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Robert Hofmann, Secretary

TO: Designated Agency and SSA
Executive Directors,
Chief Financial Officers,
Corporate Compliance Officers, and
Children's, CRT, DS & Outpatient Directors

FROM: Michael Hartman, Commissioner DMH
Barbara Cimaglio, Deputy Commissioner ADAP
Brendan Hogan, Acting Commissioner DAIL
Steve Dale, Commissioner DCF
Patrick Flood, Deputy Secretary
Suzanne Santarcangelo, Director, Healthcare Operations, Compliance & Improvement

DATE: October 29, 2010

RE: ***Negotiated Changes in Paperwork and Administrative Burden***

As you know we had very productive working sessions and partnership with the Vermont Council of Developmental and Mental Health Services discussing proposals for streamlining paperwork and focusing on the clinical utility of various historical practices and requirements in the designated agency system. The programs governed by these documents are now operating with global commitment to health funds and as such are governed by the Medicaid Managed Care regulations found at 42 CFR 438. et seq. The changes outlined below are in keeping with CFR Medicaid Managed Care regulations and **supersede** some of the existing guidance for eligible providers/staff qualifications, treatment plan review, and documentation standards found in:

1. DMH Medicaid Fee-for-Service Provider Manual; and
2. Designated Agency CRT Program Provider Manual
3. ADAP Treatment Services Standards
4. DDS Health and Wellness Guidelines
5. DDS Individual Support Agreement Guidelines

Unless otherwise noted, all changes are retroactive to July 1, 2010 and encompass all clients served in designated or specialized service agencies across AHS programs (DMH, DAIL, DCF and VDH).

1. Treatment Plan Populations

A. The following DMH and DAIL populations have been defined in our Medicaid Managed Care agreements as "special health needs" and are all former (pre-2005) waiver populations and *require a treatment plan on file*. For developmental disabilities services this document is referred to as an Individualized Support Agreement or ISA.

CDD/DCF/DMH-CAFU

- Children/families receiving Enhanced Family Treatment (formerly SED waiver clients)
- Community Rehabilitation and Treatment clients
- Developmental Disabilities Services Clients DAIL
- Traumatic Brain Injury Clients DAIL or DMH?

B. Additionally, populations other than above that will require a treatment plan on file include:

Children's Integrated Service (CIS) clients (pregnant and post-partum women and children birth to age 6) which includes birth to 3 year old Early Intervention funded services. For children and families receiving services in these programs, the CIS packet of information (intake, referral and One Plan forms) will meet the requirements of all global commitment funded services and AHS programs

DMH & DCF – Family Services Clients: DCF and DMH have determined that documentation requirements found in either the DMH or DCF manuals is acceptable to satisfy audit. In other words, for providers who are operating programs under contract with both DCF and DMH, treatment plan and associated documentation requirements from either division can be used at the discretion of the provider. For children in DCF custody whereby service is provided by a Developmental Services provider, the ISA guidelines are also acceptable.

VDH-ADAP – Consumers of Substance Abuse Treatment services treatment plan requirements will continue using the current ADAP guidance except as modified below (i.e., the periodicity of reviews).

DMH – Adult Outpatient services treatment plan requirements will follow current DMH guidance except as modified below.

DAIL – Developmental Disabilities services individual support agreement requirements will follow current DAIL guidance except as modified below.

2. Treatment Plan Development:

Plans will be required following new admissions (or re-admissions) to services. A treatment plan will be developed within 30 days of initiating services. Plans for mental health treatment and support services will be signed by at least a licensed master's level clinician operating within their scope of licensure or an advanced practice psychiatric registered nurse operating within their scope of licensure.

Documentation of a holistic assessment, clear clinical formulation and at least a licensed master's level review and signature is necessary for all AHS funded treatment services and serves as evidence for the medical necessity of the plan and services. *(Note: support services offered through developmental disabilities services require a new individual service assessment every two years and do not require a licensed master clinical review; current ISA sign off and oversight guidelines remain in place for that population).*

It is expected that the treatment plan is completed with the collaboration of the consumer and guardian and/or family and any significant person(s) that the consumer, guardian and/or family designates. The consumer, guardian and/or family must be integral to development goals and objectives regardless of whether or not a written treatment plan is required.

3. Periodicity of Treatment Plan Reviews:

A review and updated treatment plan will be required when there is a significant change in life circumstances for the consumer that the clinician or consumer feels requires a sustained intervention or a revised plan. We recognize that every life situation is different and changes will inevitably have different impacts for different consumers. Treatment planning decisions are governed by the consumer and their team working together. Examples of the types of circumstances that may trigger the need for a review include, but are not limited to:

- New, complicating or worsening symptoms (mental health or physical health changes); relapse (or use of) a mind altering substance; hospitalization
- Development of new goals or support services or revisions to current service/support agreements
- Failure to progress in skill building or mental health treatment over a period of six months;
- Social Support changes that are upsetting/dysregulating to the person (major losses, changes in job, residence, caregiver or other relationships, deaths) or reflect milestones (major gains, successes, job, marriage, pregnancy, birth)
- Changes in legal status of the consumer, family member or significant other; newly reported concerns of abuse or neglect/being perpetrator or victim of crime.
- For children youth and families, changes in educational arrangements

Significant changes in life circumstances that the clinician or consumer feels requires a sustained intervention or a revised plan require review by the team or supervising professional and the consumer. Mental Health treatment plan reviews and updates will be signed by at least a licensed master's level clinician operating within their scope of licensure or an advanced practice psychiatric registered nurse operating within their scope of licensure.

* *For developmental disabilities services a new ISA is required at least every 2 years, oversight and sign off remain the same as current guidance.*

** *Early childhood (0-3 years old) FITP federal regulations require a review every 6 months, no rewrite is necessary unless it is clinically warranted.*

4. Progress Documentation:

The current requirements for documentation, monthly services summary and/or contact notes requirements remain unchanged until there is agreement on best-practices documentation standards between the Vermont Council of Developmental and Mental Health Services and the AHS. Discussions thus far have generally supported that clinical or support needs should guide the frequency of progress documentation and content should consider attainment of goals, identification of treatment challenges, adjustments in service patterns, or changes in consumer treatment or support needs to assure continuity of treatment or support and information transfer to team members. In other words, the progress documentation would reflect a living treatment plan document. However, until a statewide standard is agreed upon, we will make no formal changes.

Psychiatric or APRN Oversight for Dept. of Mental Health Services:

Children: Psychiatrist or Psychiatric Nurse Practitioner with specialized training in child, youth and family services is required for the initial treatment plan development for the three groups of children below. The periodicity of review and oversight thereafter will be based on Psychiatrist or Psychiatric Nurse recommendation:

- Children receiving psychiatric and/or medication management services
- Children returning directly from a psychiatric inpatient setting
- Children who have a co-occurring physical health and emotional /behavioral conditions that the supervising clinician feels needs a review and consult

Adults: Psychiatrist or Psychiatric Nurse Practitioner with specialized training in working with adults with complex psychiatric conditions is required for the initial treatment plan development for the three groups of adults below. The periodicity of review and oversight thereafter will be based on Psychiatrist or Psychiatric Nurse recommendation:

- Adults with an enduring and complex mental illness receiving medication management services
- Adults returning from a psychiatric inpatient setting
- Adults with co-occurring physical health and complex mental illness that the supervising clinician feels needs a review and consult

Enhanced Family Treatment (as it currently exists aka Children's Mental Health Waiver)
On 9/22/10 the DMH issued a memo to Children's Directors and Business Manager regarding changes in application, documentation, and budget preparation and auditing. These changes are effective as of 9/27/10

In addition to the changes outlined above, the Integrated Family Services initiative is working to create a universal and single set of data elements, documentation and quality protocols for providers working with children and families, regardless of departmental fund source. We will continue to work with the Vermont Council of Developmental and Mental Health Services as that work emerges.

Developmental Disabilities Services:

DAIL has revised the DDS Health and Wellness Guidelines effective retroactive to July 1, 2010 as follows:

Standard 1: Emergency Fact Sheet - Eliminate SSN from Fact Sheet.

Standards 8, 12, 13, 14, 15, & 16: Dental exam, eye exam, & any other specialty exam (i.e., neurological, orthopedic, OT/PT, Hearing) - Eliminate requirement to keep copy of specialty exams on file. Continue to note the date and type of exam and service coordinators remain responsible for any required follow up.

Standard 9 Medication Prescriptions & Administration – Eliminate requirement to keep copy of side effects. Require staff to be trained to use drug books or electronic versions.

Standard 10 Immunizations: Eliminate requirement for full immunization record unless individual receives 24 hour home supports,

Standard 11 Psychiatric Services: Eliminate requirement to keep quarterly tardive dyskinesia (TD) check on file. Continue to note the date of the TD check still and service coordinators remain responsible for any required follow up. Eliminate Psychiatric Medication Support Plan.

Standard 13 Seizures: Eliminate requirement for keeping seizure record on file unless individual receives 24 hour home supports.

Standard 17 Lab & Other Diagnostic Tests (including cancer screenings): Eliminate requirement to keep copy of all labs and tests on file.

Standard 20 Weight & Menses Charts: Eliminate requirement to keep weight and menses charts unless physician requires monitoring of one or both of these.

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