

Subject line: Provider Guidance for MHSS

Dear Provider,

Virginia Premier is committed to partnering with our providers in offering high quality healthcare services to our members and ensuring that services are resulting in progress toward the member's person-centered goals. This memo is aimed at providing guidance on MHSS so that we can improve our partnership in care coordination for these members and support member progress.

Mental Health Skills-building (MHSS) is a goal-directed, time-limited service designed to support individuals achieving and maintaining stability and independence in their community. MHSS services provides face to face activities, instruction, and interventions to enhance and reinforce recovery, rehabilitation, resiliency, and wellness for individuals experiencing significant functional impairments in major life activities.

What is the authorization timeframe for MHSS?

- MHSS is authorized based upon medical necessity.
- Providers should individualize the service request including the number of units, timeframe, and duration expected based on the member's clinical needs. This should look different for every individual.
- Virginia Premier looks for alignment of the timeframe, units, and duration requested with the service plan and goals.

How should the service request (SRA) reflect individualized treatment for MHSS?

Virginia Premier reviews both the SRA and the service plan for alignment of units, duration, and goals. SRAs should:

- Describe member's strengths and resources.

- Identify barriers and specific strategies to overcome those barriers.
- Include goals and interventions that target the member's specific functional impairments.
- Avoid vague goals that are so broad that progress cannot be specifically measured.
- Demonstrate case conceptualization at the start of services that includes:
 - Activities that detail step by step skill acquisition and benchmarks for success
 - Opportunities for members to practice skills and the use of community resources and monitor progress
 - Discharge planning as an ongoing component of the service
- Consider the baseline functioning of the member and what realistic recovery might be at discharge.
- Include revisions of the treatment plan goals as the member progresses and/or new barriers are identified.

What can providers expect from the UM staff in the authorization review process?

- UM staff collaborates with participating provider to support authorization requests.
- Providers should ensure the SRA is completed in its entirety and clearly include the clinical information listed above.
- UM staff will reach out to the clinical contact listed on the SRA to request any additional information needed to determine medical necessity criteria.
 - Ensure the clinical contact information is correct
 - Make sure that the clinical contact is a person that can discuss and provide any clinical information corrected
 - Please be responsive with requests for additional information to ensure timely reviews. Not submitting the requested information can delay the authorization request or result in a denial
- Providers can expect the UM reviewer to call for additional information when the following information is **not** documented in the SRA:
 - Measurable goals that include timelines and markers of success
 - Specific progress toward skills acquisition (how is this being practiced, monitored, retaught and re-evaluated)
 - Care coordination with collateral providers
 - Linkage to recommended services
 - Ongoing discharge planning with the member

What can providers expect from the care coordination staff?

- As a part of Virginia Premier's provider network, providers are expected to engage in active care coordination with the health plan.
- Virginia Premier care coordinators partner with providers to support members recovery and resiliency goals by ensuring the appropriate resources and services are in place
- Care coordination staff will engage providers in active discharge and transition planning by sharing individualized recommendations and referrals.
- Providers may be asked to participate in treatment team meetings initiated and facilitated by care coordination, as part of the active care coordination.
- Care coordination will also engage members in discussions around transition planning, as they make progress towards their goals and will follow the member 30 days after transitioning from MHSS to ensure they are following the recommendations and have wrap around services in place.

How can I best work with Virginia Premier on discharge planning for a member?

- For successful discharge planning to occur, it is imperative that providers engage in active care coordination with Virginia Premier and be intentional in involving the member in discharge planning throughout the service. Waiting to develop a discharge plan in the last 30 days of service
 - Does not allow sufficient time for the member to practice and monitor skills acquisition
 - Does not allow for additional services to be in place for a period of time to measure how successful these will be in supporting community tenure
- Providers are encouraged to include a comprehensive discharge plan in the SRA that includes:
 - The member's caregivers and support system
 - Individual step-down care, include type of service, what agency the member is being linked with and any upcoming appointments
 - Community resources and supports
 - Potential barriers to discharge and a plan on how the barriers are being addressed
 - Behavioral and physical health needs and any collaboration with other health providers
 - Maintenance support of new skills or transition to an appropriate level of care

- An estimated discharge date that is based on the member's current status, progress, and treatment goals.
- Providers are encouraged to reach out to the member's care coordinator for assistance linking to other services when needs are identified or barriers are present. As noted above, our care coordinators will work directly with providers and members coordinating services, unmet needs, and transitions of care.

How should providers document progress or lack of progress? Does lack of progress mean MHSS will be denied?

- Virginia Premier operates under the definition for "failed services" under the guidance of the CMHRS provider manual and Centers for Medicare and Medicaid Services (CMS) (12VAC30-60-61). If the service is not benefitting the member as evidenced by lack of skill retention or inability to resolve the member's goals, discharge from the service may be required (CMHRS Manual, Chapter IV).
- The expectation of the service is to be more than just a support or maintenance. It should result in progress towards the member's person-centered goals, increased independence, and increased stability in the community with natural and community supports.
- Details on how the member is now actively using the skills with increasing independence should be include in the SRA.
- If a member is not demonstrating progress, despite the length of time in treatment and interventions attempted, Virginia Premier will assist providers in discharge planning and identifying another level of care or other supportive services that might be appropriate. Ideally, providers would already be linking member with services well before discharge.
- Our goal is to provide continuity of care and help transition the member appropriately, which in some cases means to shorten the authorization time and titrate units as we transition the member.

Thank you,

Virginia Premier