

THE PROVIDER LINE

Vol 1-2009

Certification in Functional Behavioral Assessment (FBA)

Beginning July 1, 2008, the Office of Mental Health and Substance Abuse Services (OMHSAS) implemented a requirement that all Behavioral Health Managed Care Organizations begin credentialing Behavioral Specialist Consultants (BSCs) who have successfully completed approved Functional Behavioral Assessment (FBA) training. Only those BSCs who have received the actual certificate (or who were approved by the Bureau of Autism Services (BAS) prior to issuing certificates and appear on the BAS approved list) will be considered certified in FBA by Community Care.

In the fall and early January, Community Care requested that all BHRs contracted providers submit information pertaining to the FBA-Certified BSCs within each group/agency. This information will be reported to OMHSAS in January and every month thereafter through June. Therefore, Community Care will be requesting updates from each group/agency on the status of their FBA Certified BSCs (newly certified or those who are no longer with the agency). This will include requesting providers to submit the Community Care demographic form and a copy of the BSCs' certificates for those who previously only had verification of attendance at trainings or for those who had not previously attended the training.

If you have any clinical questions regarding FBA, please contact Todd Dreyer, Care Manager, through the Provider Line, 1-888-251-2224. If you have questions related to the submission of requested information, please contact your Provider Relations Representative.

User-friendly clinical forms save providers' time

A number of clinical forms are available on Community Care's website, www.ccbh.com. In an effort to save you time, the clinical forms have been revised to make them more user-friendly.

In the past, you didn't have the capability to save the data when you closed a form; all information needed to be reentered each time a form was opened. Now, you are able to save the forms with the data intact and make changes to saved forms.

You must have Adobe Acrobat Reader 7.0 or higher to save the data. If you have an earlier version of Adobe Acrobat Reader or are unsure of which version you have, you can follow the link on the top of our forms page and download (at no cost) the most recent version of Adobe Acrobat Reader.

The link to our forms page is <http://www.ccbh.com/providers/phealthchoices/forms/index.php>.

If you have problems with the forms on our website, please contact Community Care via e-mail at CCBH_webappsupp@ccbh.com. Or call the Provider Line, 1-888-251-2224, with questions. For more information about this and other alerts for providers, please visit <http://www.ccbh.com/providers/phealthchoices/providermanual/index.php>.

FBI background checks

In accordance with Pennsylvania (PA) House Bill 1961, Printer's Number 2832, Community Care is amending its policies to ensure that providers comply with the state mandate related to new background check requirements for individuals with occupations with a significant likelihood of regular contact with children, including, but not limited to, social workers, psychiatrists, hospital personnel, counselors, and therapists.

Effective July 1, 2008, Community Care requires that providers comply with Acts 179 of 2006 and 73 of 2007 related to background checks. These changes are outlined in the Commonwealth of PA Department of Public Welfare Bulletin #3490-08-03 dated June 27, 2008.

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Practitioners Serving Children (Age 18 and under)

- Are required to submit a copy of their FBI Clearance to Community Care upon their first Recredentialing after January 1, 2009.
- For practitioners changing practice affiliation (or adding a new practice to an existing contract), Community Care will not contract for this new site until receiving the appropriate clearances. You will not be permitted to serve members at this new location until the contract is fully executed.
- For practitioners who would like to add children's services to their contract (who were not previously contracted to treat children), Community Care will not contract for this service until we receive the appropriate clearances. You will not be permitted to serve children until the contract is fully executed.
- For practitioners being initially credentialed with Community Care who intend on serving children, Community Care will require receipt of the appropriate clearances in order to complete the credentialing process.

A PA State Police criminal background check, PA Child Abuse History Clearance, and FBI background check are required for practitioners who reside in PA and are contracted providers for HealthChoices, UPMC Health Plan Behavioral Health Services, UPMC for Kids, or UPMC for Life. The same clearances are required for practitioners who live outside PA and serve HealthChoices members. Practitioners who reside outside PA and are contracted to provide services for members of UPMC Health Plan Behavioral Health Service, UPMC for Kids, or UPMC for Life need only provide an FBI background check.

All facilities providing service to children must have a policy in place requiring Act 33 (PA Child Abuse History Clearance), Act 34 (PA State Police Criminal Record Check), and FBI Background Check for employees working with this population. For Residential Treatment Facilities, all three clearances must be updated not less than every 3 years for employees working with this population. To be in compliance, CRR host home members who have resided outside of PA within the previous 5-year period must submit child abuse history background checks from the other state(s) in which they resided during that time, in addition to the PA Child Abuse History Clearance, the PA State Police Criminal Record Check and the FBI Background Check.

A PA State Police criminal background check, PA Child Abuse History Clearance, and FBI background check are required for RTF providers, upon initial hiring and updated not less than every 3 years. Upon initial hiring of family members working with children, these clearances are required for CRR host homes (must also submit a State Child Abuse History Clearance if employee resided outside PA during the prior 5-year period). These clearances are also required of all other behavioral health providers serving children upon initial hiring of employees working with children.

For more information, visit https://www.pa.cogentid.com/index_dpw.htm or call the Provider Line.

Clean indoor air: your practice, your staff and your patients

----- From the PA Department of Public Welfare -----

Act 27 of 2008, the Clean Indoor Air Act (CIAA) became effective on September 11, 2008. The CIAA prohibits smoking in public places and workplaces. A national survey on the impact of workplace smoking bans reported that having a 100% smoke-free workplace reduced smoking prevalence by 6 percentage points and average daily consumption among smokers by 14% relative to workers subject to minimal or no restrictions. The impact of work area bans was lessened by allowing smoking in some common areas. Smoke-free policies reduced smoking for all demographic groups and in nearly all industries.

Tobacco has a negative effect on almost every organ of the body. According to the Surgeon General, tobacco use is the leading preventable cause of death in the United States, resulting in about 400,000 deaths each year. Pennsylvania's CIAA provides you with an opportunity to provide awareness education on the health impact of smoking as well as the health benefits of quitting, and motivate staff and patients to utilize the statewide and local cessation resources available.

Health impact of smoking

Cigar smokers and smokeless tobacco (chew or spit tobacco) users have similar health risks as cigarette smokers. **Short-term effects** of smoking include an increased frequency in respiratory illnesses such as cough, colds, bronchitis, and pneumonia. Among children and adolescents exposed to secondhand smoke, rates of asthma, ear infection, and lower respiratory infections are higher. **Long-term effects** of smoking include cancer of the mouth, throat, lungs, stomach, kidneys, bladder, cervix and pancreas. About one third of all cancers are linked to tobacco use—and 90% of lung cancer cases are linked to smoking.

Smoking is also a known cause of chronic obstructive pulmonary disease, (e.g., emphysema, chronic bronchitis). Smoking reduces blood circulation and narrows blood vessels, depriving the body of oxygen and increasing the risk for heart disease. Non-smokers who are exposed to secondhand smoke are 25% more likely to develop heart disease. Smoking also doubles the risk for stroke and increases the risk for developing cataracts.

Smoking poses additional health risks for women because it increases the risk for rheumatoid arthritis, causes loss of bone density (osteoporosis) which increases the chances of hip and spine fractures in postmenopausal women.

Women of childbearing age who smoke face higher rates of infertility and greater risks for complications during pregnancy. Smoking during pregnancy is known to increase the unborn baby's health risks (e.g., premature birth, respiratory illnesses, low birth weight). After birth, the risk for sudden infant death syndrome (SIDS) doubles for babies exposed to secondhand smoke.

Because their bodies are not fully mature, children and teens are especially vulnerable to the hazards of smoking. Smoking interferes with normal lung development in those who begin smoking as children or adolescents. Young people who smoke can become even more strongly addicted to cigarettes and face an increased risk for developing lung cancer than those who start smoking later in life.

Teens who smoke are also more likely to have depression or other psychological problems and more likely to engage in other dangerous behaviors (e.g., using alcohol and other drugs).
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Clean indoor air

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Benefits of quitting

- As soon as 20 minutes after a smoker's last cigarette, the body begins to recover from the negative health effects of smoking and the heart rate starts to slow.
- Levels of toxic carbon monoxide in the blood return to normal after 12 hours without smoking.
- Lung function improves and the risk for heart attack begins to drop as soon as 2 weeks after the last cigarette.
- Coughing and shortness of breath decrease 1 to 9 months after the last cigarette.
- Risk for coronary heart disease becomes half that of a smoker after 1 year.
- Risk for stroke approaches that of a non-smoker after 5 years.
- Risk for developing mouth, throat, esophageal, bladder, kidney, and pancreatic cancer decreases after 10 years.
- Risk for death from lung cancer reaches half that of a smoker after 10 years.
- Risk for developing coronary heart disease is equal to a non-smoker after 15 years.

Pennsylvania resources

- PA Free Quitline: 1-800-QUIT NOW — Free to PA residents, including one-on-one counseling.
- www.determinedtoquit.com — Provides resources for tobacco users to quit smoking.
- www.health.state.pa.us — Provides cessation resources throughout PA. Eight regional primary contractors provide cessation services, including work site cessation programs
- www.health.state.pa.us — Provides complete information of Act 27 of 2008, the Pennsylvania Clean Indoor Air Act.

Recovery:

KEEPING THE PROMISE.

A recovery-focused behavioral health conference sponsored by **Community Care**.
Friday, March 27, 2009
Omni William Penn Hotel
Pittsburgh, Pennsylvania

SAVE THE DATE! This conference, intended for individuals interested in behavioral health issues including consumers and their families, providers, administrative and clinical staff from county and state agencies, and other behavioral health stakeholders, will look at the future of mental health services in a recovery-focused environment.

Featured speakers include Raymond Cho, MD, Assistant Professor, Psychiatry and Psychology, University of Pittsburgh, and Patricia Valentine, Deputy Director, Allegheny County Department of Human Services, Office of Behavioral Health. Workshops in three tracks (Treatment, Outcomes, and Leadership and Development) will focus on topics such as recovery-oriented treatment plans, ways to move recovery-oriented services forward, developing a support system, and peer support.

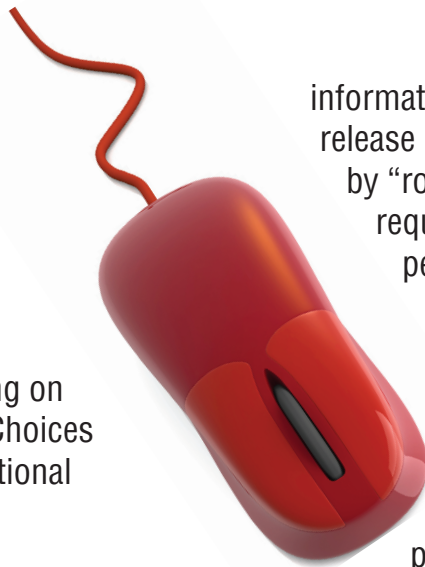
Continuing Education Credits will be available. Please watch for more information or contact Paul Wittman, Training Manager, at 412-454-8625 or wittmanpj@ccbh.com to register.

Always online

Information about many topics of interest can be found on Community Care's website, www.ccbh.com.

You can view and/or download information about the following topics on our website by clicking on "Provider Resources", "HealthChoices Resources," and then "Informational Articles."

- Information about our Quality Improvement Program including goals, processes, and outcomes related to care and service.
- Efforts to measure the accessibility of care and service for our members, such as how long it takes to get an appointment and the actions taken to improve accessibility.
- Clinical practice guidelines and processes utilized to measure adherence to the guidelines.
- Expectations for exchange of information with PCPs and within the behavioral health continuum to facilitate continuity and coordination of care.
- Medical Necessity Criteria, including how to obtain or view a copy.
- The toll-free number to contact staff regarding utilization management issues or if you have a utilization management question.
- The availability of, and process for, contacting an appropriate peer advisor to discuss utilization management decisions.
- The availability of an independent external appeals process for utilization management decisions made by Community Care.
- Policy prohibiting financial incentives for utilization management decision-makers.
- Members' rights and responsibilities.
- Confidentiality policies including what a "routine consent" is and how it allows us to use



information about enrollees; their right to approve release of personal health information not covered by "routine consent"; how enrollees may request restriction on the use or disclosure of personal health information, amendments to personal health information, access to personal health information or an accounting of disclosures of personal health information; our commitment to protect the enrollee's privacy in all settings and our policy on sharing personal health information with employers.

- Information about our preventive behavioral health programs.

For treatment record policies regarding confidentiality of treatment records, documentation standards, systems for organization of treatment records, standards for availability of treatment records at the practice site and performance goals, see your Provider Manual, which can also be found at www.ccbh.com.

And, refer to your Provider Manual for a description of the process to review information submitted to support your credentialing application, correct erroneous information, and to, upon request, be informed of the status of your credentialing and recredentialing application.

If you have questions about accessing our website, or would like more information or paper copies of any of the above items, please contact us at 1-888-251-2224.

Visit
www.ccbh.com

Behavioral health formulary changes

The physical health MCOs that manage the Medical Assistance pharmacy benefits have informed us of the behavioral health formulary changes in the table below. Health plans that have formulary changes will contact members and providers who are using any of the drugs affected by the formulary update. Please contact the respective health plan's Pharmacy Services with questions.

PHARMACY UPDATE 2009		
Physical Health Plan - Pharmacy Services	Updates	Effective Date
AmeriChoice 1-800-922-1557 www.americhoice.com	Suboxone now requires prior authorization.	Oct 08
AmeriHealth Mercy Health Plan 1-866-610-2774 www.amerihealthmercyhp.com	<ul style="list-style-type: none"> Brand Lamictal tablets preferred over generic – does not apply to the dispersible formulation (generic still preferred). 	Sept 08
Keystone Mercy Health Plan 1-800-588-6767 www.keystonemercy.com	<ul style="list-style-type: none"> Abilify Discmelt and oral solution added to formulary. Sonata (generic only) added to formulary. Suboxone policy modification – new prior authorization form available at www.amerihealthmercyhp.com/pharmacy/. OR www.keystonemercy.com/pharmacy/ (under Specialty/Injectable Forms). 	Dec 08
Health Partners 1-888-991-9023 www.healthpart.com	No behavioral health pharmacy updates to report at this time.	Jan 09
Gateway Health Plan 1-800-528-6738 www.gatewayhealthplan.com	Low Dose Atypical Antipsychotic Initiative—prescriptions for atypicals that are below the FDA approved therapeutic dosage range will require prior authorization. A short titration period of 14 days will be permitted for identified strengths.	Nov 08
Unison Health Plan 1-877-651-2217 www.unisonhealthplan.com	<ul style="list-style-type: none"> Lyrica caps require prior authorization. Oxcarbazepine has quantity limit (QL) of 90/month for 150mg and 300mg and QL of 120/month for 600mg. Venlafaxine IR tabs change QL to 90/month for 25mg, 37.5mg, and 100mg and QL of 120/month for 75mg. 	Oct 08
	<ul style="list-style-type: none"> Zaleplon caps—QL of 60 per month. A 30-day supply of zolpidem is required prior to use of this agent. 	Feb 09
UPMC for You 1-800-396-4139 www.upmchealthplan.com	Tasmar and Zelapar for Parkinson's will no longer be covered.	Feb 09

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Members are entitled to appointments that meet Access Standards

Community Care providers are contractually obligated to provide access to appointments for members that meet HealthChoices program requirements. Community Care members are entitled to:

- Immediate emergency services in life-threatening situations.
- Services within one hour for non-life-threatening emergencies.
- Services for urgent needs within 24 hours.
- Appointments within seven calendar days for routine behavioral health services.

Community Care expects providers to complete crisis plans with members to develop viable, effective alternatives to emergency room visits.

At any time, providers unable to accept new members into service should immediately notify Community Care in writing and include: the service, effective date, if any member/parent has chosen to wait for this service, the anticipated date when new members will be accepted, and contact information. The notification can be faxed to your Provider Relations Representative. Providers are reminded to also inform Community Care when new members are being accepted by contacting their Provider Relations Representative.

Quality improvement

High-quality behavioral health care is a priority at Community Care. Our quality improvement program is designed with input from network practitioners and follows the guidelines of the National Committee for Quality Assurance (NCQA). Areas of focus include:

- Delivering high value, culturally competent care that incorporates the special needs and preferences of members.
- Continuously improving the clinical care and service provided to members.
- Enhancing the community's health status through wellness and preventive behavioral health programs for members.
- Pursuing opportunities to improve the health status of members and targeting efforts to the needs of the population.
- Ensuring that care and services are available and provided to members in a timely manner, appropriate to the needs and preferences of members.
- Ensuring that care and services are coordinated between providers and across all delivery settings through the care management process.
- Establishing collegial relationships with providers to achieve superior clinical and customer service outcomes.
- Providing exceptional customer service.
- Continuously improving quality improvement processes by maintaining comprehensive, current, and effective quality management policies and procedures
- Analyzing performance data and identifying opportunities to improve performance and outcomes.

Call (toll-free) 1-888-251-2224 for more information regarding our quality improvement program. Please send your suggestions for improving our quality improvement program to:

Community Care Behavioral Health Organization
Quality Management
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, PA 15219

Domestic Violence and Reproductive Health

Violence against women is a serious and large problem. It harms women at all ages. Women of reproductive age are especially at risk. Women from age 16 to 24 are at greatest risk. Violence can limit a woman's ability to manage her reproductive health. Being in a violent relationship may force women to make choices that are not their own through:

- Rape.
- Being forced to do unwanted sexual activities.
- Their partners preventing them from using birth control.

This can result in unintended pregnancy, HIV/AIDS, and other infections. Some women suffer miscarriages when they wanted to complete a pregnancy. Some become mothers before they

are ready. Some may lose their ability to become pregnant.

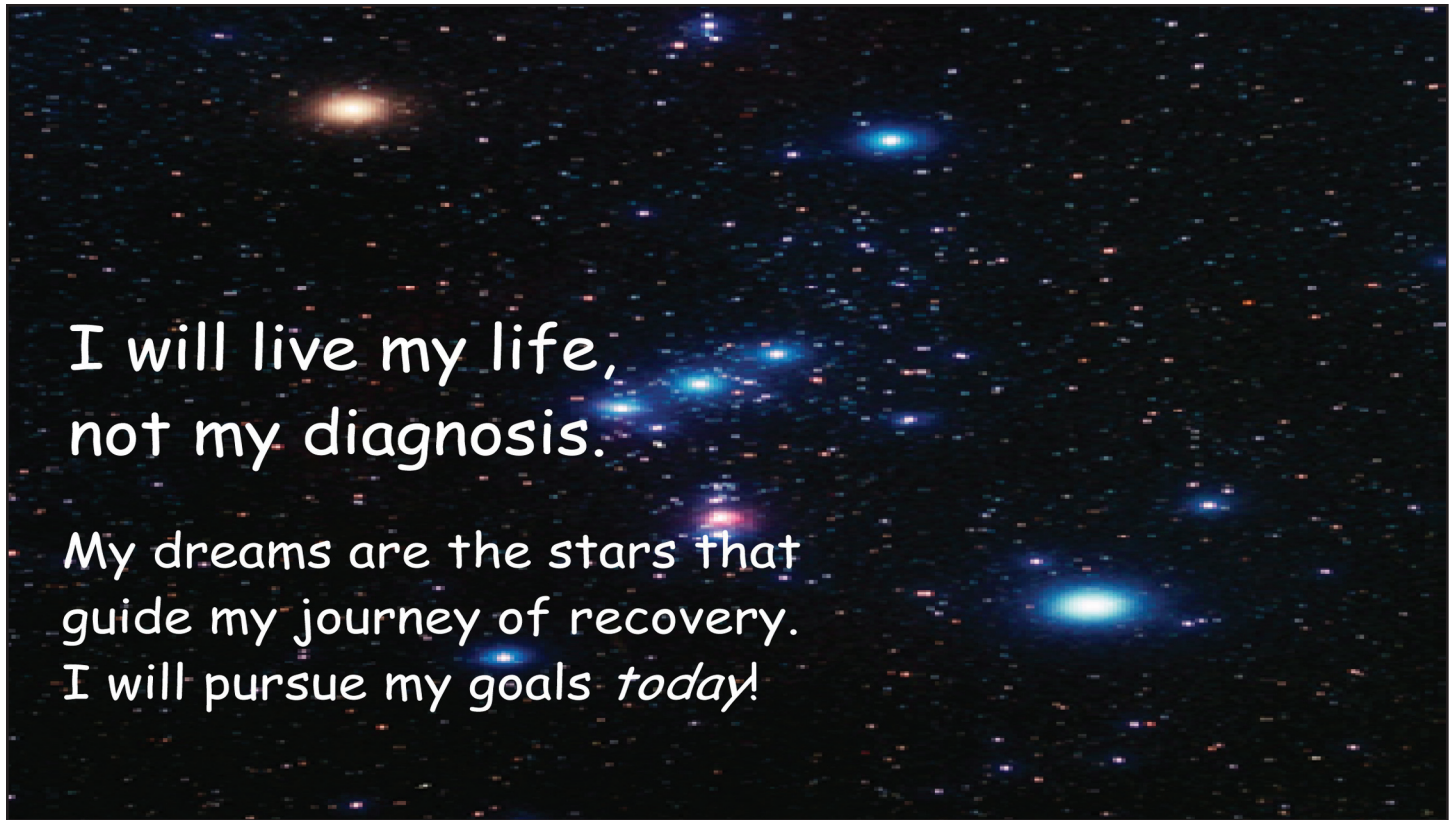
Talk to Community Care members about domestic violence. Help them find the support they may need. If you know someone who is worried about safety and needs to talk, please encourage her to call:

National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY for the Deaf)
www.ndvh.org

National Teen Dating Abuse Hotline
1-866-331-9474
1-866-331-8453 (TTY for the Deaf)
www.loveisrespect.org

Help is available in English and Spanish and many other languages. All contact with the hotlines is free and confidential.

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I will live my life,
not my diagnosis.

My dreams are the stars that
guide my journey of recovery.
I will pursue my goals *today!*