

## MOBILE MENTAL HEALTH TREATMENT

The Department of Public Welfare has added **Mobile Mental Health Treatment (MMHT)** to the Medical Assistance Program fee schedule for licensed outpatient mental health clinics. The purpose of this service is to allow payment for services rendered to MA eligible recipients 21 years of age and older outside a clinic setting for individuals who have encountered barriers to, or have not been served with good outcomes while, receiving services in an outpatient clinic. MMHT should not be provided indefinitely. Transition to other services, including outpatient clinic-based services, is to occur as soon as MMHT is no longer medically necessary. MMHT may not be provided solely as a convenience for the consumer or as a substitute for transportation.

For your information and reference, the Department of Public Welfare has issued Bulletin 08-06-18 regarding MMHT. In addition, the Medical Assistance Provider Handbook has been updated to include MMHT, which outlines the process for the development of MMHT service descriptions, licensing and practice guidelines for the service, as well as medical necessity review guidelines for MMHT. Both of these documents can be found by accessing the Pennsylvania Department of Public Welfare's Website at [www.dpw.state.pa.us](http://www.dpw.state.pa.us) and searching under Bulletin # 08-06-18.

Community Care has requested that licensed outpatient mental health clinics who are interested in providing MMHT submit a program description to Community Care that includes a

description of the target population(s) including demographic information, anticipated MMHT capacity and a description of how MMHT is intended to improve access or address barriers to participation in traditional, clinic based services. It should also include a description of the outpatient services that would be rendered through MMHT and the estimated travel time based upon the area/community that is intended to be served with MMHT. Target populations for MMHT may include, but are not limited to, State Hospital discharges/diversions, services to meet the needs of older/elderly adults, women with children having behavioral health needs, families affected by perinatal depression, people with agoraphobia, individuals residing in personal care boarding homes, etc.

If there are any questions surrounding MMHT services, Community Care's Provider Relations staff is available to assist.

## PROVIDER ADVISORY MEETINGS

As you may know, Community Care holds Provider Advisory Meetings for each of its HealthChoices contracts on a quarterly basis. With our recent expansion we now have a total of 44 meetings a year. Often providers who hold contracts for more than one network are not sure which of these meetings to attend, and Community Care recognizes that provider staff time to attend these meetings is a valuable resource that should be used efficiently.

We'd like to emphasize that these meetings are a forum for providers to "advise" Community Care on a variety of issues, rather than a forum for Community Care to simply present information. We'd like to request again that providers submit agenda items for discussion on issues related to the HealthChoices program in their respective regions so that the meetings are an exchange of ideas and our time together is well spent.

We will continue to send agendas for each meeting to contracted providers in advance so that you are able to evaluate which meetings you should attend.

## ARE YOU SATISFIED?

Community Care asks providers from all of our contracts to complete the Provider Satisfaction Survey on an annual basis. For the 2007 survey, Community Care contracted with The Myers Group to conduct the survey and analyze the results. The Myers Group is certified through the National Committee for Quality Assurance (NCQA) and considered to be an expert in the administration of satisfaction surveys.

Areas of focus on the survey included the authorization process, claims, the complaint and grievance processes and interaction with Community Care staff. The 2007 survey yielded high marks across all contracts for the pre-certification process, the credentialing process, Quality Management processes, benchmarking practices and the courtesy extended by Community Care staff.

The authorization process was identified as an opportunity for improvement by the Quality and Care Management Committee of each contract. Interventions have been implemented to improve satisfaction with the authorization process. These interventions include:

- Hiring two additional Clinical Coordinators to allow for closer supervision of Care Management processes.
- Authorizations for non-acute partial hospitalization and intensive outpatient programs are now completed when requested via fax as opposed to over the phone.
- Providers are encouraged to obtain web-based authorization capabilities.

Provider feedback is important to us. Community Care looks forward to continued collaboration with our providers to improve processes as needed. If you have ideas about improvements or comments on a process that works well, please contact us.

## PROVIDERS SERVING CARBON- MONROE-PIKE

Community Care implemented its HealthChoices contract with the Carbon-Monroe-Pike counties on July 01, 2007. Several providers currently contracted in other Community Care networks have been invited to join this network. There have also been additional providers welcomed into the network that are located in the Carbon-Monroe-Pike County Region.

Community Care has specifically assigned a network relations staff person to each contracted provider, and welcomed additional staff to the newly contracted region. The Community Care site location for the region is located in Tobyhanna, Pennsylvania. To reach your assigned representative, call the Provider Line (1-888-251-2224) or use the direct number identified in the provider assignment list on the Community Care web site, [www.ccbh.com](http://www.ccbh.com).

You may have recently received a copy of the Community Care Pharmacy Newsletter highlighting the Pharmacy Program and several of its planned activities. Such activities include the offering of a Psychopharmacology Conference in 2008, as well as providing information comparing individual prescribing patterns to peers.

As with any program, success will rely on feedback from our valued stakeholder groups. We would like to request that you take a few moments to respond to us with any Conference topic ideas and/or identify ways on how best to provide you with prescribing information.

You can submit your ideas to Lisa Strouss, Director of Behavioral Health Pharmacy, via e-mail: [stroussla@ccbh.com](mailto:stroussla@ccbh.com).

We look forward to your feedback!

## HELP PROTECT OUR MEMBERS

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The Federal Trade Commission estimates that approximately 9 million Americans are victims of identity theft each year. In an effort to minimize the use of member identifying information to help protect from possible identity theft, Community Care is no longer requiring a member's Social Security number to be documented by providers when submitting an unusual incident report.

Providers are welcome to use their own form or the Community Care Unusual Incident Report form for submitting incidents to Community Care. However, we ask that Social Security numbers not be included. If you have any questions or would like revised Community Care Unusual Incident Report form, please contact Community Care and ask for a Quality Representative. For more information on identity theft, visit the Federal Trade Commission's website at [www.ftc.gov](http://www.ftc.gov).

## QUALITY RECOVERY-ORIENTED SERVICE PLANS

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The Quality Improvement Workgroup of the Allegheny County Coalition for Recovery (ACCR) is seeking feedback on a document it created for setting standards for service development. Allegheny County and the Coalition are committed to behavioral health services based upon recovery principles and to a system wherein professionals and the people they serve develop service plans together, where persons in recovery make the choices necessary for them to be engaged in the process of renewal and restoration.

The document, Service Planning Principles, identifies and provides measures for the quality of service planning, along with indicators of progress toward recovery-based policies and practices. ACCR invites your review and comments. To participate, visit <http://www.coalitionforrecovery.org>, go to "Service Planning Principles Matrix-Draft", then click "add comment"—or call Harold Hartger at 412-697-0738.

## PA DPW IMPLEMENTS MEDICAID OMBUDSMAN PROGRAM

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Good news from the Pennsylvania Health Law Project! The Medicaid Ombudsman Program was recently implemented by the Department of Public Welfare. Every County Assistance Office has a supervisor or executive director who is also designated as the MA Ombudsman. The MA Ombudsman has received cross-training on other programs, departmental offices and issues that intersect and go beyond MA eligibility. They also have an extensive contact list who they will contact on a client's behalf.

The MA Ombudsmen are a resource for caseworkers, advocates, legislative offices, community organizations and providers. They are not directly available to clients. Clients must still go through their caseworker first, but the caseworker will use the MA Ombudsman as a resource to assist with the client's issues.

The MA Ombudsman may be helpful in providing a way to integrate and connect with HMOs, behavioral health organizations and drug and alcohol providers. Additionally, the Ombudsmen will have nurses through OMAP who they can work with and facilitate approval of specialized treatment or medical equipment. They will also have contacts for issues that deal with dual eligibles and Medicare, Third Party Liability issues, mental health and substance abuse issues.

If your office or organization would like to obtain an MA Ombudsman contact list, please call the Pennsylvania Health Law Project's helpline at 1-800-274-3258 or email [staff@phlp.org](mailto:staff@phlp.org).



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