

# Outpatient Care Engagement

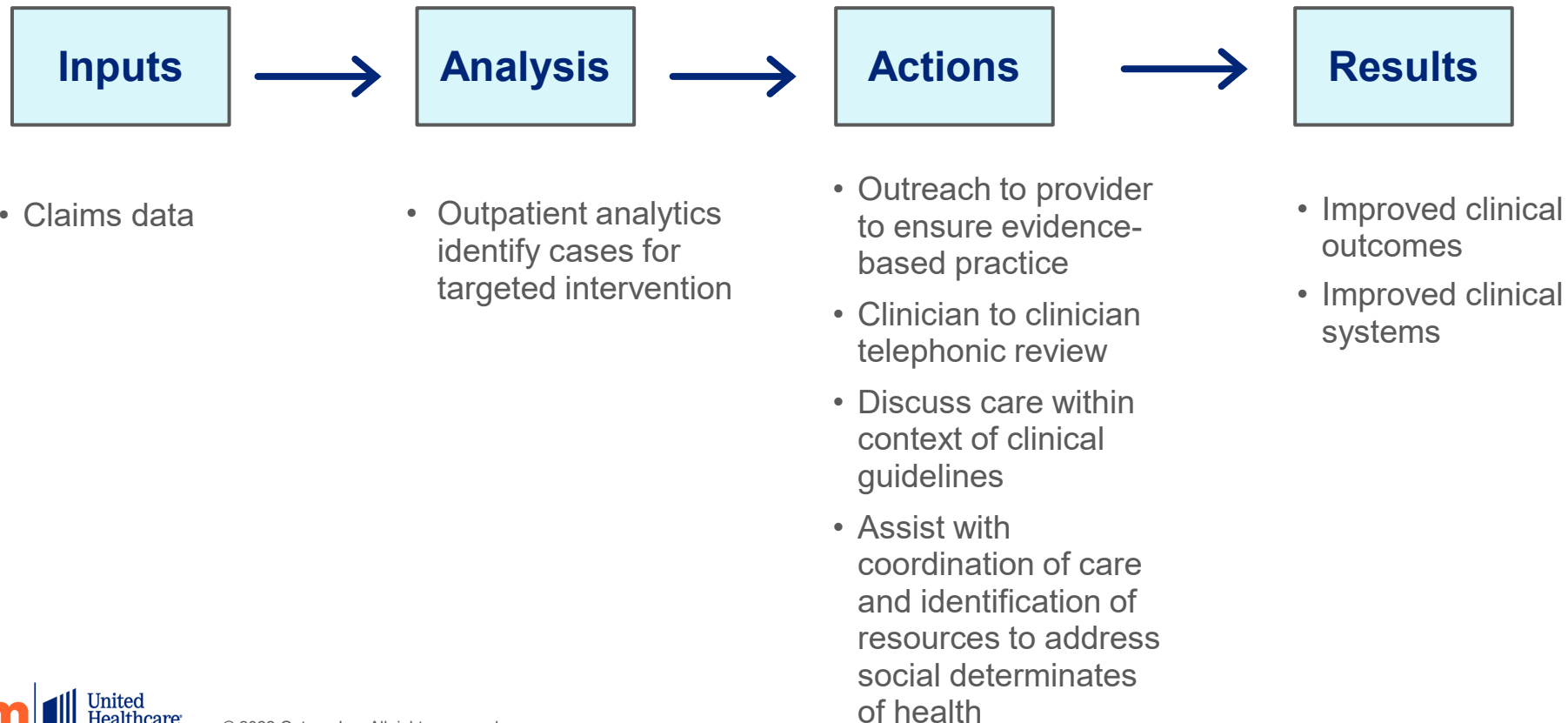
Nebraska Provider Training  
Nebraska Medicaid



# Outpatient Management

**In Scope Services:** Routine Outpatient Psychotherapy (Ind, Group, Family), Child-Parent Psychotherapy, Parent-Child Interaction Therapy

**The Process:** For Outpatient as well as home and community-based services, outpatient analytics enable targeted interventions at the case level.



# Outpatient review: key components

## Clinical Status of the Member

- Diagnosis
- Symptoms that support the diagnosis
- Degree of impairment that results from the symptoms
- Existence of risk issues
- Environmental Stressor
- Medical co-morbidity
- Social Determinates of Health
- Health Inequities

## Appropriateness of Treatment

- Length of treatment
- Frequency of sessions
- Type of therapy/treatment approach
- Nature of treatment goals
- Appropriateness of treatment goals for the stage of treatment
- Special Interventions used to achieve the treatment goals
- Incorporation of adjunctive treatments into the treatment plan
- Progress made in treatment
- Obstacles to progress
- Projected future course of treatment

# Medical Necessity: Care Advocacy Intervention Script

1. Authenticate Caller with caller's name and two pieces of member's personal identifying information
2. Discuss reason for call: "This call is part of the Optum Outpatient Care Engagement Program. As a part of managing this member's benefit plan, we contact you when our records indicate you have seen a client for outpatient mental health and we will need to do a clinical review in order to discuss the medical necessity of his/her continued care."
3. Clarify Current Mental Health Status
  - Presenting issue
  - Diagnosis and supporting symptoms
  - Risk issues including suicidal or homicidal concerns and substance abuse
  - Risk and/or history of higher level of care
4. Discuss Functional Impairments over Time (FIT); Not intended to ask every question. Use questions as applicable to the specific clinical story

Functional Impairment Over Time				
Functional Areas	Over Lifetime	Start of Episode/Treatment	Progress (Based on FIT)	Goal
Work/School	<ul style="list-style-type: none"> <li>• How long have they experienced these problems?</li> <li>• How old were they when they had their first problem in this area?</li> <li>• Has this ever been an issue in their past?</li> <li>• How do they usually function in this area?</li> <li>• Have there been times they were doing better?</li> <li>• When this happened in the past, what worked to get them back on track?</li> <li>• Have they ever received treatment for these issues?</li> </ul>	<ul style="list-style-type: none"> <li>• How were the symptoms impacting their &lt;functional area&gt; when they started treatment?</li> <li>• Were any issues at &lt;functional area&gt; the main reason they sought treatment?</li> <li>• Were they having any problems in the area of &lt;functional area&gt;?</li> <li>• Were there any changes in how they normally perform &lt;functional area&gt;?</li> <li>• Were there concerns from others around them?</li> <li>• What did the member identify as their concerns?</li> </ul>	<ul style="list-style-type: none"> <li>• How has it gotten better or changed?</li> <li>• How much has this increased or decreased?</li> <li>• How has the progress been? Any Set Backs?</li> <li>• How are they doing now?</li> <li>• Does the member feel like they have made progress?</li> <li>• What has helped them to make this progress?</li> <li>• What types of interventions have worked well?</li> <li>• Are they taking any medications that help?</li> <li>• How do they utilize their support system?</li> <li>• What types of skills are they learning?</li> </ul>	<ul style="list-style-type: none"> <li>• So what do you see as the outcome of treatment in terms of this issue?</li> <li>• What is the member hoping that will happen?</li> <li>• What will this look like at the end of treatment?</li> <li>• What do you anticipate the progress going forward?</li> <li>• How long to you anticipate this will take?</li> <li>• Have they ever received treatment for these issues?</li> </ul>
Social/Play				
Family/Relationships				
Activities of Daily Living				
Other				
Other				

5. Discuss provider's intervention plan including verification of best practices including:
  - Intervention type & modality
  - Community supports
  - Current medications and/or psychiatric consult

# Q&A

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