

Magellan Behavioral Health of Pennsylvania, Inc.
Newtown Care Management Center
2011 Intensive Support Network Program Description

STRUCTURE AND ORGANIZATION

This document describes the Magellan Behavioral Health of Pennsylvania, Inc.'s (Magellan) Newtown Care Management Center's (CMC) Intensive Support Network Program (ISN). The ISN Program Description herein sets forth the establishment and implementation of written policies and procedures that govern all aspects of intensive care management operations at the Newtown Care Management Center.

Mission Statement

The primary mission of care management activities (routine and intensive care management) is to meet Magellan's organizational mission by facilitating positive treatment outcomes through the proactive identification of consumers who require care management services in order to achieve, consolidate, and maintain treatment gains. The goals of the ISN Program are to optimize the physical, social, and mental functioning of our consumers by: increasing community tenure, reducing readmissions, enhancing support systems, and improving treatment efficacy through advocacy, communication and resource management. It promotes quality and cost-effective interventions through ongoing and comprehensive analyses of outcome metrics. The ISN Program provides a mechanism for transferring clinical insights and problem solving suggestions resulting from the ISN case review into the consumer-provider-collateral world where it might have value and impact. The process of communication among the ISN Care Manager, ISN team members, providers of care, consumer and consumer's family/representative brings new challenges to ISN Care Managers but added value to the treatment process.

Organizational Framework and Oversight

The ISN Program is an integral part of the overall service delivery model of the Newtown CMC. The ISN Program is under the direction of the CMC Clinical Officer. The CMC Clinical Officer or designee is responsible for assuring that communication about programmatic matters and consumer care management plans takes place appropriately. The ISN team has reporting responsibility to the Utilization Management Committee, which is chaired by the CMC Clinical Officer. The Utilization Management Committee provides oversight for the ISN Program and reports to the Quality Improvement Committee.

The ISN team interacts with the Utilization Management branch of the Clinical Department through receipt of referrals and communication of consumer status as may be dictated by level of care changes. The ISN team also interacts with other departments of both the CMC and Magellan Corporate, such as Provider Networks, Credentialing, Complaints, and Quality Improvement.

The Newtown CMC provides reports about the ISN Program to the customer on a monthly basis. Reports may include data on the number of consumers referred to ISN, the number of consumers staffed for inclusion, the number of consumers admitted to ISN, the number of consumers discharged from ISN, the reasons for admission/discharge, participant demographics, the average duration in ISN for discharged consumers, and the average number of completed Consumer Health Inventories (CHI's) per discharged ISN consumer.

Delivery of Intensive Care Management Services

Definition of Intensive Care Management

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet a consumer's clinical and medical needs. The primary focus is behavioral health and intensity of this process varies based on the consumer's needs and situation. Intensive care management activities vary based on a multitude of factors including but not limited to:

⇒ clinical features of the individual case as reported by a consumer or attending/treating provider;

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- ⇒ evaluation/treatment setting resources available within the regional behavioral healthcare delivery system; and
- ⇒ the consumer's biopsychosocial needs and situation.

Description of the Intensive Support Network Delivery Model // Personnel Conducting Intensive Care Management

Daily operation of the ISN Program is supervised and carried out by the ISN Care Manager, who is an independently licensed master-, doctoral- or RN-level clinician. The ISN Care Manager reports to a Supervisor of Care Management who is also an independently licensed master-, doctoral- or RN-level clinician. The Supervisor of Care Management reports to the Clinical Officer, who is a licensed master or doctoral level clinician.

An ISN Care Manager is part of the CMC's team of clinicians, Care Managers, Certified Peer Specialists, physicians (Board Certified psychiatrists or Addictions Medicine specialists), as well as various support staff including quality improvement staff. Development and maintenance of liaison relationships with external care providers, including behavioral healthcare practitioners and organizational providers, PCPs, medical specialists, health plan care managers, and community agencies is an essential function of an ISN Care Manager.

The Magellan ISN Program delivers intensive care management services through use of telephonic clinical review process. In this process, clinical review decision support tools (i.e. adopted clinical/medical necessity review criteria, clinical practice guidelines and new technology assessments) are referenced and consultation is sought when indicated from appropriate specialty clinicians (including physician advisors) to assist with intensive care management activities.

Direct care behavioral health practitioners, PCPs, medical specialists, facility or organizational provider care teams, community agencies and the consumer's social support system are examples of some of the most common external resources used to support Magellan's intensive care management activities. ISN Care Managers have routine contact with treating practitioners to review the consumer's care plan, discuss progress and barriers toward goals, and additional interventions. Based on the specific issues raised by the consumer or consumer's family, more frequent contact with the provider may be warranted. Additionally, treatment issues raised by the consumer are referred to the provider.

Information about how to manage condition and well-being to support each ISN participating consumer is selected and re-designed as needed to best fit the individualized ISN plan which includes any special need identified during the assessment or later in the program such as vision/hearing/language barriers. Information is mailed directly to the consumer, verbally provided or provided through access to Magellanhealth.com or nationally recognized web site resources such as NHI and NAMI.

All consumer materials are reviewed by the editorial review board, which includes clinical representatives, prior to release to consumers.

Populations Served // Scope of the Newtown CMC ISN Program

All HealthChoices consumers under contract for management of behavioral healthcare service coordination by Magellan's Newtown CMC are eligible for routine and/or intensive care management services. Intensive Support Network activities are conducted telephonically, at provider sites, and at other community locations. Eligible consumers for ISN may be identified at the time of the initial assessment, during a concurrent review, as part of a discharge and aftercare plan, through analysis of core indicator data, claims or authorization reports, or referral from Care Managers, County personnel, providers, primary care physicians, or health plan personnel.

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Other fundamental aspects are as follows:

- ⇒ 24 hours a day/7 days a week/365 days a year telephonic access to a Magellan Care Manager. Telephone measures are included in the QI Program.
- ⇒ A diverse network of behavioral health providers, both individual practitioners and organizational providers, which meet credentialing requirements and encompass industry recognized behavioral healthcare levels of care.
- ⇒ Clinically sound, research-based decision-making tools to promote utilization of appropriate behavioral health care resources in an efficient and effective manner.
- ⇒ Individuals in need of behavioral health services have access to the full continuum of care.
- ⇒ Clinically necessary treatment occurs in the least restrictive environment that is available, safe, and clinically appropriate.
- ⇒ Timely ambulatory/outpatient treatment for behavioral health disorders contributes to expedient symptom reduction.
- ⇒ Coordination of care includes sharing of timely relevant clinical information between behavioral healthcare and medical care as necessitated by the consumer's health needs. This information exchange is done with appropriate respect for privacy and consistent with all Magellan policy and applicable laws governing consumer confidentiality.
- ⇒ Ongoing development and evaluation, via QI mechanisms, of proactive intensive care management and behavioral health treatment strategies.

On-site Reviews

When on-site care management activities occur, ISN Care Managers:

- ⇒ Carry picture ID with full name and the name of the organization for on-site activities
- ⇒ Schedule on-site activities at least one business day in advance, unless otherwise agreed; and
- ⇒ Follow reasonable hospital or facility procedures, including checking in with designated hospital or facility personnel

Coordination and Communication of Clinical Information

The Newtown CMC promotes coordination and communication of clinical information among its departments (e.g. Clinical and Quality Improvement) and across involved disciplines in a manner that preserves the fullest extent of consumer confidentiality possible and in accord with all relevant Magellan Policies and Procedures. When a referral is made to the ISN team, only that clinical information necessary to develop the consumer's plan of care and establish treatment goals is communicated.

Delegation

Magellan's Newtown CMC does not delegate ISN functions or activities.

STAFF STRUCTURE AND QUALIFICATIONS

Caseloads

Reasonable caseloads have been established to be between 40 and 80 cases per ISN Care Manager. This range has been established based upon the CMC's number of covered lives, types of contracts and benefit plans, consumer demographics and its telephonic review delivery model.

The Care Management Supervisor assigns the caseload to the ISN Care Manager, and reviews caseloads regularly using the following factors:

- ⇒ Total number of active ISN cases

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- ⇒ Severity of illness and clinical complexity of each active ISN case
- ⇒ An ISN Care Manager's specialty and/or level of experience
- ⇒ Role responsibilities
- ⇒ Resource utilization of Care Manager and ISN Care Manager to meet needs of the customers and CMC operations

Monitoring of caseloads is done at least quarterly by the ISN supervisor to review caseload guidelines and adequacy of staff resources, and presented and documented in the minutes of the Newtown Utilization Management Committee. Some examples of circumstances that trigger a review include, but are not limited to: caseload volume approaching the top of the established range; staff terminating or out of the office for extended periods; or new customer contracts.

Physician Advisors

The Newtown CMC ISN Care Manager maintains ready access to, and seeks the advice of, licensed physicians with expertise appropriate to the types of cases it manages. A roster of Physician Advisors is maintained. The Newtown CMC evaluates the performance of physician advisors through inter-rater reliability measurement quarterly.

Program Accountability

Overall accountability for the operation of the Newtown CMC ISN Program falls under the Clinical Officer. The Clinical Officer monitors core indicators and identifies opportunities for improvement, and is accountable for administering the intensive care management program according to all applicable laws, regulations and standards relevant to intensive care management activities. Applicable job descriptions are maintained on site for these positions.

Staff Qualifications

All intensive care management personnel hold current licenses to practice and all sign a statement that they understand the scope of such licensure and will practice within that scope. In accord with Magellan corporate policy, licensure and credentials of ISN Care Managers are verified prior to hire and every two (2) years during continuous employment. Licensed and credentialed Magellan employees are required to immediately report any changes (including address changes) or terminations of their license and/or credential to their direct supervisor. A procedure has been established wherein all copies of all licenses and attestations of understanding are maintained in a binder and updated as needed. Updates include license renewal, change of license status, or change of address.

ISN care managers are expected to have one of the following qualifications: bachelor's degree or higher in a health-related field, certification as a case manager, or professional certification/licensure in a clinical specialty, including RN with three (3) years clinical practice experience.

Individuals that directly supervise ISN Care Managers are licensed for independent practice and hold either a bachelor's degree or higher in a health-related field, or certification as a case manager, or professional certification/licensure in a clinical specialty and at least three (3) years experience as a case manager.

Non-clinical certified peer specialist staff does not make clinical decisions. Such staff check benefits, research community resources, and runs reports. Such staff are monitored and directly supervised by licensed clinical staff. Clinical staff are responsible and accountable for the case management plan and process, and any activities delegated to the support staff. Clinical staff provide feedback on support staff performance in annual evaluations.

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Job descriptions for all ISN and supervisory personnel, Physician Advisors and Medical Directors are maintained and updated as needed. In addition relevant Resumes and Curriculum Vitae are maintained.

Staff Training and Development

The Newtown CMC and Magellan require that ISN Care Managers be educated in current principles, procedures and knowledge domains of case management including scope of practice based on nationally recognized standards of case management. Industry materials used for training are from organizations such as the Case Management Society of America and the Commission for Case Manager Certification, among others. Such education and development includes at minimum, relevant continuing education as required for individual licensure renewal, training in Magellan and Newtown CMC ISN policies and processes, and training in nationally recognized standards of regulatory and accreditation bodies, care plans, evidence-based tools, customer contract requirements and coordination of care. Magellan encourages case management staff to obtain case management certification.

The Newtown CMC Training department maintains a record of all training events, which includes sign-in sheets, content outlines, schedules, teaching methodology, goals and objectives and course evaluation.

The Newtown CMC encourages staff development through participation in and attendance at meetings of relevant professional organizations and has policies in place whereby such opportunities are afforded care management personnel. The Newtown CMC also provides opportunities for training in cultural diversity issues and the quality management program in its staff development program.

All continuing education for each ISN Care Manager is documented, tracked and maintained by the Newtown CMC Training department.

Confidentiality

The Newtown CMC and Magellan have in place Policies and Procedures that protect the confidentiality of the individually identifiable health information of its consumers collected during the intensive care management process. Newtown CMC employees sign a statement that they understand their responsibility to preserve confidentiality. This attestation of Confidentiality is maintained with the Care Manager's record of license. Such policy:

- ⇒ Identifies how such health information will be used;
- ⇒ Specifies that such health information is used only for purposes necessary for conducting care management and evaluation activities;
- ⇒ Specifies who will have access to such information;
- ⇒ Addresses communications and records transmitted or stored, including cell phone, fax, or electronic systems.

Safety of Consumers and ISN Care Managers

The Newtown CMC and Magellan have in place policies and procedures for safeguarding the safety of both consumers and ISN Care Managers in circumstances such as the following:

- ⇒ Suicidal / homicidal ideation
- ⇒ State Reportable incidents (both on and off- site)
- ⇒ Prevention of Violence

ISN care management safety is protected through use of telephonic reviews. In addition, access to the Newtown CMC facility is controlled through use of ID cards and a receptionist. The receptionist has capacity to screen visitors prior to entering the facility offices. Policies and procedures related to telephonic bomb threats are also in place.

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Magellan has a catalogue of consumer safety activities, with definitions of services, directly related to consumers' physical safety or to improvement of clinical care which reduces potential risks of harm to consumers and others.

Promoting Consumer Autonomy

The Newtown CMC ISN team works to promote the autonomy of consumer-participants and to engage the consumer in family decision making about his/her treatment. In this regard, related objectives include:

- ⇒ Promoting the autonomy of the consumer and support consumer and family decision-making
- ⇒ Monitoring and assisting consumers in selecting appropriate providers and resources
- ⇒ Designing interventions to support consumer treatment gains
- ⇒ Facilitating a positive treatment outcome
- ⇒ Identifying reasons for inappropriate hospital re-admission
- ⇒ Improving treatment adherence
- ⇒ Decreasing decompensation of bio-psycho-social functioning
- ⇒ Addressing health issues as part of the behavioral health plan of care
- ⇒ Facilitating substance abuse treatment
- ⇒ Create a seamless (reduce fragmentation) intensive care management system of coordination and continuity of care for consumers

Organizational Ethics

As part of its training and orientation program, and no less than annually, the Newtown CMC conducts and documents review with ISN personnel of relevant issues related to ethical conduct of intensive care management. Such issues may include:

- ⇒ advocacy for consumer needs;
- ⇒ guidance for professional relationships with consumers;
- ⇒ prohibition of relationships that could compromise professional objectivity;
- ⇒ resolution of conflicts of interest between the ISN Care Manager, consumer, third party payer, provider or other entity;
- ⇒ business, financial, and marketing practices;
- ⇒ resolution of perceived lapses in quality of care resulting from actions by consumers, payers, ISN Care Managers, providers, case management organizations or other entities affecting the case management process;
- ⇒ policies that address ISN Care Managers' handling of consumer needs when such needs extend beyond the scope of the case management organization's services;
- ⇒ prohibition of discrimination against a consumer or group of consumers by the ISN Care Manager or case management organization; and
- ⇒ information about how policies regarding the ethical framework will be shared with staff, contractors, clients and consumers.

Vendor and Provider Monitoring and Consumer Assistance

The Newtown CMC ISN Care Managers are aware of quality variations among vendors and providers it may work with. Such quality variations are monitored in collaboration with the Care Management and QI departments. As part of their ethical scope of conduct ISN Care Managers advise ISN participants of differences in reimbursement issues, guidelines of methods for selecting non-contracted vendors/providers and cost negotiation.

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Information Management

Magellan and the Newtown CMC have established and implemented policies and procedures for protection of consumer records and confidentiality. Such policies and procedures address areas of information management as: system storage, transfer, destruction, accuracy, confidentiality, compliance with applicable laws and regulations, and guidelines for ethical use of records.

Quality Improvement and Activities

As part of the Quality Improvement efforts at the Newtown CMC, the Newtown CMC develops and monitors an annual Quality Work Plan, with specific measurable objectives and activities relating to the Intensive Support Network Program. The objectives and activities are identified through the previous year's QI Program Evaluation, ongoing internal review, results from accreditation/ regulatory activities, and monitoring of special-risk consumer populations. Work Plan goals are evaluated annually with achievements and opportunities for improvement specified.

When opportunities for improvement are identified, interventions are developed and implemented. Interventions may occur as part of routine management activities, or, if complex, lead to development of a Quality Improvement Team (QIT). QITs include staff having direct or indirect impact on the targeted processes. The QIT performs a barrier or root cause analysis, prioritizes findings, and identifies and implements specific interventions to address each barrier or cause. Input from consumers, providers, and relevant medical delivery systems is obtained as appropriate. Interventions are monitored to determine if they resulted in improvement. Unresolved opportunities for improvement move through the quality improvement process until satisfactory improvement is noted.

Magellan allocates sufficient resources (staff, technical, and analytical) to meet the needs of the QI Program.

Tracking Key Quality Indicators

Magellan has developed a core set of performance measures, called *Core Performance Indicators*. The results of the core performance indicators are aggregated quarterly and annually by each CMC and reported to the National Quality Committee (NQC) through each of its corporate committees. The National Clinical Management Committee is charged by the NQC for quarterly and annual review of findings of core performance indicators related to intensive care management activities.

Recommendations based on the review are provided to applicable business group Clinical Management subcommittees and CMC Utilization Management committees from the National Clinical Management Committee. The CMCs use the core performance indicator findings and any subsequent corporate committee recommendations in evaluating the effectiveness of intensive care management activities, and in updating the CMC UM Program and Work Plan.

The *Core Performance Indicators* relevant to intensive care management include:

- ⇒ Percent of ISN-Eligible Consumers Actually Enrolled
- ⇒ Total Number of Consumers Participating
- ⇒ Percentage of Planned Discharges from ISN
- ⇒ Percentage of ISN Consumers Showing Improvement in Their Behavioral Health Outcomes Survey Scores
- ⇒ Satisfaction with ISN Program

Routine Audit and Case File Reviews are conducted for all ISN Care Managers. In addition, annual performance evaluations are completed in collaboration with and input from each ISN Care Manager. Audit results and performance evaluations are kept on file in the Newtown CMC personnel records.

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The ISN supervisor provides audit results to the ISN Care Manager on a regular basis. Audit results are reported to the Newtown CMC Utilization Management Committee.

Evaluation of ISN Program

The Newtown CMC evaluates the impact and effectiveness of its ISN Program at least annually as part of the QI/UM Program Evaluation. This evaluation should minimally contain status of ISN Program goals, ISN relevant staff training's, recommendations and aggregate applicable indicator results for:

- ⇒ Readmission occurrence among ISN consumers
- ⇒ Statistics concerning criteria/reasons for referral
- ⇒ Number of cases ISN team admitted
- ⇒ Number of cases ISN team discharged
- ⇒ Adverse Incidents among ISN consumers
- ⇒ ISN Case Reviews/Audits results
- ⇒ Consumer feedback on the Program
- ⇒ Consumer complaints
- ⇒ Access to services
- ⇒ Quality improvement projects (QIPs)

The Program evaluation also includes a review of:

- ⇒ Case Load Guidelines
- ⇒ Support Tools- assessment and plan of care templates
- ⇒ Policy
- ⇒ Admission and Discharge Criteria

The ISN Program evaluation is reviewed by the Newtown Utilization Management Committee.

THE INTENSIVE SUPPORT NETWORK PROCESS

Core processes of ISN are designed to increase community tenure, reduce readmissions and improve treatment efficacy through more frequent contact with, and more intensive coordination of resources among, the consumer, providers, family members, and individuals and organizations who provide behavioral health social support and services to the consumer by:

- ⇒ assisting consumer or representative in navigating the service delivery system;
- ⇒ coordinating available resources along the health and behavioral healthcare continuum;
- ⇒ facilitating access to an appropriate array of services; and
- ⇒ tailoring care management intervention to the individual consumer needs.

Objectives of the individual case management case or ISN Recovery Support Plan include:

- ⇒ designing interventions to support consumer treatment gains
- ⇒ preventing inappropriate hospital re-admissions
- ⇒ improving treatment adherence
- ⇒ decreasing suicidal/homicidal gestures
- ⇒ addressing health complications as part of the behavioral health plan of care
- ⇒ decreasing psychotic episodes
- ⇒ facilitating substance abuse treatment
- ⇒ relapse reduction
- ⇒ improving the coordination of care among multiple providers
- ⇒ confirming diagnostic accuracy and appropriateness of treatment goals

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- ⇒ facilitating progress in treatment
- ⇒ coordinating treatment intensity and levels of care to be consistent with the current level of distress

The following processes of the ISN Program support achievement of these goals:

- ⇒ Establish a process for review and input from multiple MH/SA disciplines and consultative involvement to the ISN care management process by clinical experts.
- ⇒ Through review of longitudinal case data, identify and facilitate resolution of inconsistency in the diagnosis and plan of care of consumers in the ISN Program.
- ⇒ Develop and implement collaborative strategies to reduce the frequency of occurrence of treatment non-adherence.
- ⇒ Analyze circumstances underlying readmission, and assist in strategies to prevent subsequent readmission, as well as to increase the interval between readmissions that do occur.
- ⇒ Identify and facilitate strategies to decrease the frequency of suicidal/homicidal gestures, and to minimize risk of lethality.
- ⇒ Identify and help address and reduce barriers to SA treatment, in addition to facilitating access and entry to SA care.
- ⇒ Develop and implement strategies to verify, expedite, and improve communication and coordination of care amongst multiple providers involved in a consumer's treatment.

Criteria for Admission to the Intensive Care Management Program

The Newtown CMC has established the following criteria for admission to the ISN Program based on its population and performance measure findings:

- I. Consumer with two (2) or more admissions to an acute inpatient or residential level of treatment within 60 days with a diagnosis of Schizophrenia or Bipolar Disorder
- II. Children age 12 and under who are hospitalized
- III. Pregnant women who abuse substances
- IV. Members with twenty-five (25) inpatient days in a rolling 12-month period
- V. Other, i.e. customer specific:
 - A. Consumer with 2 AIP admissions in 60 days regardless of diagnosis
 - B. Consumer with admission to AIP within 120 days of discharge from state hospital
 - C. Consumer with significant medical issues that impact/interfere with their mental health recovery
 - D. Co-occurring disorders resulting in significant impairment in both areas
 - E. Consumer with significant risk factors and one admit to AIP
 - F. Children admitted to AIP without community supports
 - G. Children who present to a crisis service with high risk behaviors and lack of community supports

Informed Consent

Magellan and the Newtown CMC have in place policies and procedures that assure confidentiality for and informed consent by the consumer. Prior to participation in the ISN Program, the ISN Care Manager fully discloses his/her role and the following information to the consumer, both verbally and in writing:

- ⇒ The nature of the ISN relationship and any third party payer involvement.
- ⇒ The circumstances in which information obtained in the ISN relationship will be disclosed to third parties;
- ⇒ How and when consumers are to be provided with written notifications of ISN actions and recommendations.

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- ⇒ The availability of a *complaint* process and the method by which to access it, including a telephone number and how to register a complaint.
- ⇒ If requested, a description of the *rationale* for selecting the *consumer* for ISN services.
- ⇒ A listing of consumers rights and responsibilities

Process for Outreach and Gaining Consent to Participate

Following identification that the consumer meets one or more of the admission criteria, the ISN Care Manager reviews the clinical information for possible enrollment in ISN within five (5) business days of referral. The ISN Care Manager consults with the ISN supervisor or Physician Advisor as necessary to make the decision. If the decision is made to pursue ISN, the ISN Care Manager makes the initial contact attempt to reach the consumer/legal guardian by phone within five (5) business days of the decision to secure informed consent verbally (documented in case record or file) or preferably in writing. During the outreach phase, a total of at least three (3) attempts are made to reach the consumer/legal guardian at different times and on different days. If the consumer/legal guardian cannot be reached by phone, a letter is sent including a description of the ISN Program and contact information for enrollment. If the consumer/legal guardian does not call back within thirty (30) days of the letter being generated, the case is closed. There may be times when it is not possible to obtain the informed consent of the consumer. Specific reason(s) for the inability to obtain the consent must be documented in the ISN record. Examples include: consumer is actively psychotic; consumer is a danger to self or others.

Tools and Information for Case Review

ISN Care Managers have available to them a number of tools and information sources for review and assessment of case progress and treatment planning. These include but are not limited to:

- ⇒ Medical Necessity Criteria
- ⇒ Treatment Guidelines
- ⇒ Organization Policies and Procedures
- ⇒ Standards of Case Management Accreditation
- ⇒ Training and Case Management Orientation Manuals
- ⇒ Peer and supervisory staffing
- ⇒ Availability of Physician Advisors
- ⇒ Outcomes Assessment tools and corresponding reports
- ⇒ Electronic clinical front-end system

Additional information may include:

- ⇒ Information gathered from persons/program(s) served;
- ⇒ Appropriate forms;
- ⇒ Lists of providers;
- ⇒ Collaborative plan of service;
- ⇒ Primary payer and benefits available; and other pertinent financial information regarding benefits available to the consumer;
- ⇒ Referral lists and follow up;
- ⇒ Plan to assess quality of life, functional performance;
- ⇒ Clinical information.

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Assessment, Individual ISN Plan of Care and Documentation

The Newtown CMC and Magellan have in place policies and procedures that guide the assessment and plan of care of those consumers in the ISN Program. Following consent, each consumer admitted to the ISN Program must have an assessment and individual ISN Plan of Care developed and documented soon after admission into the ISN Program. An individual's ISN Plan of Care may also include one or more of the routine care management activities.

The ISN assessment includes the following:

- I. Reason for referral/source
- II. Current problems/stressors/functional impairments
 - A. Current and prior substance use/abuse
 - B. Medical history/current co-morbid medical conditions
 - C. Physical Activities of Daily Living (ADLs)
- III. Previous behavioral health treatment and outcomes
- IV. Current treatment
 - A. Current behavioral and physical health medications
- V. Safety/risk factors and plan to address them, including immediate resources needed
- VI. Psychosocial factors
 - A. Family history
- VII. Support system/family involvement
 - A. Legal issues
 - B. Cultural factors influencing treatment
 - C. Consumer's perception of barriers to treatment
- VIII. Expected outcome/case closure criteria

The ISN Recovery Support Plan includes the following information:

- ⇒ Identified challenges
- ⇒ Identification of the Consumer's Recovery Plan and desired outcome(s), including short and long term treatment goals and objectives
- ⇒ Proposed interventions, including supports to be utilized
- ⇒ Timeframe for response to referrals, follow-up and evaluation
- ⇒ Collaborative strategies/approaches to be used
- ⇒ Regular progress updates
- ⇒ Criteria for case closure/discharge from ISN
- ⇒ Anticipated results of involvement in ISN
- ⇒ Baseline clinical assessment data on functionality and productivity and results from assessment of substance abuse are incorporated as applicable

The individual ISN Recovery Support Plan is documented in the consumer's file. A consumer's file may have a separate section dedicated to ISN activities or may be integrated into the consumer's case file. Communications (written or verbal) with external resources/consults or results of internal consultations, discharge date and status should also be documented in the individual consumer's record.

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ISN Case Review

The ISN care manager reviews the collected information and the individual Plan of Care, and seeks consultation from the Medical Director, Clinical Officer and/or Clinical Supervisor, as needed if no progress is being made or if barriers are identified, usually no less than every 90 days. The frequency of case review is based upon the acuity of the member's behavioral health condition and progress on achieving ISN goals and objectives. Documentation of the ISN case review is maintained in the member's file. The Plan of Care is re-evaluated and updated as clinically appropriate but at least every 90 days. Results of case reviews are reviewed, trended and reported to the QIC and utilized in individual ISN care managers' performance reviews.

ISN Case Staffing

Each ISN Care Manager presents at least two cases per month in case staffing/rounds to a physician advisor, supervisor or ISN team, to receive input on the Plan of Care, progress towards meeting goals, barriers to achieving goals, and interventions. The ISN Care Manager documents a Case Staffing note which includes areas addressed, actions taken and any additional recommendations.

Peer Support

The Newtown CMC's ISN Team will include a Certified Peer Specialist. The Peer Specialist will perform a wide range of tasks to assist consumers in regaining control over their own lives and over their own recovery process. Specific job functions will include:

- ⇒ Linking consumers to community provider's Peer Support Specialist
- ⇒ Assisting consumers on inpatient units in preparing for discharge and preparing relapse prevention plans
- ⇒ Sharing recovery-oriented educational materials
- ⇒ Connecting consumers to other clinical, community and/or natural supports
- ⇒ Outreaching to consumers who do not keep follow-up appointments
- ⇒ Providing short-term intervention, support and advocacy
- ⇒ Participating in team meetings and conferences

The Peer Specialist will work in collaboration with the ISN Care Managers and peer specialists in the community to motivate consumers to identify their recovery goals. The target caseload will be consumers who have demonstrated a pattern of non-adherence to community aftercare, or consumers who have demonstrated difficulty engaging to community support. Initial contact with the Peer Specialist will likely occur while the consumer is hospitalized. Follow-up contacts will occur in the community until linkages to community peer support specialists are secured.

Resolution of Disagreement Within the Care Management Organization

If disagreements arise within Magellan and/or the ISN staff regarding consumer care options, the ISN staff will review recommendations and recommend consensus. If the ISN staff cannot reach consensus, the CMC Clinical Officer will make a final determination.

Criteria for Discharge from ISN Program

ISN Care Managers are aware of the criteria for discharge from the ISN Program. When it is believed ISN discharge criteria have been met, the ISN Care Manager reviews the case with the ISN supervisor for a final determination of continued participation or discharge from the ISN Program. The ISN Care Manager documents the rationale for discharge from the Program and the date of discharge. Discharge Criteria include:

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Planned Discharges

- ⇒ Community tenure of at least 90 days since discharge from last hospitalization and completed Program
- ⇒ Community tenure of at least 90 days since discharge from last hospitalization and consumer met or partially met clinical/treatment goals
- ⇒ Maximum gain achieved from ISN Program

Unplanned Discharges

- ⇒ Consumer is non-responsive to case management interventions despite repeated outreach attempts
- ⇒ Consumer eligibility is terminated/benefits exhausted
- ⇒ Consumer requests termination from the case management program
- ⇒ Consumer death

Complaints

The Newtown CMC and Magellan have established policies and procedures for responding to complaints generated by ISN participants. These policies clarify the rights and responsibilities of all parties, the timeframes under which each party must take action, and how notification of complaint process will take place.

Access of the ISN Care Management Team

The Newtown CMC provides toll-free telephonic access to intensive care management participants 24 hours per day, 7 days per week. The ISN care management team takes calls from such consumers “live” during the normal business hours. After hours, phone calls are automatically redirected to the After Hours department where they are answered live.

When answering calls, the Newtown CMC ISN clinical staff identify themselves by name, company, job title and clinical title. The organization name is also provided during initial call greeting.

Attestation of No Financial Incentives

All ISN Care Managers and personnel sign attestations assuring that they receive no financial incentives for care management and medical necessity review decision-making. These attestations are maintained on file with the ISN Care Manager’s copy of license.

ADDITIONAL INTENSIVE CARE MANAGEMENT ISSUES

Coordination and Continuity of Care

An integral part of the Newtown CMC ISN Program process and vendor monitoring is providing for coordination and continuity of care under a number of circumstances.

Care Coordination for Discharge Planning & Follow-Up After Hospitalization

The consolidation and maintenance of treatment gains is promoted through oversight of the case transition or aftercare plan. Discharge planning is initiated when an in consumer episode begins so that when discharge occurs, the appropriate treatment authorization is already completed, allowing the consumer an uninterrupted transition to an appropriate level of care. The ISN Care Manager collaborates with the facility treatment team to coordinate an appropriate discharge plan and initiate referrals for ambulatory care provider(s). Follow-Up/Aftercare Specialists perform aftercare verification and outreach.

Magellan Behavioral Health of Pennsylvania, Inc.
Newtown Care Management Center
2011 Intensive Support Network Program Description

Integration of Behavioral Healthcare with General Medical Care

Magellan promotes the integration of behavioral health services with general medical services in keeping with the needs of our consumers, our client health plans and/or our state agency or employer clients in the context of the benefit contracts under administration. These activities include:

- ⇒ timely communication with primary care practitioners/providers;
- ⇒ review of medical and behavioral healthcare pharmacy benefits and formularies;
- ⇒ encouraging medical care providers to establish communication with Behavioral Health care provider(s) and vice versa
- ⇒ outlining any barriers to receiving physical health care services
- ⇒ ongoing collaborative contact with the physical health plan's Special Needs Unit or Specialty Health Program as indicated
- ⇒ collaboration with medical practitioners to increase appropriate use of psychotropic drugs; *and*
- ⇒ evaluation of access, continuity, coordination and follow-up to medically necessary services within the behavioral healthcare and general medical communities.

Transition of Care Support for Consumers When Their Practitioner's Network Participation Ends

Magellan promotes continuity of care when a provider terminates from the network by providing timely assistance to consumers in securing a transfer to an appropriately credentialed provider and addressing individual clinical needs which arise from the transfer. A transition period is offered to consumers when continuation of treatment with the provider creates no imminent danger. If imminent danger to the consumer is deemed to exist and supported by the findings of the Regional Network and Credentialing Committee (RNCC) review process, the consumer is transferred to an appropriately credentialed provider within a time frame appropriate to the clinical urgency of the situation. The intensive care management team works collaboratively with the departing provider to develop a clinically appropriate transition plan and identification of a new provider. ISN Care Managers work closely with the consumer and seek their approval in releasing clinical information to a new provider. Consumers may be referred to the ISN Program, if their clinical condition warrants, in an effort to provide support and stability during the transition. Written notification with specifics about the transition plan is sent to consumers actively in treatment with the provider who terminates from the network.