



Indiana

Outpatient Treatment Requests

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

- 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
- Substance Abuse History
 - 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
- Axes I-V, using the DSM Multi-axial format
 - Please complete all Axes

Essential Clinical Elements of an OTR

- Primary compliant/problem to be addressed
 - Current symptoms and the impact they have on functioning
 - These will change regularly based on current functioning
 - Utilize descriptive behaviors correlating to the given diagnosis
- Discharge Criteria that is measurable and specific
 - How will you know when the member is ready to terminate?
- Indicate if family/supports are involved and where services are being provided.
 - This is particularly important for requests made for very young children (i.e. 4 yrs old and under)
- Indicate if care has been coordinated with other providers and if the member has been evaluated by a psychiatrist

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?

TIMELY – Is it an opportune time for the member to pursue the identified goals?

Essential Clinical Elements of an OTR

- Risk Assessment (Current Suicidality, Homicidality, and/or Violent Behavior)
 - If suicidal, homicidal, or violent behavior risk is noted as moderate, high or extreme please provide additional information including safety plan
 - Please note any past attempts with approximate dates
- Note current progress & compliance
 - If none or minimal please give current intervention
- Indicate requested modalities (Individual, Family, Group) and note the frequency (weekly, 2x per week, 2x per month)
 - Note how many sessions your requesting and start date
 - Indicate an estimated number of sessions to complete treatment

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?

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?

*****Please visit our website at www.cenpatico.com for a copy of the full Medical Necessity Criteria under the Provider's session.**

Submitting Your OTR for Medical Necessity Review

When?

- After you have used your 1+5 sessions that do not require pre-authorization for BHOP
- 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 or 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 within seven calendar days of submission; however, every attempt will be made to respond within four business 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.



Important Contact Information

www.cenpatico.com

Cenpatico: 1-877-647-4848 Customer service X 57116

Health Plan: MHS – 1-877-647-4848 x 20355

Claims: 1-866-324-3632

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