

NBH News

Winter 2006

Northeast Behavioral Health

Mission:

To provide a comprehensive array of superior behavioral health services that support safe, successful, and self-sufficient lives throughout our twelve counties.

Inside this issue:

HSAG Audit	1
Heroes in the Fight Award	1
New Case Management Code	1
Communication with Primary Care Physicians	2
Using the SAMHSA Toolkits: Illness Management and Recovery	3
State credentialing Application	3
Web Site	3
New State Required Posters	4
Provider Manual Updates	4
Contact Numbers	4

HSAG Site Visit

Northeast Behavioral Health (NBH) is audited by the State of Colorado's Health Care Policy and Financing Division (HCPF) on a yearly basis. The audit focus is on Quality Improvement, Utilization management, Consumer and Provider Issues, and Credentialing. Although, the written report from the State has not yet been received, the exit interview

went well. The executive management and staff at NBH would like to thank all of our contracted providers, facilities, and mental health centers for not only the valuable services provided but also the meticulous documentation you do. We appreciate your dedication to provide superior services to Medicaid consumers.

Heroes in the Fight Awarded

An award designed to recognize those who provide exemplary care and support for the patients and their families



has been established and sponsored in part by Eli Lilly and Company

with Schizophrenia for many years. That makes Carol sensitive to the needs of others when they have difficulty with mental illness. Carol served as Executive Director of NAMI Colorado for several years and is currently in the Office of Consumer and Family Affairs at Northeast Behavioral Health. Carol's vast knowledge of the various mental health systems makes her a valuable resource person for NAMI – Weld County."

On December 13, 2005, at a luncheon event presented by NAMI-Colorado, Carol Staples was honored as a "Hero in the Fight" award winner!

Her award recognition also was accompanied by a \$500 check, which she has directed to NAMI – Weld County.

An excerpt from her nomination form reads: "Carol knows mental illness firsthand. Her son has lived

Congratulations, Carol

New case management code

As of January 1, 2006 NBH began using a new code for case management which is T1016. You will see this code on all authorizations for services dated after January 1st. T1016 is case management in 15 minute increments. You may bill up to 4 increments in a day. You can continue to use 90882 through December 31, 2005.

Communication with Primary Care Physicians

As of March 1, 2006 all EPN Providers are required by both NBH and Health Care Policy and Financing to ask consumers for their permission to contact and share information with the consumer's PCP or other healthcare providers. It is our belief that optimal mental health and physical healthcare occur when there is communication between healthcare providers. It is important to note that this new requirement will be monitored for compliance during the annual site visits. Therefore, it is especially important to obtain permission to contact healthcare providers for Medicaid consumers and have the release of information as well as a copy of the letter that was sent to the healthcare provider in the consumers chart for review. A sample cover letter to Primary Care Physicians and other medical providers explaining the purpose of this new policy can be found below.

The Primary Care Physician or Medical Provider Notification

letter is included,

The following are the Policies and Procedures regarding the implementation of the Provider Notification Letters to Primary Care Physicians or Medical Providers.

When a therapist conducts an intake for a Medicaid consumer, the therapist is required to ask permission to send a letter to the PCP or other designated medical provider informing the provider that his/her patient has come to the therapists' practice for services.

The therapist needs to obtain a signed authorization to send a letter to the PCP or medical provider. If the consumer receives periodic or ongoing care from a medical clinic, but cannot name a specific medical provider, this is to be indicated on the notification form, and a letter will be sent to that clinic. In the event that the consumer states that he/she does not have a

PCP, this must be noted in the appropriate section of the notification form. If the consumer refused to sign a release form this must be noted in the same section.

Referral of NBH consumers to medical care providers:

When a consumer does not have a primary care physician or other medical care provider the therapist shall make a referral to local medical services that serve Medicaid consumers. The telephone number to obtain information about physicians and clinics that provide medical services to Medicaid consumers should be provided. The number is **(800) 221-3943**.

When a consumer with a serious medical condition (asthma, diabetes, high blood pressure, etc.) is incapacitated or not otherwise able to obtain ongoing medical care, the service plan shall include attainment of appropriate medical care.

Sample Letter:

Dear Doctor,

Your name or practice name believes that treatment for medical care and mental health care are optimized when there is a communication among all healthcare providers. I am sending you this letter to inform you of the new policy Northeast Behavioral Health implemented to facilitate communication between the patient's Therapist and the patient's Primary Care Physician or Medical Provider. When a patient seeks treatment at your practice it is our expectation that you will be notified by our therapist, as long as a consent form has been signed.

Enclosed please find a copy of the Primary Care Physician/Medical Provider Notification form. You will be receiving this letter every time one of your patients completes an intake and release of information at your practice.

It is our hope that this exchange of information will be helpful in maintaining continuity of care for our patients.

If you have any questions, please contact me at _____.

Sincerely,

Your Name

Using the SAMHSA Toolkits: Illness Management and Recovery

In development through grants and pilot programs for more than seven years, SAMSHA has completed the first of eight toolkits to assist mental health practitioners to use evidence-based practices with their consumers. The first toolkit on Management and Recovery is divided into 10 Chapters with an explanation about the tools, specific Practitioner Guidelines, and corresponding Educational Handouts/Work Sheets for each tool for consumers and their family members/supporters. The handouts are not meant to be used alone, but rather used in conjunction with teaching strategies outlined in the Practitioner Guidelines selected by practitioners to work with consumers.

This article outlines Chapters One through Five and describes the modules. Chapters Six through Ten will be covered in the Spring Newsletter. You can access all these modules on-line at

www.mentalhealthpractices.org and general information about several evidence-based practices toolkits at www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/

Chapter One, *Basics of Illness Management and Recovery*, has an overview of the program, the importance of recovery, the importance of helping people set and

pursue personal goals, how to use the toolkits, an explanation of the core values in illness management, and teaching principles (motivational strategies, educational strategies, using cognitive-behavioral strategies for behavioral tailoring, relapse prevention, and coping skills enhancement). The appendices for this chapter include several worksheets: an Orientation Sheet, a Knowledge and Skills Inventory, Progress Notes, Significant Others, Goals Set in the Program, Step-by-step Problem Solving and Goal Achievement, and bibliography and references.

Chapter Two, *Recovery Strategies*, is a module that helps people who experience psychiatric symptoms to understand that they can move forward with their lives. It introduces the concept of *Recovery* and helps people develop personal strategies for taking steps toward recovery. There are instructions to practitioners to use in sessions with consumers and Handout 1 for consumers, *Recovery Strategies*.

Chapter Three, *Practical Facts about Mental Illness*, is a module that provides the opportunity to answer questions for people about mental illness: how it is diagnosed, what the symptoms are, what the treatments are, how common it is,

and what the future may hold. The module also provides the opportunity for consumers to educate practitioners about their personal experience with the illness. Handouts 2a, 2b, and 2c are handouts for consumers on Schizophrenia, Bipolar Disorder, and Depression.

Chapter Four, *Stress-Vulnerability Model and Treatment Strategies*, is a module that helps people understand the stress-vulnerability model of mental illness. It explains what causes of mental illness and what factors influence its course during different periods in a person's life. It provides information about different treatment options that are helpful at different periods and an understanding of the interplay of stress and biological vulnerability. Handout # 3 is the corresponding material for consumers.

Chapter Five, *Building Social Support*, is the module that discusses the importance of social support in helping people cope with stress more effectively. It helps people evaluate their social supports, identify situations, and practice strategies for connecting with more people. Handout #4 is the corresponding workbook for consumers.

State credentialing application

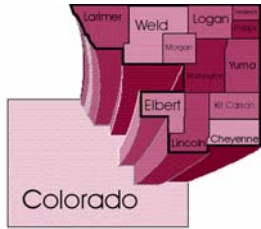
On January 1, 2006 the Colorado Department of Public Health and Environment released the new state credentialing application. The application is called the Colorado Health Care Professional Credentials Application. It is mandatory that all insurance companies in the state use this application. NBH will be in touch with network

providers six months prior to their re-credential date which is required every three years. The NBH web site will have a link to the application. The state felt that one, uniform application would cut down on paperwork. NBH will require few pages of addendums to be completed. The addendums will ask providers about their specialties and areas of practice.

NBH Web Site

NBH is projecting that our web site will be ready to view by mid March. The web site will have information for consumers and providers. The Consumer Handbook, Provider Manual, forms, and many other items will be on this site. We also hope to have a link to the web based CCAR available by July 2006. The web address is:

www.northeastbho.org.



Northeast Behavioral Health
1306 11th Avenue
Greeley, CO 80631

New State Required Posters

NBH will be mailing posters in English and Spanish informing Medicaid consumers of their rights and responsibilities. The posters also provide consumers with information on the grievance procedures, notice of the NBH privacy practices, how to reach consumer and family advocates as well as the State Ombudsman. NBH requests that all providers and facilities hang these in their reception areas as this is a State requirement. NBH will check reception areas for this information during audits. The posters are in removable laminate sleeves. This will allow you to remove old posters and replace them with updated versions as they become available. To request additional copies of the posters, please call Jason Brokaw at: 970-347-2307 or jason.brokaw@northeastbho.org.

Provider Manual Updates

NBH will be updating the provider manuals soon. The update will include new forms for intakes and service plans that will be shorter and more user friendly.

Important Contact Information:

Consumer Affairs:
Carol Staples
970-347-2367

Outpatient Coordinator:
Laura Martinez
970-347-2375

Inpatient/Intensive Services:
Anne Mitchell
970-347-2282

Provider Relations:
Libby Goode-Grasmick
970-347-2360

Claims Information:
Sylvia Job
970-347-2379

CCAR Coordinator:
Jason Brokaw
970-347-2307

OR Toll-free 888-296-5827