Appendix 2
Mental Health or AODA Treatment

Scope of Service
Mental Health individual psychotherapy and AODA individual treatment psychotherapy are services needed to treat an individual’s personal, social, behavioral, cognitive, mental or alcohol or drug abuse disorder. Mental Health and AODA therapy services are provided in an outpatient clinic setting. Physician (Psychiatry) visits are not reimbursable under the Family Care benefit package.

Treatment is planned and structured based on information from a differential diagnostic examination and directed at the accomplishment of specific goals.

Units of Service
The unit of service for Mental Health or AODA treatment shall be VISITS. Visits are defined by billing criteria in the Medical Assistance Maximum Allowable Fee Schedules. Payment will be allowed only for Non-Physician and Non-Inpatient based services.

All referrals shall be authorized in writing by the Managed Care Organization. Failure to have proper authorization from the MCO will be cause for non-payment of services during the unauthorized time period.

Documentation
Providers are expected to meet documentation standards identified in certification rules. Providers will share treatment plans, goals and outcomes of CCCW members with the Interdisciplinary Team upon request.

Program Services
Provider agency and individual therapists must be Wisconsin Medicaid Certified and hold appropriate licensure from the Department of Regulation and Licensing for Mental Health and/or Clinical Substance Abuse counseling services. Provider and individual therapists must have a Medicaid Provider Number. This Medicaid Certification must remain current during the term of the contract.

Communication with MCO
Mental Health or AODA providers will communicate appropriately with member/guardian and MCO interdisciplinary team.

1. Mental Health or AODA providers shall notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to MCO.
2. Member’s Interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided.
3. Providers will identify, respond to, document, and notify MCO within one (1) business day when a CCCW member, as a result of his/her participation or receipt
of provider services, is involved in, or subjected to, any of the following types of incidents or events:

a) Neglect  
b) Self-Neglect  
c) Financial Exploitation  
d) Physical Abuse  
e) Sexual Abuse  
f) Emotional Abuse  
g) Treatment without Consent  
h) Unplanned or Unapproved Use of Restraint(s) or Restrictive Measures or Interventions  
i) Unplanned or Unapproved Use of Isolation or Seclusion  
j) Falls  
k) Death  
l) Missing Person/Elopement  
m) Unplanned or Unapproved Involvement of Law Enforcement and/or the Criminal Justice System; or  
n) Medication Errors

Providers will work collaboratively with CCCW staff, as warranted, to ensure all such incidents or allegations are investigated by appropriate authorities.

The purpose of informing the MCO of incidents is to ensure the collaboration of provider and MCO. This collaboration will allow both parties to ensure the coordination of care in the following ways:

- To help reduce risk for individual members and for all members.
- To promote health and safety.
- To evaluate actions and/or individuals that contributes to an event.
- To improve provider quality standards.
- To anticipate and monitor potential quality concerns.
- To identify and document positive provider experiences.
- To identify themes of incidents and streamline mechanisms to improve the standard of practice.
- To provide a systematic approach to monitor and respond to incidents.
- To provide a feedback mechanism to the provider network, quality and care management departments regarding the quality of all services provided.

Provider Expectation of Communication with MCO
A strength-based, collaborative relationship with providers is one of the most effective means to achieve positive outcomes for CCCW members. To ensure a true partnership with CCCW providers, staff are expected to:

- Consistently maintain respectful communication and relationships.
- Respond to provider phone calls and e-mails within 24 hours of receipt unless staff are out of the office and an expected date of return is communicated via CCCW’s phone or e-mail messaging system.
- Arrive promptly for scheduled meetings and contact providers as soon as possible when a meeting must be delayed or cancelled.
- Identify themselves and their role with CCCW to staff of provider agencies through an introduction and by wearing a CCCW ID badge.
- Communicate anticipated contacts with a member to provider staff in advance of the planned visit to ensure the member, and any staff needed to assist with the discussion, are available.
- Show consideration and respect for facility or provider agency staff by informing them of your presence upon arrival when an unplanned visit is warranted.
- Consult with providers when member-specific information is needed, especially in situations where the member may not report accurate information and family has limited contact. Many providers have daily contact with members and can readily report changes that help staff to accurately assess changes in a member’s functional abilities or needs.
- Inform the member that he/she can invite representatives of provider agencies to be part of the Interdisciplinary Team, if desired.
- Encourage the member to invite appropriate providers to participate in 6-month and annual review meetings or relevant portions of review meetings.
- For members who are not receptive to provider participation in review meetings, consistently update providers of new information needed to ensure the provision of appropriate services and supports.
- For members receiving 24-hour/day residential services, offer the provider a copy of the Member Centered Plan and relevant updates.
- CCCW IDT shall inform Provider within five (5) business days if/when there is a change in the assigned Community Resource Coordinator or Health & Wellness Coordinator for a member.

Expected Outcomes
1. Individual member identified needs are met in a confidential and consistent manner.
2. Members shall be afforded the opportunity to evaluate and provide feedback regarding services received.