



Georgia  
Outpatient  
Treatment  
Requests



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## **Recovery**

- Are the interventions built on client strengths and intended to reduce or eliminate the impact of the mental health condition so the client can live in their community with a sense of respect, hope, empowerment, and self-determination?

## **Resiliency**

- Do the interventions harness, or promote the development of inner strengths that will help clients rebound from and adapt to current and future trauma, adversity, or stressors?

## **Results**

- Are the interventions based upon evidence-based standards of care with demonstrated efficacy in addressing the problems for which the client sought services?



# Essential Clinical Elements of an OTR

- Complete the Member and Provider identification sections in full
- Axes I-V, using the DSM Multi-axial format
  - Please complete all Axes
- Risk Assessment (Current Suicidality, Homicidality, and/or Violent Behavior)
  - If suicidal or homicidal and has plans, means or intent, please note safety plan
  - Please note any past attempts with approximate dates
  - Note current assaultive/violent behaviors and how frequently they occur
  - Note any risk of out-of-home placement or risk of higher level of care



# Essential Clinical Elements of an OTR

- Indicate the ORIGINAL reason the member started treatment
  - This should not change for the entire treatment episode
- Current symptoms and the impact they have on functioning
  - These will change regularly based on current functioning
- MH/SA history – what the member has received in the past
  - This would NOT include any treatment during the current treatment episode unless they admit to a higher level of care and then return to outpatient care



# Essential Clinical Elements of an OTR

- Current Psychotropic Medication – newly added
- Indicate if a psych evaluation has been completed and if not, please give reason.
- Substance Abuse History – newly added
  - If none, simply mark the none box and move on
  - If by history or current use, please fill in all the questions in this section
- Indicate your therapeutic approach with this member.
- Indicate if family/supports are involved and where services are being provided.



# Essential Clinical Elements of an OTR

- What other services are being provided that aren't requested on this OTR?
  - Includes services they are getting at other facilities
  - Includes services that you are rendering that do not require pre-authorization
  - Includes services that you are rendering that you have not yet run out of auth
  - Indicate if you have coordinated care with other providers
- Indicate if information has been shared with the member's PCP and if so, on what date.
- Treatment goals and progress
  - These are your measurable goals that should be updated and changed over time
  - Remember to include the date goals were initiated
  - Progress should give Cenpatico information about how this treatment is beneficial
  - Use the SMART technique



# Essential Clinical Elements of an OTR

Measurable Goals/Objectives/Interventions (be SMART)

*Objective Goals are SMART, not Vague*

**SPECIFIC** – Who, What, When, Where, and How

**MEASURABLE** – Intensity, Frequency, Duration of Symptoms

**ATTAINABLE** – Within the member's scope for the current treatment episode?

**REALISTIC** – Is the bar set too high or too low for this member?

**TIME-LIMITED** – Is it an opportune time for the member to pursue the identified goals?



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## SMART Goals

**SPECIFIC** – Who, What, When, Where, and How

- For instance, if you indicate you will be addressing coping skills in treatment, identify specific types of coping skills (anger management, communication, etc.).
- Identify specific clinical interventions you will use.



# SMART Goals

## **MEASURABLE** – Intensity, Frequency, Duration of Symptoms

- Indicate what sort of objective, quantifiable behavioral indicators will be used to determine if progress is being made in treatment. The measurable component will determine if the goal has been completed. Choose a quantitative format that best translates what treatment you are hoping to accomplish (Example: “...five out of seven days...” versus “...60% of the time...”).
- Short-term treatment goals work best to show progress over time.



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## SMART Goals

**ATTAINABLE** – Is the member capable of what is being expected of him/her?

- Is the treatment goal within the member's power or control?
- Member's developmental and intellectual abilities should be considered.



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## SMART Goals

**REALISTIC** – Is your treatment goal a fair expectation?

- Is the bar set too high or too low for this member?
- Is what you are expecting something a productive, functional member of society would be able to do?



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## SMART Goals

**TIME-LIMITED** – What is a realistic timeframe to have the treatment goal(s) completed?

- Time-limited is based on time periods expected of best practices, not never-ending therapy.
- Emphasize gaining the maximum benefit within a specified timeframe.



# Essential Clinical Elements of an OTR

- Treatment changes
  - What are you doing differently in treatment to help the member progress?
- Discharge Criteria that is measurable and specific
  - How will you know when the member is ready to terminate?
- Requested Authorization was all moved to the last page
  - Only fill in the items that you need pre-authorization for *RIGHT NOW*
  - Tell us when they started each service (e.g. family and individual therapy may have different start dates)
  - Frequency (*how often* are they seen) and Intensity (*how long* are they seen)
  - Requested start date for *THIS* authorization
  - Anticipated completion date of the service
  - Can only backdate 1 business day so send it in before you use your last session!



# Changes to the IOP Request Form

- Mental Health & Chemical Dependency combined onto one form
- Under requested authorization please check only one of the code boxes
  - All other information must be completed, or authorization will not be granted
- For CD IOP, give as much information as possible in the substance abuse history box at the bottom of the page
- Page 2 is the exact same information as on the OTR
- Continue completing all the questions on page 3



## How do you know if it's Medically Necessary?

1. Do the requested services represent the *least restrictive* level of care available that will safely address the needs of the member?
2. Does the clinical information provided *clearly document* the severity of the functional impairments being experienced as a result of the mental health diagnosis?
3. If the member is a child or adolescent, is at least one adult (or custodial caregiver) in the household committed to being actively involved in the treatment process?



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## How do you know if it's Medically Necessary?

4. If the request is for a continuation of services, is there adequate documentation that the member is making progress in treatment, as evidenced by a reduction in symptoms and improvement in psychosocial functioning?
5. Are the services being titrated in a manner that supports a planful termination and the development of an individualized aftercare/follow-up plan?



# Submitting your OTR for Medical Necessity Review

## When?

- After you have used your 1+29 sessions that do not require pre-authorization for BHOP
- For H0004, once you have exhausted the 40 units that do not require pre-authorization
- Immediately, for all other Core services that require pre-authorization
- Do not fax in more than 3 weeks in advance; however, it is a good idea to fax in before you have run out of sessions

## Where?

- Completed OTR's are faxed to 866 694-3649
- System accepts attachments to OTR (e.g., Progress Notes, Treatment Plan Updates)

## What?

- Ensure that all OTR's include all requested demographic information for member (Name, DOB, SSN, ID Number) and provider (Group AND Individual Name, Tax ID Number, NPI Number, Medicaid Number, Phone and Fax)
- Make sure OTR is signed and dated by the treating provider
- Make sure the OTR is completed in full



# Submitting your OTR for Medical Necessity Review

## **When will you get a response?**

- Provider will receive a response no later than fourteen calendar days following OTR submission date, but every effort will be made to get you a response within seven calendar days.
- Earliest allowable start date is one business day prior to submission date.

## **What happens if I am denied?**

- Provider and member will receive a denial letter detailing your appeal options.



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## Important Contact Information

**Cenpatico Website:** [www.cenpatico.com](http://www.cenpatico.com)

**Cenpatico Phone Numbers:**

1-800-947-0633

**Health Plan Phone Number: 1-866-847-0633**

**Claims Phone Number: 1-866-324-3632**

**Claims Address:** PO Box 6400, Farmington, MO 63640

