

# **Behavioral Health Provider Manual & Web Site User Guide Working Draft**



5/19/2010

- 1 - Draft revision: 3/15/2012**
- 2 - Draft Revision: 3/16/2012**
- 3- Revised 2-23-2012 adds**
- 4 – draft rev 5-23-2012**
- 5 – draft 18 Jul 2012**
- 6 -31 August 2012**
- 7 - 11 February 2013**
- 8 - Draft Revision 30 August 2013**

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**Nebraska Department of Health and Human Services  
Division of Behavioral Health  
Provider Handbook**

## **INTRODUCTION & OVERVIEW**

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Magellan Behavioral Health (Magellan) is contracted with the Nebraska Department of Health and Human Services (DHHS) Division of Behavioral Health as an Administrative Service Organization (ASO). The Division of Behavioral Health (DBH) contracts with Magellan for the following:

1. Registration and authorization of mental health, substance abuse, and gambling assistance program services for individuals meeting financial and clinical eligibility criteria;
2. Utilization management of mental health, and substance abuse, program services;
3. Data management and reporting for mental health and substance abuse and gambling services;
4. Training, consultation and public education.

This manual is designed to give providers contracted with the Division of Behavioral Health specific information on the administrative services provided by Magellan. Compliance with the procedures outlined in this provider handbook, and the Nebraska Department of Health and Human Services Division of Behavioral Health and Division of Medicaid and Long Term Care Adult Behavioral Health Service Definitions (aka "Yellowbook") is required for services that are reimbursed through the Division of Behavioral Health.

## SERVICE PHILOSOPHY

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Magellan is committed to endorsing and supporting in practice the overall philosophy of DHHS for the provision of treatment and rehabilitative services. Specifically the principles of family/consumer centered practice and community based, recovery oriented, developmentally and culturally appropriate services as well as trauma informed care. Additionally, Magellan is committed to the provision of treatment at the most appropriate, least restrictive level of care necessary to provide safe and effective treatment to meet the individual's clinical needs. We view the continuum of care as a fluid treatment pathway, where individuals may enter treatment at any level and be moved to more or less intensive settings or levels of care as their changing clinical needs dictate. Magellan believes in providing the right treatment, in the right amount, at the right location, for the right length of time.

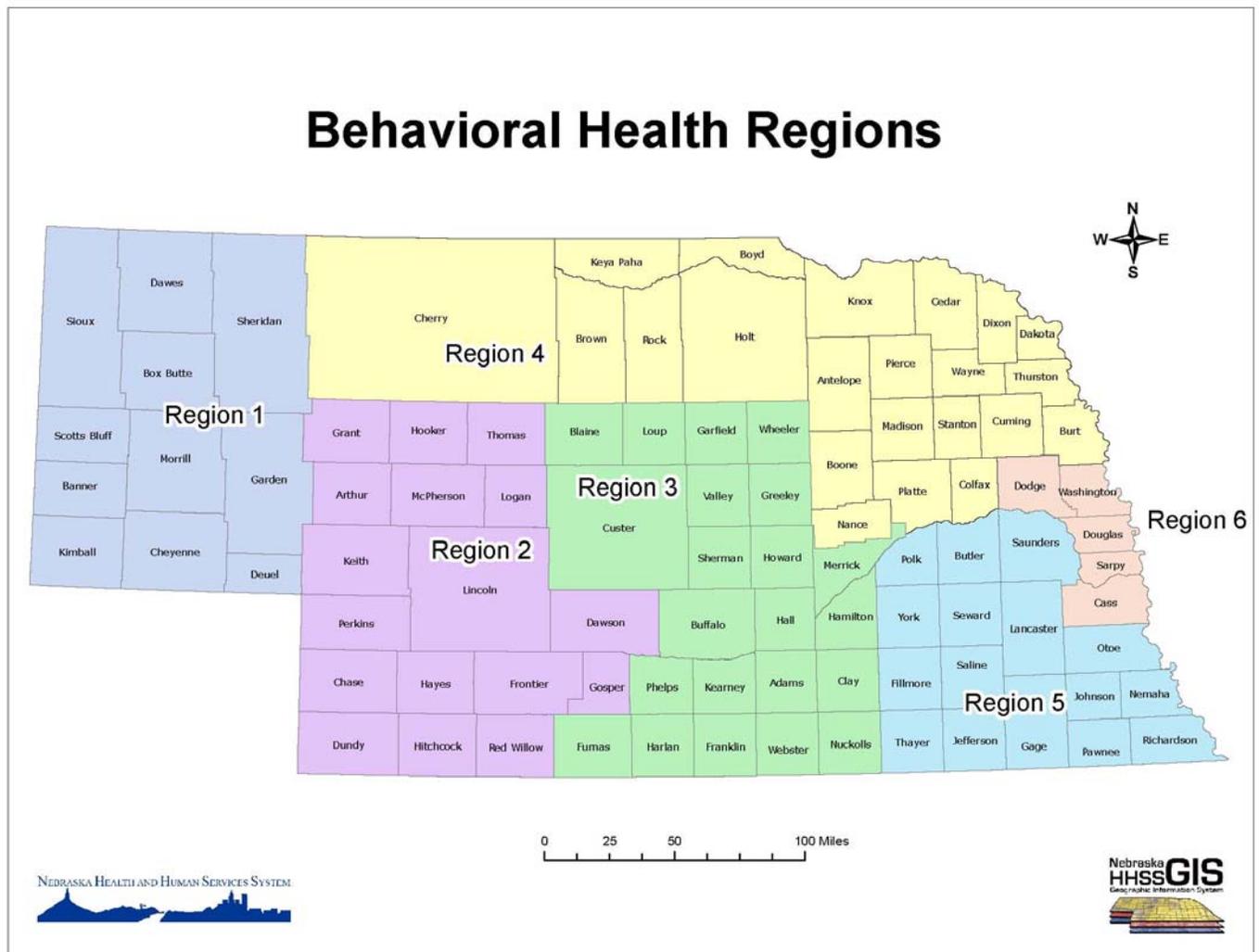
The Magellan Nebraska CMC (Care Management Center) is also committed to offering frequent training to providers across the state covering a variety of mental health and substance abuse related topics. Magellan has partnered with national experts in behavioral health recovery and resiliency to offer online recovery and resiliency trainings for consumers, family members, providers, and stakeholders. Available in English and Spanish, these trainings are free of charge and available to Nebraska consumers and providers through Magellan's web site [www.magellanhealth.com/training](http://www.magellanhealth.com/training) or <http://magellanofnebraska.com/library--training-ne.aspx>.

# REGIONAL BEHAVIORAL HEALTH NETWORK

The Nebraska Department of Health and Human Services, Division of Behavioral Health works closely with the six Regional Behavioral Health Authorities to operate the Behavioral Health Services system (map). Magellan Behavioral Health manages the process for registering and authorizing mental health and substance abuse services for each of the six regions. In order for providers to obtain authorizations/registrations from Magellan for these services, they must first be contracted with one or more of the six regions who perform provider approval for their respective provider networks. Magellan does not credential or contract providers for the behavioral health services network; however Magellan does maintain a provider database in order to administer the authorization/registration process. When a new provider is contracted with a Region, provider identifying information is given to Magellan by DHHS and the website login and password are created and communicated to the provider via e-mail.

The regions pay claims for contracted mental health and substance abuse services when the client meets clinical and financial eligibility for the service. Nebraska Medicaid pays claims for eligible consumers receiving Medicaid Rehabilitation Option (MRO) and Adult Substance Abuse (ASA) services through providers contracted with the regions (see Magellan Behavioral Health, Provider Handbook Supplement for the Nebraska Medicaid Managed Care Program & Nebraska Medical Assistance Program for details. This information can be located at:

[https://www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/ne\\_medicaid/neb\\_index.a.sp](https://www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/ne_medicaid/neb_index.a.sp).



## CONSUMER ELIGIBILITY

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Consumer eligibility to receive services through the Behavioral Health System is based upon two specific sets of criteria: clinical and financial. Each network program is required to have a sliding fee schedule. It is the network's responsibility to assess clients for financial eligibility as either a Nebraska Behavioral Health Network participant or through Medicaid Managed Care Program or Nebraska Medical Assistance Program. Magellan's utilization management process is used to determine clinical eligibility for the Nebraska Behavioral Health Network and/or Medicaid Managed Care Program. Individuals eligible for Medicaid Rehabilitation Option and Substance Abuse Waiver programs are eligible for reimbursement through the Medicaid Managed Care Program. Services to participants of the Nebraska Medical Assistance Program are done so as a direct payment to the provider without reviews conducted by Magellan.

## SERVICE DESCRIPTIONS

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The Behavioral Health Service Definitions and Clinical Guidelines are located on the web and include service descriptions for each Nebraska Behavioral Health adult authorized service. Medicaid and Long Term Care together with the Division of Behavioral Health and Magellan have agreed on common service definitions for a group of services known as MRO and SA Waiver services. These service definitions are contained in the "yellow book" that can be viewed on the same web page. Service descriptions are intended to describe what is being purchased as well as ensuring a quality standard. Providers must also follow other state and/or federal standards and regulations that may apply to the service they provide. The Division of Behavioral Health/Magellan approved Clinical Guidelines for each service are used by Magellan's clinicians to determine the clinical necessity of treatment for DSM-IV disorders. Pre-coded notes and clinical guidelines are summarized in Appendix A.

Each set of Clinical Guidelines is characterized by admission, continued stay, and discharge criteria. The continued stay of a patient at a particular level of care requires the continued stay criteria to be met. Magellan expects that active discharge planning begins at the point of admission and continues throughout the treatment course. The discharge guidelines reflect the circumstances under which an individual is able to transition to a less intensive level of care. The Clinical Guidelines were developed by Magellan medical and clinical staff, Nebraska DHHS medical and clinical staff, and clinical/medical consultants, national experts, internal experts in a particular subject area, standard clinical references, and guidelines from professional organizations. The Guidelines will be used to determine the safest, most effective and least restrictive level of care.

## SERVICE AUTHORIZATION AND REGISTRATION PROCESS

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For individuals who have been determined to meet the financial eligibility guidelines, all behavioral health services must be either registered or authorized. In both cases the process begins with the provider accessing Magellan’s website at <http://www.magellanprovider.com> using their assigned website login and password. It is the provider specific login that establishes the relationship between the provider, the consumer and the registration or authorization in the Magellan data system.

### Registered Services

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Registered services are transacted entirely on the Magellan provider website at [www.magellanprovider.com](http://www.magellanprovider.com). Providers log on to the website, select the registration type, and complete four screens of information. Within the third screen the service provided indicates the level of care to be registered; service choices are listed below.

**Chart of Registered Services for Nebraska Behavioral Health Service**

Assess/Eval Only – MH	Crisis I/P – Youth
Assess/Eval Only – SA	Day Support
Assess/Eval Only – Justice	Detox
CPC	EPC
Ch Day Treatment	Emer Psych Obs 23:59
Ch Halfway House	Emergency Comm Supp
Ch Home Based MST	Family Navigator
Ch IOP –SA	Int Case Mgmt / ICS – MH
Ch Med Management	Int Case Mgmt / ICS – SA
Ch O/P – MH	Medication Management
Ch O/P - SA	OpiodRplace - MethBup
Ch Ther Community	O/P Dual Dx
Ch Partial	O/P – MH
Ch Prof Part School	O/P – SA
Ch Prof Partners	Pre-Auth
Ch Yth Assess Only – MH	Psych Respite
Ch Yth Assess Only – SA	Psychological Testing
Ch Respite	Recovery Support
Crisis Assess/Eval – MH	Supported Employment
Crisis Stabilz/Tx	Supported Living
Crisis Assess LDAC – SA	

**Neither Authorized nor all Registered services are listed in either table.**

There are three types of services listed within the Nebraska Behavioral Health System: Registered, Authorized and “not included”. Regional Administrators have authority to develop new services based on the agencies local needs. Those developed services may not be included in the service listed in the accompanying charts of services. Also certain Medicaid-only services are not included within the NBHS service system as authorizations. Magellan care managers will assist agency personal in determining those services for which there is not a necessity to register/authorize within the Nebraska Behavioral Health System.

To continue on to complete an authorization, select - Pre-Auth. This is the name given to the link used by Magellan to begin the review for an authorized service. Once the Registration screens are complete, a Pre-Auth is sent to the Magellan Care Managers queue. Once in the queue the care managers work with the program to determine the client’s clinical eligibility for authorized services. Those authorized services are listed in the following section.

## Authorized Services and Concurrent Review

For authorized services (see list that follows) there is a two step process where the provider completes a “pre-authorization” at [www.magellanprovider.com](http://www.magellanprovider.com) in the same manner as they would a registration.

**Note:** The pre-authorization is an abbreviated form of the registration without the Mental Health clinical component. On the third screen, where the service choices appear, the provider must select “Pre-Auth”. The provider must then call Magellan and speak with a care manager who will review the applicable clinical information, determine if clinical criteria are met, and complete the service authorization (see Appendix A.5).

### Chart of Authorized Services for Nebraska Behavioral Health Service

Acute Inpatient	Community Support - SA	Halfway House – SA
Sub-Acute Inpatient	Day Rehabilitation	Dual Disorder Residential Tx
Psych Residential Rehab	Intensive Outpatient – MH	Day Treatment – MH
Assertive Community Tx	Intensive Outpatient – SA	Secure Residential
Assertive Comm Tx (Alt)	Short-term Res Tx – SA	Outpatient – <b>(Medicaid ASA Only)</b>
Community Support - MH	Therapeutic Comm - SA	Intermediate Residential – SA
IPPC – Day		
Note: SA = Substance Abuse ; MH = Mental Health IPPC – InPatient Post Commitment		

After the provider has completed the pre-authorization process on-line, and identified Pre-Auth in the drop down menu for service, the Magellan care manager reviews the case with the provider to establish whether or not the consumer meets the medical necessity criteria for the service requested. If a client meets the clinical requirements an authorization is provided for a specific number of units or time period. The care manager will request standard clinical information during the verbal utilization review with the provider (see Appendix A)

The Guidelines for speaking to a Magellan care manager for a mental health or substance abuse clinical review are given in Appendix A. This appendix is only a guide for the general types of questions necessary to be discussed for the care manager to make a determination of the clinical eligibility of the individual to services. These guidelines include ASAM (American Society of Addiction Medicine) levels of care and placement criteria.

Once all the clinical and demographic information is collected the Magellan care manager, working collaboratively with the provider, may make a decision to authorize the service for a specified period of time. If the care manager has questions regarding the clinical necessity for the requested level of care, Magellan’s Medical Director (psychiatrist) will be consulted to review the request. The Medical Director may authorized the requested service or non-authorize the requested service and offer an alternative level of care. Disagreements between the Magellan staff and providers are handled through the appeals process identified in Appendix B of these guidelines. The appeals process differs between the Division of Behavioral Health and Medicaid and Long Term Care. Both processes are presented in the Appendix B.

## USING THE MAGELLANPROVIDER.COM WEBSITE

### Technical Requirements

- Pentium 200 PC, 32 mb RAM or better.
- Internet Explorer (IE) browser Version 6.0 or higher; or Netscape browser Version 4.0 or higher. Based on internal design and testing the aforementioned browsers work best with this application. Other browsers such as Fire Fox, Chrome, etc., have had compatibility issues reported.
- Internet Access (Broad Band preferred).

### Login

To access the application:

- Go to <https://www.magellanprovider.com/>.
- Sign in with your secure User Name and Password (see screen shot below).
- Each entity requires a separate User Name and Password. Please keep the entity password secure to prevent unauthorized persons from accessing Nebraska information. Remember, this information is patient sensitive.
- Providers are allowed three (3) attempts to login correctly. **After 3 unsuccessful attempts, the login account will be locked.** Contact the Magellan Nebraska CMC to have the login account reset and a new password issued. Call Magellan staff at the number on the Problem Resolution Contact Sheet in Appendix C.

The screenshot shows the Magellan Health Services website interface for providers. At the top right, there are links for 'Sign In', 'FAQs', and 'About Us'. The main header features the Magellan logo with the tagline 'Getting Better All the Time'. Below the header is a navigation menu with links: 'Sign In', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar is located on the right side of the navigation menu. The main content area is divided into several sections. On the left, there are three circular icons representing 'I'm a MEMBER', 'I'm a PROVIDER', and 'I'm a CUSTOMER'. The central section contains a 'Provider Sign In' form with fields for 'User Name' and 'Password', a 'Remember Me' checkbox, and a 'Sign In' button. Red boxes and arrows highlight the 'User Name' field and the 'Sign In' button. A note states: 'Type the Login name in the 'User Name' field.' and 'Type the password in the 'Password' field, then click 'Sign In' button to access the site.' The page also lists 'Access Services' and 'Get Information' links. At the bottom, there is a maintenance notice: 'Please be advised that maintenance is performed every Thursday from 5:00 - 5:30 a.m. Central Time. During this time, the site may be briefly unavailable.'

Once a regional behavioral health authority contracts with a service provider, and/or is approved by the Division of Behavioral Health, Magellan is notified and a logon and password are established for the provider. Changes in providers are most numerous at the beginning of the state's fiscal year (July 1) although adjustments are made throughout the year.



## GENERAL NEBRASKA WEBSITE INFORMATION

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Click the Nebraska link on the left menu of the Welcome Page.

The screenshot shows the Magellan Health Services website interface. At the top, there is a navigation bar with links for 'Sign Out', 'FAQs', 'About Us', and 'Home'. Below this is a banner image featuring three people and the Magellan Health Services logo. A secondary navigation bar includes 'MyPractice', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar with a 'Go' button is located on the right. On the left, a 'My Practice' sidebar menu is visible, with 'My Authorizations' and 'My Profile' highlighted. The main content area displays 'Provider ABC' and 'Edit My Profile' link. Below this, it states 'You are viewing information for:' followed by a dropdown menu showing '100000018 ALCOHOLICS RESOCIALIZATION CONDITIO (586797000)'. A maintenance notice is present: 'Please be advised that maintenance is performed every Thursday from 5:00 - 5:30 a.m. Central Time. During this time, the site may be briefly unavailable. Data that has not been saved may be lost.' At the bottom of the main content area, there are two buttons: 'Clinical Guidelines ::' and 'My Practice ::'.

### Who should be entered into the Magellan Data System?

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- 1) Generally, the following types of service recipients are requested to be entered into the Magellan data system, although variations do occur at the request of the regional behavioral health authority:
- 2) All persons receiving services funded in whole or in part by The Division of Behavioral Health are either registered and/or authorized into Magellan data system.
- 3) Persons receiving services funded in whole or in part by State Medicaid are registered and/or authorized into Magellan data system.
- 4) Persons receiving services funded in whole or in part by Regional Behavioral Health Authorities may be registered and/or authorized into Magellan data system. Contact the Regional Behavioral Health Authority for instructions.
- 5) All persons who are solely paid for by private insurance, or self-pay may be registered into Magellan data system.

## Pre-Auth Choices

- 1) [New Registration](#) to begin a registration admission on a member.
- 2) [New Registration From Existing](#) to find an existing registration for a member that needs to be registered or pre-authorized for another service. This acts as a 'copy' feature.
- 3) [Edit Registration](#) to edit data for a member's registration – i.e.: last name, address, phone number, etc. Please note that an individual's SSN and date of admission cannot be changed by the user. In the event of an error complete a Behavioral Health Authorization Modification Request form found on the Magellan website
- 4) [New Discharge Summary](#) to discharge a member's registration.
- 5) [View Discharge Summary](#) to view a completed discharge. Please note: Once the member has been discharged, you will no longer be able to edit any data.
- 6) [TAD Reports](#) (Turn Around Document) will allow you to review registration and authorization data as well as enter unit of service information (encounter data).
- 7) [Auth Reports](#) will allow you to view authorization details including authorized treatment units by CPT codes, days authorized and the Medicaid authorization number for the Medicaid Rehabilitation Option (MRO) and Adult Substance Abuse (ASA) services authorized to Medicaid eligible consumers.
- 8) [Reports](#) provide consumer service data in summary and in detail by provider see Appendix D.

The screenshot displays the Magellan Health Services website interface. At the top, there is a navigation bar with links for 'Sign Out', 'FAQs', 'About Us', and 'Home'. Below this is a banner image featuring three people. The main navigation menu includes 'MyPractice', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar is located on the right side of the page. The 'My Practice' menu is expanded, showing a list of options: 'Nebraska', 'New Registration', 'New Registration From Existing', 'Edit Registration', 'New Discharge Summary', 'View Discharge Summary', 'TAD Reports', 'Auth Reports', and 'Reports'. A red box highlights the 'Nebraska (NBHS) Choices:' section, and a red arrow points from this box to the 'Nebraska' option in the menu. The 'Nebraska Applications' page is visible, providing information about applications for Nebraska public sector consumers and mentioning authorization reports and TAD reports.

## The Search Screen

Magellan provides a method of finding records through the search screen.

Sign Out | FAQs | About Us | Home

MyPractice :: Provider Network :: Providing Care :: Getting Paid :: Forms :: Education :: News & Publications ::

mpBase.v6.44.000 SEARCH  Go

**My Practice**

- ▶ Nebraska
  - New Registration
  - New Registration From Existing
  - Edit Registration
  - New Discharge Summary
  - View Discharge Summary
  - TAD Reports
  - Auth Reports
  - Reports

Nebraska :: Search Registration [Help?](#)

To find an existing case, use the following fields to narrow your search. The search will filter out any records which are not like the search parameters. If a parameter is left blank, then the results are not filtered on that parameter.

**Provider ABC**

**Search Registration**

**Search Parameters**

Last Name:  First Name:  Date of Birth:  31

Social Security Number:

**Search**

[Return to MyPractice Page](#)

This screen is similar for:

New Registrations,  
New Registration from Existing,  
Edit Registration,  
New Discharge Summary, and  
View Discharge Summary activities.

To see client records, enter the person's SSN or alien Identification number into the social security number search parameter. While there is a spot for last name, first name, and date of birth, social security number is the most reliable search criteria. Only the SSN need be entered to obtain all records for the individual if they have been seen at this agency before.

**Registration Does Not Exist:** If the Provider conducts a search and no results are returned, they will get a link at the bottom of the page that says "Registration does not exist. Please add new registration OR register client at another location." The Provider will need to add a new registration for this member by clicking on that link.

**Search**

[Return to MyPractice Page](#)

[Registration does not exist. Please add new registration OR register client at another location.](#)

Sample of a search screen showing multiple records.

**Registration Already Exists** - If the consumer already exists in the system, a link listing the consumer's name and service(s) will be displayed. The provider can click on the displayed name link and verify the information on the electronic registration form.

Security Number: 5081  Admission Date:  31

**Search**

[Return to MyPractice Page](#)

---

**6 Requests Found**

Name	Date of Birth	Social Security No.	Treatment Type	Admission Date	Discharge Date
		2151	Medication Managment		06/21/2011
		2151	Medication Managment		
		2151	Acute Psy Inpatient		11/14/2009
		2151	Acute Psy Inpatient		11/23/2009
		2151	Medication Managment		
		2151	Medication Managment		

---

**6 Requests Found**

*Each record of the above listing is numbered sequentially. In this case the individual has 6 records numbered from the top 1 – 6.*

To use:

New Registration from Existing,  
Edit Registration,  
New Discharge Summary, or  
View Discharge Summary activities,

Click on the record and complete the requested information.

## *Episode of Care, Admission, Annual Re-registration, Discharge, Transfer*

### ***Episode of care -***

A **treatment episode** is defined as the period of service between the beginning of a treatment service for a problem (admission) and the ending of services for the prescribed treatment plan (discharge).

### ***Admission -***

An **admission** is defined as the formal acceptance of a client into treatment. An admission has occurred if and only if the client begins treatment. Events such as initial screening, referral and wait-listing are considered to take place before the admission to treatment and are not reportable. For the Nebraska data system, assessment is considered a treatment event.

### ***Annual Re-Registration -***

**Annual Re-registration** is a concept developed to measure progress of individuals whose service stays extend beyond a single year. At or near the anniversary date of admission to the service, individual records are updated to measure progress toward the national outcome measures. Individual records are updated and classified by service type, diagnosis and other variable to report state, region or agency performance toward recovery as outlined in national outcome goals.

### ***Discharge -***

The treatment episode ends with the client being **discharged**, which is defined as the termination of services. The services may end for any reason (e.g. the client has completed the course of treatment, the client or the provider chooses not to continue the course of treatment, the client is unable to continue treatment).

### ***Transfer -***

The current Magellan data system does not contain **transfers**, but rather provides for admissions and discharges at each level of care. The concept of an episode of care is contained within the Magellan data system through linking services at a higher level than that of just a single provider. Transfers become important in analysis of the National Outcome Measures, as data is analyzed by classes of individuals and across service types.

## NEW WEB REGISTRATION PAGE (1):

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The next section will provide guidance on the many variables and responses required for registration and authorization to the Magellan data system for all clients. Definitions are included in this section or in appendices. If there are questions about the meaning or intent of a variable or its response, users are encouraged to ask the regional behavioral health authority for clarification at provider or quality assurance meetings. Where additional guidance is required, regional behavioral health authorities will seek clarification from the Magellan Quality Improvement Team (MQIT). MQIT is comprised of representatives of Magellan, State Division of Behavioral Health, State Division of Medicaid and Long Term Care, Regions, and agencies having service contracts with the Divisions or regions. A complete list of variables and responses is given in Appendix J and may be used by users of the data system as a paper based data gathering instrument.

After selecting the "Registration does not exist" link, the provider will be taken to the first page of the four page registration to enter the required data to start a case with Magellan. The first page will ask the provider to complete the following sections:

If the provider is certain the client does exist in the system click on the New from Existing Link and enter the SSN. Select a record and check all of the information contained in the four pages of the web site. Use these pages as a guide for definitions and selection criteria, make changes as necessary, select the service to be registered and save the record.

A note about care and feeding of the Magellan Data System:

SOCIAL SECURITY NUMBER: Once entered and saved a Social Security Number **cannot** be easily changed. A formal change request is required to modify or correct a member SSN. Please be careful and check your work to make sure you have the correct SSN entered. If you do make a mistake and identify the error afterward complete a Behavioral Health Authorization Modification Request form identifying the error.

DATE OF ADMISSION: Date of admission is a critical linking tool for registrations and the national outcome records. Please be careful and check your work to make sure you have the correct admission or re-registration date. If you do make a mistake and identify the error afterward complete a Behavioral Health Authorization Modification Request form identifying the error. If you are uncertain, call Magellan before making any changes.

All other data elements: All other data elements contained in the registration can be edited by the agency. Only Date of Admission and Social Security Number cannot be edited. Once saved, you can edit a registration by using the Edit Registration option. Once saved there is no edit to the discharge record.

## Demographic Information

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This section contains consumer identifying information and includes the fields listed below and as illustrated in the screen shots that follows. Agency staff are encouraged to use documentation such as drivers/identification cards, social security card, INS cards, birth certificates, baptismal certificates, etc. to verify an individual's identity. Original documents are not necessary but preferred.

**Please note:** Data that requires the use of a "Drop Down Box" have the available choices reflected in the boxed figures under each data element.

**First Name** - Must be at least two characters in length. Persons who have fewer than two characters in their name will require an additional alpha character.

**Middle Initial (Optional field)** - please complete if known

**Last Name** - must be at least two characters in length. Persons who have fewer than two characters in their name will require an additional alpha character.

**Suffix (Jr., Sr., III, etc.)** - This could be important in defining generational identifiers and maintaining confidentiality

**Previous Last/Maiden Name** - identify any names the person may also be known as.

**Address (Street, City, State, & Zip)** - For consumers that are homeless persons and others with no permanent address enter '**No Permanent Address**' in the Street field and complete the City and Zip Code based on the current service location. Please do not use an agency address as the address of record for any service recipients.

**Phone Number** - This field is auto-formatted.

- (If unknown, use area code of the service agency plus 999-9999).
- Do not use parenthesis around the area code or dashes between the numbers these are automatically populated on the record as you enter the data.

**Type of Phone (cell phone/land line/unknown)** - For use in consumer research activities, indicate whether the phone number is a land line or cell phone or unknown. Please ask as consumer research protocol differ for land and cell lines

**Social Security Number** - Enter the consumer's nine digit social security number. If the consumer is a qualified alien and does not have an SSN, enter the person's Alien ID number with sufficient zeros at the end to make it a nine digit number (to the right) I. e. 1234567 is recorded as 123456700.

- Illegal aliens accessing the emergency service system are to be recorded as 888 plus the persons birth date (i.e. May 25, 1954 = 888-05-2554). E-BHIN participants follow your directions.
- The use of a single digit across all 9 digits of the SSN is discouraged (i.e. 777 77 7777). Make attempt to find a SSN for the individual.
- Social Security Number is used to enumerate individuals at the state level. Where possible, please use documentation to confirm SSN. Date of Birth, Name, Social Security Number and Gender are used to establish individuals within the system. Agency staff are encouraged to use documentation such as drivers/identification cards, social security card, INS cards, birth certificates, baptismal certificates, etc. to verify an individual's identity. Original documents are not necessary but preferred.

**US Citizen (Yes/No)** - With the exception of emergency services, services may be provided only to persons who are in the United States legally. The Immigration and Naturalization Service (INS) operates a web site designed to identify a persons' legal status. The SAVE program is to be used by each program as appropriate to verify legal status.

- **Yes** - citizen attestation has been completed and person has been found to be legally in the United States.
- **No** - Qualified alien status has not been determine or individual may not be legally in the United States.

**Demographic Information**

First Name:  Middle Initial:  Last Name:

Suffix (Jr., Sr., III, etc.):  Previous Last/Maiden Name:

Address 1:  Address 2:

City:  State:  ZIP Code:

Phone:  Social Security Number:

Type of Phone:  Cell Phone  Land Line  Unknown

US Citizen:  Yes  No

**US Citizen 'Yes' field:**

Has citizenship attestation been completed?

**US Citizen 'No' Field:**

Services may only be provided for individuals who have been verified through SAVE to be qualified aliens. Has individual's qualified alien status been verified through SAVE and signed attestation for qualified alien status? (NOT required for Emergency Services)

**Marital Status** - Select the one best choice of the consumer's marital status from the drop down menu:

<b>Cohabiting</b> – Individuals who are living together and having no marital relationship but who through roles and maintenance of responsibilities typically associated with marriage maintain an association similar to marriage, but where there is not legally recognized marriage.	<b>Never Married</b> – includes those individuals whose marriage has been annulled.
<b>Divorced</b> – having been married and now having a decree of divorce and having no subsequent marriage.	<b>Separated</b> – includes those separated legally or otherwise absent from spouse because of marital discord.
<b>Married</b> – includes those who are living together in a officially recognized marital relationship.	<b>Widowed</b> – Having been married and experiencing the death of the marital partner without any further marriage.

**Race** - Select the consumer's race from the choices below (Check all that apply). A person may identify with more than one race, select all that apply. These are federal definitions.

<b>American Indian</b> – origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment .	<b>Native Hawaiian</b> - Persons who's origin is in any of the original peoples of Hawaii.
<b>Asian</b> – Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Island, Thailand and Vietnam.	<b>Other Pacific Islander</b> – Origins in the pacific islands of Guam, Samoa or other Polynesian islands.
<b>Alaska Native</b> – Origins of any of the original people of Alaska.	<b>White</b> – (Caucasian) Origins in any of the original people of Europe, North Africa or the Middle East.
<b>Black American</b> – (Negro) Origins in any of the black racial groups of Africa.	

**Ethnicity** - Select the consumer's single ethnicity from the drop down menu – persons with multiple Hispanic origins should be asked the ethnicity with which they most closely associate.

<b>Cuban</b> – Of Cuban origin regardless of race.	<b>Other Specific Hispanic</b> – Hispanic but specific origin not known or specified.
<b>Hispanic</b> (Specific Origin Unknown)	<b>Puerto Rican</b> – Of Puerto Rican origin regardless of race.
<b>Mexican</b> – Of Mexican origin regardless of race.	<b>Unknown</b>
<b>Not of Hispanic Origin</b> -	

**Preferred Language** - Select the consumer's preferred language from the drop down menu:

Arabic	Italian	NA Umohon
Chinese	Japanese	Neur
English	Korean	Portuguese
Farsi	Laotian	Russian
French	NA Dakota	Sign Language
German	NA Ho-Chunk	Spanish
Hebrew	NA Lakota	Tagalog
Hindi	NA Ponca	Vietnamese
NA names of Native American languages found in Nebraska.		

**Marital Status:**

**Race: (Select all that apply)**

American Indian

Native Hawaiian

Asian

Alaska Native

Oth Pacific Islander

Black American

White

**Ethnicity:**

**Preferred Language:**

**Gender (Male/Female)** - Select the consumer's gender with the radio buttons. Individuals who are Transgender, questioning or otherwise are asked to be recorded as their preferred gender.

**Veteran Status (Yes/No)** - Select the consumer's veteran status with the radio buttons. A "civilian veteran" is a person 18 years old or over who has served (even for a short time), but is not now serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the U.S. Merchant Marine during World War II. People who served in the National Guard or military Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians 16 years old and over are classified as nonveterans. (Source: [http://factfinder.census.gov/home/en/epss/glossary\\_v.html](http://factfinder.census.gov/home/en/epss/glossary_v.html)).

**Disability (select all that apply)** - Select the consumer's disability status from the multi-select boxes. Checking one of more boxes signifies observed [consumer] disabilities.

**Disability: ?**

Developmental Disabilites/Mental Retardation

Non-Ambulation or Major Difficulties in Ambulation

Blindness or Severe Visual Impairment

Deaf

Non-Developmental Retardation

No Observed Disabilities

Non-Ambulation

Blindnes

Deafnes

Non-Use

No Obse

**Disability ?**

Checking one or more boxes signifies observed [consumer] disabilities.

Height and Weight - Indicate the height and weight using the drop down boxes for height. Weight is a free form text for entry of weight in pounds (lbs.). If the information is not available, use a height of 9 feet 9 inches and a weight of 999 pounds.

Height: Feet

Inches

Weight:

### Admission Information

Trauma History:  Yes  No  Unknown

**Admission Information:** This section obtains additional client information related to the consumer's admission.

## Trauma History/Experienced

In order to support Trauma Informed Care the consumer's experience with trauma is to be evaluated. If the Provider clicks 'Yes' to the Trauma History field, an accordion view of several Trauma types will display. Providers then are to enter at least one type of trauma the consumer reports experiencing, as well as when it occurred i.e., either as a Child or as an Adult. Any traumas not reported by the consumer are entered as "No". The default setting on all trauma types is no, so click on the adult or child box or both for the type of trauma experienced to move the check mark.

**Admission Information**

**Trauma History:**  Yes  No  Unknown

Trauma	Adult	Child	No
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Witness to Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim/Witness to Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim of Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Serious Accident/Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Assault/Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Threatening Medical Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Traumatic Loss of a Loved One	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim of a Terrorist Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
War/Political Violence/Torture	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disasters (Tornado/Earthquake)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sanctuary Trauma (Trauma While Institutionalized)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prostitution/Sex Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Date of Birth** - Enter in the format MM/DD/YYYY. Double check the date entered to insure accuracy. Date of birth is used to enumerate individuals at the state level. Where possible, please use documentation to confirm date of birth. Date of Birth, Name, Social Security Number and Gender are used to establish individuals within the system. Care should be taken to use a verifiable document to establish the persons' identity.

**Age at Admission** - This field is auto-calculated based on birth date entered and today's date. (Provider only needs to "tab" over to this field for the age to be auto-calculated).

**County of Residence** - Select the County from the drop down menu that is the consumer's County of Permanent Residence.

- **NOTE:** This is basically the answer to the question, "Where do you live?" This is the Name of the County where the consumer has established residency within the State of Nebraska. In general, it is the county where the person has established his or her permanent and principal home, and to which, whenever he or she is absent, he or she has the intention of returning.
- It is officially the "county of residence" if the person has resided one year continuously in that county. If the person has resided one year continuously within the state, but not in any one county, then he/she's county of legal residence is in the county in which he or she has resided six months continuously. (Neb. Rev. Stat. §68-115 – Legal settlement, defined)
- If "County of Residence" at Admission is UNKNOWN, the default reporting is the same as "County of Admission".
- If a person is homeless at Admission, the default reporting is the same as "County of Admission".

**County of Admission** - Select the County from the drop down menu that is the County where the program the consumer is admitted to is located.

<b>Date of Birth:</b> <input type="text" value="02/04/1926"/>	<b>Age at Admission:</b> <input type="text" value="82"/>
<b>County of Residence:</b> <input type="text" value="Clay"/>	<b>County of Admission:</b> <input type="text" value="Clay"/>

## Financial Information

This section obtains financial information related to the consumer and contains the following fields (this information may support a means test but is not to be used solely for means testing).

**Number of Dependents** – Enter the number of dependents including the consumer. A dependent is defined as any person married or cohabitating with the consumer or any child under the age of 19 who depends on the consumer’s income for food, shelter, and care. Dependents may include parents, grandparents, or adult children.

- If there is no one dependent upon the consumer’s income other than the consumer then enter one (1).
- If the consumer is a child and is dependent upon others for support then enter zero (0).
- If the consumer is in a “cohabitating” relationship and does not rely on the support of the other individual(s) of the relationship and has no other source of support then enter one (1).

**Annual Gross Income (nearest \$1,000)** - Enter the household annual gross income rounded to the nearest one thousand dollars (\$1,000). **Do not enter decimals, commas, or dollar signs** (e.g. **No** income becomes 0; \$1350 becomes 1000; \$58,342 becomes 58000; or \$4,365 is 4000; \$4,501 is 5000; \$125,986 is 126000).

- Income for this purpose is defined as alimony, wages, tips, or other money the consumer and other adult dependents received *for a good or services* whether legal or illegal. This information can be obtained by reviewing paycheck records, applications for other public assistance, and/or a signed statement from the consumer. *SSI, SSDI, child support, or monetary assistance received from family or non-family members should not be included.*
- If the person receiving services is under the age of 19 and has not been designated by a court as emancipated (the youth is dependent upon others for support) the custodial parent(s) alimony, wages, tips or other money received for good or service must be entered.
- For the consumer who is a State Ward report zero (0).
- If the consumer is in a “cohabitating” relationship and does not rely on the support of the other individual(s) of the relationship and has no other source of support – enter the consumer’s income.

**SSI/SSDI Eligibility** – Select the consumer’s eligibility status for SSI/SSDI from the drop down menu: (Social Security Income or Social Security Disability Income).

<b>Det. to Be Inelig-NA</b> – Determined to be ineligible (Not Applicable). The person’s income and dependent classification clearly shows the individual not to be eligible for these benefits.	<b>Elig/Recv. Payments</b> – Eligible and could be Receiving Payments. Persons who are found to be eligible and may not be receiving benefits or persons who may be eligible and receiving benefits.
<b>Elig/Not Recv. Benefits</b> – Eligible but not receiving benefits. Persons who are eligible but who are not now receiving benefits.	<b>Potential. Eligible</b> – Potentially Eligible. Those persons who at first review may be potentially eligible for benefits. No determination has been officially made.

**Medicaid/Medicare** - Select the consumer’s eligibility status for Medicaid/Medicare from the drop down menu:

<b>Det. to Be Inelig-NA</b> – Determined to be ineligible (Not Applicable). The person’s income and dependent classification	<b>Elig/Recv. Payments</b> – Eligible and could be Receiving Payments. Persons who are found to be eligible and may not be receiving benefits or
--	--

clearly shows the individual not to be eligible for these benefits.	persons who may be eligible and receiving benefits.
<b>Elig/Not Recv. Benefits</b> – Eligible but not receiving benefits. Persons who are eligible but who are not now receiving benefits.	<b>Potential. Eligible</b> – Potentially Eligible. Those persons who at first review may be potentially eligible for benefits. No determination has been officially made.

**Health Insurance** - Select the consumer's health insurance coverage from the drop down menu:

Child Welfare	Medicare	Other Direct Sta
HMO (Health Maintenance Organization)	No Insurance	PPO (Preferred Provider Organization)
Indian Hlth Svc.	Other Insurance	Priv. Self-Paid
Medicaid	Other Direct. Fed.	Veterans Admin

**Primary Source of Payment** - Select the primary source of payment for the services the consumer will be receiving as a result of this registration/pre-auth:

Blue Cross/Blue Shield	Private Hlth Insurance	State Medicare
Employee Assistance (EAP)	Self-Pay	Unknown
HMO/PPO (Health Maintenance Organization/Preferred Provider Organization)	State Beh Hlth Funds	Workers Compensation
No Charge	State Child & Fmly Svcs	
Other Source	State Medicaid	

**Primary Income Source** – Select the consumer's primary source of income from the drop down menu:

<b>Disability</b> – Payments made to the individual because of disability (SSI/SSDI etc).	<b>Other</b> – Include here interest income and other sources of income not elsewhere identified whether legal or illegal.
<b>Employment</b> – Any employment regardless of number of hours worked.	<b>Public Assistance</b> – County, State or Federal payment to support the person.
<b>None</b> – no income	<b>Retirement/Pension</b> – Systematic saving plan being drawn down in support of the individual as a result of previous employment.

**Financial Information**

**Number of Dependents:** 07

**Annual Gross Income: (Nearest 1,000)** 7000

**SSI/SSDI Eligibility:** Det.to be Inelig-N/A

**Medicare/Medicaid:** Elig/Recv.Payments

**Health Insurance:** Medicaid

**Primary Source of Payment:** State Medicaid

**Primary Income Source:** Employment ←

**Additional Sources of Income (Select all that apply)** – Select any additional sources of income the consumer may report from the multi-select boxes as indicated in the screen shot below, utilizing the guidance from the definitions in the previous question. If no other income source indicate by selecting “none”. None can be used in both income fields.

**Medication Information** - Enter the number of medications. Up to two (2) digits can be used. Enter 00 for none and 03 for three (3) medications. If the information was not collected see Appendix K.

**Opioid Pain Meds**

**Non-Opioid Pain Meds**

**Psychotropic**

On a Typical Day how many of these types of medications do you take:

**Opioid Pain Meds:**

0

**Non-Opioid Pain Meds:**

0

**Psychotropic:**

0

**Mental and General Health Assessment** - Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

This is a self-assessment of how the client feels physically. Enter a number between 0 and 30. See Appendix K for completing unknown.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

This is a self-assessment of how the client feels emotionally. Enter a number between 0 and 30. See Appendix K for completing unknowns.

**Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

2

**Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

5

**Tobacco Usage** - These questions are designed to assess the tobacco usage of behavioral health clients.

During the last 12 months, have you stopped smoking for one day or longer because you are trying to quit?

**Select the radio button: Yes, No, N/A (Not Applicable)**

Are you aware of the Free telephone counseling to help tobacco users quit called the NE Tobacco Quit line?

**Select the radio button: Yes, No, N/A (Not Applicable)**

Have you attempted to use this line to help you quit?

**Select the radio button: Yes, No, N/A (Not applicable)**

How long has it been since you last smoked a cigarette, even one or two puffs? Select from the drop down menu choices: See Appendix K for completion of unknown.

How long has it been since you last smoked a cigarette, even one or two puffs? \*

Within the last 24 hours	* Within the last 3 days
*Within the last week	*Within the past month (less than 1 month ago)

*Within the past 3 months (1 month but less than 3 months ago)	*Within the past 6 months (3 months but less than 6 months ago)
*Within the past year (6 months but less than 1 year ago)	*More than one year ago
*Never smoked regularly	*Don't know / Not sure
*Refused	

**Tobacco Use - Mark the radio button as either: Yes or No**

For each of the following tobacco products, how much do you consume in an average day? (can be 4 questions)

**Cigarettes**

Less than half a pack;	half a pack to 1 pack;
1 to 2 packs;	more than 2 packs;

**Chew**

can of chew;	less than can of chew;
1 – 2 cans of chew;	more than 2 cans chew;

**Cigars**

Less than one cigar;
1-2 cigars;
3 or more cigars

**Pipe**

fills of pipe of 2 or less,
more than 2 fills.

**Does client meet the diagnostic criteria for Nicotine dependence?**

Select the radio button: Yes, No, N/A (Not Applicable)

This is not a diagnosis, but an assessment of the tobacco usage. Use the guidelines of the DSM IV TR.

**Primary Health Care Provider:**

Do you have a primary health care provider? Yes, No.

Indicate using the drop down boxes, the month and year of the last visit to the primary health care provider. If the information is not available see Appendix K.

During the last 12 months, have you stopped smoking for one day or longer because you are trying to quit?  Yes  No  NA

Are you aware of the Free Telephone Counseling to help Tobacco users quit called the NE Tobacco Quitline?  Yes  No  NA

Have you attempted to use this line to help you quit?  Yes  No  NA

How long has it been since you last smoked a cigarette, even one or two puffs?

Never smoked regularly

Tobacco Use?  Yes  No

For each of the following tobacco products, how much do you consume in an average day?

Cigarettes:

{None Selected}

Chew:

{None Selected}

Cigars:

{None Selected}

Pipe:

{None Selected}

Does client meet diagnostic criteria for Nicotine dependence?  Yes  No  NA

Do you have a Primary Health Care provider?  Yes  No

Month:

May

Year:

2011

Indicate by marking the correct answer. Only the first question is about CFS involvement. The second question is about involvement in the court system. The last question is about participation in treatment whether voluntary or not.

Is consumer a parent of or legal guardian of a youth receiving case management from Children and Family Services or CFS designee?  Yes  No

Is youth/family involved with the Juvenile Court?  Yes  No

Is youth/family receiving services voluntarily/without court involvement?  Yes  No

Click "Continue" at the bottom of this screen to proceed to Page (2) of the registration process and continue to enter the required data to start a case with Magellan.

## NEW WEB REGISTRATION PAGE (2):

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### Admission Information

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**Admission Date** - Enter the consumer's date of admission using the format DD/MM/YYYY. You can also use the pop-up calendar to select the admission date.

- An **admission** is defined as the formal acceptance of a client into service. An admission has occurred if and only if the client begins the service. Events such as initial screening, referral and wait-listing are considered to take place before the admission to treatment and are not reportable. Admission to assessment is considered a service for the purpose of this process. Use authorization beginning date for authorized services.

**Reason for EPC Admission** – Persons admitted to Emergency Protective Custody are admitted for specific reasons. Please select the appropriate admission reason from the drop down menu.

Both Dangerous to Self and Others
Dangerous to Others
Dangerous to Self/Neglect
Dangerous to Self/Suicide Attempt
Not an EPC Admission

**Suicide Attempt (Last 30 Days)** - Select from the Radio Buttons (Yes/No) if there was a suicide attempt on the part of the consumer within the last 30 days prior to admission.

**Is this Person a Collateral or Significant Other** - Select from the Radio Buttons (Yes if the person meets the criteria below or /No.

- A **co-dependent or collateral or significant other** is defined as: a person who has a close personal relationship and is seeking services because of problems arising from his or her relationship with a gambler, mentally ill or alcohol or drug user.

### Admission Information

Admission Date:

03/05/2013

Reason for EPC Admission:

Dangerous to self/suicide attempt

Suicide Attempt (Last 30 Days)?

Yes  No

Is this person a collateral or significant other?

Yes  No

### Socioeconomic Indicators

## Medical Status

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The following information will be requested if the Consumer is identified as a female on the previous screen:

**Is the Consumer Pregnant** - Select from the Radio Buttons (Yes/No/Up to 6 Weeks Post-Partum.)

- If the person being admitted is pregnant, select "Yes."
- If the person has delivered a child or no longer is pregnant, but is within 6 weeks post-partum, indicate by selecting "Up to 6 weeks Post-Partum".

### Medical Status

Is the consumer pregnant?  Yes  No  Up to 6 weeks Post Partum

## Socioeconomic Indicators

**Living Situation** - Select from the drop down menu the choice that describes the consumer's current living situation. See Appendix F for definitions of each living situation

Child Liv. w/Par/Rela	Jail/Correct. Facil.	Priv. Res. Recv. Suprt.
Child Resident. Treat	Oth. 24 Hr Res. Care	Priv. Res. w/o Support
Crisis Resident. Care	Oth. Insti. Setting	Regional Center
Foster Home	Other	Residential Treatment
Homeless/HL Shelter	P Res w/ Housing Asst	Youth Liv. Independ.

**Education** - Select the highest educational level completed by the consumer at the time of admission from the drop down menu. This same question is asked at annual review and at discharge. Use the highest grade completed.

<b>Early Care &amp; Educ</b> – pre-school, or no formal education	<b>Sixth Grade</b>	<b>Home Schooled</b> – Participants of parental educational initiative under NDE rule 12 and 13. NRS sec. 79-1601
<b>Kindergarten</b>	<b>Seventh Grade</b>	<b>&gt; 12 Years</b> – may include some college but without a degree.
<b>First Grade</b>	<b>Eighth Grade</b>	<b>Associate's Degree</b>
<b>Second grade</b>	<b>Ninth Grade</b>	<b>Bachelor's Degree</b>
<b>Third Grade</b>	<b>10 Years</b>	<b>Master's Degree</b>
<b>Fourth Grade</b>	<b>11 Years</b>	<b>Doctorate</b>
<b>Fifth Grade</b>	<b>12 Years or GED</b>	<b>Unknown</b>

**Employment Status** - Select the consumer's employment status at the time of admission from the drop down menu.

<b>Active Armed Forces</b> (35 + Hrs)	<b>Resident of Institution</b> – Prison, Jail, or long term hospital.	<b>Unemployed</b> (Not seeking)
<b>Active Armed Forces</b> (< 35 Hrs)	<b>Retired</b>	<b>Volunteer</b>
<b>Disabled</b>	<b>Sheltered Workshop</b>	
<b>Employed Full Time</b> – working 35 + Hrs	<b>Student</b> – Must be formally enrolled in an institute of learning.	
<b>Employed Part Time</b> working fewer than 35 Hrs	<b>Supported Employment</b>	
<b>Homemaker</b> -	<b>Unemployed</b> (Laid off/Looking)	

**Meets Nebraska SED Criteria** - Select from the Radio Buttons (Yes/No) if the consumer meets the Nebraska SED criteria as defined in Appendix G of this manual.

**Meets Nebraska SPMI Criteria** - Select from the Radio Buttons (Yes/No) if the consumer meets the Nebraska SPMI criteria as defined in Appendix G of this manual. A member cannot meet both the SPMI and SED criteria. One must be yes the other no.

### Socioeconomic Indicators

**Living Situation:**

Priv.Res.Recv.Suprt.

**Education:**

Masters

**Employment Status:**

Supported Employment

**Meets Nebraska SED Criteria?**  Yes  No

**For Adults with mental illness -- Meets Nebraska SPMI Criteria?**  Yes  No

## Adolescents

**Note:** this section will not appear on the admission screen if the consumer's date of birth on Page one (1) indicates the consumer is more than 19 years old at the time of admission.

**School Attendance (Last Three Months)** - Select from the drop down menu the choice that best reflects the consumer's attendance at school during the six months prior to admission.

1 Day Every 2 Weeks	1 or Less Days/Month	Home Schooled
1 Day Per week	2 or More Days/Week	Not Enrolled

**Stable Environment (Legal Custody)** - Select from the drop down menu the choice that best reflects the consumer's legal custody status at the time of admission.

Emancipated Minor	Parent(s)
Guardian	Ward of the State

**Involvement with Juvenile Services** - Select from the drop down menu the choice that best reflects the consumer's involvement (if any) with Nebraska Office of Juvenile Services (OJS) at the time of admission.

Drug Court	Other Court Involvement
Not Involved with Juvenile Services	Probation
OJS State Ward	

**Assessment of Impact of Services on School Attendance** - Select the one response that best describes.

Greater Attendance	About the Same
Less Attendance	NA – No problem before service
NA - Too young to be in school	NA – Expelled from school
NA – home schooled	Na – dropped out of school
NA – other	No response
NA – Not applicable for reason given	

Use the response "no response" for individuals other than 18 years if applicable.

**Receiving Professional Partner Services** - Select from the Radio Buttons (Yes/No) if the consumer is receiving Professional Partner Services.

- The Professional Partner Program uses the wraparound approach to coordinate services and supports to children and their families and to ensure they have voice, ownership and access.

**Receiving Special Education Services** - Select from the Radio Buttons (Yes/No) if the consumer is receiving Special Education Services from a local school district.

School Attendance (last 6 months):

2 or more days per week ▾

Stable Environment (Legal Custody):

Parent(s) ▾

Involved with Juvenile Services:

Not involved with Juvenile Services ▾

Assessment of Impact of Services on School

Attendance:

NA (at admission) ▾

Receiving Professional Partner Services?

Yes  No

Receiving Special Education Services?

Yes  No

## Service Treatment

**Admission Referral Source** – Select from the drop down menu the source of the consumer’s referral for this admission

Agricultural Action Center	Job Training Office	Private SA Provider
Clergy	Mental Health Commitment Brd.	Probation
Community Service Agency	Mental Health Court	Prosecutor
Compulsive Gambling Prov.	Mental Health Emergency	Public Health Staff
Corrections	Mental Health Non-Residential	Regional Center
County Extension Agent	Mental Health Residential	SA Emergency/Detox.
Court Order	Mental Retardation Agency	SA Outpatient Counseling
Court Referral	Mid-Level Practitioner	SA Prevention
Defense Attorney	Nursing Facility	SA Self-help Group
Drug Court	Internet Search	SA Residential
Employee Assistance Prgm.	Other Human Service Provider	School Based Referral
Employers	Other Medical Facility	Self
Family	Parole	Services Psychiatric Eval
Helpline	Police	Soc. Svc. Sexual Perp. Eval
Food Pantry	Pre-trial Diversion	State Social Service
Friend	Private Family Counselor/Agenc.	Tribal Elder or Official
Homeless/Shelter	Private Mental Hlth. Prac.	Veteran’s Administration
Hospital	Private Physician	Yellow Pages

**Social Supports** - Select from the drop down menu (see table below) the best description of the consumer’s Social Supports at the time of admission. Here is the text from the hover box that show up when you place your cursor over the question (?) mark next to the question:

*In the last 30 days has the client participated in recovery activities such as self-help groups, support groups (participation in social support of recovery activities is defined as attending self-help group meetings, attending religious/faith affiliated recovery or self-help group meetings, attending meetings of organizations other than organizations described above or interactions with family members and/or friends supportive of recovery.) ...*

No attendance in the past month
1-3 times in the past month (less than once per week)
4-7 times in the past month (about once per week)
8-15 times in the past month (2 or 3 times per week)
16-30 times in the past month (4 or more times per week)
Some attendance in the past month, but frequency unknown)

### Service Treatment

**Admission Referral Source:**

**Social Supports:**



## Legal Status

**Legal Status at Admission** - Select from the drop down menu the choice that describes the consumer's legal status at the time of admission.

- For youth who are a ward of the state, indicate voluntary by guardian here, and mark "ward of the state" on youth page variable Stable Environment (Legal Custody) if not one of the following.

Civil Protective Custody (CPC) NRS 53-1,121	MHB Commitment NRS 71-919
Court Order NRS 25-914	MHB Hold/Custody Warrant NRS 71-919
Court: Competency Evaluation NRS 29-1823	Not Responsible by Reason of Insanity NRS 29-2203
Court: Juvenile Commitment – NRS 43-403	Parole NRS 83-187.01 or Juvenile 43-403
Court: Juvenile Evaluation – NRS 43-413	Probation NRS29-224; conditions 29-2262
Court: Mentally Disordered Sex Offender NRS 29-2922	Voluntary
Court: Presentence Evaluation NRS 29-2261	Voluntary by Guardian
Emergency Protective Custody (EPC) NRS 71-919	Civil Protective Custody (CPC)
Juvenile High Risk Offender NRS	Ward of the State

**Number of Arrests in the Past 30 Days** – Enter in the "text field" the number of arrests the consumer has had in the thirty days prior to admission. Enter (00) if none.

- An arrest is defined as: The booking of an individual into a jail or prison.
- An arrest is not the citation by a peace officer for any criminal offense. That citation might result in an arrest later.
- An arrest is not the placement of an individual into an emergency service such as CPC, EPC, or hospital for observation. Even though a person is detained by law enforcement against their will, this is not a booking into a jail or prison.

**Legal Status**

**Legal Status at Admission:**

**No. of Arrests in the Past 30 Days:**

## Commitment Data

---

**Mental Health Board Hearing Date** – Enter the date in the “text field” using the format DD/MM/CCYY of the consumer’s Mental Health Board Hearing date (leave blank if not applicable). Update the Hearing Date field as appropriate following Admission.

**Mental Health Board Commitment Date** – Enter the date in the “text field” using the format DD/MM/CCYY of the consumer’s Mental Health Board Commitment date (leave blank if not applicable). Update the Commitment Date field as appropriate following Admission.

The screenshot shows a form titled "Commitment Data". It contains two input fields: "Mental Health Board Hearing Date:" and "Mental Health Board Commitment Date:". Both fields have a date "31" entered. Below the fields are two red buttons: "Previous" and "Continue". At the bottom left, there is a blue link that says "Return to MyPractice Page".

### Commitment Data Guidelines

- Mental Health Board (MHB) commitment data must be entered anytime an individual is placed under a commitment order.
- MHB commitment data must be edited anytime a commitment changes, whether or not the individual is transitioning between levels of care.
- If an individual is already on a MHB commitment when being admitted to care, the commitment data must be entered, and the “Legal Status” of that individual shall be recorded as a MHB commitment.
- Individuals committed to either inpatient or outpatient care. Individuals under an inpatient commitment can only be authorized under the ACUTE, SUB-ACUTE, or IPPC levels of care. All other authorized and registered levels of care are considered outpatient.
- When an individual is admitted under an EPC, he/she is considered to be under that EPC until the MHB hearing is completed. Once the hearing is completed, the “MHB Hearing Date” and the “MHB Commitment Date” must be entered.
- If an individual under a MHB commitment is transitioned from EPC to another level of care, both the EPC record and new record shall indicate the same “MHB Hearing Date” and “MHB Commitment Date.”
- If an individual under a MHB commitment is transitioned from the acute to sub-acute level of care, both records shall indicate the same “MHB Hearing Date” and “MHB Commitment Date.”
- An individual who is admitted under the “Legal Status” of EPC can, and often times do, have a discharge “Legal Status” of MHB commitment. If the MHB drops the case, the person’s “Legal Status” would become voluntary.

## NEW WEB REGISTRATION PAGE (3):

### Substance Abuse History

**Reason for this Admission** - Select from the drop down menu the choice that describes the reason for the consumer's current admission. Please note these are generalized reasons for admission to the service system and are not a diagnosis. Persons accessing support services should be enumerated based on the most recent treatment referral reason for admission.

Dual Diag./Prim. MenHlth/Prim. SA	Primary Mental Health
Prim. SA/Secondary Mental Hlth	Primary Mental Hlth/Secondary SA
Primary Compulsive Gambling	Primary Mental Retardation
Primary Compulsive Gambling/Secondary MH	Primary Sex Offender
Primary Compulsive Gambling/Secondary SA	Primary Substance Abuse

**Current or Past History of Substance Abuse** - Select from the Radio Buttons (Yes/No) to indicate whether or not the consumer has a past history of substance abuse.

**IV Drug Use in the Past** - Select from the Radio Buttons (Yes/No) to indicate whether or not the consumer has a past history of IV Drug Use.

**Use of Methadone/Buprenorphine/Suboxone/Opioids in Treatment Plan** - Select from the radio buttons (Yes/No) to indicate whether or not the use of medication assisted treatment is included as part of the consumer's current treatment plan.

**Number of Prior Treatment Episodes** – Enter a two digit number in the “text field” corresponding to the number of prior mental health and/or substance admissions the consumer has had prior to this admission. If none, enter (00).

**Days Waiting To Enter SA Program** - Enter up to a three digit number in the “text field” corresponding to the number of days the consumer has waited to enter a substance abuse treatment program. If none, enter (000). Place the cursor over the (?) next to this field for further definition regarding this question.

*Provider ABC*

**Substance Abuse**

**Reason for this Admission?**  
{None Selected}

**Current or Past History of Substance Abuse:**  Yes  No

**IV Drug Use in the Past:**  Yes  No

**Use of Methadone/Opioids Planned:**  Yes  No

**No. of Prior Treatment Episodes:**

**Days Waiting to Enter SA Program:**

## Substances Used

---

If any of the answers to the above questions regarding substance abuse history IV drug use, or use of Methadone/Buprenorphine/Suboxone/Opioids in the consumer's treatment plan are "Yes", then additional information concerning the substance(s) used must be provided.

- For each of the Primary, Secondary, or Tertiary substances used, please complete the information.
- If only a Primary Substance of use is reported you must select "Not Applicable" in the "Name" field of the Second and Third Substance in order to complete this section.
- If only a Primary and Secondary Substance of use is reported you must select "Not Applicable" in the "Name" field of the Third Substance in order to complete this section.
- This field indicates the individual's primary, secondary and tertiary substance problem. Simply stated "what brings this client to the service system, and are there underlying substances that further complicate the matter?" The initial drug might be the primary drug, with additional substances of abuse as a result of primary usage. The NOMS measures do not put a time frame on the drugs of choice. For frequency of use indicate usage in the past month. It may be the person has a problem with alcohol, is in recovery, and has had no use in the last month – if so, indicate appropriate "No use past month."

**Name of Substance** - Select from the drop down menu the name of the substance used. These are presented alphabetically in the drop down.

**Age of First Use** - Enter a two digit (00-99) number in the "text field" corresponding to the age when the consumer began using the substance.

- For age of first use alcohol, indicate age of first intoxication all other drugs use the age in which the individual first used the substance.

**Frequency** - Select from the drop down menu the choice that best describes the consumer's frequency of use. If "Other" is selected a "pop-up" box is presented for an up to 20 character text description.

1 – 2x's past week	Daily	Unknown
1 – 3x's past month	No use past month	
3 – 6x's past week	Other	

**Volume** - Enter in the "text field" a description of the volume of the substance used (20 character limit) i.e. 18 pack nightly, 3 joints per day.

**Route** - Select from the drop down menu the choice that describes the route the consumer used to ingest the substance.

IV	Oral	Smoke
Nasal	Other	Unknown

**Primary Secondary and Tertiary Substance** - This set of fields appears for each of the three possible substances of abuse.

**Name:**  
{None Selected} 

**Age:**

**Frequency:**  
{None Selected} 

**Volume:**

**Route:**  
{None Selected} 

## Level of Care

This field is used to select the service for which the consumer is to be registered or pre-authorized (see note below). Select one service type from the drop down menu.

- **Note:** Services with the (Ch) pre-fix are children's services. Do not select these service types to register or pre-authorize an adult. With the Exception of Pre-Auth this field is editable.
- **Also note:** a youth must have a waiver to be authorized into an adult service (see Appendix L).

Assess/Eval Only – MH	Crisis I/P – Youth
Assess/Eval Only – SA	Day Support
Assess/Eval Only – Justice	Detox
CPC	EPC
Ch Day Treatment	Emer Psych Obs 23:59
Ch Halfway House	Emergency Comm Supp
Ch Home Based MST	Family Navigator
Ch IOP –SA	ICM/ICS – MH
Ch Med Management	ICM/ICS – SA
Ch O/P – MH	Medication Management
Ch O/P - SA	OpioidRplace - MethBup
Ch Ther Community	O/P Dual Dx
Ch Partial	O/P – MH
Ch Prof Part School	O/P – SA
Ch Prof Partners	Pre-Auth (See note below) ←
Ch Yth Assess Only – MH	Psych Respite
Ch Yth Assess Only – SA	Psychological Testing
Ch Respite	Recovery Support
Crisis Assess/Eval – MH	Supported Employment
Crisis Stabilz/Tx	Supported Living
Crisis Assess LDAC – SA	

- 
- **Please note:** The option 'Pre-Auth' is to be used to begin the authorization process for Authorized Services. If this is selected, the user will receive the message similar to the screen shot below. The additional fields necessary for an authorization must be completed telephonically with a Magellan Care Manager and the web-based process concludes at this point. For Registered services proceed to page (4).

**Level of Care:**

EPC

Is this service to be provided, in whole or part,  Yes  No through tele-health?

**Provider ABC** You have selected a Level of Care of Pre-Auth. Please call the Magellan office at (800) 365-8317 to complete the authorization request.

[Previous](#)[Save](#)[Return to MyPractice Page](#)

- **Note:** If you are editing a record for data clean up and it is an authorized service, select pre-auth in this field. This will not affect the current authorization, or start the authorization process over. See Appendix D for additional instructions on data clean up.

## NEW WEB REGISTRATION PAGE (4):

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**Please note:** At least one valid diagnosis must be present in the Axis 1 code. Differed and unknown are not valid codes. The primary reason for a person attending treatment should be listed first. Admission to assessment is being done so in response to a suspected problem.

### Diagnosis

---

**Date of Diagnosis** – Enter the consumer’s most recent Date of Diagnosis in the format DD/MM/CCYY. You can also use the pop-up calendar to select the admission date.

**Diagnosis Codes Axis I** – Select up to four Axis I codes from the drop down menu. The codes are presented in alphabetical order in the drop down menu. At least one Axis I code must be selected for reimbursement. Differed, No diagnosis and unknown are not valid codes. The first code listed is considered the primary reason for a person’s attending to treatment. This code can be edited once a more complete diagnosis is made.

**Diagnosis Codes Axis II** – Select up to four Axis II codes from the drop down menu. The codes are presented in alphabetical order in the drop down menu. At least one Axis II code must be selected. If there is no Axis II diagnosis select “V71.09 No Diagnosis on Axis II” in the Axis II (A) field. This code can be edited once a more complete diagnosis is made.

**Diagnosis Codes Axis III** – Enter up to four Axis III codes in the text fields. These fields are used to report any physical health issues the consumer reports having. At least one Axis III code must be entered. If there is no Axis III diagnosis enter “None Reported” in the Axis III (A) field.

**Diagnosis Codes Axis IV** – Select as many Axis IV conditions from the multi-select boxes as apply. At least one Axis IV condition must be entered from the following choices:

- Diagnosis Condition Deferred
- Problems with access to health care services
- Economic Problems
- Problems with Primary Support Group
- Educational Problems
- Problems related to interaction with the legal system/crime
- Housing Problems
- Problems related to the social environment
- Occupational Problems
- Other Psychosocial and Environment Problems

**Diagnosis Codes Axis V GAF** – This field is a text box for the user to enter a numeric value from 1 -100 to record the consumer's current Global Assessment of functioning (GAF) Score.

## Date Of Diagnosis

## Diagnosis Codes

### Axis I:

**Axis I (A):**

{None Selected}

**Axis I (B):**

{None Selected}

**Axis I (C):**

{None Selected}

**Axis I (D):**

{None Selected}

### Axis II:

**Axis II (A):**

{None Selected}

**Axis II (B):**

{None Selected}

**Axis II (C):**

{None Selected}

**Axis II (D):**

{None Selected}

### Axis III:

**Axis III (A):**

**Axis III (B):**

**Axis III (C):**

**Axis III (D):**

### Axis IV:

**Axis IV:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Diagnosis Condition Deferred</b> | <input type="checkbox"/> <b>Problems with access to health care services</b>                |
| <input type="checkbox"/> <b>Economic Problems</b>            | <input type="checkbox"/> <b>Problems with Primary Support Group</b>                         |
| <input type="checkbox"/> <b>Educational Problems</b>         | <input type="checkbox"/> <b>Problems related to interaction with the legal system/crime</b> |
| <input type="checkbox"/> <b>Housing Problems</b>             | <input type="checkbox"/> <b>Problems related to the social environment</b>                  |
| <input type="checkbox"/> <b>Occupational Problems</b>        | <input type="checkbox"/> <b>Other Psychosocial and Environment</b>                          |

## Saving Your Work

---

Be sure to click on the SAVE button at the bottom of registration Page (4) after you have entered the GAF Score. This will complete the online registration process. If your submission was successful you will see the message below.

### **Submission Complete**

Your request has been successfully saved.

[Return to MyPractice Page](#)

END OF ADMISSION RECORD

# WEB DISCHARGE PAGE

## Consumer Discharge Process

### Search Screen

After selecting "New Discharge Summary", the provider will be prompted with a Search Registration page where they will enter the parameters to be searched. **Note:** Searches are best conducted using SSN.

The screenshot displays the Magellan Health Services web application. At the top, there is a navigation bar with links for "Sign Out", "FAQs", "About Us", and "Home". Below this is a banner image featuring three people. The main navigation menu includes "MyPractice", "Provider Network", "Providing Care", "Getting Paid", "Forms", "Education", and "News & Publications". A search bar is located in the top right corner with a "Go" button. The left sidebar shows a "My Practice" menu with "Nebraska" selected, listing options like "New Registration", "New Discharge Summary", and "View Discharge Summary". The main content area is titled "Nebraska :: Search Registration" and includes a "Help?" link. It contains instructions on how to use search parameters to find existing cases. Below the instructions, there is a "Search Parameters" section with input fields for "Last Name", "First Name", "Date of Birth" (with a calendar icon), and "Social Security Number". A "Search" button is positioned below these fields. A "Return to MyPractice Page" link is at the bottom of the search area.

### Search Results

After entering the search parameters, all the services that the consumer has received that are not discharged, will be returned. Each service will have a link for selection. Chose the service that is to be discharged and click on the associated link. The "New Discharge" screen will appear.

- **Note:** When a member is discharged from a registered service that contains multiple re-registrations, discharge to most current re-registration only. See Appendix D for Re-registration guidance document.

**Discharge Date** - Enter the date of discharge for the consumer in MM/DD/YYYY format or use the date selector (calendar icon) to select a date.

**Date of Last Contact** - Enter the Date of Last Contact for the consumer in MM/DD/YYYY format or use the date selector (calendar icon) to select a date. This date may be different from the discharge date. This is the last date of service from the service agency and does not include attempts to contact the consumer by agency personnel to set up additional services. For one time services this may be the same as the admission date.

- **Date of Last Contact** specifies the month, day and year the client last received services. In the event of a transfer, it is the date the discharge or the date the treatment ended with a particular provider/program. While not a key field, Date of Last Contact is the preferred date for calculating the client's length of stay in treatment, an important National Outcomes Measure, and therefore is required for all records.

- A discharge date that is the same as the date of last contact is often times appropriate especially when a person “graduates” or is formally referred to another treatment program/level or ended in the eyes of the program.

The following fields will be pre-populated on the Discharge screen from the Registration information obtained at admission. Review and update as necessary – especially an individual’s address so that if the client is selected to receive a consumer survey the system has the most recent mailing address and telephone number of the individual.

- First Name
- Middle Initial
- Last Name
- Suffix
- Previous Last/Maiden Name
- Address/City/State/Zip

**Phone Number** - This field DOES NOT pre-populate, and will need to be re-entered at discharge.

**Type of Phone** - This field DOES NOT pre-populate, and will need to be re-entered at discharge.

Discharge :: New Discharge Information [Help?](#)

*Provider ABC*

Discharge Date:       Date of Last Contact:

First Name:       Middle Initial:       Last Name:

Suffix (Jr., Sr., III, etc.):       Previous Last/Maiden Name:

Address:

City:       State:       ZIP Code:

Phone:

Type of Phone:  Cell Phone  Land Line  Unknown

Height and Weight - Indicate the height and weight using the drop down boxes for height. Weight is a free form text for entry of weight in pounds (lbs.). If the information is not available, use a height of 9 feet 9 inches and a weight of 999 pounds.

Height: Feet       Inches       Weight:

### Admission Information

Trauma History:  Yes  No  Unknown

**Trauma History/Experienced** - In order to support Trauma Informed Care the consumer's experience with trauma is to be evaluated. If the Provider clicks 'Yes' to the Trauma History field, an accordion view of several trauma types will display. Providers then are to enter at least one type of trauma the consumer reports experiencing, as well as when it occurred (i.e., either as a Child or as an Adult). Any traumas not reported by the consumer are entered as "No". The default setting on all trauma types is no, so click on the adult or child box or both for the type of trauma experienced to move the check mark.

**Admission Information**

**Trauma History:**  Yes  No  Unknown

Trauma	Adult	Child	No
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Witness to Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim/Witness to Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Physical Assault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim of Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Serious Accident/Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Assault/Rape	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Threatening Medical Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Traumatic Loss of a Loved One	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim of a Terrorist Act	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
War/Political Violence/Torture	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disasters (Tornado/Earthquake)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sanctuary Trauma (Trauma While Institutionalized)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prostitution/Sex Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Medication Information** - Enter the number of medications. Up to two (2) digits can be used. Enter 00 for none and 03 for three (3) medications. Use 77 if the medication information was not collected.

**Opioid Pain Meds**  
**Non-Opioid Pain Meds**  
**Psychotropic**

On a Typical Day how many of these types of medications do you take:

Opioid Pain Meds:

Non-Opioid Pain Meds:

Psychotropic:

**Mental and General Health Assessment** - Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

This is a self-assessment of how the client feels physically. Enter a number between 0 and 30.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

This is a self-assessment of how the client feels emotionally. Enter a number between 0 and 30.

Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

2

Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

5

**Tobacco Usage** - These questions are designed to assess the tobacco usage of behavioral health clients.

During the last 12 months, have you stopped smoking for one day or longer because you are trying to quit?

**Select the radio button: Yes, No, N/A (Not Applicable)**

Are you aware of the Free telephone counseling to help tobacco users quit called the NE Tobacco Quit line?

**Select the radio button: Yes, No, N/A (Not Applicable)**

Have you attempted to use this line to help you quit?

**Select the radio button: Yes, No, N/A (Not applicable)**

How long has it been since you last smoked a cigarette, even one or two puffs? Select from the drop down menu choices:

How long has it been since you last smoked a cigarette, even one or two puffs? \*

Within the last 24 hours	* Within the last 3 days
*Within the last week	*Within the past month (less than 1 month ago)
*Within the past 3 months (1 month but less than 3 months ago)	*Within the past 6 months (3 months but less than 6 months ago)
*Within the past year (6 months but less than 1 year ago)	*More than one year ago
*Never smoked regularly	*Don't know / Not sure
*Refused	

**Tobacco Use - Mark the radio button as either: Yes or No**

For each of the following tobacco products, how much do you consume in an average day? (can be 4 questions)

**Cigarettes**

Less than half a pack;	half a pack to 1 pack;
1 to 2 packs;	more than 2 packs;

**Chew**

can of chew;	less than can of chew;
1 – 2 cans of chew;	more than 2 cans chew;

**Cigars**

Less than one cigar;
1-2 cigars;
3 or more cigars

**Pipe**

fills of pipe of 2 or less,
more than 2 fills.

Does client meet the diagnostic criteria for Nicotine dependence?

**Select the radio button: Yes, No, N/A (Not Applicable)**

This is not a diagnosis, but an assessment of the tobacco usage. Use the guidelines of the DSM IV TR.

**Primary Health Care Provider:**

Do you have a primary health care provider? Yes, No.

Indicate using the drop down boxes, the month and year of the last visit to the primary health care provider. If the information is not available use Jan. 2003.

**Children and Family Services Information - Mark the radio button as either: Yes or No. Indicate by marking the answer. Only the first question is about CFS involvement. The Second question is about involvement in the court system. The last question is about participation in treatment whether voluntary or not.**

Is consumer a parent of or legal guardian of a youth receiving case management from Children and Family Services or CFS designee?  Yes  No

Is youth/family involved with the Juvenile Court?  Yes  No

Is youth/family receiving services voluntarily/without court involvement?  Yes  No

During the last 12 months, have you stopped smoking for one day or longer because you are trying to quit?  Yes  No  NA

Are you aware of the Free Telephone Counseling to help Tobacco users quit called the NE Tobacco Quitline?  Yes  No  NA

Have you attempted to use this line to help you quit?  Yes  No  NA

How long has it been since you last smoked a cigarette, even one or two puffs?

Never smoked regularly

Tobacco Use?  Yes  No

For each of the following tobacco products, how much do you consume in an average day?

Cigarettes:

{None Selected}

Chew:

{None Selected}

Cigars:

{None Selected}

Pipe:

{None Selected}

Does client meet diagnostic criteria for Nicotine dependence?  Yes  No  NA

Do you have a Primary Health Care provider?  Yes  No

Month:

May

Year:

2011

## Discharge Status

Select from the drop down menu the choice that describes the consumer's status at Discharge.

<b>Administrative DC</b> - Actions of an agency to discharge a person and having no record of the individuals intent to discharge, or for whom contact has been lost.	<b>Other</b> – E.g. moved, illness, hospitalization, or other reasons somewhat out of client's control.
<b>Aged out (youth)</b> – Persons between 17 and 19 years who because of age/maturity have been admitted to adult services.	<b>Terminated by Facility</b> – this differs from an administrative DC in that the program participant violated rules sufficient to jeopardize the safety/recovery of others in the program.
<b>Chose to decline additional Tx</b> – The individual, meeting with staff has chosen to discontinue treatment although they may have met continued stay criteria.	<b>Trans to Another SA Tx Prgm – and did report</b> Client was transferred to another substance abuse treatment program, provider or facility, and reported or it is not known whether client reported
<b>Client seen for Assess Only- 1x Contact</b> – One or more contacts specifically for an assessment.	<b>Trans to Another SA Tx Prgm - Did not Report</b> Client was transferred to another substance abuse treatment program, provider or facility, and it is known that client did not report.
<b>Death, not Suicide</b>	<b>Transfer to another MH Tx Pgm – and did report</b> Client was transferred to another mental health treatment program, provider or facility, and reported or it is not known whether client reported
<b>Death, Suicide Completed</b>	<b>Transfer to another MH Tx Pgm – did not report</b> Client was transferred to another mental health treatment program, provider or facility, and it is known that client did not report
<b>Did not Show for First Appointment</b>	<b>Transferred to Another Service</b> – Within an agency, the person required a different service.
<b>Incarcerated</b> – persons with whom the agency no longer has contact and it is known they were sent to prison or jailed or are on house confinement for offences.	<b>Treatment Completed</b> – the client and program staff agree that the client has made sufficient recovery such the client no longer meets the continued stay requirements.
<b>Left Against Prof Advice (Drop Out)</b> – client did not come back to appointments/residence and has not spoken to staff.	<b>Unknown</b> Client status at discharge is not known because, for example, discharge record is lost or incomplete. DO NOT use this category for clients who drop out of treatment, whether reason for drop-out is known or unknown.

## Legal Status

Select from the drop down menu the choice that describes the consumer's legal status at the time of Discharge. Further clarification is contained in the state statutes (Nebraska Revised Statutes [NRS]).

Civil Protective Custody (CPC) NRS 53-1,121	MHB Commitment NRS 71-
Court Order NRS 25-914	MHB Hold/Custody Warrant NRS 71-919
Court: Competency Evaluation NRS 29-1823	Not Responsible by Reason of Insanity NRS 29-2203
Court: Juvenile Commitment – NRS 43-403	Parole NRS 83-187.01 or Juvenile 43-403
Court: Juvenile Evaluation – NRS 43-413	Probation NRS 29-224; conditions 29-2262
Court: Mentally Disordered Sex Offender NRS 29-2922	Voluntary
Court: Presentence Evaluation NRS 29-2261	Voluntary by Guardian
Emergency Protective Custody (EPC) NRS 71-919	Ward of the State
Juvenile High Risk Offender NRS	

**Mental Health Board Disposition** - Select from the drop down menu the choice that describes any Mental Health Board actions (if applicable).

90 Day Suspension -	MHB Discharged -
Discharge with no hold -	No MHB Commitment -
MHB Commitment -	Transfer prior to legal disposition -

**Destination at Discharge** - Select from the drop down menu the choice that describes the consumer's destination at discharge. After the member leaves the treatment setting where are they headed?

Hastings Regional Center	Norfolk Regional Center
Jail/Correction Facility	Other
Lincoln Regional Center	SA Intensive Res (Ther Comm)
MH Inpatient	SA Outpatient
MH Outpatient	SA Residential (Halfway House)
MH Residential	SA Short Term Residential
Medical	

**Employment Status** - Select the consumer's employment status at the time of Discharge from the drop down menu.

Active Armed Forces (35 + Hrs)	Homemaker	Supported Employment
Active Armed Forces (< 35 Hrs)	Resident of Institution	Unemployed (Laid off/Looking)
Disabled	Retired	Unemployed (Not seeking)
Employed Full Time (35 + Hrs)	Sheltered Workshop	Volunteer
Employed Part Time (< 35 Hrs)	Student	

**Living Situation** - Select from the drop down menu the choice that describes the consumer's living situation at the time of Discharge. Refer to Appendix F for definitions of the Living Situation types.

Child Liv. w/Par/Rela	Jail/Correct. Facil.	Priv. Res. Recv. Suprt.
Child Resident. Treat	Oth. 24 Hr Res. Care	Priv. Res. w/o Support
Crisis Resident. Care	Oth. Insti. Setting	Regional Center
Foster Home	Other	Residential Treatment
Homeless Shelter	P Res w/ Housing Asst	Youth Liv. Independ.

**Discharge Referral** – Select from the drop down menu where the consumer was referred at Discharge.

Agricultural Action Center	Job Training Office	Private SA Provider
Clergy	Mental Health Commitment	Probation
Community Service Agency	Mental Health Court	Prosecutor
Compulsive Gambling Prov.	Mental Health Emergency	Public Health Staff
Corrections	Mental Health Non-Residential	Regional Center
County Extension Agent	Mental Health Residential	SA Emergency/Detox.
Court Order	Mental Retardation Agency	SA Outpatient Counseling
Court Referral	Mid-Level Practitioner	SA Prevention
Defense Attorney	Nursing Facility	SA Self-help Group
Drug Court	Internet Search	SA Residential
Employee Assistance Prgm.	Other Human Service Provider	School Based Referral
Employers	Other Medical Facility	Self
Family	Parole	Services Psychiatric Eval
Helpline	Police	Soc. Svc. Sexual Perp. Eval
Food Pantry	Pre-trial Diversion	State Social Service
Friend	Private Family	Tribal Elder or Official
Homeless/Shelter	Private Mental Hlth. Prac.	Veteran's Administration
Hospital	Private Physician	Yellow Pages

**Number of Arrests in the Past 30 Days** – Enter in the “text field” the number of arrests the consumer has had in the thirty days prior to Discharge. Enter (00) if none.

- An arrest is defined as: The booking of an individual into a jail or prison.
- An arrest is not the citation by a peace officer for any criminal offense. That citation might result in an arrest later.
- An arrest is not the placement of an individual into an emergency service such as CPC, EPC or hospital for observation even though a person is detained by law enforcement against their will, it is not a booking into a jail or prison.

## Social Supports

Select from the drop down menu (see table below) the best description of the consumer's Social Supports at the time of Discharge. Refer to the Hover Text for a definition of Social Supports by placing the cursor over the (?) next to this field.

No attendance in the past month
1-3 times in the past month (less than once per week)
4-7 times in the past month (about once per week)
8-15 times in the past month (2 or 3 times per week)
16-30 times in the past month (4 or more times per week)
Some attendance in the past month, but frequency unknown)

**Discharge Status**

**Discharge Status:**

**Legal Status:**

**Mental Health Board Disposition:**

**Destination at Discharge:**

**Employment Status:**

**Living Situation:**

**Discharge Referral:**

**No. of Arrests in the Past 30 Days:**

**Social Supports:**

Assessment of Impact of Services on School Attendance – Select the one response that best describes.

Greater Attendance	About the Same
Less Attendance	NA – No problem before service
NA - Too young to be in school	NA – Expelled from school
NA – home schooled	Na – dropped out of school
NA – other	No response
NA – Not applicable for reason given	

Social Supports:

? No attendance in the past month

## Adolescent

Assessment of Impact of Services on School

Attendance:

About the Same

Date Of Diagnosis

04/02/2013

## Diagnosis

---

**Date of Diagnosis** – Enter the consumer’s most recent Date of Diagnosis in the format MMDDYYYY. You can also use the pop-up calendar to select the admission date.

**Diagnosis Codes Axis I** – Select up to four Axis I codes from the drop down menu. The codes are presented in alphabetical order in the drop down menu. At least one Axis I code must be selected

**Diagnosis Codes Axis II** – Select up to four Axis II codes from the drop down menu. The codes are presented in alphabetical order in the drop down menu. At least one Axis II code must be selected

**Diagnosis Codes Axis III** – Enter up to four Axis III codes in the text fields. These fields are used to report any physical health issues the consumer reports having. At least one Axis III code must be entered. If there is no Axis III diagnosis enter “None Reported” in the Axis III (A) field.

**Diagnosis Codes Axis IV** – Select as many Axis IV conditions from the multi-select boxes as apply. At least one Axis IV condition must be entered from the following choices:

- Diagnosis Condition Deferred
- Problems with access to health care services
- Economic Problems
- Problems with Primary Support Group
- Educational Problems
- Problems related to interaction with the legal system/crime
- Housing Problems
- Problems related to the social environment
- Occupational Problems
- Other Psychosocial and Environment Problems

**Diagnosis Codes Axis V GAF** – This field is a text box for the user to enter a numeric value from 1 -100 to record the consumer's current Global Assessment of functioning (GAF) Score.

**Date Of Diagnosis**

**Diagnosis Codes**

**Axis I:**

**Axis I (A):**  
{None Selected}

**Axis I (B):**  
{None Selected}

**Axis I (C):**  
{None Selected}

**Axis I (D):**  
{None Selected}

**Axis II:**

**Axis II (A):**  
{None Selected}

**Axis II (B):**  
{None Selected}

**Axis II (C):**  
{None Selected}

**Axis II (D):**  
{None Selected}

**Axis III:**

**Axis III (A):**

**Axis III (B):**

**Axis III (C):**

**Axis III (D):**

**Axis IV:**

**Axis IV:**

<input type="checkbox"/> <b>Diagnosis Condition Deferred</b>	<input type="checkbox"/> <b>Problems with access to health care services</b>
<input type="checkbox"/> <b>Economic Problems</b>	<input type="checkbox"/> <b>Problems with Primary Support Group</b>
<input type="checkbox"/> <b>Educational Problems</b>	<input type="checkbox"/> <b>Problems related to interaction with the legal system/crime</b>
<input type="checkbox"/> <b>Housing Problems</b>	<input type="checkbox"/> <b>Problems related to the social environment</b>
<input type="checkbox"/> <b>Occupational Problems</b>	<input type="checkbox"/> <b>Other Psychosocial and Environment Problems</b>

## Substances Used

---

For each of the Primary, Secondary, or Tertiary substances used, please complete the following information. If only a Primary Substance of use is reported you must select "Not Applicable" in the "Name" field of the Second and Third Substance in order to complete this section. If only a Primary and Secondary Substance of use is reported you must select "Not Applicable" in the "Name" field of the Third Substance in order to complete this section.

**Name of Substance** - Select from the drop down menu the name of the substance used. These are presented alphabetically in the drop down.

**Age of First Use** - Enter a two digit (00-99) number in the "text field" corresponding to the age when the consumer began using the substance.

**Frequency** - Select from the drop down menu the choice that best describes the consumer's frequency of use. If "Other" is selected a "pop-up" box is presented for an up to 20 character text description.

1 – 2x's past week	Daily	Unknown
1 – 3x's past month	No use past month	
3 – 6x's past week	Other	

**Volume** - Enter in the "text field" an up to (20) character description of the volume of the substance used.

**Route** - Select from the drop down menu the choice that describes the route the consumer used to ingest the substance.

IV	Oral	Smoke
Nasal	Other	Unknown

Primary Substance/Second Substance/Third Substance (this set of fields appear for each of the three substances on the web screens).

### Primary Secondary and Tertiary Substance

**Name:**

**Age:**

**Frequency:**

**Volume:**

**Route:**

## Saving Your Work

---

Be sure to click on the SAVE button at the bottom of the Discharge screen after you have entered the Substance Use information. This will complete the online Discharge process. If your submission was successful you will see the message below.

### **Submission Complete**

Your request has been successfully saved.

[Return to MyPractice Page](#)

END OF DISCHARGE RECORD

## APPENDICES

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### **Appendix A - ADMISSION and CONTINUED STAY Reviews / Guidelines**

[Appendix A.1 - Guidelines for Speaking to Magellan Care Managers](#)

[Appendix A.2 - Magellan Pre-Coded Notes for Admission Review](#) **Error! Bookmark not defined.**

[Appendix A.3 - Magellan Behavioral Health Checklist for ASAM Adult Patient Placement Criteria-](#)

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### **Appendix B - Appeals Process** **Error! Bookmark not defined.**

[Appendix B.1 - Appeals Process \(General\)](#)

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### **Appendix C – Contacts** **Error! Bookmark not defined.**

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### **Appendix D – Reports Available from Magellan System and Report Guidelines**

[Appendix D.1 - Reports Available on the Web for Providers](#)

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### **Appendix E – Definitions**

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### **Appendix K – Advisory on Unknown Responses, July 2012**

### **Appendix L – Division of Behavioral Health Age Waiver Procedures**



## Appendix A - ADMISSION and CONTINUED STAY Reviews / Guidelines

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### Appendix A.1 - Guidelines for Speaking to Magellan Care Managers...

...during Initial Authorization and Continued Stay Reviews Including Mental Health and Substance Abuse (ASAM) review criteria

#### Initial Authorization Reviews:

- 1) Presenting Problem Information: How does the individual or family member describe current issues resulting in need for services? What is provider/facility's understanding of the individual's current problem? Are the individual's and provider's views consistent? If not, how will this impact treatment planning?
- 2) Precipitating/Proximal Events/Why Now?: Specific reason, why the individual presents for treatment now versus last month?
- 3) Current Symptoms: Clinical picture and symptoms
- 4) Mental Status (MSE): Results of Mental Status Exam
- 5) Risk Assessment: Danger to self/others, plan, history of attempts, psychosis, means, pregnant, substance abuse.
- 6) Personal Strengths: Insight, coping skills, motivation, perseverance, treatment compliance, periods of stabilization, interests, empathy, etc.
- 7) Functional Impairments: Activities of Daily Living (ADLs), education, vocations, social, recreational specifics, special needs. Are the impairments related to an Axis I diagnosis?
- 8) Substance Abuse: List substances used, route, dose, frequency and last use. Document actual substance use. Is the consumer self-medicating? If the request is for a substance abuse treatment, we ask for information on the six dimensions; see "Behavioral Health and Managed Medicaid Managed Care, Mental Health Service Definitions and Utilization Guidelines."
- 9) Medical Concerns: Vitals, withdrawal symptoms, pregnant, meds, neurological, medical issues—confirm client is medically clear.
- 10) Primary Care Physician (PCP): Level of involvement, notification requested.
- 11) Current Medications: List all meds (psychotropic/other medical), compliance-other relevant issues with meds.
- 12) Family and Community Supports: Family, peers, friends, church.
- 13) Legal Status/History: Mental Health Board, legal involvement, pending charges.
- 14) Treatment History and Previous Solutions: Successes, service combinations, medications.
- 15) Current Provider: Case worker, Outpatient Therapist, Psychiatrist, other—involvement, notification or referral updates.
- 16) Last Hospitalization: If applicable.
- 17) Diagnosis: DSM-IV diagnosis (at minimum, Axes I, II and III), Severe and Persistently Mentally III (SPMI).
- 18) Initial Treatment Plan: How are current "why now" issues being addressed?
- 19) Discharge Plan: Outpatient provider(s) include "why now" information.
- 20) Transfer: If request is for inpatient care, medical clearance for hospital transfer if necessary.

*Appendix A.2 - Magellan Pre-Coded Notes for Admission Review*

**ADMIT - NE NBHS**

**CALLER DEMOS::**

[?NAME/PHONE/LOC/MH/SA/STATEWARD/GUARDIAN/ELOS/SP/ADMIT DATE]

**PRESENTING PROB::** [?CONSUMER WORDS/PROVIDER UNDERSTANDING/FAMILY EXPLANATION]

**WHY NOW::** [?SPECIFIC REASON/NOW VERSUS LAST MONTH/WHAT IS IMPORTANT]

**MSE::** [?TRAUMA/SO/ORIENTED/BEHAVIOR/AFFECT/THOUGHTS]

**RISK::** [?SI/HI/PLAN/MEANS/HX/PREGNANT/SUBSTANCE ABUSE]

**PERSONAL STRENGTHS::** [?INSIGHT/COPING SKILLS/MOTIVATION]

**FUNCTIONAL IMPAIRMENTS::** [?ADL/ED/VOC/SOC/REC/SPECIFICS/SPECIAL NEEDS]

**SUBSTANCE ABUSE::** [?SEARCH 219 ASAM CRITERIA]

**DIAGNOSIS::** [?SPMI/SED/AXISI-V]

**MEDICAL CONCERNS::** [?VITALS IF WITHDRAWING/PREG/MED/NEURO/ISSUES]

**CURRENT MEDICATION::** [?COMPLIANT/ALL MEDS]

**FAMILY/COMMUNITY SUPPORT::** [?PEER/FRIENDS/CHURCH/FAMILY/RELATIVES]

**TX HISTORY/PREVIOUS SOLUTIONS::** [?SUCCESSSES/SERVICE COMBINATIONS/ETC]

**LEGAL HISTORY::** [?MHB/CURRENT STATUS]

**ICM::** [?FORMER/PRESENT/REFER]

**CASE MANAGEMENT/OP PROVIDER::** [?CS/OP THERAPY/PSYCHIATRIST/OTHER]

**PCP::** [?PCP INVOLVED/NOTIFICATION REQUESTED]

**TX PLAN::** [?HOW IS WHY NOW ADDRESSED/TOP GOALS/TRAUMA ADDRESSED]

**DC PLAN::** [?DC PLAN/SA/OP PROVIDER/HOW WILL WHY NOW BE ADDRESSED/MRO/NURSING]

**OTHER::** [?QUALITY OF CARE CONCERNS/FAMILY CAREGIVER NEEDS/LINKAGES]

**DISPOSITION::** [?MED NEC MET/NOT MET/RATIONALE/PHYSICIAN REVIEW]

**CM ACTION::** [?NEXT REVIEW ITEMS/HOMEWORK/RX PLAN ADJ/TRANSPORTATION]

Appendix A.3 - Magellan Behavioral Health Checklist for ASAM Adult Patient Placement Criteria-

- Second Edition Revised

	Level I OP	Level II.1 IOP	Level II.5 PHP	Level III.1 HWH	Levels III.3 TC	Level III.5 STR/DDR
<b>Description of Services</b>	<b>Outpatient (&lt;9 hours/week)</b>	<b>Intensive Outpatient (≥9 hours/week)</b>	<b>Partial Hospitalization Program</b>	<b>Halfway House</b>	<b>Therapeutic Community Intermediate Res.</b>	<b>Short Term Residential, Dual Dx Residential</b>
<b>Admission specifications</b>	<i>need to meet all Dimensions at this level</i>	<i>Advisable if meets Dimensions 2&amp;3 at this level(if applicable), and one of Dimensions 4,5, &amp; 6 at this level</i>	<i>Advisable if meets Dimension 2 at this level(if applicable), and one of Dimensions 4,5, &amp; 6 at this level</i>	<i>need to meet all Dimensions at this level</i>	<i>need to meet all Dimensions at this level for III.3; also programs need to be DDC or DDE based on Dimension 3 Needs to meet criteria for a Substance Dependence Disorder as defined in the most recent DSM</i>	<i>need to meet all Dimensions at this level for III.5; also programs need to be DDC or DDE based on Dimension 3 Needs to meet criteria for a Substance Dependence Disorder as defined in the most recent DSM</i>
<b>1 Acute Intoxication and/or Withdrawal</b>	No withdrawal needs or needs can be safely managed at this level.	No withdrawal needs or needs can be safely managed at this level.	Moderate risk of severe withdrawal outside program, and can be safely managed with several hours/day of medical monitoring.	No signs or symptoms of withdrawal, or withdrawal that can be managed at low intensity outpatient level	Minimal risk of severe withdrawal, or if withdrawal is present, can be managed at a III.2-D (social setting detox) level	Minimal risk of severe withdrawal, or if withdrawal is present, can be managed at a III.2-D (social setting detox) level
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 Biomedical Conditions and Complications</b>	None or sufficiently stable	If present, are stable or are receiving concurrent attention and won't interfere with treatment.	Biomedical conditions won't interfere with treatment, but would distract from recovery without this Level of management.	Stable and no medical monitoring needed, or doesn't warrant inpatient, but needs medical monitoring.	If present, stable and can self-administer meds or severe enough to warrant medical monitoring but not in need of inpatient treatment	If present, stable and can self-administer meds or severe enough to warrant medical monitoring but not in need of inpatient treatment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Level I OP	Level II.1 IOP	Level II.5 PHP	Level III.1 HWH	Levels III.3 TC	Level III.5 STR/DDR
<b>3</b> <b>Emotional/ Behavioral or Cognitive Conditions and Complications</b>	None or very stable (cognitively able to participate and no risk of harm)	If present, mild severity and needs outpatient monitoring to minimize distractions from recovery.	Problems here not required for this Level; if present, program needs to be DDC or DDE, and problems do not require a 24-hour level of care.	Stable or if distracting, can respond to the level of 24-hour structure in this program.	Mild to Moderate severity: needs structure to focus on recovery. If stable a DDC program is appropriate. If not a DDE program is required. Treatment should be designed to respond to the client's cognitive deficits.  DDC: May have co-occurring mental disorders that meet stability criteria for placement in DDC program; OR difficulties with mood, behavioral or cognitive symptoms that are troublesome but do not meet criteria for a mental disorder.  DDE: Meet criteria for both Mental Disorder & Substance Dependence Disorder	Moderate severity needing a 24-hour structured setting for cognitive deficits; repeated inability to control impulses, personality disorder requires high structure to shape behavior  DDC: May have co-occurring mental disorders that meet stability criteria for placement in DDC program; OR difficulties with mood, behavioral or cognitive symptoms that are troublesome but do not meet criteria for a mental disorder.  DDE: Meet criteria for both Mental Disorder & Substance Dependence Disorder
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> <b>Readiness to Change</b>	Willing to cooperate or is ambivalent and needs motivating and monitoring strategies	Resistance high enough to require structured program but not so high as to render outpatient treatment ineffective.	This degree of structure required due to failure of motivational interventions at lesser levels, or poor impulse control and follow through with less intensive programs.	Ready to change and cooperate at this level, or externalizes problems and needs this level of structure, motivating and support.	Has little awareness & needs interventions available only at Level III.3 to engage & stay in treatment; or there is high severity in this dimension but not in others. The client therefore needs a Level I motivational enhancement program.	Has marked difficulty with, or opposition to treatment, with dangerous consequences; or there is high severity in this dimension but not others. The client therefore needs a Level I motivational enhancement program.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Level I OP</b>	<b>Level II.1 IOP</b>	<b>Level II.5 PHP</b>	<b>Level III.1 HWH</b>	<b>Levels III.3 TC</b>	<b>Level III.5 STR/DDR</b>
<b>5 Relapse, Continued Use or Continued Problem Potential</b>	Able to maintain abstinence and recovery goals or achieve awareness of a SA problem with minimal support	Intensification of symptoms despite active participation ( modification of plan) in Level I, and high likelihood of relapse without close monitoring and support	Despite active involvement and modification of treatment plans at lower levels, continues to be experiencing deterioration in functioning/symptoms.	Is at high risk for imminent relapse with dangerous consequences unless provided this 24-hour structure and support or needs this support to transition into community.	Has little awareness & needs intervention available only at Level III.3 to prevent cont'd use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction.  Doesn't recognize triggers, unable to control use, in danger of relapse without close 24-hour monitoring and structured treatment	Has no recognition of skills needed to prevent continued use with imminently dangerous consequences.  Doesn't recognize triggers, unable to control use, in danger of relapse without close 24-hour monitoring and structured treatment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 Recovery Environment</b>	Supportive recovery environment or willingness to obtain such or supports need professional interventions.	Lacks social contacts or social contacts aren't conducive to recovery, but with structure or support, the patient can cope	Environment is unsupportive but with structure or support and relief from the home environment, the patient can cope	Has a using, unsupportive, dangerous, or victimizing social network, or lacks a social network, requiring this level of 24-hour support.	Environment is dangerous & client needs 24hour structure to learn to cope.	Environment is dangerous & client lacks skills to cope outside of highly structured 24hour setting.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ratings of the above dimensions indicate that ASAM criteria are met for						

## Appendix A.4 - Assessment Dimensions

Dimension	Dimension Description	Assessment questions:
Dimension 1	Acute intoxication and/or Withdrawal Potential	What substances is client using? How much? How often? How recently? How long? Method of use? Any signs of intoxication or withdrawal now? Vitals? If so, what are they? What is BAL? Has UA been obtained? What are results? What meds has the client been given for withdrawal? Hx of withdrawal?
Dimension 2	Biomedical Conditions and Complications	Does the client have any medical problems? (Is she pregnant?) What is the client's weight/height? Has this changed recently? What medications is the client on for these medical problems?
Dimension 3	Emotional/Behavioral Conditions and Complications	What mental health diagnoses besides substance abuse does the client have? Does the client exhibit any mental health symptoms? Does the client have any cognitive impairments? Orientation? Memory? Concentration? What is the client's mental health history? Any suicide attempts? Any hospitalizations for MI? Any placements? Who is the client's psychiatrist/therapist? Is the client on or has he/she been on any psychotropic meds? What are they? Family history of MI?
Dimension 4	Treatment Acceptance/Resistance	Has the client had prior treatment for substance abuse? When? Where? What level? What was the outcome? What was his/her longest period of sobriety? What did he/she do to stay sober? What is the client's perception of his/her problem? Does he/she recognize that he/she has a substance abuse problem? What is his/her motivation? Is he/she willing to change? Why now? Why have they come for help at this specific time? What happened that made them seek treatment at this time?
Dimension 5	Relapse Potential	Does the client have cravings currently? If client had a period of sobriety, what led to client's relapse? MI? If client hasn't used for a week, how did they do it and why do they need residential? What resources does the client have to avoid using?
Dimension 6	Recovery Environment	Whom does the client live with? Does anyone in the house use substances? Does the client have a SO? Does he or she use? Any family history of substance abuse? Who? Are they using or in recovery? Any family support for recovery? Does the client have any children? If so, ages and where are they living? Are there any family issues that may impact recovery? What legal charges? When did they occur? Does the client have a court appearance coming up. Is he/she on probation? Is DHS involved? Name of PO/DHS and phone numbers? Will PO/DHS be involved in client's treatment? What level of education does the client have? Any problems in school? Is the client employed? What is client's work history? Work potential?

### ***Appendix A.5 - Concurrent Review for Authorized Services:***

The care manager will require additional information at established intervals in order to consider a continuation of treatment. Agencies should review cases with care manager several days before the authorization end date. The care manager may ask for the following information verbally or in writing:

- 1) Additions to admission information: Newly discovered/assessed information
- 2) Risk Assessment: Danger to self/others
- 3) Diagnosis: DSM-IV diagnosis (five Axes)
- 4) Medication: Medication changes
- 5) Medical Status: Changes in medical status
- 6) Treatment Status: Identified progress/barriers, changes to treatment plan
- 7) Supports: Family/support system involvement
- 8) PCP: Coordination with primary care physician and other providers
- 9) Discharge Plan: Including aftercare provider, appointment date/time.

Many continuing stay requests for services are completed via simple one page request forms (Behavioral Health Authorization Modification Request Form). They must be faxed or mailed to Magellan prior to the existing authorization end date. These forms are available on line in Appendix C of the Magellan Behavioral Health Provider Handbook Supplement for the Nebraska Medicaid Managed Care Program & Nebraska Medical Assistance Program as “Medicaid Rehabilitation Option Services” and “Substance Abuse Treatment – Continued Service Request”. Failure to send the appropriate request for continued service form to Magellan 7 to 10 days before the authorization end date may result in a break in the service authorization and subsequent loss of reimbursement. Neither the Division of Behavioral Health nor Medicaid and Long Term Care allow for back dating authorizations. Please fill in the re-authorization request form completely to avoid delays in the review being completed. Be sure to enter specific rehabilitation plan goals and progress on each, as well as the current discharge plan. These goals and progress must relate the clinical reason for admission to the service. Once treatment/rehabilitation goals are met, it is expected clients will be discharged to appropriate services and supports. Discharge planning is an integral part of the overall treatment plan and must include information regarding your relapse/crisis plan.

In the event the agency and care manager disagree with the results of the authorization review or continued stay review, Magellan has established an appeals process. The appeals process begins with a peer review, and has several steps. The steps of the review process are time sensitive and differ between the Division of Behavioral Health and Medicaid and Long Term Care eligible consumers.

Once all the clinical and demographic information is collected the Magellan care manager, working collaboratively with the provider, may make a decision to authorize the service for a specified period of time. If the care manager has questions regarding the clinical necessity for the requested level of care, Magellan’s Medical Director (psychiatrist) will be consulted to review the request. The Medical Director may authorized the requested service or non-authorize the requested service and offer an alternative level of care. Disagreements between the Magellan

staff and providers are handled through the appeals process identified in Appendix B of these guidelines. The appeals process differs between the Division of Behavioral Health and Medicaid and Long Term Care. Both processes are presented in the appendix mentioned.

## Appendix B - Appeals Process

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### Appendix B.1 - Appeals Process (General)

#### Peer Review

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When the Care Manager cannot determine that the clinical guidelines are met, or there is a question regarding the level or quality of care, the case will be referred for Peer Review. Peer review will be conducted for cases where a clinical determination to authorize cannot be made by the Care Manager, and the provider requests the Peer Review.

- 1) During the initial step of the Peer Review, the Care Manager reviews the authorization request with the ASO psychiatrist within 24 hours of the authorization request. The ASO psychiatrist will determine if clinical guidelines are met and make an authorization determination, including alternative treatment recommendations.
- 2) The Care Manager will notify the provider of the determination of the initial authorization request and explain the availability to discuss the Peer Review determination with the ASO Psychiatrist. The provider may take up to four hours to confirm with Magellan the request for a peer-to-peer discussion.
- 3) The peer-to-peer discussion must be a discussion between the Practitioner or designee and the Psychiatrist Reviewer (PR). The Appeals Coordinator will arrange the peer to peer discussion within one business day of the request for the peer-to-peer discussion.
- 4) The peer-to-peer discussion must be timely and the provider must have a back-up procedure for situations where the original provider is not available. The designee must be available within one business day.
- 5) If the provider declines to complete a peer-to-peer discussion or fails to request or schedule the peer-to-peer discussion, the Psychiatrist Reviewer's initial determination is upheld.

The PR will notify the practitioner of the Peer Review decision at the time of the peer-to-peer discussion. Written notification including medical rationale for that decision and the authorization or denial number will be sent to the provider within 24 hours of the decision.

Magellan Health Services has 72 hours following the authorization request to complete the entire Peer Review process, including written notification. The PR, using his/her medical judgment, will determine the appropriateness of the admission or continued stay review and provide specific medical rationale for the decision. If the PR denies the care at Peer Review, the provider's next step is a Reconsideration Review.

## ***Reconsideration Review***

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If a PR issues a denial at Peer Review, a Reconsideration Review of that decision is available. A consumer or provider may have up to 90 days of the notification results of the Peer Review to request a Reconsideration Review. The provider can determine the level or urgency of the Reconsideration. If the provider determines that the reconsideration is urgent (i.e., the member is in a 24 hour facility) the reconsideration determination is made within 72 hours of the request for reconsideration. If the provider determines that the level of urgency for the reconsideration is standard (i.e., a request for psychological testing), the determination is made within 14 days of the request for reconsideration. If the provider does not indicate level of urgency, the ASO will process all acute requests within 72 hours and all other requests as a standard reconsideration request and issue a determination with 14 days of the request for reconsideration.

A PR will complete the Reconsideration Review within 30 calendar days of receipt of the request.

The Appeals Coordinator will select a PR not involved in the Peer Review decision to conduct the Reconsideration Review. The client's medical information supplied by the provider and/or supervising practitioner will be provided to the PR who will independently make a decision regarding medical necessity.

Reconsideration Reviews will be completed in writing.

Reconsideration Review PRs can uphold, reverse, or modify the Peer Review denial decision. Written notification including medical rational of that decision and the authorization or denial number will be sent to the provider and/or member within 24 hours of that decision.

A Reconsideration Review must be completed prior to the provider or member requesting a State Fair Hearing. The Reconsideration Review process is not available for quality issues and technical denials.

## ***Retrospective Review***

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If the client discharges pending a Peer Review or Reconsideration Review, the case becomes a Retrospective Review. Retrospective Reviews must be requested in writing and accompanied by the complete medical record within 60 calendar days.

## ***Technical Denial***

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A technical denial will be issued for admissions that are not authorized prior to or at the time of admission. The day(s) from admission to the date Magellan is contacted are technically denied. Technical denials will be issued for admissions occurring after normal business hours that are not reviewed during the following business day, continued stay reviews that are not done timely, and if the retrospective review is requested more than 60 calendar days. A Reconsideration Review for a technical denial is not available through Magellan Health Services.

## ***Reinstatement***

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Following a denial, if the client is not discharged and again meets clinical guidelines, the Care Manger will reinstate the authorization from the date the client again met clinical guidelines. It is the responsibility of the facility or supervising practitioner to request a Reinstatement Review.

## ***State Fair Hearing***

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If a denial is upheld or adversely modified at the Reconsideration Review process, the facility or client/guardian may appeal the Reconsideration Review decision in writing to DHHS within 90 calendar days from the date of the Reconsideration Review denial letter.

## ***Appendix B.2 - Appeals Process (NBHS)***

Magellan Health Services reviews mental health and/or substance abuse services for the Department of Health and Human Services Division of Behavioral Health to determine if the service is medically necessary and appropriate for payment.

Once eligibility and provider enrollment has been confirmed and all pertinent information is gathered, the Care Manager compares the medical information to the appropriate clinical guidelines. If the clinical guidelines are met, and the care the client requires can only be provided in the requested setting, the Care Manager may authorize the Admission or Continued Stay Review. If the clinical guidelines are not met, or there is question regarding the level of care, the Care Manager will refer the case to Peer Review.

### ***Psychiatrist Reviewer (PR) Requirements***

---

Magellan Health Services ensures that a network of reviewers is accessible Monday through Friday 8:00 a.m. to 5:00 p.m. Psychiatrist reviewers (PR) will be practicing board certified or board eligible psychiatrists who are licensed in Nebraska and are located in a Nebraska-based office. Reviewers are trained and familiar with applicable program specifications.

### ***Treatment Authorization or Denial***

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The Care Manager notifies the provider or the facility contact of the approval authorization decision within the same working day as the request for the review, and no later than the second working day following the request. Written notification including the authorization number is sent within 72 hours. If the service is not approved the peer review and reconsideration process will be followed.

### ***Admission Review***

---

Available pertinent medical information must be reviewed prior to or at the time of admission. This Admission Review is conducted to determine that the admission is medically necessary, that the services will be delivered in the most appropriate treatment setting.

When a facility fails to prior authorize services on the date of admission for an eligible member, an Admission Review is required on the date the provider calls. Days between the date of admission and the date of the call to the Care Manager will be technically denied and a Reconsideration Review will not be available through Magellan Health Services. Since prior authorization is a requirement, the facility will not be reimbursed for the care provided prior to the authorization and they cannot bill the client for technically denied days.

## ***Continued Stay Review***

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A Continued Stay Review is a period review of available pertinent medical information conducted during the treatment episode. It is completed to ensure that the client continues to require and continues to receive treatment services in the most appropriate level of care.

It is the provider's responsibility to contact the Care Manager to complete the continued stay review prior to the last day of the existing authorization period to allow time for Peer Review before the authorization expires, if necessary.

## ***Peer Review***

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When the Care Manager cannot determine that the clinical guidelines are met, or there is a question regarding the level or quality of care, the case will be referred for Peer Review. Peer review will be conducted for cases where a clinical determination to authorize cannot be made by the Care Manager, and the provider requests the Peer Review. During the initial step of the Peer Review, the Care Manager reviews the authorization request with the ASO psychiatrist within 24 hours of the authorization request. The ASO psychiatrist will determine if clinical guidelines are met and make an authorization determination, including alternative treatment recommendations. The Care Manager will notify the provider of the determination of the initial authorization request and explain the availability to discuss the Peer Review determination with the ASO Psychiatrist. The provider may take up to four hours to confirm with Magellan the request for a peer-to-peer discussion. The peer-to-peer discussion must be a discussion between the Practitioner or designee and the Psychiatrist Reviewer. The Appeals Coordinator will arrange the peer to peer discussion within one business day of the request for the peer-to-peer discussion.

The peer-to-peer discussion must be timely and the provider must have a back-up procedure for situations where the original provider is not available. The designee must be available within one business day. If the provider declines to complete a peer-to-peer discussion or fails to request or schedule the peer-to-peer discussion, the Psychiatrist Reviewer's initial determination is upheld.

The PR will notify the practitioner of the Peer Review decision at the time of the peer-to-peer discussion. Written notification including medical rational for that decision and the authorization or denial number will be sent to the supervising practitioner, and the provider within 24 hours of the decision.

Magellan Health Services has 72 hours following the authorization request to complete the entire Peer Review process, including written notification. The PR, using his/her medical judgment, will determine the appropriateness of the admission or continued stay review and provide specific medical rational for the decision.

If the PR denies the care at Peer Review, the provider's next step is a Reconsideration Review. If a client is discharged pending a Peer or Reconsideration Review, the case becomes a Retrospective Review. The provider does not need to complete a peer-to-peer discussion in order to be eligible for Reconsideration.



## ***Reconsideration Review***

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If a PR issues a denial at Peer Review, a Reconsideration Review of that decision is available. A client, supervising practitioner or provider may have up to 90 days of the notification results of the Peer Review to request a Reconsideration Review. The provider can determine the level or urgency of the Reconsideration. If the provider determines that the reconsideration is urgent (i.e., the member is in a 24 hour facility) the reconsideration determination is made within 72 hours of the request for reconsideration. If the provider determines that the level of urgency for the reconsideration is standard (i.e., a request for psychological testing), the determination is made within 14 days of the request for reconsideration. If the provider does not indicate level of urgency, the ASO will process all acute requests within 72 hours and all other requests as a standard reconsideration request and issue a determination with 14 days of the request for reconsideration. A PR will complete the Reconsideration Review within 30 calendar days of receipt of the request. The Appeals Coordinator will select a PR not involved in the Peer Review decision to conduct the Reconsideration Review. The client's medical information supplied by the provider will be available to the PR who will independently make a decision regarding medical necessity.

Reconsideration Reviews will be completed in writing.

Reconsideration Review PRs can uphold, reverse, or modify the Peer Review denial decision. Written notification including medical rational of that decision and the authorization or denial number will be sent to the provider and/or member within 24 hours of that decision. A Reconsideration Review must be completed prior to the provider or member requesting a State Fair Hearing. The Reconsideration Review process is not available for quality issues and technical denials.

## ***Retrospective Review***

---

If the client discharges pending a Peer Review or Reconsideration Review, the case becomes a Retrospective Review. Retrospective Reviews must be requested in writing and accompanied by the complete medical record within 60 calendar days.

## ***Technical Denial***

---

A technical denial will be issued for admissions that are not authorized prior to or at the time of admission. The day(s) from admission to the date Magellan is contacted are technically denied. Technical denials will be issued for admissions occurring after normal business hours that are not reviewed during the following business day, continued stay reviews that are not done timely, and if the retrospective review is requested more than 60 calendar days. A Reconsideration Review for a technical denial is not available through Magellan Health Services.

## ***Reinstatement***

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Following a denial, if the client is not discharged and again meets clinical guidelines, the Care Manger will reinstate the authorization from the date the client again met clinical guidelines. It is the responsibility of the facility or supervising practitioner to request a Reinstatement Review.

## ***Appeals***

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If a denial is upheld or adversely modified at the Reconsideration Review process, the facility or client/guardian may appeal the Reconsideration Review decision in writing to DHHS within 90 calendar days from the date of the Reconsideration Review denial letter.

The mailing address for DHHS Division of Behavioral Health Administrative Appeal requests is:

DHHS – Division of Behavioral Health  
ATTN: Robert Bussard  
301 Centennial Mall South  
PO Box 95026  
Lincoln, NE 68509-5026  
(402) 471-7821

### ***Appendix B.3 - Appeals Process (Medicaid)***

Magellan Health Services reviews mental health and/or substance abuse services for the Nebraska Medicaid Managed Care Program and for certain levels of care for the Nebraska Medical Assistance Program to determine if the service is medically necessary and appropriate for payment.

#### ***Reviewing Treatment***

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Once Medicaid eligibility and provider enrollment has been confirmed and all pertinent information is gathered, the Care Manager compares the medical information to the appropriate clinical guidelines. If the clinical guidelines are met, and the care the client requires can only be provided in the requested setting, the Care Manager may authorize the Admission or Continued Stay Review. If the clinical guidelines are not met, or there is question regarding the level of care, the Care Manager will refer the case to Peer Review.

Department approved clinical guidelines:

1. Acute inpatient hospital clinical guidelines from Title 471 NAC 20-007.05 for clients 21 years of age and older;
2. Acute inpatient hospital admission clinical guidelines from Title 471 32-008.05 for clients 20 years of age and younger; and
3. Department-approved clinical guidelines for residential, treatment group home, treatment foster care home, day treatment and outpatient services:

[www.magellanprovider.com/forms/handbooks/supplements/ne\\_medicaid/neb\\_index.asp](http://www.magellanprovider.com/forms/handbooks/supplements/ne_medicaid/neb_index.asp)

#### ***Psychiatrist Reviewer (PR) Requirements***

---

Magellan Health Services ensures that a network of reviewers is accessible Monday through Friday 8:00 a.m. to 5:00 p.m. Psychiatrist reviewers (PR) will be practicing board certified psychiatrists who are licensed in Nebraska and are located in a Nebraska-based office. Reviewers are trained and familiar with applicable Medicaid program specifications.

#### ***Treatment Authorization or Denial***

---

The Care Manager notifies the provider or the facility contact of the approval authorization decision within the same working day as the request for the review, and no later than the second working day following the request. Written notification including the authorization number is sent within 72 hours. If the service is not approved the peer review and reconsideration process will be followed.

## ***Admission Review***

---

Available pertinent medical information must be reviewed prior to or at the time of admission to an acute inpatient psychiatric hospital or psychiatric unit, residential treatment center, treatment group home, treatment foster care or day treatment program. This Admission Review is conducted to determine that the admission is medically necessary, that the services will be delivered in the most appropriate treatment setting, and that the services meet professionally recognized standards of care for Medicaid payment purposes.

When a facility fails to prior authorize services on the date of admission for a Medicaid eligible member, an Admission Review is required on the date the provider calls. Days between the date of admission and the date of the call to the Care Manager will be technically denied and a Reconsideration Review will not be available through Magellan Health Services. Since prior authorization is a requirement, the facility and supervising practitioner will not be reimbursed for the care provided prior to the authorization and they cannot bill the client for technically denied days.

## ***Continued Stay Review***

---

A Continued Stay Review is a period review of available pertinent medical information conducted during the treatment episode. It is completed to ensure that the client continues to require and continues to receive services in the most appropriate treatment setting, and the services provided meet professionally recognized standards of care for Medicaid payment purposes.

It is the provider's responsibility to contact the Care Manager to complete the continued stay review prior to the last day of the existing authorization period to allow time for Peer Review before the authorization expires, if necessary.

## ***Peer Review***

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When the Care Manager cannot determine that the clinical guidelines are met, or there is a question regarding the level or quality of care, the case will be referred for Peer Review. Peer clinical review will be conducted for cases where a clinical determination to authorize cannot be made by the Care Manager, and the provider requests the Peer Review. During the initial step of the Peer Review, the Care Manager reviews the authorization request with the ASO psychiatrist within 24 hours of the authorization request. The ASO psychiatrist will determine if clinical guidelines are met and make an authorization determination, including alternative treatment recommendations. The Care Manager will notify the provider of the determination of the initial authorization request and explain the availability to discuss the Peer Review determination with the ASO Psychiatrist. The provider may take up to four hours to confirm with Magellan the request for a peer-to-peer discussion. The peer-to-peer discussion must be a discussion between the Practitioner or designee and the Psychiatrist Reviewer. The Appeals Coordinator will arrange the peer to peer discussion within one business day of the request for the peer-to-peer discussion.

The peer-to-peer discussion must be timely and the provider must have a back-up procedure for situations where the original provider is not available. The designee must be available within one business day. If the provider declines to complete a peer-to-peer discussion or fails to request or schedule the peer-to-peer discussion, the Psychiatrist Reviewer's initial determination is upheld.

The PR will notify the practitioner of the Peer Review decision at the time of the peer-to-peer discussion. Written notification including medical rationale for that decision and the authorization or denial number will be sent to the supervising practitioner, and the provider within 24 hours of the decision.

Magellan Health Services has 72 hours following the authorization request to complete the entire Peer Review process, including written notification. The PR, using his/her medical judgment, will determine the appropriateness of the admission or continued stay review and provide specific medical rationale for the decision.

If the PR denies the care at Peer Review, the provider's next step is a Reconsideration Review. If a client is discharged pending a Peer or Reconsideration Review, the case becomes a Retrospective Review. The provider does not need to complete a peer-to-peer discussion in order to be eligible for Reconsideration.

### ***Reconsideration Review***

---

If a PR issues a denial at Peer Review, a Reconsideration Review of that decision is available. A client, supervising practitioner or provider may have up to 90 days of the notification results of the Peer Review to request a Reconsideration Review. The provider can determine the level or urgency of the Reconsideration. If the provider determines that the reconsideration is urgent (i.e., the member is in a 24 hour facility) the reconsideration determination is made within 72 hours of the request for reconsideration. If the provider determines that the level of urgency for the reconsideration is standard (i.e., a request for psychological testing), the determination is made within 14 days of the request for reconsideration. If the provider does not indicate level of urgency, the ASO will process all acute requests within 72 hours and all other requests as a standard reconsideration request and issue a determination within 14 days of the request for reconsideration. A PR will complete the Reconsideration Review within 30 calendar days of receipt of the request.

The Appeals Coordinator will select a PR not involved in the Peer Review decision to conduct the Reconsideration Review. The client's medical information supplied by the provider and/or supervising practitioner will be provided to the PR who will independently make a decision regarding medical necessity.

Reconsideration Reviews will be completed in writing.

Reconsideration Review PRs can uphold, reverse, or modify the Peer Review denial decision. Written notification including medical rationale of that decision and the authorization or denial number will be sent to the supervising practitioner, provider and/or member within 24 hours of that decision. A Reconsideration Review must be completed prior to the provider or member requesting a State Fair Hearing. The Reconsideration Review process is not available for quality issues and technical denials.

## ***Retrospective Review***

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If the client discharges pending a Peer Review or Reconsideration Review, the case becomes a Retrospective Review.

Retrospective Reviews must be requested in writing and accompanied by the complete medical record within 60 calendar days of the client being determined Medicaid eligible. A technical denial will be issued if the review is requested more than 60 calendar days after Medicaid eligibility is determined. Reconsideration Reviews for technical denials is not available through Magellan Health Services. If a client becomes Medicaid eligible during an acute inpatient hospital or Day Treatment stay, the review can be done telephonically.

## ***Technical Denial***

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A technical denial will be issued for admissions that are not authorized prior to or at the time of admission. The day(s) from admission to the date Magellan is contacted are not authorized prior to or at the time of admission. The day(s) from admission to the date Magellan is contacted are technically denied. Technical denials will be issued for admissions occurring after normal business hours that are not reviewed during the following business day, continued stay reviews that are not done timely, and if the retrospective review is requested more than 60 calendar days after Medicaid eligibility is determined. A Reconsideration Review for a technical denial is not available through Magellan Health Services.

## ***Reinstatement***

---

Following a denial, if the client is not discharged and again meets clinical guidelines, the Care Manger will reinstate the authorization from the date the client again met clinical guidelines. It is the responsibility of the facility or supervising practitioner to request a Reinstatement Review.

## ***Appeals***

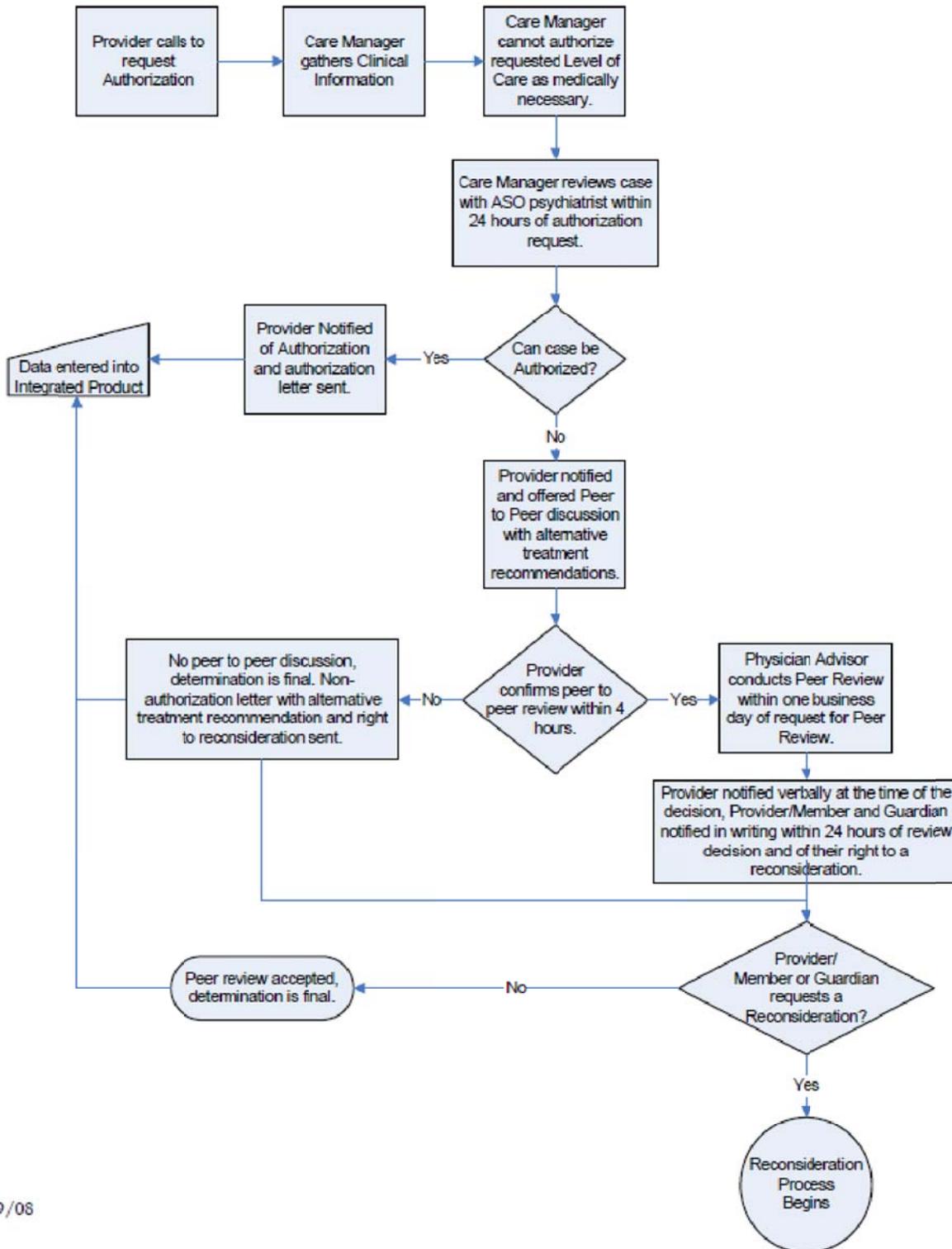
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If a denial is upheld or adversely modified at the Reconsideration Review process, the supervising practitioner, facility or client may appeal the Reconsideration Review decision in writing to DHHS within 90 calendar days from the date of the Reconsideration Review denial letter.

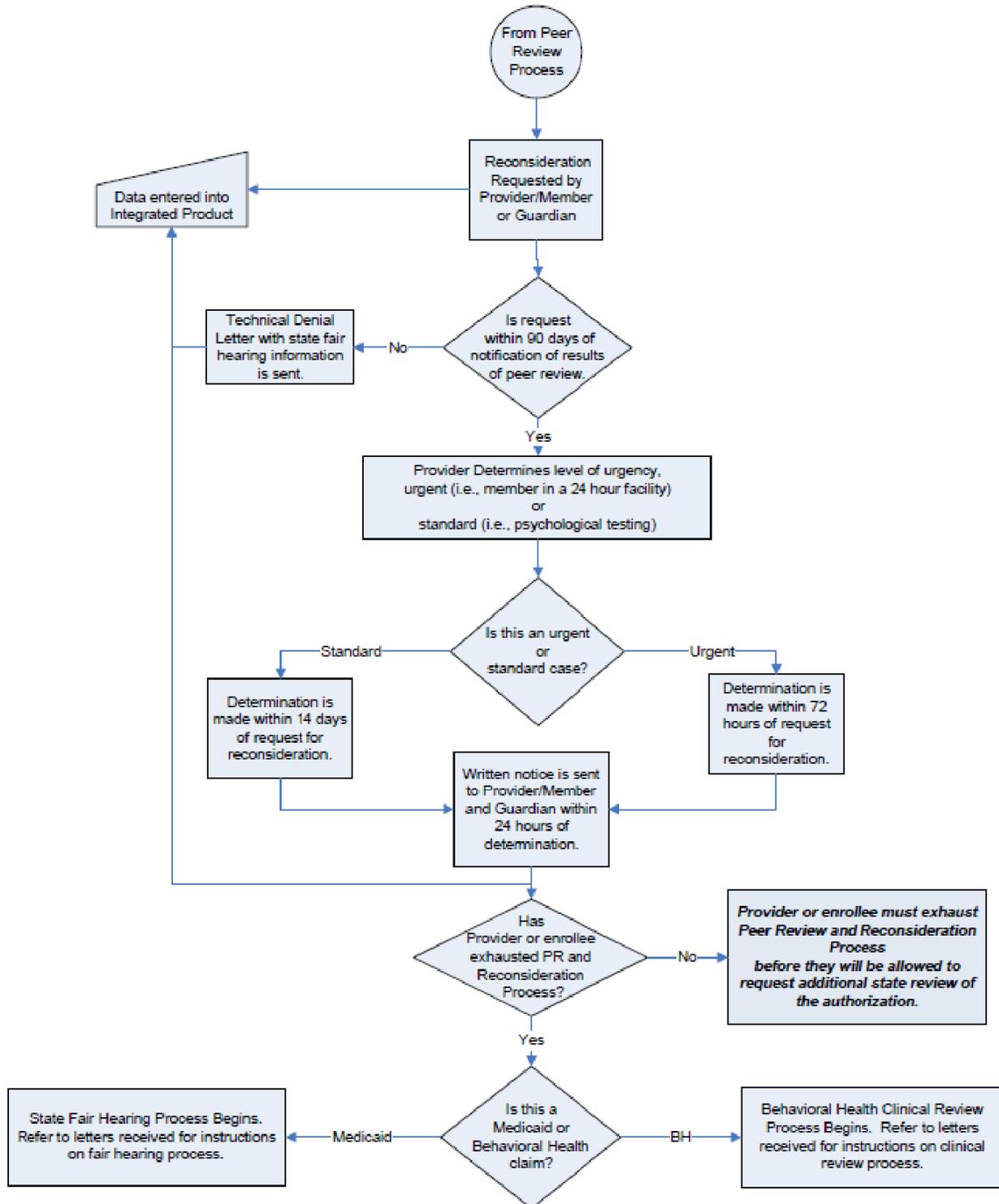
The mailing address for HHS Administrative Appeal requests is:  
Legal Services - Hearing Section  
PO Box 98914  
Lincoln, NE 68509-8914

DHHS will notify Magellan Health Services when a Review Activity Summary is needed for a State Fair Hearing. A Magellan QI Reviewer will summarize review activity for that case from its review file. Magellan Health Services will send the Review Activity Summary, the Peer Review denial letter, the Reconsideration Review denial, or adversely modified letter to DHHS within 14 days following the request.

Peer Review Process

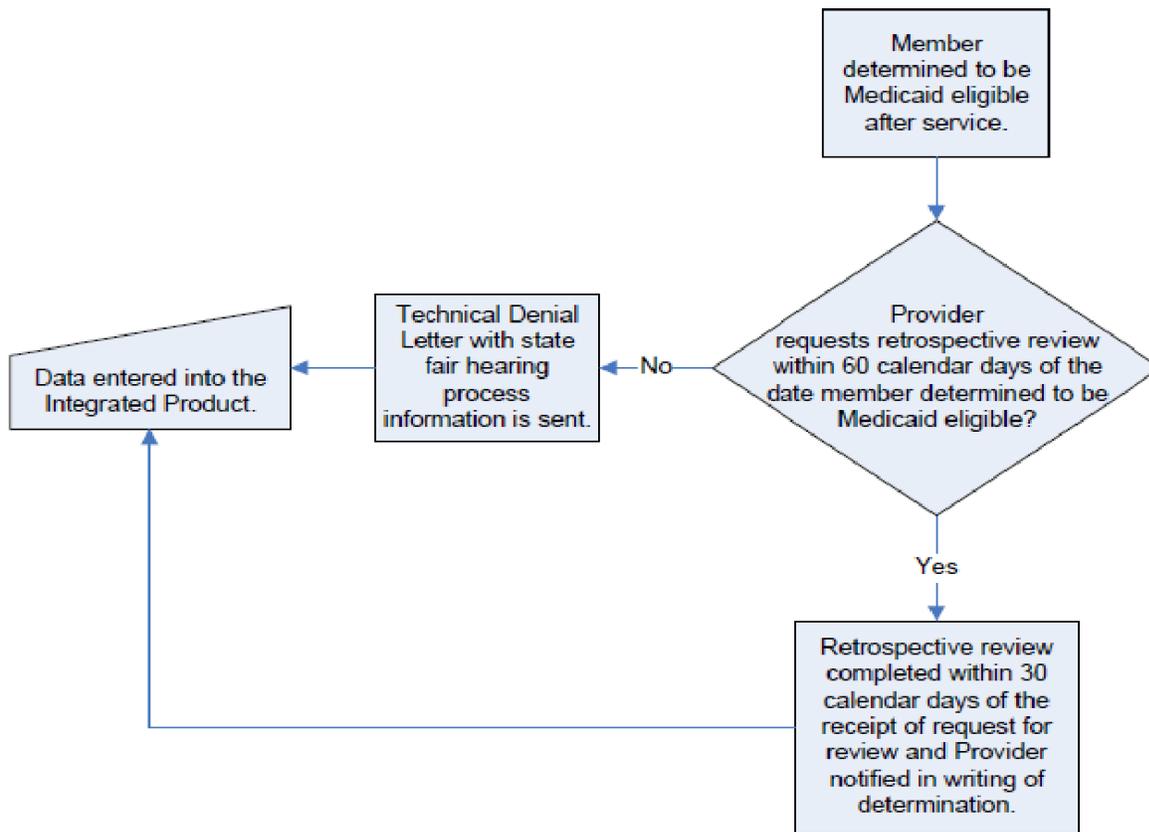


Nebraska  
Division of Medicaid and Long Term Care  
and the  
Division of Behavioral Health  
Reconsideration Process



Nebraska  
Division of Medicaid and Long Term Care  
and the  
Division of Behavioral Health

Retrospective Review Process



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## Appendix C – Contacts

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### Appendix C-1 Nebraska Magellan Key Contacts List

Sue Mimick, CEO; [smimick@magellanhealth.com](mailto:smimick@magellanhealth.com) , (402) 437-4214

Andrew Shapiro, COO; [adshapiro@magellanhealth.com](mailto:adshapiro@magellanhealth.com) , (402) 437-4244

Dr. Janine Bergerac Fromm, Medical Director; [jbfromm@magellanhealth.com](mailto:jbfromm@magellanhealth.com) , (800) 424-0329

Travis Parker, Director of System Transformation; [TWParker@magellanhealth.com](mailto:TWParker@magellanhealth.com) , (402) 437-4282

Lori Hack, Compliance Officer; [LAHack@magellanhealth.com](mailto:LAHack@magellanhealth.com) , (402) 437-4220

Tamara Gavin, Director of Clinical Services; [TGavin@magellanhealth.com](mailto:TGavin@magellanhealth.com) , (402) 437-4254

Lisa Christensen, Director of Quality Management; [LLChristensen@magellanhealth.com](mailto:LLChristensen@magellanhealth.com) , (402) 437-4255

Teresa Danforth, Director of Provider Network Services; [TJDanforth@MagellanHealth.com](mailto:TJDanforth@MagellanHealth.com) , (402) 437-4241

Bryon Belding, Field Network Coordinator; [bnbelding@magellanhealth.com](mailto:bnbelding@magellanhealth.com) , (402) 437-4268

Christine Cole, Provider Relations Liaison; [CSCole@magellanhealth.com](mailto:CSCole@magellanhealth.com) , (402) 437-4265

Patti Ryan, Director of IT; [poryan@magellanhealth.com](mailto:poryan@magellanhealth.com) , (402) 437-4210

Lisa Casullo, Sr. Manager of Consumer Recovery; [lcasullo@magellanhealth.com](mailto:lcasullo@magellanhealth.com) , (402) 437-4234

Suzanne Kuhn, Member Services Managers; [skuhn@magellanhealth.com](mailto:skuhn@magellanhealth.com) , (402), 437-4247

Adam Proctor, Training Lead; [aproctor@magellanhealth.com](mailto:aproctor@magellanhealth.com) , (402) 437-4227

Questions of process and procedure begin at the Care Manager Level –i.e.: Lost Password, Grievance Process, Authorizations, Appeals Process, etc. (800)-424-0333

Behavioral Health Authorization Modification Request Form – Use number on form.

### *Appendix C.2 – Nebraska Division of Behavioral Health Contacts*

- 1) **Sheri Dawson, RN**; Administrator for the Community-Services Section
  - 402-471-7856
  - [sheri.dawson@nebraska.gov](mailto:sheri.dawson@nebraska.gov)
- 2) **Susan Adams, MA**; Network Prevention, Treatment and Support Services Manager
  - 402-471-7820
  - [susan.adams@nebraska.gov](mailto:susan.adams@nebraska.gov)
- 3) **Heather Wood, MS**; Quality Improvement & Data Performance Administrator
  - 402-471-1423
  - [heather.wood@nebraska.gov](mailto:heather.wood@nebraska.gov)
- 4) **Robert Bussard**;
  - 402-471-7821
  - [robert.bussard@nebraska.gov](mailto:robert.bussard@nebraska.gov)

## **Appendix D – Reports Available from Magellan System and Report Guidelines**

*This appendix is subdivided into reports available on the web to service providers and those that are produced for the Division of Behavioral Health and distributed through the Regional Networks.*

*This appendix provides a list of available BHS reports and describes the content of each report, the report parameters, and requirements for inclusion of the data in each report as well as guidance to printing and utilizing the reports.*

*Data Source(s) - Data for all reports will be compiled through the Magellan Integrated Product system using data collected from the Nebraska-specific magellanprovider.com web pages. Reports are available on the providers' specific web pages.*

## Appendix D.1 - Reports Available on the Web for Providers

The following reports are available on the web for the providers on a monthly basis

- Admission Summary
- Actual Services Provided
- Discharge Summary
- Admission Trends Summary
- Summary of the Movement of Population
- Annual Re-registration
- Discharge Compliance
- Utilization Summary
- Annual Report
- ALOS Comparison
- Demographic Report (Annual Report for SFY 2011)

The screenshot displays the Magellan Health Services Provider Portal in Microsoft Internet Explorer. The browser address bar shows the URL: <https://www.magellanprovider.com/mpNebraska/do/rpt/manager>. The page features a navigation menu with options like 'MyPractice', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar is located below the navigation menu. On the left side, there is a 'My Practice' sidebar with a 'Nebraska' dropdown menu. The main content area is titled 'Nebraska Reports' and includes a search bar and a 'Report Parameters' section. The 'Report Parameters' section has a dropdown menu labeled 'Please choose a report type:' which is currently open, showing a list of report options: Admission Summary, Actual Services Provided, Discharge Summary, Admission Trends Summary, Summary of Movement Population, Annual Re-Registration, Discharge Compliance, Utilization Summary, Annual Report, ALOS Comparison, and Demographics Report. A callout box with a speech bubble points to this dropdown menu, containing the text: 'Depiction of Report's drop down menu on the Magellan Provider Page.' The footer of the page contains copyright information: '© 1999 - 2012 Magellan Health Services' and links to 'Terms and Conditions of Use', 'Disclaimer', 'About this Website', and 'Privacy Policy'. The Windows taskbar at the bottom shows the system tray with the time '2:14 PM' and the date '8-30-2013'.

- 1) **Report Description** - The purpose of this report is to provide Nebraska Behavioral Health System (NBHS) Regions and their providers with a report of the number of admissions to their programs for the reporting period and fiscal YTD and of consumers still active at the report end date, and some demographics of those consumers. Providers will see only their own admissions. Regions will see admissions only for records associated with their providers, based on the region of admission in each record.
- 2) **Selection Criteria** - Selection of data is based on admissions to NBHS services during report period and appropriate fiscal year. For provider reports, records will additionally be restricted to only those where the requestor was the provider. For Region reports, records will additionally be restricted to only those where provider's sub-network falls under the region requesting the report. For Re-registrations, new admits are determined by the earliest admit date occurring during the report period. For all other services, new admits are determined by the authorization start date or admit date (if no authorization) occurring during the report period. YTD Admissions count admissions from July 1 of the fiscal year of the requested period through the report end period. Current Consumers are those admitted prior to the report end date and not discharged before the report end date. For reports where a specific region was selected (not allowed for Regions), only records where the provider's sub-network is associated with that region will be selected.
- 3) **Content** – This report displays number of new admissions during the reporting period, the number of YTD admissions and the number of current consumers by service type by provider. In addition it displays the following demographic information for each:
  - Gender
  - Age at Admission
  - Income
  - Race
  - Diagnosis
  - Insurance Type
  - County of Admission
  - Reason for Admission



- 1) **Report Description** - The purpose of the report is to provide Nebraska Behavioral Health System (NBHS) providers with a report of the number of discharges for the reporting period and fiscal YTD and of consumers still active at the report end date, and some demographics of those consumers. Requestors will have the ability to request the report grouped by region, provider, and service type or as a summary report for the report period of their choosing. Providers will be able to access a summary of their own data only, regions will be able to access data only for their region.
- 2) **Selection Criteria** - Selection of data is based on discharges from NBHS services during report period and appropriate fiscal year. For provider reports, records will additionally be restricted to only those where the requestor was the provider. For Region reports, records will additionally be restricted to only those where provider's sub-network falls under the region requesting the report. For Re-registrations, new discharges are determined by the latest discharge date occurring during the report period. For all other services, new discharges are determined by the discharge date occurring during the report period. YTD Discharges count discharges from July 1 of the fiscal year of the requested period through the report end period. Current Consumers are those admitted prior to the report end date and not discharged before the report end date. For reports where a specific region was selected (not allowed for Regions), only records where the provider's sub-network is associated with that region will be selected.
- 3) **Content** - This report displays number of new admissions during the reporting period, the number of YTD admissions and the number of current consumers by service type by provider. In addition it displays the following demographic information for each:
  - Gender
  - Age at Admission
  - Income
  - Race
  - Diagnosis
  - Insurance Type
  - County of Admission
  - Reason for Admission





#### *Appendix D.1.f.i - MCO000116A Annual Re-Registration Report*

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1. **Report Description** - The purpose of the report is to show by provider by service by consumer the registered services within the NBHS Reporting Group that need to be re-registered. The report is updated monthly to reflect new registrations that will lapse during the reporting period. These entries will remain on the report until a Provider enters the re-registration or discharges the registration in the event the consumer is no longer receiving those services.
2. **Selection Criteria** - Record selection for inclusion in this report is based on:
  - a. Consumers belonging to the NBHS Reporting Group.
  - b. Consumers that are registered for services on /prior to the user defined report end date and have a registration End Date that falls on/prior the user defined report end date.
  - c. Do not have a discharge date or a later re-registration.
3. **Content** - This report shows Region, Service Type, Provider ID, Provider Name, Patient Name, Patient SSN, Case #, Episode #, Encounter # and the Re-Registration Due Date. Registrations on the report are grouped by Region and Service Type.

#### *Annual Re-Registration Process*

---

All registered services are required to be updated annually in order to ensure that consumer information is up to date. This process also facilitates Federal NOMS reporting for registered services. Each month the "Annual Re-Registration Report" will be updated for each provider on the MagellanProvider.com web site. The report lists all the consumers whose registrations will lapse during that month. Providers need to review the report and re-register any consumers who are continuing in services. Those consumers who are no longer in services that appear on the report should be discharged. If Re-Registration is not completed by end of month following the Re-Registration Due Date noted in the report, the case/episode/encounter will no longer appear on the TAD.

**Annual Re-Registration Guide**

Date of Initial Registration	Date of last annual re-registration	Date to use for current annual re-registration
Note: Annual re-registrations are calculated one year and one day from last re-registration. i.e May 15, 2010 – May, 15, 2011, - May 16, 2012.		

The Annual Re-Registration is developed as a method to capture data on people who are staying in services more than a year. The most frequent services that require Annual Re-Registrations are the outpatient services such as family, group and individual as well as medication management. There are two purposes for the Annual Re-Registration:

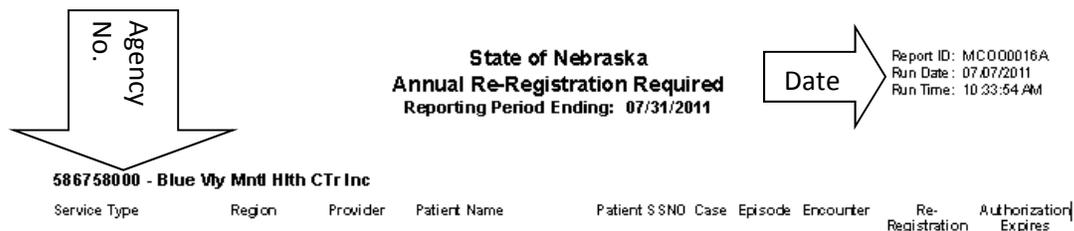
1. To update the clinical summaries for National Outcomes Reporting to the Federal Substance Abuse and Mental Health Services Administration (SAMHSA).
  2. To remind programs/agencies/providers to review clinical files on at least an annual basis.
- Annual Re-Registrations are conducted in the month in which the individual was first registered for services. The Annual Re-Registration process began in April 2009 for all registered clients.

**What the Annual Re-Registration Report Contains**

The Annual Re-Registration report contains a list of records requiring an Annual Re-Registration. Annual Re-Registrations are required of all persons in programs that exceed 364 days of continual service. This occurs most frequently in REGISTERED service of the Nebraska Behavioral Health Network. Here is a list of registered services for Fiscal Year 2012:

Assess/Eval ONLY - Justice	Detox
Assess/Eval ONLY - MH	Emergency Comm Supp
Assess/Eval ONLY - SA	Emergency Psych Observation 23:59
CH - Day Treatment	EPC
CH - Halfway House	Family Navigator
CH - Home Based MST	Hospital Diversion
CH - IOP SA	Intensive Case Management – MH
CH - Med Management	ICM/ICS - MH
CH - OP MH	ICM/ICS - SA
CH - OP SA	Medication Management
CH- Partial	OP - Dual Dx
CH- Prof Partner	OP - MH
CH- Respite	OP - SA
CH- Short Term Wraparound	Opiod Replacement- Methadone/Buprenorphine
CH- Therapeutic Comm	Mental Health Respite
CH- Youth Assess ONLY - MH	Psychological Testing
CH- Youth Assess ONLY - SA	Recovery Support
CPC	Supported Employment
Crisis Assess/Eval - LADC/SA	Supported Living
Crisis Assess/Eval - MH	
Crisis IP – Youth	
Crisis Stabilization/TX	
Day Support	

*Representation of an Annual Re-Registration Report Header and column labels*



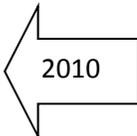
Looking at the header of the Annual Re-Registration report, the important elements to note are the run date of the report and the agency Identification. In this report we have the agency MIS number (Magellan Information System) from the Magellan web site and the agency name (truncated to 40 characters). The report date is the date it was run by Magellan (again the report is run around the 8th of the month and onto the web site about a week later) - Annual Re-Registration is a static report, it is run only once each month.

*Below the header are the column headings including:*

- Service type – what service was the client registered for
- Region – the Region of the Agency
- Provider – a repeat of the header name
- Patient Name – Who was the person registered
- Patient SSN – the Social Security Number of the person registered
- Case – this is the case number of the individual registered in Magellan
- Episode – The episode of care for this person (this is a sequential number that is developed by Magellan to identify the number of episodes the person has been engaged in within the treatment system. A continuous episode is broken when there is more than a 3 day break between in-patient services, and a 30 day break between out-patient services.
- Encounter – Within the episode of care what encounter is this – how many services has the person been engaged in during this episode.
- Re-Registration – the month the re-registration is required/due.
- Authorization Expires – the date of the initial registration or last Annual Re-Registration.

Here is a representation of a part of an agency's several columns. Notice the Medication Management is split. Annual Re-Registrations are enumerated on the report beginning in January and continuing through December – regardless of the year the Annual Re-Registration is to be/have been completed. This represents the report less the identifying information of patient name, patient SSN and Magellan case number. (Thank you, Blue Valley, for your example).

Service Type	Region	Provider	Episode	Encounter	Re-Registration	Authorization Expires
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0003	01/2011	01/11/2011
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0011	01/2011	01/23/2011
O/P-MH	005	Blue MyMntl Hlth CTr Inc	001	0002	03/2010	03/24/2010
Ch O/P-MH	005	Blue MyMntl Hlth CTr Inc	001	0004	03/2011	03/13/2011
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0010	03/2011	03/01/2011
O/P-MH	005	Blue MyMntl Hlth CTr Inc	001	0004	03/2011	03/22/2011
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0003	04/2011	04/09/2011
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0003	04/2011	04/23/2011
O/P-SA	005	Blue MyMntl Hlth CTr Inc	001	0003	04/2011	04/05/2011
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0004	05/2011	05/02/2011
Medication Management	005	Blue MyMntl Hlth CTr Inc	001	0006	05/2011	05/29/2011

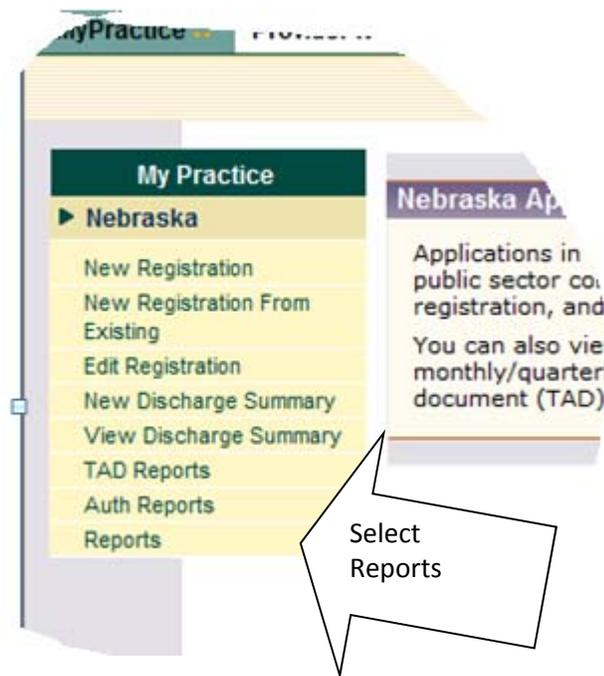


In the case of this agency it appears that there should have been Annual Re-Registrations conducted in each of the months January, March, April, and May. Note there is an Annual Re-Registration due in 2010 as well as those listed for 2011. The 2010 listing requires attention.

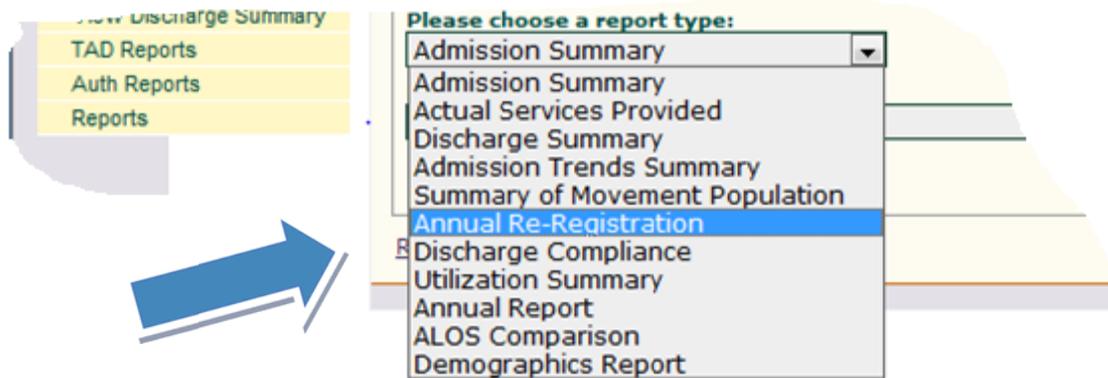
## Getting the Annual Re-Registration Report

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- 1) **First and foremost** – close down all other programs operating on your machine. Open only your web browser (Internet Explorer is the browser the web site is designed for.)
- 2) To obtain an Annual Re-Registration report the provider logs onto the magellanprovider.com web site at their agencies portal using the agencies, or user's username and password provided. Once you get on line the system defaults to the My Practice page.
- 3) After you get to the My Practice page you will need to select the correct type of report. In this case it will be an Annual Re-Registration report. Select from the drop down menu by scrolling down the list of reports – Use the drop down arrow to the right to view the reports and then select Annual Re-Registration.



Above is the My Practice page, after clicking “Reports” in the yellow area to the left. Below you will see we have selected the type of report we want to view – Annual Re-Registration.



- 4) The next step is to select the time period to view. Annual Re-Registration reports are available for each month beginning in April 2009. Because there are multiple years available it is necessary for you to select the time period based on the drop down menu "please select a report time frame." Again use the drop down menu to select the time frame.
- 5) There are two ways to obtain the "Annual Re-Registration Report" for this month.
  - a. The first method of obtaining an "Annual Re-Registration Report" is to use the quarterly reports screen.

The figure below shows the selections necessary to obtain the report for the fourth quarter of 2010.

Nebraska Reports :: Nebraska Reports Help?

**Provider ABC**

**Search**

**Report Parameters**

**Please choose a report type:**  
 Annual Re-Registration ←

**Please choose a report time frame:**  
 Quarterly Reports - Fourth Quarter (April - June) ←

**Please choose a report year:**  
 2010 ←

**Submit**

[Return to MyPractice Page](#)

- b. The second method of obtaining an “Annual Re-Registration Report” (for the same time period) is to use the Fiscal Year drop down indicator.

The figure below shows how to obtain an “Annual Re-Registration Report” for the same time period using the Fiscal Year drop down indicator.

The screenshot shows the 'Nebraska Reports' web application. At the top, there is a purple header with 'Nebraska Reports ::' on the left and 'Nebraska Reports Help?' on the right. Below the header, the text 'Provider ABC' is displayed in red. A light green 'Search' bar is present. The main content area is titled 'Report Parameters' and contains three dropdown menus with red arrows pointing to them: 'Please choose a report type:' with 'Annual Re-Registration' selected, 'Please choose a report time frame:' with 'Fiscal year - (July - June)' selected, and 'Please choose a Fiscal year:' with '2010' selected. A red 'Submit' button is located below the dropdowns. At the bottom of the form area, there is a blue link that says 'Return to MyPractice Page'.

- c. Select the Fiscal Year that we are in – Fiscal years are named for the year in which June 30th (the last day falls) (e.g. June 30, 2011 is FY 11). Fiscal years for the state run July 1 through June 30.
- 6) Press the submit button, sit back, relax and wait for the report to be generated for your entity.
  - 7) A few Tips about getting the report:
    - a. Pop up blocker MUST be set to accept pop ups on your machine for the Magellan web site.
    - b. Check around your computer and look at the status lines. You may need to minimize the web site to see your pop ups (it could be hidden behind a program window). Don't close out the browser or you will lose everything and have to start over again.
    - c. Save your Annual Re-Registration report to your local computer. This is a good practice so that you can compare reports from one month to the next without having to go to the Magellan Web site. It is recommended that all reports be kept locally to minimize traffic on the Magellan Web Site.
    - d. The Annual Re-Registration report is a static report – that is it runs only once a month. The Annual Re-Registration report runs around the 8th of the month and is on the web site about a week later.

### *What do I do with the Information on the Report?*

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- 1) To most effectively work with the Annual Re-Registration report, you will need to have:
  - a. The most recent Annual Re-Registration report,
  - b. The most recent Turn Around Document (TAD) and
  - c. An open web portal to the Magellan Site.

You will be working with Social Security Numbers to query the Magellan web site.

- 2) To re-register a client use the **NEW FROM EXISTING** choice and complete the information on the Registration forms.
- 3) The date to use as the new registration will be one day AFTER the date of the AUTHORIZATION EXPIRES date on the report (last column). In our list above the first Annual Re-Registration has an AUTHORIZATION EXPIRES date of 1/11/2011 so the Annual Re-Registration admission date to use is 1/12/2011. This is true no matter the date (e.g. May 31 AUTHORIZATION END date results in a June 1, re-registration admission date; December 31 AUTHORIZATION END date results in a January 1, re-registration date (don't forget to change the year also); etc.; this includes leap day if it is appropriate for the year the AUTHORIZATION EXPIRES date falls.) The admission date cannot be changed once you click on the save button on page 4 of the registration documents, so check your work before clicking on the save button.
  - a. If a change in date is necessary, contact Magellan via the "Behavioral Health Authorization Modification Request Form" and explain the situation. Be detailed as to the error observed.
  - b. The Annual Re-Registration is coordinated with the agencies Turn Around Document (TAD) for the same services. If a person is not re-registered in the month following the month they show up on the Annual Re-Registration list that person is dropped from the TAD. If a person's anniversary date is 25 Jan, the persons' name will fail to show up beginning March 1 (the third month following the month of the anniversary). The TAD is a live report while the Annual Re-Registration is a static report developed around the 8<sup>th</sup> of the month and on the web about a week later. Once a person is re-registered they will show back up on the TAD immediately.
  - c. If an Annual Re-Registration is required of a person's record that cannot be found at the agency or if the person is to be discharged before the Annual Re-Registration is due, simply complete a discharge record for the person.
  - d. If you discharge a person within the month of the Annual Re-Registration, but after the AUTHORIZATION END DATE, the Annual Re-Registration must be completed before the discharge is completed.
- 4) If you find a record that appears on the client summary correct, but still shows up on the Magellan Annual Re-Registration report please call Magellan Behavioral Health or the Division of Behavioral Health. There may be other errors in the sequence of records that require attention not available to the agency staff.

## Additional Information

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Don Reding – Magellan Behavioral Services, Inc., 402-437-4261

[DJReding@magellanhealth.com](mailto:DJReding@magellanhealth.com)

Robert Bussard – Nebraska Division of Behavioral Health, 402-471-7821

[Robert.Bussard@Nebraska.Gov](mailto:Robert.Bussard@Nebraska.Gov)

## What does a good Annual Re-Registration look like?

---

Search

[Return to MyPractice Page](#)

6 Requests Found

Name	Date of Birth	Social Security No.	Treatment Type	Admission Date	Discharge Date
.....	.....	.....	Medication Management	04/10/2001	06/21/2011
.....	.....	.....	Medication Management	04/15/2009	←
.....	.....	.....	Acute Psy Inpatient	11/12/2009	11/14/2009
.....	.....	.....	Acute Psy Inpatient	11/16/2009	11/23/2009
.....	.....	.....	Medication Management	04/16/2010	←
.....	.....	.....	Medication Management	04/17/2011	←

Discharge the LAST record of the set.

## Which re-registration do we discharge with?

---

Discharge the Last registration. But make a note in your record what you have done. Maybe take a screen shot of the provider site such as has been done above.

Oh – a little hint Magellan captures and sequences on the listing of events for individual clients that you can access on the “edit registration” selection of your provider web site. Enter the SSN and see the sequence from top to bottom – enumerated beginning as number 1 on the first event and continuing. The depiction immediately above has 6 events listed. See events 2, 5 and 6. Do not attempt to complete an annual re-registration with any other choice than **NEW FROM EXISTING**.

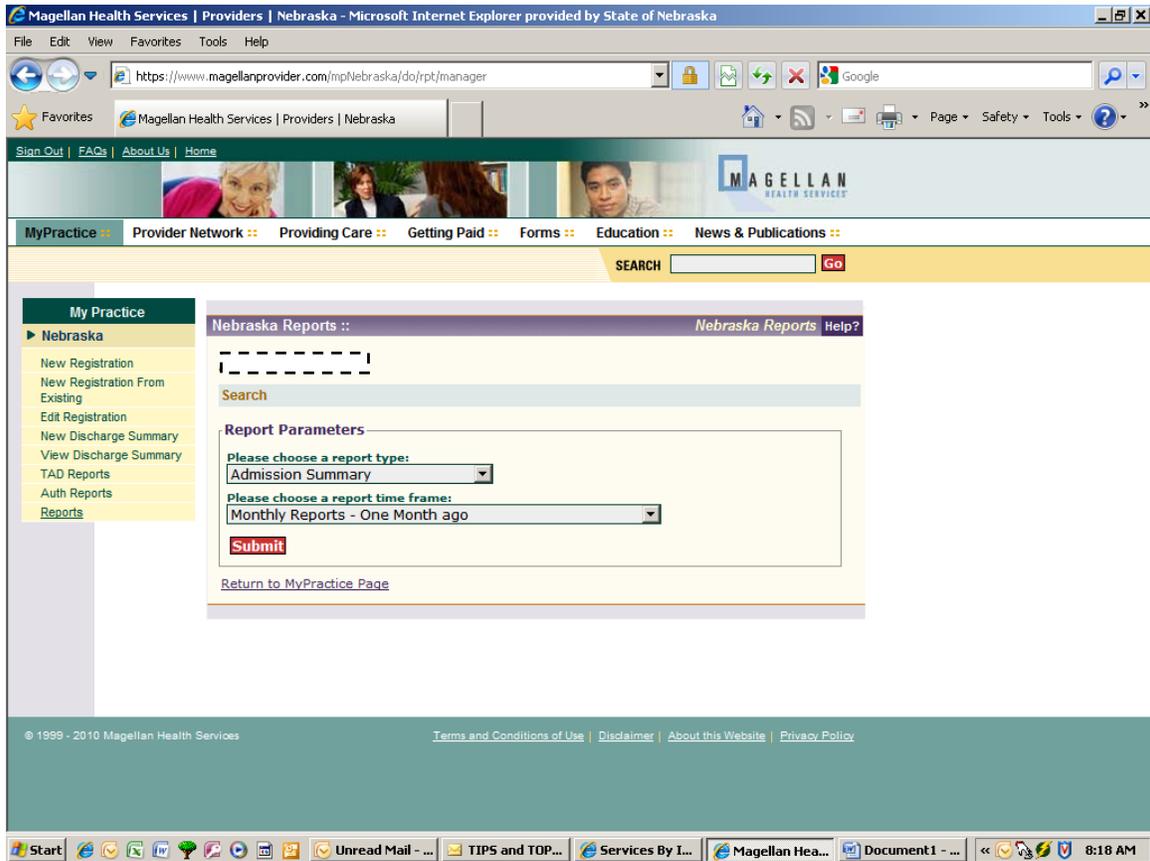
## Summary

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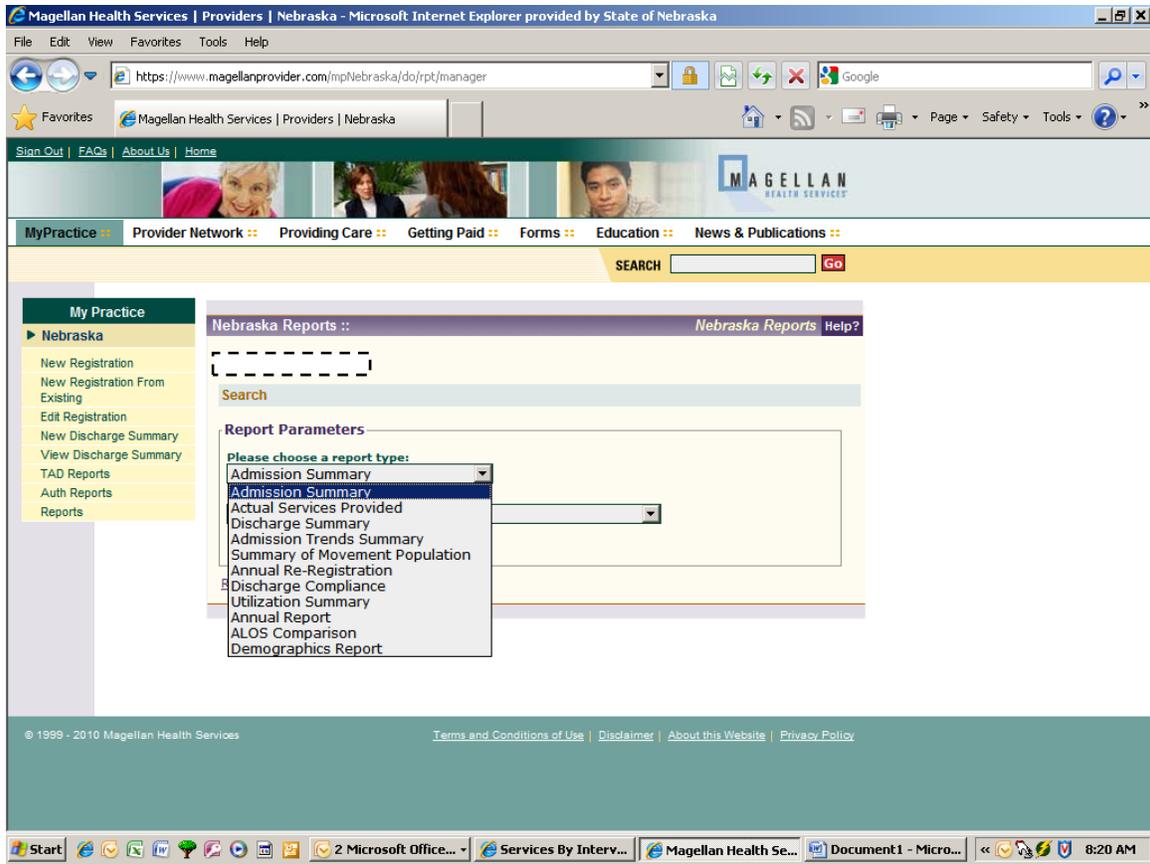
- 1) Obtain the Annual Re-Registration report
  - a. Go to MagellanProvider.com site for your agency.
  - b. Secure the report by selecting Annual Re-Registration from drop down list.
  - c. Select the time period for report.
  - d. Select submit.
  - e. A PDF pop up window appears with information.
  - f. Keep the report on your computer for future reference.
- 2) Compare the PDF file against information in Agency files.
- 3) Update record by selecting “**New from Existing**” Complete the new record with an admission date one day **after** the “Authorization End Date.”
- 4) To discharge a set of Annual Re-Registrations complete a discharge for the LAST record.

- 1) Report Description - This report is designed to display lapsed authorizations and registrations which will allow providers to identify those authorizations and registrations that need to be discharged or re-authorized.
- 2) Selection Criteria – This report will include all authorizations that have lapsed by a week or more and no discharge date has been entered. It will also include all registrations that have had no encounter data entered within the previous 90 days. The exception for registered services is Medication Management registrations that have no encounter data entered within the previous 180 days.
- 3) Content – Provider versions of this report will include the Provider Name, Consumer Name, Consumer SSN, Service Type, Authorized or Registered Service, Case, Episode, and Encounter Number, Authorization Start Date, Authorization End Date, and Lapsed or Inactive authorization or registration type. The Region version of the report will include a summary by provider that includes the number of lapsed authorizations and registrations and the number of inactive registrations. A total of each category by Region is also provided.

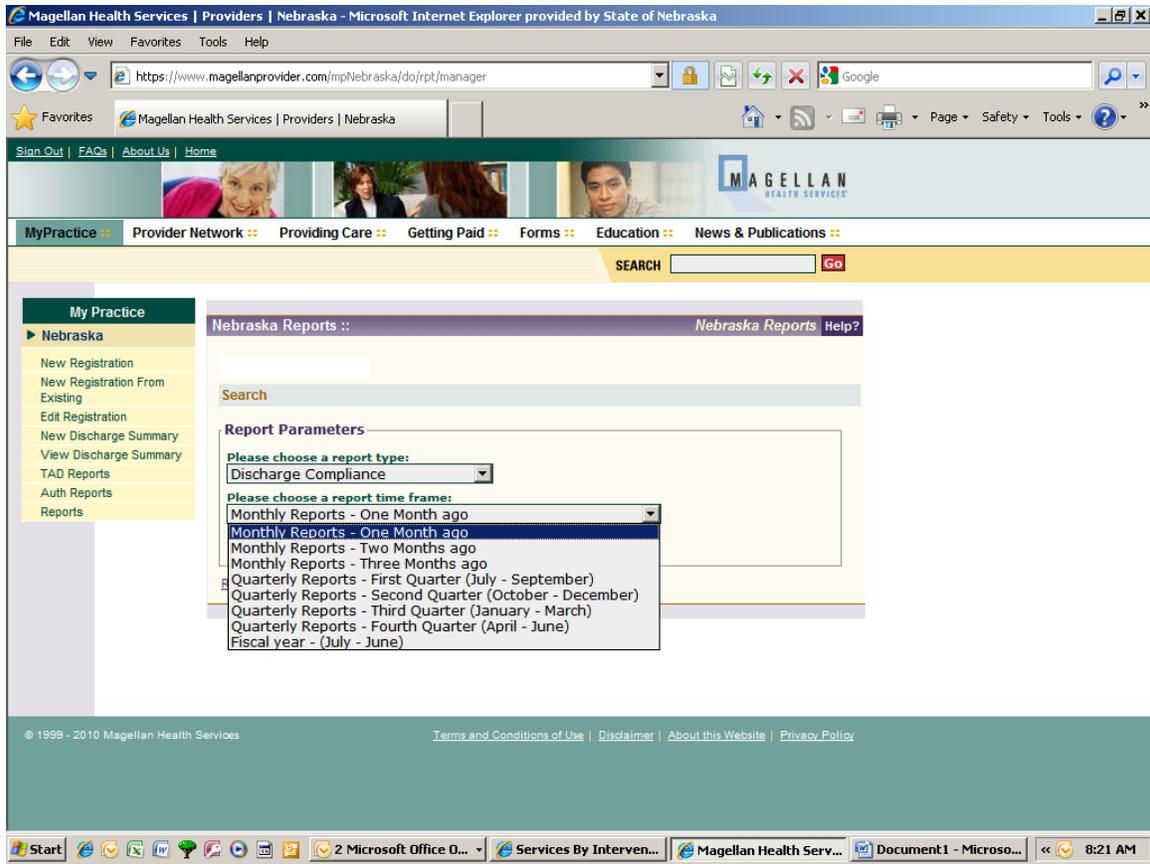
## Guidelines for Discharge Compliance Report



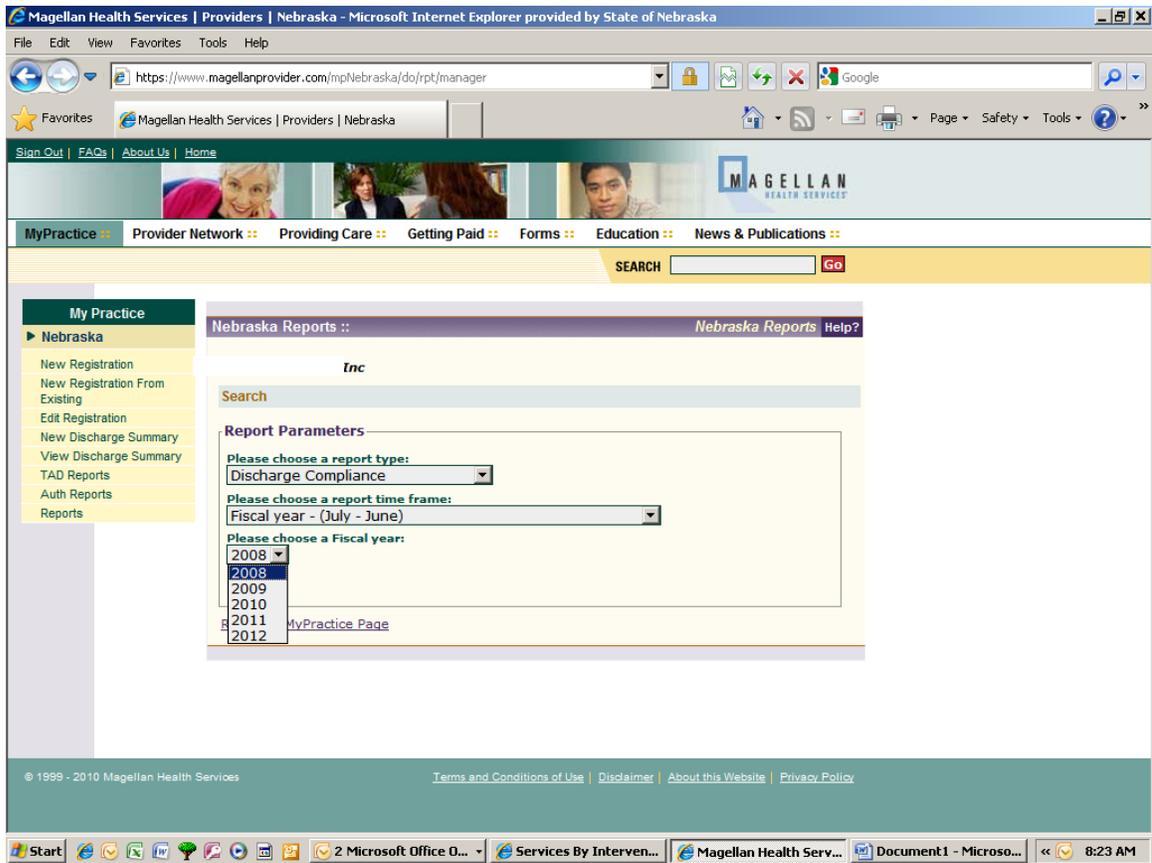
This guide starts with the Reports window.



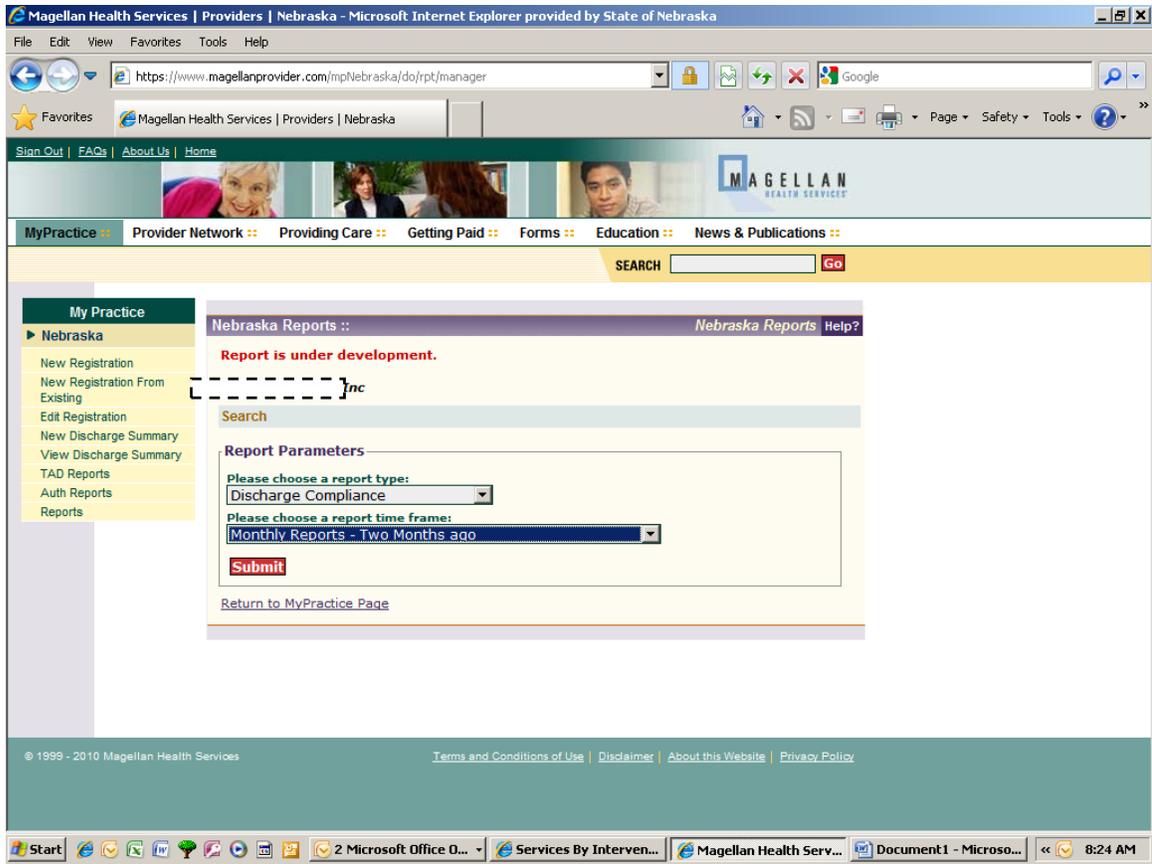
The drop down menu for the report type is presented above. Scroll down to the “Discharge Compliance” report listing.



The second selection is for the time period of the reported you want. Select based on the time of the month. “Discharge Compliance Reports” are only run once a month around the 8th.



Here is dropdown menu for the fiscal year. When “Discharge Compliance Reports” are made available for extended periods of time, they will be similar to any of the other reports and be made available based on fiscal years and time periods.



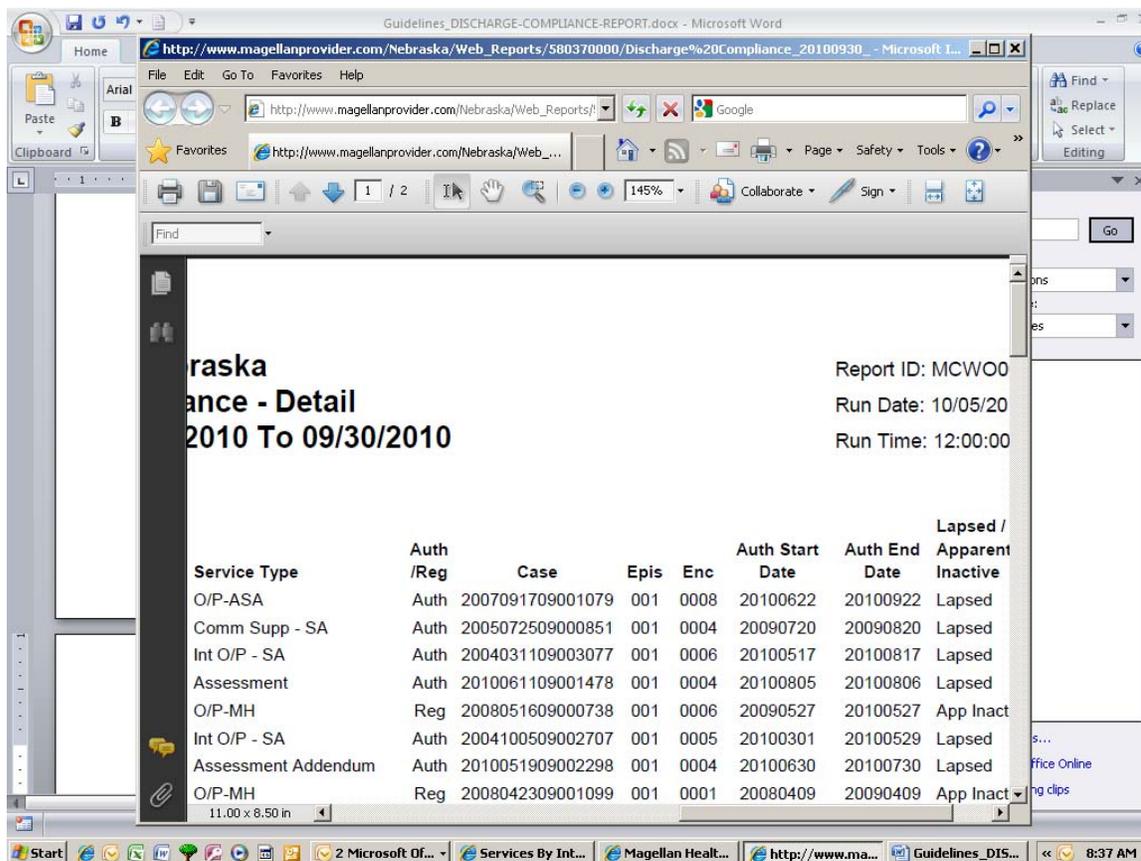
The current method of getting a “Discharge Compliance” early in the month is to select the Two Month Ago time period. “Discharge Compliance Reports” are STATIC reports. The information is run on a given date (usually around the 8th) and remains that way for reporting purposes. The information is promoted to the web around the 11th of the month.

State of Nebraska  
Discharge Compliance - Detail  
Reporting Period: 09/01/2010 To 09/30/2010

Report ID: MCW0026A  
Run Date: 10/05/2010  
Run Time: 12:00:00 PM

Patient ID	Provider	Patient Name	Patient SSN	Service Type	Auth	Case	Efile	Date	Auth Start	Auth End	Legend / Agency
				Comm Sup - SA	Reg	30070190000379	001	0008	20100622	20100622	Lapsed
				IP-OP - SA	Auth	30060720000381	001	0004	20090720	20090820	Lapsed
				IP-OP - SA	Auth	3004031100002077	001	0004	20100817	20100917	Lapsed
				Assessment	Reg	20100110000149	001	0004	20100628	20100628	Lapsed
				OP-MH	Reg	3008091000007738	001	0006	20090827	20100927	App Inactive
				IP-OP - SA	Auth	30041000000207	001	0006	20100301	20100329	Lapsed
				Assessment Admitment	Auth	20100100000238	001	0004	20100630	20100730	Lapsed
				OP-MH	Reg	30080420000139	001	0001	20090409	20090409	App Inactive
				IP-OP - SA	Auth	3003020100002946	001	0006	20100824	20100824	Lapsed
				OP-MH	Reg	3006011000002985	001	0008	20090724	20100724	Lapsed
				Unknown	Reg	30031000000143	001	0003	20031028	20091028	Lapsed
				OP-ASA	Auth	3003001100002368	001	0001	20091028	20091028	Lapsed
				OP-ASA	Reg	3009001100002368	001	0003	20090811	20100811	Lapsed
				OP-MH	Reg	300903000001429	001	0004	20090801	20100801	Lapsed
				OP-ASA	Reg	3004020000001916	001	0003	20090819	20100819	Lapsed
				IP-OP - SA	Auth	3004032400002173	001	0012	20100814	20100814	Lapsed
				IP-OP - SA	Auth	3008121400002238	001	0002	20100428	20100528	Lapsed
				OP-ASA	Reg	2009060000002977	001	0002	20090814	20100814	App Inactive
				Comm Supp - SA	Auth	3007019000003396	001	0012	20100907	20100908	Lapsed
				IP-OP - SA	Auth	3007019000003396	001	0012	20100814	20100814	Lapsed
				OP-ASA	Auth	3007019000003396	001	0011	20100623	20100619	Lapsed
				Unknown	Auth	3009100000002380	001	0001	20091006	20091104	Lapsed
				Comm Supp - SA	Auth	3008112100000375	001	0003	20100818	20100817	Lapsed
				IP-OP - SA	Auth	3008022000001957	001	0004	20100814	20100814	Lapsed
				OP-ASA	Auth	300611000001023	001	0019	20090823	20091023	Lapsed
				OP-MH	Reg	300910000000026	001	0001	20100630	20100616	Lapsed
				OP-ASA	Reg	300910000000026	001	0002	20100630	20100616	Lapsed
				IP-OP - SA	Auth	300910000000026	001	0003	20091032	20100916	Lapsed
				IP-OP - SA	Auth	300911000000499	001	0003	20091116	20100321	Lapsed
				OP-ASA	Auth	300911000000499	001	0002	20091030	20091110	Lapsed
				Ch-ASA	Reg	2008040100002584	001	0001	20080401	20100401	App Inactive
				Styckem Rec - SA	Auth	300910000002007	001	0009	20100720	20100818	Lapsed
				OP-ASA	Auth	300910000002980	001	0004	20090728	20090728	Lapsed
				OP-ASA	Reg	200310000001396	001	0019	20090823	20100823	Lapsed
				Assessment	Auth	301007100001014	001	0002	20100712	20100730	Lapsed
				OP-MH	Reg	3008074000007143	001	0004	20090724	20100724	Lapsed
				IP-OP - SA	Auth	3008070100002964	001	0006	20100712	20100812	Lapsed
				Ch-OP-MH	Reg	3004054000002987	001	0001	20040504	20090504	App Inactive
				OP-MH	Reg	300702000001286	001	0011	20090915	20100915	Lapsed

Here is an example of a discharge compliance report for an agency. This report is a PDF and can be preserved on a local machine under the appropriate file. PHI has been blocked from example report.



Above is a more detailed look at the “Discharge Compliance Report.” To the left of these columns are columns that identify the Agency number, Agency name, program participant name and Social Security Number. Because of PHI, we have chosen only to show these last few columns.

Nebraska has two types of services in its continuum of care: Registered and Authorized. The registered services are those for which information is maintained for program participants and for whom the Division seeks yearly updates. The registration and Authorization concepts were first created when the Division re-organized the service system in the mid-1990s.

Authorized services are those services that require approval at some level by a managing entity. The 3rd party managing entity for Nebraska is Magellan Behavioral Health Services, Inc. Update on the status and progress of these clients is gathered at re-authorization (or continued stay reviews).

Aside from the **Agency Identifier, Program Participant Name and Social Security Number** here are column descriptors on the “Discharge Compliance Report”

### **Service Type**

This is the service that the individual is authorized or registered to obtain. This is indicated for Registered services on the 3rd page of the Magellan web site. For an Authorized service that 3rd screen has available \_\_PRE-AUTH\_\_ that triggers the authorization process for those services authorized. Agencies then call a Magellan Care Manager to discuss the program participants planned care to determine if the client is eligible for the service considered.

**NOTE:** If there is a service listed on the report that a reporting agency does not provide - there has been a provider data entry error. The record must be attended to. Send a “Behavioral Health Authorization Modification Request Form” and indicate “delete record.”

### **AUTH / REG**

This column indicates the authorization or registration status of the program participant.

### **CASE**

This is the case number from the Magellan data system.

### **EPIC (Episode of Care)**

The number of times the person has entered the treatment system with substantial breaks between the last discharge and the next admission.

- For Outpatient Services more than 30 day break.
- Residential services more than a 7 day break.

### **ENC (Encounter)**

A count of the number of times the person has changed services during this episode of care.

### **AUTH START DATE**

This is the date that an authorization was made (it could be within a sequence of authorizations) or in which the person was first registered.

### **AUTH END DATE**

This is the date an AUTHORIZATION ended for an authorized service; or the last month for which encounter information was entered for a REGISTERED service that shows on a *Turn Around Document* (TAD).

### **LAPSED / APPARENTLY INACTIVE**

- For an **AUTHORIZED service**, this is an indicator of whether an authorization is lapsed (beyond the last day of the authorization end date).
- For a **REGISTERED client** this is the last date for which a registered client has information such as encounter, or this could be the “Annual Re-Registration” report date indicating that a person’s annual re-registration should be complete.

### ***KEYS to possible errors in reporting, validating, and solutions***

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- If the service indicates a "Pre-Auth" this is a broken link to a record and should be reported to Magellan for deletion.
- Reminder: In October 2009, Magellan added data fields related to phone, address, trauma history, and medical conditions. These fields must be completed for an agency to successfully discharge a client. To complete the fields the agency must first EDIT the REGISTRATION, enter the new information, and then save the edited registration. The Discharge can then be completed.
- EDIT REGISTRATIONS can be accomplished for all data fields of registered or authorized clients on the first, second and third screens of the Magellan web site. Clinical information of an authorized service cannot be edited. The persons Social Security Number also cannot be edited. To edit the Social Security number the provider must file a "Behavioral Health Authorization Change Request Form" indicating the wrong and revised Social Security Number or Resident Alien Number. (See page 20, Magellan Behavioral Health Provider Manual & Web Site User Guide, May 2010)
- Here are a few examples of possible links between the Agency Client History screens (I am using EDIT REGISTRATION INQUIRY screen) and the "Discharge Compliance Report."
- The lines between the two report depictions represent possible matches in the records to wit additional information is required to resolve issues.

Here is an example of a cross check for a person who's record may require work.

**Last Name:** 
**First Name:** 
**Date of Birth:**

**Social Security Number:** 
**Admission Date:**

**Search**

[Return to MyPractice Page](#)

**14 Requests Found**

Name	Date of Birth	Social Security No.	Treatment Type	Admission Date	Discharge Date
<ul style="list-style-type: none"> <li>Nearly two years for Assess/Eval?</li> <li>A "PRE-AUTH" that's lost</li> <li>This Asses/ Eval looks OK →</li> <li>This person is more than 20 years old in 2010 - CH is for Children's services. Care manager did not catch the error in service.</li> </ul>			Short-term Res - SA	01/03/2007	01/07/2008
			O/P-SA	11/14/2007	01/03/2008
			Assess/Eval ONLY -SA	11/14/2007	07/23/2009
			Ch IOP-SA	11/14/2007	01/03/2008
			Ch CS-SA	12/19/2007	06/04/2008
			O/P-SA	01/03/2008	07/07/2008
			Assess/Eval ONLY -SA	04/15/2008	07/23/2009
			Pre-Auth	04/15/2008	
			O/P-SA	06/03/2010	06/03/2010
			Assess/Eval ONLY -SA	06/03/2010	06/03/2010
			Ch CS-SA	06/07/2010	
			Ch IOP-SA	06/14/2010	
			Ch CS-SA	06/07/2010	
			Ch IOP-SA	09/08/2010	

Here is the discharge compliance report for this person.

2771	Comm Supp - SA	Auth	2007061909003095	001	0012	20100607	20100706	Lapsed
2771	Int O/P - SA	Auth	2007061909003095	001	0013	20100614	20100713	Lapsed
2771	O/P-ASA	Auth	2007061909003095	001	0011	20100603	20100915	Lapsed

Here is another example

From the Discharge compliance report this single person

9152	Comm Supp - MH	Auth	2003120209002741	001	0001	20031216	20100901	Lapsed
9152	O/P-MH	Reg	2003120209002741	001	0019	20090614	20100614	App Inactive

The agencies view of the persons records through the Edit Registration Screen

8 Requests Found

Name	Date of Birth	Social Security No.	Treatment Type	Admission Date	Discharge Date
		2	Comm Supp - MH	07/17/2003	09/01/2010
		2	O/P-SA	01/06/2004	06/13/2007
		2	Day Rehab - Full Day	03/30/2004	02/16/2005
		2	Medication Management	01/06/2004	12/30/2009
		2	Day Rehab - Full Day	11/14/2006	07/03/2007
		2	O/P-MH	06/13/2007	06/13/2009
		2	Day Rehab - Full Day	08/27/2007	10/23/2007
		2	O/P-MH	06/14/2009	09/01/2010

8 Requests Found

In reviewing the records, the client was discharged during 9/2010 as part of the agency's efforts to update their records.

Here is another example of a discharge report to the Magellan web site information.

Cpmm Supp - MH	Auth	2003102909002972	001	0004	20080528	20091225	Lapsed
Medication Managment	Reg	2003102909002972	001	0006	20090502	20100502	Lapsed
O/P-SA	Reg	2003102909002972	001	0007	20090502	20100502	App Inactive

**5 Requests Found**

Name	Date of Birth	Social Security No.	Treatment Type	Admission Date	Discharge Date
			O/P-SA	05/01/2008	
			Medication Managment	05/01/2008	
			Comm Supp - MH	05/01/2008	
			Medication Managment	05/02/2009	
			O/P-SA	05/02/2009	

**5 Requests Found**

In this case, there appears to be 3 services occurring at the same time and they have been occurring for several years.

- The O/P - SA appears to have had an annual registration, but no encounter data has been received in the time specified for the Registration. Note the Admission date is before 7/1/2008.
- The Community Support - MH Authorization lapsed - 12/25/2009.
- Like the O/P - SA Medication Management appears to have received a re-registration in May 2009, but nothing has been reported since then. Note the admission date is before 7/1/2008.

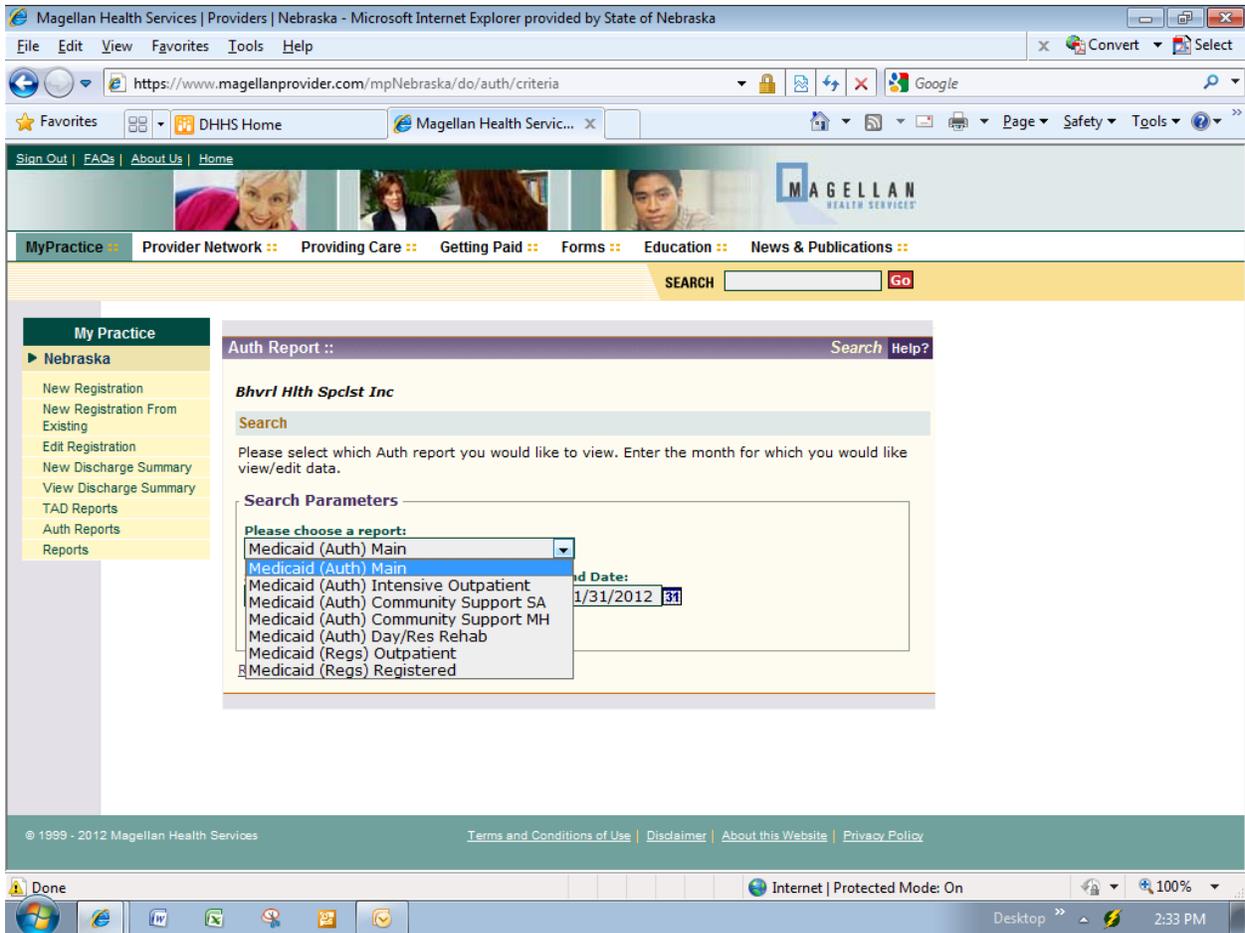
#### *Appendix D.1.h. - Utilization Summary*

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- 1) Report Description – This report provides Nebraska Behavioral Health System (NBHS) personnel and the Nebraska providers with a report of the number of consumers served, and the number of units actually used for various services provided during the reporting period. The data is grouped by region, provider and service type. Providers will have access to their own data only; regions will see data only for their region, based on the region of admission in each record.
- 2) Selection Criteria - Selection of data is based on consumers authorized to or registered for services during the report period. For provider requests via the web, records will additionally be restricted to only those where the requestor was the provider. For region requests, records will additionally be restricted to only those where the region of admission is the same as the region requesting the report. For reports where a specific region was selected, only records where that region is the region of admission will be selected.
- 3) Content – This report displays the provider name, the service provided, whether it was a registered service, the number of consumers served, and the actual number of units of service provided during the reporting period for each service. The data is grouped by region (for Region users), provider and service type. Users will have the ability to select the report begin date and the report end date for the period they wish to see.

Appendix D.1.i. - Medicaid Authorizations Reports

For use with Intensive Outpatient, Community Support MH and SA, Day/Residential rehabilitation, Outpatient and certain other authorized Medicaid managed care services.



These reports are available in through a similar manor to TAD reports for NBHS.

*Appendix D.1.j. - Turn Around Document (TAD)*

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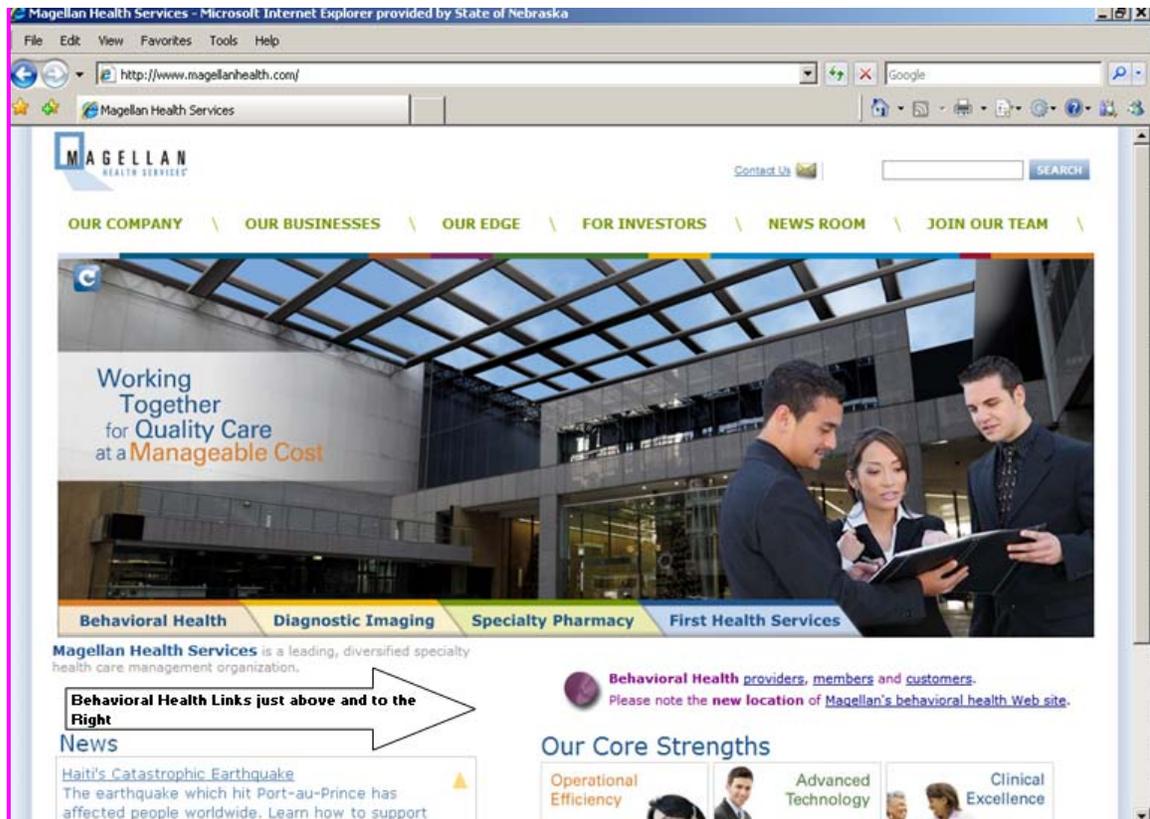
This is a step-by-step guide on finding and printing a multi page *Turn Around Document* (TAD) from the Magellan Behavioral Health website.

**Note of Caution:** Close all other programs on your computer when working in the Magellan web site, have only one browser window open, don't attempt to multi-task. Use only Microsoft Internet Explorer.

Allow Pop-up windows from the Magellan Web site.

This is the way to the Provider portal using the Magellan Corporate web site. Here is a depiction of the Magellan Corporate web site

The URL is: <http://www.magellanhealth.com/>



Toward the middle of the page is the Behavioral Health link  
Links to the provider site are on the TAB "Behavioral Health" above the arrow -> or to the Right of the arrow in the Providers, Members and Customers links.



Here is a representation of the Log on screen for the Providers web site. Enter your User ID and Password under the Provider Sign In yellow box.

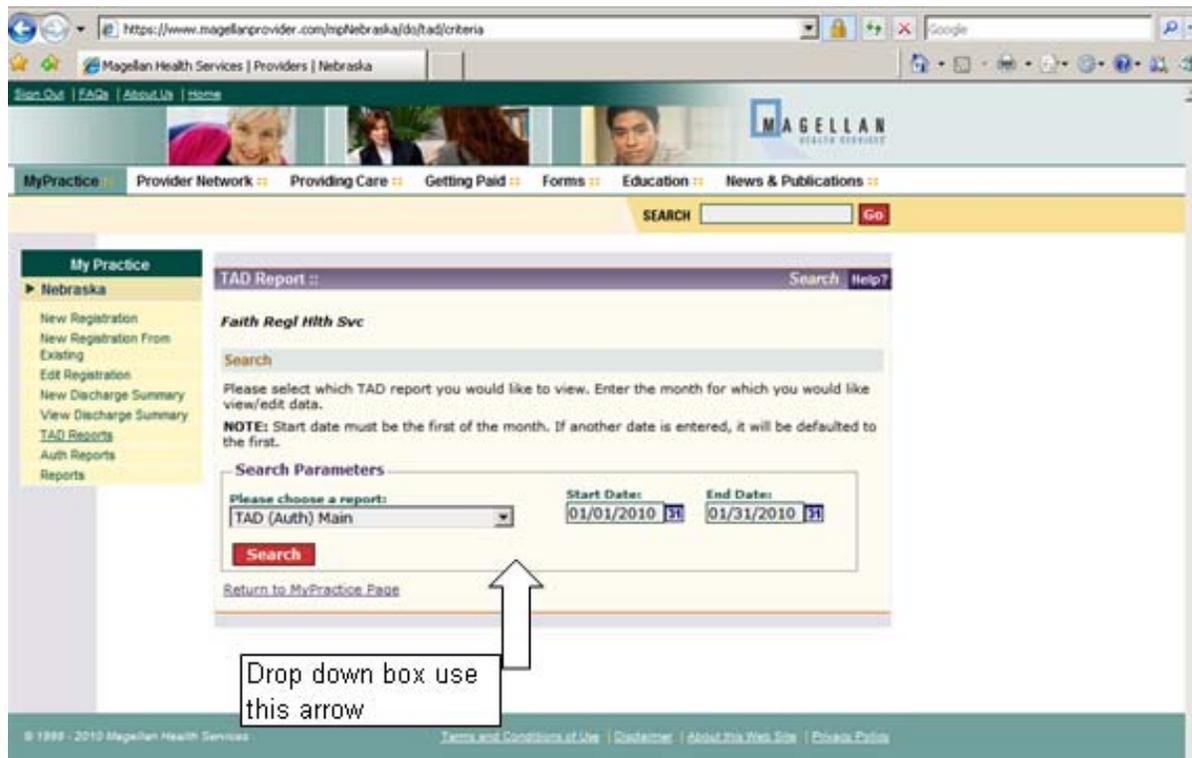
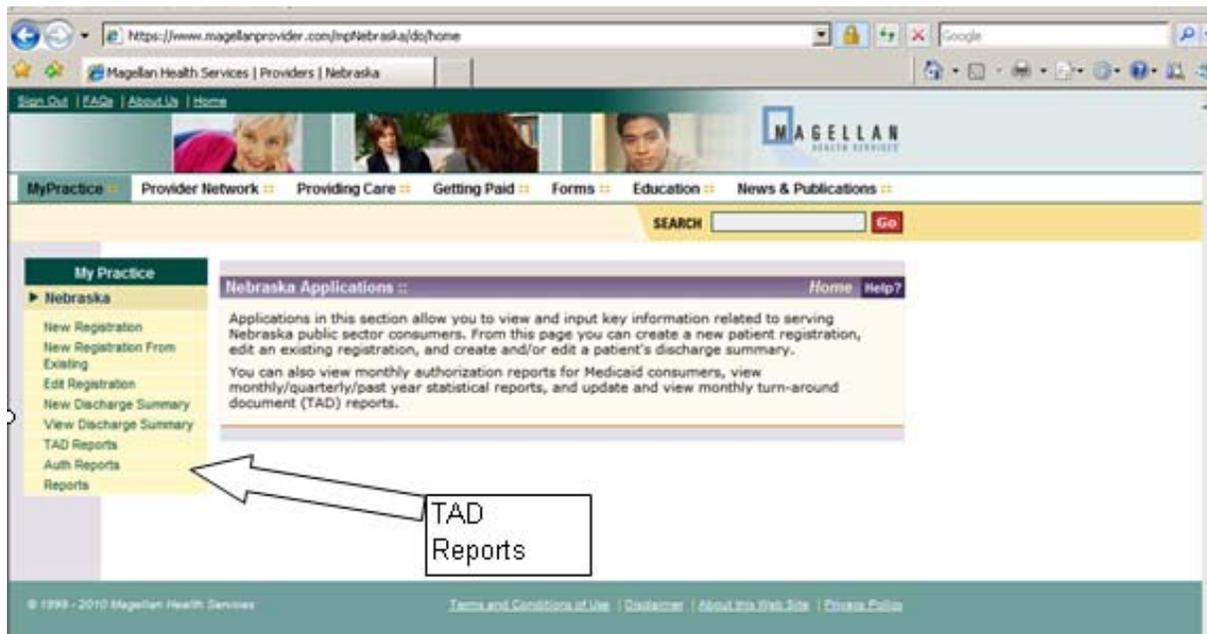
The URL for this site is:

<https://www.magellanprovider.com/MagellanProvider/do/LoadHome>

This exercise starts at the My Practice page of the Magellan Web site. This is the first page that you see once logged in to your agency account.

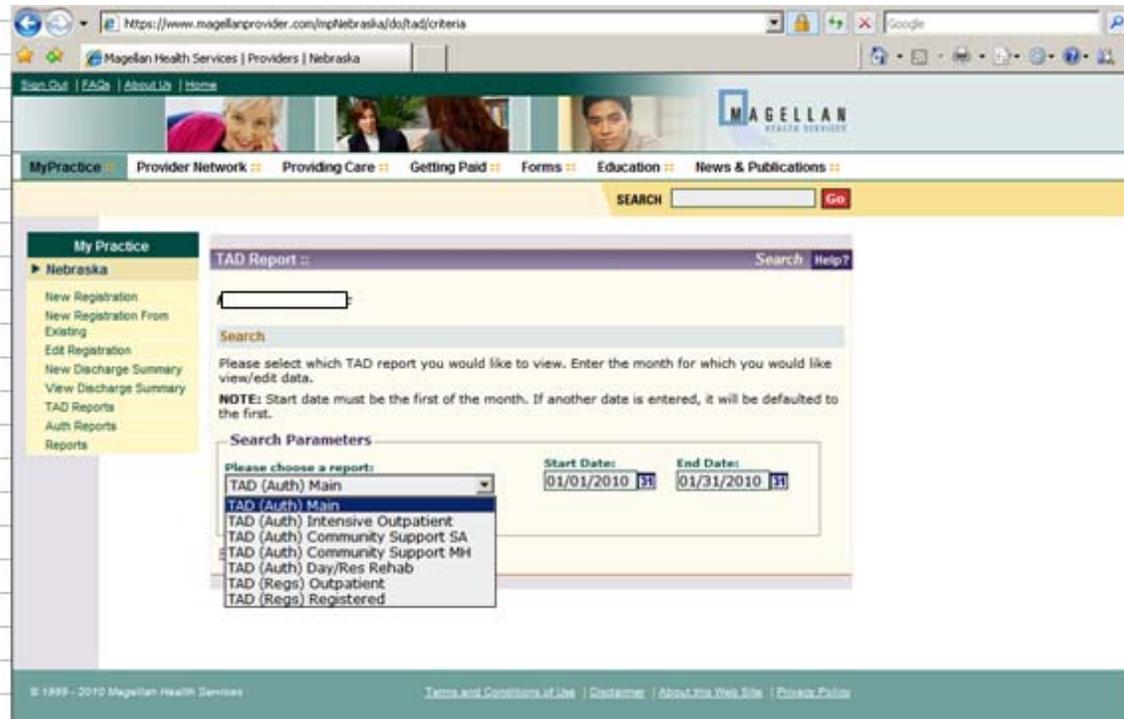
HINT: To reduce machine and internet connection errors close all other windows of your computer other than your browser window. Have only one browser window open.

- 1) Listed on the left side of the page in the yellow box are the Nebraska elements available to print. Click on "TAD Reports" in the list.



After clicking on TAD Reports you get a screen that looks like this.

- 2) TADs come in several varieties, so you will need to review the drop down menu for the type of TAD you want. Click on the down arrow to the right of the drop down menu.



Above you see the drop down menu displaying the TAD types from which you can choose.

3) Select the type of TAD report you need by scrolling down the list.

TAD reports for the Nebraska Behavioral Health System include:

- TAD (Auth) Main
- TAD (Auth) Intensive Outpatient
- TAD (Auth) Community Support SA
- TAD (Auth) Community Support MH
- TAD (Auth) Day/Res Rehab
- TAD (Auth) Outpatient
- TAD (Auth) Registered

- 4) Now select a date. The default date is the last month of data, but you can select other months by using the drop down choices for dates. You can change dates by direct entry or using the calendar function window.

SEARCH

**My Practice**

- ▶ Nebraska
  - New Registration
  - New Registration From Existing
  - Edit Registration
  - New Discharge Summary
  - View Discharge Summary
  - TAD Reports
  - Auth Reports
  - Reports

**TAD Report ::** Search Help?

**Luth Fam Services**

Search

Please select which TAD report you would like to view. Enter the month for which you would like view/edit data.

**NOTE:** Start date must be the first of the month. If another date is entered, it will be defaulted to the first.

**Search Parameters**

Please choose a report:  
TAD (Auth) Main

[Return to MyPractice Page](#)

Start Date: 01/01/2010  End Date: 01/31/2010

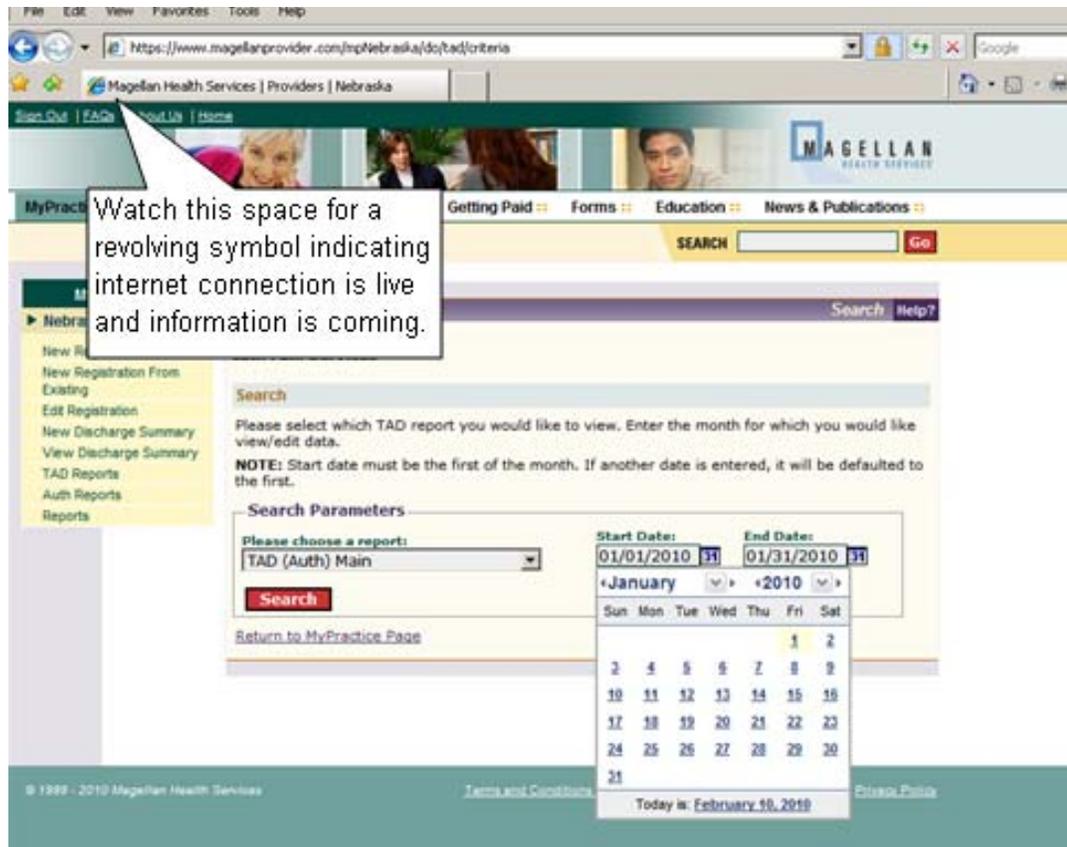
January 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

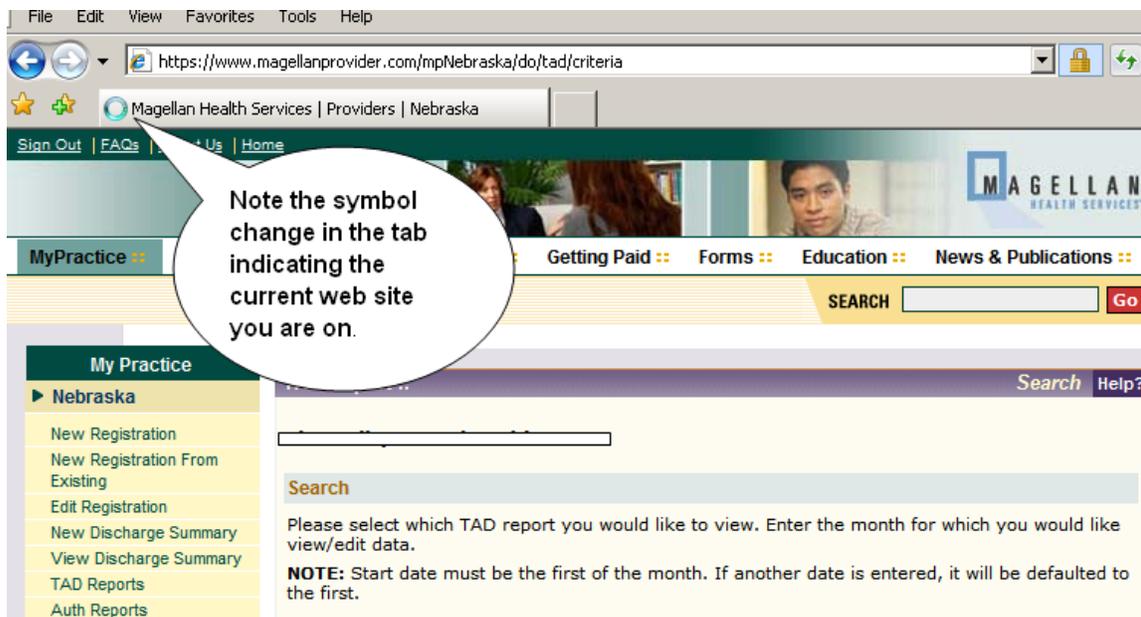
Today is: February 10, 2010

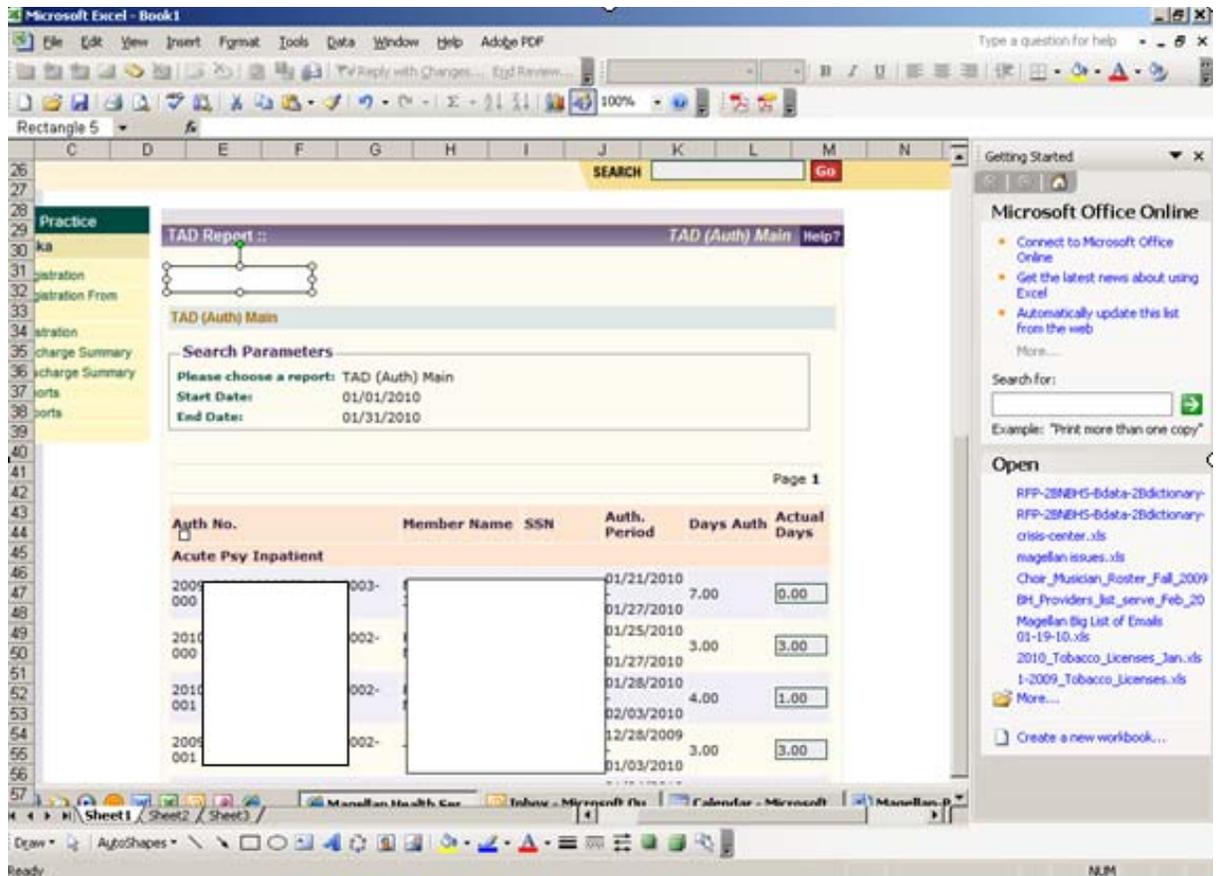
© 1999 - 2010 Magellan Health Services [Terms and Conditions](#) [Privacy Policy](#)

When you click on the calendar a new calendar window opens. As you move around the arrows on the top of this new calendar window “hover” boxes appear with directions on changing months, or years.



**NOTE:** TADS print to your computer screen slowly. Much information is gathered before the depiction is made. Depending on your connection speed and the speed of the CPU you are using, several minutes may elapse. Be patient. To check if you are still connected, watch the tab name in your browser for a revolving arrow.





Here is a TAD for an agency. This TAD may extend multiple pages. If you try to print the TAD at this point you will get a printout that will not have the date or agency listed, which auditors find difficult to work with. You are encouraged not to print TADS using this page.

TAD-magellan.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

Create Combine Collaborate Secure Sign Forms Multimedia Comment

1 / 1 102% Find

Magellan Health Services | Providers | Nebraska Page 1 of 1

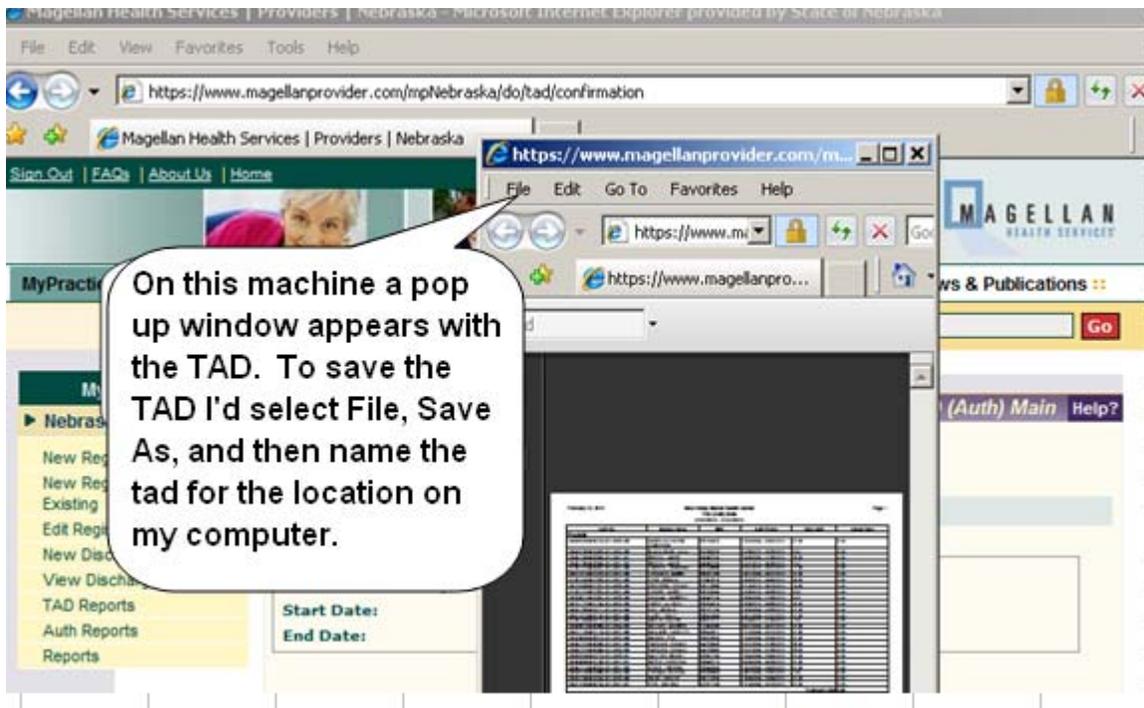
**Providers**

**TAD (Auth) Main**

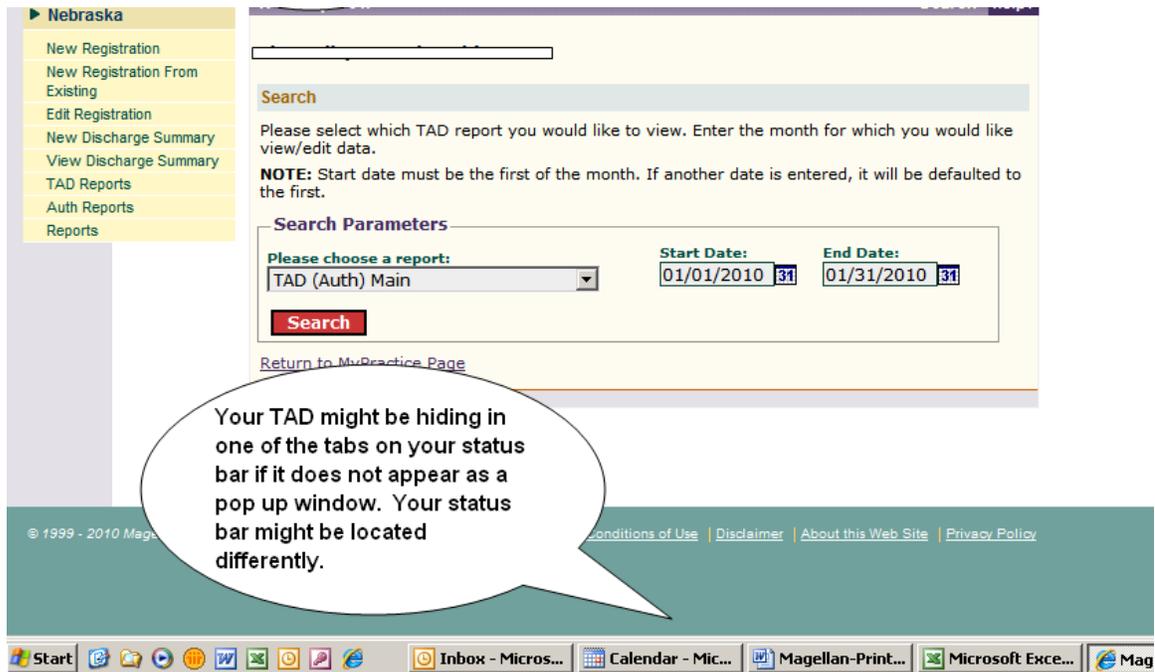
Auth No.	Member Name	SSN	Auth. Period	Days Auth	Actual Days
<b>Acute Psy Inpatient</b>					
200912220900055			01/21/2010 - 01/27/2010	7.00	0.00
201001190900349			01/25/2010 - 01/27/2010	3.00	3.00
201001190900349			01/28/2010 - 02/03/2010	4.00	1.00
200912170900140			12/28/2009 - 01/03/2010	3.00	3.00
200912170900140			01/04/2010 - 01/10/2010	7.00	7.00
200805200900227			12/30/2009 - 01/05/2010	5.00	0.00
200805200900227			01/06/2010 - 01/12/2010	7.00	0.00
				<b>Treatment Units</b>	<b>14.00</b>
<b>Post Com Trt Days/MH</b>					
200509080900189			01/11/2010 - 01/17/2010	7.00	1.00
200805200900227			01/12/2010 -	7.00	0.00

**Note:** You cannot see the agency name on this TAD because we printed it direct to our computer, which is a security feature of Magellan’s web site. It is recommended you NOT print your TADS using this process. Go down to the bottom of the page and click “Save and Continue.”





- 7) This depiction is from a state machine. Your computer might work differently. I get a pop up window with the TAD. I can expand the pop up window to full screen, or, selecting on "File" in the pop up window, I can save the file to a location on my computer and then print the TAD.
- 8) If you do not get a pop up window, check the upper or lower part of your computer to see if you have another window that has opened but is not yet visible. Click on the tab in the status as shown below.



Auth No.	Member Name	SSN	Auth Period	Days Auth	Actual Days
<b>Acute Psy Inpatient</b>					
20091222			2010 - 01/27/2010	7.00	0.00
20100116			2010 - 01/27/2010	3.00	3.00
20100116			2010 - 02/03/2010	4.00	1.00
20091211			2009 - 01/03/2010	3.00	3.00
20091211			2010 - 01/10/2010	7.00	7.00
20080520			2009 - 01/05/2010	5.00	0.00
20080520			2010 - 01/12/2010	7.00	0.00
				<b>Treatment Units</b>	<b>14.00</b>
<b>Post Op</b>					
20050908			2010 - 01/17/2010	7.00	1.00
20080520			2010 - 01/18/2010	7.00	0.00
20080520			2010 - 01/25/2010	7.00	0.00
20080520			2010 - 02/01/2010	6.00	0.00
				<b>Treatment Units</b>	<b>1.00</b>
<b>Sub Ac</b>					
20081210			2010 - 01/20/2010	7.00	3.00
20050908			2010 - 01/10/2010	7.00	7.00
20091211			2010 - 01/17/2010	7.00	7.00
20091211			2010 - 01/24/2010	7.00	4.00
20091211			2010 - 01/29/2010	7.00	0.00
20091211			2009 - 01/03/2010	3.00	8.00
				<b>Treatment Units</b>	<b>29.00</b>

This is a representation of an actual printed TAD. Note that the information is easier to read with the *agency name* along with the *date of printing* and the *month of billing*. This file is easy to handle electronically. Agencies are encouraged to maintain electronic copies of all TADS, and to submit them to their payer source electronically or printed in the form depicted above.

- 9) To save this electronic copy from the Magellan web site click on "Save As" in your pop up window.
- 10) Now you have printed a multi-page TAD. TADs are not the only item that prints in multi-page format on the Magellan web site. Items in REPORTS also have multiple printed pages in PDF format. These can be saved to your computer for later reference. This is especially useful when you want to compare a TAD and re-registration report to see if an annual re-registration has been accepted by the system, or when you send in a "Authorization Modification Request Form."
- 11) Summarizing your steps to printing a TAD
  - Open the Magellan Web Site
  - Click on The TAD report you want to print and change date if necessary
  - Go to the last page of the TAD report
  - Save and Continue
  - Print the TAD
  - Open the TAD pop up window and save to your computer.

## Turn Around Documents (TAD) Reporting

To access the application:

- 1) Go to [www.Magellanprovider.com](http://www.Magellanprovider.com)
- 2) Sign in with your secure Provider Name and password.
- 3) Click the **Nebraska** link on the left menu of the Welcome Page.
- 4) Choose 'TAD Reports' to enter encounter data.

The screenshot shows a web application interface for TAD reporting. On the left is a navigation menu under 'My Practice' with 'Nebraska' selected. The main area is titled 'TAD Report ::' and 'Provider ABC'. It contains a search section with instructions and a note. Below is a 'Search Parameters' section with a dropdown menu for 'Please choose a report:' set to 'TAD (Auth) Main', and date fields for 'Start Date:' (11/01/2008) and 'End Date:' (11/30/2008). A red 'Search' button is present. At the bottom, there is a link 'Return to MyPractice Page'.

- 5) Search page for TAD registered/authorized services and choose a report from the drop down box. TAD type choices and their associated services are listed below:

a. TAD (Auth) Main

*This report displays Authorization Number, Member Name, SSN, Authorization Period, Days Authorized, Actual Days, Level of Care and Total Treatment Units. Consumers are categorized into the following Levels of Care:*

- Assertive Community Treatment (ACT)
- Assertive Community Treatment (ACT) Alternative
- Secure Resident - MH
- Intermediate Res - SA
- Intermediate Res - MH
- Short-term Res - SA
- Therapeutic Com - SA
- Dual Dis Res/MH
- Dual Dis Res/SA
- Acute Psy Inpatient
- Half-way House - SA
- Day Treatment – MH
- Partial Care – SA

b. TAD (Auth) Intensive Outpatient

*This report displays Authorization Number, Client Name, SSN, Authorization Period, Hours Authorized, Actual Hours, Level of Care and Treatment Units. Consumers are categorized into the following Levels of Care:*

- Intensive O/P – MH
- Intensive O/P – SA

- c. TAD (Auth) Community Support SA  
*This report displays Authorization Number, Client Name, SSN, Authorization Period, Months Authorized, Actual Months, Level of Care and Treatment Units. Consumers are categorized into the following Levels of Care:*
- Community Support SA
- d. TAD (Auth) Community Support MH  
*This report displays Authorization Number, Client Name, SSN, Authorization Period, Months Authorized, Actual Months, Level of Care, Treatment Units, MRO Yes and MRO No. Consumers are categorized into the following Levels of Care:*
- Community Support MH
- e. TAD (Auth) Day/Res Rehab  
*This report displays Authorization Number, Client Name, SSN, Authorization Period, Days Authorized, Actual Days, Level of Care, Total MRO Yes Units, Total MRO No Units and Treatment Units Consumers are categorized into the following Levels of Care*
- Day Rehabilitation
  - Psychiatric Residential Rehabilitation
- f. TAD (Regs) Outpatient  
*This report displays Client Name, SSN, Actual Units, Level of Care and Treatment Units. Consumers are categorized into the following Levels of Care:*
- Outpatient - MH
  - Outpatient - SA
  - Outpatient – Dual Dx
- g. TAD (Regs) Registered  
*This report displays Client Name, SSN, Admit Date, Actual Units and Level of Care with Total Treatment Units for each consumer seen by the provider. The consumers are categorized into the following Levels of Care:*

Assess/Eval Only – SA	Day Support
Assess/Eval Only – Justice	Detox
CPC	EPC
Ch Day Treatment	Emer Psych Obs 23:59
Ch Halfway House	Emergency Comm Supp
Ch Home Based MST	Family Navigator
Ch IOP –SA	ICS/ICM – MH
Ch Med Management	ICS/ICM– SA
Ch O/P – MH	Medication Management
Ch O/P – SA	OpiodRplace - MethBup
Ch Ther Community	O/P Dual Dx
Ch Partial	O/P – MH
Ch Prof Part School	O/P – SA
Ch Prof Partners	Pre-Auth
Ch Yth Assess Only – MH	Psych Respite
Ch Yth Assess Only – SA	Psychological Testing
Ch Respite	Recovery Support
Crisis Assess/Eval – MH	Supported Employment
Crisis Stabilz/Tx	Supported Living
Crisis Assess LDAC – SA	

- 6) Select the appropriate TAD and enter the Start Date and End Date for the TAD report. Date ranges must be from the first day of the selected month to the last day of the selected month. Dates crossing multiple months cannot be entered.
- 7) Click on 'Search' and the web will display the TAD information pertaining to the selected report.
- 8) Enter the encounter data associated with each consumer for the month selected in the fields on the right hand side of the TAD report. Encounter data should be entered monthly for each consumer receiving services.
- 9) To continue using the Nebraska web site, select a link from the menu bar at the left. To leave the Magellanprovider.com site, click on the 'Sign Out' link at the top of the page.

### **Turnaround Documents (TADs) and Billings**

1. At the end of the billable month, the provider accesses the ASO web-site and enters encounter data.
2. The provider prints the TAD.
3. Medicaid Rehab Option Services, and Out Patient Services should be broken out by Yes and No. The provider will indicate on TADs for Substance Abuse Waiver services all consumers who are on Medicaid Managed Care and not bill for these individuals. Providers must check existing resources and identify those that are Medicaid eligible on the TAD. In the event that information is incorrect on a TAD, the provider must complete an Authorization Modification Form and submit it to the ASO for correction. The provider may NOT bill for additional units of service for any individual with incorrect information on the TAD.
4. Handwritten corrections of names or alterations which add units on TADs will not be accepted and payment will not be processed for any units claimed as such. Handwritten corrections which decrease the number of units billed may be made, but the provider must file appropriate documentation with the ASO to initiate permanent change of the record.
5. Providers should review TADs and verify discharges. Failure to do timely discharges on-line will result in TADs indicating numbers in excess of agency capacity. Division should monitor TADs for discharges quarterly

### **Retro Payment for Medicaid Denials**

If there was a change in Medicaid status, such as a denial of eligibility, the provider must submit a copy of the denial along with the previous TAD within 60 days of the denial to request payment. Requests made after 60 days of denial will not be reimbursed by the Division.

If an individual has been denied Medicaid status and subsequently receives retroactive Medicaid approval, all funds received by the provider for the care of the individual for this retroactive period must be reimbursed to the Region. The Region must subtract these funds from any subsequent request for payment sent to the Division.

## **Appendix D.2 – Division Reports**

*Reports Available to the Division of Behavioral Health and Shared with the Regional Behavioral Health Authorities:*

NOMS Access Capacity  
NOMS Crime-Criminal Justice  
NOMS Employment and Education  
NOMS Episode of Care  
NOMS Provider Detail  
NOMS Reduced Morbidity  
NOMS Retention  
NOMS Stability in Housing  
CSR &CM Monthly  
ICM Program Stats  
NBHS Clinical Review  
Trauma Informed  
NBHS Commitment Volume Report  
NBHS Emergency Protective Custody Demographic Report  
NBHS Authorization IPPC Days  
Count of EPC Admissions by Provider

Appendix D.2.a - Emergency Protective Custody Demographics Report

---

- 1) Report Description - This report is for the Nebraska Behavioral Health System. It is a rolling month, fiscal year to date summary of demographic information about members who were taken into Emergency Protective Custody. The counts of members are listed by various demographic categories such as gender, race, age, county of admission, employment status at admission, reason for admission etc. The report is broken down by region and a separate section is included to show the counts for all regions combined.
- 2) Selection Criteria - The report produces Demographic counts for NBHS members who have been admitted for Emergency Protective Custody during the reporting period as indicated by Magellan Outcome code '225' (EPC Services) and Reason for EPC Admission is one of the following:

- 001 - Dangerous to self/neglect
- 002 - Dangerous to self/suicide attempt
- 003 - Dangerous to others
- 004 - Both dangerous to self and others

- 3) Content - The report shows counts of members in each of the following demographic categories:

- Number of Admissions
- Number of Different Persons Served
- Number of Discharges
- Gender
- Race
- Age
- County of Admission
- Employment Status at Admission
- Insurance Coverage/Pay source
- Legal Status at Admission
- Reason for EPC Admission
- Community Services
- Reason for Admission
- Diagnostic Categories
- Length of Stay – total and average

#### *Appendix D.2.b - Authorized IPPC Days*

---

- 1) Report Description - The purpose of the report is to provide Nebraska Behavioral Health System (NBHS) personnel with a report of authorized in-patient post-commitment (IPPC) days by provider. When consumers are admitted to crisis centers for Emergency Protective Custody (EPC) and are then committed to a regional center or short-term residential facility by the Mental Health Board (MHB) but have to wait for a bed to be available at the facility, the patients stay at the crisis centers – these are post-commitment days. This report counts all days where post-commitment treatment at the crisis center was required and was authorized. The report will display data for the requested period, generally the fiscal year to date, based on the dates of admission to IPPC during the reporting period.
- 2) Selection Criteria - This report counts only those who were authorized for in-patient post-commitment service. Criteria for selection: 1) the consumer had been admitted for EPC services, determined by outcome code '225' in the admission record and legal status '009' (EPC) or '016' (CPC) in the auxiliary (IPP256) record; 2) had an MHB hearing and been committed to a facility, determined by the presence of a commitment date in the auxiliary record; 3) had been authorized for post-commitment care, reflected in the patient's next admission record having outcome code '111'; and 4) was admitted to the identified level of care per commitment. Selection of records is based on authorization to IPPC at a selected facility during the reporting period. Patient must have been committed by the MHB prior to the IPPC authorization; subsequent admittance to a regional center or to short-term residential treatment is also required.
- 3) Content – This report displays the number of authorized IPPC days by Region by facility for each month in the fiscal year the report is generated. Totals for each facility and for each Region in aggregate by month are also reported.

### Appendix D.2.c - Crisis Center Destination at Discharge Report

---

- 1) Report Description - This report is used to track the services consumers are accessing upon discharge from the Crisis Center Facilities.
- 2) This report provides subsequent service information for each consumer discharged from a crisis center with a discharge date that falls between the Start Date and End Date inputs in the Parameter Input Screen
- 3) Selection Criteria - This report will list only those discharges associated with consumers having an admission status of Emergency Protective Custody (as determined by outcome code '225' in the admission record) and a discharge date that falls between the Start Date and End Date of the reporting period. In order to ensure that the admission to the treatment facility is the one ordered by the commitment in the crisis center, the following conditions must apply in addition to the fact that there is a commitment date:
  - The subsequent admission to a treatment center must correspond to the treatment type listed as the destination at discharge.
  - The Commit Date assigned must fall within the Admit Date and Discharge Date of the crisis center registration.
  - The Outcome Type may not be 111.
- 4) Content - This report provides the Magellan consumer case number, EPC admission date, MHB commitment date (if applicable), EPC discharge date, next admission date, wait days, provider and destination at discharge per EPC discharge data are listed for each consumer. The report is organized by region, by provider. A summary by Region provides a total count of consumers discharged to each of the possible destinations. Please note that "Wait Days" will only be calculated when there is a commitment date.

Appendix D.2.d - Count of Emergency Protective Custody Admits By Provider

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- 1) Report Description - This report is used to track the number of consumers per month who are admitted to Emergency Protective Custody services (as determined by outcome code '225' in the admission record) at admission to an EPC facility for a specified time period. The report provides a duplicated count of the number of EPC admissions by provider by month.
- 2) Selection Criteria - The report produces duplicated counts (will re-count those who were admitted more than once) of consumers who have been admitted for Emergency Protective Custody during the reporting period as indicated by Magellan Outcome code '225' (EPC Services) and Reason for EPC Admission is one of the following:

- 001 - Dangerous to self/neglect
- 002 - Dangerous to self/suicide attempt
- 003 - Dangerous to others
- 004 - Both dangerous to self and others

The Admission Date must be equal to or greater than the Start Date and equal to or less than the End Date of the reporting period.

- 3) Content – The total number of admissions for the reporting period (including re-admissions) is presented by provider name and displayed in ascending alpha order. A total for all providers for the reporting period is also displayed.

*Appendix D.2.e - NBHS Commitment Volume Report*

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- 1) Report Description – This report is used to track the number of consumers that are admitted to Emergency Protective Custody facilities who are subsequently committed by the Mental Health Board (MHB) to in-patient care. This report displays the number of commitments in each month of the reporting period for each EPC facility.
- 2) Selection Criteria – In order to be included in this report the consumer:
  - a. must have been admitted for Emergency Protective Custody services as determined by outcome code '225' in the admission record,
  - b. was admitted to a designated EPC facility,
  - c. had an MHB hearing and had been committed to an inpatient facility, determined by the presence of a commitment date in the auxiliary (IPP256) record, and
  - d. the commitment date must be after the admit date for the crisis center. Records are sorted by the region of admission, crisis center name, and county of admission.
- 3) Content – This report displays the number of commitments by Region by provider by month during the fiscal year being reported. It includes the commitment totals by County of Residence and provides a total number of commitments by Region by month.

## Appendix E – Definitions

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### Appendix E.1 - Living Situation Definitions

#### **Private Residence WITHOUT support**

Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy.

#### **Private Residence RECEIVING Housing Related Assistance Support –**

(Consistent with definition of Supported Housing – URSTable 16) – Individual has been found eligible and is receiving ongoing monthly benefits under the Nebraska Housing Related Assistance program. Exclude consumers who received a onetime payment and are now in a private residence without supports. These consumers should be reported under “Private Residence WITHOUT support”.

#### **Private Residence RECEIVING other support**

Consistent with definition of Supported Housing

- Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) **and**
- Receives planned support from to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person’s home environment. The person providing the support services may include a family member or a friend living with the consumer or a person/organization periodically visiting the home.

#### **Foster Home**

Licensed Foster Home or Therapeutic Foster Care

#### **Regional Center**

Lincoln Regional Center, Norfolk Regional Center [designated as Institutes of Mental Disease (IMD)].

#### **Residential Treatment**

Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis and funded through Mental Health or Substance Abuse funds by the Division of Behavioral Health such as Psychiatric Rehabilitation, Short Term, Residential, Partial Hospitalization, Therapeutic Community, Intermediate Residential, Halfway House, etc.

#### **Other Institutional Setting**

Individual resides in a licensed institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Mental Health Centers, Substance Abuse Treatment Centers, Skilled Nursing/Intermediate Care Facility, Hospitals, Assisted Living, DD centers, or Veterans Affairs Hospital, etc.

#### **Crisis Residence**

(A residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores consumers to a pre-crisis level of functioning). These programs are time limited for persons until they achieve stabilization. Crisis residences serve persons experiencing rapid or sudden deterioration of social and personal conditions such that they are clinically at risk of hospitalization but may be treated in this alternative setting.

## **Children's Residential Treatment Facility**

Children and Youth Residential Treatment Facilities (RTF's) provide fully-integrated mental health treatment services to seriously emotionally disturbed children and youth. An organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth. The services are provided in facilities which are certified by state or federal agencies or through a national accrediting agency.

## **Jail/ Correctional Facility**

Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.

## **Homeless/ Shelter**

A person has no permanent place of residence where a lease **or a mutual agreement whether oral or written between an individual and/or owner exists** or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- An institution that provides a temporary residence for individuals intended to be institutionalized, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

## **Child Living with Parent/Relative**

A Youth age 0-17, or transitioning youth 18-21, living with Parent, other relatives, etc.

## **Youth Living Independently**

A youth age 0-17, or transitioning youth 18-21, with his/her own identifiable residence with responsibility for that place.

## **Other**

Living situation(s) not covered above.

## **Dependent Living**

Refers to living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives or guardians or in foster Care.

## **Independent Living**

Refers to living alone or with others without supervision.

## **Supported Housing**

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain consumers are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist consumers to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or

assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability.

**NOTE:** if "Living Situation" at Admission is UNKNOWN, the default reporting is "Unknown".

Added to homeless definition at MQIT meeting July 25, 2013.

## **Appendix E.2 - RACE categories**

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Source: Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity ***Federal Register Notice October 30, 1997***

## Appendix F – Nebraska SPMI and SED Criteria

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### Appendix F.3 - Nebraska SPMI Criteria

**For Adults with Mental Illness – Meets Nebraska SPMI Criteria:** Select ‘Yes’ or ‘No’ based on provider’s assessment using the criteria listed below:

- 1) The individual is age 18 and over,
- 2) Has a primary diagnosis of schizophrenia, major affective disorders, or other major mental illness under the current edition of the Diagnostic and Statistical manual of Mental Disorders published by the American Psychiatric Association. Developmental Disorders, or Psychoactive Substance Use Disorders may be included if they co-occur with the primary mental illnesses listed above;
- 3) Are at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for twelve (12) months or longer or is likely to endure for twelve (12) months or longer, and
- 4) Degree of limitation that seriously interferes with the individual’s ability to function independently in an appropriate and effective manner, as demonstrated by functional impairments which substantially interferes with or limits two of three areas:
  - a. Vocational/Educational
  - b. Social Skills
  - c. Activities of Daily Living

**NOTE:** For item ‘b’, diagnosis #295 – 298.9 (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) c 2000 American Psychiatric Association. Schizophrenia (295), Mood Disorders including Bipolar and major Depression (296), Delusional Disorder (297.1), Shared Psychotic Disorder (297.3), Brief Psychotic Disorder (298.8), and Psychotic Disorder NOS (298.9) [“Not Otherwise Specified”].

## **Appendix F.2 - Nebraska SED Criteria**

**Meets Nebraska SED Criteria:** Select 'Yes' or 'No' based on provider's assessment, using the criteria listed below:

- 1) The youth's age must range from birth up to age 18, however, for purpose of transition into adult services, the youth may be age 18 to 20,
- 2) The youth must have a mental illness diagnosable under the current edition of the Diagnostic and Statistical manual of Mental Disorders published by the American Psychiatric Association,
- 3) The condition must be persistent in that it has existed for one year or longer, or is likely to endure for one year or longer and
- 4) The mental illness must result in functional impairments in two (2) or more of the following areas:
  - a. Self-care at an appropriate developmental level,
  - b. Developmentally appropriate perception and expressive language,
  - c. Learning,
  - d. Self-direction, including developmentally appropriate behavioral controls,
  - e. decision-making judgment, and value systems, and
  - f. Capacity for living in a family or family equivalent.

## Appendix G - Sample DSM Codes and Meanings

29602 --- Bipolar I single/manic/moderat	29910 --- Childhood disintegrative dsdr	30113 --- Cyclothymic disorder
29600 --- Bipolar I single/manic/unspec	30722 --- Chronic motor/vocal tic dsdr	29300 --- Delerium due to...GMC
29689 --- Bipolar II disorder	30745 --- Circadian rhythm sleep dsdr	78009 --- Delirium NOS
V6289 --- B/IQ/spiritual/phase of life	30560 --- Cocaine abuse	29710 --- Delusional disorder
30183 --- Borderline personality disorder	30420 --- Cocaine dependence	29410 --- Dementia due to .....
29880 --- Brief psychotic disorder	29490 --- Cognitive disorder NOS	29480 --- Dementia NOS
30751 --- Bulimia nervosa	30790 --- Communication disorder NOS	29011 --- Dementia/alzheim/erly/delerium
30520 --- Cannabis abuse	31280 --- Conduct disorder	29012 --- Dementia/alzheim/erly/delusion
30430 --- Cannabis dependence	31289 --- Conduct Disorder, Unspecified	29013 --- Dementia/alzheim/erly/depressd
V7102 --- Child/adolesc antisocial behvr	30011 --- Conversion disorder	29010 --- Dementia/alzheim/erly/unclpl
29625 --- Mjr deprt/singl/part remission	29623 --- Mjr depress/singl/sever/two psy	33399 --- Neuroleptic-induc acute akathi
29636 --- Mjr depress recurz/full remiss	31800 --- Moderate mental retardation	33210 --- Neuroleptic-induc Parkinsonism
29635 --- Mjr depress recurz/part remiss	29383 --- Mood disorder due to .....	33382 --- Neuroleptic-induc tardive dysk
29634 --- Mjr depress recurz/sev/w psych	29690 --- Mood disorder NOS	30510 --- Nicotine dependence
29633 --- Mjr depress recurz/sev/two psyc	30181 --- Narcissistic personality dsdr	30747 --- Nightmare disorder
29630 --- Mjr depress recurrent/mild	34700 --- Narcolepsy	V7109 --- No Diagnosis on Axis I or II
29631 --- Mjr depress recurrent/mild	99552 --- Neglect of child	V1581 --- Noncompliance w/treatment
29632 --- Mjr depress recurrent/moderate	V6121 --- Neglect/phys/sex abuse child	30030 --- Obsessive-compulsive disorder
29626 --- Mjr depress/singl/full remiss	33392 --- Neuroleptic malignant syndrome	30140 --- Obsessive-compulsive persnalty
29624 --- Mjr depress/singl/sever/tw psy	33370 --- Neuroleptic-induc acu dystonia	V6220 --- Occupational problem
30550 --- Opioid abuse	30100 --- Paranoid personality disorder	99554 --- Physical abuse of child
30400 --- Opioid dependence	V6120 --- Parent-Child relational pbx	V6223 --- Physical or Sexual Abuse of Ad
31381 --- Oppositional defiant disorder	V6110 --- Partner relational problem	30752 --- Pica
60889 --- Other male sexual dysfunction	31231 --- Pathological gambling	30480 --- Polysubstance dependence
30590 --- Other/unknown substance abuse	30220 --- Pedophilia	30981 --- Posttraumatic stress disorder
30490 --- Other/unknown substance depend	31010 --- Personality chg due to ...GMC	30275 --- Premature ejaculation
30780 --- Pain dsdr w/psycho & GMC	30190 --- Personality disorder NOS	31820 --- Profound mental retardation
30780 --- Pain dsdr w/psycho factors	29980 --- Pervasive dev disorder NOS	29890 --- Psychotic disorder NOS
30021 --- Panic disorder w/agoraphobia	31339 --- Phonological disorder	29381 --- Psychotic due to ...w/delusion
30001 --- Panic disorder w/o agoraphobia	99581 --- Physical abuse of adult	29382 --- Psychotic due to ...w/hallucin
31233 --- Pyromania	29530 --- Schizophrenia paranoid type	99583 --- Sexual abuse of adult
31389 --- Reactive attachment infant/child	29560 --- Schizophrenia residual type	99553 --- Sexual abuse of child
31500 --- Reading disorder	29590 --- Schizophrenia undifferentiated	30279 --- Sexual aversion disorder
V6190 --- Relational prob due mental/GMC	29540 --- Schizophreniform disorder	30290 --- Sexual disorder NOS
V6281 --- Relational problem NOS	30122 --- Schizotypal personality dsord	30270 --- Sexual dysfunction NOS
30753 --- Rumination disorder	30410 --- Sedative/hypnotic/anxiolytic	30283 --- Sexual masochism
29570 --- Schizoaffective disorder	30540 --- Sedative/hypnotic/anxiolytic	30284 --- Sexual sadism
30120 --- Schizoid personality disorder	31323 --- Selective mutism	29730 --- Shared psychotic disorder
29520 --- Schizophrenia catatonic type	30921 --- Separation anxiety disorder	V6180 --- Sibling relational problem
29510 --- Schizophrenia disorganized typ	31810 --- Severe mental retardation	30746 --- Sleep disorder

## Appendix H –Authorized and Registered Service with MRO Yes/No Designation

Type	Authorized Services	MRO	Pop	Type	Registered Services	MRO	Payment
	<i>Fee For Service</i>	Y/N				Y/N	Payment
I	Acute Inpatient			O	24 Hour Phone		NFFS
O	Assertive Community Tx	TAD	MRO/SPMI	O	Assess/Eval ONLY - Justice		FFS
O	Assertive Community Tx - APRN	TAD	MRO/SPMI	O	Assess/Eval ONLY - MH		FFS
O	Community Support - MH	TAD	MRO/SPMI	O	Assess/Eval ONLY - SA		FFS
O	Community Support - SA		SA Waiver/CD	O	CH - Community Support		FFS
O	Day Rehabilitation	TAD	MRO/SPMI	O	CH - Day Treatment		NFFS
O	Day Treatment - MH			R	CH - Halfway House		NFFS
R	Dual Disorder Res Tx		SA Waiver SubDepend and SPMI	O	CH - Home Based MST		NFFS
R	Halfway House - SA		SA Waiver/CD	O	CH - IOP SA		NFFS
R	Intensive Outpatient - SA		SA Waiver/CD	O	CH - Med Management		NFFS
R	Intermediate Res - SA		SA Waiver/CD	O	CH - OP MH	TAD	NFFS
I	IPPC - for SA Res Tx or RC wait only			O	CH - OP SA	TAD	NFFS
O	Partial Care - SA		SA Waiver/CD	O	CH - Therapeutic consultation		
R	Psych Residential Rehabilitation	TAD	MRO/SPMI	O	CH - Young Adult Partner		
I	Secure Residential	TAD		O	CH- Partial Care		NFFS
R	Short Term Res Tx - SA		SA Waiver/CD	O	CH- Prof Partner	SED	FFS
I	Sub-Acute Inpatient			O	CH- Respite		NFFS
R	Therapeutic Comm - SA		SA Waiver/CD	O	CH- Short Term Wraparound	SED	FFS
				R	CH- Therapeutic Community		NFFS
				O	CH- Youth Assess ONLY - MH		NFFS
				O	CH- Youth Assess ONLY - SA		NFFS
				E	CPC		FFS
				E	Crisis Assess/Eval - LADC/SA		FFS
				E	Crisis Assess/Eval - MH		FFS
				EI	Crisis IP - Youth		FFS
				E	Crisis Respite		

Type	Authorized Services	M R O	Pop	Type	Registered Services	M R O	
				E	Crisis Response Team		
				ER	Crisis Stabilization/TX		FFS
				O	Day Support		FFS
				E	Detox		FFS
				E	Emergency Community Support		FFS
				E	Emergency Flex Funds		
				E	Emergency Psych Observation 23:59		FFS
				E	EPC		FFS
				O	ERCS - Transition		
				O	Family Navigator	6 03	NFFS
				O	Flex Funds		
				O	Home based/MST		
				O	Hospital Diversion		NFFS
				O	Housing Related Assistance		
				O	Intensive Care Management		
				O	Intensive Case Management - MH	TAD	FFS
				O	Intensive Case Management - SA	TAD	
				O	Intensive Community Service - MH		NFFS
				O	Intensive Community Service - SA		NFFS
				O	Medication Management		FFS
				O	Medication Support		
				O	MH Respite		NFFS
				O	Peer Support		
				O	Specialized Adolescent Service		
				E	Urgent Outpatient		

:

Notes:
Types
E = Emergency
I = Inpatient
R = Residential
O = Outpatient
CD - Chemically Dependent
CH - Childrens Service
FFS - Fee For Service - Either State to Region or One or More Regions to Providers
MRO - Mental Health Medicaid Rehabilitation Program
NFFS - Non Fee For Service (Expense Reimbursement)
SA Waiver - Medicaid Partnership Program
SED - Seriously Emotionally Disturb (<19 years)
SPMI- Seriously And Persistently Mentally Ill
MRO YES/NO on TAD
TAD = Turn Around Document
603 = LB 603 funded

## Appendix I – Additional Information

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### Appendix I.1 - Frequently Asked Questions (FAQs)

- 1) **“I have a new client, what link do I select to enter the new consumer information?”**  
Select the “New Registration” link to data enter new client information. From this link, you can complete all the required NBHS fields. See page (????) of the manual.
- 2) **“I want to enter another encounter for an existing consumer, what link do I select?”**  
Select the ‘New from Existing Registration’ link. From this link, you can use an existing record to pre-populate a new one. Find the existing consumer record using the search screen as described on page (18). Update/change existing the necessary consumer registration/demographic information and select a new level of care. Go to the last page of the registration and select **“Save”** to complete the process.  
**Note:** This link should not be used if you only want to update/change an existing registration as it will create another registration.
- 3) **“I need to update registration/demographic information for an existing consumer record, what link do I select?”** Select the ‘Edit Registration’ link to update/change existing client registration/demographic information. Find the existing consumer record using the search screen as described on page (18). Update/change the necessary consumer registration/demographic information. Go to the last page of the registration and select **“Save”** to complete the process.  
**Note:** This link will only update/change existing client information it will not create a new encounter for that consumer.
- 4) **“My login account has been locked.”** Users are allowed three (3) attempts to login correctly to the MagellanProvider.com site. After three (3) incorrect attempts, the user’s login account is locked. Contact the Magellan Nebraska Care Management Center at 1-800-424-0333. Your login account will be reset and a new password will be issued.
- 5) **I discharged the wrong level of care and now I can’t get into the record to correct it!** Once a discharge date has been entered and saved, the record is locked. Go to [www.MagellanofNebraska.com](http://www.MagellanofNebraska.com). Select “Quick Links” from the menu on the right of the screen. Choose “Forms and Processes”. Download the “Behavioral Health Authorization Modification Request Form”. Complete the form and fax it to the Magellan Nebraska Care Management Center 1-800-848-5685 to have corrections made to records that have been discharged.
- 6) **I have a “Pre-Authorization” that I don’t need, but I can’t delete it.** Go to [www.MagellanofNebraska.com](http://www.MagellanofNebraska.com). Select “Quick Links” from the menu on the right of the screen. Choose “Forms and Processes”. Download the “Behavioral Health Authorization Modification Request Form”. Complete the form and fax it to the Magellan Nebraska Care Management Center 1-800-848-5685 to have the pre-authorization deleted.
- 7) **I entered a consumer Social Security Number incorrectly and the system won’t let me change it.** SSN’s are one of the few fields providers cannot update using the “Edit Registration” process. SSN’s can only be corrected by Magellan Nebraska Care Management Center staff. Go to [www.MagellanofNebraska.com](http://www.MagellanofNebraska.com). Select “Quick Links”

from the menu on the right of the screen. Choose “Forms and Processes”. Download the “Behavioral Health Authorization Modification Request Form”. Complete the form and fax it to the Magellan Nebraska Care Management Center 1-800-848-5685 to have the SSN corrected.

- 8) **I entered a consumer name incorrectly – what do I need to do to correct it?** Almost any field can be updated by providers. Social Security Numbers and Authorized Level of Care cannot be changed by the provider. Select the ‘Edit Registration’ link under the “My Practice” menu. Find the consumer record using the search screen as described on page (????). Update/change existing the necessary consumer registration/demographic information. Go to the last page of the registration and select “**Save**” to complete the update process.
- 9) **I created a new record using the “New from Existing Registration” process for Outpatient-MH services. Now my Community Support-MH authorization is missing from the “Turn Around Document”. What do I do?** When this occurs it is generally because “Edit Registration” rather than “New from Existing Registration” was used. And when the “Level of Care” field was completed for the Outpatient-MH service it “overwrote” the Community Support-MH authorization. This can only be corrected by Magellan Nebraska Care Management Center staff. Go to [www.MagellanofNebraska.com](http://www.MagellanofNebraska.com). Select “Quick Links” from the menu on the right of the screen. Choose “Forms and Processes”. Download the “Behavioral Health Authorization Modification Request Form”. Complete the form and fax it to the Magellan Nebraska Care Management Center 1-800-848-5685 to have the Community Support-MH authorization restored.
- 10) **I completed a Pre-Authorization and spoke with a Magellan Care Manager to complete a Community Support-MH authorization, but it’s not showing up on my Medicaid Authorization report. What do I do?** This can occur for a number of reasons ranging from data entry errors to eligibility issues. If the authorization is not on your authorization report within twenty-four hours of your call to the Magellan Care Manager complete the “Behavioral Health Authorization Modification Request Form”. The form can be downloaded from the [www.MagellanofNebraska.com](http://www.MagellanofNebraska.com) website. Select “Quick Links” from the menu on the right of the screen. Choose “Forms and Processes”. Download the “Behavioral Health Authorization Modification Request Form”. Complete the form and fax it to the Magellan Nebraska Care Management Center 1-800-848-5685 to have the authorization corrected.

## Appendix J – Magellan Registration Template

### Appendix J.1 - New Registration – Page 1

#### Appendix J.1.a – DEMOGRAPHIC INFORMATION

<u>Name:</u>	First:	MI:	Last:			
<u>Previous Last/Maiden Name</u>						
<u>Address:</u>	Street:				State:	Zip:
	City:					
<u>Sex/Gender:</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Other	<input type="checkbox"/> Female			
<u>Social Security #:</u>	_____ - _____ - _____					
<u>Marital Status:</u>	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<u>Race:</u>	<input type="checkbox"/> Asian		<input type="checkbox"/> American/Alaskan Native		<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Multi-racial		<input type="checkbox"/> Native American		<input type="checkbox"/> Native Hawaiian/Other Pacific Island	
	<input type="checkbox"/> Other		<input type="checkbox"/> Unknown		<input type="checkbox"/> White	
<u>Ethnicity:</u>	<input type="checkbox"/> Cuban		<input type="checkbox"/> Hispanic– specific origin unknown		<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican
	<input type="checkbox"/> Other Specific Hispanic		<input type="checkbox"/> Not of Hispanic Origin		<input type="checkbox"/> Unknown	
<u>Preferred Language:</u>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> Farsi	<input type="checkbox"/> French	<input type="checkbox"/> German
	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
	<input type="checkbox"/> NA Dakota	<input type="checkbox"/> NA Ho-Chunk	<input type="checkbox"/> Na-Ponca	<input type="checkbox"/> NA-Umonhon	<input type="checkbox"/> Neur	<input type="checkbox"/> Portuguese
	<input type="checkbox"/> Russian	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	
<u>Veteran Status:</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<u>Disability:</u>	<input type="checkbox"/> Retardation	<input type="checkbox"/> Blindness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Non-ambulation	<input type="checkbox"/> Non use/ambulation	<input type="checkbox"/> None
<u>Date of Birth:</u>						
<u>Age at Admission:</u>						
<u>County Legal Residence:</u>						
<u>County of Admit:</u>						
<u>Height:</u>	___ Feet ___ Inches					
<u>Weight:</u>	___ Lbs					

*Appendix J.1.b – FINANCIAL INFORMATION*

<u>Number of Dependents</u>						_____ (01=self)											
<u>Annual Gross Income (nearest 1,000):</u>						\$ _____, _____											
<u>SSI/SSDI Eligibility:</u>						<input type="checkbox"/> Determined to be Ineligible-NA			<input type="checkbox"/> Eligible/Not Receiving Benefits								
						<input type="checkbox"/> Eligible/Receiving Payments			<input type="checkbox"/> Potential Eligible								
<u>Medicare/Medicaid:</u>						<input type="checkbox"/> Determined to be Ineligible-NA			<input type="checkbox"/> Eligible/Not Receiving Benefits								
						<input type="checkbox"/> Eligible/Receiving Payments			<input type="checkbox"/> Potential Eligible								
<u>Health Insurance:</u>						<input type="checkbox"/> Blue Cross/Blue Shield		<input type="checkbox"/> HMO		<input type="checkbox"/> No Insurance		<input type="checkbox"/> Other Insurance					
						<input type="checkbox"/> Medicaid		<input type="checkbox"/> Medicare		<input type="checkbox"/> Private 3 <sup>rd</sup> Party		<input type="checkbox"/> Private Self Paid					
<u>Income Source:</u>						<input type="checkbox"/> Employment		<input type="checkbox"/> Public Assistance		<input type="checkbox"/> Retirement/Pension		<input type="checkbox"/> Disability		<input type="checkbox"/> None		<input type="checkbox"/> Other	

*Appendix J.1.c - ADMISSION*

<u>Admission Date:</u>									
<u>Reason for EPC Admission:</u>				<input type="checkbox"/> Both Dangerous to self & others		<input type="checkbox"/> Dangerous to others			
				<input type="checkbox"/> Danger to self/suicide attempt		<input type="checkbox"/> Danger to self/neglect		<input type="checkbox"/> Not an EPC admission	
<u>Suicide Attempt – Has this person attempted suicide in the last 30 days?</u>						<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<u>Collateral/Significant Other Contact</u>						<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Appendix J.2 - New Registration – Page 2

Appendix J.2.a - MEDICAL STATUS

<b>MEDICAL STATUS</b>												
Is the consumer pregnant?		<input type="checkbox"/> Yes		<input type="checkbox"/> No								
Trauma History		Sexual Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Physical Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Emotional Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Neglect <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Witness to Domestic Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Victim/Witness to Community Violence <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Physical Assault <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Victim of Crime <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Serious Accident/Injury <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Sexual Assault / Rape <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Life Threatening Medical Issues <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Traumatic Loss of a Loved One <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Victim of a Terrorist Act <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			War/Political Violence/Torture <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Disasters (Tornado/Earthquake) <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Prostitution / Sex Trafficking <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child							
		Sanctuary Trauma (Trauma While Institutionalized <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child										
On a typical day how many of these types of medications is Consumer taking:				<input type="checkbox"/> Opioid Pain <input type="checkbox"/> Non-Opioid Pain <input type="checkbox"/> Psychotropics								
Days during the past 30 days Consumer's physical health was not good:												
Days during the past 30 days Consumer's mental health was not good:												
Has consumer stopped smoking for one day or longer in last 12 months?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA				
Is Consumer aware of the NE Tobacco Quitline?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA				
Has Consumer used the NE Tobacco Quitline for help to quit smoking?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> NA				
How long since Consumer smoked last cigarette, even one or two puffs?			Within the last 24 hours		Within the last 3 days		Within the last week		Within the past month			
Cont'd	Within the past 3 months		Within the past 6 months		Within the last year		More than one year ago		Never smoked regularly		Don't know/Not sure	Refused
Tobacco Use?			<input type="checkbox"/> Yes		<input type="checkbox"/> No							
For each of the following tobacco products, how much does Consumer consume in an average day?												
Cigarettes <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs												
Chew <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs												
Cigars <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs												

Pipe	<input type="checkbox"/> No Use	<input type="checkbox"/> Less than half a pack	<input type="checkbox"/> Half a pack to 1 pack	<input type="checkbox"/> 1 to 2 packs	<input type="checkbox"/> More than 2 packs
Does Consumer meet diagnostic criteria for Nicotine dependence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA		
Does Consumer have a Primary Health Care provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Month:	Year:				

**Appendix J.2.b - SOCIOECONOMIC INDICATORS**

<u>Living Situation:</u>	<input type="checkbox"/> Child living w/parent/relative		<input type="checkbox"/> Foster Home		<input type="checkbox"/> Homeless Shelter		<input type="checkbox"/> Jail/Correctional Facility		
	<input type="checkbox"/> Other 24hr Res Care		<input type="checkbox"/> Other Institutional Setting		<input type="checkbox"/> Other		<input type="checkbox"/> Private Residence Recv. Sprt		
	<input type="checkbox"/> Private Residence w/out Support		<input type="checkbox"/> Reg Center		<input type="checkbox"/> Youth Living Independently				
<u>Education:</u>	<input type="checkbox"/> Home schooled				<input type="checkbox"/> Early care and education (0-kindergarten)			<input type="checkbox"/> Kindergarten	
	<input type="checkbox"/> 1 <sup>st</sup> grd	<input type="checkbox"/> 2 <sup>nd</sup> grd	<input type="checkbox"/> 3 <sup>rd</sup> grd	<input type="checkbox"/> 4 <sup>th</sup> grd	<input type="checkbox"/> 5 <sup>th</sup> grd	<input type="checkbox"/> 6 <sup>th</sup> grd	<input type="checkbox"/> 7 <sup>th</sup> grd	<input type="checkbox"/> 8 <sup>th</sup> grd	<input type="checkbox"/> 9 <sup>th</sup> grd
	<input type="checkbox"/> < = 10yrs	<input type="checkbox"/> 11 yrs	<input type="checkbox"/> >12 yrs	<input type="checkbox"/> 12 yrs=GED	<input type="checkbox"/> Assoc Dgr	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master s	<input type="checkbox"/> Doctora te	<input type="checkbox"/> Unkno wn
<u>Employment Status:</u>	<input type="checkbox"/> Active/Armed Forces		<input type="checkbox"/> Employed F/T (35 hrs+)		<input type="checkbox"/> Employed P/T		<input type="checkbox"/> Homemaker		
	<input type="checkbox"/> Inmate of Institution		<input type="checkbox"/> Other (volunteer, disabled)		<input type="checkbox"/> Retired		<input type="checkbox"/> Sheltered Workshop		
	<input type="checkbox"/> Student	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Unemployed (laid off/looking)			<input type="checkbox"/> Unemployed/Not Seeking		<input type="checkbox"/> Unknow n	
<u>Is Consumer a parent of or legal Guardian of a youth receiving case management from Children and Family Services of CFS designee?</u>							<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Is youth/family involved with the Juvenile Court?</u>							<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Is youth/family receiving services voluntarily/without court involvement?</u>							<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Appendix J.2.c - MEDICAID ELIGIBILITY**

<u>Meets Nebraska SED Criteria:</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>For Adults with mental illness – Meets Nebraska SPMI Criteria:</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Appendix J.2.d - ADOLESCENT**

<u>Att. School – Avg in 3 months:</u>	<input type="checkbox"/> 1 day every 2 wks	<input type="checkbox"/> 1 day per wk	<input type="checkbox"/> 1 or less days per month
	<input type="checkbox"/> 2 or more days per wk		<input type="checkbox"/> Grad/GED
<u>Stable Environment (Legal Custody):</u>	<input type="checkbox"/> Emancipated minor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent(s)
			<input type="checkbox"/> Ward of the State

<u>Involvement with Juvenile Services:</u>	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Not involved w/Juv Srvcs	<input type="checkbox"/> OJS State Ward
	<input type="checkbox"/> Other Court Involvement		<input type="checkbox"/> Probation
<u>Assessment of Impact of Services on School Attendance</u>			
<input type="checkbox"/> Greater Attendance		<input type="checkbox"/> About the Same	
<input type="checkbox"/> Less Attendance	<input type="checkbox"/> NA - Home schooled	<input type="checkbox"/> NA – No problem before service	
<input type="checkbox"/> NA -Too young to be in school	<input type="checkbox"/> NA -Other	<input type="checkbox"/> NA – Expelled from school	
<input type="checkbox"/> NA – Not Applicable for reason given		<input type="checkbox"/> NA Dropped Out of School	
		<input type="checkbox"/> NA – No Response	
<u>Receiving Professional Partner Services:</u>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<u>Receiving Special Education Services:</u>	<input type="checkbox"/> Yes		<input type="checkbox"/> No

**Appendix J.3 - New Registration – Page 3**

**Appendix J.3.a – SERVICE TREATMENT**

<u>Admission Referral Source:</u>	<input type="checkbox"/> Agricultural Action Center	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Probation
	<input type="checkbox"/> Clergy	<input type="checkbox"/> Job Training Office	<input type="checkbox"/> Prosecutor
	<input type="checkbox"/> Community Service Agency	<input type="checkbox"/> Mental Health Commitment Board	<input type="checkbox"/> Public Health Staff
	<input type="checkbox"/> Compulsive Gambling Prov.	<input type="checkbox"/> Mental Health Court	<input type="checkbox"/> Regional Center
	<input type="checkbox"/> Corrections	<input type="checkbox"/> Mental Health Emergency	<input type="checkbox"/> SA Emergency / Detox
	<input type="checkbox"/> County Extension Agent	<input type="checkbox"/> Mental Health Non-Residential	<input type="checkbox"/> SA Outpatient Counseling
	<input type="checkbox"/> Court Order	<input type="checkbox"/> Mental Health Residential	<input type="checkbox"/> SA Prevention
	<input type="checkbox"/> Court Referral	<input type="checkbox"/> Mental Retardation Agency	<input type="checkbox"/> SA Self-help Group
	<input type="checkbox"/> Defense Attorney	<input type="checkbox"/> Mid-Level Practitioner	<input type="checkbox"/> SA Residential
	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> School Based Referral
	<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Other Medical Facility	<input type="checkbox"/> Self
	<input type="checkbox"/> Employers	<input type="checkbox"/> Parole	<input type="checkbox"/> Services Psychiatric Evaluation
	<input type="checkbox"/> Family	<input type="checkbox"/> Police	<input type="checkbox"/> Social Services Sexual Perp. Evaluation
	<input type="checkbox"/> Helpline	<input type="checkbox"/> Pre-trial Diversion	<input type="checkbox"/> State Social Service
	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Private Family Counselor / Agency	<input type="checkbox"/> Tribal Elder or Official
	<input type="checkbox"/> Friend	<input type="checkbox"/> Private Mental Health Practice	<input type="checkbox"/> Veteran's Administration

	<input type="checkbox"/> Homeless / Shelter	<input type="checkbox"/> Private Physician	<input type="checkbox"/> Yellow Pages
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private SA Provider	

**Appendix J.3.b – LEGAL STATUS**

<u>Legal Status at Admission:</u>	<input type="checkbox"/> EPC	<input type="checkbox"/> Parole	<input type="checkbox"/> Probation	<input type="checkbox"/> Not Responsible by reason of Insanity
	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Voluntary by Guardian	<input type="checkbox"/> Court: Competency Eval	<input type="checkbox"/> Juvenile High Risk Offender
	<input type="checkbox"/> Court Order	<input type="checkbox"/> Court: Juvenile Commit	<input type="checkbox"/> Court: Presentence Eval	<input type="checkbox"/> Court: Mentally Disordered Sex Offender
	<input type="checkbox"/> Parole Due to Gambling	<input type="checkbox"/> Probation Due to Gambling	<input type="checkbox"/> Pending Related to Gambling	<input type="checkbox"/> Court: Juvenile Evacuation Sex Offender
<u>Criminal Activity (number of arrests in past 30 days) at time of Admission</u>				<input type="checkbox"/> State Ward

**Appendix J.3.c – COMMITMENT DATA**

<u>Mental Health Board (MHB) Hearing Date:</u>	
<u>Mental Health Board (MHB) Commitment Date:</u>	

**Appendix J.3.d - SUBSTANCE ABUSE**

<u>Reason for this Admission:</u>	<input type="checkbox"/> Dual Diagnosis/Primary MH/Primary SA	<input type="checkbox"/> Primary Compulsive Gambling	<input type="checkbox"/> Primary Mental Retardation
	<input type="checkbox"/> Primary Sex Offender	<input type="checkbox"/> Primary Mental Health	<input type="checkbox"/> Primary Substance Abuse
	<input type="checkbox"/> Primary MH/Secondary SA	<input type="checkbox"/> Primary SA/Secondary MH	
	<input type="checkbox"/> Primary Gambling/Secondary SA	<input type="checkbox"/> Primary Gambling/Secondary MH	
<u>Current or Past History of substance abuse?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>IV Drug Use in the past?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Is the Use of Methadone Planned?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Primary Substance</u>		<u>#2 Substance</u>	<u>#3 Substance</u>
<u>Age</u>			
<u>Name</u>			

<u>Freq</u>	<input type="checkbox"/> 1-2 x's past week	<input type="checkbox"/> 1-2 x's past week	<input type="checkbox"/> 1-2 x's past week
	<input type="checkbox"/> 1-3 x's past month	<input type="checkbox"/> 1-3 x's past month	<input type="checkbox"/> 1-3 x's past month
	<input type="checkbox"/> 3-6 x's past week	<input type="checkbox"/> 3-6 x's past week	<input type="checkbox"/> 3-6 x's past week
	<input type="checkbox"/> daily	<input type="checkbox"/> daily	<input type="checkbox"/> daily
	<input type="checkbox"/> No use in the past month	<input type="checkbox"/> No use in the past month	<input type="checkbox"/> No use in the past month
	<input type="checkbox"/> unknown / none selected	<input type="checkbox"/> unknown / none selected	<input type="checkbox"/> unknown / none selected
<u>Vol</u>			
<u>Route</u>	<input type="checkbox"/> IV <input type="checkbox"/> Nasal <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	<input type="checkbox"/> IV <input type="checkbox"/> Nasal <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown	<input type="checkbox"/> IV <input type="checkbox"/> Nasal <input type="checkbox"/> Oral <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown

**Appendix J.4 - New Registration – Page 4**

**Appendix J.4.a - DIAGNOSIS & SUBSTANCE ABUSE**

<u>Level of Care:</u>	<input type="checkbox"/> Child Professional Partners	<input type="checkbox"/> Child Professional Partner School	<input type="checkbox"/> Child Respite
	<input type="checkbox"/> Child Therapeutic Community	<input type="checkbox"/> Child Therapeutic Consult	<input type="checkbox"/> Child Youth Assessment-MH
	<input type="checkbox"/> Child Youth Assessment-SA	<input type="checkbox"/> CPC	<input type="checkbox"/> Crisis Assess/Eval-MH
	<input type="checkbox"/> Crisis Assess/Eval-SA	<input type="checkbox"/> Crisis Inpatient-Youth	<input type="checkbox"/> Crisis Stabilization/Tx
	<input type="checkbox"/> Day Support	<input type="checkbox"/> Detox	<input type="checkbox"/> Emergency Community Support
	<input type="checkbox"/> EPC	<input type="checkbox"/> Intensive Case Management-MH	<input type="checkbox"/> Intensive Case Management-SA
	<input type="checkbox"/> Med Management	<input type="checkbox"/> Methadone Maintenance	<input type="checkbox"/> Mobile Crisis
	<input type="checkbox"/> Outpatient Dual Diagnosis	<input type="checkbox"/> Outpatient-MH	<input type="checkbox"/> Outpatient-SA
	<input type="checkbox"/> Pre-Authorization	<input type="checkbox"/> Psych Respite	<input type="checkbox"/> Psych Test
	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Urgent Assess/Eval-MH	<input type="checkbox"/> Urgent Assess/Eval-SA
Is this service to be provided in whole or part by Telehealth		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Appendix J.4.b – DIAGNOSTIC CODES**

<u>Date of DX:</u>					
<u>Axis I:</u>	Code #(s)	(A)	(B)	(C)	(D)
<u>Axis II:</u>	Code #(s)	(A)	(B)	(C)	(D)
<u>Axis III:</u>					
<u>Axis IV:</u>	<input type="checkbox"/> Diagnosis Condition Deferred		<input type="checkbox"/> Economic problems		
	<input type="checkbox"/> Educational problems		<input type="checkbox"/> Housing problems		
	<input type="checkbox"/> Occupational problems		<input type="checkbox"/> Problems with access to health care services		
	<input type="checkbox"/> Problems related to interaction with the legal system/crime		<input type="checkbox"/> Other psychosocial & environmental problems		
	<input type="checkbox"/> Problems related to social environment		<input type="checkbox"/> Problems w/primary support group		
<u>Axis V: GAF (Current)</u>					

**Appendix J.4.c - SUBSTANCE ABUSE**

<u>Number of prior treatment episodes:</u>	
<u>Days waiting to enter SA program:</u>	

**Appendix J.5 - Annual Re-Registration – Page 1**

**Appendix J.5.a - DEMOGRAPHIC INFORMATION**

<u>Name:</u>	First:	MI:	Last:			
<u>Previous Last/Maiden Name</u>						
<u>Address:</u>	Street:					
	City:				State:	Zip:
<u>Sex/Gender:</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Other	<input type="checkbox"/> Female			
<u>Social Security #:</u>	____ - ____ - _____					
<u>Marital Status:</u>	<input type="checkbox"/> Cohabiting	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<u>Race:</u>	<input type="checkbox"/> Asian		<input type="checkbox"/> American/Alaskan Native		<input type="checkbox"/> Black/African American	
	<input type="checkbox"/> Multi-racial		<input type="checkbox"/> Native American		<input type="checkbox"/> Native Hawaiian/Other Pacific Island	
	<input type="checkbox"/> Other		<input type="checkbox"/> Unknown		<input type="checkbox"/> White	
<u>Ethnicity:</u>	<input type="checkbox"/> Cuban		<input type="checkbox"/> Hispanic– specific origin unknown		<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican
	<input type="checkbox"/> Other Specific Hispanic		<input type="checkbox"/> Not of Hispanic Origin		<input type="checkbox"/> Unknown	
<u>Preferred Language:</u>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> Farsi	<input type="checkbox"/> French	<input type="checkbox"/> German
	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
	<input type="checkbox"/> NA Dakota	<input type="checkbox"/> NA Ho-Chunk	<input type="checkbox"/> Na-Ponca	<input type="checkbox"/> NA-Umonhon	<input type="checkbox"/> Neur	<input type="checkbox"/> Portuguese
	<input type="checkbox"/> Russian	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Vietnamese	
<u>Veteran Status:</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<u>Disability:</u>	<input type="checkbox"/> Retardation	<input type="checkbox"/> Blindness	<input type="checkbox"/> Deafness	<input type="checkbox"/> Non-ambulation	<input type="checkbox"/> Non use/ambulation	<input type="checkbox"/> None
<u>Date of Birth:</u>						
<u>Age at Admission:</u>						
<u>County Legal Residence:</u>						
<u>County of Admit:</u>						
<u>Height:</u>	____ Feet ____ Inches					
<u>Weight:</u>	____ Lbs					

*Appendix J.5.b - FINANCIAL INFORMATION*

<u>Number of Dependents</u>	_____ (01=self)					
<u>Annual Gross Income (nearest 1,000):</u>	\$ _____, _____					
<u>SSI/SSDI Eligibility:</u>	__ Determined to be Ineligible-NA			__ Eligible/Not Receiving Benefits		
	__ Eligible/Receiving Payments			__ Potential Eligible		
<u>Medicare/Medicaid:</u>	__ Determined to be Ineligible-NA			__ Eligible/Not Receiving Benefits		
	__ Eligible/Receiving Payments			__ Potential Eligible		
<u>Health Insurance:</u>	<input type="checkbox"/> Blue Cross/Blue Shield	<input type="checkbox"/> HMO	<input type="checkbox"/> No Insurance	<input type="checkbox"/> Other Insurance		
	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private 3 <sup>rd</sup> Party	<input type="checkbox"/> Private Self Paid		
<u>Income Source:</u>	<input type="checkbox"/> Employment	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Disability	<input type="checkbox"/> None	<input type="checkbox"/> Other

*Appendix J.5.c - ADMISSION*

<u>Admission Date:</u>		Annual Re-registration date of :	
<u>Reason for EPC Admission:</u>	<input type="checkbox"/> Both Dangerous to self & others	<input type="checkbox"/> Dangerous to others	
	<input type="checkbox"/> Danger to self/suicide attempt	<input type="checkbox"/> Danger to self/neglect	<input type="checkbox"/> Not an EPC admission
<u>Suicide Attempt – Has this person attempted suicide in the last 30 days?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>Collateral/Significant Other Contact</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Appendix J.6 - Annual Re-Registration – Page 2

Appendix J.6.a – MEDICAL STATUS

MEDICAL STATUS						
Is the consumer pregnant?	<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Trauma History	Sexual Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Physical Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Emotional Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Neglect <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Witness to Domestic Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Victim/Witness to Community Violence <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Physical Assault <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Victim of Crime <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Serious Accident/Injury <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Sexual Assault / Rape <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Life Threatening Medical Issues <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Traumatic Loss of a Loved One <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Victim of a Terrorist Act <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			War/Political Violence/Torture <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Disasters (Tornado/Earthquake) <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child			Prostitution / Sex Trafficking <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child		
	Sanctuary Trauma (Trauma While Institutionalized) <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child					
On a typical day how many of these types of medications is Consumer taking:			<input type="checkbox"/> Opioid Pain <input type="checkbox"/> Non-Opioid Pain <input type="checkbox"/> Psychotropics			
Days during the past 30 days Consumer's physical health was not good:						
Days during the past 30 days Consumer's mental health was not good:						
Has consumer stopped smoking for one day or longer in last 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
Is Consumer aware of the NE Tobacco Quitline?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
Has Consumer used the NE Tobacco Quitline for help to quit smoking?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
How long since Consumer smoked last cigarette, even one or two puffs?			Within the last 24 hours	Within the last 3 days	Within the last week	Within the past month
Cont'd	Within the past 6 months	Within the last year	More than one year ago	Never smoked regularly	Don't know/Not sure	Refused
Tobacco Use?			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
For each of the following tobacco products, how much does Consumer consume in an average day?						
Cigarettes <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs						
Chew <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs						
Cigars <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs						
Pipe <input type="checkbox"/> No Use <input type="checkbox"/> Less than half a pack <input type="checkbox"/> Half a pack to 1 pack <input type="checkbox"/> 1 to 2 packs <input type="checkbox"/> More than 2 packs						

Does Consumer meet diagnostic criteria for Nicotine dependence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Does Consumer have a Primary Health Care provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Month:	Year:		

**Appendix J.6.b – SOCIOECONOMIC INDICATORS**

<u>Living Situation:</u>	<input type="checkbox"/> Child living w/parent/relative		<input type="checkbox"/> Foster Home		<input type="checkbox"/> Homeless Shelter		<input type="checkbox"/> Jail/Correctional Facility			
	<input type="checkbox"/> Other 24hr Res Care		<input type="checkbox"/> Other Institutional Setting		<input type="checkbox"/> Other		<input type="checkbox"/> Private Residence Recv. Sprt			
	<input type="checkbox"/> Private Residence w/out Support		<input type="checkbox"/> Reg Center		<input type="checkbox"/> Youth Living Independently					
<u>Education:</u>	<input type="checkbox"/> Home schooled				<input type="checkbox"/> Early care and education (0-kindergarten)			<input type="checkbox"/> Kindergarten		
	<input type="checkbox"/> 1 <sup>st</sup> grd	<input type="checkbox"/> 2 <sup>nd</sup> grd	<input type="checkbox"/> 3 <sup>rd</sup> grd	<input type="checkbox"/> 4 <sup>th</sup> grd	<input type="checkbox"/> 5 <sup>th</sup> grd	<input type="checkbox"/> 6 <sup>th</sup> grd	<input type="checkbox"/> 7 <sup>th</sup> grd	<input type="checkbox"/> 8 <sup>th</sup> grd	<input type="checkbox"/> 9 <sup>th</sup> grd	
	<input type="checkbox"/> < = 10yrs	<input type="checkbox"/> 11 yrs	<input type="checkbox"/> >12 yrs	<input type="checkbox"/> 12 yrs=GED	<input type="checkbox"/> Assoc Dgr	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Unknown	
<u>Employment Status:</u>	<input type="checkbox"/> Active/Armed Forces		<input type="checkbox"/> Employed F/T (35 hrs+)		<input type="checkbox"/> Employed P/T		<input type="checkbox"/> Homemaker			
	<input type="checkbox"/> Inmate of Institution		<input type="checkbox"/> Othr (volunteer, disabled)		<input type="checkbox"/> Retired		<input type="checkbox"/> Sheltered Workshop			
	<input type="checkbox"/> Student	<input type="checkbox"/> Supported Employment		<input type="checkbox"/> Unemployed (laid off/looking)			<input type="checkbox"/> Unemployed/Not Seeking		<input type="checkbox"/> Unknown	

**Appendix J.6.c – MEDICAID ELIGIBILITY**

<u>Meets Nebraska SED Criteria:</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u>For Adults with mental illness – Meets Nebraska SPMI Criteria:</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Appendix J.6.d - ADOLESCENT**

<u>Att. School – Avg in 3 months:</u>	<input type="checkbox"/> 1 day every 2 wks	<input type="checkbox"/> 1 day per wk	<input type="checkbox"/> 1 or less days per month
	<input type="checkbox"/> 2 or more days per wk		<input type="checkbox"/> Grad/GED
<u>Stable Environment (Legal Custody):</u>	<input type="checkbox"/> Emancipated minor	<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Ward of the State

<u>Involvement with Juvenile Services:</u>	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Not involved w/Juv Srvcs	<input type="checkbox"/> OJS State Ward
	<input type="checkbox"/> Other Court Involvement		<input type="checkbox"/> Probation
<u>Assessment of Impact of Services on School Attendance</u>			
<input type="checkbox"/> Greater Attendance		<input type="checkbox"/> About the Same	
<input type="checkbox"/> Less Attendance	<input type="checkbox"/> NA - Home schooled	<input type="checkbox"/> NA – No problem before service	
<input type="checkbox"/> NA -Too young to be in school	<input type="checkbox"/> NA -Other	<input type="checkbox"/> NA – Expelled from school	
<input type="checkbox"/> NA – Not Applicable for reason given		<input type="checkbox"/> NA Dropped Out of School	
		<input type="checkbox"/> NA – No Response	
<u>Receiving Professional Partner Services:</u>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<u>Receiving Special Education Services:</u>	<input type="checkbox"/> Yes		<input type="checkbox"/> No

**Appendix J.7 - Annual Re-Registration – Page 3**

**Appendix J.7.a – SERVICE TREATMENT**

<u>Admission Referral Source:</u>	<input type="checkbox"/> Agricultural Action Center	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Probation
	<input type="checkbox"/> Clergy	<input type="checkbox"/> Job Training Office	<input type="checkbox"/> Prosecutor
	<input type="checkbox"/> Community Service Agency	<input type="checkbox"/> Mental Health Commitment Board	<input type="checkbox"/> Public Health Staff
	<input type="checkbox"/> Compulsive Gambling Prov.	<input type="checkbox"/> Mental Health Court	<input type="checkbox"/> Regional Center
	<input type="checkbox"/> Corrections	<input type="checkbox"/> Mental Health Emergency	<input type="checkbox"/> SA Emergency / Detox
	<input type="checkbox"/> County Extension Agent	<input type="checkbox"/> Mental Health Non-Residential	<input type="checkbox"/> SA Outpatient Counseling
	<input type="checkbox"/> Court Order	<input type="checkbox"/> Mental Health Residential	<input type="checkbox"/> SA Prevention
	<input type="checkbox"/> Court Referral	<input type="checkbox"/> Mental Retardation Agency	<input type="checkbox"/> SA Self-help Group
	<input type="checkbox"/> Defense Attorney	<input type="checkbox"/> Mid-Level Practitioner	<input type="checkbox"/> SA Residential
	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> School Based Referral
	<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Other Medical Facility	<input type="checkbox"/> Self
	<input type="checkbox"/> Employers	<input type="checkbox"/> Parole	<input type="checkbox"/> Services Psychiatric Evaluation
	<input type="checkbox"/> Family	<input type="checkbox"/> Police	<input type="checkbox"/> Social Services Sexual Perp. Evaluation
	<input type="checkbox"/> Helpline	<input type="checkbox"/> Pre-trial Diversion	<input type="checkbox"/> State Social Service
	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Private Family Counselor / Agency	<input type="checkbox"/> Tribal Elder or Official
	<input type="checkbox"/> Friend	<input type="checkbox"/> Private Mental Health Practice	<input type="checkbox"/> Veteran’s Administration
	<input type="checkbox"/> Homeless / Shelter	<input type="checkbox"/> Private Physician	<input type="checkbox"/> Yellow Pages
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private SA Provider	

*Appendix J.7.b – LEGAL STATUS*

<u>Legal Status at Admission:</u>	<input type="checkbox"/> EPC	<input type="checkbox"/> Parole	<input type="checkbox"/> Probation	<input type="checkbox"/> Not Responsible by reason of Insanity
	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Voluntary by Guardian	<input type="checkbox"/> Court: Competency Eval	<input type="checkbox"/> Juvenile High Risk Offender
	<input type="checkbox"/> Court Order	<input type="checkbox"/> Court: Juvenile Commit	<input type="checkbox"/> Court: Presentence Eval	<input type="checkbox"/> Court: Mentally Disordered Sex Offender
	<input type="checkbox"/> Parole Due to Gambling	<input type="checkbox"/> Probation Due to Gambling	<input type="checkbox"/> Pending Related to Gambling	<input type="checkbox"/> Court: Juvenile Evacuation Sex Offender <input type="checkbox"/> State Ward
<u>Criminal Activity (number of arrests in past 30 days) at time of Admission</u>				

*Appendix J.7.c – COMMITMENT DATA.*

<u>Mental Health Board (MHB) Hearing Date:</u>	
<u>Mental Health Board (MHB) Commitment Date:</u>	

*Appendix J.7.d – SUBSTANCE ABUSE*

<u>Reason for this Admission:</u>	<input type="checkbox"/> Dual Diagnosis/Primary MH/Primary SA	<input type="checkbox"/> Primary Compulsive Gambling	<input type="checkbox"/> Primary Mental Retardation
	<input type="checkbox"/> Primary Sex Offender	<input type="checkbox"/> Primary Mental Health	<input type="checkbox"/> Primary Substance Abuse
	<input type="checkbox"/> Primary MH/Secondary SA	<input type="checkbox"/> Primary SA/Secondary MH	
	<input type="checkbox"/> Primary Gambling/Secondary SA	<input type="checkbox"/> Primary Gambling/Secondary MH	
<u>IV Drug Use in the past?</u>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<u>Is the Use of Methadone Planned?</u>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<u>Primary Substance</u>	<u>#2 Substance</u>	<u>#3 Substance</u>	
<u>Age</u>			
<u>Name</u>			
<u>Freq</u>	<input type="checkbox"/> 1-2 x's past week	<input type="checkbox"/> 1-2 x's past week	<input type="checkbox"/> 1-2 x's past week
	<input type="checkbox"/> 1-3 x's past month	<input type="checkbox"/> 1-3 x's past month	<input type="checkbox"/> 1-3 x's past month
	<input type="checkbox"/> 3-6 x's past week	<input type="checkbox"/> 3-6 x's past week	<input type="checkbox"/> 3-6 x's past week

	<input type="checkbox"/> _daily	<input type="checkbox"/> _daily	<input type="checkbox"/> _daily
	<input type="checkbox"/> _No use in the past month	<input type="checkbox"/> _No use in the past month	<input type="checkbox"/> _No use in the past month
	<input type="checkbox"/> _unknown / none selected	<input type="checkbox"/> _unknown / none selected	<input type="checkbox"/> _unknown / none selected
<u>Vol</u>			
<u>Route</u>	<input type="checkbox"/> _IV <input type="checkbox"/> _Nasal <input type="checkbox"/> _Oral <input type="checkbox"/> _Smoke <input type="checkbox"/> _Unknown	<input type="checkbox"/> _IV <input type="checkbox"/> _Nasal <input type="checkbox"/> _Oral <input type="checkbox"/> _Smoke <input type="checkbox"/> _Unknown	<input type="checkbox"/> _IV <input type="checkbox"/> _Nasal <input type="checkbox"/> _Oral <input type="checkbox"/> _Smoke <input type="checkbox"/> _Unknown

**Appendix J.8 - Annual Re-Registration – Page 4**

**Appendix J.8.a – DIAGNOSIS & SUBSTANCE ABUSE**

<u>Level of Care:</u>	<input type="checkbox"/> Child Professional Partners	<input type="checkbox"/> Child Professional Partner School	<input type="checkbox"/> Child Respite
	<input type="checkbox"/> Child Therapeutic Community	<input type="checkbox"/> Child Therapeutic Consult	<input type="checkbox"/> Child Youth Assessment-MH
	<input type="checkbox"/> Child Youth Assessment-SA	<input type="checkbox"/> CPC	<input type="checkbox"/> Crisis Assess/Eval-MH
	<input type="checkbox"/> Crisis Assess/Eval-SA	<input type="checkbox"/> Crisis Inpatient-Youth	<input type="checkbox"/> Crisis Stabilization/Tx
	<input type="checkbox"/> Day Support	<input type="checkbox"/> Detox	<input type="checkbox"/> Emergency Community Support
	<input type="checkbox"/> EPC	<input type="checkbox"/> Intensive Case Management-MH	<input type="checkbox"/> Intensive Case Management-SA
	<input type="checkbox"/> Med Management	<input type="checkbox"/> Methadone Maintenance	<input type="checkbox"/> Mobile Crisis
	<input type="checkbox"/> Outpatient Dual Diagnosis	<input type="checkbox"/> Outpatient-MH	<input type="checkbox"/> Outpatient-SA
	<input type="checkbox"/> Pre-Authorization	<input type="checkbox"/> Psych Respite	<input type="checkbox"/> Psych Test
	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Urgent Assess/Eval-MH	<input type="checkbox"/> Urgent Assess/Eval-SA

**Appendix J.8.b – DIAGNOSTIC CODES**

<u>Date of DX:</u>					
<u>Axis I:</u>	Code #(s)	(A)	(B)	(C)	(D)
<u>Axis II:</u>	Code #(s)	(A)	(B)	(C)	(D)
<u>Axis III:</u>					
<u>Axis IV:</u>	<input type="checkbox"/> Diagnosis Condition Deferred			<input type="checkbox"/> Economic problems	
	<input type="checkbox"/> Educational problems			<input type="checkbox"/> Housing problems	
	<input type="checkbox"/> Occupational problems			<input type="checkbox"/> Problems with access to health care services	
	<input type="checkbox"/> Problems related to interaction with the legal system/crime			<input type="checkbox"/> Other psychosocial & environmental problems	
	<input type="checkbox"/> Problems related to social environment			<input type="checkbox"/> Problems w/primary support group	
<u>Axis V: GAF (Current)</u>					

**Appendix J.8.c – SUBSTANCE ABUSE**

<u>Number of prior treatment episodes:</u>	
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<u>Days waiting to enter SA program:</u>	
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**Appendix J.9 - New Discharge – Page 1**

**Appendix J.9.a – DISCHARGE INFORMATION**

<u>Discharge Date:</u>			
<u>Date of Last Contact:</u>			
<u>Address – review and revise as necessary:</u>		<u>Street:</u>	
		<u>City:</u>	<u>State:</u> <u>Zip:</u>
<u>Is Consumer a parent of or legal Guardian of a youth receiving case management from Children and Family Services of CFS designee?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Is youth/family involved with the Juvenile Court?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Is youth/family receiving services voluntarily/without court involvement?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Discharge Status:</u>	<input type="checkbox"/> Choose to decline additional treatment		<input type="checkbox"/> Client seen for assessment only/one time contact
	<input type="checkbox"/> Death, not suicide		<input type="checkbox"/> Death, suicide completed
	<input type="checkbox"/> Incarcerated		<input type="checkbox"/> Left against professional advice (drop out)
	<input type="checkbox"/> Other		<input type="checkbox"/> Terminated by facility
	<input type="checkbox"/> Transferred to another service		<input type="checkbox"/> Treatment completed
	<input type="checkbox"/> Transferred to Other MH Tx Program – Did Report		<input type="checkbox"/> Transferred to Other MH Tx Program – Did Not Report
	<input type="checkbox"/> Aged Out		<input type="checkbox"/> Administrative Discharge
	<input type="checkbox"/> Did Not Show for First Appointment		<input type="checkbox"/> Unknown / None selected
<u>Legal Status: at DC</u>	<input type="checkbox"/> CPC	<input type="checkbox"/> MHB Hold / Custody Warrant	<input type="checkbox"/> MHB Commit
	<input type="checkbox"/> EPC	<input type="checkbox"/> Parole	<input type="checkbox"/> Probation
	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Voluntary by Guardian	<input type="checkbox"/> Court: Competency Eval
	<input type="checkbox"/> Court Order	<input type="checkbox"/> Court: Juvenile Commit	<input type="checkbox"/> Court: Presentence Eval
			<input type="checkbox"/> Not Responsible by reason of Insanity
			<input type="checkbox"/> Juvenile High Risk Offender
			<input type="checkbox"/> Court: Mentally Disordered Sex Offender
			<input type="checkbox"/> Court: Juvenile Evacuation Sex Offender
			<input type="checkbox"/> State Ward
<u>Mental Health Board Disposition:</u>	<input type="checkbox"/> 90 day suspension		<input type="checkbox"/> Discharge with no hold
	<input type="checkbox"/> Mental Health Board discharge		<input type="checkbox"/> No Mental Health Board commitment
			<input type="checkbox"/> Mental Health Board commitment
			<input type="checkbox"/> Transfer prior to legal disposition

<u>Destination at Discharge:</u>	<input type="checkbox"/> Hastings Regional Center	<input type="checkbox"/> Jail	<input type="checkbox"/> Lincoln Regional Center
	<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health Inpatient	<input type="checkbox"/> Mental Health Outpatient
	<input type="checkbox"/> Mental Health Residential	<input type="checkbox"/> Norfolk Regional Center	<input type="checkbox"/> Other
	<input type="checkbox"/> Substance Abuse Outpatient		<input type="checkbox"/> Substance Abuse Residential (Halfway House)
	<input type="checkbox"/> Substance Abuse Residential (Therapeutic Community)		<input type="checkbox"/> Substance Abuse Short Term Residential

<u>Employment Status:</u>	<input type="checkbox"/> Active/Armed Forces	<input type="checkbox"/> Employed Full Time (35 hrs+)	<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Homemaker	
	<input type="checkbox"/> Inmate of Institution	<input type="checkbox"/> Other (volunteer, disabled)	<input type="checkbox"/> Retired	<input type="checkbox"/> Sheltered Workshop	
	<input type="checkbox"/> Student	<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Unemployed (laid off/looking)	<input type="checkbox"/> Unemployed/Not Seeking	<input type="checkbox"/> Unknown
<u>Living Situation:</u>	<input type="checkbox"/> Child living w/parent/relative		<input type="checkbox"/> Foster Home	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Jail/Correctional Facility
	<input type="checkbox"/> Other 24hr Res Care		<input type="checkbox"/> Other Institutional Setting	<input type="checkbox"/> Other	<input type="checkbox"/> Private Residence Recv. Sppt
	<input type="checkbox"/> Private Residence w/out Support		<input type="checkbox"/> Reg Center	<input type="checkbox"/> Youth Living Independently	

<u>Discharge Referral:</u>	<input type="checkbox"/> Agricultural Action Center	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Probation
	<input type="checkbox"/> Clergy	<input type="checkbox"/> Job Training Office	<input type="checkbox"/> Prosecutor
	<input type="checkbox"/> Community Service Agency	<input type="checkbox"/> Mental Health Commitment Board	<input type="checkbox"/> Public Health Staff
	<input type="checkbox"/> Compulsive Gambling Prov.	<input type="checkbox"/> Mental Health Court	<input type="checkbox"/> Regional Center
	<input type="checkbox"/> Corrections	<input type="checkbox"/> Mental Health Emergency	<input type="checkbox"/> SA Emergency / Detox
	<input type="checkbox"/> County Extension Agent	<input type="checkbox"/> Mental Health Non-Residential	<input type="checkbox"/> SA Outpatient Counseling
	<input type="checkbox"/> Court Order	<input type="checkbox"/> Mental Health Residential	<input type="checkbox"/> SA Prevention
	<input type="checkbox"/> Court Referral	<input type="checkbox"/> Mental Retardation Agency	<input type="checkbox"/> SA Self-help Group
	<input type="checkbox"/> Defense Attorney	<input type="checkbox"/> Mid-Level Practitioner	<input type="checkbox"/> SA Residential
	<input type="checkbox"/> Drug Court	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> School Based Referral
	<input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Other Medical Facility	<input type="checkbox"/> Self
	<input type="checkbox"/> Employers	<input type="checkbox"/> Parole	<input type="checkbox"/> Services Psychiatric Evaluation
	<input type="checkbox"/> Family	<input type="checkbox"/> Police	<input type="checkbox"/> Social Services Sexual Perp. Evaluation

	<input type="checkbox"/> Helpline	<input type="checkbox"/> Pre-trial Diversion	<input type="checkbox"/> State Social Service
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**Appendix J.10 - New Discharge – Page 2**

	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Private Family Counselor / Agency	<input type="checkbox"/> Tribal Elder or Official
	<input type="checkbox"/> Friend	<input type="checkbox"/> Private Mental Health Practice	<input type="checkbox"/> Veteran's Administration
	<input type="checkbox"/> Homeless / Shelter	<input type="checkbox"/> Private Physician	<input type="checkbox"/> Yellow Pages
	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private SA Provider	<input type="checkbox"/> Education
	<input type="checkbox"/> No Arrests	<input type="checkbox"/> Social Supports	<input type="checkbox"/> Adolescent <input type="checkbox"/> Impact
<u>Criminal Activity (number of arrests in past 30 days) at time of Admission</u>			
<u>Assessment of Impact of Services on School Attendance</u>			
<input type="checkbox"/> Greater Attendance		<input type="checkbox"/> About the Same	
<input type="checkbox"/> Less Attendance	<input type="checkbox"/> NA - Home schooled	<input type="checkbox"/> NA – No problem before service	
<input type="checkbox"/> NA -Too young to be in school	<input type="checkbox"/> NA -Other	<input type="checkbox"/> NA – Expelled from school	
<input type="checkbox"/> NA – Not Applicable for reason given		<input type="checkbox"/> NA Dropped Out of School	
		<input type="checkbox"/> NA – No Response	
<u>Education (Highest Level)</u>			
Height:	<input type="checkbox"/> Feet <input type="checkbox"/> Inches		
Weight:	<input type="checkbox"/> Lbs		

<u>Trauma History</u>	Sexual Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Physical Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Emotional Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Neglect <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Witness to Domestic Abuse <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Victim/Witness to Community Violence <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Physical Assault <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Victim of Crime <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Serious Accident/Injury <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Sexual Assault / Rape <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Life Threatening Medical Issues <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Traumatic Loss of a Loved One <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Victim of a Terrorist Act <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	War/Political Violence/Torture <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Disasters (Tornado/Earthquake) <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	Prostitution / Sex Trafficking <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child
	Sanctuary Trauma (Trauma While Institutionalized <input type="checkbox"/> No <input type="checkbox"/> Adult <input type="checkbox"/> Child	
<u>On a typical day how many of these types of medications is Consumer taking:</u>		<input type="checkbox"/> Opioid Pain <input type="checkbox"/> Non-Opioid Pain <input type="checkbox"/> Psychotropics
<u>Days during the past 30 days Consumer's physical health was not good:</u>		
<u>Days during the past 30 days Consumer's mental health was not good:</u>		

Has consumer stopped smoking for one day or longer in last 12 months?				___ Yes	___ No	___ NA
Is Consumer aware of the NE Tobacco Quitline?				___ Yes	___ No	___ NA
Has Consumer used the NE Tobacco Quitline for help to quit smoking?				___ Yes	___ No	___ NA
How long since Consumer smoked last cigarette, even one or two puffs?		Within the last 24 hours	Within the last 3 days	Within the last week	Within the past month	
Cont'd	Within the past 6 months	Within the last year	More than one year ago	Never smoked regularly	Don't know/Not sure	Refused
Tobacco Use?		___ Yes	___ No			
For each of the following tobacco products, how much does Consumer consume in an average day?						
Cigarettes ___ No Use ___ Less than half a pack ___ Half a pack to 1 pack ___ 1 to 2 packs ___ More than 2 packs						
Chew ___ No Use ___ Less than half a pack ___ Half a pack to 1 pack ___ 1 to 2 packs ___ More than 2 packs						
Cigars ___ No Use ___ Less than half a pack ___ Half a pack to 1 pack ___ 1 to 2 packs ___ More than 2 packs						
Pipe ___ No Use ___ Less than half a pack ___ Half a pack to 1 pack ___ 1 to 2 packs ___ More than 2 packs						
Does Consumer meet diagnostic criteria for Nicotine dependence?				___ Yes	___ No	___ NA
Does Consumer have a Primary Health Care provider?				___ Yes	___ No	
Month:				Year:		

**Appendix J.10.b – DIAGNOSTIC CODES**

<u>Date of DX:</u>					
<u>Axis I:</u>	Code #(s)	(A)	(B)	(C)	(D)
<u>Axis II:</u>	Code #(s)	(A)	(B)	(C)	(D)
<u>Axis III:</u>					
<u>Axis IV:</u>	___ Diagnosis Condition Deferred			___ Economic problems	
	___ Educational problems			___ Housing problems	
	___ Occupational problems			___ Problems with access to health care services	
	___ Problems related to interaction with the legal system/crime			___ Other psychosocial & environmental problems	
<u>Axis V: GAF (Current)</u>	___ Problems related to social environment			___ Problems w/primary support group	

**Appendix J.10.c – SUBSTANCE ABUSE**

	<u>Primary Substance</u>	<u>#2 Substance</u>	<u>#3 Substance</u>
<u>Age</u>			
<u>Name</u>			
<u>Freq</u>	___ 1-2 x's past week	___ 1-2 x's past week	___ 1-2 x's past week

	___ 1-3 x's past week	___ 1-3 x's past week	___ 1-3 x's past week
	___ 3-6 x's past week	___ 3-6 x's past week	___ 3-6 x's past week
	___ Daily	___ Daily	___ Daily
	___ No use past month	___ No use past month	___ No use past month
	___ Unknown	___ Unknown	___ Unknown
<u>Vol</u>			
<u>Route</u>	___ IV ___ Nasal ___ Oral ___ Smoke ___ Unknwn	___ IV ___ Nasal ___ Oral ___ Smoke ___ Unknwn	___ IV ___ Nasal ___ Oral ___ Smoke ___ Unknwn

## Appendix K - Advisory on Unknown Response, July 2012.

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### Guidance for new data field when editing registrations:

- a) Height and Weight
  - Height – Feet and Inches - If unknown use the drop down menus and indicate **9 feet and 9 inches**.
  - Weight – Weight is in pounds – if information was previously not collected or unknown **enter 999**.
- b) Type of Medication Opioids, Non-opioids and Psychotropic
  - **Enter 77** if the information was not previously collected or is unknown.
- c) Physical Health question
  - **Enter 77** if information was not previously collected.
- d) Mental Health question
  - **Enter 77** if information was not previously collected.

### Smoking questions:

- a) Several questions have a NA (not available) response – please use this option if the consumer refuses or you have not previously collected the data
  - On the, “**How long has it been...**” question use the drop down choice of **don’t know/not sure**”.
- b) The Tobacco use field and questions about the amount of use for the 4 types of tobacco are related. If you answer ‘**No**’ to *tobacco use*, do not answer the 4 related questions.
- c) **Do you have a primary health care provider?**
  - Indication of **yes or no** (all programs have previously been required to collect primary care provider information).
  - If the date of the last visit is **not known** use the oldest possible date of the drop down menu (**e.g. Jan 2003**).
  - If the initial response to this question was “**No**,” then you are not required to complete the drop down date field.

### Clarification on the Adult/Family/Youth involvement in CFS/court system:

Only the first question is about CFS involvement. The second question is about involvement in the court system. The last question is about participation in treatment whether voluntary or not.

## Appendix L

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### Division of Behavioral Health AGE WAIVER PROCEDURE

DHHS Division of Behavioral Health policy (*Age Waiver for NBHS Services*, Approved July 13, 2009) allows for agencies to serve youth ages 17 and 18 years old in the adult NBHS system. Approval of Age Waiver requests will be made by the Division of Behavioral Health within 3 business days after receipt of all required documentation.

- I. Providers requesting a waiver to provide an **authorized** service will:
  - A. Contact Magellan and provide appropriate screening information.
  - B. Inform Magellan request is for an Age Waiver.
  - C. Review clinical information and other services have been explored to serve the youth, reasons for admission denial.
  - D. Fax release of information for the state and receiving provider to **888-656-5057**
  - E. Contact the Regional Administrator (RA) of your region (or designee) for approval of the desired placement
  - F. Complete a Division of Behavioral Health “Age Waiver Request” which should include:
    - I. The date of referral
    - II. Youth’s name and age
    - III. Receiving and referring provider contact information including email addresses
    - IV. Legal status of the youth (e.g. state ward, guardianship, emancipated minor)
    - V. A brief narrative that describes how this specific level of care will meet the specific treatment/rehabilitation needs of the youth, any program modifications/enhancements that will be made in order to ensure that the service provided will be developmentally appropriate and individualized to meet the youth’s needs, and (if the youth is a state ward) how provider intends to collaborate with CFS case manager regarding treatment and discharge planning and family involvement.
      - i. If the youth will be receiving a Substance Abuse service, please attach the entire SA evaluation by a LADC with this document.
      - ii. If the youth is Medicaid-Managed Care eligible or has other insurance coverage, provide a copy of documentation of denial of the service(s) requested
      - iii. If the youth is a ward of the State of Nebraska, state ward status must be identified along with Case manager name and Service Area. Document that you have reviewed this service request with the DHHS Children and Families and their agreement with this request. Documentation must also include if CFS has approved or denied payment for this service.
  - G. Fax a copy of the written request to Jan (Loretta) Goracke, Division of Behavioral Health at **402-471-7859**. Please contact the Division’s Age Waiver liaison via email at [loretta.goracke@nebraska.gov](mailto:loretta.goracke@nebraska.gov) to notify her that you have faxed an Age Waiver request. This will allow her to assure all the needed information has been received by the Division. (A suggested letter follows)

- II. Providers who want to provide **registered** services to the youth should:
- A. Contact the Regional Administrator of your region or his or her designee to receive approval of the age waiver.
  - B. Provide a brief written narrative that describes how this specific level of care will meet the specific treatment/rehabilitation needs of the youth, any program modifications/enhancements that will be made in order to ensure that the service provided will be developmentally appropriate and individualized to meet the youth's needs, and (if the youth is a state ward) how provider intends to collaborate with CFS Case manager regarding treatment and discharge planning and family involvement.
    - a. If the youth will be receiving a Substance Abuse service, please attach the entire SA evaluation by a LADC with this document.
    - b. If the youth is Medicaid-Managed Care eligible or has other insurance coverage, provide a copy of documentation of denial of the service(s) requested
    - c. If the youth is a ward of the State of Nebraska, state ward status must be identified along with Case manager name and Service Area. Document that you have reviewed this service request with the DHHS Children and Families and their agreement with this request. Documentation must also include if CFS has approved or denied payment for this service.
  - C. Complete the online Magellan registration for services.

## Suggested Age Waiver Confirmation Letter

(Month, Date, Year)

TO: Jan (Loretta) Goracke, Program Specialist  
Division of Behavioral Health Services  
Department of Health and Human Services

FAX#: Division: 402-471-7859

CC: (list name of Regional Administrator)  
(ensure this letter is faxed to the Region)

FROM: (Agency Director), (Name of Agency)

RE: Age Waiver Request

Please allow this memo to serve as a request to serve (youth's name), born on (month/date/year), in (name of service/level of care) provided through (name of your agency) at (city).

Region (#) was contacted on (date) regarding this request. The contact person at the region was (name). The region has reviewed and approved this age waiver request.

I have also discussed the clinical appropriateness of this service with (name) at Magellan, who concurs with the appropriateness of this service.

### Narrative Section:

*Please describe how this specific level of care will meet the specific treatment/rehabilitation needs of the youth, any program modifications/enhancements that will be made in order to ensure that the service provided will be developmentally appropriate and individualized to meet the youth's needs, and (if youth is a state ward) how provider intends to collaborate with the CFS Case manager regarding treatment & discharge planning and family involvement. Please document any service(s) that have been contacted to serve the youth and their response(s) to your request.*

### Note:

- ❖ If the youth will be receiving a Substance Abuse service, please attach the entire SA evaluation by a LADC with this document.
- ❖ If the youth is Medicaid-Managed Care eligible or has other insurance coverage, provide a copy of documentation of denial of the service(s) requested.
- ❖ If the youth is a ward of the State of Nebraska, state ward status must be identified along with Case manager name and Service Area. Document that you have reviewed this service request with the DHHS Children and Families and their agreement with this request. Documentation must also include if CFS has approved or denied payment for this service.

\_\_\_\_\_  
Program Director (of Receiving Agency)

\_\_\_\_\_  
Date