



VALUE BEHAVIORAL HEALTH  
*of* PENNSYLVANIA

A BEACON HEALTH OPTIONS COMPANY

## Alternative Treatment Services Monitoring

## Topics for Today's Presentation

- Monitoring of **Alternative Treatment Services**
- Procedures for Alternative Treatment Services Monitoring
- **Scope of the Self-Audit**
- Tool for each supplemental service
- Submission of the tool
- Basic Documentation Requirements

- **Alternative Services Monitoring**
  - New policy Alternative Services Monitoring
  - VBH-PA contracts with a Provider as a licensed facility to provide services in the home and community settings as an approved exception for members. Each county has provided support for the approval of the supplemental exception and has established specific rates in the county fee schedules.
  - VBH-PA has created a supplemental self-audit tool
  - VBH-PA will train Providers
  - The audits will occur in collaboration with County and Oversight partners as continuous reviews.

## Procedures for a New Service

- When a new service is brought into the network, the provider will complete an Alternative Treatment Services Form. This form lists the highlights found in a service description.
- Annually, all alternative treatment services providers will complete the template for the Annual Data Collection of Alternative Treatment Services.
- For programmatic or contractual enhancements, the Alternative Treatment Services Monitoring form will be completed by the Provider Field Coordinator. This will be given to the provider upon education of the program/contract details.
- The information gathered will become part of the provider's record on file at VBH-PA. This record is found in Network Connect under the client specific documentation. This will be entered by the Networks department or designee.
- Provider Relations will collaborate with the Clinical, Program Integrity, and Quality departments and will share this information when they conduct their monitoring visits.
- For supplemental services, the Program Integrity Department will review as requested by county/oversight on the annual Compliance and Program Integrity work plan.

# Annual Data Collection of Alternative Treatment Services that are Discretionary, Cost Effective Alternatives to Acute Levels of Care

- **Provider's Name:**
- **Review Year:** *example January 2015-January 2016*
- **Service Name and Physical Address of Service:**
- **Effective Date of Approval:**
- *Attach a copy of the approval letter with this submission, the effective date will be in the correspondence.*
- **Have you attached an Approval Letter?** Yes \_\_\_ No \_\_\_
- *If an approved service description was required, attach a copy of the service description approval letter and the approved service description.*
- **Have you attached Service Description?** Yes \_\_\_ No \_\_\_ N/A \_\_\_
- *If an approved service description was required, there can be no changes to the service delivery without a new submission for approval. If you are considering changes, please contact your Provider Field Coordinator.*
- **Provider Type/Specialty Code:** *example 11/184*
- **Value Behavioral Health of Pennsylvania Procedure Code:** *example H0047 HW*
- **Average Units of Service per Person in the Review Period:**
- **Average Length of Service:**
- **Information about Population Service in the Review Period:** *use the table below*
- **Demonstrate the program outcomes; describe if and how they met the expected outcomes**
- **Information about the clinical staffing patterns**

## **Procedure for submitting the form**

- Form is required to be completed **Annually**
- Submit completed form by **November 30<sup>th</sup> of the year**
- Submit form to **Provider Relations Department or Provider Field Coordinator**



# Scope of the Audit

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Audit Components	Objective	Specific Elements for the Audit Components
<p>Service Description Requirement Assessment</p>	<p>To review the framework &amp; administration of the Program according to the following</p> <ul style="list-style-type: none"> <li>➤ PA Regulations &amp; Requirements</li> <li>➤ Provider Service Descriptions</li> </ul>	<p>Documentation requirements:            Framework &amp; Administration:            Approved Service Description Components            Service Area &amp; Populations            Staffing Charts according to level of services:                Staff Credentials                Training                Supervision</p>
<p>Claims Billing Audit</p>	<p>To audit the documentation for claims paid for services according to the following:            PA PSR compliance            PA regulations &amp; requirements</p>	<p>Documentation requirements for Claims:</p> <ul style="list-style-type: none"> <li>• Units</li> <li>• Place of service</li> <li>• Type of service</li> <li>• Encounter verification (including date of service with start and stop times)</li> <li>• Clinical Documentation</li> </ul>



- **Service Description Components** – The Service Description Assessment verifies the framework that is responsible for providing and overseeing the supplemental exception services for the following components:
  - Service Area
  - Development of Service Description
  - Target Population and Services
  - Goals of Service
  - Description of Individualization of Youth and Family
  - Cultural and Ethical Concerns
  - Service Supports Child in the Community
  - Monitoring and Outcomes

- **Staff Requirements** – From the sample of 2 members for the Provider Audit Type, the VBH-PA Audit Team will review the staff documentation defined in the service description for the following elements:
  - Staff Credentials
  - Training
  - Supervision

- **Claims Billing Components** – The audit team performs a claims billing audit for the sample members of the Provider Audit Type. Audit to review documentation and medical records to ensure claims billed are accurate and complete.
- **Documentation Review** – The audit team will verify that all claims submitted have accurate and complete progress notes to support the claims billed.
- **Member Verification** – The audit team will verify the claims billed information with the actual members that received services according to PA PSR, Appendix F requirements.

- **Clinical Documentation Requirements (PA Code § 1101, Provider Responsibilities)**
  - Reason and goal for the encounter
  - Symptoms and Behaviors
  - Interventions related to the treatment plan
  - Next steps in treatment



# Alternative Treatment Services Self-Audit Tool

### **Compliance Audit**

Evaluates strength and thoroughness of compliance preparations.

### **Program Integrity Audit**

Evaluates strength and thoroughness of efforts to prevent, detect and correct Fraud and Abuse.

### **Provider Supplemental Self-Audit**

Evaluates strength and thoroughness of an approved service description and ongoing continuous review of the service description requirements

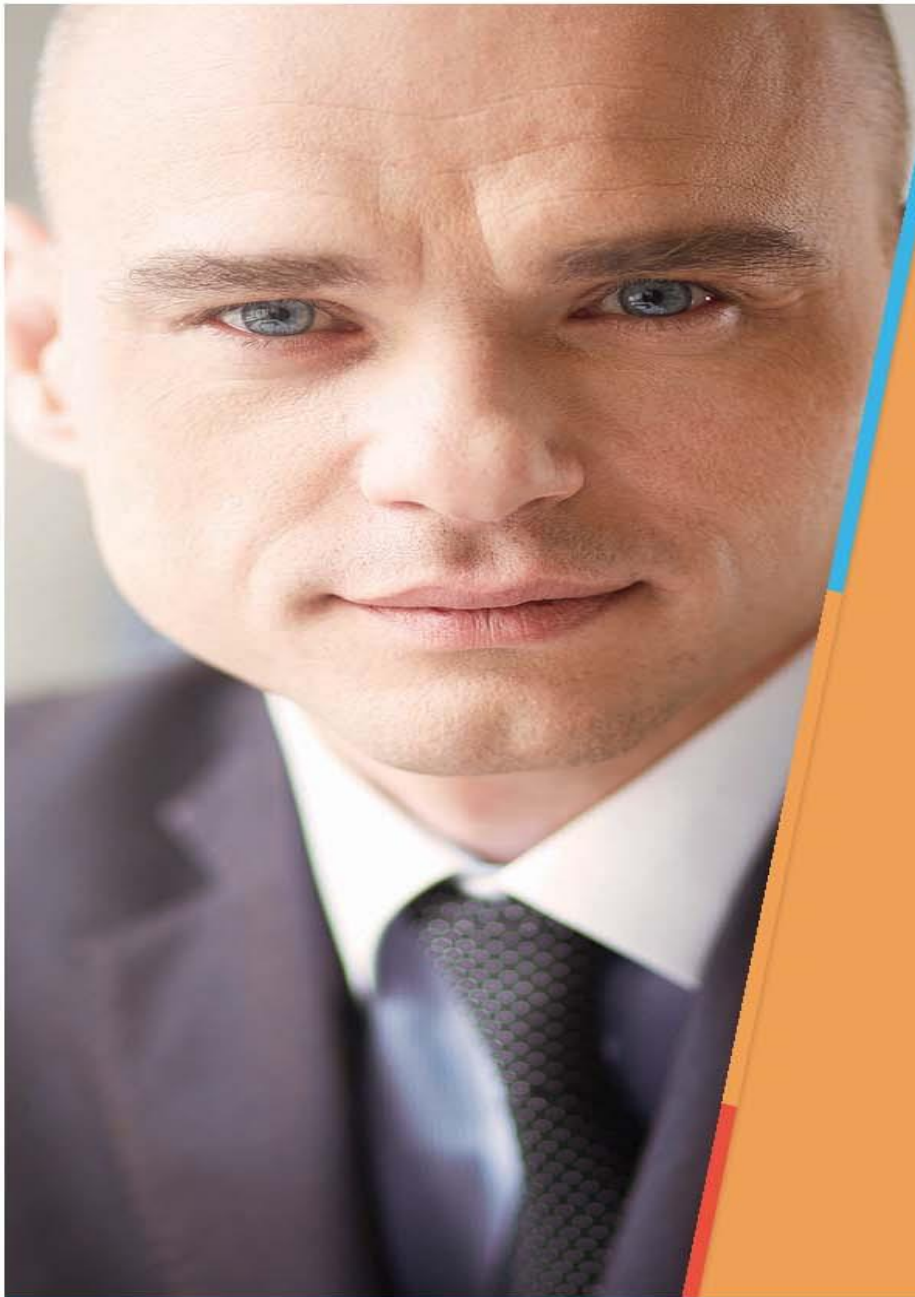
### Assess the need to:

- Detail or update all program integrity requirements & contract requirements
- Assess & prioritize gaps in compliance & develop action plans to remedy  
= document all efforts

## Alternative Treatment Services Audit Tool

- Individualize the SD Audit tool (areas highlighted in red) specific to your supplemental service description
- Complete components of the SD tool
- Add in any necessary elements to the SD tool
- Conduct chart review and SD tool completion concurrently. Answer all questions in the light blue area
- Conduct staff review and SD tool completion concurrently. Answer all questions in the light blue area
- Pull all corresponding documentation to support tool including progress notes/encounter forms for January 1<sup>st</sup> through June 30<sup>th</sup> and sign and return the attestation with the documentation
- Make necessary updates to approved Service Description if elements have changed





# Submission of the tool

- Tools and all supporting documentation with the signed attestation will be submitted to:

VBH-PA Program Integrity Department  
520 Pleasant Valley Road  
Trafford, PA 15085

or

Send secure email to [Jennifer.putt@beaconhealthoptions.com](mailto:Jennifer.putt@beaconhealthoptions.com)

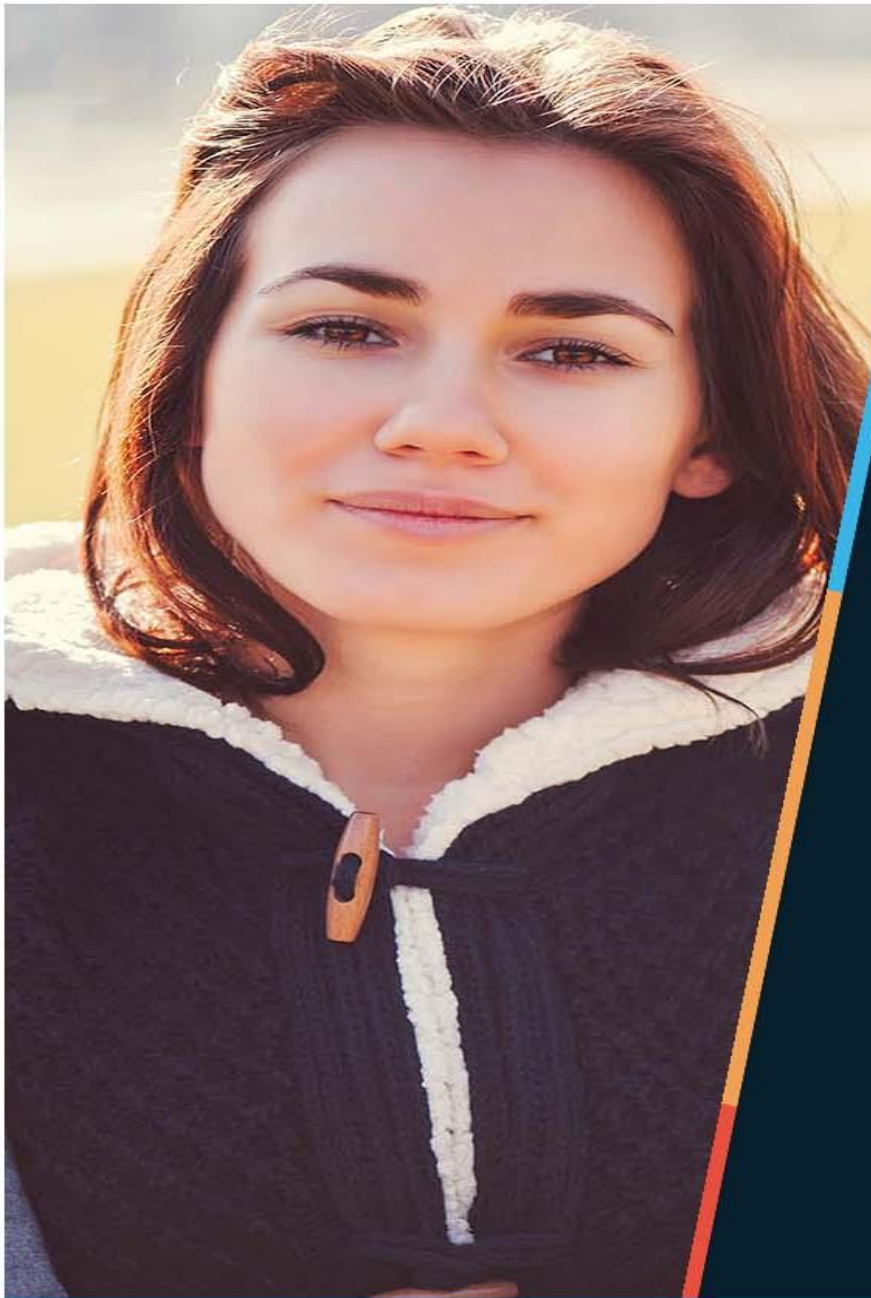
- Annual Submission date will be required no later than November 30<sup>th</sup>.

# How to Access Self-Audit Tool for Annual Submission

- Go to <http://www.vbh-pa.com/> and click on the services tab



The screenshot shows the website for Value Behavioral Health of Pennsylvania. The logo is in the top left, with the text "VALUE BEHAVIORAL HEALTH of PENNSYLVANIA" and "A BEACON HEALTH OPTIONS COMPANY" below it. The navigation menu includes "About", "Services" (circled in blue), "Members", "Providers", "Counties", and "Fraud/Abuse". Below the menu is a banner featuring a photograph of a smiling woman and a young girl. The banner text reads "About VBH of Pennsylvania" and "Value Behavioral Health of Pennsylvania specializes in mental and emotional well-being and recovery. We are a mission-driven company with a singular focus on behavioral health." A "LEARN MORE" button is positioned below the text. At the bottom of the banner are three buttons: "FOR PROVIDERS", "FOR MEMBERS", and "SPOTLIGHT TOPICS".



## Basic Documentation Requirements:

**“If it’s not documented, it didn’t happen.”**

## Purposes for Documentation

- Provides evidence services were provided
- Required to record pertinent facts, findings, & observations about an individual's medical history, treatment and outcomes
- Facilitates communication & continuity of care among counselors & other health care professionals involved in the member's care
- Facilitates accurate & timely claims review & payment
- Supports utilization review & quality of care evaluations
- Enables collection of data useful for research & education

# Basic Documentation Needs

- All billable activities must be dated and have a start & stop time
- All billable activities require member verification
- Service codes used in claims for payment must match codes used in charts
- Detailed progress notes for members
- Number of units billed must match number of units in documentation
- Full signatures with credentials & dates on all documentation
- Services provided/documented meet service definition for code billed
- Progress notes are legible and amendments clearly marked
- **Minimum Provider Documentation Standards for Payment**
  - <http://www.vbh-pa.com/fraud/pdfs/Treatment-Psychotherapy-Services.pdf>
  - <http://www.vbh-pa.com/fraud/pdfs/Therapeutic-Rehabilitation-Services.pdf>

- State regulations and/or disciplinary standards may also have an impact on documentation standards
- Be sure to check your state regulations and licensing standards for any additional requirements

**Jennifer Putt, CFE Manager of Program Integrity**

**724-744-6593 or [Jennifer.putt@beaconhealthoptions.com](mailto:Jennifer.putt@beaconhealthoptions.com)**

Questions?



# Thank you

