

ROM Q&A

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Q: When someone changes phases, do we need to resubmit the patient for authorization at the new phase level with the PCPC and ASAM?

A: No, patients can move fluidly through the phases of treatment and do not need a re-authorization for a change of a phase. However, it is recommended that a PCPC and Phases of Treatment Summary form are completed to address the change in treatment.

Q: Exactly what is included in the bundled methadone rate through VBH?

A: Methadone, cognitive treatment (psychotherapy), medical/dosing and all other activities related to individuals participating in methadone maintenance treatment.

Q: Are monthly urine screens and intake blood work included in the bundled rate?

A: Members can take prescriptions for lab/blood work from the Methadone facility physician to a lab that is in-network with VBH-PA. So long as the physician put a D&A diagnosis on the lab request, the lab can bill the behavioral health MCO (VBH-PA). Ongoing urine screens are included as part of the bundled rate.

Q: Do we have to provide HIV, HCV and TB testing as well smoking cessation courses on site?

A: The provider can provide testing on site through the use of their own staff or by partnering with another health care clinic or the Department of Health. These tests can be billed to the physical health insurance. If the diagnosis accompanying the lab request is D&A and the lab is in-network with VBH-PA, VBH pays for the test. However, routine urine toxicology screens are to be completed as part of the bundled rate.

Standard STD tests should be provided on site by provider or through the access of a sub contract with provider (such as DOH). Pre-test counseling should also be provided.

Smoking cessation groups can be provided through local smoking cessation certified programs. Contact your SCA for information about local smoking cessation groups. Providers may also participate in smoking cessation training to become a certified smoking cessation group. Behavioral health plans pay for this service.

Q: Does the Phase of Treatment Admission Summary sheet get completed prior to admission, (with the PCPC and ASAM)? Can you explain how this form is to be used?

A: New admissions to the provider clinic should be in the initial Phase I. If the clinic receives a transfer, a Phases of Treatment Summary sheet should be completed in order to place the patient into the appropriate phase.

The clinician should re-assess the treatment phase during naturally occurring situations, such as treatment plan reviews or other significant events. Assessing the patient's phase of treatment helps guide the treatment plan and is an assessment of where the client is in his/her recovery. This assessment is a part of the patient's ongoing "check-ups." The phases of treatment should be assessed in conjunction with the PCPC.

Q: Within the "detailed view" phase placement---for II, III, and IV, how should the criteria be used to place a patient in the appropriate phase? Is the tool to be documented in the client's chart (progress note) or do we need to create a checklist for each phase and complete this checklist for each client when they move to a new phase?

A: The Phases of Treatment Placement Tool does not necessarily need a checklist to accompany it. This tool is a guide that shows how treatment needs will be met. The Phases of Treatment Tool (summary form) is to be used as a guide to make clinical decisions regarding phase placement. It is important that a justification is provided as to why the patient is placed in the specific phase. It is also important to include the patient in the process of reviewing the patient's phase of treatment.

Q: What happens if a patient meets all but one of the criteria for a phase of treatment? For example, if a patient does not wish to include their family in treatment yet all other criteria are met, can the patient be moved up to the next phase?

A: This situation may be appropriate to place the patient into a higher phase, as only one of the criteria is not met and it may not be clinically appropriate for the patient to meet at that present time. Clinical judgment with a justification should be used for the choice of phase. There should also be documentation of that identifies and addresses the unmet criteria of the phase.

Q: One of the criteria for the Phases of Treatment is having a legal income. What if the patient is a homemaker?

A: A homemaker would be considered having stable income, as long as they have some type of legal income, even if it is through their spouse's employment.

Q: Would you recommend a closed group for group therapy?

A: Consistency of membership (and therapist) within a group of less than 10 members creates an environment for psychotherapy to take place. Groups consisting of members within the same phase of treatment is highly recommended, as it enhances the group

process. Aligning groups with phases can also include incentives, such as take home privileges, etc.

Q: If groups are aligned with the phases of treatment and a group member demonstrates behavior that would reflect moving down a phase, should that person remain in their current group or begin the group of their new phase?

A: This question can be addressed with the patient and the group as part of the group process. If the patient is changing to a group that corresponds to the lower phase, it is important to address issues related to group membership of that particular group.

Q: Can the patient refuse HIV, HCV, HBC, and TB testing?

A: Yes, but it is important to document the discussion regarding the refusal. Also consider the therapeutic timing of testing. For example, testing may be best completed when the patient is in a more stable emotional/cognitive state.

Q: What is “active linkage” to other needed treatment services (physical/mental health, legal, etc.)?

A: Documentation of the discussion with the patient, which may include planning and insight noted by the patient. This could also include a “warm handoff,” in which the clinician sits with the patient while they call the service provider to get more information or an appointment. It is best to document the patient’s appointment date and time, if applicable. The clinician should also have a follow up note regarding the patient’s status in obtaining other needed treatment services.

Q: I am having difficulties finding a non-hospital placement for a patient that is on methadone. What can I do?

A: Call VBH-PA provider line (1-877-615-8503) for assistance.