



Something for Everyone - A Year End Review of Select Topics for TennCare Providers

Webinar Presentation
November 30th, 2009



Sentinel Event/Adverse Incident Reporting

Adverse Incidents (also known as Sentinel Events or Adverse Occurrences):

Occurrences that represent actual or potential serious harm to the well being of a member or to others by the actions of a member, who is receiving services managed by VSHP/ValueOptions or has recently been discharged from services managed by VSHP/ValueOptions. These include, but are not limited to, the following categories of alleged occurrences, based on contractual, accreditation and/or regulatory requirements:

Examples of Adverse Incidents:

- Self inflicted harm requiring urgent or emergent treatment (e.g., self-mutilation or attempted suicide)
- Unanticipated death occurring in any setting (e.g., suicide, homicide, death by medical cause)
- Violent/Assaultive behavior with physical harm to self or others (e.g., attempted murder, physical assault) and requiring urgent or emergent medical intervention
- Serious adverse reaction to treatment requiring urgent or emergent medical treatment in response (e.g. neuroleptic malignant syndrome, tardive dyskinesia, other serious drug reaction)
- Sexual behavior with other patients or staff, whether consensual or not, while in behavioral health treatment setting.

Examples of Adverse Incidents, cont.:

- Elopements from a behavioral health treatment setting when the patient is considered or alleged to be a danger to self or others.
- Injuries (e.g. accidents) in a behavioral health treatment setting that require --urgent or emergent treatment
- Property damage, including that which occurs secondary to the setting of a fire, due to the intentional actions of a ValueOptions® member while in a behavioral health treatment setting
- Medication errors resulting in the need for urgent or emergent intervention.
- Human Rights Violations (e.g. neglect, exploitation)
- Other occurrences representing actual or potential serious harm to a member not listed above (e.g. staff misconduct, unexpected closure of a facility).

ValueOptions will accept any form/format for reporting of Adverse Incidents if it contains the information specified in the Behavioral Services Critical Incident Referral Form, below.

Forms should be faxed to **1-866-259-0203** For questions, contact Ronald Melzer, Ph.D., Director of Behavioral Health Quality Management, at (347) 821-8553 or Ronald.Melzer@valueoptions.com

Behavioral Services Critical Incident Referral Form

Please Fax to (866) 259-0203

Person Completing Form:

| | | |
|---------------------------------------|--------------------------------------|-------------------------|
| Name: | Title: | Phone: |
| Date incident reported : _ / _ / _ | Date of Referral to VO: _ / _ / _ | Time of Referral to VO: |

Member Information:

| | | |
|------------------------|------------------|---|
| Name: | Address: | |
| SSN/Member Number: | DOB: _ / _ / _ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Axis I Diagnosis/Code: | Other Diagnoses: | |

Provider Information:

| | |
|-----------------|------------|
| Facility Name: | City/St.: |
| Clinician Name: | Licensure: |

Incident information:

| | |
|---|------------------------------|
| Report Source: <input type="checkbox"/> Anonymous <input type="checkbox"/> Facility <input type="checkbox"/> Practitioner <input type="checkbox"/> Family <input type="checkbox"/> VO Staff <input type="checkbox"/> Other: _____ | |
| Level of Treatment at time of incident: <input type="checkbox"/> OP <input type="checkbox"/> IOP <input type="checkbox"/> IP <input type="checkbox"/> Detox <input type="checkbox"/> RTC <input type="checkbox"/> EAP Other: _____ | |
| Date of incident: _ / _ / _ | Time of incident (if known): |
| Setting: <input type="checkbox"/> Treatment setting <input type="checkbox"/> Treatment transport <input type="checkbox"/> Home/Family member residence <input type="checkbox"/> Workplace <input type="checkbox"/> Public setting Other: _____ | |
| History of following: <input type="checkbox"/> Previous suicide attempts <input type="checkbox"/> previous inpatient stay <input type="checkbox"/> Treatment non-compliance <input type="checkbox"/> Substance Abuse treatment <input type="checkbox"/> Chronic medical illness/pain IF SUICIDE (completed or attempted)? _____ | |

Description of incident.



Behavioral Services Critical Incident Referral Form.docx (Preview) - Microsoft Word

File Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments

Type a question for help

75%

Close

Incident Type/Incident Subcategory: Please check appropriate Category and Subcategory

1. Self inflicted harm requiring urgent or emergent treatment (e.g., self-mutilation or attempted suicide)
 - Attempted suicide Self-mutilation, apparent non-lethal intent
2. Unanticipated death occurring in any setting (e.g., suicide, homicide, death by medical cause)
 - Suicide Accident Unknown
 - Homicide
 - Medication/treatment error Natural causes Other
3. Violent/Assaultive behavior with physical harm to self or others requiring urgent or emergent treatment (e.g., attempted murder, physical assault). Was the member the alleged Victim or Perpetrator
 - Attempted homicide Physical assault with no weapon
 - Physical assault with weapon Fight
4. Serious adverse reaction to treatment requiring urgent or emergent treatment in response (e.g. neuroleptic malignant syndrome, tardive dyskinesia, other serious drug reaction)
 - Medication related Non-medication related
5. Sexual behavior with other patients or staff, whether consensual or not, while in behavioral health treatment setting.
6. Elopements from a behavioral health treatment setting when the patient is considered or alleged to be danger to self or others.
 - Perceived danger to self Perceived danger to others
 - Parent/guardian withdrew child against medical advice (AMA) with perceived danger to child or others
7. Injuries (e.g. accidents) in a behavioral health treatment setting that require urgent or emergent treatment.
8. Property damage due to the intentional actions of a ValueOptions member while in a behavioral health treatment setting
9. Medication or treatment errors resulting in the need for urgent or emergent treatment.
 - Medication error, behavioral health treatment setting Treatment error, behavioral health setting
 - Medication error, physical health treatment setting Treatment error, physical health setting
10. Human Rights Violations
 - Neglect Exploitation Mistreatment/abuse, physical Mistreatment/abuse, emotional
 - Unreasonable use/degree of force/threat of violence
 - Use of restraint/seclusion as punishment or for convenience of staff
11. Other occurrences representing actual or potential serious harm to a member not listed above
 - Unexpected evacuation/closure of a facility
 - Medical emergency requiring admission to an acute care facility
 - Undesirable events inconsistent with routine patient care of a serious nature, not covered elsewhere

Was emergent treatment required to prevent loss of life or major loss of function? Yes No
 If emergent treatment not required, was urgent treatment required (i.e. skilled care for moderate injuries such as sutures, setting bones, treatment of severe sprain)? Yes No

Page 2 Sec 1 2/2 At 0.3" Ln 1 Col 1 REC TRK EXT OVR



Quarterly Reporting Requirements

Reports due from CMHCs on a Quarterly Basis

- Mental Health Case Management Report
- Behavioral Health Crisis Response Report (due monthly but rolled up quarterly)
- Behavioral Health Initial Appointment Timeliness Report (one quarter lag)

Changes Related to Submittal of Reports

- Reports will now be due by the 15th of the month in which they are due and no later
- MHCM and Initial Appointment reports should include raw data as well as aggregate data information
- Working toward a standard sampling methodology
- Reports will continue to be collected via TennCareProviderReports@valueoptions.com but follow-up and communications go forward will be with Dale Hawkins and Marie Link-Cannon

The Mental Health Case Management Report required in Section 2.30.4.2 of the CRA shall include, at a minimum, the following data elements:

1. MCO ID number
2. Number and percentage of compliance for appointments scheduled within 7 calendar days of the date of discharge from psychiatric inpatient or residential treatment facility
3. Number and percentage of compliance for appointments occurring within 7 calendar days of the date of discharge from psychiatric inpatient or residential treatment facility, excluding member no shows, reschedules, and refusals
4. Number and percentage of appointment no shows
5. Number and percentage of appointment reschedules
6. Number and percentage of members meeting medical necessity for mental health case management and refusing the service
7. Data elements #2 - #6 broken down by mental health case management agency
8. DCS status

Behavioral Health Crisis Response Report Data Elements

1. Total Telephone Contacts
2. Type of Call: Psychiatric Emergency
3. Type of Call: Urgent
4. Type of Call: Routine
5. Total Face-to-Face Contacts
6. Face-to-Face Type: Psychiatric Emergency
7. Face-to-Face Type: Urgent
8. Face-to-Face Type: Routine
9. Total Face-to-Face Contacts by Payor
10. Face-to-Face Payor Source: TennCare
11. Face-to-Face Payor Source: Medicare
12. Face-to-Face Payor Source: Commercial
13. Face-to-Face Payor Source: None
14. Total Face-to-Face Contacts by Location
15. Face-to-Face Location: Onsite at CMHA
16. Face-to-Face Location: ER
17. Face-to-Face Location: Other Offsite
18. Total Face-to-Face Contacts by Disposition
19. Disposition: Total Admitted to RMHI (acute)
20. # Admitted to RMHI Not Mandatory Pre-Screened
21. Disposition: Total Admitted to Other Inpt (22. # Admitted To Other Inpt Not Mandatory Pre-Screened)
23. GRAND TOTAL PSYCHIATRIC ADMISSIONS
24. Disposition: Admitted to IP SA Treatment acute) Includes Dual Dx
25. Disposition: Referred to Lower Level OP Care
26. Disposition: Referred to Respite Services
27. Average time for Admission to Crisis Respite (only when admitted to respite)
28. Disposition: Referred to Other Services
29. Disposition: Assessed / No Need for Referral
30. Disposition: Consumers Refusing Referral
31. Total Number of Face-to-Face Contacts for C&A <18 yrs of age
32. Total Number of Face-to-Face Contacts for C&A 18 to <21 yrs of age
33. Total Number of Face-to-Face Contacts for Adults 21 yrs and older
34. Total Number of Behavioral Health Providers notified of Crisis (only if consumer has a provider)
35. Average Time of Arrival in Minutes: Psychiatric Emergency
36. Average Time of Arrival in Minutes: Urgent
37. Barriers to Diversion: No Psychiatric Respite Accessible
38. Barriers to Diversion: No SA/Dual Respite Accessible
39. Barriers to Diversion: Consumer/Guardian Refused Respite
40. Barriers to Diversion: 6-404 Signed Prior to Assessment (when consumer could have been diverted if CON not signed)
41. Barriers to Diversion: Lack of Linkage w/Case Mgr (only if consumer has a CM)
42. Barriers to Diversion: Other (only for inappropriate admissions and barrier does not fit in any other category)

| Initial Appointment Timeliness Report | | | | | | | | | |
|--|--------------------------|------------------------------|--------------------|--------------------------|------------|----------------------------------|--------------------------------------|---|--|
| <u>Member Last Name</u> | <u>Member First Name</u> | <u>Member Middle Initial</u> | <u>Member ID #</u> | <u>Social Security #</u> | <u>Age</u> | <u>Date of Intake Assessment</u> | <u>Date of First Offered Service</u> | <u>Non-Urgent Service Type MD/ Non-MD/ Non-Detox/</u> | <u>Elapsed Time Between Intake and First Offered Service (Calendar Days)</u> |

| Initial Appointment Timeliness Report - Volunteer State Health Plan West (028) 1Q 2009 with lagtime (4Q 2008 date) CRA 2.30.7.5 | | | |
|--|-------------|--|--|
| | | Benchmark | Percentage of Appointments Scheduled Within 14 Calendar Days After the Initial Intake Assessment |
| Non-Urgent MD (Behavioral Health Services) | Under 18 | 85% appointments scheduled within 14 calendar days of intake | |
| | 18 and over | 85% appointments scheduled within 14 calendar days of intake | |
| Non-Urgent Non-MD (Behavioral Health Services) | | 85% appointments scheduled within 14 calendar days of intake | |
| | | 85% appointments scheduled within 14 calendar days of intake | |
| Non-Detox (Substance Abuse Services) | | 85% appointments scheduled within 14 calendar days of intake | |
| | | 85% appointments scheduled within 14 calendar days of intake | |



CRG/TPG Update

The Centers for Medicare and Medicaid Services (CMS) require that each state, as a recipient of federal funding, assess its Medicaid recipients for purposes of identifying the Priority Population, or those individuals who are Severely and Persistently Mentally Ill (SPMI) or Seriously Emotionally Disturbed (SED). This is to better identify the size and distribution of the Priority Population such that states and CMS can more appropriately allocate funding for needed services.

Clinically Related Group (CRG)

- An assessment completed on individuals over age 18
- The assessment determines the classification category
- There are 5 classification categories
- Category 1, 2 or 3 identifies the individual as Severely and/or Persistently Mentally Ill (SPMI)
- SPMI indicates Priority status
- Priority status typically indicates that more intensive services are needed to meet the individual's mental health needs

THE TENNESSEE CLINICALLY RELATED GROUP (CRG) FORM FOR ADULTS AGE 18 AND ABOVE

IDENTIFYING INFORMATION

1. CHECK BOX THAT APPLIES: CRG ASSESSMENT - INITIAL CRG ASSESSMENT - CORRECTION CRG ASSESSMENT - UPDATE

2. BHO ID NUMBER (IF KNOWN) 3. CONSUMER'S SSN: - -

4. CONSUMER'S FIRST NAME: 5. CONSUMER'S MIDDLE INITIAL:

6. CONSUMER'S LAST NAME:

7. CONSUMER'S DOB: / /

8. PRINCIPAL DIAGNOSIS: . 9. DUAL PRINCIPAL / SECONDARY DIAGNOSIS: .

FUNCTIONAL ASSESSMENT

Focus on the consumer's LOWEST level of functioning during the past one year and use the following functional impairment scales to describe the level of impairment due to mental illness. Enter the appropriate number in the corresponding box to the right. (See "Additional Guidelines for Assessing Level of Functioning" for the expanded criteria for each scale, if necessary.)

10. **ACTIVITIES OF DAILY LIVING:** Include activities such as cleaning; shopping; taking public transportation; paying bills; maintaining a residence; grooming and hygiene; using telephones and directories; using a post office; etc. Also taken into account is the individual's independence, appropriateness, and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervision or direction.

| EXTREME (1) | MARKED (2) | MODERATE (3) | MILD (4) | NONE (5) |
|--|---|--|--|---|
| Unable to perform any daily routine activities and requires constant assistance in most areas. Extreme dysfunction in this area may cause marked dysfunction in other areas. | Has extensive problems with performing daily routine activities and requires frequent assistance. | Has regular or frequent problems with performing daily routine activities and is unable to perform up to acceptable standards without frequent assistance. | Has some or occasional problems with performing daily routine activities and could benefit from some assistance. | Has no problem performing daily routine activities without assistance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

11. **INTERPERSONAL FUNCTIONING:** Capacity to interact appropriately and communicate effectively with others and get along with family and community. Deficits are reflected in history of altercations; evictions or firings; fear of strangers; avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact and to participate actively in groups, cooperative behavior, and consideration of and sensitivity to others' feelings.

| EXTREME (1) | MARKED (2) | MODERATE (3) | MILD (4) | NONE (5) |
|--|---|---|--|---|
| Isolated in the community; has no support network and/or no ability to take part in social activities or self manage in relationships with others and/or demonstrates extreme aggression with inability to control behavior. | Isolated in the community; uses agency staff or program for social support and/or has substantial impairment in the ability to take part in social activities or self manage in relationships with others and/or demonstrates aggressive episodes but can control behavior with assistance. | Limited integration in the community; little or no use of natural supports and/or marginal capacity to take part in a variety of social activities or manage self in relationship to others and/or demonstrates aggressive episodes with limited ability to self manage behavior. | Partial integration into community life; uses natural supports and/or participates in appropriate interaction with others within expected social, developmental, and cultural norms when engaged and/or demonstrates aggressive episodes with ability to self manage behavior. | Full integration into community life; uses natural supports and/or initiates appropriate interaction with others within expected social, developmental, and cultural norms and/or asserts self appropriately. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12. **CONCENTRATION, TASK PERFORMANCE, AND PACE:** Ability to sustain focused attention for long enough time to permit the completion of tasks commonly found in work settings or other structured situations in school and home. Deficits are reflected in inability to concentrate and/or complete simple tasks within required time; committing frequent errors; or requiring assistance in completing such tasks.



| EXTREME (1) Unable to complete simple tasks. | MARKED (2) Seldom able to concentrate and has extensive difficulty completing simple tasks without assistance. | MODERATE (3) Regular or frequent difficulty with concentration and can complete simple tasks within timeframes and/but needs prompting and help. | MILD (4) Some or occasional difficulty with the ability to concentrate and can complete simple tasks within timeframes with few errors and with some assistance. | NONE (5) Has ability to concentrate and can complete simple tasks within set timeframes with few errors and without assistance. |
|---|---|---|---|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

13. **ADAPTATION TO CHANGE:** Ability to cope with stressful circumstances associated with work, school, family, or social interaction. Deficits are reflected when any unexpected environmental change causes agitation; exacerbation of signs and symptoms associated with the illness; or withdrawal from the stressful situation.

| EXTREME (1) No tolerance for any changes; negative reaction may cause marked dysfunction in other areas. | MARKED (2) Extensive difficulty in adjusting to change; will require a significant amount of intervention. | MODERATE (3) Regular or frequent difficulty in accepting and adjusting to change; adaptation will require some intervention. | MILD (4) Some or occasional difficulty in accepting and adjusting to change; may need minimal support. | NONE (5) Able to reasonably adapt to change within developmental and cultural norms. |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

14. **SEVERITY OF IMPAIRMENT:** Referring to the above four scales (questions #10 - #13), is there MODERATE (3) impairment in all four areas OR MODERATE (3) impairment in three areas and EXTREME (1) or MARKED (2) in one area OR MARKED (2) impairment in at least two areas OR EXTREME (1) impairment in at least one area? (Check "YES" or "NO")

YES NO
(GO TO #15) (GO TO #16)

15. **DURATION:** Answer this question only if you checked "YES" for #14. Focus on the dysfunctional periods identified when you completed the level of functioning scales above (#10 - #13). Over the past year, did these periods of severe dysfunction accumulate to a total of six months duration or longer? (Check "YES" or "NO", skip questions #16 & #17 and go to question #18.)

YES NO
(GO TO #18) (GO TO #18)

16. **FORMERLY SEVERE:** If the person has not recently experienced severe functional impairment, i.e. checked "NO" for #14, has the consumer experienced periods of severe impairment in the past? (Check "YES" or "NO")

YES NO
(GO TO #17) (GO TO #18)

17. **NEEDS SERVICES TO PREVENT RELAPSE:** If you answered "YES" to #16, does the person need mental health services to prevent relapse? Mental health services are those services provided by mental health providers and include, but are not limited to: psychiatric services, therapy, case management, psychosocial rehabilitation, etc.

YES NO
(GO TO #18) (GO TO #18)

18. **DETERMINATION OF CONSUMER GROUP:** The description of each consumer group is given below, based on the diagnosis and on the answers to the preceding questions. Review the consumer's diagnosis. If the diagnosis(es) place the consumer in Group 5, check that box. Otherwise, following the criteria noted, check the box that represents the consumer's group.

GROUP 1 - Persons with Severe and Persistent Mental Illness: Persons in this group are recently severely impaired ("YES" on question #14) and the duration of their severe impairment totals six months or longer of the past year ("YES" on question #15).

GROUP 2 - Persons with Severe Mental Illness: Persons in this group are recently severely impaired ("YES" on question #14) and the duration of their severe impairment totals less than six months of the past year ("NO" on question #15).

GROUP 3 - Persons who are Formerly Severely Impaired: Persons in this group are not recently severely impaired ("NO" to question # 14) but have been severely impaired in the past ("YES" to question #16) and need services to prevent relapse ("YES" to question #17).

GROUP 4 - Persons with Mild or Moderate Mental Disorders: Persons in this group are not recently severely impaired ("NO" to question #14). These persons are either not formerly severely mentally ill ("NO" to question #16) or are formerly severely mentally ill ("YES" to question #16) and do not need services to prevent relapse ("NO" to question #17).

GROUP 5 - Persons who are not in clinically related groups 1-4 as a result of their diagnosis. The diagnosis(es) of consumer's in this group include only: substance use disorders (DSM-IV-TR ranges: 291.0 - 292.8, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319), or V-codes (DSM-IV-TR range: V15.81 - V71.09).

19. REASON FOR ASSESSMENT (Check One)

| | |
|---|--|
| <input type="checkbox"/> 01 Consumer requested CRG assessment | <input type="checkbox"/> 02 Family member requested CRG assessment for the consumer |
| <input type="checkbox"/> 03 Mental health care provider requested assessment | <input type="checkbox"/> 04 Primary health care provider requested CRG assessment |
| <input type="checkbox"/> 05 TDMHDD requested CRG assessment | <input type="checkbox"/> 06 BHO requested CRG assessment |
| <input type="checkbox"/> 07 MCO requested CRG assessment | <input type="checkbox"/> 08 One year reassessment is due |
| <input type="checkbox"/> 09 Consumer is referred for a mental health service in the Enhanced Benefits Package <i>(For currently enrolled participants in the TennCare Partners Program)</i> | <input type="checkbox"/> 10 Consumer used 40 outpatient mental health benefits in a calendar year <i>(For currently enrolled participants in the TennCare Partners Program)</i> |
| <input type="checkbox"/> 11 Consumer used 15 consecutive inpatient psychiatric days in a calendar year <i>(For currently enrolled participants in the TennCare Partners Program)</i> | <input type="checkbox"/> 12 Consumer used 30 cumulative inpatient psychiatric days in a calendar year <i>(For currently enrolled participants in the TennCare Partners Program)</i> |
| <input type="checkbox"/> 13 Consumer has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits <i>(For persons not currently enrolled in the TennCare Partners Program)</i> | <input type="checkbox"/> 14 Other |
| | <input type="checkbox"/> 15 Intake |

| | | |
|--|--|---|
| 20. DATE OF REQUEST / CIRCUMSTANCE (MM/DD/CCYY): □□/□□/□□□□ | 21. DATE OF CRG ASSESSMENT (MM/DD/CCYY): □□/□□/□□□□ | 22. CONSUMER INFORMATION INDICATOR: Indicate the availability of consumer information for completing the CRG form. <input type="checkbox"/> MINIMAL <input type="checkbox"/> ADEQUATE <input type="checkbox"/> SUBSTANTIAL |
|--|--|---|

| | | |
|---|---|--|
| 23. CONSUMER'S CURRENT GAF: <i>at the time of assessment (This item must be completed)</i> □□□ | 24. CONSUMER'S HIGHEST GAF: <i>within last one year (Not required if there is no previous GAF history)</i> □□□ | 25. CONSUMER'S LOWEST GAF: <i>within last one year (Not required if there is no previous GAF history)</i> □□□ |
|---|---|--|

NOTES: _____

| | |
|---|---|
| 26. PROGRAM CODE: (Check one) | 27. RATER'S TENNCARE PROVIDER ID NUMBER: |
| 100% STATE SUPPORTED <input type="checkbox"/> JUDICIAL <input type="checkbox"/> UNINSURABLE <input type="checkbox"/> TENNCARE ELIGIBLE <input type="checkbox"/> | □□□□□□□□□□□□□□□□□□ |

RATER'S PRINTED NAME: _____



Target Population Group (TPG)

- An assessment completed on individuals under age 18
- The assessment determines the classification category
- There are 3 classification categories
- Category 2 identifies the youth as Seriously Emotionally Disturbed (SED)
- SED indicates Priority status
- Priority status typically indicates that more intensive services are needed to meet the youth's mental health needs

THE TENNESSEE TARGET POPULATION GROUP (TPG) FORM FOR CHILDREN & ADOLESCENTS UNDER AGE 18

| IDENTIFYING INFORMATION | | |
|---|--|--|
| 1. CHECK BOX THAT APPLIES: | TPG ASSESSMENT - INITIAL <input type="checkbox"/> | TPG ASSESSMENT - CORRECTION <input type="checkbox"/> TPG ASSESSMENT - UPDATE <input type="checkbox"/> |
| 2. BHO ID NUMBER (IF KNOWN) | <input type="text"/> <input type="text"/> <input type="text"/> | 3. CONSUMER'S SSN: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. CONSUMER'S FIRST NAME: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 5. CONSUMER'S MIDDLE INITIAL: <input type="text"/> |
| 6. CONSUMER'S LAST NAME: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 7. CONSUMER'S DOB: | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 8. PRINCIPAL DIAGNOSIS: | <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | 9. DUAL PRINCIPAL / SECONDARY DIAGNOSIS: <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 10. CONSUMER'S CURRENT GAF: <i>at the time of assessment (This item must be completed)</i> | 11. CONSUMER'S HIGHEST GAF <i>within past one year: (Leave blank if there is no previous GAF history)</i> | 12. CONSUMER'S LOWEST GAF <i>within past one year: (Leave blank if there is no previous GAF history)</i> |
| <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| 13. SEVERITY OF IMPAIRMENT: Referring to the CONSUMER'S CURRENT GAF (question #10), and the CONSUMER'S LOWEST GAF (question #12) above, is either GAF score lower than 51? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. CHILDREN WITH A SERIOUS EMOTIONAL DISTURBANCE (SED): Referring to the principal diagnosis or the dual principal / secondary diagnosis (question #8) and the two GAF scores previously referenced (questions #10 or #12), is the principal diagnosis or dual principal / secondary diagnosis a current valid DSM-IV-TR diagnosis (including: substance use disorders (DSM-IV-TR ranges: 291.00 - 292.90, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319.00), or I-codes (DSM-IV-TR range: V15.81 - V71.09) and is either GAF score less than 51? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. ENVIRONMENT ISSUES: Has the child experienced residential disruption, such as multiple family separations, extended periods of homelessness, failed adoption, or out-of-home placement due to emotional disturbance, or is developmentally delayed due to a poor environment? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. FAMILY ISSUES: Do the child's parents, or persons responsible for care, have predisposing factors, such as severe and/or persistent mental illness, serious family dysfunction, a history of chronic substance abuse (drug or alcohol), or a history of persistent and severe physical illness or disability which creates significant hardship on the family system, that could result in the inability to meet provisions for the ongoing physical, social, or emotional needs of their children? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 17. TRAUMA ISSUES: Has the child experienced a single or multiple physical or psychological traumatic event, such as loss of a parent or being a victim or witness of serious crime or domestic violence? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 18. SOCIAL SKILLS ISSUES: Does the child exhibit behavior or maturity that is significantly different from most children their age, and which is not the result of developmental disabilities or mental retardation? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 19. ABUSE/ NEGLECT ISSUES: Has the consumer experienced physical, emotional or sexual abuse or neglect? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 20. CHILDREN AT RISK OF SED: Referring to the environment issues (question #15), family issues (question #16), trauma issues (question #17), social skills issues (question #18) and the abuse / neglect issues (question #19), is there a "YES" response to at least one of the questions? (Check "YES" or "NO") | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



TPG FORM.doc (Preview) - Microsoft Word

File Edit View Insert Format Tools Table Window Help Adobe PDF Acrobat Comments

Type a question for help

75%

1 2 3 4 5 6 7 8 9 10

21. DETERMINATION OF CONSUMER GROUP: The description of each consumer group is given below, based on the answers to the preceding questions. Check the box that represents this person's group.

GROUP 2 - Persons who have a SED which has resulted in severe functional impairment. Persons whose principal diagnosis or dual-principal/secondary diagnosis is a current, valid DSM-IV-TR psychiatric diagnosis and are severely impaired ("YES" on question #14).

GROUP 3 - Persons who are at risk of a SED. Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and / or are not severely impaired ("NO" on question #14) and are at risk of SED ("YES" on question #20).

GROUP 4 - Persons who do not meet the criteria of TPGs 2 or 3. Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and / or are not severely impaired ("NO" on question #14) and are not at risk of a SED ("NO" on question #20).

22. REASON FOR ASSESSMENT (Check One)

01 Consumer requested TPG assessment

02 Family member requested TPG assessment for the consumer

03 Mental health care provider requested assessment

04 Primary health care provider requested TPG assessment

05 TDMHDD requested TPG assessment

06 BHO requested TPG assessment

07 MCO requested TPG assessment

08 One year reassessment is due

09 Consumer is referred for a mental health service in the Enhanced Benefits Package (For currently enrolled participants in the TennCare Partners Program)

10 Consumer used 40 or patient mental health benefits in a calendar year (For currently enrolled participants in the TennCare Partners Program)

11 Consumer is admitted to an inpatient psychiatric facility / unit (For currently enrolled participants in the TennCare Partners Program)

12 Consumer has been admitted to an RMH and is potentially eligible for Federal and/or State supported benefits (For persons not yet enrolled in the TennCare Partners Program)

13 Other

14 Intake

23. DATE OF REQUEST / CIRCUMSTANCE (MM/DD/YYYY):

24. DATE OF TPG ASSESSMENT (MM/DD/YYYY):

25. CONSUMER INFORMATION INDICATOR: Indicate the availability of consumer information for completing the TPG form.

MINIMAL ADEQUATE SUBSTANTIAL

26. PROGRAM CODE: (Check One)

100% STATE SUPPORTED JUDICIAL UNINSURABLE TENNCARE ELIGIBLE

27. RATER'S TENNCARE PROVIDER ID NUMBER:

RATER'S PRINTED NAME: _____

NOTE: A TPG ASSESSMENT SHOULD BE COMPLETED ON CHILDREN IN THE STATE'S CUSTODY.

TPG FORM 4/1/2004

Page 2 Sec 3 2/2 At 0.5" Ln 1 Col 1 REC TRK EXT OVR

The State's Role

- Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) maintains policies and procedures related to this process
- Used to determine service needs for individuals identified with Priority status
- Assessments are incorporated into the health plans' contracts by the Bureau of TennCare which is delegated down to our provider community
- Health plan funding and service development decisions are based on Priority Population numbers and demographics.

TDMHDD's Policies and Procedures

- Only agencies designated by TDMHDD can complete assessments.
- Assessments must be completed on all TennCare enrollees who are seeking mental health services.

TDMHDD's Policies and Procedures


- Agencies identified to complete assessments **must** complete them:
 - Any time a request is made by a family member, mental health or primary healthcare provider, TDMHDD, the member's MCO or by the individual and must be completed with 14 days of the request.
 - Every 365 days thereafter; or sooner if circumstances warrant.

VSHP's Assessment Activities

- Collecting BlueCare and TennCare Select assessment information from rater agencies on at least a monthly basis
- If you provide treatment services but are not a designated rater agency, we encourage you to direct individuals to a designated agency for an assessment.
- Designated agencies must continue to complete and submit assessments in accordance with TDMHDD's policies and procedures.

Provider Benefits

- Assessments are a good tool for service plan development
- Fewer authorization requirements for traditional outpatient services for Priority members
- Opens door to a broader array of services that are designed for the Priority Population



ABA Medical Necessity Criteria, Credentialing Criteria, and Auth/Review Process

Applied Behavior Analysis (ABA) services are specific, outcome-oriented interventions that are components of an approved, written, detailed plan of care prepared by a certified behavior analyst.

ABA is a dynamic process of intervention and ongoing evaluation with the goal of effective modification of an individual's identified behavior(s).

ABA services involve applying positive behavioral principles within the community using culturally based norms to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life and strengthen skills in a variety of life domains including but not limited to:

1. Physical and mental well being;
2. Interpersonal communications and relationships;
3. Socialization behaviors and activities;
4. Behavioral conduct;
5. Adaptive coping strategies and behaviors

Admission Criteria

There must be documentation of:

- A. An established supporting DSM-IV diagnosis (such as autism, pervasive developmental disorder (PDD), or traumatic brain injury) for which ABA has proven to be an effective and appropriate intervention, **and**
- B. A severe challenging behavior (such as self-injury, aggression towards others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others, **or**
- C. A severe challenging behavior that significantly interferes with home or community activities; **and**
- D. Less intensive behavioral treatment or other therapy has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors; **and**
- E. A reasonable expectation on the part of a treating health care professional that the individual's behavior will improve significantly with behavior analysis services.

Continued Stay Criteria

A. The initial authorization may be limited to an evaluation and plan development. Ongoing ABA interventions shall be authorized for 60 days at a time (or at other intervals determined by the Managed Care Organization based on the individual's specific needs, behavior support/maintenance plan or skill support plan and progress in treatment). While the initial evaluation may be ordered by the primary care provider or specialist, the number of hours the provider of services proposes are needed on a weekly basis to effectively address the challenging behaviors should be a component of the Initial Treatment Plan. The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for a period of three months of optimal treatment, then ABA will no longer be considered medically necessary. "Optimal treatment" means that a well-designed set of interventions are delivered by qualified applied behavioral specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.

Continued Stay Criteria, cont.

- B. For changes to be “meaningful” they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient’s residence and to the larger community within which the patient resides.
- C. Maintenance of the behavioral changes may require on-going ABA interventions as the patient grows, develops and faces new challenges in his/her life (e.g.,, puberty, transition to adulthood, transition to more integrated living situation, etc.).
- D. Treatment plans should include caregiver training regarding identification of the specific behavior(s) and interventions, in order to support utilization of the ABA techniques by caregiver(s). (see components of Behavioral Analysis, section V below).

BlueCare/TennCare Select – Quick Reference Guide

Medical Management

| | |
|---|----------------|
| BlueCare UM Prior Authorization Line | 1-888-423-0131 |
| TennCare Select UM Prior Authorization Line | 1-800-711-4104 |
| UM Authorization Fax Line | 1-800-292-5311 |
| Case Management Line | 1-800-225-8698 |

Southeastrans – Non-Emergency Transportation

| | |
|-----------|----------------|
| Statewide | 1-866-473-7565 |
|-----------|----------------|

Operations

| | |
|--|-----------------|
| Member Service Line | 1-800-263-5479 |
| Provider Service Line | 1-800-276-1978 |
| VO National Service Line (for credentialing and contracting inquiries) | 1- 800-397-1630 |

Nurseline – 24/7

1-800-262-2873

Provider Initiated Notice Fax

| | |
|---------------------------|----------------|
| TennCare Select Statewide | 1-800-859-2922 |
| BlueCare East Region | 1-800-859-2922 |
| BlueCare West Region | 1-800-320-3800 |

Website

www.vshptn.com

TDMHDD Mental Health Crisis Information Line

1-800 809-9957



Credentialing Criteria

Certified Behavior Analyst (*TN Medicaid Contract Only*)

- a) Master's degree or higher from a graduate school with a specialty of behavior analysis, psychology, special education or related field **and**
- b) A minimum of 12 credit hours of graduate level course work in behavior analysis; courses must have focus on application of behavior analysis, rather than more generic topics in the discipline for which the graduate degree was awarded. The courses should address the following issues in applied behavior analysis; family dynamics, ethical considerations, definition and characteristics, principles, processes and concepts; behavioral assessment and the selection of intervention strategies and outcomes; experimental evaluation of interventions; measurement of behavior and displaying/interpreting behavioral data; behavioral change procedures and systems support (Adapted from the Behavior Analyst Certification Board) **and**
- c) A minimum of six months full-time supervised employment (or internship/Practicum in behavior analysis under the supervision of a behavior analyst)

Credentialing Criteria, cont.

- d) Certified as a Behavior Analyst (BCBA) by the Behavior Analyst Certification Board.
- e) All provider applicants must have a minimum of one (1) year post certification experience providing direct patient care
- f) Possess professional liability coverage at a minimum level of \$1,000,000 per episode and \$1,000,000 aggregate except where state requirements are more stringent. *The NCC, in states where the maximum amount of coverage obtainable is less than the limits above, may make exceptions.* Copy of current face sheet must be included (**must indicate applicant as the insured, policy period and coverage amounts and participation in the state's catastrophic loss fund or Federal Tort Claims Act, if applicable**).



ProviderConnect Brief Overview

Online resource for behavioral health authorizations and tools

- ProviderConnect–Secure Area (accessible from www.VSHPTN.com home page –
- Click on “Providers”
- Go to ValueOptions of Tennessee, click on “Find out more”
- Click on “Register” (follow instructions)
- Request Authorizations
- View Authorizations
- View “My Practice Information”
- Access and Print Forms

ValueOptions® Provider Online Services: Homepage. Providers connect to a variety of clinical re - Windows Internet Explorer

http://www.valueoptions.com/providers/Providers.htm

Reganam

ValueOptions® Provider Online Services: Homepage. ...

ProviderConnect Is A ValueOptions® Web Site


VALUEOPTIONS®
Innovative Solutions. Better Health.

HOME MEMBERS PROVIDERS CLIENTS PRODUCERS

PROVIDERCONNECT Our Company News Room Awards Products & Services Site Search

PROVIDERS' HOME
PROVIDER HANDBOOK
FORMS
EDUCATION CENTER
COMPLIANCE
NETWORK-SPECIFIC
NEWS
PROVIDER CONTACT
PRACTICE PROFILE
PRIVACY STATEMENT

[ValueOptions Home](#) » [Provider Online Services](#)



PROVIDERCONNECT LOGIN

- Log In
- Register
- Try the Demo

SPOTLIGHT

- Mental Health Parity Act Effective January 1, 2010
- ValueOptions® is Going Green! Electronic Provider Summary Vouchers (PSVs) and Webinar Information
- Electronic Funds Transfer (EFT) Training for Providers
- ValueOptions® NPI Submission Process
- Important Changes in Authorization Process
- 1099 Questions?

Welcome to ValueOptions® Provider Online Services. Login or register with ProviderConnect, a handy tool that allows you to submit and review claims, check eligibility, update your practice profile, and view correspondence. ProviderConnect is easy to use, secure and available 24/7. [ProviderConnect Helpful Resources](#) links you to a ProviderConnect User guide, HIPAA information, software downloads, a Guide to Using Single Claim Submission, important forms and helpful phone numbers to assist with the use of this tool!

Review the [Provider Handbook](#) to obtain information about our policies and procedures. The handbook contains such topics as administration, clinical criteria, and EAP programs.

Visit our Forms section and download the forms you need. Our forms are also included in the provider handbook.

Enter our Education Center to find useful tools and resources to aid you

Local intranet 100%

Available on Non-Secure side:

- Click on Network Specific Information
 - Click on TennCare Administration FAQs
 - Clinical Clinical Criteria
 - Forms
 - Important Links

***Use ProviderConnect for online authorizations and network specific resources (not claims)

Secure Access

- All In Network providers may obtain online registration per provider ID number via the website
- To obtain additional logons for ProviderConnect, contact the ValueOptions®EDI Helpdesk at (888) 247-9311 and press option 3, Monday thru Friday, 8a.m. –6 p.m. EST. The TAT for additional logons is 48 hours

ProviderConnect - Providers - Registration - Windows Internet Explorer

https://www.valueoptions.com/pc/eProvider/providerRegisterFromLogin.do

Reganam

ProviderConnect - Providers - Registration

ValueOptions Home Provider Home Contact Us Log In

PROVIDERCONNECT
VALUEOPTIONS

Home
 EDI Homepage
 Specific Member Search
 Register Member
 Authorization Listing
 Enter an Authorization Request
 View Clinical Request Drafts
 Claim Listing and Submission
 My Online Profile
 View Practice Profile
 Provider Data Sheet
 Compliance
 Handbooks
 Forms
 Network Specific Information
 Education Center
 ValueSelect Designation
 Contact Us

Provider Online Services Registration

*Required fields are denoted by an asterisk (*) adjacent to the label.

First Name

*Last Name

Contact Name

*Provider ID

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address

*Verify Primary Email Address

Secondary Email Address

*Phone Number
(10 digit number without dashes)
 Ext

Fax Number
(10 digit number without dashes)

Passwords must be **at least eight (8) characters long but no longer than ten (10) characters**, may contain numbers (0-9) and upper and lowercase letters (A-Z, a-z), but **no spaces**. Make sure it is difficult for others to guess. **Your Password is case-sensitive.**

Done Internet 100%



ProviderConnect - Providers - Login - Windows Internet Explorer

https://www.valueoptions.com/pc/eProvider/providerLogin.do

Reganam

ProviderConnect - Providers - Login

ValueOptions Home Provider Home Contact Us Log In

PROVIDERCONNECT
VALUEOPTIONS

Home
EDI Homepage
Specific Member Search
Register Member
Authorization Listing
Enter an Authorization Request
View Clinical Request Drafts
Claim Listing and Submission
My Online Profile
View Practice Profile
Provider Data Sheet
Compliance
Handbooks
Forms
Network Specific Information
Education Center
ValueSelect Designation
Contact Us

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

Log In

The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing services to their patients. No information or resource provided through the ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through ValueOptions is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

New User?

Please register for access.

Register

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

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Questions?
