D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

BE **D·B·H·D·D**

BE COMPASSIONATE

BE PREPARED

BE RESPECTFUL

BE PROFESSIONAL

BE CARING

BE EXCEPTIONAL

BE INSPIRED

BE ENGAGED

BE ACCOUNTABLE

BE INFORMED

BE FLEXIBLE

BE HOPEFUL

BE CONNECTED

BE **D·B·H·D·D**

Medication Assisted Treatment Provider Compliance Training

DBHDD Training Team

Cassandra Price, Von Wrighten, Wendy Tiegreen, Virginia Sizemore, Nicole Griep, Lynn Copeland and John Quesenberry

Georgia Department of Behavioral Health
& Developmental Disabilities

Agenda

Welcome & Introductions

Cassandra Price

What is MAT & Recovery & Review of the Service Guideline

Von Wrighten & Wendy Tiegreen

Quality Review and the ASO

Virginia Sizemore & Nicole Griep

PIMS-Provider Support

Lynn Copeland

Reporting: What the data shows

John Quensenberry

DBHDD Support & Closing

Von Wrighten

What Is Medication Assisted Treatment?

A multi-faceted approach to treatment service for adults who require structure and support to achieve and maintain recovery from opioid use disorder.

What Is Medication Assisted Treatment *NOT*?

MAT is not the dispensing of medication without the multi-faceted approach.
The medication is not treatment.

Why Medication Assisted Treatment?

Reduce **Cravings**

Increase **Retention**

Focus on **Healthy Living**

Reduce Risk of **Infectious Diseases**

Evidence-Based **Approach**

Recovery **Focused**

Stabilize **Individual**

Overdose **Reduction**

Recovery Principles

1. Recovery is self-directed and _empowering_

2. Recovery involves a personal recognition of the need for change and transformation

3. Recovery is holistic

4. Recovery exists on a continuum of improved health and wellness

5. Recovery is supported by peers and allies

Recovery Principles

6 Recovery is fostered by healthy/respectful therapeutic relationships

7 Recovery involves a process of healing and self-redefinition

8 Recovery involves (re)joining and (re)building a life in the community

Billable Elements of MAT Service Definition

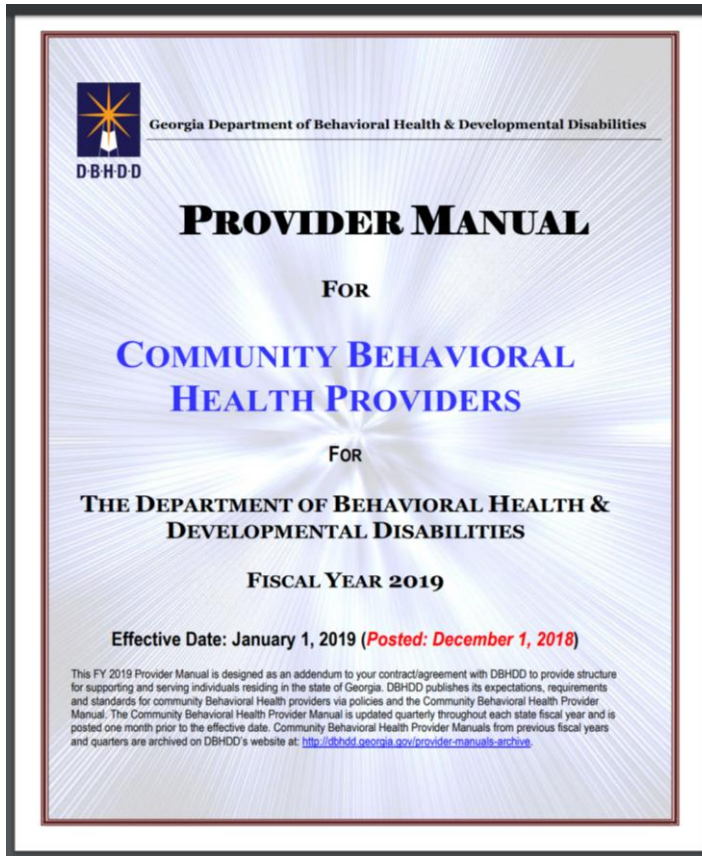|			
Physician Assessment	Nursing Assessment	Medication Administration	Opioid Maintenance
Diagnostic Assessment	Individual Counseling	Group Outpatient Services	Family Outpatient Services
BH Assessment & Service Planning	AD Support Services	Crisis Intervention	Peer Support

Service

Georgia Department of Behavioral Health & Developmental Disabilities

DBHDD

PROVIDER MANUAL

FOR

COMMUNITY BEHAVIORAL HEALTH PROVIDERS

FOR

THE DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

FISCAL YEAR 2019

Effective Date: January 1, 2019 (Posted: December 1, 2018)

This FY 2019 Provider Manual is designed as an addendum to your contract/agreement with DBHDD to provide structure for supporting and serving individuals residing in the state of Georgia. DBHDD publishes its expectations, requirements and standards for community Behavioral Health providers via policies and the Community Behavioral Health Provider Manual. The Community Behavioral Health Provider Manual is updated quarterly throughout each state fiscal year and is posted one month prior to the effective date. Community Behavioral Health Provider Manuals from previous fiscal years and quarters are archived on DBHDD's website at: http://dbhdd.georgia.gov/provider-manuals-archive.

Individual Counseling

Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Individual Psycho-therapy, insight oriented, behavior-modifying and/or supportive face-to-face w/ patient and/or family member (~30 minutes)	Practitioner Level 2, In-Clinic	90832	U2	U6			$64.95	Practitioner Level 2, Out-of-Clinic	90832	U2	U7			$77.93
	Practitioner Level 3, In-Clinic	90832	U3	U6			$50.02	Practitioner Level 3, Out-of-Clinic	90832	U3	U7			$61.13
	Practitioner Level 4, In-Clinic	90832	U4	U6			$33.83	Practitioner Level 4, Out-of-Clinic	90832	U4	U7			$40.59
	Practitioner Level 5, In-Clinic	90832	U5	U6			$25.21	Practitioner Level 5, Out-of-Clinic	90832	U5	U7			$30.25
	Practitioner Level 2, Via interactive audio and video telecommunication systems	90832	GT	U2			$64.95	Practitioner Level 4, Via interactive audio and video telecommunication systems	90832	GT	U4			$33.83
	Practitioner Level 3, Via interactive audio and video telecommunication systems	90832	GT	U3			$50.02	Practitioner Level 5, Via interactive audio and video telecommunication systems	90832	GT	U5			$25.21
(~45 minutes)	Practitioner Level 2, In-Clinic	90834	U2	U6			$116.90	Practitioner Level 2, Out-of-Clinic	90834	U2	U7			$140.28
	Practitioner Level 3, In-Clinic	90834	U3	U6			$90.03	Practitioner Level 3, Out-of-Clinic	90834	U3	U7			$110.04
	Practitioner Level 4, In-Clinic	90834	U4	U6			$60.89	Practitioner Level 4, Out-of-Clinic	90834	U4	U7			$73.07
	Practitioner Level 5, In-Clinic	90834	U5	U6			$45.38	Practitioner Level 5, Out-of-Clinic	90834	U5	U7			$54.46
	Practitioner Level 2, Via interactive audio and video telecommunication systems	90834	GT	U2			$116.90	Practitioner Level 4, Via interactive audio and video telecommunication systems	90834	GT	U4			$60.89
	Practitioner Level 3, Via interactive audio and video telecommunication systems	90834	GT	U3			$90.03	Practitioner Level 5, Via interactive audio and video telecommunication systems	90834	GT	U5			$45.38
(~60 minutes)	Practitioner Level 2, In-Clinic	90837	U2	U6			$155.87	Practitioner Level 2, Out-of-Clinic	90837	U2	U7			$187.04
	Practitioner Level 3, In-Clinic	90837	U3	U6			$120.04	Practitioner Level 3, Out-of-Clinic	90837	U3	U7			$146.71
	Practitioner Level 4, In-Clinic	90837	U4	U6			$81.18	Practitioner Level 4, Out-of-Clinic	90837	U4	U7			$97.42
	Practitioner Level 5, In-Clinic	90837	U5	U6			$60.51	Practitioner Level 5, Out-of-Clinic	90837	U5	U7			$72.61
	Practitioner Level 2, Via interactive audio and video telecommunication systems	90837	GT	U2			$155.87	Practitioner Level 4, Via interactive audio and video telecommunication systems	90837	GT	U4			$81.18
	Practitioner Level 3, Via interactive audio and video telecommunication systems	90837	GT	U3			$120.04	Practitioner Level 5, Via interactive audio and video telecommunication systems	90837	GT	U5			$60.51
Psycho-therapy Add-on with patient and/or family in conjunction with E&M (~30 minutes)	Practitioner Level 1, In-Clinic	90833	U1	U6			$97.02	Practitioner Level 1, Out-of-Clinic	90833	U1	U7			$123.48
	Practitioner Level 2, In-Clinic	90833	U2	U6			$64.95	Practitioner Level 2, Out-of-Clinic	90833	U2	U7			$77.93
	Practitioner Level 1	90833	GT	U1			$97.02	Practitioner Level 2	90833	GT	U2			$64.95
(~45 minutes)	Practitioner Level 1, In-Clinic	90836	U1	U6			$174.63	Practitioner Level 1, Out-of-Clinic	90836	U1	U7			$226.26
	Practitioner Level 2, In-Clinic	90836	U2	U6			$116.90	Practitioner Level 2, Out-of-Clinic	90836	U2	U7			$140.28
	Practitioner Level 1	90836	GT	U1			$174.63	Practitioner Level 2	90836	GT	U2			$116.90

BE INFORMED

Individual Counseling

Incremental Elements: Required versus Person/Plan Centered

Medication-Assisted Treatment

Diagnostic Assessment	BH Assessment/ Service Plan Development	Physician Assessment	Nursing Assessment	Opioid Maintenance	Medication Administration	Individual Counseling	Group Outpatient Services	Family Outpatient Services	Crisis Intervention	Peer Support	AD Support Services

Programmatic Integrity
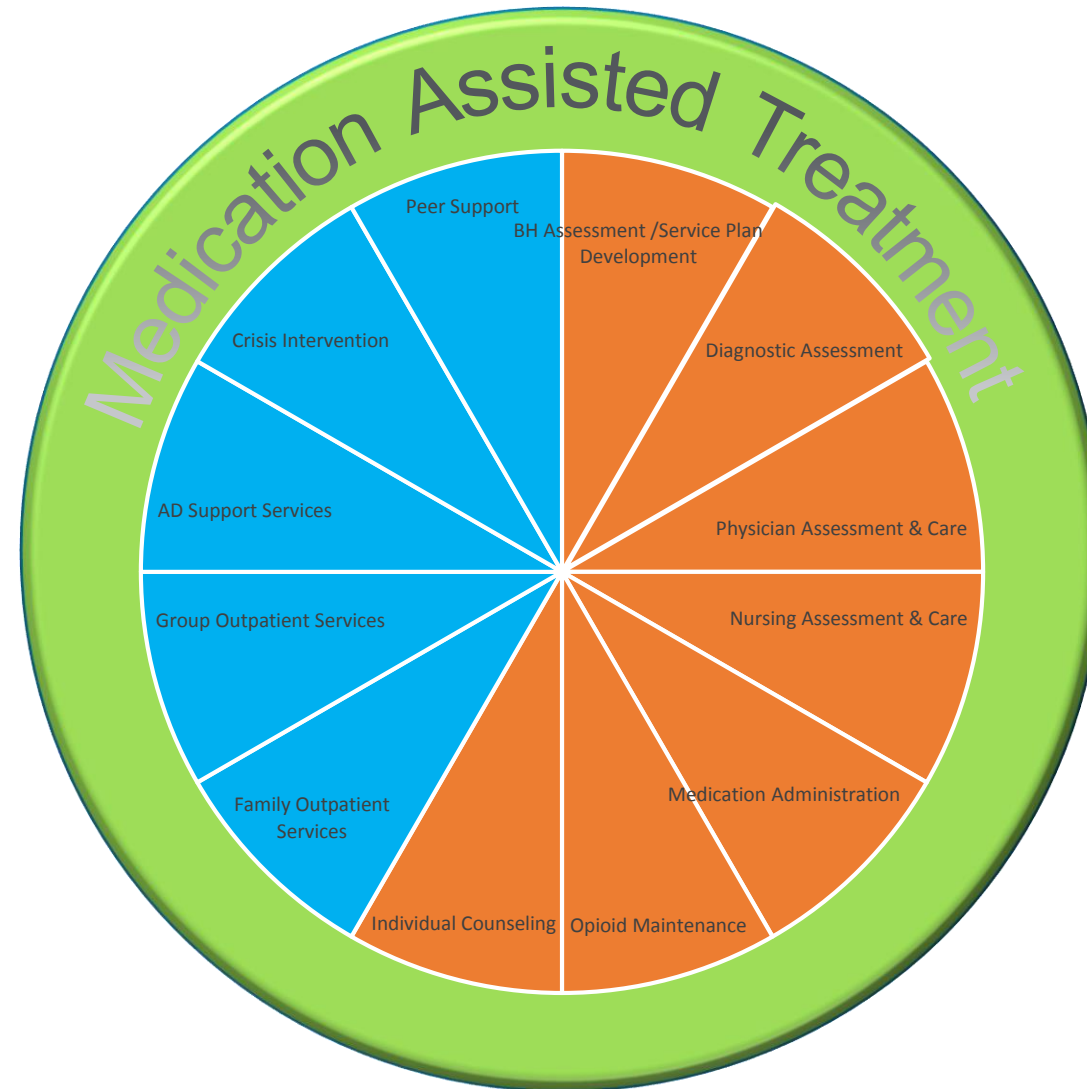
Q & A

What is the ASO?

Virginia B. Sizemore, M.B.A.

Director, Office of Quality Improvement

February 5, 2019

Georgia Department of Behavioral Health
& Developmental Disabilities

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ASO stands for Administrative Services Organization.

An ASO allows organizations to outsource a portion of the administrative work for which they are responsible.

Who is the Georgia Collaborative ASO?

What services does the ASO provide on behalf of DBHDD?

GCAL

- Provides telephonic crisis intervention services
- Dispatches mobile crisis teams
- Assists individuals in finding an open crisis or detox bed across the State
- Links individuals with urgent appointment services
- Assists individuals in locating and accessing State Funded providers in their geographic area in non-emergency situations
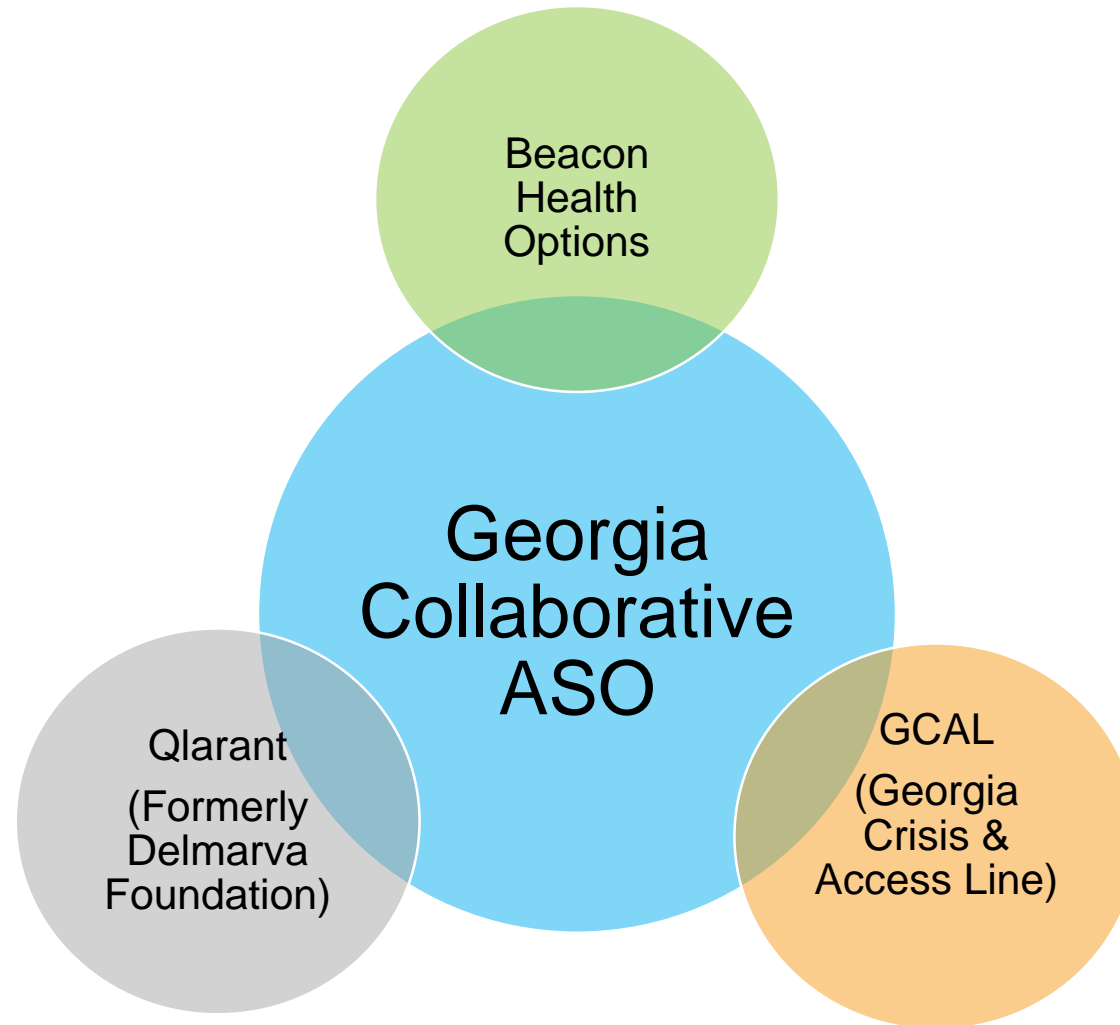
Beacon Health Options

- Provides prior authorization for services
- Processes encounters and claims for services
- Performs quality reviews for behavioral health providers
- Provides training to BH providers

Qlarant

- Collects National Core Indicator (NCI) data from individuals receiving services
- Performs quality reviews for providers serving individuals with IDD
- Provides training to DD providers

What services does the ASO provide on behalf of DBHDD?

Beacon Health Options

- Performs quality reviews for behavioral health providers
- Provides training to BH providers

Who is the Georgia Collaborative ASO?

- Nicole Griep, M.S.W.
- Director of Quality Management, Georgia Collaborative ASO
- Previously Executive Director of APS Healthcare
- Six years as a provider

Behavioral Health Quality Reviews: Medication Assisted Treatment Providers

Nicole Griep
Director of Quality Management

Training Objectives

- Overview of Behavioral Health Quality Reviews (BHQRs)

- BHQR Service Guidelines Medication Assisted Treatment (MAT) questions

- BHQR Overall Programmatic Medication Assisted Treatment (MAT) standards

- Billing tips to remember

- Q&A

Q & A
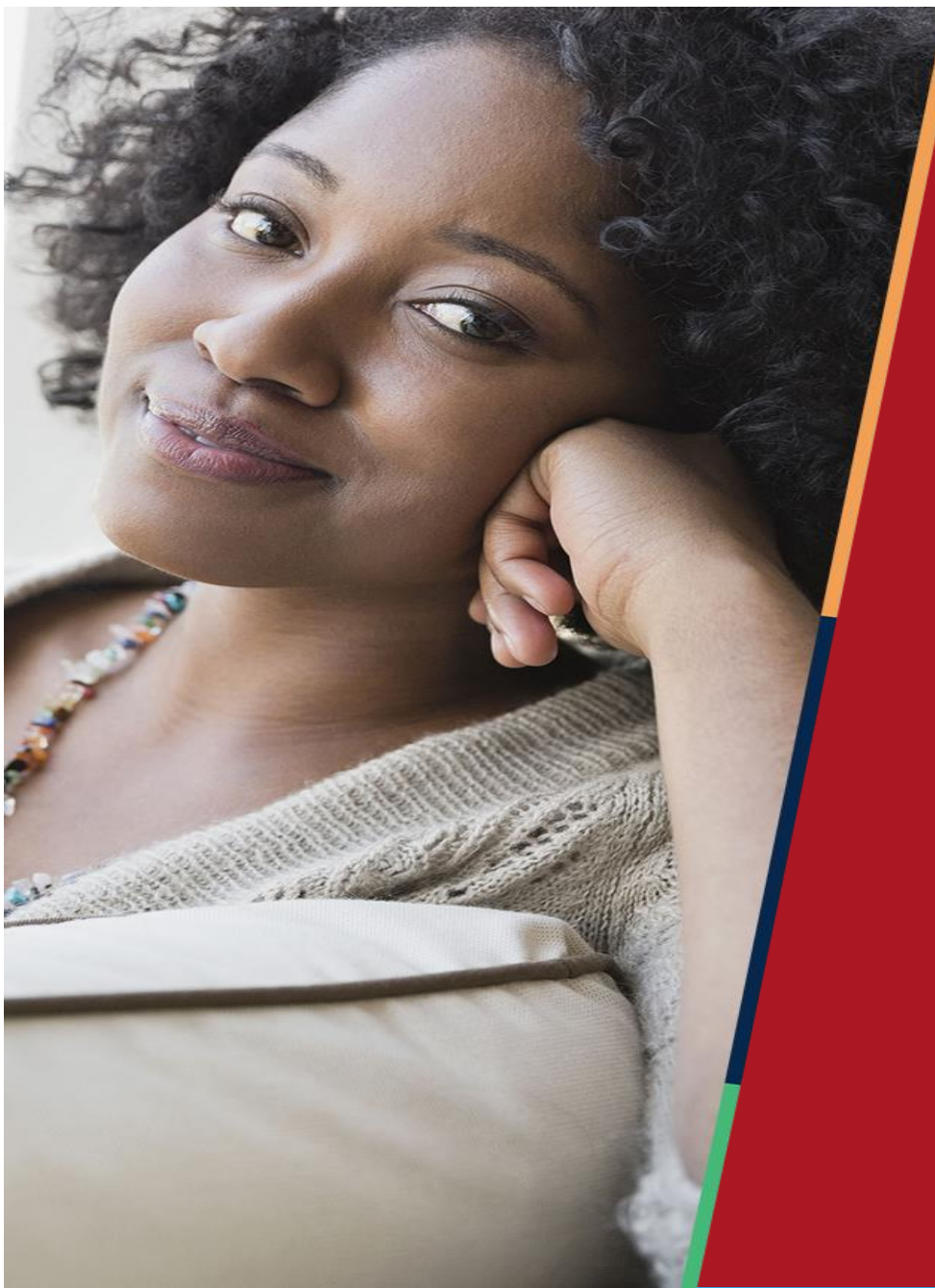
BHQR Statewide Average Scores

The Georgia
Collaborative ASO

BHQR Overview

Billing Validation

FY16:	81%
FY17:	84%
FY18:	85%

Service Guidelines

FY16:	90%
FY17:	88%
FY18:	90%

Overall

FY16:	84%
FY17:	84%
FY18:	88%

Focused Outcome Areas

FY16:	85%
FY17:	89%
FY18:	92%

Assess. & Planning

FY16:	79%
FY17:	77%
FY18:	84%

MAT Questions added in FY19

FY 2016 N = 141
FY 2017 N = 167
FY 2018 N = 156
N = # of reviews

The Georgia Collaborative ASO
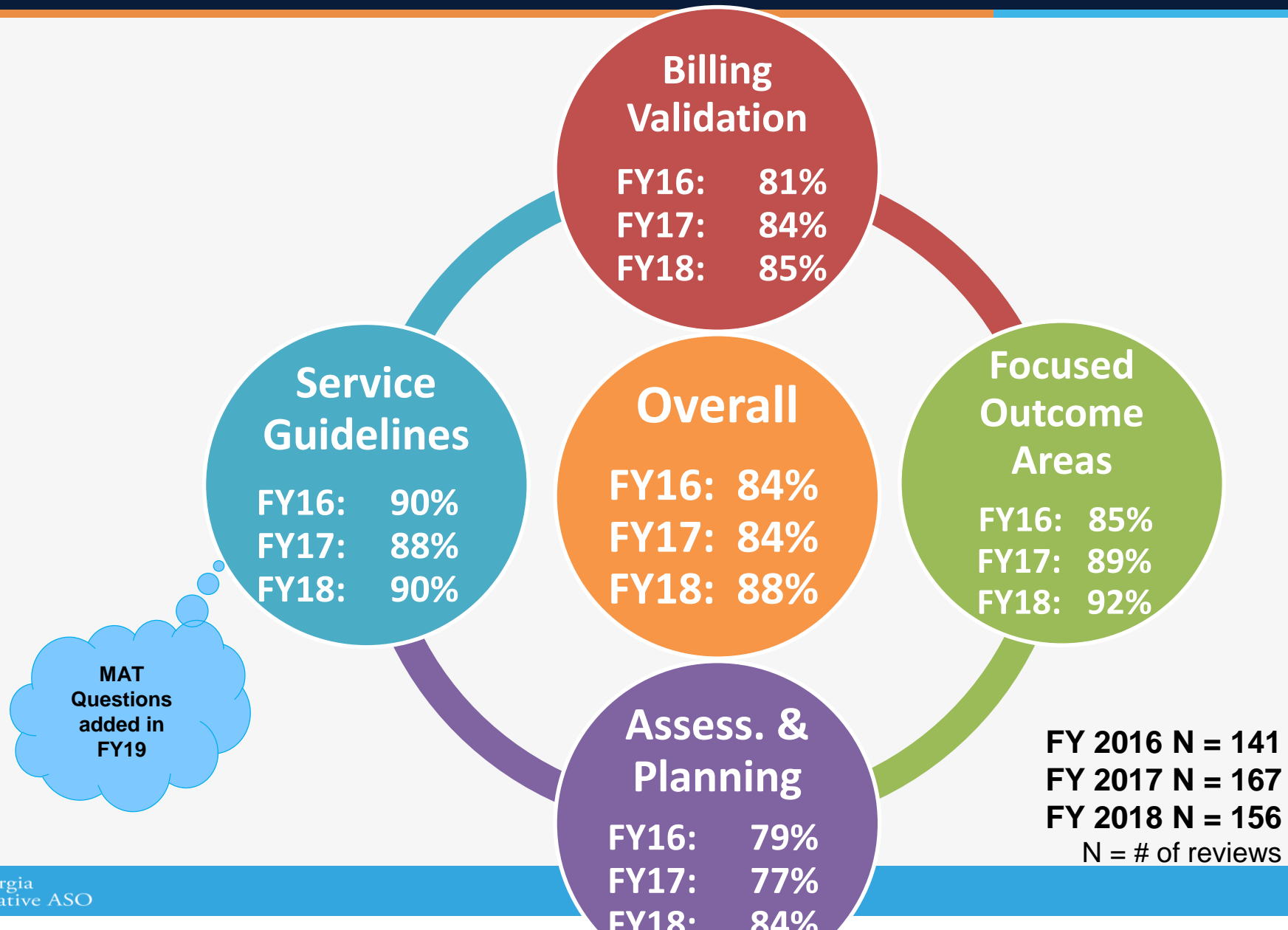
**BHQR
Service Guidelines:
Medication Assisted
Treatment**

MAT Service Guidelines Questions

#	Questions
1	Individual has a **diagnosis of Opioid Use Disorder**, likely to respond to pharmacological interventions, and has no incapacitating physical or psychiatric complications that would preclude medication assisted treatment and services.
2	**Random drug screens** are conducted / present in record and results are utilized to mark the individual's progress toward meeting goals and service planning (if provided).
3	**Physician Assessment** includes but not limited to: a complete and fully documented physical exam, physician assessment and care, and a health screening.
4	There is **documentation to support the medical necessity** (need) of medication administration by licensed/credentialed medical personnel rather than by the individual, family, or caregiver.

MAT Service Guidelines Questions

#	Questions
4	***Nursing Assessments*** include ***assessing and monitoring*** individual's response to medication(s), determining the need for medication review, and the individual's medical and health issues (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures, etc.).
5	***Nursing Assessments*** include providing ***education*** to the individual and the family/significant other(s) regarding medical, nutritional, other health issues, and side effects of medication (especially those which may adversely affect health such as weight gain or loss, blood pressure changes, cardiac abnormalities, development of diabetes or seizures, etc.).
6	Documentation includes but not limited to the individual's participation in one or more of the following services: ***Individual, Group, Family, and AD Support Services.***
7	Documentation reflects the individual ***set goals for themselves*** based off assessing their own skills and resources related to sobriety, use/abuse, and maintaining recovery.

MAT Service Guidelines Questions

#	Questions
8	Individual progress note documentation **reflects skills and resources** necessary to achieve sobriety and/or reduction in abuse and/or maintenance of recovery.
9	Documentation supports the individual is being **trained in self-administration** of medication or documentation reflects the individual is physically or mentally unable to self-administer.
11	There is a **daily attendance log** in the record indicating the number of hours the individual was present.
12	The individual and physician have **signed an informed, written consent to treatment** that ensures the individual has voluntarily chosen MAT and all relevant facts concerning the use of the opioid drug are clearly and adequately explained.

MAT Service Guidelines Questions

#	Questions
13	Documentation demonstrates *transition planning* for less intensive services began at the onset of the MAT program.
14	Progress notes contain documentation of the *individual's progress* (or lack of) toward specific goals/objectives on the treatment plan.
15	The staff interventions reflected in the progress notes are related to the *staff interventions listed on the treatment plan*.
16	The progress notes document *individual response* to the staff intervention provided.

BHQR Programmatic Standards: Medication Assisted Treatment
(non-scored)

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Collaborative ASO

MAT Programmatic Standards *(non-scored)*

#	Standards
1	The MAT program offers but **does not bill for service interventions for infectious disease screenings** as part of the programming to include, but not limited to, HIV and TB.
2	**Take-home medication** is offered as part of the MAT programming but **is not billed** under the code.
3	The **program is in operation** at least five hours per day Monday-Friday and a minimum of three hours per day on Saturday.
4	Programming includes activities / supports to assist individuals with **co-occurring diagnoses (MH, IDD).**
5	The program is under the clinical direction of an **independently licensed/certified practitioner.**
6	There is **at least one independently licensed/certified practitioner** on site at all times during operation hours.

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#	Standards
7	There is a ***Medication Assisted Treatment Service Organizational Plan*** that addresses the following: • The philosophical model of the program • Expected outcomes for program participants • Schedule of activities and hours of operations • Staffing patterns • How staff will be trained in the administration of addiction services and technologies • How services for individuals with co-occurring disorders will include services and activities addressing both mental health and substance abuse issues • How services for individuals with HIV will be conducted to ensure the privacy of individuals.

MAT Programmatic Standards *(non-scored)*

#	Standards
8	A **physician** is employed by the program and **is available at all times** a program is open and, if not present on-site, he/she is available on call for consultation and/or emergency orders.
9	The MAT program is adhering to their current policy and procedures for **safe storage of medication**.
10	The MAT provider **adheres to their policy,** which defines requirements and procedures for timely notification of prescribing professional **regarding drug reactions, medication problems, medication errors, and refusal of medications.**

Billing Tips To Remember

Tips To Remember

<u>All Services must be:</u>

- Ordered by qualified/credentialed staff

<u>All Individuals must have:</u>

- A verified diagnosis – at least annually by qualified practitioner
- Meet admission criteria for services billed

<u>All Service Codes must:</u>

- Include the correct modifier (U6 for in clinic, U7 for out of clinic)
- Include location if billed out of clinic (individual's home, library, park; stating "community is not sufficient)

Tips To Remember

All interventions must:

- Be related to the interventions as written on Individualized Recovery Plan (IRP)
- Link to the goals and objectives on the IRP
- Be written to justify the units/time billed
    - Common error: Billing for 2 hours, but only documenting a medication check

All progress notes must be:

- Filed in the individual's record within 7 calendar days from date of service

  *Remember: best practice standards indicate progress notes must be written within 24 hours of the activity

Billing Validation Pointers

Specifically progress notes must contain:

1. DATE of contact / service

2. DATE you wrote and signed the note

3. Correct CODE

4. TIME IN/OUT and UNITS

5. LOCATION of service

6. CONTENT of intervention

7. Your NAME and CREDENTIAL – Legible

8. Your SIGNATURE

Avoiding the "Billing Potholes"

- Use DBHDD approved credential

- Date your signature

- Assure the billed service is a match for what you provided and documented – including modifiers

- Document location of service

- Document the start and end times

- Record the units of billable service

- Be clear and concise

- File the progress note in a timely manner

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Questions and Feedback

Thank you

Nicole Griep

Nicole.griep@beaconhealthoptions.com