



Licensed Independent Practitioner Collaborative Webinar

August 19, 2020





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Provider Network Trainer

Agenda

- ▶ Welcome
- ▶ Service Authorizations/CCAs/PCPs
- ▶ NC ASAM Criteria Project
- ▶ Telehealth 1H
- ▶ Provider Open House
- ▶ Resources
- ▶ Partners Training Academy



Welcome

Michelle Stroebel, Provider Network Trainer

- ▶ Follow the Training Academy Provider Knowledge Base link below to view documents related to the LIP Collaborative:
<https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>
- ▶ Register for Partners Publications
 - <https://partnersbhm.org>
 - Bottom of the webpage, click “subscribe” to receive Communication Bulletins, Provider Alerts, Behavioral Health Focus publication



Service Authorizations/CCAs/PCPs

Joy Chestnut, Program Integrity Investigator





Reducing the Risk of Overpayments: Service Orders, CCAs, Individualized Plans & Service Notes

LIP Collaboration, August 19, 2020
Joy Chestnut, MHA, CLEAR Certified, Program Integrity Investigator

Objectives of this training...

To enhance compliance and help providers reduce the risk of receiving an overpayment.

Objectives

- ▶ Where do I find the rules for service records and documentation
- ▶ What must be included in a Service Order, Comprehensive Clinical Assessment, Individualized Plan, Service Notes & Progress Notes

This presentation is a summary of the requirements outlined in CCP 8C, and APSM 45-2. Those sources are superior to any criteria outlined in this presentation.



Laws, Rules, Regulations, Policies...

- ▶ State Plan
- ▶ North Carolina General Statutes
- ▶ North Carolina Administrative Code
- ▶ Clinical Coverage Policies
- ▶ Service Definitions
- ▶ Records Management and Documentation Manual



NC State Plan, General Statutes, Administrative Code

- ▶ NC State Plan: Title XIX of the Social Security Act requires that North Carolina provide a plan to administer and manage the North Carolina Medicaid Program.
 - <https://medicaid.ncdhhs.gov/notices/medicaid-state-plan-public-notices>
- ▶ NC General Statutes: Chapter 122C-Mental Health, Developmental Disabilities and Substance Abuse Act of 1985.
 - <https://www.ncleg.gov/Laws/GeneralStatuteSections/Chapter122C>
- ▶ NC Administrative Code: Title 10A, Chapters 26, 27, 28 & 29
 - <https://www.ncdhhs.gov/divisions/mhddsas/commission/ncadministrativecode>

NC DHB Clinical Coverage Policies

- ▶ NC Medicaid and Health Choice Clinical Coverage Policies for Behavioral Health
 - <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/behavioral-health-clinical-coverage-policies>



Clinical Coverage Policies

- ▶ 8A, Enhanced Mental Health and Substance Abuse Services
- ▶ 8A-1, Assertive Community Treatment (ACT) Program
- ▶ 8A-2, Facility-Based Crisis Service for Children and Adolescents
- ▶ 8A-6, Community Support Team (CST)
- ▶ 8B, Inpatient Behavioral Health Services
- ▶ **8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers**
- ▶ 8D-1, Psychiatric Residential Treatment Facilities for Children under the Age of 21
- ▶ 8D-2, Residential Treatment Services
- ▶ 8E, Intermediate Care Facilities for Individuals with Intellectual Disabilities
- ▶ 8F, Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)
- ▶ 8G, Peer Support Services (PSS)
- ▶ 8-I, Psychological Services in Health Departments and School-Based Health Centers Sponsored by Health Departments to the under-21 Population
- ▶ 8J, Children's Developmental Service Agencies (CDSAs)
- ▶ 8L, Mental Health/Substance Abuse Targeted Case Management
- ▶ 8N, NC Health Choice – Intellectual and Developmental Disabilities Targeted Case Management
- ▶ 8-O, Services for Individuals with Intellectual and Developmental Disabilities and Mental Health or Substance Abuse Co-Occurring Disorders
- ▶ 8-P, North Carolina Innovations

Service Definitions (DMHDDSAS)

► State Funded Services

- <https://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions>
- Enhanced Mental Health and Substance Abuse Services-December 15, 2019
- Assertive Community Treatment (ACT)-December 15, 2019
- Facility-Based Crisis Service for Children and Adolescents-December 15, 2019
- Community Support Team (CST) December 15, 2019
- Peer Support Services (PSS)-December 15, 2019
- Inpatient Behavioral Health Services-December 15, 2019
- Individual Placement & Support (IPS) for AMH/ASA-December 15, 2019
- Transition Management Services (TMS)-December 15, 2019
- Critical Time Intervention-December 15, 2019
- Developmental Therapy Service- December 15, 2019



Enter your search terms here

Q SEARCH

Provider Alert: Provider Manual, Revised Manual SAR Form, CST Benefit Limits
Provider Bulletin: Provider Communication Bulletin #99

Provider News (7)

Provider Webinars & Forums

Orientation Packet and Provider Operations Manual

Bulletins, Alerts, and Training

Request for Services

Continuously Recruited Services

Community Behavioral Health Needs Analysis

Provider Council

Provider Tools (7)

Provider Credentialing and Enrollment

AlphaMCS, ZixMail and Billing Set Up

Cultural Competency

Provider Monitoring

Provider Contracting

Provider Disputes

ACORN

Access to Care and Utilization Management (11)

Access to Care, Member Eligibility and Enrollment

Utilization Management

Hospitals Working with Partners

Referrals to Specialty Treatment

Service Authorization Requests

Clinical Criteria Check Sheets

Care Coordination (11)

Mental Health and Substance Use Disorders

Transitions to Community Living Initiative

Intellectual and Developmental Disabilities

Registry of Unmet Needs

NC Innovations

Relative as Direct Support Employee

Finance, Claims and Billing (7)

Finance Documents and Forms

Claims and Rates Information

E-Verify

Clinical Tools (7)

Whole Person Integrated Care

Benefit Grids

Service Definitions

CANS Training

Clinical Practice Guidelines

EPSDT

Evidence-Based Practices

Quality Management and Corporate Compliance (7)

Quality Management and Global CQI

NC TOPPS

Incident Reporting

Regulatory Compliance

Health Information Management

Program Integrity

Applicable Laws and Regulations for Regulatory Compliance

Additional Resources (7)

Licensed Independent Practitioner Collaborative

NC Designated Facilities

Consumer Relations, CFAC

File a Concern or Grievance

System of Care and Family Partners

Housing Resources

Transportation Resources

Quick Nav

- > Subscribe to Provider Communication
- > AlphaMCS Provider Portal
- > Find Your Provider Specialist
- > Provider Operations Manual
- > Provider Search Tool
- > Value, Innovation & Performance
- > Whole Person Integrated Care Model
- > Partners NC Systems of Care Expansion
- > Communication Bulletins Archive
- > Alerts Archive

Communication Bulletins

Provider Bulletin #99
November 21, 2019 2:03 am

Provider Bulletin #98
October 16, 2019 2:06 pm

Provider Bulletin #97
September 18, 2019 3:35 pm

[View All](#)

Provider Alerts

Provider Operations Manual, Revised Manual SAR Form, CST Benefit Limits

Additional information regarding Nov. 5, 2019 Provider Alert: Changes to Medicaid Funded Peer Support

Provider Webinar Rescheduled, Peer Support Changes, Date Range Calculator, New Provider Search

[View All](#)

Accreditation





Connect With Us





PARTNERS Provider Knowledge Base

▶ <https://providers.partnersbhm.org/>



Clinical Tools (7)

 Whole Person Integrated Care

 Benefit Grids

 Service Definitions

 CANS Training

 Clinical Practice Guidelines

 EPSDT

 Evidence-Based Practices

Records Management and Documentation Manual (APSM 45-2)

- ▶ Records Management and Documentation Manual APSM 45-2 (Chapter 3: Clinical Assessments and Evaluations, Chapter 4: Individualized Service Planning, and Chapter 5: Medical Necessity, Service Orders and Service Authorization)
 - <https://www.ncdhhs.gov/divisions/mhddsas/reports/records-management-and-documentation-manual-rmdm>

Service Orders

APSM 45-2 states the following...

- CCA must be completed by a licensed clinician prior to service delivery
- The CCA must be signed & dated by the LP completing the assessment
- When a treatment plan (or service plan) is used instead of a PCP, a separate service order is required for the services listed in the plan, unless the format provides for orders to be signed on the service plan, or unless the service itself does not stipulate the need for an order



Service Orders

- Providers of Medicaid-covered outpatient treatment services must also follow the specific requirements outlined in CCP 8C for service orders

CCP 8C states the following...

- A written service order by a Physician, Licensed Psychologist (doctorate), Nurse Practitioner (NP) or physician assistant (PA) is required for Associate Level Professionals prior to or on the first date of treatment
- Licensed professionals do not require a separate written service order
- The provider's signed treatment plan serves as the service order



Comprehensive Clinical Assessment (CCA)

- ▶ According to 10A NCAC 27G .0205(a), a CCA that demonstrates medical necessity must be completed by a licensed professional prior to provision of outpatient therapy services, including individual, family, and group therapy.
- Must include ALL of the following elements:
 - a. description of the presenting problems, including source of distress, precipitating events, and associated problems or symptoms;
 - b. chronological general health and behavioral health history (including both mental health and substance abuse) of the beneficiary's symptoms, treatment, and treatment response;
 - c. current medications (for both physical and psychiatric treatment);
 - d. a review of biological, psychological, familial, social, development and environmental dimensions to identify strengths, needs, and risks in each area;

Comprehensive Clinical Assessment (CCA)

- e. evidence of beneficiary and legally responsible person's (if applicable) participation in the assessment;
- f. analysis and interpretation of the assessment information with an appropriate case formulation;
- g. diagnoses from the DSM-5, including mental health, substance use disorders, or intellectual/developmental disabilities, as well as physical health conditions and functional impairment; and
- h. recommendations for additional assessments, services, support, or treatment based on the results of the CCA.
- i. The CCA must be signed and dated by the licensed professional completing the assessment.



Comprehensive Clinical Assessment (CCA)

- ▶ All clinical evaluations & assessments, including re-assessments, require a written report, completed and signed by the person who conducted the assessment
- ▶ Each report should be easily identifiable as such and readily accessible in the service record, and not embedded in service notes
- ▶ When clinical assessments and evaluations, including re-assessments, are billed as such, they require a written report, completed & signed by the person who conducted the assessment
- ▶ The report should be filed in the evaluation/assessment section of the service record

Individualized Service Planning

- ▶ A PCP is not required for individuals receiving only outpatient treatment
- ▶ Service plan or treatment plan, consistent with and supportive of the service provided and within professional standards of practice, is required **on or before** the day the service is delivered
- ▶ The service plan shall be developed based on the assessment, and in partnership with the individual or legally responsible person or both
- ▶ If an agency's format for a service plan includes a space for entering service orders, then the service orders may be entered on the service plan by the appropriate signatory instead of on a separate document.

Individualized Service Planning

- ▶ An individualized plan of care, service plan, or treatment plan, is required within 15 business days of the first face-to-face beneficiary contact
- ▶ The plan shall be an identifiable document in the service record
- ▶ The plan shall include at a minimum:
 - a. beneficiary outcomes that are anticipated to be achieved by the provision of the service and a projected date of achievement;
 - b. strategies;



Individualized Service Planning

- c. staff responsible;
- d. a schedule for review of the plan (in consultation with the beneficiary or legally responsible person or both) as needed but at least annually to review goals and strategies to promote effective treatment;
- e. basis for evaluation or assessment of outcome achievement; and
- f. written consent or agreement by the beneficiary or legally responsible person, or a written statement by the provider stating why such consent could not be obtained

Individualized Service Planning

- ▶ The treatment plan must be updated as required, but a new plan is required at least annually
- ▶ All treatment plans are to be developed in partnership with the beneficiary or legally responsible person, and all updated or new plans require the beneficiary or legally responsible person's signature, and the licensed professional's signature
- ▶ The licensed professional's signature on the updated or new plan may also serve as the service order



Service Notes & Progress Notes

- ▶ There must be a progress note for each treatment encounter that documents the following information:
 - a. Date of service;
 - b. Name of the service provided (e.g., Outpatient Therapy-Individual);
 - c. Type of contact (face-to-face, phone call, collateral); non-face-to-face services are not covered and not reimbursable. Services provided in accordance with clinical coverage policy 1H, Telemedicine and Telepsychiatry, are considered as face-to-face services.
 - d. Purpose of the contact (tied to the specific goals in the plan)
 - e. Description of the treatment or interventions performed. Treatment and interventions must include active engagement of the beneficiary and relate to the goals and strategies outlined on the beneficiary's plan;
 - f. Effectiveness of the intervention(s) and the beneficiary's response or progress toward goal(s);



Service Notes & Progress Notes

- g. The duration of the service (e.g., length of the assessment or treatment in minutes;
- h. Signature, with credentials, degree, and licensure of the clinician who provided the service. A handwritten note requires a handwritten signature; however, the credentials, degree, and licensure may be typed, printed, or stamped; and
- i. Service notes must be written in such a way that there is substance, efficacy, and value. Interventions, treatment, and supports must all address the goal(s) listed in the plan. They must be written in a meaningful way so that the notes collectively outline the beneficiary's response to treatment, interventions, and supports in a sequential, logical, and easy-to-follow manner over the course of service.

Conclusion

It is the Provider's responsibility to stay abreast of the requirements for delivering the medical services they are credentialed and contracted to provide in the Partners' Provider Network.



Contact Information

How to Report Fraud or Abuse

Help us fight health care fraud and abuse. Reporting Medicaid fraud or financial abuse will not interfere with an enrollee's access to health care. If you suspect billing for a service, a conflict of interest, a violation of Medicaid or Medicare rules, or conduct violation might be illegal, please report your concerns to:

- Partners Regulatory Compliance Alert Line at 1-866-806-8777 or
- Partners Online Alert Line at <https://partnersbhm.alertline.com>

You do not have to provide your name or contact information. However, we can often conduct a more effective investigation if you let us contact you. Your name will not be shared with anyone investigated.

Note: In rare cases involving legal proceedings, your identity may have to be revealed.



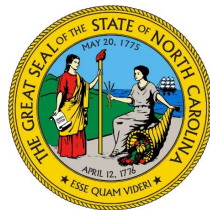
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ASAM Criteria Training

SUD Point of Contact Call: August 4th, 2020



NC Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and
Substance Abuse Services
Addictions and Management Operations

ASAM Criteria Training Opportunities

SUD Point of Contact Call

August 4, 2020



Telehealth 1 H

Clinical Coverage Policy out for public comment.

https://files.nc.gov/ncdma/documents/GetInvolved/Public_Notices/Public-Comment-1H--Telehealth.pdf



Provider Open House

Do you have a question for Partners?

Would you like some one on one time with a department representative to build relationships or troubleshoot?

Would you just like to sit face/face with some one to ask questions about your business?

THIS EVENT IS FOR YOU!



Resources

- ▶ Trainings
- ▶ Partners Publications
- ▶ Hope4NC
- ▶ COVID-19
- ▶ Medicaid Transformation
- ▶ Clinical Coverage Policies



Licensed Independent Practitioner

Collaborative Webinar

August 19th, 2020

[Resource List](#)

Contact: Michelle Stroebe, Provider Network Trainer mstroebe@partnersbhm.org

General Information

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Bottom of the webpage, click "subscribe" to receive Communication Bulletins, Provider Alerts, Behavioral Health Focus publication
- NC ASAM Criteria Training Project <https://bhs.unc.edu/asam/dashboard>

Improve Business Acumen

SCORE is a resource partner of the U.S. Small Business Association and has been in existence since 1964. (<https://www.score.org/>)

SCORE offers a variety of training courses for a low cost or for free. In addition to training, they offer volunteer counselors, advisors and mentors who offer individual, free to low cost counseling throughout the US. They have many online courses that are free on many topics related to running and growing your business. (<https://www.score.org/courses-demand?page=2>)

The Small Business Development Center offers local business consulting and at-cost training on a variety of business-related topics at <https://americassbdc.org/small-business-consulting-and-training/find-your-sbdc/>.

There are SBDCs in Charlotte, Hickory, Boone, Winston-Salem, Greenville, Asheville and many other locations across the state.



Partners Training Academy

Find scheduled provider trainings on the PTA website.

<https://www.partnerstraining.org/>

Email questions and comments for PTA and provider trainings at

training@partnersbhm.org



Thank You!

Next LIP Webinar is scheduled for November 18th, 2020 at noon. Please look for registration link in the September Provider Bulletin.

