Correction to Changes in Transportation Information

The correct start date for psychiatric residential treatment facilities to begin reimbursing parents, guardians or family members who have a child in a 24-hour residential facility (RTC, TGH or ETGH) and are attending family therapy for the purpose of reunification is **July 1, 2011**. An incorrect date was given in the February 2011 issue of *Magellan of Nebraska News and Updates*, and we apologize for any confusion this error may have caused.

Upcoming Statewide Town Hall Meetings

Representatives from Magellan and Nebraska Medicaid and members of the Nebraska Provider Advisory Group (PAG) are again hosting “town hall” meetings across the state. The meetings will follow-up on meetings held in October and offer a chance to share information with your peers. They also give Magellan the opportunity to hear your thoughts about our processes and interactions and give you the chance to propose ideas for development and change.

Scheduled dates and cities are:

- April 1: Omaha, 12:30 - 2:30 p.m.
- April 4: Grand Island, 10:00 a.m.- noon
- April 5: Scottsbluff, 12:30 - 2:30 p.m. (Mountain time)
- April 6: North Platte, 12:30 - 2:30 p.m.
- April 7: Kearney, 12:30 - 2:30 p.m.
- April 12: Norfolk, 12:30 - 2:30 p.m.
- April 20: Lincoln, 12:30 - 2:30 p.m.

Please watch your mail or check our website, [www.MagellanofNebraska.com](http://www.MagellanofNebraska.com), for further information and specific location details.

Trauma-Informed Care Provider Symposium on April 29

Magellan of Nebraska is hosting a provider symposium regarding trauma-informed care on April 29, from 9 a.m. to 5 p.m. Topics include Trauma Assessments and Screening, Men and Trauma, Children and Trauma, and Creating a Safe Environment for Individuals in Recovery. The symposium will be offered at several Nebraska telehealth locations across the state. We will send out registration information as the date approaches.

Restraint and Seclusion Quality Improvement Activity

Safety of youth and staff at residential facilities is a prime concern for Magellan and Nebraska Medicaid. As a patient safety project, the Nebraska Care Management Center is implementing a 2011 quality improvement activity to determine whether Magellan network residential treatment facilities, treatment group homes and enhanced treatment group homes have policies in place that meet CMS guidelines. Magellan requires contracted residential facilities to have annually revised policies on restraint and seclusion. These policies should include a mission statement and values for the safe and proper use of restraints and seclusion that follow federal regulations from CFR Title 42: Public Health; Part 482—Requirements for states and long term care facilities; Subpart G—Condition of Participation for the Use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21.
Another element of this project involves gathering the number of restraints, seclusions and injuries related to restraint or seclusion on a quarterly basis to provide baseline data.

These numbers are due as follows:

- First quarter: April 15, 2011
- Second quarter: July 15, 2011
- Third quarter: October 14, 2011

When baseline data have been established, we will focus on de-escalation techniques and alternatives to restraint and seclusion for Nebraska Medicaid youth. This emphasis on patient safety will help us work toward coercion-free residential treatment in Nebraska.

**Customer Service Corner**

**How and when to verify client eligibility**

As a reminder to providers, Medicaid recommends you verify client eligibility at each appointment (Provider Bulletin 09-17). This can be done several ways:

1. Call the Nebraska Medicaid Eligibility System (NMES) at 1-800-642-6092.
2. Call the Medicaid Inquiry line at 1-877-255-3092.
3. Set up an Internet account with HHS. To set up Internet access, call the Medicaid EDI help desk at 1-866-498-4357 (in Lincoln, call 402-471-9461), or use the link referenced in Provider Bulletin 09-17.

Any of these will provide you with the most accurate and current coverage. Magellan’s Customer Service department is happy to help if you have questions.

*Next month:* Integrated Product Contact Tracking (IPCT) is coming to Nebraska soon!

**CaseLogix Update**

In the December 2010 issue of *Magellan of Nebraska News and Updates*, we provided you with a description of CaseLogix. We are now looking at expanding this program from inpatient use to include partial hospitalization and IOP. Inpatient providers have provided many positive comments on how CaseLogix has improved their initial authorization process. We do not yet have a firm implementation date for partial hospitalization or IOP but will let providers know of the date as soon as we have it. A provider needs no preparation to be ready. Some authorizations will be accomplished by discussing the case with a customer service associate. Only cases requiring clinical review will be forwarded to a care manager.

**Magellan Individual Provider Re-Credentialing Information**

How often does Magellan re-credential providers? If you answered, “Once every three years,” you are correct! Individual providers may choose from three options to complete the re-credentialing process.

1. **Use the Council for Affordable Quality Healthcare (CAQH) database.** The CAQH offers a Universal Credentialing Data Source to help providers reduce the amount of administration and paperwork involved in credentialing. Magellan’s credentialing staff will attempt to retrieve your credentialing information from this website six months prior to the end of the three-year credentialing cycle. If your information is unavailable or incomplete, you will receive a warning letter and a request to complete the process as soon as possible. If you do
2. Submit a re-credentialing application via our provider website, www.MagellanofNebraska.com. The online re-credentialing application reflects your credentialing and demographic information currently in our system. You can review this information, make additions or changes in the specified areas on the screen and submit the application directly to Magellan.

3. Call the Magellan provider request mailbox at 1-800-458-2740, ext. 33365. Leave your name, state, mailing address or fax number, and state(s) for which you need to receive re-credentialing application(s). Documents will be mailed or faxed to you within three business days from the receipt of your voice message.

If you have any questions regarding the re-credentialing process, please contact Ruth Irons, our network coordinator, at 402-437-4268 or RHIrons@MagellanHealth.com.

New Adolescent Community-Based Services Approved

- **Epworth Village in York** is now offering a day treatment program for adolescent females, ages 12 through 18, who need a structured clinical program that integrates psychotherapeutic interventions with educational, other supportive mental health and substance abuse services. The program is available at a minimum of three hours a day, five days a week. For more information or to make a referral, please call 402-362-3353. Epworth Village continues to provide day treatment services for adolescent males.

- **Hill Counseling and Consulting in Omaha** is now approved to provide adolescent community treatment aid services for youth under the age of 20 who are diagnosed with a behavioral or mental health disorder that impairs their daily functioning in more than one area of their lives. For more information or to make a referral, please contact the group practice at 402-871-9979.

Medical Director’s Corner

*By Kathryn Kvederis, M.D., DFAPA*

Residential treatment programs for children and adolescents have been available since the 1940’s, and they continue to be part of the mental health treatment continuum today. Since that earlier time, when treatment options for children, and also for adults, were very limited, tremendous progress has been made in developing mental health treatments specifically for children and adolescents. Prior to the 1980’s, psychiatric medications were rarely prescribed for children and younger adolescents. Research also led to the development of highly effective family therapy models and short-term therapy models. As more people became interested in providing those therapies, trained practitioners became increasingly more available in most communities.

Despite a lack of evidence for its effectiveness for many children, approximately 50,000 children per year are admitted to residential treatment programs in this country. Formal research, interviews with parents of children treated in residential care and interviews with adults who were in treatment as children and adolescents have sought to identify both the reasons for residential care and which factors are associated with more successful outcomes. A few of the reasons given to explain continued use of residential treatments include the limited availability of child psychiatrists; the limited number of agencies providing intensive in-home family treatment using a multidisciplinary treatment team approach or using one of the evidence-based treatment models, such as Family-Focused Therapy or
Multi-Systemic Therapy; and, in some areas, insurance companies that don’t have sufficiently flexible coverage to pay for these non-traditional ways of providing services.

Since some children and adolescents may continue to require residential treatment at some point in their treatment and others will be treated in residential settings during this period when communities are still building safe and effective alternatives, which features of residential treatment have been identified as being likely to lead to better outcomes?

Successful outcomes are more likely in the following circumstances:

1. **Shorter length of stay.** Most of the gains that will be made in residential treatment occur during the first six months. Beyond that time, further significant improvement becomes much less likely, and the risks of becoming “institutionalized” become increasingly more serious.

2. **Family-centered treatment.** Medicaid of Nebraska requires that family therapy take place a minimum of twice per month. Treatment centers that provide weekly and, in some programs, twice weekly family therapy show better outcomes, shorter stays and much greater parent/family satisfaction with the overall treatment experience.

3. **Discharge planning starts immediately upon admission.** If there are barriers to the expected discharge plan, these need to be addressed as early in treatment as possible. If they cannot be resolved, an alternative plan can be developed as soon as possible. If the patient won’t return home at discharge, he or she will need time to adjust to the new arrangements, as well as to the “loss.” If this hasn’t been thoroughly processed before discharge, the child is left to cope with it at a time when he or she has fewer supports and greater stress.

4. **Community re-integration and aftercare.** Contact with the home school to minimize the effects on graduation credits, identify an accessible adult “transition support” at the school and to prep the child before discharge with the exact math chapter and reading assignments needed the first week back at school all take time but can greatly ease the transition to the classroom and decrease the risk of a “meltdown.” Providing specific locations, dates and times for church youth groups and AA and NA meetings and locating appropriate summer activities can make the difference for a successful transition.

A careful evaluation of the child’s aftercare treatment needs is essential for preventing readmission. The residential provider should make the first aftercare appointment prior to the patient’s discharge and should schedule it to take place within the first few days after discharge to ensure that support is readily available during this critical period of readjustment.

5. **Focus on the problems that require residential care.** Treatment plans must be individualized to the patient’s specific needs with goals that are achievable and realistic. For example, “horseplay” among peers is usually forbidden in residential settings because it can so easily escalate into a physical fight, but for a child with ADHD, it may not be realistic to require 30 days without horseplay as a requirement for discharge. Discharge goals should be identified at admission and should not be a constantly moving target.

Children and adolescents need to grow up in their communities, in the most family-like setting possible if their own family is not available. There is a plethora of research demonstrating that from infancy onward, “institutions” don’t offer the sustenance that children and adolescents need to grow developmentally and emotionally. When a child or adolescent has severe mental health problems, a temporary removal from home and community may be the best option. In those situations, a program that follows these research-supported guidelines will be more able to provide the necessary treatment benefits while minimizing the risks of negative consequences.
**Getting to Know Magellan’s Providers**

This space is dedicated to “spotlight” providers in Magellan’s network. Providers are welcome to share information such as details about celebrations, new and existing services, activities or staffing. **This month, we feature Lynn Beidick Recovery/Behavioral Health Services.**

Lynn Beideck, MA, LIMHP, LADC, LPC, in Lincoln offers adolescent intensive outpatient program (IOP) services for co-occurring disorders in a group setting. The adolescent group provides mental health group therapy with a strong component of substance abuse treatment. The group is the core part of initial treatment. Weekly family therapy is required, and all family members are strongly encouraged to participate and be involved. Group size is limited to assure quality of care. Lynn’s IOP co-occurring disorders groups address both mental health and substance abuse in a comprehensive treatment approach with continuity of care. This means that mental health and substance abuse needs are treated together by a clinician with full training in each of these areas.

The group meets Monday, Wednesday and Friday, from 4 to 7 p.m. The primary level of care is six weeks, and aftercare is individualized. Please contact Lynn at 402-560-9558 to make a referral or to schedule an appointment.

*If you would like your agency or practice to be included in this newsletter, please contact Teresa Danforth at TJDanforth@MagellanHealth.com by the 15th of the month.*

Magellan reserves the right to choose which articles are featured in its monthly newsletter and to edit, as needed.

**Magellan Employee Spotlight: Sara Thomas, LCSW, Care Manager**

This section of *News and Updates* features staff members from Magellan of Nebraska’s Care Management Center. **This month, we feature Sara Thomas, care manager.**

Sara Thomas began working for Magellan in August 2008. She was born and raised in central Nebraska and earned her bachelor’s degree in Social Work from the University of Nebraska at Kearney. She moved to Lincoln to do an internship at Cedars Youth Services and later pursued a graduate degree in Social Work at the University of Nebraska at Omaha, with an internship at Lincoln Regional Center. Sara and her daughter currently live in Lincoln and enjoy the environment and many opportunities Lincoln provides. Sara still considers central Nebraska “home” and makes frequent visits to family and friends in the Kearney area.

Sara is a licensed mental health practitioner (LMHP) and master social worker (MSW). She has worked in the human services field for more than 10 years, with the majority of that experience working with the child and adolescent population. Sara first worked as a direct care staff member at the I Believe in Me Ranch; she then moved to Developmental Services of Nebraska, Cedars and OMNI Behavioral Health. Sara also held a variety of positions, including volunteer member of the Buffalo County CASA board of directors, tracker, direct care worker, therapist and program director of Enhanced Treatment Group Home. Sara believes that she is very lucky to have these work and volunteer experiences and has been fortunate to have great teachers in the form of past employers and co-workers, all of which prepared her for her current position at Magellan.

Sara believes her current role as a care manager maximizes her work experience and offers her the opportunity to continue to serve clients and families in a different capacity. “This is a great place to work! I am very lucky to have a job where not only am I able to use my education and past work experiences, but I am constantly learning new things—not only from Magellan, but from providers and clients as well. I hope to be here a very long time.”