

**GOAL 1: MAGELLAN PROVIDER ACCESS REPORT:** (The goal of this report is to capture consumer access issues to BHRS services, look at trends and barriers to accessing services and assist consumers in navigating the network and securing services in a timely fashion)

**A parent calls our agency requesting TSS. We do not accept the referral and direct them to the county. Do we still have any responsibility to record that request?**

**Response:** Per MA Bulletin 01-01-05,"Revisions to Policies and Procedures Relating to Mobile Therapy, Behavior Specialist Consultant, and Therapeutic Staff Support," the entity to which the request was made must maintain a record of the date of the request. It is suggested that the agency forward a copy of the record to the county. If a provider cannot schedule an evaluation promptly, it should not accept the referral for an evaluation, but should refer the family to the county MH/MR office for assistance in finding a provider.

Action Steps/Person Responsible/Date	Follow-Up/Outstanding Tasks	Results/Date
<p><b>Health Choices:</b></p> <p>08/08/11 – the team requested that Magellan complete a monthly report that captures how many consumers contacted them for assistance who was not able to access services on their own. <b>This report should capture the date the consumer requested services, the date services were delivered ensuring it is within 60 days, and capture Act 62 members.</b></p>	<p>Magellan collects records from providers on a monthly basis that captures consumers request for services that were not able to access services due to capacity issues. Protocol is followed accordingly and is on a flyer: The provider who is contacted and at full capacity gives members two alternative providers names who are accepting referrals based on the Access Report updated on Magellan’s website.</p> <ul style="list-style-type: none"> <li>• Members are to contact the alternative providers.</li> <li>• If members are still not able to access services they are to contact Magellan for assistance.</li> </ul> <p>If Magellan is not able to assist the members accordingly members are to contact the county regarding their concerns.</p>	<p>10/10/11 – Kay said that Magellan ensures delivery within 50 days not 60. She also reported that there were no access issues in 05/11.</p>

<p><b>HIPP:</b></p> <p>08/08/11 – the team requested that Magellan complete a monthly report that captures how many consumers contacted them for assistance who was not able to access services on their own. <b>This report should capture the date the consumer requested services, the date services were delivered ensuring it is within 60 days, and capture Act 62 members.</b></p>	<p>Providers are directed to tell members to contact the county Children’s Mental Health Unit for assistance in securing services if they are not able to deliver services themselves. The CMHU tracks the 60 days from the request and assist members in securing services.</p> <p>The CMHU will report to the team the number of members they assist in securing services on a monthly basis, as well as capture members who are Act 62.</p>	<p>10/10/11– the CMHU reported that there were no access issues in 09/11.</p>
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**Are we allowed to say "the intake worker is not here" and not keep a record of the phone call or referral for the purpose of tracking the sixty days?**

**Response:** No, the entity to which the request was made must maintain a record of the date of the request regardless of whether or not it accepts the referral. If an intake worker is not available, the caller should be told when to call back (or when an agency representative will return the call). The agency must record the date, time and purpose call.

Action Steps/Person Responsible/Date	Follow-Up/Outstanding Tasks	Results/Date
<p><b>Health Choices:</b></p> <p>08/08/11 – the team requested that <b>Magellan require provider’s to provide them with member’s names and contacts so Magellan follow up specialists can assist the members in securing services within 60 days.</b> The team also requested a protocol or report to be shared that captures this process and data.</p>	<p>Providers report monthly to Magellan phone calls, dates and times of consumers who are trying to access services.</p>	

<p><b>HIPP:</b></p> <p>08/08/11 – the team requested that the <b>County require provider’s to provide them with member’s names and contacts so the CMHU can assist the members in securing services within 60 days.</b> The team also requested a protocol or report to be shared that captures this process and data.</p>	<p>Providers with family’s consent should contact the county CMHU within the same business week with member’s contacts and names that are seeking services. Providers can also suggest that members contact the CMHU directly for assistance.</p>	<p>08/08/11- The CMHU assists members in securing services within a 60 day period and participates at the initial ISPT meeting.</p>
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**What is the county role with finding providers?**

**Response:** The role of the county is to assist the family in accessing services for children or adolescents who are enrolled in the county MH/MR program.

Action Steps/Person Responsible/Date	Follow-Up/Outstanding Tasks	Results/Date
<p><b>Health Choices:</b></p> <p>12/12/11 – the team requested a copy of Magellan’s <b>protocol or process regarding how they are tracking and assisting members in accessing services.</b></p>	<p>Magellan’s Network Department tracks and reports provider access issues to the county monthly at the Ops meeting.</p>	
<p><b>HIPP:</b></p> <p><b>12/12/11</b> – the team requested a copy of county’s <b>protocol or process regarding how they are tracking and assisting members in accessing services.</b></p>	<p>Members can contact providers directly for services. If providers are not able to service members they will refer the members to the county CMHU for assistance or members can contact the CMHU directly.</p>	<p>12/12/11 – The CMHU will report how many members they assisted in accessing BHRS services within 60 days. There were no access issues in 11/11/11.</p>

**Can the provider refuse to perform an evaluation if services are not available?**

**Response:** An evaluation may not be delayed because the provider is unable to staff the case. In this case, the provider, with the family's approval, should perform the evaluation and then contact the county MH/MR program or BH-MCO for referral to another provider.

Action Steps/Person Responsible/Date	Follow-Up/Outstanding Tasks	Results/Date
<p><b>Health Choices:</b></p> <p>08/08/11 – the team requested <b>Magellan’s protocol</b> or oversight regarding how they are <b>capturing the time it takes for an evaluation to be completed.</b></p>		
<p><b>HIPP:</b></p> <p>08/08/11 – the team requested the <b>county’s protocol</b> or oversight regarding how they are <b>capturing the time it takes for an evaluation to be completed.</b></p>	<p>The county CMHU will contact providers for members who are not able to access an evaluation and request that an evaluation be completed as well as track the time to complete it.</p>	<p>The CMHU will receive the recommendations from the evaluation and assist the family in securing services.</p>

**Once a request for prior authorization has been approved, may the start of TSS services extend beyond 60 days from the date of the evaluation (since the evaluation must have been conducted within 60 days of the expected service start date)?**

**Response:** The Department expects that evaluations will be conducted promptly so that services will be delivered within 60 days of the date services are first requested. The evaluation must be conducted no later than 60 days before the expected service start date. An unintended delay in service initiation beyond 60 days will not invalidate the authorization, as long as services begin within the authorization service period.

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<p><b>Health Choices:</b></p> <p>08/08/11 – the team requested information from Magellan on how they are <b>monitoring that TSS prescribed hours are being delivered.</b></p>		
<p><b>HIPP:</b></p> <p>08/08/11 – the team requested information on how the county is <b>monitoring that TSS prescribed hours are being delivered.</b></p>	<p>The county CMHU participates in ISPT and funding meetings to ensure that prescribed hours are being filled.</p>	<p>08/08/11- If hours are not filled there is discussion on criteria and need for this to occur ASAP. The county will ensure the provider is making effort to secure staff or they may assist the family in securing another provider.</p>

**GOAL 2: MAGELLAN COMPLETION REPORT:** *(The goal of this report is to look at what prescribed hours are being delivered to families and consumers receiving BHRS so delivery issues and barriers could be addressed)*

**Can a TSS worker provide a modified number of hours for the rest of the month up to 60 total hours?**

**Response:** No, services must be rendered per week as specified in the treatment plan and as authorized. Because TSS is authorized to afford therapeutic intervention in accordance with specific objectives, goals, and activities as developed by the team and set forth in the treatment plan, it is not appropriate to decrease (or increase) hours in one week because services were provided in an amount higher (or lower) than authorized in a previous week.

Action Steps/Person Responsible/Date	Follow-Up/Outstanding Tasks	Results/Date
<p><b>Health Choices:</b></p> <p>12/12/11 – the team requested a <b>protocol on how TSS hours are being delivered.</b></p>	<p>Magellan tracks and reports quarterly the number of prescribed hours delivered to Health Choices families and consumers.</p>	<p>12/12/11 - Magellan's Network department will review the BHRS completion reports and identify any provider delivering less than 75% of authorized services. Providers with less than 75% completion rates will</p>

		<p>be provided a list of the consumers and be required to provide an explanation for the failure to achieve prescribed hours.</p> <p>Effective June 2011 this report will be sent with the BHRS completion reports quarterly to the county for distribution at the County's BHRS workgroup meeting.</p>
<p><b>HIPP:</b> DPW oversees authorizations and no longer provides the county with this information.</p>	<p>The CMHU follows up with the providers regarding the approval or denial of an authorization request.</p>	

**Once a request for prior authorization has been approved, when should service be initiated?**

**Response:** Each authorized BHRS is expected to begin no later than 60 days after the initial request for services, unless the evaluation prescribes different time frames. Even if not provided, services will be considered to be initiated as authorized within 60 days of the initial request if services are documented to have been offered as authorized within the 60 days and: 1) the parent or recipient delays initiation of service; or 2) the amount of service offered is less than authorized and the family agrees that the amount offered is appropriate.

**What if there is a discrepancy between provider agency and family regarding the date that services were first requested?**

**Response:** Per MA Bulletin 01-01-05, "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support," the entity to which the request was made should maintain a record of the date of the request. If BHR services are prescribed, members of the ISPT should confer with the parent/guardian/recipient at the first ISPT meeting to confirm the date that the parent/guardian/recipient (if 14 years or older), or other person acting with the family's concurrence, first requested behavioral health services and then record the date on the ISPT Sign-In/Concurrence Form. This date should be supported with accurate documentation by the entity receiving the request. If there is a disagreement of the identified date between the provider and the parent, the date identified by the parent should be recorded on the ISPT Sign-In/Concurrence Form. The provider should prepare a written statement explaining the disagreement and submit the statement and supporting documentation along with ISPT Sign-In/Concurrence Form with the Prior Authorization request.

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<p><b>Health Choices:</b></p> <p>02/13/12 – the team stated that all providers should be made aware that the area on the sign in sheet for <b>initial request is not when they received the call but when the family began searching for a provider.</b></p> <p>The team requested seeing the protocol or report form that is capturing this data and wants an overview from Magellan regarding how they are monitoring this issue.</p>	<p>Magellan has a tracking process in place and relies on the provider's initial sign in sheet to capture this information. Their benchmark is that services begin within 50 days rather than 60 days since the initial request.</p>	
<p><b>HIPP:</b></p> <p>02/13/12 – the team stated that all providers should be made aware that the area on the sign in sheet for <b>initial request is not when they received the call but when the family began searching for a provider.</b></p>	<p>The county is able to track the initial request date and when services actually are delivered when the family/member contacts the county to assist in the provider search; otherwise the county obtains this information from the provider at the time of the initial ISPT meeting if the family found the provider themselves.</p>	

**Goal 3: BHRS TRAININGS:** *(The goal is to develop a comprehensive/quality assurance training curriculum for BHRS staff/providers that are servicing children with Autism)*

**Do all the training sessions listed in the Bulletin need to be addressed? Example: CPR could take up to eight hours of training. Do they only need seven more hours before working alone?**

**Response:** All of the training topics listed in MA Bulletin 01-01-05, "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services," are to be covered as part of the training hours required for new TSS workers (15 prior to working alone and 24 within the first six months of working with children). The 20 hours

of training required for TSS workers after their first year of employment as a TSS is intended to provide them with additional knowledge of and skills in delivering TSS services. The agencies have the discretion to determine which topics identified in the Bulletin should be covered in the ongoing training or to include other topics.

**In the Discrete Trial Intervention (DTI) Autism program, I have new workers who, as part of their training, go out on-site to observe experienced workers. This is specifically to learn DTI for autistic children and is specific to each child. Could this count for training?**

**Response:** Yes, this could count for a portion of the training; however, all topics listed in MA Bulletin 01-01-05, "Revisions to Policies and Procedures Relating to Mobile Therapy, Behavioral Specialist Consultant and Therapeutic Staff Support Services" must be addressed during the initial training required before the TSS worker may work alone with children.

Action Steps/Person Responsible/Date	Follow-Up/Outstanding Tasks	Results/Date
<p><b>Health Choices:</b></p> <p>As of 04/09/12 – Magellan and the county should encourage providers to collaborate with trainings and resources.</p>		

**Goal 4: *BHRS PILOT PROGRAM UPDATE: (The goal is to develop innovative approaches to deliver services, develop outcome measurements, make recommendations for best practices, and increase family involvement and participation in services through support groups and intensive parent education)***