

I. General Information

A. Introduction

Welcome to the *ValueOptions* Dallas Area NorthSTAR Program's Provider Network! As a network provider in the *ValueOptions* Dallas area NorthSTAR Program, you join a progressive program dedicated to providing quality care for all Dallas area NorthSTAR Program Enrollees. We thank you for your participation in our provider network, and we look forward to a long and rewarding relationship as we work together to provide responsive treatment to Dallas area NorthSTAR consumers.

We developed this Manual to answer your questions about *ValueOptions* and to explain how we assist with the coordination of the delivery of mental health and substance abuse care to covered individuals. The Manual begins with our history and goals, and describes our policies and procedures from referrals and authorizations to claims submission and problem resolution. We have also included a glossary of frequently used terms for your reference and copies of all necessary forms. Your adherence to these guidelines will assist you in obtaining timely service authorizations and claims reimbursement.

ValueOptions was chosen as the Behavioral Health Managed Care Organization for the Dallas area NorthSTAR Program, based upon our knowledge and successful experience serving public sector populations. We have been managing behavioral healthcare programs for publicly funded programs since 1989. Throughout this period, we have provided quality care to consumers requiring public assistance in:

- Florida
- Colorado
- Nebraska
- Massachusetts
- Puerto Rico
- New Mexico
- Pennsylvania
- Arizona

Our programs demonstrate our capabilities to effectively manage care for consumers with chronic and serious mental illness (SMI) and for children/adolescents with serious emotional disturbances (SED). Our consumer-focused program centers on achieving positive clinical outcomes based upon the principals of rehabilitation and recovery.

Since its inception, *ValueOptions* has led the nation in successfully managing directly contracted, publicly funded behavioral healthcare programs. Through partnerships with states, counties, regional agencies and provider organizations, we assure the delivery of quality behavioral healthcare services to more than 3.5 million consumers in the United States.

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Our values, principals, and consumer-focused mission drive our success. We collaborate with consumers, providers, and other stakeholders in a continuous quality improvement effort that uses data to drive positive outcomes, change, and innovation. We have found that our continuous quality improvement activities allow management resources to prioritize their focus for the most pressing issues and not on costly and unnecessary micro-management initiatives. These efforts have gained us outstanding success in our programs, as well as national recognition as the leader in public sector, managed behavioral healthcare. It is this passion and mission for caring for people that distinguishes us within the behavioral healthcare industry and allows us to build a successful partnership with the community, consumers and their families, providers, the State, and all program stakeholders.

B. Program Overview

1. Background and History of the NorthSTAR Program

Prior to the implementation of the Dallas area NorthSTAR Program, low-income persons needing mental health or substance abuse services accessed behavioral healthcare through three major publicly-funded avenues: the Texas Department of Mental Health and Mental Retardation (TDMHMR), now known as Department of State Health Services (DSHS), which includes the Texas Commission on Alcohol and Drug Abuse (TCADA), and Medicaid.

DSHS, the state mental health authority, utilized state, federal, and local funds to offer a range of intensive community-based services and inpatient hospitalization for adults with SMI and children with SED through contracts with community mental health centers, state-operated community services in rural areas, and psychiatric hospitals. DSHS served both medically indigent and Medicaid eligible individuals.

TCADA, the single state agency for substance abuse services, used state and federal funds to contract for a wide range of prevention, intervention, and treatment services for youth and adults throughout the state.

In the prior system, Medicaid paid for traditional acute care, outpatient and inpatient mental healthcare, and some services for chemically dependent persons whose income level of disability made them eligible. Medicaid clients with SMI received medically necessary Medicaid Rehabilitation and Targeted Case Management services through DSHS.

As the State agencies for mental health and substance abuse services, DSHS and TCADA will work as full partners in the development of all aspects of NorthSTAR, from development to implementation, operation and oversight. In formulating the NorthSTAR Program, the goals of the DSHS and TCADA (referred to collectively hereafter in this Manual as the “State”) were as follows:

- To provide increased access to behavioral health services

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- To integrate the publicly funded systems of mental health and substance abuse services by using Medicaid, state general revenue, and federal block grant funds to create a single, seamless system of public behavioral healthcare in which both substance abuse and mental health services are provided
- To improve consumer and provider satisfaction
- To improve cost effectiveness of behavioral health expenditures by increasing fiscal efficiencies
- To improve behavioral health outcomes
- To develop a more comprehensive array of services and supports, regardless of funding source by minimizing the historical separation of populations according to funding source

ValueOptions shares the guiding principals and goals of the State, and we have developed a program that ensures achievement of these goals. Described below is a brief description of these principals and our method of accomplishing these goals.

2. Dallas Area NorthSTAR Service Center

The *ValueOptions* NorthSTAR program is operated as a dedicated division of our Texas Service Center located in Coppell, Texas. This service center has been in operation since 1990. Of our 18 service centers nationwide, it is our second largest and serves nearly two million covered lives.

For the NorthSTAR program, we have developed an organization that integrates the Dallas Area NorthSTAR Authority (DANSA), consumers, family members, providers and advocates into our advisory structure. It is our commitment to achieve the stated goals of the NorthSTAR Program by providing meaningful involvement of consumers and family members.

Our tradition and operational history is based on the principal that care and services must be based locally. We recognize that each county within the NorthSTAR service area has unique care utilization patterns, demographic, cultural, ethnic, and service delivery characteristics that will require us to adapt our services to adequately meet local needs. We are also aware of and sensitive to the mixture of urban and rural areas within the service area.

The following NorthSTAR program functions are centralized at the NorthSTAR Service Center-Services for Enrollees and Providers:

- Clinical functions, such as ACCESS LINE screening and care reviews
- Development and management of the Provider network
- Quality Management
- Information Systems and support
- Reporting

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- Financial Management
- Provider and consumer customer service

3. Regional Offices

This section discusses our organizational structure and provides an overview of each operational area within our Dallas Area NorthSTAR Program.

The *ValueOptions* NorthSTAR Service Center is regionally located to work with network providers on a *local* level. Our Dallas Area NorthSTAR Service Center is located at the following address:

1199 South Beltline Road, Suite 100
Coppell, TX 75019

This location serves as the hub for our clinical and administrative activities. To streamline operations, *ValueOptions* delegates operational authority of our NorthSTAR Program to senior management staff located in Texas. This staff, our Service Center Vice President, our Vice President of Operations and our Medical Director are accountable for ensuring the smooth and well-run operations of the Dallas Area NorthSTAR Program. To further facilitate operations within Texas, we have structured our NorthSTAR Service Center into seven major operational and administrative areas. Each area reports directly to our Service Center Vice President or to our Vice President of Operations. We have highlighted the areas and the types of positions with whom Providers may interact in the text that follows:

4. Roles and Responsibilities

Service Center Vice President: Our Service Center Vice President works actively with the community, providers, Care Managers and our Behavioral Health Education Specialists in ensuring that appropriate protocols and procedures are developed to ensure the provision of intensive services to individuals with disabilities and/or chronic and complex behavioral health problems. The Service Center Vice President will also play an important role in communication and interface with providers and community organizations that work closely with this population.

Vice President of Operations: The Vice President of Operations, who reports to the Service Center Vice President, assumes overall accountability for the smooth operations of the NorthSTAR program, relationships with Consumers, Providers, and other important Stakeholders of the Program.

Medical Affairs: Our Medical Affairs are led by the Medical Director; a board-certified psychiatrist licensed within the State of Texas. The Medical Director plays an essential role in ensuring clinical protocols are developed and in assuring there is a smooth working relationship throughout our NorthSTAR Program. The Medical Director oversees all clinical care

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management processes through close associations and indirect reporting relationships with the Clinical Director and our Quality Management Department.

Network Management: The Network Management Department is responsible for all network development and management functions. The development functions include the assessment of service needs and the procurement of providers to fill those needs. The management functions include credentialing, training, technical assistance, and monitoring of the provider network. A vital function of the Network Management Department is to maintain regular communication with the *ValueOptions* provider network.

Enrollee and Provider Services: Our Enrollee and Provider Service Department ensures that consumers and their families receive the care and services they require through advocacy and development of additional community resources for consumers. These representatives also ensure that providers have a resource for questions they may have about the specifics of the NorthSTAR Program or our Claims Payment Practices.

- Our commitment to hiring consumers and family members and to providing a strong link for them to our program has led us to create **Peer and Family Advocates** positions. Our Advocates inform consumers and family members about the NorthSTAR plan, assist consumers and/or their families in obtaining the assistance and care they require, informally monitor consumer and family satisfaction with the plan, and work with the community on various consumer-empowerment initiatives. They can also assist consumers and/or their families during complaints, grievances, and appeals processes.
- Our **Behavioral Health Education Specialists** are responsible for informing and educating consumers and their families about the assistance available to them. They provide ongoing assistance and education to providers on *ValueOptions'* policies and procedures, behavioral health prevention, and wellness education. They also assist with the coordination of service efforts by ensuring ongoing and effective interagency agreement and communication.

Clinical Services: Our Clinical Services Department includes several types of licensed clinicians with whom both NorthSTAR Providers and Consumers interact. The Clinical Department is led by the Clinical Director and includes:

- Our **ACCESS LINE Clinicians** are available 24 hours a day, seven days a week to make referrals to appropriate community resources or to help Enrollees and Providers arrange for emergency, urgent and routine services.
- Our **Care Managers** assist providers and consumers in ensuring that all aspects of the consumer's care are being appropriately addressed and services within various levels of care are coordinated to meet the continuing needs of the consumer. They work with providers to assure the consumer receives the appropriate care in the least restrictive environment possible. It is important to note that our Care Managers are only able to authorize payment for treatment. They cannot, however, deny authorization for payment of services. Any denial of authorizations is handled by our Medical Director or our Peer

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Advisors, and the appeal process for Providers and Consumers is spelled out in detail in Section VI (Appeals, Complaints, and Grievances) of this Manual.

Quality Management: Our **Quality Management Team** identifies, tracks, monitors, and reports quality indicators to improve care and outcomes through continuous quality improvement initiatives. Using our quality management plan as a blueprint, we ensure that it is implemented throughout the organization as a comprehensive, integrated system to assess and evaluate care delivery, clinical outcomes, processes, cost-effectiveness, and to identify best practices. Our **Complaints and Grievance Coordinator** reports directly to our Program's Quality Manager. They function as a liaison for all Providers and Consumers in their concerns with our Program, and ensure that our Quality Management Program includes the action steps necessary to proactively resolve these issues.

C. The Role of DANSA, the Local Behavioral Health Authority

1. Function, Role, and Structure

The Dallas Area NorthSTAR Authority (DANSA) is the Local Behavioral Health Authority (LBHA) that has been designated by the State to ensure that local communities within the seven-county NorthSTAR Service Delivery Area are given a voice in the delivery of this publicly-funded program. DANSA represents both mental health and substance abuse issues and concerns. County Commissioners in the NorthSTAR service area appoint the board, whose membership includes community representatives for oversight of operations. DANSA is charged with developing mechanisms that ensure the concerns of consumers, family members, advocates, and taxpayers from each participating county are fairly and equitably represented. These mechanisms also ensure that persons who are knowledgeable and experienced in mental health and substance abuse issues advise DANSA when necessary.

The existing local mental health authority (LMHA) functions for the service area are consolidated in DANSA. This consolidation reduces the duplication of authority functions, thereby increasing efficiencies. DSHS designates this entity as the LMHA for the NorthSTAR service area; but, because it represents both mental health and substance abuse concerns, it conducts business as the LBHA.

In its role as an authority, DANSA remains independent of any conflicts of interest. For this reason, DANSA is not a provider (or a contractor) of treatment services, and does not subcontract with *ValueOptions*. DANSA only provides the specific authority functions designated by the State. At the discretion of the State, DANSA may also perform certain related functions (such as Single Portal Authority functions) for the State, or it may choose to delegate those functions to the managed behavioral health vendor.

Some of the functions the State delegated to DANSA include the following:

1. Policy Development

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Since DANSA is a local entity, it is in a unique position to understand the regional context in which services are delivered, and is able to rapidly identify, analyze, and respond to local issues affecting access and service delivery. DANSA serves as an advisory to the State in matters of policy and relays matters of community concern directly to the State for action, but has no direct control over the business functions of the State or of either of the managed behavioral health vendors.

DANSA works with the State and *ValueOptions* to identify problems of local concern and may propose solutions to the problems. When an issue of local concern arises, DANSA will work with the State to identify the source of the problem. If the problem has its origin in existing policy, DANSA will work in collaboration with the State to modify existing policy in order to correct the problem. If the problem has its origin in noncompliance, the State will take steps to ensure that *ValueOptions* comes into compliance with existing policy.

Through an information-sharing arrangement, the State and DANSA monitors the status of the service delivery system during each contracting cycle. Before each new contracting cycle, the State and DANSA evaluates the performance of the participating Contractor to determine the need for modifications to existing policy and contract language.

DANSA has standing committees to advise it on various behavioral health issues. These committees will include such entities as local councils on mental health and substance abuse, community management teams for the Children's Mental Health Plan, and other specialty committees.

- **Cooperation in Problem Identification/Resolution:** *ValueOptions* works closely and cooperatively with both DANSA and the State in order to identify problems of access and service delivery and to ensure continued compliance with all applicable laws, regulations and contractual requirements.
- **Liaison to Contractors and Local Communities:** DANSA provides a voice for the local community on matters pertaining to publicly funded managed behavioral healthcare. DANSA serves as a liaison between citizens of local communities and the managed behavioral health vendors serving those communities. If a problem, complaint, or issue of concern is raised by a consumer, family member, or other interested party with regard to access or services provided by a particular plan or provider that cannot be resolved through the *ValueOptions*' internal complaint processes, DANSA may work with *ValueOptions* to resolve the issue to the mutual satisfaction of all parties. When such resolution is not possible, DANSA may refer the matter to the State. (NOTE: This informal problem resolution process does not negate other avenues of appeal nor does it require an enrollee to delay the filing of formal complaints, appeals, or requests for Fair Hearings).
- **Coordination with Other Systems and Institutions:** NorthSTAR is well coordinated with other public systems and institutions in the community in order to ensure the early

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identification of need for services as well as the prompt delivery of services once a need for services is identified. DANSA performs:

- Critical coordination activities to help assure continuity of care for all persons in need of services including networking with community leaders and the plan
- Determine the most effective means of outreach and coordination of services
- Work with *ValueOptions* and community leaders to develop methods for the early identification of need and timely provision of services to vulnerable populations
- Address concerns expressed by community-based agencies relating to access, efficiency, and effectiveness of the NorthSTAR service delivery system

ValueOptions works closely with DANSA and the State to ensure that services are well coordinated with all local entities serving or having frequent contact with adults with SMI, children with SED, and individuals affected by substance abuse.

- **Monitoring and Oversight:** Consumers and family members who might be reticent to approach the State may respond more readily to local representatives who are empowered to address issues of access and service delivery. Local oversight can also facilitate early identification, and hence early correction, of problems that may arise in the service delivery system and provide customized, community-centered solutions to problems.

Although the State retains the primary responsibility of monitoring and oversight of the managed behavioral health vendor, DANSA conducts oversight activities, including the following:

- Establish and staff a hotline to provide information to enrollees, potential enrollees and providers and to identify problems with service access and delivery
- Work with the State to measure consumer and stakeholder satisfaction
- Measure the effectiveness of complaint resolution systems and efforts to improve the efficiency and effectiveness of the service delivery system.

ValueOptions cooperates with DANSA to establish an effective and efficient mechanism for the resolution of consumer complaints received by DANSA.

- **Single Portal Authority:** The Texas Administrative Code specifies that all mental health commitments pursuant to the Texas Health and Safety Code, Chapter 574, shall be made to the Single Portal Authority (SPA) or to the mental health facility that serves an area. *ValueOptions* will provide information as required by the SPA regarding the status, response to treatment and service utilization history of persons who are involuntarily committed to the SPA.

At its discretion, DSHS may designate DANSA as the SPA for the service area. In this role, DANSA would be responsible for the coordination of involuntary commitments in the service area. DANSA may, at the direction of the State, subcontract certain SPA functions to

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ValueOptions. DANSA provides oversight to ensure that enrollees who are involuntarily committed receive appropriate and cost-effective treatment.

- **Quality Improvement:** DANSA has a representative on *ValueOptions'* Quality Improvement (QI) Committee in matters pertaining to the NorthSTAR service region. In conjunction with the State, DANSA informs *ValueOptions* of any identified problems, complaints, or issues of local concern that relate to *ValueOptions'* performance. *ValueOptions* uses this information in its quality improvement efforts. The State uses this information in its regulatory oversight.
- **Additional Functions:** DANSA advises local governments regarding the utilization of local match funds for behavioral health services. It works closely with the Regional Advisory Committee in the NorthSTAR service area.
- **Opportunities for Public Input:** *ValueOptions* provides a variety of opportunities for consumers of public behavioral health services and their families to have meaningful involvement in the design, implementation, operation and oversight of NorthSTAR. Such activities are coordinated with DANSA.

2. Consumer Ombudsman Information

The State recognizes that persons with mental illness or substance abuse often have a greater degree of difficulty engaging the service delivery and appeals systems than do individuals in the broader population. To facilitate ease of access to these systems, DANSA will provide ombudsman services to enrollees.

DANSA's Ombudsman performs the following functions:

- Provide information to consumers about managed care
- Assist enrollees in filing grievances and appeals
- Assist in the resolution of consumer complaints
- Advocate for enrollees' interests and rights

The State requires *ValueOptions* to cooperate fully with DANSA's Ombudsman to design service delivery mechanisms, including special accommodations when needed to ensure individuals with mental illness, emotional disturbance or substance abuse, are empowered to effectively engage the service delivery system.

3. Address and Phone Number

DANSA
10056 Marsh Lane
Dallas, TX 75229

Toll free phone 1.877.653.6363
Local fax 214.366.9417

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D. Enrollment Broker

1. Overview

Maximus is the State's chosen Enrollment Broker for the NorthSTAR Medicaid consumers. Maximus will perform the enrollment process and submit enrollment information to each of NorthSTAR's physical and behavioral health vendors. The files provided to Maximus will include Medicaid and non-Medicaid eligible enrollees identified by the State as candidates for enrollment.

Maximus receives candidate information from two sources:

- Medicaid eligible candidate information from the State
- Non-Medicaid candidate information from the managed behavioral health vendor

Non-Medicaid residents, who present for services are clinically and financially assessed by *ValueOptions*.

Maximus
1-800-964-2777

2. Referral Contact Point

Established by *ValueOptions*, a 24-hour ACCESS LINE is maintained and staffed by licensed clinicians capable of performing clinical screening and provider referral services.

This telephone number is the clinical screening and provider referral contact point for the NorthSTAR Program.

NorthSTAR ACCESS LINE

1-888-800-6799

- If the caller is experiencing an emergency medical or behavioral health condition necessitating immediate response, our clinician will stop the interview and assist the caller in accessing emergency medical or behavioral health services.
- If the caller does not have indications of a behavioral health problem necessitating a clinical assessment, the caller will be referred to an external behavioral health resource (e.g., self-help group, etc).
- If the caller has indications of a behavioral health problem necessitating a clinical assessment, our clinician then queries the enrollment database to determine the caller's behavioral health plan enrollment status, and then takes one of the following courses of action:
 - If the caller is an enrollee in the NorthSTAR plan, our clinician will make a referral to a Network Provider

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- If the caller is not an enrollee in a NorthSTAR plan, our clinician will refer the client to an enrollment site for a financial assessment

3. Uniform and Financial Assessment

After a *ValueOptions* Network Provider assesses a consumer who has been referred by the *ValueOptions* ACCESS LINE, the Provider sends the results of the Financial and Uniform Assessment to *ValueOptions*. (Please refer to Section III for more information about this process). If the assessment results indicate no diagnosed need for behavioral healthcare, no further action occurs. If the client is not currently enrolled in NorthSTAR but may meet the financial criteria, the client is referred to a designated enrollment site for a financial assessment to determine whether or not the resident falls into one of the following three categories:

- The person is likely to be eligible for Medicaid coverage. If this is the case, the individual may be assisted with the Medicaid eligibility determination process.
- The person will be required to make co-payments in accordance with the State's family income based co-payment schedule. (Please note that the provider has the flexibility to work with the consumer on the payment of co-pays, and also has the option of billing the member if the individual cannot pay in full at the time of service).
- The person is not likely to be eligible for Medicaid coverage, and his/her income does not meet the threshold for co-payments. In this scenario, the provider would see the consumer and collect no co-payment.

Upon completion of the financial and uniform assessments, the provider submits the assessment forms to *ValueOptions* and requests authorization for the services needed by the Enrollee.

In an emergency, the health and safety of the member will be ensured first and the level of care and assessment duties can be completed at a later point in time.

Please note that individuals must receive the initial assessment and have a treatment plan developed to be considered an "active NorthSTAR user." Per the State's definition, an "active user" is an Enrollee who has received services within a specified time frame. Inactive users will be required to re-submit financial eligibility information.