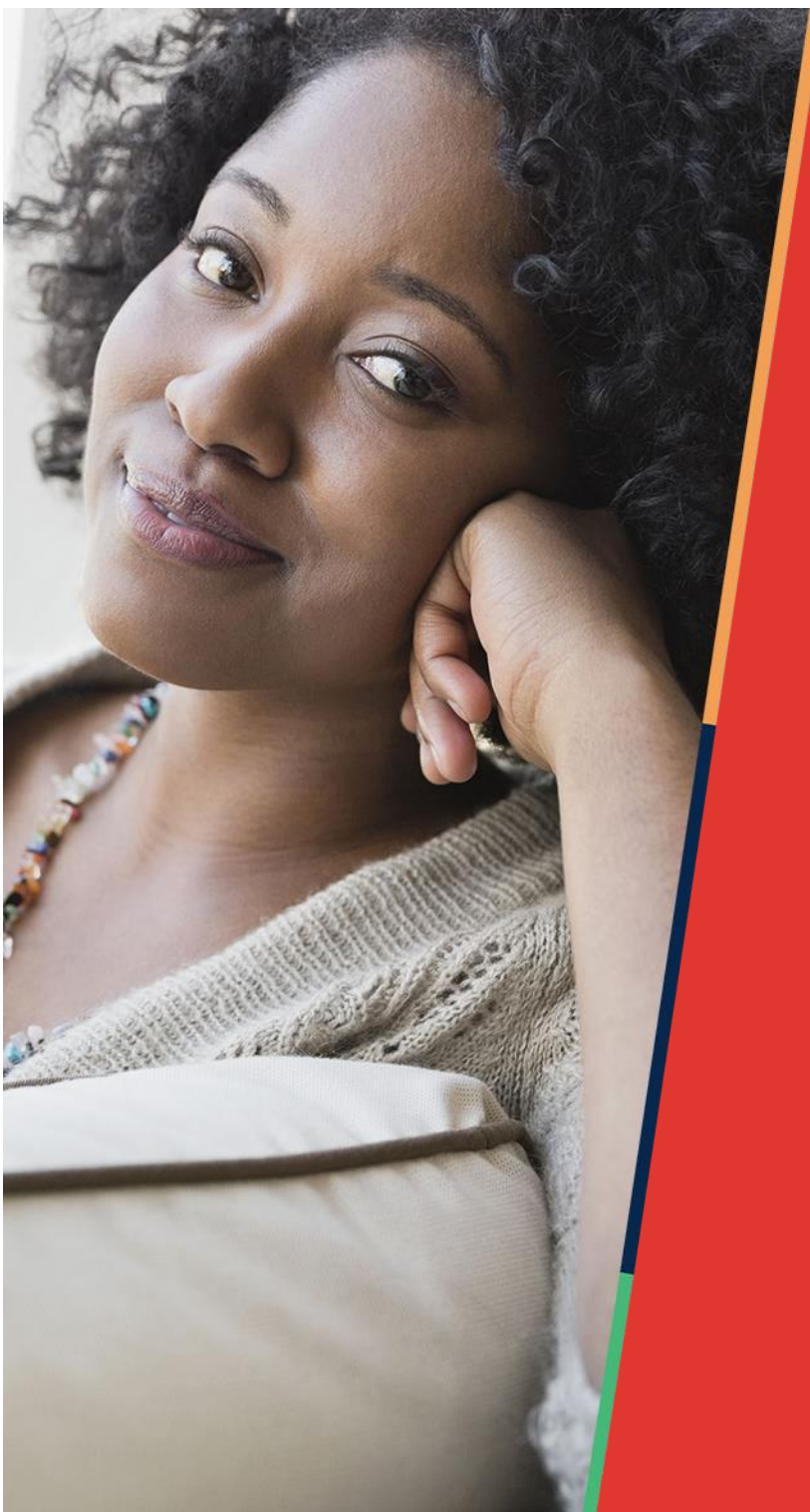
Beacon's Temporary Page for GA:
<http://www.valueoptions.com/providers/Network/Georgia.htm>

The Georgia Collaborative website:
www.georgiacollaborative.com

Provider Resource Directory
www.mygcal.com will transition to ReferralConnect

ASO Clinical Management & Authorization Process





PRTF Overview



What is a PRTF?

CMS defines a PRTF as separate, stand-alone entity providing a range of comprehensive services to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician; the **purpose** of the service is to improve the residents condition or prevent further regression so that services are no longer necessary.



Characteristics of a PRTF

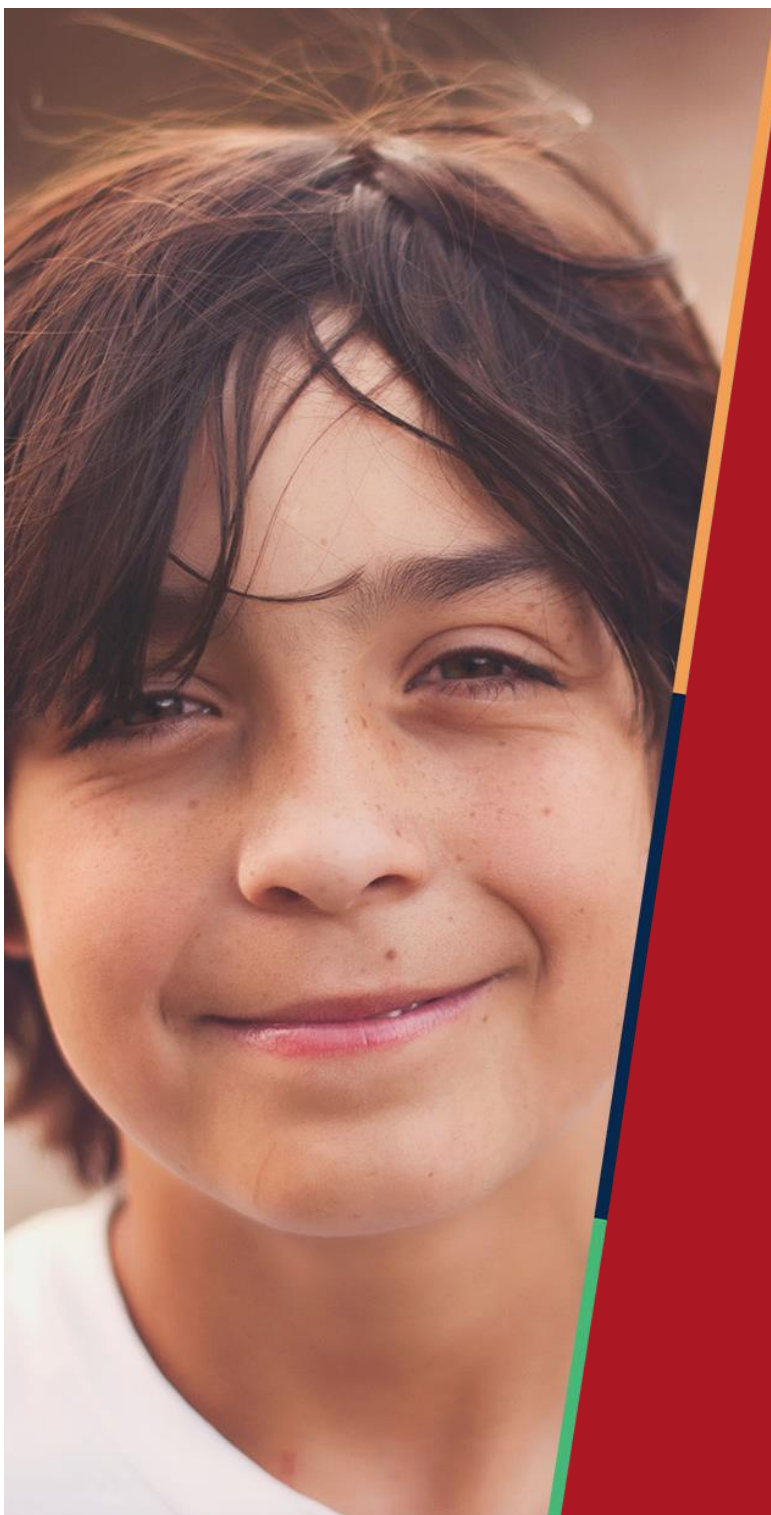
- Inpatient facility
- Serves individuals ages 21 and under
- A Level of Care utilized when:
 - Ambulatory care services in the community do not meet the treatment needs of the youth
 - The individual requires 24-hour care with nursing under the supervision of a physician
 - Services are reasonably expected to improve the condition or prevent further regression



Georgia PRTF Facilities



- Coastal Harbour
- Devereux
- Hillside
- Lake Bridge
- Laurel Heights Hospital
- Light House Care Center of Augusta
- Youth Villages



Service Guidelines



Service Definition

- Inpatient level of care that provides mental health and substance abuse treatment
- Target population is youth 21 and younger with SED (Serious Emotional Disturbance)
- Less restrictive level of care has been tried or is inappropriate
- Goal is to return to the community or less restrictive level of care
- Must meet medical necessity



Service Definition

- Promote stability
 - Decreased frequency, intensity and duration of crisis episodes
 - Increased stable participation in school and community activities or activities that encourage community inclusion
- Development of supports
 - Promote resiliency
 - Understand the effects of the emotional disturbance and/or substance use/abuse
 - Promote age appropriate functioning



Service Activities

| Diagnostic Assessment | Educational activities |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Development of an Individualized Resiliency and Recovery Plan (IRRP) | Activities which promote youth's skills in managing his or her own health |
| Psychiatric Services | Individual therapy |
| Nursing Services | Family therapy |
| Medication monitoring & management | Consultation with other professionals in the community |
| Evidence- based treatment interventions | Discharge and transition planning |
| Non- medical transportation | |

Functional Assessment Criteria

7/1/2015 – 9/30/2015

Providers will continue to assess for appropriate level of care and submit admission requests using the CALOCUS, CAFAS and LOCUS during the initial GA ASO Collaborative implementation period of July 1, 2015 and September 30, 2015.

PRTF may be indicated for individuals with:

- CALOCUS score Level 6 OR
- CAFAS score ≥ 140 and Home scale ≥ 30 OR
- LOCUS score Level 6 for a young adult aged 18 – 21

Beginning October 1, 2015, the CANS will be used in the utilization review process.

Admission Criteria- Target Population

- 21 and younger
- Are covered by State Contracted/Fee-for-Service (FFS) Medicaid funds,
- Require an intensive program in an out-of-home setting due to behavioral, emotional, and functional problems which cannot be addressed safely and adequately in the home;
- Have an MH diagnosis, co-occurring SA and MH diagnosis or co-occurring DD and MH diagnosis



Admission Criteria

Meets specific eligibility criteria AND one or more of the following:

- I. Youth has shown serious risk of harm in the past 30 days
- II. Clinical documentation supports need for safety and structure of treatment



Admission Criteria – Serious Risk of Harm in Past 30 Days

I. Current Suicidal Ideation (SI) or Homicidal Ideation (HI) with clear, expressed intentions and/or current SI/HI with past history of carrying out such behavior and at least one of the following:



1. Indication or report of significant and repeated impulsivity and/or physical aggression, with poor judgment and insight, and that is significantly endangering others.
2. Recent pattern of excessive substance use (co-occurring with an MH dx) resulting in clearly harmful behaviors with no demonstrated ability of child/adolescent or family to restrict use.
3. Clear and persistent ability, given developmental abilities, to maintain physical safety and/or use environment for safety.

Admission Criteria - Clinical Documentation

II. Clinical documentation supporting the need for the safety and structure of treatment provided in a high level of care and the youth's behavioral health issues are unmanageable as evidenced by **both**:

- A. History of multiple admissions to crisis stabilization programs or psychiatric hospitals
- In the past 6 months
 - Youth has not progressed sufficiently or has regressed
- B. Youth has history of attempted SI/HI, and there has been unsuccessful follow through from the parents/caregivers with elements of an Individual Recovery and Resiliency Plan (IRRP)



Admission Criteria - Clinical Documentation Is an Intensive Level of Care Needed?

In addition to documented history of multiple admissions, clinical documentation must also demonstrate **two of the following**:



1. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs, **AND**
2. Past response to treatment has been minimal, even when treated at high levels of care for extended periods of time, **OR**
3. Symptoms are persistent and functional ability shows no significant improvement despite extended treatment exposure.

Admission Criteria - Clinical Documentation Is the Youth at Risk?

History resulted in the exhibition of specific mental, behavioral or emotional behaviors that place the recipient at imminent risk for disruption of current living arrangement including lack of follow through:

1. Taking prescribed medications
2. Following a crisis plan
3. Maintaining family integration



Exclusionary Criteria

| Clinical Exclusion | Conditional Exclusions | Service Exclusions while enrolled in PRTF |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 318.1 Severe Mental Retardation: IQ level showing a score of 20-25 to 35-40 | <ul style="list-style-type: none"> Organic mental disorder TBI (Traumatic Brain Injury) | All other Medicaid-reimbursable CORE and/or Specialty services are to be discontinued until the individual has been unconditionally discharged from PRTF |
| 318.2 Profound Mental Retardation: IQ level below a score of 20 or 25 | <ul style="list-style-type: none"> Conduct Disorder Mild/Moderate Mental Retardation | Tier 1, Tier 2, and Tier 2+ providers may provide Community Transition services, which are State Contracted Funded |
| Axis I primary Dx: Personality Disorder | <ul style="list-style-type: none"> Autistic Disorder | |
| Axis I primary Dx: Rule Out (R/O) diagnoses | | |

Note: Behavioral health issues must not include those behaviors that are indicative of the normal developmental process or delinquent behavior not associated with the identified behavioral health diagnosis

Continued Stay Criteria

1. Meets utilization criteria for PRTF level of care and is under the age of 22
2. Individual's treatment does not require a more intensive level of care, and no less intensive level of care is appropriate
3. Actively participating in treatment, or there are active efforts being made that can reasonably be expected to lead the child's engagement in treatment.
4. Family, guardian, and/or custodian is involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.
5. If treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress.

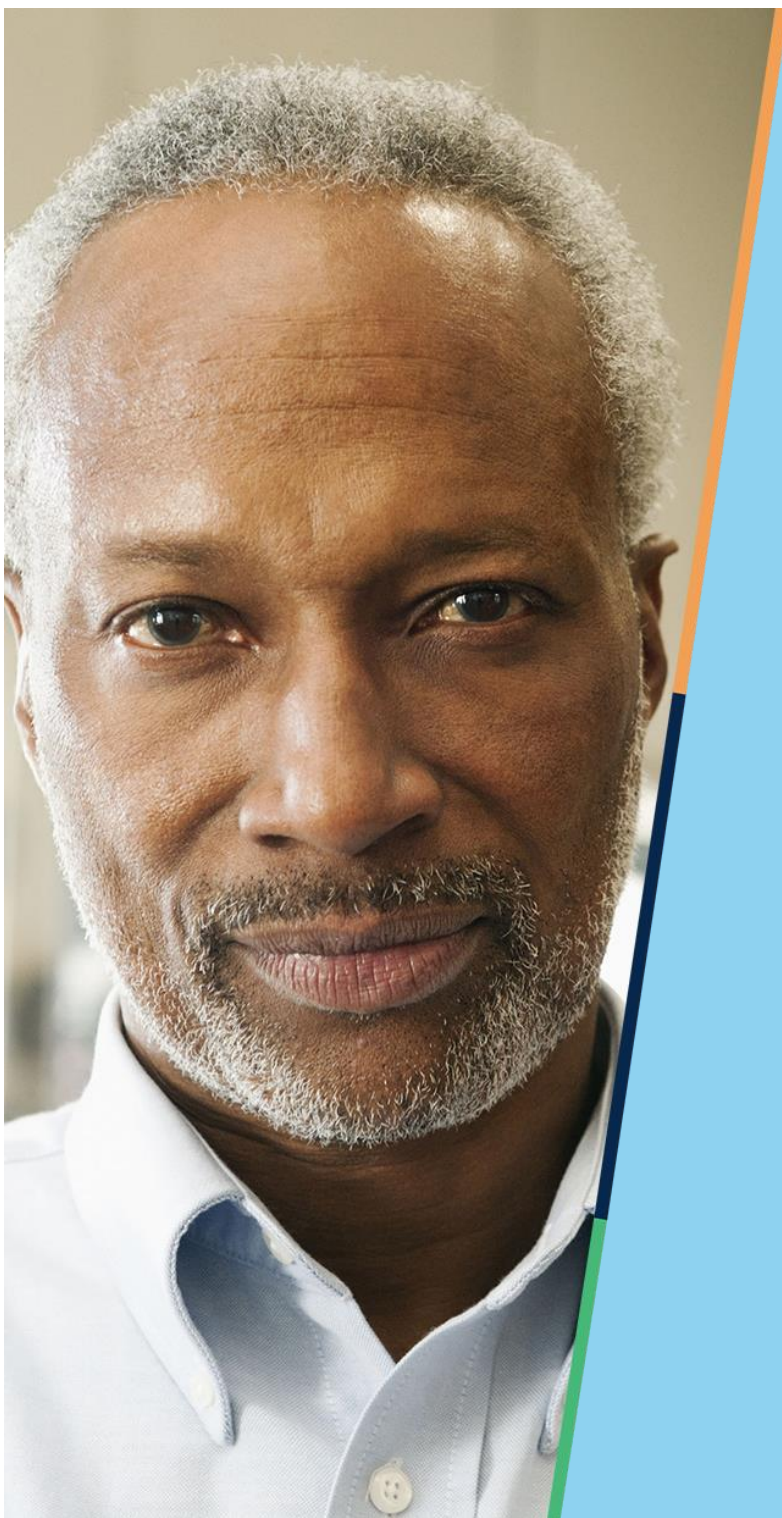


Discharge Criteria

An adequate continuing care plan has been established; and one or more of the following:

- Goals of individual plan of care have been substantially met and youth no longer meets continuing stay criteria
- Youth's family requests discharge and the youth is not in imminent danger of harm to self or others; **or**
- Transfer to another service is warranted by change in the youth's condition





Level of Care Referral & Authorization Process



Initial Assessment and Referral Process

A crisis service provider (CSU or Inpatient facility) OR a Community Based Behavioral Health Outpatient treatment provider identified a youth under 22 as in need of admission to a Psychiatric Residential Treatment Facility (PRTF) or enrollment in Community Based Alternative for Youth (CBAY) program.



A **COMPLETE** authorization request is submitted for medical review. This request should include:

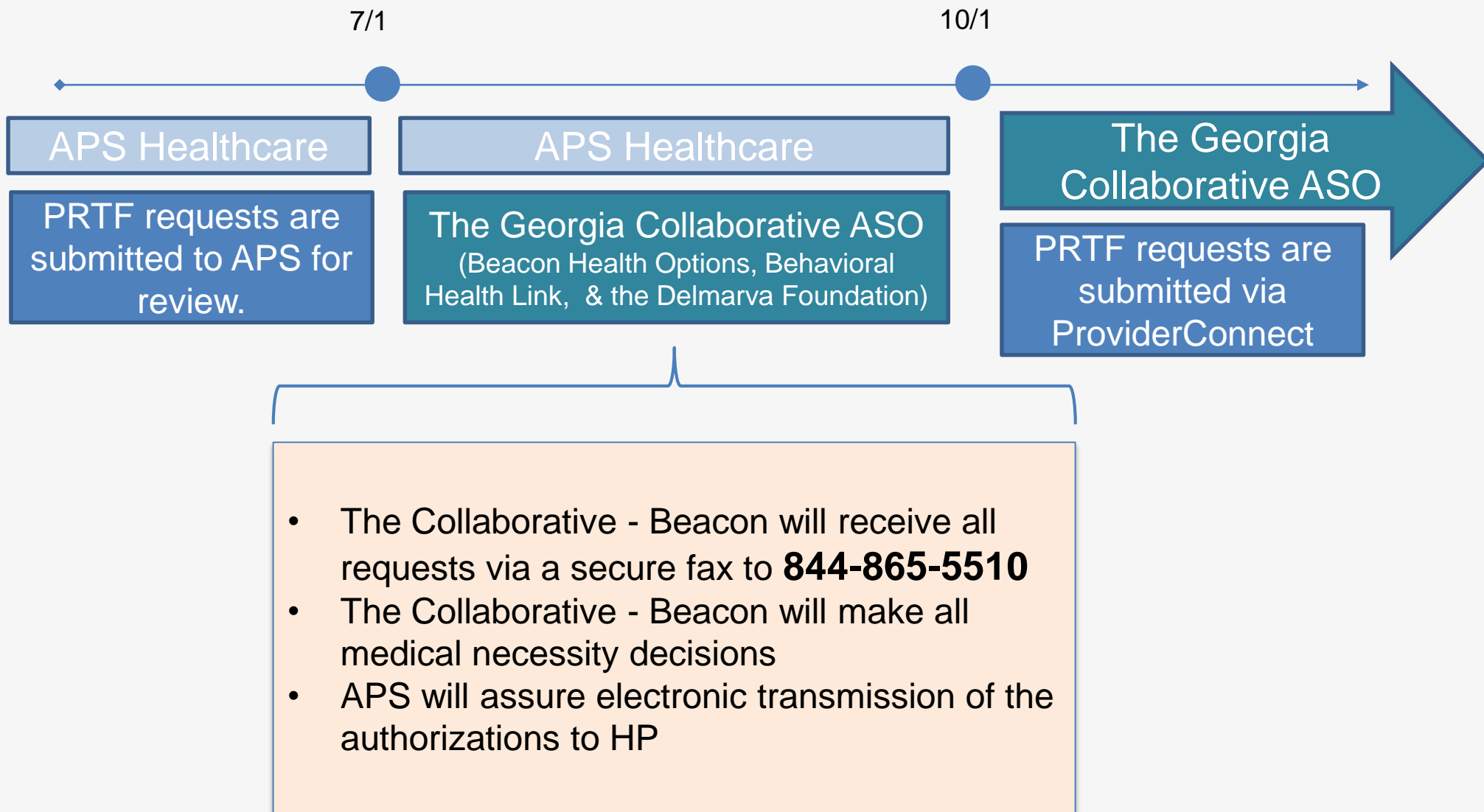
- 1) PRTF/CBAY Referral Document Checklist* gathering of psycho-social, medical, developmental, educational, substance use, legal involvement, and treatment history.
- 2) Psychiatric evaluation with a documented mental status exam, current diagnosis, notation of current clinical presentation & medications.
- 3) Plan of care signed and dated 30 days of the submission date.
- 4) Functional assessment - (LOCUS/CALLOCUS/CAFAS)
- 5) Psychological evaluation including cognitive functioning measures completed within **2 years of the submission date**
- 6) Court order (if applicable)
- 7) IEP accessed (if applicable)
- 8) Based on the clinical presentation and the history provided a psychosexual evaluation including a risk assessment (if applicable)

NOTE:
DFCS cannot submit PRTF requests

Initial Assessment and Referral Process

Under unique clinical situations, the Georgia Collaborative may determine a psychological testing requirement is not necessary or may be outside of the time guidelines. In these cases, the Collaborative will determine if a psychological evaluation is needed, and following consultation with DBHDD, will document in the individual's record the justified reason for the exception to the psychological testing requirement.

Transition Request Procedures



PRTF LOC Clinical Review Process- Transition

Referring provider faxes LOC complete request to Collaborative with CID, if available and all supporting documents.

Collaborative staff register individual to obtain CID (if needed) and assign fund to process request

Collaborative Clinical staff review LOC request for completeness (Were all the required documents provided?)

NO

Outreach call to referring provider asking for missing documents/information to complete the request



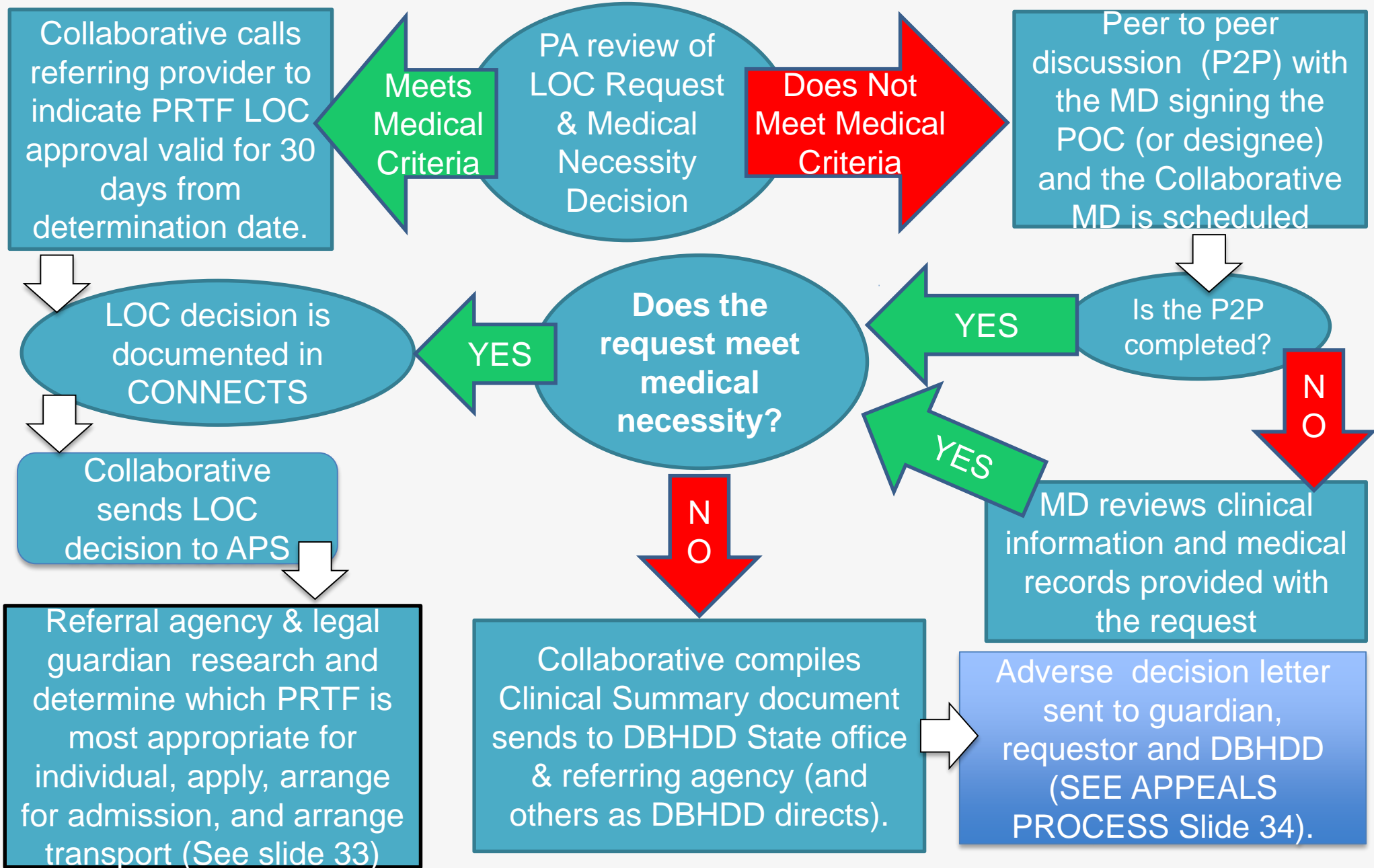
Additional information
Completing the request received



The Collaborative reviews the request and all attached documents including assessments and the Plan of Care & determines any clarifying questions or additional clinical information needed

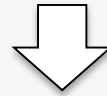
YES

PRTF LOC Clinical Determination, Communication & Adverse Decisions



PRTF Authorization Process

Referring provider and guardian apply to a Georgia PRTF deemed appropriate to meet the individual's specific needs. Youth is accepted for admission.



PRTF accepting individual for admission submits an authorization request to APS. Request indicates the admission date. APS verifies PRTF LOC was approved by Collaborative and admission date is less than 30 days from LOC determination date. Once confirmed, APS enters an authorization for 30 days. Authorization is passed to HP



APS communicates entry of authorization for initial 30 days of admission to Collaborative. Collaborative staff document PRTF provider and authorization information in CONNECTS system

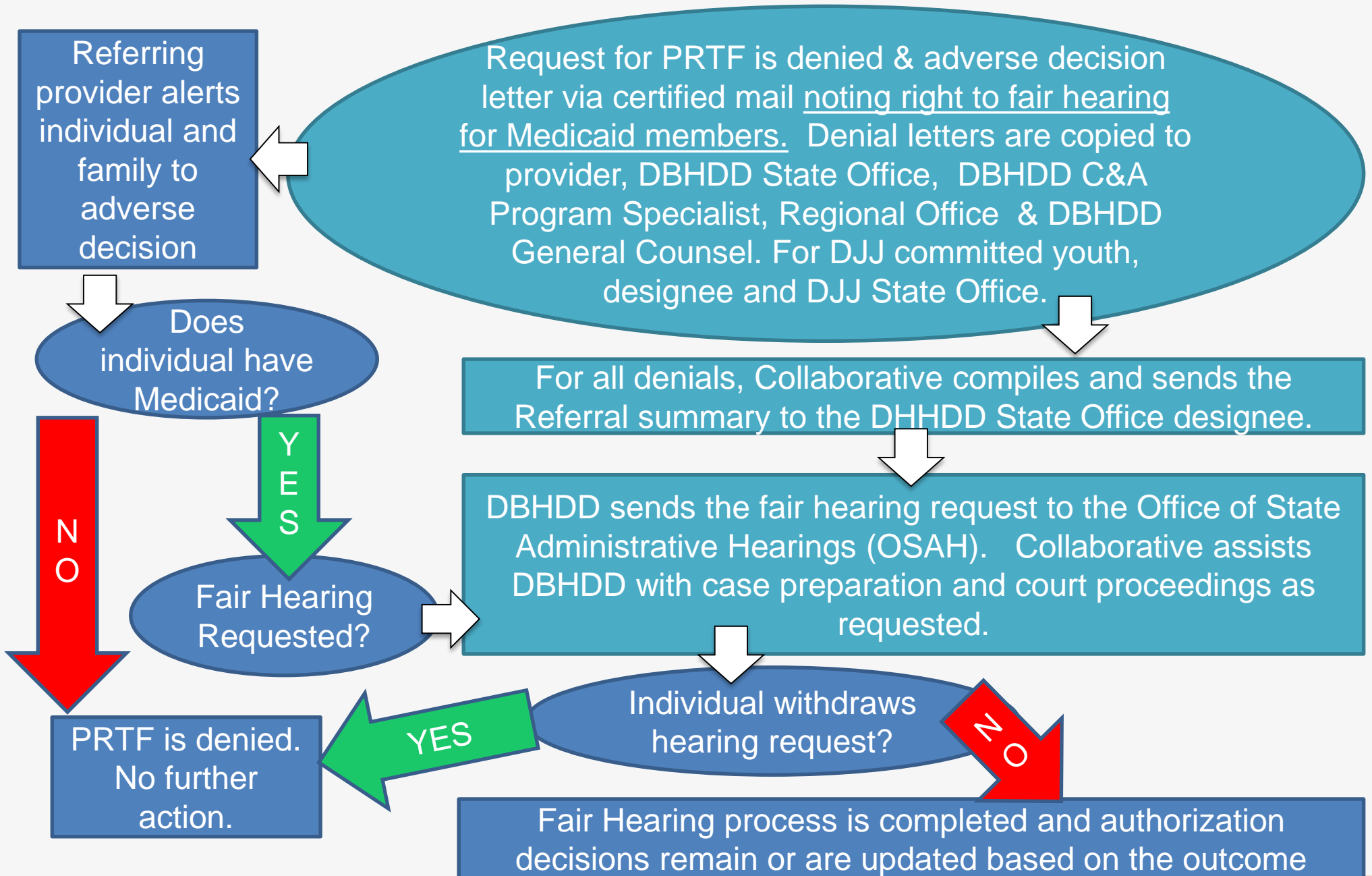


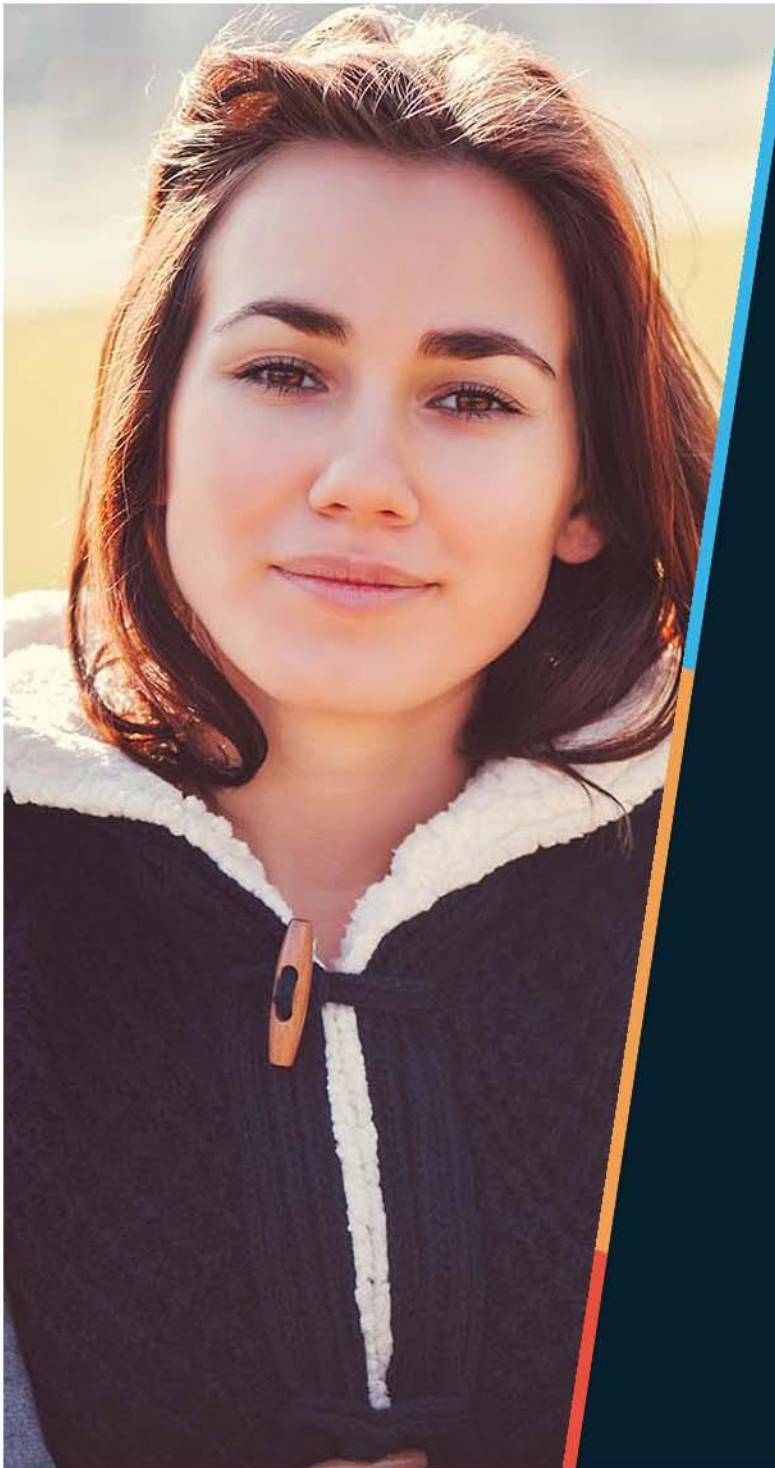
Provider submits concurrent requests in APS system. The Collaborative accesses the request, reviews, outreaches to provider as needed, a medical necessity decision is rendered, documented and communicated to APS.



APS enters concurrent authorization in APS system and passes Authorization decision to HP.

Denial and Fair Hearing Process





PRTF Leave and Absentee Policy

Absentee and Discharge Policies

- Acute Absences
- Unplanned Absences
- Therapeutic Leave
- Discharges



Acute Absence

Acute Absence: Absence from PRTF because of admission for CSU or inpatient care.

When and if it is determined by the child and family team that return to the PRTF is clinically appropriate the following actions are required:

Scenario #1: If the child's authorization is still effective as of the date the child is ready to return, the PRTF provider submits a new psychiatric assessment and pertinent updated information to the Collaborative for brief review to determine if admission criteria is met. If approved, PRTF must accept youth/young adult back unless there is no bed available.

Scenario #2 Authorization period ends during the absence, a new application request must be submitted with all required documentation.

Unplanned Absence

Unplanned Absence: Individual's PRTF admission is disrupted by elopement or incarceration. In such cases, the PRTF will alert the parent/legal guardian. When the youth has been absent for 24 hours, a discharge will be completed.

If the youth/young adult requires PRTF upon release from detention or jail:

Scenario #1: If the authorization period would be current if not for the required discharge, the PRTF provider submits a new psychiatric assessment and pertinent updated information to the Collaborative for brief review to determine if admission criteria is met. If approved, PRTF must accept youth/young adult back unless there is no bed available.

Scenario #2 Authorization period ends during the absence, a new application request must be submitted with all required documentation.

Therapeutic Leave

Therapeutic leave, especially as the youth moves toward to community based care, can be an important part of the transition process

- Planned absences from the program for the purpose of transition/therapeutic leave will be paid on the unit rate not to exceed three consecutive days, based on midnight bed count
- Extended therapeutic leave may occur when clinically indicated

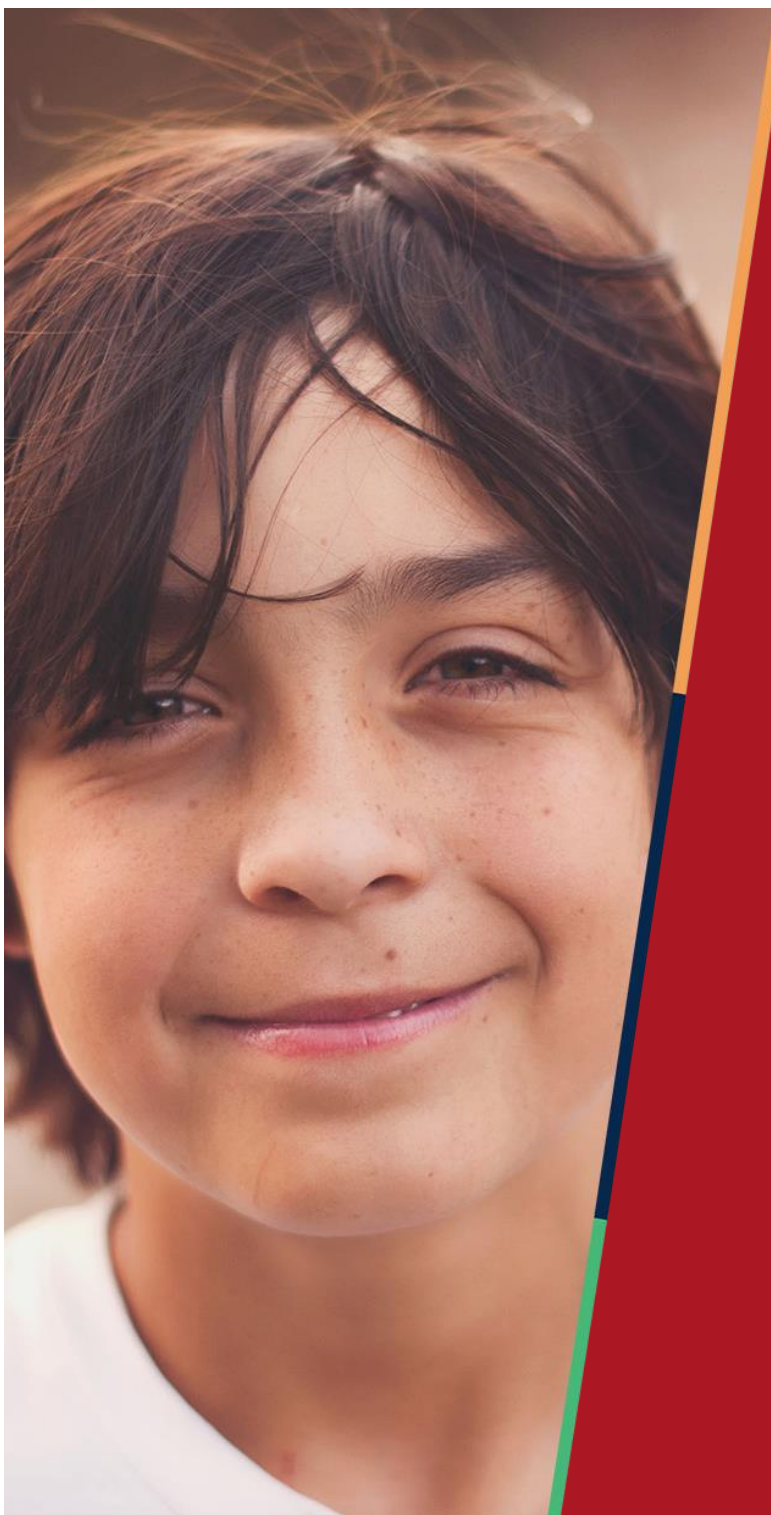


Discharges

Immediately upon a youth's discharge, the PRTF provider should submit to the Collaborative, either telephonically or via fax of the following:

- Name and CID of the individual served
- Date of discharge
- Aftercare plans including dates of appointments, the name and contact information of the community provider

This information will allow the Collaborative to provide aftercare follow-up for the youth served.



CBAY: Community Alternatives for Youth



Community-based Alternatives for Youth (CBAY)

What is CBAY?

The Community-based Alternatives for Youth (CBAY) Program provides alternatives to treatment provided in a PRTF. Children, youth and young adults ages 4 through 21 with serious emotional and behavioral disturbances who have a primary DSM diagnosis of mental illness and who are placed, or at risk of placement, in a Psychiatric Residential Treatment Facility are served by the program as close to their natural home settings as possible.

What is the goal?

CBAY has a goal of reducing the length of stay in out-of home placements and increasing the number of youth receiving community-based services transitioned or diverted from these facilities.

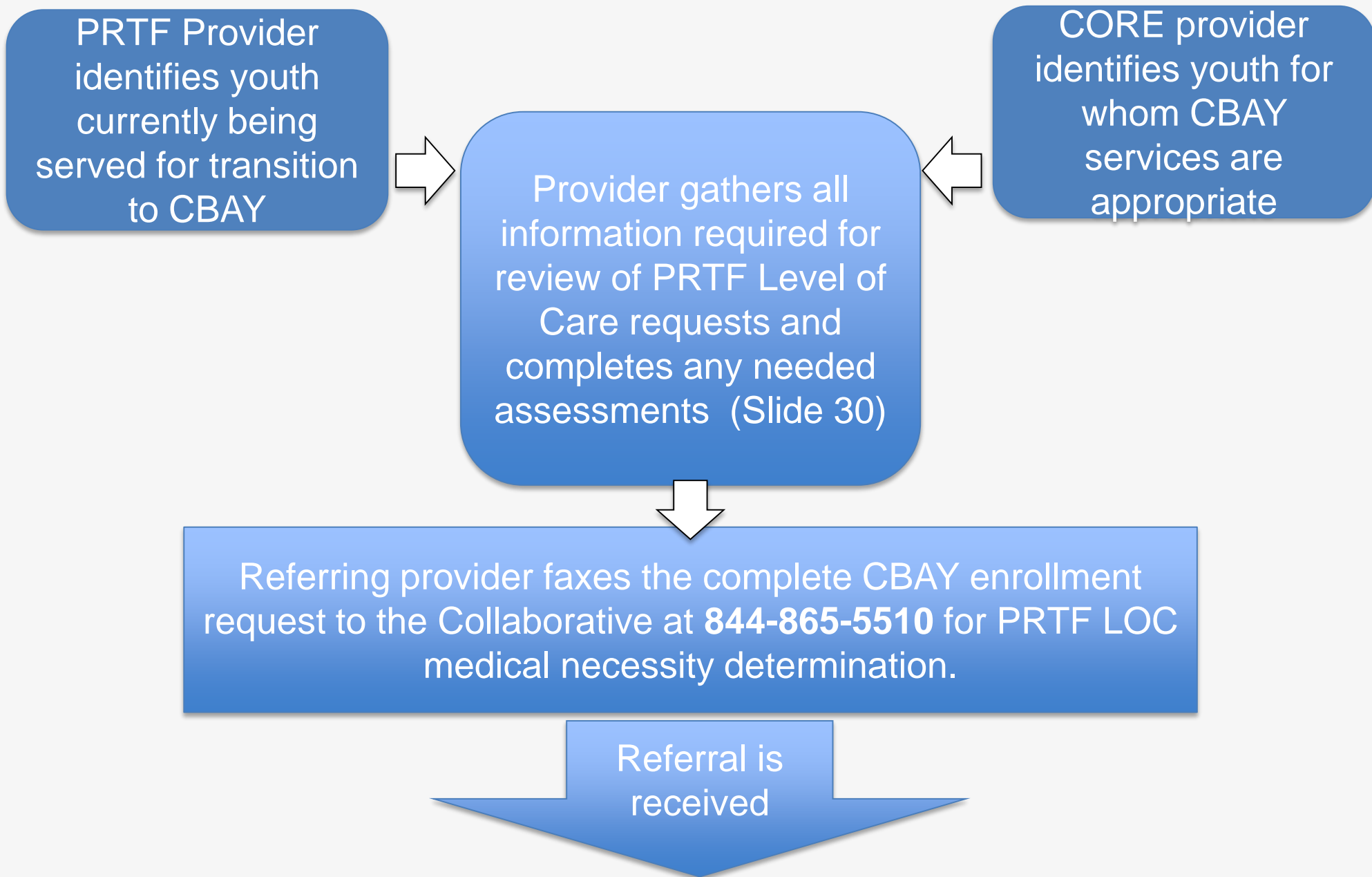
Adapted from CBAY Procedures Manual, January 1, 2014

Categories of CBAY by Funding Source

| CBAY FUND SOURCE | DESCRIPTION OF TARGET POPULATION | REFERRAL DOCUMENTATION REQUIREMENTS |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MFP (Money Follows the Person) | <p>Meets PRTF LOC criteria and has been in a PRTF 90 or more days</p> <p>Youth will discharge from the PRTF to their family OR another placement with no more than four unrelated youth</p> | <ol style="list-style-type: none"> 1) PRTF Admission Packet 2) MFP CBAY Referral Form 3) MFP CBAY Overview & Consent 4) MFP Treatment Choice Form 5) MFP Unified ROI 6) MFP Informed Consent 7) MFP Authorization for Use or Disclosure of Health Information 8) Minimum Data Set |
| BIP (Balancing Incentives Program) | <p>Meets PRTF LOC criteria and has been in a PRTF for less than 90 days or the request is as a diversion from PRTF admission</p> | <ol style="list-style-type: none"> 1) PRTF Admission Packet 2) CBAY Treatment Choice Form 3) CBAY Unified ROI 4) CBAY Overview & Consent 5.) Standard Data Set |

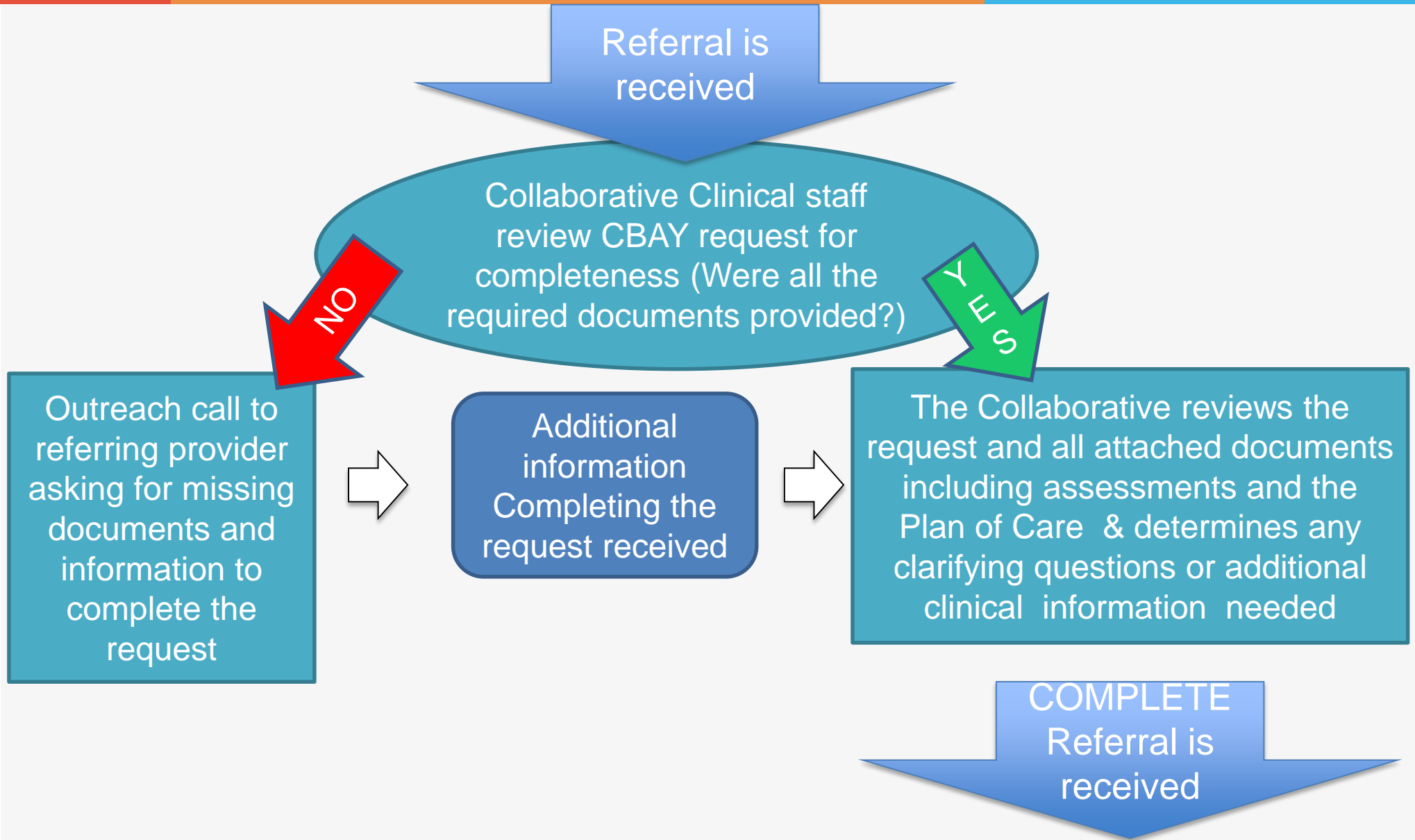
CBAY Procedure - Requests for Review of LOC

July 1, 2015 – September 30, 2015



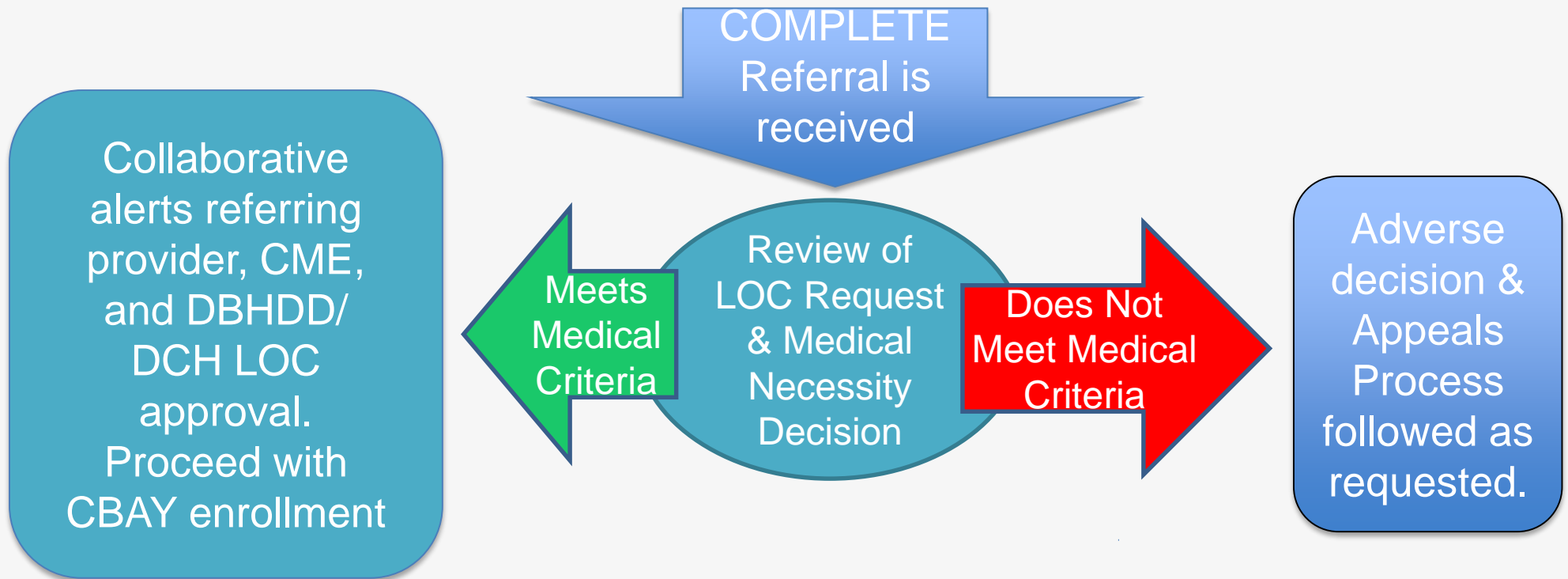
CBAY Procedure- TRANSITION

July 1, 2015 – September 30, 2015



CBAY Procedure- TRANSITION

July 1, 2015 – September 30, 2015



CBAY Transition Process (Continued)

During the transition period, additional enrollment and authorization activities from the point of PRTF Level of Care Determination through the individual's course of CBAY treatment will be managed by DBHDD CBAY staff.

The CBAY approval email will still be sent from DBHDD as it is currently and will include the referral source, selected CME directors, and regional staff along with the official CBAY enrollment/start date. All ongoing plan of care/action plans, authorizations, and discharges will still be monitored and reviewed by DBHDD as it is currently and will remain until September 30, 2015.



Program Integrity & Compliance



Program Integrity – Prevention

- Industry Partnership – Work w/ Federal, State and peer agencies, to coordinate audits & investigations and keep current on fraud, waste & abuse schemes
- Training, Education & Technical Assistance – Offer training to staff and providers so people can better avoid and identify potential fraud, waste & abuse
- Ethics Hotline – Provided to allow reporting, anonymously if desired, issues surrounding fraud, waste & abuse (1-888-293-3027)
- Claims Edits – Automatically identify claims for issues such as duplicate claim, unknown services, unknown or ineligible member, and ineligible providers
- Individual's will be receiving Explanation of Benefit (EOB) statements



Program Integrity – Audit & Detection



- Interdepartmental Coordination – Routinely work with departmental resources to gather information such as provider audits or performance issues, which may indicate potential fraud, waste & abuse
- Data-mining & Trend Analysis – Random reviews of database information, such as claims and utilization review data, claims submittals, etc. to identify patterns of potential fraud, waste & abuse
- Audits – Reviews to ensure compliance w/ Federal and State laws, regulations, billing and documentation requirements and to monitor for possible fraud, waste & abuse

Program Integrity - Investigation

- Internal/External Referrals – Utilize multiple resources for gathering information related to fraud, waste & abuse allegations
- Comprehensive Audits/Investigations – If fraud is suspected or audit findings indicate a possible systemic problem, an investigation will be initiated and may include interviews and review of a larger volume of documents



Program Integrity - Resolution

- Reporting – Report any suspicion or knowledge of fraud and abuse to DBHDD for referral to DCH and/or MFCU. Follow-up summary reports are sent within 2 business days
- Corrective Actions – Recommend provider corrective action plans (CAPs) to DBHDD to include remedies such as repayment of funds, training, referral to law enforcement or other regulatory authorities, etc.
- Appeals – If a provider disagrees with an audit report, an appeal may be requested along with a written explanation and documentation supporting the reason for the dispute





Provider Resources





Georgia Collaborative ASO

Welcome to the Georgia Collaborative Administrative Services Organization (ASO) website. Working with the Georgia Department of Behavioral Health and Developmental Disabilities' (DBHDD) network of more than 600 providers, the Georgia Collaborative ASO facilitates the delivery of whole-health, person-centered and culturally sensitive supports and services to individuals and their families throughout the state.



[For Individuals & Families](#)

[For Providers](#)

ProviderConnect – Services available 10/1/2015

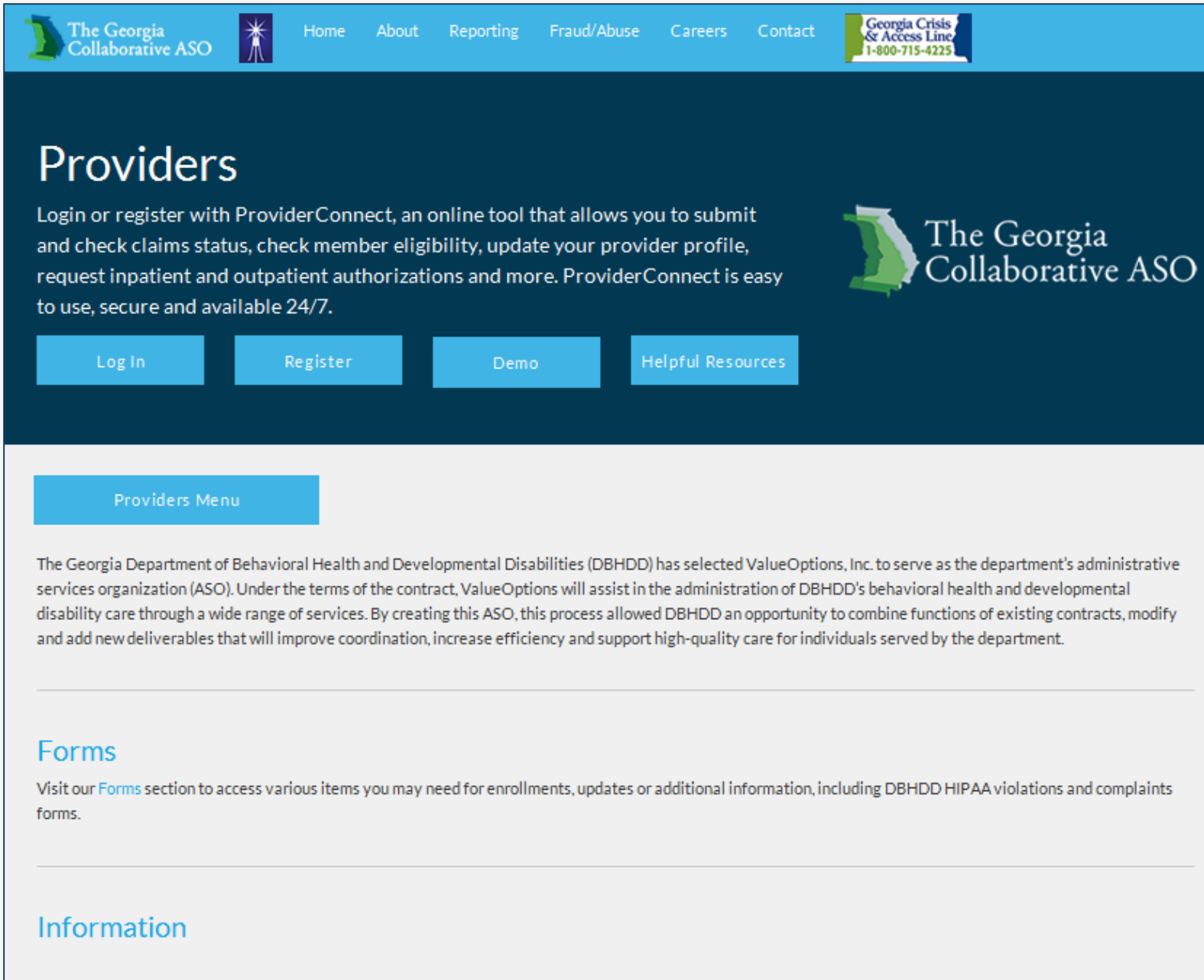
Beginning October 1, 2015, PRTF and CBAY requests will be submitted to the Collaborative via ProviderConnect, Beacon's online system for Providers.

An online tool where providers can:

| | |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Verify individual eligibility | <ul style="list-style-type: none">• Register an Individual for funds |
| <ul style="list-style-type: none">• Access and Print forms | <ul style="list-style-type: none">• Request and View Authorizations |
| <ul style="list-style-type: none">• Download and Print Authorization Letters | <ul style="list-style-type: none">• Submit Claims and View Status |
| <ul style="list-style-type: none">• Access Provider Summary Vouchers (PSVs) | <ul style="list-style-type: none">• Submit Customer Service Inquiries |
| <ul style="list-style-type: none">• Submit Updates to Provider Demographic Information | <ul style="list-style-type: none">• Access ProviderConnect Message Center |

INCREASED CONVENIENCE, DECREASED ADMINISTRATIVE PROCESSES

Disclaimer: Please note that screens used in this presentation are for demonstration purposes only and actual content may vary.



The Georgia Collaborative ASO

Home About Reporting Fraud/Abuse Careers Contact

Georgia Crisis & Access Line
1-800-715-4225

Providers

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

[Log In](#) [Register](#) [Demo](#) [Helpful Resources](#)

Providers Menu

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) has selected ValueOptions, Inc. to serve as the department's administrative services organization (ASO). Under the terms of the contract, ValueOptions will assist in the administration of DBHDD's behavioral health and developmental disability care through a wide range of services. By creating this ASO, this process allowed DBHDD an opportunity to combine functions of existing contracts, modify and add new deliverables that will improve coordination, increase efficiency and support high-quality care for individuals served by the department.

Forms

Visit our [Forms](#) section to access various items you may need for enrollments, updates or additional information, including DBHDD HIPAA violations and complaints forms.

Information

Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com

