

V. SPN Policies & Procedures

A. Introduction

The State requires *ValueOptions* to have a Specialty Provider Network (SPN) to arrange for or provide intensive treatment and care management for adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED).

Individuals who are eligible for services through the SPN include the following:

- At the time of the NorthSTAR Program Implementation, individuals who were being treated by community mental health centers and who require multiple services or multiple agency involvement were initially assigned to the SPN.
- Individuals discharged from state psychiatric hospitals are also referred to the SPN when the need for specialty wrap-around services is indicated
- Through the intake and assessment process, *ValueOptions* identifies Enrollees needing specialty wrap-around services, and authorizes the Enrollee to receive these services through the SPN.

The SPN must arrange for Enrollee choice of providers to the extent possible.

B. ValueOptions' Criteria for SPN Providers

The following established criterion is used for selection of potential SPN providers:

- Previous experience and demonstrated ability to provide necessary services to target populations
- Ability to coordinate care and maintain accountability for service provision to SMI/SED enrollees, including:
 - Established referral relationships and written coordination agreements with behavioral health providers to ensure that enrollees can access medically necessary covered services in a timely manner
 - Referral relationships and written coordination agreements with local human service agencies to ensure that necessary support services are available and accessible for eligible enrollees
- Policies and procedures to ensure coordination between behavioral and physical health providers
- Ability to provide all Core SPN Services as identified above and to provide or arrange for all Coordinated SPN Services
- Policies, procedures, and sufficient staff to provide plan of care oversight, coordination of care, and case management services

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- Ability to accept referrals and ensure access to care within required time frames for routine, urgent, and emergent care
- Policies, procedures, and staff necessary to assist *ValueOptions* in managing the mental health commitment process
- Sufficient numbers of qualified staff to provide clinical assessments within required time frames for all eligible enrollees
- Functional Quality Management program, including policies and procedures for utilization review/utilization management
- Ability to maintain and report data, including enrollee and encounter data, within required time frames in a format acceptable to *ValueOptions*

C. Selection Process for *ValueOptions*' SPN Network

Providers who make separate application for SPN status will go through credentialing, evaluation, and assessment by *ValueOptions* to determine their capabilities. After careful review of their application and an on-site visit, the provider will be notified of their SPN status. *ValueOptions* uses State-approved selection criteria.

ValueOptions will continuously monitor and assess whether the network is adequate. If the decision is made to expand the SPN network, *ValueOptions* will solicit applications for this service.

D. Services to be Provided Directly by *ValueOptions* SPN

The services that we look to our SPN to provide directly include the following:

1. Clinical and financial assessment:

- Availability of licensed clinical staff and psychiatric staff 24 hours a day, seven days a week, to assist enrollees and potential enrollees with urgent and emergent service needs
- Assessment and coordination of care, including case management, wraparound, and ACT team or other intensive community support services for eligible enrollees
- Outreach and support services to individuals who are homeless or who are residing in local jails or juvenile detention centers
- Rehabilitation services as defined by the Resiliency and Disease Management Guidelines
- Psychiatric evaluation and medication monitoring
- Respite services

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E. Services to be Provided or Coordinated by ValueOptions SPN

ValueOptions' SPN Providers must have referral relationships and written agreements for coordination to ensure that consumers can access the medically necessary covered services for which they are eligible; in the event that they do not directly provide a covered medically necessary service. Services which must be provided by or made available through the SPN include:

- 24-hour mobile crisis intervention and assessment capability
- Acute inpatient stabilization
- Sub-acute inpatient stabilization
- Residential treatment, including crisis stabilization and intensive crisis residential services
- Therapeutic and treatment foster care
- Personal care homes/assisted living and adult foster care;
- Specialized rehabilitation services, including partial hospitalization, day treatment, and vocational services
- Supported housing
- Psychological evaluation
- Employment related services, including supported employment
- Needed substance abuse/chemical dependency treatment services for SPN enrollees
- Early intervention services for children 3 – 5 years old

F. ValueOptions' SPN Referral Process

At the time of initial referral for services, providers and *ValueOptions* ACCESS LINE clinicians perform a brief telephone screening to identify enrollees who may qualify for SPN assignment. These include individuals with histories or current signs and symptoms consistent with an SMI/SED designation, as well as other enrollees whose functioning and service needs are similar to those of defined target populations. Based on the telephone screening, such individuals are referred to an SPN provider for clinical and financial assessment. Individuals who do not appear to meet these criteria may be referred to either an SPN provider or an alternative network provider for assessment, depending on the needs and wishes of the individual.

If more than one SPN provider is available in the geographic area in which the individual lives, the individual is referred to the SPN provider most appropriate for his/her needs. If more than one SPN provider can meet the enrollee's needs, the enrollee is given a choice of providers.

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If an individual is assessed by a non-SPN provider and determined to meet criteria for assignment to an SPN, the intake provider will contact *ValueOptions* ACCESS LINE to notify them of the need for SPN assignment. The intake provider then works with the Enrollee and with the ACCESS LINE clinician to facilitate a successful referral to an appropriate SPN.

Enrollees who wish to change their assigned SPN may do so at any time by contacting ValueOptions ACCESS LINE at **1-888-800-6799**. If an alternative SPN is available and able to meet the enrollee's needs, the ACCESS LINE clinician facilitates the reassignment of the enrollee.

G. Oversight and Assistance for SPN Network Providers

1. SPN Coordinating Meetings

ValueOptions meets regularly with SPN providers, usually on a monthly basis. Policy changes, programmatic issues and other topics are routinely covered. The SPN providers are encouraged to actively participate in the meetings.

2. Daily SPN Oversight

The Provider Network Manager provides day-to-day oversight of the SPN network, including monitoring of all SPN performance against defined performance criteria. The Network Manager works closely with other senior management staff, including the Clinical Director, Quality Director, and Operations Officer in performing this daily oversight and monitoring.