

Questions and Answers (Q&A) from the “Thinking Outside the Box – Outlier Management Initiatives for 2012” Webinar

1. Q: If a client changes Prescribers within the CMHC will we have to create another treatment plan or amend the old plan?
A: **It should be sufficient to amend/update the integrated care plan to reflect the change in clinical oversight and responsibility for the plan.**
2. Q: What sort of communication will occur between VO and the CMHC when outliers are found during the claim review?
A: **CMHCs will be provided with a listing of members who have been identified based on claim analysis. CMHCs will always have an opportunity to augment claim data with clinical detail demonstrating how the requirements for Case Management have been satisfied.**
3. Q: Are psychosocial educational components included within the CCM tx plan acceptable in conjunction with coordination of services?
A: **If the psychosocial educational components are part of treatment, they would not be appropriate as a case management service.**
4. Q: Where could a provider find the TennCare Benefits for which you are referencing in terms of TNCare benefits?
A: **The TennCare benefits package is defined on page 43 of the East/West Contractor Risk Agreement, which is located at: <http://www.tn.gov/tenncare/forms/eastwestmcocontract.pdf>. In the benefit chart, Mental Health Case Management is a benefit when Medically Necessary. It is an NCQA Utilization Management standard that qualified licensed health professionals oversee all medical necessity decisions.**
5. Q: All members need to have a licensed person write the treatment plan as well as document somewhere in the chart that case management services are ordered by the licensed clinician?
A: **A licensed clinician should be designated to oversee the development of and implementation of the integrated care plan.**
6. Q: Does this include LMSWs?
A: **NCQA requires that the practitioner be licensed at the highest level for the discipline. In TN, LCSW is the highest level of license for the discipline of social work. An LMSW would not qualify.**
7. Q: Please list examples of eligible licensed professionals.
A: **This would include the licenses/disciplines we currently credential for inclusion in the provider network, such as LCSWs, LPCs, LSPEs, LMFTs, APNs, psychologists and psychiatrists. More comprehensive information and credentialing criteria are available on ProviderConnect at http://www.valueoptions.com/providers/Forms/Administrative/Provider_Credentialing_Criteria_Checklist.pdf**

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8. Q: So LCSW's are writing orders..I thought only MD's could do that?
A: It is acceptable for an LCSW or other master's level, independently licensed practitioner to order a program service such as mental health case management.
9. Q: So CM will no longer be doing service plans but the licensed person will do an integrated care plan?
A: A licensed clinician should maintain overall responsibility for and oversight of the integrated care plan.
10. Q: Could you give us an example of an integrated care plan?
A: Proper integration of care and appropriate planning begins with an assessment performed by a prescriber or masters level clinician. The assessment should identify those needs that can only be met through case management. The clinician makes a referral to case management that specifies the issues to be addressed and that referral becomes the basis for the CM Service Plan. Each problem statement on the CM Service Plan should correspond to the needs identified in the assessment. Service Plans should reflect a dynamic process which mirrors the member's changing condition with new needs/problems being added as they are identified and old ones deleted when goals are met or no longer deemed appropriate. All changes to the plan should be the result of treatment team collaboration as demonstrated by signatures on the plan and should be accompanied by documentation in the member chart justifying the change.
11. Q: What if the member refuses all other services except CM?
A: It is understood that there will be outliers that are just that – situations where services appear to fall outside acceptable practice but may very well be appropriate to the situation. Under these circumstances, documentation of the refusal would be critical, as would be ongoing documentation of the CM's efforts to engage the member in other needed services.
12. Q: There is a history of a service plan for CM services vs a Treatment Plan for clinical services. Are we going to one Treatment Plan to be done only by the clinician?
A: A service plan should be a component of an integrated care plan.
13. Q: Are the three MCOs, United, Group and VSHP going to go with a treatment plan only?
A: VSHP will be looking for an integrated care plan. We cannot speak on behalf of the other MCCs.
14. Q: Does the service plan go away and there is just a Treatment Plan?
A: A “service plan” should be a component of an integrated care plan.
15. Q: How are we going to handle it if the licensed provider who has ordered case management is not on our staff? For example, if the individual is seeing a physician external to our agency and the physician has requested the individual receive case

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management, that MD will not have a treatment plan at our agency. Generally, the case manager would develop a service plan which would be co signed by their licensed supervisor.

A: In the example provided, the expectation would be that the physician has identified specific aspects of the member’s treatment that require Case Management services (e.g., the member’s known difficulty in keeping medical appointments or maintaining compliance with medication regimen). The resulting Case Management component of the integrated care plan would, in turn, need to reflect the specific interventions that will be implemented to address those needs.

16. Q: Is it acceptable for the case manager to complete the treatment plan if a licensed practitioner has signed off on it?

A: A licensed practitioner must maintain responsibility for and oversight of the integrated care plan.

17. Q: Scenario- client is d/c from inpt care and comes for intake. CM is recommended by the therapist who completes the intake and CM begins. Therapy and psychiatric services are also recommended but the client refuses individual therapy and continues in CM and med mgmt. When the care plan is due for update, it sounds like you are suggesting that the med provider must do the update. Is this accurate?

A: A licensed practitioner must maintain responsibility for and oversight of the integrated care plan.

18. Q: When will outliers receive notification of their status?

A: CMHCs will receive periodic reports indicating those members whose pattern of services appear to be outside the scope of the TennCare Case Management benefit. As noted above, providers will always have the opportunity to augment claim data with clinical detail demonstrating how the requirements for Case Management have been satisfied.