

FBHPARTNERS SPECIFIC INFORMATION

FBHPartners is committed to three quality improvement initiatives in which providers must participate. The first is intended to increase access to psychiatrist's services in the BHO's five (5) county service area by facilitating referrals from network providers to the medical staff at Jefferson Center for Mental Health (JCMH) and The Mental Health Center Serving Boulder and Broomfield Counties (MHCBBC). The second, the LOCUS/CALOCUS rating, is intended to improve the consistency of level of care decisions in order to insure that members receive services that are appropriate and adequate for their needs. The third initiative is directed at improving the coordination of care between primary health care and behavioral health care, and consists of two initiatives to insure better coordination. These initiatives apply ONLY to FBHPartners members.

Improving Access to Psychiatric Services (addendum to Section 3):

FBHPartners (FBHP) has in place a procedure for network providers serving members who are eligible to FBHPartners that facilitates referral to psychiatric prescribers employed by JCMH and MHCBBC. When an FBHPartners' member requires a psychiatric/medication referral the provider should implement the following procedure:

- 1) Complete the Medication Evaluation Referral Form (MERF) found on the FBHP website at www.FBHPartners.com, Provider Section, Forms Section;
- 2) Ensure that the packet of information, as outlined on the MERF form, is complete and available; and
- 3) Fax the request form to the ValueOptions Service Center at 719-538-1439. ValueOptions and the serving community mental health center will facilitate the referral from there.

Standardizing Level of Care Decisions - LOCUS/CALOCUS Level of Care Instrument (addendum to Sec 4):

The FBHPartners UM Program uses the LOCUS (Level of Care Utilization System) and the CALOCUS (Child and Adolescent Level of Care Utilization System) instruments, completed by the provider, along with the provider assessment, to assist ValueOptions Clinical Care Managers in determining the Member's service needs. The LOCUS/CALOCUS must be completed by the provider according to the frequency indicated in the Matrix table provided below. Additional information on procedures for completing and submitting the LOCUS/CALOCUS, for ValueOptions network providers, can be found on the FBHPartners website at www.FBHPartners.com in the Provider Section or by logging on to Provider Connect. Providers also may call 1-866-245-1959 to speak directly with a Clinical Care Manager to submit the information as part of the authorization process.

The LOCUS instrument includes six assessment dimensions, with one of the scales containing two subscales. A total of seven ratings are completed for each client assessment. Each of the assessment parameters is rated on a scale of 1 to 5, with specific criteria defining each increment in the rating. The six dimensions are:

- ◆ Dimension I: Risk of harm to self or others, including potential for victimization or accidental harm
- ◆ Dimension II: Functional status in terms of the ability to function in age appropriate roles and perform the basic activities of daily living
- ◆ Dimension III: Co-morbidity of other disorders: medical conditions, substance abuse and psychiatric conditions
- ◆ Dimension IV: Recovery environment in terms of strengths/weaknesses of the family, neighborhood and community. This dimension has two subscales: A. Environmental stressors and B. Environmental supports
- ◆ Dimension V: Treatment & recovery history in terms of a history of successful use of treatment. Identifies the extent of recovery in response to prior treatment.
- ◆ Dimension VI: Engagement – identifies consumer’s degree of engagement.

The CALOCUS, designed for children and adolescents ages five to seventeen, includes six assessment dimensions, with two of the dimensions containing two subscales. A total of eight ratings are completed for each client assessment. Each of the assessment parameters is rated on a scale of 1 to 5, with specific criteria defining each increment in the rating. The six dimensions are:

- ◆ Dimension I: Risk of harm to self or others, including potential for victimization or accidental harm
- ◆ Dimension II: Functional status in terms of the ability to function in age appropriate roles, as well as the basic daily activities of daily living
- ◆ Dimension III: Co-morbidity of other disorders: developmental disability, medical, substance abuse and psychiatric
- ◆ Dimension IV: Recovery environment in terms of strengths/weaknesses of the family, neighborhood and community. This dimension has two subscales: A. Environmental stressors and B. Environmental supports
- ◆ Dimension V: Resiliency and treatment history, including the child or adolescent’s innate or constitutional emotional strength and capacity for successful adaptation. Measures high functioning and developmental progress

despite severe disorders or trauma. Also measures the extent to which the child or family favorably responded to past treatment.

- ◆ Dimension VI: Acceptance and Engagement - identifies consumer's degree of engagement. This dimension has two subscales: A. Child/Adolescent and B. Parents/Primary Caretaker. Measures the level of both the child or adolescent's and his/her family's acceptance and engagement.

The LOCUS/CALOCUS define six service levels of care to correlate with the individual assessment dimensions. The levels of care, defined by the LOCUS/CALOCUS, setting and services for each level, and LOCUS/CALOCUS assessment frequency are shown in the Matrix below. Assessment scores are translated from a set of ratings to a level of care recommendation, using the AACP Level of Care Determination Grid or algorithm .

Matrix: LOCUS/CALOCUS LEVELS OF CARE

LEVEL	CALOCUS/LOCUS	LEVEL OF CARE DEFINITION	SETTING/SERVICE	CALOCUS/LOCUS ASSESSMENT FREQUENCY
0	Basic Services/Prevention & Maintenance	Available to all Members including clients at all LOC	Wellness, Prevention, Housing only, Psycho-education	Not required
1	Recovery Maintenance/Health Management	Low intensity clinical services	Up to 25 individual therapy; 26 family or group; 24 units case management	At admission, every 12 months thereafter
2	Outpatient/Low intensity community based	Low intensity but more than Level 1 clinical services; routine outpatient	Same as Level 1	Same as Level 1
3	Intensive Outpatient/High Intensity community based	More intensive clinical services > one service/week for several hours	Home-based, FFT, MST, IDDT, Wraparound, Nursing facility support	At admission, 3 and 6 months after admission, 6 months thereafter

4	Intensive Integrated Service/non residential/medically monitored	Requires very intensive support and structure; daily contact	Day treatment (youth) Partial Hosp, ACT, Day Treatment (adult)	At admission, every 3 months, and at LOC transition
5	Non-Secure 24 hr medically monitored/medically monitored residential	Clients not currently able to live independently; 24 hr supervision	Residential facilities including PRTF or [T]RCCF; adult 24 hr residential	At admission PRTF & ATU like facilities - every month [T]RCCF & Long term facilities - every 3 months At LOC transition
6	Secure 24 hr Medically Managed/Medically managed residential	Clients may be dangerous to self or others; not able to care for self	Inpatient, Licensed ATU; 23-hr observation	At admission Youth and Adults at Private facility - weekly Adults State Facility - monthly At LOC transition

Coordination of Care with Primary Health Care:

EPSDT Screening (Addendum to Sec 7)

As part of the initial intake and assessment of all children and adolescents, the FBHPartners provider should request a Release of Information (ROI) to contact the Member's PCP or other Provider to obtain any results of an EPSDT screening. FBHPartners expects providers to consider the results of EPSDT screenings in assessing the need for mental health services. A confirmation that the EPSDT screening was requested and any responses, are documented in the client's medical record. After contact is established with the PCP, periodic status reports are shared with the physician. A collaborative approach is established and documented in the mental health treatment/service plan.

(Psychiatric Prescribers Only) Coordination of Psychiatric Medication Management with Physical Health Care Providers (Addendum to Sec 8)

The goal of this initiative is to promote coordination of care with the health care provider and to reduce the frequency of medication complications, errors, and unplanned drug interactions. FBHPartners requires that a specific letter to the PCP, from a psychiatric prescriber, is generated for all members receiving prescriber services. The letter includes the psychiatric medications prescribed, the member's diagnosis, and the prescribers' interest in collaborating with the PCP on the member's care. It also includes a request for reciprocal medication information from the PCP. The letter from the psychiatric prescriber is sent at the initial prescriber appointment and annually thereafter.