



LA Behavioral Health Partnership (LBHP)

Independent Assessment, Targeting Needs- Based Criteria Evaluation & Plan of Care

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Office of Behavioral Health



What We'll Cover

- **Part I: Review of 1915(i)**
 - What is the 1915(i)?
 - Overview of Key Requirements of 1915(i)
 - Conflict of Interest Standards
 - Target Groups (SMI/MMD/ASN)
 - Independent Assessor Qualifications
 - Process for Performing Independent Evaluation/Reevaluation
- **Part II: Person-Centered Planning & Service Delivery**
- **Part III: Independent Assessment Form**
- **Part IV: Targeted Needs-Based Criteria Form**
- **Part V: Plan of Care Development**
- **Part VI: 1915(i) Services**
- **Part VII: Workflow**





Part I

REVIEW OF 1915(i)

What is the 1915(i)?

- 1915(i) provides coverage under the Medicaid State Plan for behavioral health services rendered to adults with behavioral health disorders.
- Services necessary to reduce disability resulting from behavioral health illness and restore individual to best possible functioning level in the community.
- Services are provided ***outside of an institution*** as needed to assist the recipient with coping with the symptoms of his/her illness and thereby minimizing the disabling effects of their disorder.
- Individuals 21 years of age or over, with income below 150% of the federal poverty level, and who meet criteria (*Acute Stabilization Needs, Serious Mental Illness &/or Major Mental Disorder*) may qualify to receive 1915(i) services, which in addition to General & Psychiatric Hospital, Physician Services, Substance Abuse Services, and Pharmacy Services, may include **Individual, Family and Group Therapy provided by LMHP's, CPST, PSR and Crisis Intervention Services (*a.k.a rehab services*)**
- Estimated 32,000 adults in year 1 and up to 38,896 by year 5.



Overview of Key Requirements of 1915(i)

- DHH makes final 1915(i) enrollment eligibility decision.
- Eligibility determinations, including financial eligibility reviews for Medicaid will be performed by the current Medicaid eligibility staff.
- Subject to the final enrollment determination of DHH, targeting and clinical needs-based criteria assessments will be performed by Magellan...
- **The SMO (Magellan) and the individual performing the assessments are not providers on the treatment plan.**



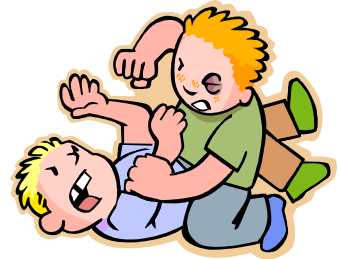
Overview of Key Requirements of 1915(i) *Continued*

- Review of participant treatment plans will be conducted by Magellan...and are subject to approval of OBH and Medicaid.
- Prior Authorization of State Plan services will be conducted by Magellan...and subject to approval of OBH and Medicaid.
- Utilization Management will be conducted by Magellan...
- Qualified provider enrollment and recruitment will be conducted by Magellan...



Conflict of Interest Standards

- The State assures the independence of persons performing evaluations, assessments, and plans of care.
- At a minimum, persons performing these are **not**:
 - Related to the individual or any paid caregivers;
 - Financially responsible for the individual;
 - **Providers of 1915(i) services for the individual, have an interest or are employed by provider of the 1915(i)/HCBS services.**
 - **EXCEPT** at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individual are the only willing and qualified providers to perform assessments and plans of care in a given geographic area AND the state devises **conflict of interest protections.**
- Magellan will conduct reviews of all individuals completing assessments and plans of care to ensure that they are not providers who have an interest or are employed by a provider who is on the plan of care.





Target Groups

- The States elects to target the 1915(i) State Plan HCBS benefit to the following specific populations:
 - Persons with **Acute Stabilization Needs (ASN)**
 - Persons with **Serious Mental Illness (SMI)**
 - Persons with **Major Mental Disorder (MMD)**
 - Persons who previously met any of the above and needs subsequent medically necessary services for stabilization and maintenance

Persons with Acute Stabilization Needs (ASN)

- The person currently presents with mental health symptoms that are consistent with a **diagnosable mental disorder** specified within the Diagnostic and Statistical Manual of Mental Disorders (**DSM-IV-TR**) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), or subsequent revisions of these documents and
- The person is experiencing at least “moderate” levels of risk to self or others as evidenced by at least a **score of 3 and no more than a score of 4 on the LOCUS Risk of Harm subscale** and/or serious *or* severe levels of functional impairment as evidenced by **at least a score of 4 on the LOCUS Functional Status subscale**. Rating based on **current** manifestation and not past history.



Persons with Serious Mental Illness (SMI)

- The person currently has or, at any time during the past year, had a diagnosable **Axis I mental disorder** of sufficient duration to meet the diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), or subsequent revisions of these documents.
- The person is experiencing “moderate” levels of need as indicated by **AT LEAST a composite LOCUS total score of 17 to 19, indicative of at least a Level of Need of 3**
- (aka, High Intensity Community Based Service).



Persons with Major Mental Disorder (MMD)

- The person has at least one **diagnosable mental disorder**, which is commonly associated with higher levels of impairment. These diagnoses, per the Diagnostic and Statistical Manual of Mental Disorders (**DSM-IV-TR**) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or subsequent revisions of these document, include:
 - **Psychotic Disorders** (Schizophrenia, Delusional Disorder, Psychotic Disorder NOS);
 - **Bipolar Disorders** (manic, mixed, unspecified, NOS, and Bipolar II Disorder)
 - **Depression** (Major Depression, single, recurrent)
- The person experiences at least “moderate” levels of need as indicated by **AT LEAST a composite LOCUS total score of 14 to 16, indicative of a Level of Care of 2** (aka, Low Intensity Community Based Services).

Independent Assessor Qualifications

- Qualifications of Individuals Performing Evaluations/Reevaluations:



- ☐ independent and qualified;
- ☐ trained to administer the targeting and needs-based criteria evaluation;
- ☐ certified LOCUS screener;
- ☐ LMHP (*Physician, Medical &/or Licensed Psychologist, LCSW, *LPC, APRN with specialty training/certification*)

*LPCs – DHH legal has determined that LPC's can serve as Independent Assessors, provided they do so in compliance with their practice act.

Process for Performing Independent Evaluation and Reevaluation

- ✓ The evaluation and reevaluation must use the targeting and needs-based assessment criteria;
- ✓ Must use LOCUS assessment tool;
- ✓ Must use qualified personnel;
- ✓ Must use needs based criteria;
- ✓ Client must reside in home or community (not in an institution);
- ✓ Must be repeated every 12 months;



Part II

PERSON-CENTERED PLANNING & SERVICE DELIVERY



CMS Requirements for 1915(i)

Person-Centered Planning and Service Delivery:

- Objective face-to-face assessment with a **person-centered process** by agent that is independent and qualified;
- Consultation with individual and if applicable, the individual's authorized representative, and includes the opportunity for the individual to identify other persons to be consulted, such as, but not limited to, individual's spouse, family, guardian, and treating and consulting health and support professionals caring for the individual;
- An examination of the individual's relevant history, including findings from the independent evaluation of eligibility, medical records, and objective evaluation of functional ability, and any other records if needed to develop the **Plan of Care**.
- An examination of the individual's physical, addiction, and mental health care and support **needs, strengths and preferences**, available service and housing options, and caregiver assessment when appropriate.





Person-Centered Planning: One Definition

A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and honor the **individual's preferences, choices, and abilities**. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

-From Person-Centered Planning Revised Policy Practice Guideline, October 2002

What is Person-Centered Planning & Service Delivery?

- Person-centered care and planning involves rethinking the traditional treatment process so that it is more responsive to **consumers' expressed capacities, needs, desires**, and rights to self-determination.
- The planning process **solicits the individual's unique goals** and these are **documented in the plan in the individual's own words**.
- To the maximum extent possible, the language of the plan is understandable to all participants, including the focus person and his or her non-professional, natural supporters.
- The individual has the ability to select or change his or her service providers.
- The individual is made aware of the procedures for doing so.
- Individuals are not required to attain, and maintain, clinical stability or abstinence before they are supported by the planning team in pursuing such goals as employment.
- Individuals are automatically offered a copy of their plan.

-From Person-Centered Planning: From Policy to Practice to Evaluation by Janis Tondora, Psy.D., & Daniel Wartenberg, Psy.D., M.P.H., June 2005

Person-Centered Planning Values and Principles

- Person-centered planning is a **highly individualized** process designed to respond to the expressed **needs/desires** of the individual.
 - Each individual has **strengths**, and the **ability** to express **preferences** and to make choices.
 - The individual's **choices and preferences shall always be honored** and considered, if not always granted.
 - **Each individual has gifts and contributions** to offer to the community, and has the ability to choose how supports, services and/or treatment may help them utilize their gifts and make contributions to community life.
 - Person-centered planning processes maximize independence, create community connections, and work towards achieving the individual's **dreams, goals and desires**.
 - A person's cultural background shall be recognized and valued in the decision-making process.

-From Person-Centered Planning Revised Policy Practice Guideline, October 2002

Strengths-Based Assessment

- “The entire (behavioral health) field is dominated by assessment protocols and devices that seek to identify all that is wrong, problematic, or pathologic in the client.”
- “The skills orientation of much of psychiatric rehabilitation (Lieberman, 1992; Anthony, 1979) is focused on identifying skill deficits and then teaching those skills to people.”
- “...(T)he purpose of assessment is to collect information needed to establish the direction and means of intervention.”
- **“Current deficit-oriented assessment protocols do this in part by amplifying the sick or weak part of the individual.”**

-From: **The Strengths Model: Case Management with People with Psychiatric Disabilities, 2nd edition, Charles A. Rapp & Richard J. Goscha**

Strengths-Based Assessment

“If we are to...enhance a people’s sense of empowerment, and help them achieve whatever is important to them, we must remove the pathological imagery that our current assessment methods inculcate.”



-Charles A. Rapp & Richard J. Goscha

Employing Strengths-Based Assessment

Focusing solely on deficits in the absence of a thoughtful analysis of strengths disregards the most critical resources an individual has on which to build in his or her efforts to adapt to stressful situations, confront environmental challenges, improve his or her quality of life, and advance in his or her recovery. Strengths-based approaches allow providers to balance critical needs that must be met with the resources and strengths that people possess to assist them in this process.

- Tondora & Davidson, 2006



What are strengths?

Four types of strengths in strengths model:

1. **Personal qualities/characteristics** (e.g., devotion to family, honest, caring, hopeful, hard-working, patient, friendly, willing to help others, etc.)
2. **Skills/talents** (e.g., plays instrument, cooking, mechanical inclination, photography, good memory, knowledgeable in a field, etc.)
2. **Environmental strengths** (e.g., safe home, support system, transportation, SSI/income, faith community, job, reliable/involved family, etc.)
4. **Interests/aspirations** (e.g., personal goals, loves to fish, watches old movies, spend more time with family/friends, sports, leisure, recreation, etc.)

- The Strengths Model: Case Management with People with Psychiatric Disabilities, 2nd edition, Charles A. Rapp & Richard J. Goscha

Part III

INDEPENDENT ASSESSMENT FORM



Independent Assessment

- I. **Chief Complaint** *(Major symptoms, difficulties, and/or Issues as they relate to behavioral health –in patient's own words/quoted.)*
- II. **History of Present Illness:** Including recipient's reason for seeking services, precipitating factors, symptoms, behavioral and functioning impacts, onset/course of issues, services sought and recipient expectation.
 - Reason for seeking services/precipitating factors
 - Onset/course of issues
 - Symptoms
 - Functional impacts of symptoms
 - Services sought/requested
 - Recipient expectations



Independent Assessment

-Continued

- III. Past Psychiatric History** (First onset of illness, past treatments, medications, hospitalizations)
- IV. Current Medical Conditions** (Physical Health Diagnosis, symptoms, treatment information)
- V. Current Medications** (Including non- psychotropic medications)
- VI. Allergies**
- VII. Labs/Vitals**
- VIII. Primary Care Physician** (Name, Phone, Fax)



Independent Assessment -*Continued*

- IX. Past Medical History** (Diagnosis, Hospitalizations, Surgery, and status of conditions)
- X. Educational History** (Educational Status, Highest Level Completed/Degree. Include recipient's preferences and desires regarding educational needs.)
- XI. Family History** (relationship status with relatives, family involvement in treatment, and living status of significant relatives)
- XII. Social History** (Involvement in the community, Social supports and activities, social barriers)
- XIII. Mental Status Examination**

Independent Assessment -*Continued*



XIV: Risk Assessment:

- a. List potential risk of harm to self or others, personality factors, substance abuse, criminogenic factors, exposure to elements, exploitation, abuse, neglect)
- b. Describe the **recipient's preferences and priorities** for addressing risk factors.

XV. Cultural and Language Preferences

(Language, **Customs/Values/Preferences**)

Independent Assessment -*Continued*

XVI. Substance Abuse/Dependence (Use within past 30 days of primary substance, secondary and tertiary current substance, including type, freq, method and age of first use)

XVII. Diagnoses: (Axis I, II, III, IV, & V)

XVIII. Other General Medical Conditions

XIX. Comments



Independent Assessment -*Continued*

- **XX. Living Situation** (Current status and functioning)
 - **Primary Residence**
 - **Comments**
 - **Needs** -List recipient's preferences and desires regarding things needed to improve or maintain daily living situation (EX. Ability to cook independently, housing subsidy, money in savings, care-giver resource assessment needed, etc.)
 - **Strengths** -List strength, service options, and resources the person has to meet the needs, including available housing options (Ex. Knows area, applied for housing subsidy, can live with family member, unpaid care-giver resource available, etc.)



Independent Assessment-*Continued*



XXI.

Learning/Working:

a. Current status and functioning

- i. How many days have you missed from work, school, or other regular activities in the past 4 weeks due to your health?
- ii. If you said one or more missed days, how many were due to being in the hospital?

b. Employment/Rehabilitation Status

c. Comments

d. Needs - List recipient's preferences and desires regarding things needed to improve or maintain employment /vocational skills (EX. Develop new skills, obtain training, education, etc.)

e. Strengths -List strengths service options, skills, and resources the person has to meet the needs (Ex. Intelligent, motivated, supportive sister, some college credits, job experience, etc.)

Independent Assessment -*Continued*

XXII. Social/Community Integration:

- a. Current status and functioning
- b. Needs -List recipient's preferences and desires regarding leisure and recreational activities, things needed to improve or maintain social activities, & community integration (EX. Meet new people, painting supplies, sports team, etc.)
- c. Strengths –List the strengths, service options, and resources the person has to meet the needs (EX. Friendly, athletic, independent, friend plays, gloves, etc.)



Clinical Advisor -Services Summary

Services Summary	Current Status	Current Diagnostic Summary	Functional Assessment	Recommendations	CHI Graphs
Psychiatric Physical Social					
CHI Responses					
How much have you had the following problems with activities because of mental health?			How much of the time: Have you felt calm and peaceful		
Achieved less than you would like			Did you have a lot of energy		
Were limited in the kind of work or other activities.			Have you felt downhearted and depressed		
Has your health been a problem with seeing friends/family?			How much have you heard or seen things other people don't?		
How much of the time have you been anxious or worried?			Assessment within 12 months? <input type="text" value="No"/> Date: <input type="text"/>		
Chief Complaint (Major symptoms, difficulties, and/or issues as they relate to behavioral health):					
<input type="text"/>					
History of Present Illness (Significant events, progress, stabilization, and or deterioration, onset of symptoms):					
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
Past Psychiatric History (First onset of illness, past treatments, medications, hospitalizations):					
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>					
<div><input type="button" value="Print"/> <input type="button" value="Edit"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/></div>					

Clinical Advisor-Physical

Services Summary / Current Status / Current Diagnostic Summary / Functional Assessment / Recommendations / CHI Graphs

Psychiatric / Physical / Social

Current Medical Conditions (Physical Health Diagnosis, symptoms, treatment information):

Past Medical History (Diagnosis, Hospitalizations, Surgery, and status of conditions):

SAMPLE



Primary Care Physician:

Name: Phone: Fax: View/Modify PCP

Allergies/Medications / Labs/Vitals / Medical History

Print Edit Save Cancel

Clinical Advisor-Social

Services Summary	Current Status	Current Diagnostic Summary	Functional Assessment	Recommendations	CHI Graphs
Psychiatric Physical Social					
CHI Responses					
I think that I can deal well with daily problems		<input type="text"/>	How confident are you about bouncing back from problems?		<input type="text"/>
How often have you made a plan to take care of your health		<input type="text"/>	I am hopeful that treatment/therapy can help		<input type="text"/>
I believe I can better cope with my problems.		<input type="text"/>	I feel my provider is caring and has concern for me		<input type="text"/>
			The problem that I came in for Treatment/therapy for is better		<input type="text"/>
Educational History:					
Education Status (Reported from 1013):		<input type="text" value="N"/>	Highest School Level Completed (Reported on Form 1013):		<input type="text" value="6 AA/BA degree"/>
Family History (Relationship status with relatives, family involvement in treatment, and living status of significant relatives):					
<h1>SAMPLE</h1>					
Social History (Involvement in the community, Social supports and Activities, social barriers):					
<div>Print </div> <div>Edit </div> <div>Save</div> <div>Cancel</div>					

Clinical Advisor –Current Status

Services Summary	Current Status	Current Diagnostic Summary	Functional Assessment	Recommendations	CHI Graphs																				
Mental Status Examination (MSE) Date of Service: <input type="text" value="12/06/2011"/>																									
Hygiene/Appearance: Good, Average, Alertness: Normal, Eye Contact: Good, Motor: Normal, Affect: Appropriate, Mood: Euthymic, Speech: WNL, Attitude: Cooperative, RiskOfHarm: None, ThoughtProcessAssoc: Logical, ThoughtProcessStream: Unremarkable, ThoughtContent: Non-psychotic, Perception: Unremarkable, Orientation: Person, PlaceTime, Situation, Concentration: Good, Memory: Intact Intellect: Good, Insight: Good, Judgement: Good, i																									
Risk Assessment (Potential risk of harm to self or others, personality factors, past history, substance abuse, criminogenic factors, exposure to elements, exploitation, abuse, neglect)																									
SAMPLE																									
Cultural and Language Preferences Language <input type="text"/> i Customs/Values/Preferences <input type="text"/> i																									
Substance Abuse / Dependence Legal Status / Special Assistance Criminal Justice Involvement Financial Resources / Entitlements																									
CHI Responses During the past 4 weeks, how often did you drink alcohol? <input type="text"/> During the past 4 weeks, how often did you use non prescription drugs? <input type="text"/> If you answered 1 + days a week how many drinks per day? <input type="text"/> If you use alcohol or drugs, how much does it interfere with life? <input type="text"/>																									
<table border="1"><thead><tr><th>Use within the past 30 days</th><th>Type</th><th>Frequency</th><th>Method</th><th>Age of First Use</th></tr></thead><tbody><tr><td>Primary current substance use:</td><td>NONE</td><td>No use during the pa</td><td>No Use During the Past Month</td><td>0</td></tr><tr><td>Secondary current substance use:</td><td>NONE</td><td>No use during the pa</td><td>No Use During the Past Month</td><td>0</td></tr><tr><td>Tertiary current substance use:</td><td>NONE</td><td>No use during the pa</td><td>No Use During the Past Month</td><td>0</td></tr></tbody></table>						Use within the past 30 days	Type	Frequency	Method	Age of First Use	Primary current substance use:	NONE	No use during the pa	No Use During the Past Month	0	Secondary current substance use:	NONE	No use during the pa	No Use During the Past Month	0	Tertiary current substance use:	NONE	No use during the pa	No Use During the Past Month	0
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Secondary current substance use:	NONE	No use during the pa	No Use During the Past Month	0																					
Tertiary current substance use:	NONE	No use during the pa	No Use During the Past Month	0																					

Clinical Advisor –*Principal Diagnosis*

Principal Diagnosis: 296.32 MAJ DPRSV DISORDER RECUR EPIS MOD

Axis I - Clinical Disorders

I.1: 296.32 MAJ DPRSV DISORDER RECUR EPIS MOD
I.2: 300.3 OBSESSIVE-COMPULSIVE DISORDER
I.3: NONE Blank Diagnosis
I.4: NONE Blank Diagnosis
I.5: NONE Blank Diagnosis

Axis II - Personality Disorders and Mental Retardation

II.1: NONE Blank Diagnosis
II.2: NONE Blank Diagnosis

Axis III - General Medical Conditions

Other Neurological Disorders
AIDS/HIV
Other Endocrine Disorders
Solid Tumor without Metastasis
N/A

Other General Medical Conditions (Non DUG Submitted)

Comments

Axis IV - Psychosocial / Environmental Factors

Problems with primary support group
Problems related to the social environment

Axis V - Global Assessment of Functioning 70

Justification

Axis I.1 - Moderate depressive symptoms
Axis I.2 - history of obsessions and compulsions

Axis III - Medical Conditionstext

JAMES HAS HIV/AIDS, HPV, HSV, Neck/back pain, lipodystrophy, hyperlipidemia, neuropathy, squamous cell carcinoma

SAMPLE

Clinical Advisor-*Living Situation*

Living Situation / Learning/Working / Social/Community Integration

Current status and functioning

Primary Residence (reported on form 1013)

Comments:

Needs

List things needed to improve or maintain living situation (EX. ability to cook independently, housing subsidy, money in savings, etc.)

Need

SAMPLE

**** Note: Each entry should contain only one(1) need.**

Add + Edit Delete -

Strengths

List the strengths and resources the person has to meet the needs (EX. knows Phoenix area, applied for housing subsidy, etc)

Strength

**** Note: Each entry should contain only one(1) strength.**

Add + Edit Delete -

Clinical Advisor-Learning/Working

Living Situation Learning/Working Social/Community Integration


Current status and functioning
How many days have you missed from work, school, or other regular activities in the past 4 weeks due to your health?
If you said one or more missed days how many were due to being in the hospital? DES/RSA?
Employment/Rehabilitation Status (reported on form 1013)
Comments:

Needs
List things needed to improve or maintain social activities & community intergration (EX. meet new people, painting supplies, sports team, etc.)

Need

SAMPLE


**** Note: Each entry should contain only one(1) need.**

Add + Edit  Delete -

Strengths
List the strengths and resources the person has to meet the needs (EX. intelligent, motivated, supportive sister, some college credits, etc)

Strength

**** Note: Each entry should contain only one(1) strength.**

Add + Edit  Delete -

Clinical Advisor-Social/Community Integration

Services Summary **Current Status** **Current Diagnostic Summary** **Functional Assessment** **Recommendations** **CHI Graphs**

Living Situation **Learning/Working** **Social/Community Integration**

Current status and functioning

Needs
List things needed to improve or maintain social activities & community intergration (EX. meet new people, painting supplies, sports team, etc.)

Need

SAMPLE

**** Note: Each entry should contain only one[1] need.**

Add + Edit Edit Delete -

Strengths
List the strengths and resources the person has to meet the needs (EX. friendly, athletic, independent transport, friend plays, glove, etc)

Strength

**** Note: Each entry should contain only one[1] strength.**

Add + Edit Edit Delete -

Print Edit Save Cancel

Part IV

TARGETED NEEDS-BASED CRITERIA FORM



Targeted Needs-Based Criteria Form

Two ways to complete and enter for submission to Magellan:

1. Clinical Advisor Screen Input

2. MagellanProvider.com

Web-Based/Member Summary Form

Needs-Based Criteria Form in Clinical Advisor

Level of Need - 1915i Waiver

Client ID: 354400089CF02

DOB: 05/22/1951

Active Plan:

EOC Date: 02/15/2012

Name: MEDEL, JOHN

Age: 60 Sex: M

IHH:

Packet: 02/20/2012

LOCUS Information

Waiver Criteria Category

Evaluator Qualifications

Independent Face-to-Face Assessment

Date of most recent LOCUS assessment:

← This should be the current LOCUS.

Composite LOCUS Score:

Level of Care Score:

Risk of Harm:

Functional Status:

LOCUS Reference ID:

Launch LOCUS in new window.

← Goes to Deerfield site, but will **not** auto-populate this Clinical Advisor Form.

Does the screener have a current annual certification to conduct the LOCUS?

(If yes, enter last name of screener and date of screener certification)

Screener Last Name:

Screener Certification Date:

Date of Current Evaluation:

Date of Most Recent Previous Evaluation:

Note: This form **MUST** be completed on each person evaluated for 1915(i). It is informed by the Independent Assessment and LOCUS.

Exclusionary Criteria & Target Groups for 1915(i)

Level of Need - 1915i Waiver

Client ID: 354400089CF02 DOB: 05/22/1951 Active Plan: EOC Date: 02/15/2012
Name: MEDEL, JOHN Age: 60 Sex: M IHH: Packet: 02/20/2012

LOCUS Information Waiver Criteria Category Evaluator Qualifications Independent Face-to-Face Assessment

Exclusionary Criteria: ← !

Does the member have a Primary diagnosis of a substance use disorder without an additional co-occurring Axis I disorder?

Select the most applicable value below. If the patient does not meet any of these criteria, select "None of the Above Apply"

Acute Stabilization Needs:

Does the member currently present with mental health symptoms that are consistent with a diagnosable mental disorder specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), or subsequent revisions of these documents?

Does the member experience at least "moderate" levels of risk to self or others as evidenced by at least a score of 3 and no more than a score of 4 on the LOCUS Risk of Harm subscale and/or serious or severe levels of functional impairment as evidenced by at least a score of 4 on the LOCUS Functional Status subscale? This rating made based on *current* manifestaion and not past history.

! – Note: Individuals with a diagnosis of a substance use disorder *without* an additional *Co-occurring Axis I Disorder* are **NOT** eligible for 1915(i) services. If checked, remaining Target Population Criteria will not be accessible for completion.

☐ **Major Mental Disorder:**

Does the member have at least one diagnosable mental disorder, which is commonly associated with higher levels of impairment? These diagnoses, per the DSM-IV-TR or the ICD-9-CM or subsequent revisions of these documents, include:

Psychotic Disorders:

295.10 - Schizophrenia, Disorganized type
295.20 - Schizophrenia, Catatonic type
295.30 - Schizophrenia, Paranoid type
295.60 - Schizophrenia, Residual type
295.70 - Schizoaffective Disorder
295.90 - Schizophrenia, Undifferentiated type
297.1 - Delusional Disorder
298.9 - Psychotic Disorder, NOS

Depression:

296.2x - Depressive Disorder, Single Episode
296.3x - Major Depressive Disorder, Recurrent

Bipolar Disorders:

296.00 - Bipolar Disorder, Single Manic Episode
296.40 - Bipolar I Disorder, Most Recent Episode Manic
296.50 - Bipolar I Disorder, Most Recent Episode Depressed
296.60 - Bipolar I Disorder, Most Recent Episode Mixed
296.70 - Bipolar I Disorder, Most Recent Episode Unspecified
296.80 - Bipolar Disorder NOS
296.89 - Bipolar II Disorder

Diagnosis:

☐ **Serious Mental Illness:**

Does the member currently have or, at any time during the past year, had a diagnosable Axis I mental disorder of sufficient duration to meet the diagnostic criteria specified within the DSM-IV-TR or the ICD-9-CM, or subsequent revisions of these documents?

Does the member experience "moderate" levels of need as indicated by AT LEAST a composite LOCUS total score of 17 to 19, indicative of at least a Level of Need of 3 (aka, High Intensity Community Based Service)?

☐ **Previously Met Above Criteria with Current Need for Stabilization and Maintenance**

An adult who has previously met the above criteria and needs subsequent medically necessary services for stabilization and maintenance.

☐ **None of the above apply** ← **Triggers "Not Met" result.**

Level of Need - 1915i Waiver

Client ID: 354400089CF02

DOB: 05/22/1951

Active Plan:

EOC Date: 02/15/2012

Name: MEDEL, JOHN

Age: 60 Sex: M

IHH:

Packet: 02/20/2012

LOCUS Information | Waiver Criteria Category | Evaluator Qualifications | Independent Face-to-Face Assessment

The SMO is required to have a level of need unit that requires the individuals performing evaluations to be trained to administer the evaluation and annually recertified. The SMO level of need unit may contract with independent assessors with final verification through the SMO. The evaluation and reevaluation must be finalized through the SMO using the needs assessment criteria outlined in the 1915(i) SPA and LOCUS assessment tool and qualified SMO personnel.

Individuals completing this form must be one of the following. Note the evaluator credentials by marking the appropriate boxes:

The Evaluator has been trained and certified to administer this evaluation: ☐

Evaluator Name:

Evaluator Credentials

and the Evaluator is credentialed as the following LMHP:

- ☐ Physician
- ☐ Medical Psychologists
- ☐ Licensed Psychologists
- ☐ Licensed Clinical Social Workers (LCSW's)
- ☐ Licensed Professional Counselors (LPCs)
- ☐ Licensed Marriage and Family Therapists (LMFT's)
- ☐ Licensed Addiction Counselors (LACs)

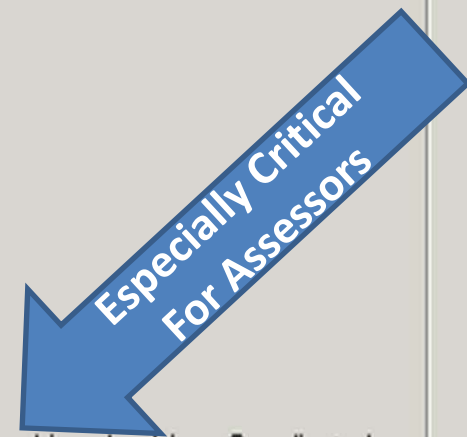
← **Not Authorized to perform Independent Diagnostic Assessments in LBHP at this time.**

Important Conflict of Interest Items

- ☐ Advanced Practice Registered Nurses (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, and Family Psychiatric & Mental Health or a Certified Nurse Specialists in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric and Mental Health, and Child-Adolescent Mental Health and may practice to the extent that services are within the APRN's scope of practice)

Evaluator Relationship and Status

- ☐ Related by blood or marriage to the individual, or any paid caregiver of the individual ← **Important Conflict of Interest Items.**
- ☐ Financially responsible for the individual. ←
- ☐ Empowered to make financial or health-related decisions on behalf of the individual ←
- ☐ A provider of behavioral health for the individual ←
- ☐ Employed by a provider of behavioral health for individuals in the Louisiana Behavioral Health Partnership or Louisiana Coordinated System of Care (Note: Clinic and MHR evaluators should mark this box if they report to providers of services within the clinic or MHR agency and are not yet organized into independent evaluation units reporting to OBH).



Based on the independent assessment, the individualized plan of care:

- ☐ Is developed with a person-centered process in consultation with the individual, and others at the option of the individual such as the individual's spouse, family, guardian, and treating and consulting health care and support professionals. The person-centered planning process must identify the individual's physical and mental health support needs, strengths and preferences, and desired outcomes
- ☐ Takes into account the extent of, and need for, any family or other supports for the individual, and neither duplicates, nor compels, natural supports
- ☐ Prevents the provision of unnecessary or inappropriate care
- ☐ Identifies the State plan HCBS that the individual is assessed to need
- ☐ Includes any State plan HCBS in which the individual has the option to self-direct the purchase or control
- ☐ Is guided by best practices and research on effective strategies for improved health and quality of life outcomes
- ☐ Is reviewed at least every 12 months and as needed when there is significant change in the individual's circumstances
- ☐ The treatment plan is developed by the participant and his or her interdisciplinary team based on information from the needs-based assessment, and taking into account the participant's social history, and treatment and service history. The case manager acts as an advocate for the participant in this process and is a source of information for the participant and the team. The participant and the team identify the participant's strengths, needs, preferences, desired outcomes, and his or her desires in order to determine the scope of services needed. The case manager informs the participant of all available Medicaid and non-Medicaid services. The participant is encouraged to choose goals based on his or her own desires while recognizing the need for supports to attain those goals
- ☐ The interdisciplinary team includes the participant; his or her legal representative if applicable; the case manager; and any other persons the participant chooses, which may include service providers. Individuals that are not Medicaid providers are not reimbursed for their participation

Note
Each of these items must be addressed by evaluator.

Web Version of Level of Need/1915(i) Eligibility Form

The web version has a different look to it, but the content is the same.

On the [MagellanProvider.com](https://www.magellanprovider.com) website these forms are accessible on the member summary page.

To get the member summary page, search the LA Eligibility search, and locate the member to receive a member summary page.

Example of the member summary screen. →

Louisiana Referral / Assessment		Member Summary
Please be advised that the use of this tool for review of eligibility or benefits does not guarantee claim payment. Payment of benefits is subject to the member's eligibility on the date service is rendered and any other contractual provisions of the plan. To assure compliance with state mandates, please follow the pre-authorization instructions on the member's health insurance card.		
Search Again		
Member Information		
yanowitz bennif		Member DOB: 02/12/1970
		Gender:
Member ID	Type of ID	
SLA800093113701	Magellan	
Intake Referral		
Referral Date	Status	Type
Finish	Saved Not Submitted	
Assessments		
Member currently has no Assessment data		
Add Level of Need	LOCUS	CANS Comprehensive
Clinical Plans		
View Plan of Care	View Treatment Plan	View Crisis Assmt/Plan
New Search Return to Search Results Return to MyPractice		

Sample Screen Shot from MagellanProvider.com

Member Clinical Information

Member's primary diagnosis is substance use disorder without an additional co-occurring Axis I disorder? ☐ Yes ☒ No

Waiver Criteria Category

Indicate which category best describes the situation with the patient from the 5 selections below *. **Only one selection is permitted:**

☐ **Acute Stabilizations Needs ***

Does the member currently present with mental health symptoms that are consistent with a diagnosable mental disorder specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), or subsequent revisions of these documents **AND...** [\(Read More\)](#)

☐ **Major Mental Disorder ***

The person has at least one diagnosable mental disorder, which is commonly associated with higher levels of impairment. These diagnoses, per the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or subsequent revisions of these document, include... [\(Read More\)](#)

☐ **Serious Mental Illness ***

The person currently has or, at any time during the past year, had a diagnosable Axis I mental disorder of sufficient duration to meet the diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) or the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), or subsequent revisions of these documents... [\(Read More\)](#)

☐ **Previously Met Above Criteria with Current Need for Stabilization and Maintenance ***

An adult who has previously met the above criteria and needs subsequent medically necessary services for stabilization and maintenance.

☐ **None of the above apply ***

RESULT: Needs-Based Criteria *Met*

Level Of Need		Submission Complete	
Member Information			
Member:	SHARON SHAW	Member No.:	SLA8
Member DOB:	01/01/1950		
Submission Complete			
Needs-Based Criteria Met: Evaluation recommends that member meets 1915(i) Needs-Based Eligibility Criteria. Refer to qualified SMO personal for final determination.			
Submission Date:		2012-02-24 08:14:00.0	
Print Exit			

RESULT: Needs-Based Criteria *Not Met*

Level Of Need		Submission Complete	
Member Information			
Member:	SHANE HARP	Member No.:	SLA8
Member DOB:	01/01/1950		
Submission Complete			
Needs-Based Criteria Not Met: Evaluation recommends that member does not meet 1915(i) Needs-Based Eligibility Criteria. Refer to qualified SMO personal for final determination.			
Submission Date:		2012-02-24 07:39:00.0	
Print Exit			

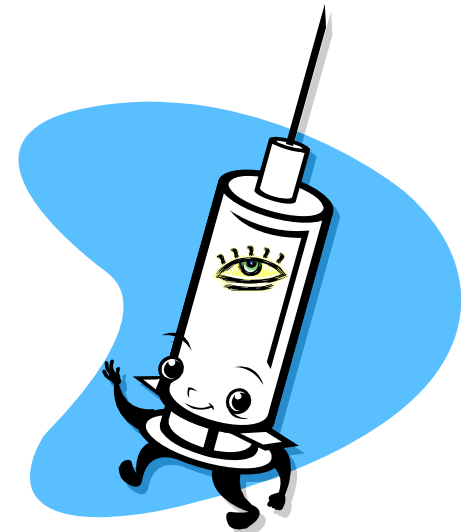
Clinical Advisor Return on **Met/Not Met**

Note

In *Clinical Advisor*, the final 1915(i) eligibility determination of “**Met**” or “**Not Met**” does not return or display until the user clicks the **Submit** button at the bottom of the page, then the user goes to the Submission Complete page where the Waiver determination is displayed.

Exclusion Criterion for 1915(i) Eligibility

Individual has a diagnosis of a substance use disorder *without* an additional *Co-occurring Axis I Disorder*.



Part V

PLAN OF CARE DEVELOPMENT



Based on Independent Assessment, the Individualized Plan of Care:

- Is developed with person-centered process.
- Takes into account extent of and need for any family or other supports for the individual.
- Prevents provision of unnecessary/inappropriate care.
- **Identifies state plan HCBS that individual is assessed to need.**
- Guided by best practices and research on effective strategies for improved health and quality of life outcomes, and
- Reviewed every 12 months and as needed when significant change to circumstance.
- *Actual provider of 1915(i) services will develop and document/submit a more comprehensive and detailed treatment plan to Magellan as a part of prior authorization of HCBS.*

Plan of Care

This simply identifies
state plan HCBS that
individual is assessed to
need, and will be made
available both in
Clinical Advisor
and

MagellanProvider.com

Plan of Care for 1915(i)

Patient's Name: _____ Facility: _____
Clinician's Name: _____

Service	Billable CPT/HCPCS CODES (Check all that Apply) (Note: One service code per box below may be selected)
Psychiatric Diagnostic Interview	<input type="checkbox"/> 90801 (Non-interactive) <input type="checkbox"/> 90802 (Interactive with children)
Pharmacological Management	<input type="checkbox"/> 90862
Psychological Testing	<input type="checkbox"/> 96101 (Psychologist/Physician) <input type="checkbox"/> 96102 (Technician)
Family Therapy	<input type="checkbox"/> 90846 (without patient/client present) <input type="checkbox"/> 90847 (with patient/client present) <input type="checkbox"/> 90849 (Multiple Family Group)
Individual Therapy	<input type="checkbox"/> 90804 (20-30 mins) <input type="checkbox"/> 90805 (20-30 mins w/ Med Management) <input type="checkbox"/> 90806 (45-50 mins) <input type="checkbox"/> 90807 (45-50 mins w/ Med Management) <input type="checkbox"/> 90808 (75-80 mins) <input type="checkbox"/> 90809 (75-80 mins w/ Med Management) <input type="checkbox"/> 90810 (20-30 mins Play Therapy w/ child) <input type="checkbox"/> 90812 (45-50 mins Play Therapy w/ child) <input type="checkbox"/> 90814 (75-80 mins Play Therapy w/ child)
Group Therapy	<input type="checkbox"/> 90857 (Interactive) <input type="checkbox"/> 90853 (Non-Interactive)
Case Conference	<input type="checkbox"/> 99367 (with Physician present) <input type="checkbox"/> 99368 (without Physician present)
PSR	<input type="checkbox"/> H2017 <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Onsite <input type="checkbox"/> Off-site
CPST	<input type="checkbox"/> H0036
Crisis Intervention	<input type="checkbox"/> S9485 (First Visit) <input type="checkbox"/> H2011 (Follow-up Visit)
Injection	<input type="checkbox"/> 96372 (Therapeutic, Prophylactic or Diagnostic)
Non-1915(i) Services Below	
Alcohol/Drug Assessment	<input type="checkbox"/> H0001
Alcohol/Drug Individual Therapy	<input type="checkbox"/> H0004
Alcohol/Drug Group Therapy	<input type="checkbox"/> H0005
Detoxification	<input type="checkbox"/> H0010 (ASAM III.7D Med Supported/ Residential) <input type="checkbox"/> H0011 (ASAM IV-D Med Managed/Hospital) <input type="checkbox"/> H0012 (ASAM III.2D Social Detox/Residential) <input type="checkbox"/> H0016 (Ambulatory Detox/Outpatient)
Alcohol/Drug IOP	<input type="checkbox"/> H0015
Alcohol/Drug Residential	<input type="checkbox"/> H0019 (ASAM III.3 Medium Intensity Residential-Adult) <input type="checkbox"/> H2036 (ASAM III.5 High Intensity Residential) <input type="checkbox"/> H2036 (ASAM III.7 High Intensity Residential - COD Unit)
Alcohol/Drug Halfway House	<input type="checkbox"/> H2034 (ASAM III.1 Low Intensity Halfway House)

Clinician's Signature: _____ Date: _____

Part VI

1915(i) SERVICES



1915(i) Services

All true 1915(i) Clients are, by definition, Medicaid-eligible, and therefore will also have access to general Louisiana State Plan Services, such as Inpatient General Hospital, Psychiatrists/Physician Services, Psychiatric Hospital (if over 65), Substance Abuse Services, Case Conference, and Pharmacy Services.



1915(i) Services-*HCBS*

- **Rehabilitation Services:**

- Treatment by a licensed mental health practitioner (LMHP);
- Community Psychiatric Support and Treatment (CPST);
- Psychosocial Rehabilitation (PSR);
- Crisis Intervention (CI).



CPST Definition

Community Psychiatric Support and Treatment (CPST) are goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's individualized treatment plan. CPST is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved. A minimum of 51% of CPST contacts must occur in community locations where the person lives, works, attends school and/or socializes.



CPST Components

- Assist the individual ,family, collaterals to identify strategies or treatment options associated with the individual's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships and community integration.
- **Individual supportive counseling**, solution-focused interventions, emotional and **behavioral management** and **problem behavior analysis with the individual**, with the goal of assisting the individual with **developing** and implementing social, interpersonal, self-care, daily living and independent **living skills** to restore stability, to support functional gains and to **adapt to community living**.

CPST Components-Continued

- Participation in, and utilization of, strengths-based planning and treatments, which include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources and natural supports to address functional deficits associated with their mental illness.
- Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.

CPST Components-Continued

- Restoration, rehabilitation and support to **develop skills** to locate, rent and keep a home, landlord/tenant negotiations, selecting a roommate and renter's rights and responsibilities.
- Assisting the individual to **develop daily living skills** specific to **managing their own home**, including **managing their money, medications** and using **community resources** and other self care requirements.
- **Individual Only.**
- On or Off-site, In residential setting (51%)



Psychosocial Rehabilitation -Definition

Psychosocial rehabilitation (PSR) services are designed to assist the individual with **compensating for or eliminating functional deficits** and interpersonal and/or environmental barriers **associated with their mental illness**. Activities included must be intended to **achieve the identified goals or objectives as set forth in the individual's individualized treatment plan**. The intent of PSR is to restore the **fullest possible integration** of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention. PSR is a face-to-face intervention with the individual present. Services may be provided **individually or in a group** setting. A minimum of 51% of a PSR's contacts must occur in community locations where the person lives, works, attends school and/or socializes.

Psychosocial Rehabilitation-Components

- Restoration, rehabilitation and support to develop social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies and effective functioning in the individual's social environment, including home, work and school.
- Restoration, rehabilitation and support to develop daily living skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily living. Supporting the individual with development and implementation of daily living skills and daily routines necessary to remain in home, school, work and community.

Psychosocial Rehabilitation-Components

- Implementing learned skills so the person can remain in a natural community location and achieve developmentally appropriate functioning.
- Assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.
- Individual or Group.
- On or Off-site (51%).



Crisis Intervention-Definition

Crisis intervention (CI) services are provided to a person who is experiencing a psychiatric crisis and are designed to interrupt and/or ameliorate a crisis experience, via a preliminary assessment, immediate crisis resolution and de-escalation and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of CIs are symptom reduction, stabilization and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual psychiatric crisis. CI is a face-to-face intervention and can occur in a variety of locations, including an emergency room or clinic setting, in addition to other community locations where the person lives, works, attends school and/or socializes.

Crisis Intervention -Components

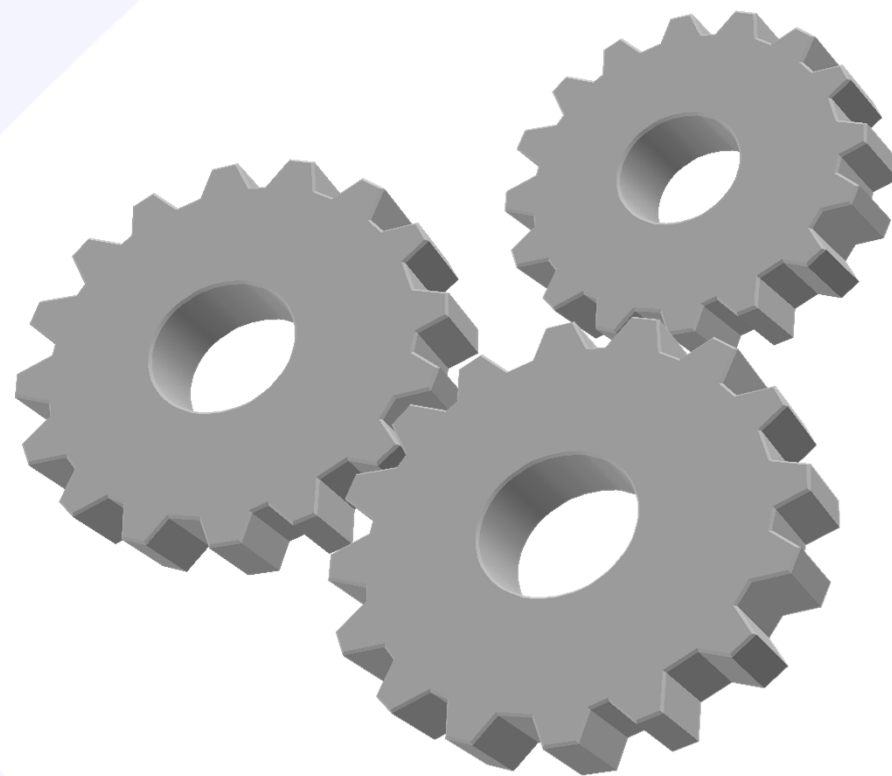
- A preliminary assessment of risk, mental status and medical stability and the need for further evaluation or other mental health services. Includes contact with the client, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level.
- Short-term CI, including crisis resolution and debriefing with the identified Medicaid-eligible individual.
- Follow up with the individual and, as necessary, with the individuals' caretaker and/or family members.
- Consultation with a physician or with other qualified providers to assist with the individuals' specific crisis.
- Individual, On or Off-site





Part VII

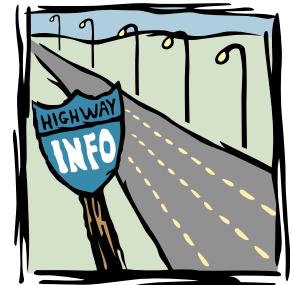
WORKFLOW



Independent Assessment/LOCUS/LON & Plan of Care Workflow Scenarios

- Member calls Magellan directly requesting HCBS.
- Member walks into Provider Office/Provider recommends HCBS.
- Member requests HCBS from Psychiatric Hospital setting.
- Member requests HCBS from General Hospital/ER setting.
- Member calls Magellan or Provider for routine services, but seems to need/may benefit from receiving HCBS.

➡ All roads lead to calling Magellan Care Manager or Member Services Representative. Magellan then assists caller by identifying local Independent Assessor. Independent Assessor then calls member to schedule appointment. Once member is approved for 1915(i), he/she picks a HCBS provider. That provider develops a treatment plan and submits for Prior Authorization of services to Magellan.



Scheduling the Independent Evaluation

- A staff member from Magellan will contact the Independent Evaluator to provide the name and contact information of the member needing an IA. An “authorization number” will also be provided.
- The independent evaluation if urgent has to be completed within 48 hours or if routine within 14 calendar days. The Magellan staff member will let the IA know when it needs to be schedule by.
- The independent evaluation includes the Plan of Care (POC).
- The *Independent Evaluator will contact the member to schedule the appointment* and provide the member with the address where the evaluation will occur and other information necessary.

Independent Evaluation –Misc.

- IA forms are located on MagellanProvider.com or Clinical Advisor.
- The Independent Evaluation and POC need to be sent to Magellan the **same day that the evaluation is completed**.
- The completed POC must list specific services that are indicated for the member.
- Magellan reviews and validates the results of the Independent Evaluation.
- Magellan determines whether or not the member is eligible for 1915(i) **within three business days of receiving the LOCUS/LON**.
- If the member is found ineligible for 1915i, Magellan will communicate this information to the Independent Evaluator and the member, including appeal rights.
- If the member is eligible, the Independent Evaluator will be informed of the outcome.
- If the member is already seeing a provider prior to the IA, Magellan will contact and inform the provider of the outcome as well, so he/she can establish a treatment plan and then contact Magellan for authorization of type and frequency of service.
- Otherwise, Magellan will contact the member, inform him/her of the results of the evaluation and offer the member a choice of providers. The chosen provider will then contact Magellan for authorization of services.

Authorization of Services

- Assuming 1915i eligibility, the *provider* contacts Magellan to request authorization of type and frequency of service.
- Magellan will review the *treatment plan* and compare to Service Authorization Criteria.
- Magellan will communicate to the provider when services have been authorized. If they are not authorized, this information, including appeal rights, will be provided to the provider and member.

End

- Questions/Comments?
- Send all questions and/or comments to either:

LAProviderQuestions@MagellanHealth.com

Or

OBHCertification@La.Gov