October 27, 2011

Commonly Asked Provider Questions Regarding IDOC Changes

What is the process to monitor clients who do not successfully complete treatment within the allotted treatment matrix?

The provider should follow the same protocol they follow for all populations if a client does not complete treatment successfully which may include:

- Proper referrals and documentation for continued care should be included in the discharge plan to ensure continuity of care with the participant's family and community upon discharge.
- Communication with the P&P officer regarding the status of the client at the end of the benefit and referrals made. Coordination with the P&P office is a DOC expectation and appreciated throughout the course of treatment. This allows our clinical team and the probation officer to support the client in treatment and ensure community safety.
- The client can choose to remain in care as self pay
- If the client fails to engage in care or does not comply with the treatment plan this needs to be communicated immediately to the P&P officer and the client should be discharged from care.

If a client relapses after they have used up their benefits, will DOC assist the client in reassessing for services?

If an offender relapses, upon completion of the treatment episode they will be reviewed by the district clinical team for service authorization as a risk to revocate.

- The P&P officer will work closely with the district intake teams to determine reassessing clients and actions and or referrals as needed for a client who relapses.
- The District offices will utilize DOC services and community services as needed – as they do for all offenders in the system.

Can providers request additional units outside of the allowable limit for DOC clients?

Providers need to align their treatment authorization requests with the DOC Matrix. BPA will conduct the clinical reviews and report outliers to DOC for review. DOC central office and district office staff will collaborate on specific outliers and reserve the right to make client specific exceptions.

Will there be any consideration for extensions on RSS services such as housing?

If providers identify client need for additional RSS services that extend beyond Stage 3, they need to communicate this to BPA prior to discharge. DOC will review and consider additional RSS services based on budget, client need and offender status. Extensions on housing especially for those who accessed DOC transitional housing funds is unlikely.

Is DOC planning on auditing the providers?

At this time DOC is not planning on "auditing" providers.

- DOC will partner with BPA and the providers and conduct site visits and group observation, which will not be conducted in a formal audit process.
- DOC's focus will be on process improvements and resource assistance vs. "auditing".

How did DOC determine their treatment matrix?

The matrix is a benefit plan that was built to support a fiscally sustainable system that utilizes the ASAM levels of care.

- The matrix does have limits for the levels of care based on the budget and DOC's desire to offer services to more clients.
- ASAM is patient placement criteria. DOC's benefit plan considers the ASAM placement criteria for level of care and services within the limited dollars available to treat as many clients as possible.
- This plan is similar to when you see a doctor through your private insurance. Sometimes the doctor orders procedures that are covered at 100%. Sometimes you'll need to pay a portion or all of the cost as it is not a benefit of your insurance plan. If additional services are needed and are not covered by DOC, the providers may bill the clients for extra items

Are there best practice treatment programs that DOC requires providers to utilize?

- At this time DOC is not mandating any specific treatment programs. However, if the cognitive component selected is MRT, DOC anticipates that the client should complete the program with a five month one week treatment duration. If CSC is chosen, they understand that a client may not be able to complete the CSC program. DOC has the expectation that the provider will communicate progress/lack of progress at the time of discharge to the probation office
- BPA will continue to manage the providers in their clinical practices and expectations.

Are there any benefits that DOC may consider changing or approving on the current benefit plan?

The treatment matrix is currently being evaluated and will continue to be evaluated over the course of the next 6 months for revisions.

Do I still need to submit discharge paperwork if the client converts to self-pay?

Yes. The provider is still required to submit discharge paperwork so the client may be discharged from the system.

Who do we contact if we have authorization concerns?

BPA is the primary point of contact and will work through the issues with DOC and be the point of contact between the provider and DOC to resolve the authorization issues.

What is the timeline for the "not to exceed" frequency limits in the authorization? Is it based on the start date of the authorization, or does it run on a calendar date span?

DOC's Clinical Services Treatment matrix lists service limits and authorization time spans. The provider needs to be cognizant of both sets of limits on the authorization. The provider will receive an authorization with a beginning date and an ending date in correlation with the number of units that have been authorized. If a certain number of units are authorized per week, the week starts on Sunday and ends on Saturday. An example is if the authorization activates on Wednesday and authorizes two drug tests per week, the provider can test on Wednesday and then again on Friday.

You just sent a communication indicating that providers will receive copies of the LSI-R, IDOC Voucher, and GRRS at intake and the IDOC Voucher again at the time of reauthorization when BPA receives these from IDOC. You also mentioned that in some circumstances providers will not receive the LSI-R or GRRS depending on the client's method of intake. In what circumstance will provider not get receive these forms?

In some instances, BPA will screen clients. If so, BPA will not receive the Intake, LSI-R or GRRS forms and will not be able to forward those on to the provider.

Who does the provider contact if they have questions or concerns regarding our DOC clients?

As stated above providers primary point of contact is BPA.

- It is DOC's expectation that providers are in communication with the offender's PO regarding progress, lack of progress, and is in treatment consistently. If providers are unable to reach the offender's PO, they may contact the district office and request to speak to the district clinician who can assist in coordination with the PO.
- DOC is finalizing the district e-mail lists and will distribute a follow up communication to the network identifying points of contact for each district.
- Providers may contact Suzette Driscoll at sdriscol@idoc.idaho.gov or at 208-672-3425 for issues/concerns outside of the direct offender treatment relationship with DOC.

If you have any questions or need additional information, please contact your Regional Clinical Coordinator

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