Be DBHDD
Be Compassionate
Be Prepared
Be Respectful
Be Professional
Be Caring
Be Exceptional
Be Inspired
Be Engaged
Be Accountable
Be Informed
Be Flexible
Be Hopeful
Be Connected
Be DBHDD
Medication Assisted Treatment Provider Compliance Training

DBHDD Training Team
Cassandra Price, Von Wrighten, Wendy Tiegreen, Virginia Sizemore, Nicole Griep, Lynn Copeland and John Quesenberry

Georgia Department of Behavioral Health & Developmental Disabilities
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Welcome &amp; Introductions</td>
<td>Cassandra Price</td>
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<tr>
<td>What is MAT &amp; Recovery &amp; Review of</td>
<td>Von Wrighten &amp;</td>
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<tr>
<td>the Service Guideline</td>
<td>Wendy Tiegreen</td>
</tr>
<tr>
<td>Quality Review and the ASO</td>
<td>Virginia Sizemore</td>
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<tr>
<td>PIMS-Provider Support</td>
<td>&amp; Nicole Griep</td>
</tr>
<tr>
<td>Reporting: What the data shows</td>
<td>Lynn Copeland</td>
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<tr>
<td>DBHDD Support &amp; Closing</td>
<td>John Quensenberry</td>
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<td></td>
<td>Von Wrighten</td>
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</tbody>
</table>
What Is Medication Assisted Treatment?

A multi-faceted approach to treatment service for adults who require structure and support to achieve and maintain recovery from opioid use disorder.
What Is Medication Assisted Treatment *NOT*?

MAT is not the dispensing of medication without the multi-faceted approach. The medication is not treatment.
Why Medication Assisted Treatment?

- Reduce Cravings
- Increase Retention
- Focus on Healthy Living
- Reduce Risk of Infectious Diseases
- Evidence-Based Approach
- Recovery Focused
- Stabilize Individual
- Overdose Reduction
What Is Recovery?

1. [T] to get back something that was taken from you, lost, or almost destroyed: The stolen paintings have been recovered.
2. [T] to get back your ability to control your feelings or your body: He never recovered the use of his arm.

[Origin: 1200—1300 Old French Latin recuperare, from recuperare, from caper, capere to catch up with, recover what was lost]
Recovery Principles

1. Recovery is self-directed and empowering
2. Recovery involves a personal recognition of the need for change and transformation
3. Recovery is holistic
4. Recovery exists on a continuum of improved health and wellness
5. Recovery is supported by peers and allies
Recovery Principles

6. Recovery is fostered by healthy/respectful therapeutic relationships

7. Recovery involves a process of healing and self-redefinition

8. Recovery involves (re)joining and (re)building a life in the community
Billable Elements of MAT Service Definition

- Physician Assessment
- Nursing Assessment
- Medication Administration
- Opioid Maintenance
- Diagnostic Assessment
- Individual Counseling
- Group Outpatient Services
- Family Outpatient Services
- BH Assessment & Service Planning
- AD Support Services
- Crisis Intervention
- Peer Support
Section IV: Table A - Practitioner Detail – Service x Practitioner

Table B - Ordering Practitioner Guidelines

Section V: Service Code Modifier Descriptions

PART II - Community Service Requirements for BH Providers

Section I: Policies and Procedures

Section II: Staffing Requirements

Approved BH Practitioners Table

Section III: Documentation Requirements

PART III - General Policies and Procedures

All policies are now posted in DBHDD PolicyStat located at http://gdadbhdd.policystat.com

PART IV - Appendices

Appendix A: Glossary of Terms

Appendix B: Valid Authorization Diagnoses

Appendix C: Valid Claims Diagnoses

Appendix D: Certified Alcohol and Drug Counselor-Trainee Supervision Form
## Individual Counseling

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**Individual Psychotherapy, insight oriented, behavior modifying and/or supportive face-to-face w/ patient and/or family member**

**Psychotherapy add-on with patient and/or family in conjunction with EBM**
Incremental Elements: Required versus Person/Plan Centered

Medication-Assisted Treatment

- Diagnostic Assessment
- BH Assessment/Service Plan Development
- Physician Assessment
- Nursing Assessment
- Opioid Maintenance
- Medication Administration
- Individual Counseling
- Group Outpatient Services
- Family Outpatient Services
- Crisis Intervention
- Peer Support
- AD Support Services
Q & A
What is the ASO?

Virginia B. Sizemore, M.B.A.
Director, Office of Quality Improvement

February 5, 2019
ASO stands for Administrative Services Organization.

An ASO allows organizations to outsource a portion of the administrative work for which they are responsible.
What services does the ASO provide on behalf of DBHDD?

**GCAL**
- Provides telephonic crisis intervention services
- Dispatches mobile crisis teams
- Assists individuals in finding an open crisis or detox bed across the State
- Links individuals with urgent appointment services
- Assists individuals in locating and accessing State Funded providers in their geographic area in non-emergency situations

**Beacon Health Options**
- Provides prior authorization for services
- Processes encounters and claims for services
- Performs quality reviews for behavioral health providers
- Provides training to BH providers

**Qlarant**
- Collects National Core Indicator (NCI) data from individuals receiving services
- Performs quality reviews for providers serving individuals with IDD
- Provides training to DD providers
What services does the ASO provide on behalf of DBHDD?

- Performs quality reviews for behavioral health providers
- Provides training to BH providers
Who is the Georgia Collaborative ASO?

- Nicole Griep, M.S.W.
- Director of Quality Management, Georgia Collaborative ASO
- Previously Executive Director of APS Healthcare
- Six years as a provider
Behavioral Health Quality Reviews: Medication Assisted Treatment Providers

Nicole Griep
Director of Quality Management
Training Objectives

• Overview of Behavioral Health Quality Reviews (BHQRs)
• BHQR Service Guidelines Medication Assisted Treatment (MAT) questions
• BHQR Overall Programmatic Medication Assisted Treatment (MAT) standards
• Billing tips to remember
• Q&A
BHQR Overview

Overall
FY16: 84%
FY17: 84%
FY18: 88%

Billing Validation
FY16: 81%
FY17: 84%
FY18: 85%

Service Guidelines
FY16: 90%
FY17: 88%
FY18: 90%

Focused Outcome Areas
FY16: 85%
FY17: 89%
FY18: 92%

Assess. & Planning
FY16: 79%
FY17: 77%
FY18: 84%

FY 2016 N = 141
FY 2017 N = 167
FY 2018 N = 156
N = # of reviews

MAT Questions added in FY19
BHQR
Service Guidelines: Medication Assisted Treatment
## MAT Service Guidelines Questions

<table>
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<tbody>
<tr>
<td>1</td>
<td>Individual has a <strong>diagnosis of Opioid Use Disorder</strong>, likely to respond to pharmacological interventions, and has no incapacitating physical or psychiatric complications that would preclude medication assisted treatment and services.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Random drug screens</strong> are conducted / present in record and results are utilized to mark the individual’s progress toward meeting goals and service planning (if provided).</td>
</tr>
<tr>
<td>3</td>
<td><strong>Physician Assessment</strong> includes but not limited to: a complete and fully documented physical exam, physician assessment and care, and a health screening.</td>
</tr>
<tr>
<td>4</td>
<td>There is <strong>documentation to support the medical necessity</strong> (need) of medication administration by licensed/credentialed medical personnel rather than by the individual, family, or caregiver.</td>
</tr>
</tbody>
</table>
Nursing Assessments include **assessing and monitoring** individual’s response to medication(s), determining the need for medication review, and the individual’s medical and health issues (e.g. diabetes, cardiac and/or blood pressure issues, substance withdrawal symptoms, weight gain and fluid retention, seizures, etc.).

**Nursing Assessments** include providing **education** to the individual and the family/significant other(s) regarding medical, nutritional, other health issues, and side effects of medication (especially those which may adversely affect health such as weight gain or loss, blood pressure changes, cardiac abnormalities, development of diabetes or seizures, etc.).

Documentation includes but not limited to the individual’s participation in one or more of the following services: **Individual, Group, Family, and AD Support Services**.

Documentation reflects the individual **set goals for themselves** based off assessing their own skills and resources related to sobriety, use/abuse, and maintaining recovery.
<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
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<tbody>
<tr>
<td>8</td>
<td>Individual progress note documentation <em>reflects skills and resources</em> necessary to achieve sobriety and/or reduction in abuse and/or maintenance of recovery.</td>
</tr>
<tr>
<td>9</td>
<td>Documentation supports the individual is being <em>trained in self-administration</em> of medication or documentation reflects the individual is physically or mentally unable to self-administer.</td>
</tr>
<tr>
<td>11</td>
<td>There is a <em>daily attendance log</em> in the record indicating the number of hours the individual was present.</td>
</tr>
<tr>
<td>12</td>
<td>The individual and physician have <em>signed an informed, written consent to treatment</em> that ensures the individual has voluntarily chosen MAT and all relevant facts concerning the use of the opioid drug are clearly and adequately explained.</td>
</tr>
<tr>
<td>#</td>
<td>Questions</td>
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<tr>
<td>13</td>
<td>Documentation demonstrates <em>transition planning</em> for less intensive services began at the onset of the MAT program.</td>
</tr>
<tr>
<td>14</td>
<td>Progress notes contain documentation of the <em>individual’s progress</em> (or lack of) toward specific goals/objectives on the treatment plan.</td>
</tr>
<tr>
<td>15</td>
<td>The staff interventions reflected in the progress notes are related to the <em>staff interventions listed on the treatment plan</em>.</td>
</tr>
<tr>
<td>16</td>
<td>The progress notes document <em>individual response</em> to the staff intervention provided.</td>
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BHQR Programmatic Standards: Medication Assisted Treatment (non-scored)
<table>
<thead>
<tr>
<th>#</th>
<th>Standards</th>
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<tbody>
<tr>
<td>1</td>
<td>The MAT program offers but <strong>does not bill for service interventions for infectious disease screenings</strong> as part of the programming to include, but not limited to, HIV and TB.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Take-home medication</strong> is offered as part of the MAT programming but <strong>is not billed</strong> under the code.</td>
</tr>
<tr>
<td>3</td>
<td>The <strong>program is in operation</strong> at least five hours per day Monday-Friday and a minimum of three hours per day on Saturday.</td>
</tr>
<tr>
<td>4</td>
<td>Programming includes activities / supports to assist individuals with <strong>co-occurring diagnoses (MH, IDD)</strong>.</td>
</tr>
<tr>
<td>5</td>
<td>The program is under the clinical direction of an <strong>independently licensed/certified practitioner</strong>.</td>
</tr>
<tr>
<td>6</td>
<td>There is <strong>at least one independently licensed/certified practitioner</strong> on site at all times during operation hours.</td>
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There is a *Medication Assisted Treatment Service Organizational Plan* that addresses the following:

- The philosophical model of the program
- Expected outcomes for program participants
- Schedule of activities and hours of operations
- Staffing patterns
- How staff will be trained in the administration of addiction services and technologies
- How services for individuals with co-occurring disorders will include services and activities addressing both mental health and substance abuse issues
- How services for individuals with HIV will be conducted to ensure the privacy of individuals.
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<th>#</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>A <em>physician</em> is employed by the program and <em>is available at all times</em> a program is open and, if not present on-site, he/she is available on call for consultation and/or emergency orders.</td>
</tr>
<tr>
<td>9</td>
<td>The MAT program is adhering to their current policy and procedures for <em>safe storage of medication</em>.</td>
</tr>
<tr>
<td>10</td>
<td>The MAT provider <em>adheres to their policy</em>, which defines requirements and procedures for timely notification of prescribing professional <em>regarding drug reactions, medication problems, medication errors, and refusal of medications</em>.</td>
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</tbody>
</table>
Billing Tips To Remember
Tips To Remember

All Services must be:
• Ordered by qualified/credentialed staff

All Individuals must have:
• A verified diagnosis – at least annually by qualified practitioner
• Meet admission criteria for services billed

All Service Codes must:
• Include the correct modifier (U6 for in clinic, U7 for out of clinic)
• Include location if billed out of clinic (individual’s home, library, park; stating “community is not sufficient)
**Tips To Remember**

**All interventions must:**
- Be related to the interventions as written on Individualized Recovery Plan (IRP)
- Link to the goals and objectives on the IRP
- Be written to justify the units/time billed
  - Common error: Billing for 2 hours, but only documenting a medication check

**All progress notes must be:**
- Filed in the individual’s record within 7 calendar days from date of service
  *Remember: best practice standards indicate progress notes must be written within 24 hours of the activity*
Billing Validation Pointers

Specifically progress notes must contain:

1. DATE of contact / service
2. DATE you wrote and signed the note
3. Correct CODE
4. TIME IN/OUT and UNITS
5. LOCATION of service
6. CONTENT of intervention
7. Your NAME and CREDENTIAL – Legible
8. Your SIGNATURE
Avoiding the “Billing Potholes”

- Use DBHDD approved credential
- Date your signature
- Assure the billed service is a match for what you provided and documented – including modifiers
  - Document location of service
  - Document the start and end times
  - Record the units of billable service
  - Be clear and concise
  - File the progress note in a timely manner
Questions and Feedback

The Georgia Collaborative ASO
Thank you

Nicole Griep

Nicole.griep@beaconhealthoptions.com