

**Magellan Behavioral Health
GAP Provider Manual
&
Web Site User Guide**

5/5/2010

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**Magellan Behavioral Health
GAP Provider Handbook
Division of Behavioral Health Services**

Introduction and Overview

Magellan Behavioral Health (Magellan) is contracted with the Nebraska Department of Health and Human Services (DHHS) Division of Behavioral Health Services 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 problem gambling services for individuals meeting financial and clinical eligibility criteria;
2. Utilization management of mental health, substance abuse, and problem gambling services;
3. Data management and reporting for mental health, substance abuse and problem gambling services;
4. Training, consultation and public education.

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

Service Philosophy

Magellan is committed to endorsing and supporting in practice the overall philosophy of the 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.

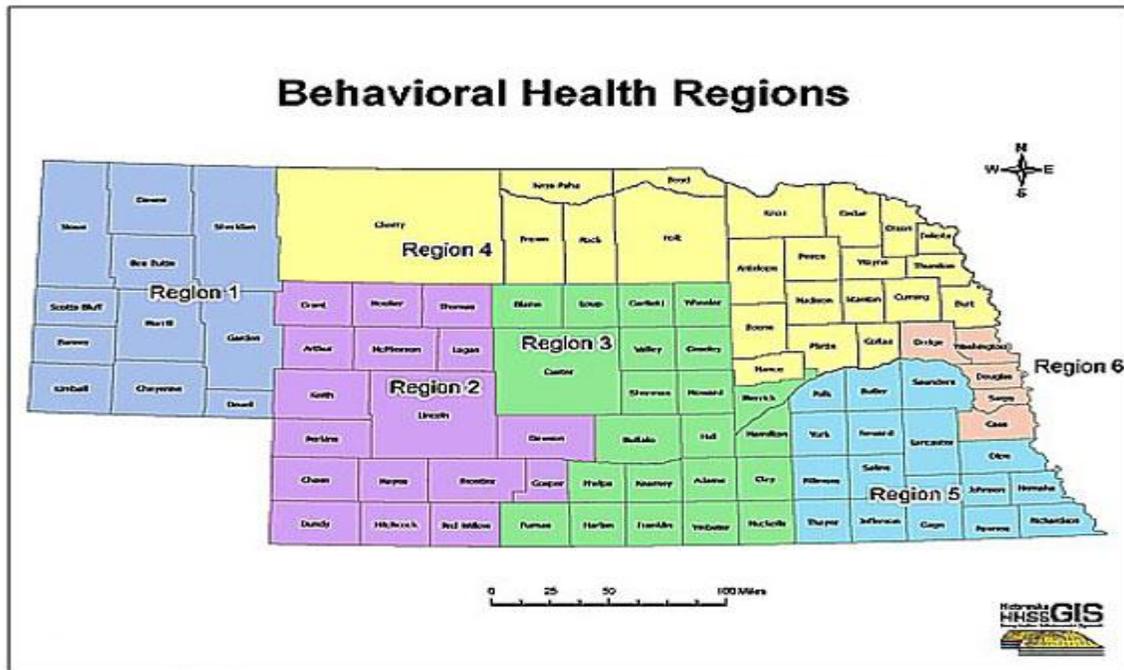
The Magellan Nebraska Care Management Center (CMC) is also committed to offering frequent training to providers across the State covering a variety of mental health and substance abuse related topics. Magellan has partnered with national experts in behavioral health recovery and resiliency to offer online 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.

Regional Behavioral Health Network

Nebraska has six Behavioral Health regions which comprise the Behavioral Health Services system. Magellan Behavioral Health manages the 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 provided 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 www.magellanprovider.com.

The map below illustrates the six Behavioral Health regional areas within the Behavioral Health Services system.



Consumer Eligibility

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 for self pay clients. It is the network's responsibility to assess self-pay clients for financial eligibility. Magellan's utilization management process is used to determine clinical eligibility.

Service Descriptions

The Behavioral Health Service Definitions and Clinical Guidelines, located on the web at <http://www.hhs.state.ne.us/beh/bhsvcdef.htm> includes service descriptions for each Nebraska Behavioral Health adult authorized service. 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 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.

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 Registration and Authorization Process

All Behavioral Health services must be either registered or authorized. In both cases the process begins with the provider accessing Magellan's website at 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

Registered services are transacted entirely on the Magellan provider website at www.magellanprovider.com. Providers logon to the website, select “New Registration” and complete the four screens that follow. The last screen presents service type choices (see list below) so the provider can select the service type to be registered. Please note: these service type choices are not included in the GAP registration screens.

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 Mngt – MH
Ch Med Management	Int Case Mgnt – 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 (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	

Authorized Services

For authorized services (see list that follows) there is a two step process where the provider completes a “pre-authorization” at 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 clinical component. On the last screen where the service type 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.

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 – (Medicaid ASA Only)
Community Support - MH	Therapeutic Comm - SA	Intermediate Residential - SA

More detailed information regarding the registration and authorization process is contained in the Magellan “Logon and Web Site Training Manual” available to providers at www.magellanprovider.com or by contacting the Magellan’s Nebraska Care Management Center.

Utilization Review for Authorized Services

After the provider has completed the pre-authorization process on-line, 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. The care manager will request the following standard clinical information during the verbal utilization review with the provider.

Admission Reviews:

1. Presenting Problem Information: How does the individual or family members 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, Profound Mental Illness (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.

Concurrent Review for Authorized Services:

The care manager will require additional information at established intervals in order to consider a continuation of treatment. 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. 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 by the authorization end date may result in a break in the service authorization. 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.

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.

Appeal Process

Peer Review

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

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 rationale 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

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

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.

NOTE: For additional Appeal Process information see Appendix (I).

Age Waiver for Adult Services

The age waiver procedure is available to 18 year old Nebraska residents who have medical necessity and are developmentally appropriate for an adult service and do not have Medicaid or other insurance coverage. An underage exception for those meeting clinical guidelines can be arranged by a care manager in conjunction with approvals from the Regional Administrator and Behavioral Health Division administrator.

1. Call Magellan and do an initial clinical review for the service. Make sure to include information regarding the youth's developmental readiness for an adult program. If it is a Substance Abuse service, please provide us with the recommendations from a SA evaluation by a LADAC.
2. Contact the appropriate Regional Administrator to gain approval for funding.
3. Fax a letter to the designated Division of Behavioral Health and to Magellan staff containing; Magellan's determination; the Region's decision on funding; and the program's ability to meet the youth's treatment and developmental needs.
4. Once the Division of Behavioral Health approves the age waiver, the Magellan care manager who you originally completed the initial review with will call you back with an authorization.

Coordinating Care and Joint Treatment Planning for Transition Age Youth

Magellan care management staff offer clinical case conferences to review joint treatment plans for transition age youth. This service is offered to the Regions, state case workers, and guardians to ensure that all possible appropriate services and referrals are considered for youth eighteen to twenty one years old. To access this service please call the Magellan Nebraska CMC.

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 FireFox have had compatibility issues reported.
- Internet Access (Broad Band preferred).

Login

To access the application:

- Go to 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 Providers from accessing consumer 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.

Sign In | FAQs | About Us

PROVIDERS

SEARCH

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[MagellanHealth.com](#)

PMA MEMBER I get services through Magellan

PMA PROVIDER I am a health care provider

PMA CUSTOMER I am an organization that contracts with Magellan

This Web site offers our providers the powerful tools and information they need to provide high quality care to our members.

Access Services
Sign in is required.

- Check Claims Status
- Check Contract Status
- Check Credentialing Status
- Check Member Eligibility
- Check Rates
- Display/Edit Practice Info
- Request More Sessions Online (populated form)
- Submit a Claim Online
- View Authorizations

Get Information

- Provider Handbook and Supplements
- State- and Plan-Specific Information
- EAP Information
- Provider Focus (news)
- Clinical Guidelines
- Request More Sessions Online (blank form)

Provider Sign In

User Name:

Password:

Remember Me

[Forgot Password?](#)

Type the Login name in the 'User Name' field.

Type the password in the 'Password' field, then click 'Sign In' button to access the site.

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.

[Fall 2008 Provider Focus](#)

[Online Training Demos Now Available](#)

General Nebraska Website Information

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 are navigation links: Sign Out, FAQs, About Us, Home. The Magellan Health Services logo is in the top right. Below the navigation is a horizontal menu with links: MyPractice, Provider Network, Providing Care, Getting Paid, Forms, Education, News & Publications. A search bar with a 'Go' button is on the right. On the left, a sidebar menu is open to 'My Practice', with sub-options: My Authorizations (Nebraska, Nebraska Gap, Nebraska CFS), My Profile (Change Password, Edit My Profile). The main content area is titled 'Provider ABC' and includes an 'Edit My Profile' link. Below the title, it says 'You are viewing information for:' followed by a dropdown menu showing '100000018 ALCOHOLICS RESOCIALIZATION CONDITIO (586797000)'. A notice states: '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.' Below the notice are two columns: 'Clinical Guidelines' with links for Clinical Practice Guidelines, Clinical Monographs, Medical Necessity Criteria, and Psychological Testing; and 'My Practice' with 'Mailing Address' (604 SOUTH 37TH ST OMAHA, NE 68105) and 'Service Location' (604 SOUTH 37TH ST OMAHA, NE 68105). An Adobe Reader logo and text 'Adobe Reader is required to view PDF files.' are also visible.

Select one of the following (see following screen shot):

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 cannot be changed by the user. In the event an incorrect SSN is entered, contact the Magellan Nebraska CMC to have it corrected.
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 within the application.
6. TAD Reports will allow you to review registration and authorization data as well as enter unit of service information (encounter data).
7. Reports provide consumer service data in summary detail by provider.



Nebraska (GAP) choices:

SEARCH

My Practice

► **Gambling Assistance Program**

- New Registration
- New Registration From Existing
- Edit Registration
- New Discharge Summary
- View Discharge Summary
- TAD Reports

Nebraska Applications ::

[Home](#) [Help?](#)

Applications in this section allow you to view and input key information related to serving Nebraska public sector consumers. From this page you can create a new patient registration, edit an existing registration, and create and/or edit a patient's discharge summary.

You can also view monthly authorization reports for Medicaid consumers, view monthly/quarterly/past year statistical reports, and update and view monthly turn-around document (TAD) reports.

Consumer Registration Process (Getting Started)

1. **Search Screen:** After selecting "New Registration", the provider will be prompted with a Search Registration page where they will enter the parameters to be searched. You can do a search using the following three elements:
 - O **Last Name:** Enter the Consumer's Last name.
 - O **First Name:** Enter the Consumer's First name.
 - O **Date of Birth:** Enter the Consumer's Date of Birth if known in the format of MM/DD/CCYY. (Or you can search by SSN only)
 - O **Social Security Number:** If you use the SSN, it is the only required field with this search screen. Enter the consumer's Social Security number. It must be a nine (9)-digit number. For best results search by the SSN only.

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 with the Magellan Health Services logo and three small images of people. A secondary navigation bar contains links for 'MyPractice', 'Provider Network', 'Providing Care', 'Getting Paid', 'Forms', 'Education', and 'News & Publications'. A search bar with a 'Go' button is located on the right side of this bar. The main content area is titled 'Nebraska :: Search Registration Help?'. It includes a paragraph of instructions: '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.' Below this is a 'Provider ABC' label. The 'Search Registration' section contains a 'Search Parameters' box with four input fields: 'Last Name:', 'First Name:', 'Date of Birth:' (with a calendar icon showing '31'), and 'Social Security Number:'. A red 'Search' button is positioned below the fields. At the bottom of the search area, there is a link that says 'Return to MyPractice Page'.

2. **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 (see example below).

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: <input type="text"/>	First Name: <input type="text"/>	Date of Birth: <input type="text" value="31"/>
Social Security Number: <input type="text" value="123456789"/>		
<input type="button" value="Search"/>		

[Return to MyPractice Page](#)

← Registration does not exist. Please add new registration OR register client at another location. →

- 3. **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.

New Registration Page (1):

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:

Demographic Information This section contains consumer identifying information and includes the fields listed below and as illustrated in the screen shots that follows.

Please note: data that can be entered as text are illustrated in the screen shots. Data that can be entered with a "Radio Button" are also shown in that manner. 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**
- Middle Initial (Optional field)**
- Last Name**
- Previous Last/Maiden Name**
- 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.
- 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 zero's at the end to make it a nine digit number.
- Marital Status** - Select the consumer's marital status from the drop down menu:

Cohabiting	Never Married
Divorced	Separated
Married	Widowed

- Race** - Select the consumer's race (all that apply) from the choices below:

Alaska Native	Native Hawaiian
American Indian	Other Pacific Islander
Asian	White
Black American	

- Ethnicity** - Select the consumer's race from the drop down menu:

Cuban	Other Specific Hispanic
Hispanic (Specific Origin Unknown)	Puerto Rican
Mexican	Unknown
Not of Hispanic Origin	

- **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 Dakoto	Sign Language
German	NA Ho-Chunk	Spanish
Hebrew	NA Lakota	Tagalog
Hindi	NA Ponca	Vietnamese

Demographic Information

First Name: **Middle Initial:** **Last Name:**
Previous Last/Maiden Name:
Address 1: **Address 2:**
City: **State:** **ZIP Code:**
Social Security Number: **Marital Status:**
Race: **Ethnicity:**
Preferred Language:

- **Gender** (Male/Female) - Select the consumer's gender with the radio buttons.
- **Veteran Status** (Yes/No) - Select the consumer's veteran status with the radio buttons.
- **Disability** (select all that apply) - Select the consumer's disability status from the multi-select boxes. Please refer to hover text for guidance.

Gender: Male Female **Veteran Status:** Yes No
Disability: ?
 Developmental Disabilites/Mental Retardation Blindness or Severe Visual Impairment
 Non-Ambulation or Major Difficulties in Ambulation Deafness or Severe Hearing Loss
 No Observable Handicap or Impairment

- **Date of Birth** - Enter in the format MM/DD/CCYY.
- **Age at Admission** - This field is auto-calculated based on birth date entered in the Date of Birth field. (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 or 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. NOTE: County of Admission is the county from which the individual was admitted, regardless of where she/he maintains her/his residence.

Date of Birth: 02/04/1926	Age at Admission: 82
County of Residence: Clay	County of Admission: Clay

Financial Information - This section obtains financial information related to the consumer and contains the following fields:

- **Number of Dependents** – Enter the number of persons that are dependent on the consumer. Enter (00) for no dependents (as in the case of a child) or for “self” if the consumer has no dependents.
- **Annual Gross Income** (nearest \$1,000) - Enter the consumer's annual gross income rounded to the nearest \$1,000 (**do not** enter decimals, commas, or dollar signs).
- **SSI/SSDI Eligibility** – Select the consumer’s eligibility status for SSI/SSDI from the drop down menu:

Det. to Be Inelig-NA	Elig/Recv. Payments
Elig/Not Recv. Benefits	Potential. Eligible

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

Det. to Be Inelig-NA	Elig/Recv. Payments
Elig/Not Recv. Benefits	Potential. Eligible

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

Bl.Cross/Bl.Shield	Medicare	PPO
Child Welfare	No Insurance	Priv. 3 rd Party
HMO	Other Insurance	Priv. Self Paid
Indian Hlth Svc.	Other Direct. Fed.	Veterans Admin
Medicaid	Other Direct Sta	

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

Disability	Other
Employment	Public Assistance
None	Retirement/Pension

Financial Information

Number of Dependents:

Annual Gross Income (nearest 1,000):

SSI/SSDI Eligibility:

Medicare/Medicaid:

Health Insurance:

Income Source:

Continue

[Return to MyPractice Page](#)

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 Registration Page (2):

- **Admission Date** - Enter the consumers date of admission using the format DD/MM/YYYY. You can also use the pop-up calendar to select the admission date.
- **Assessment Date** - Enter the consumers GAP assessment date using the format DD/MM/YYYY. You can also use the pop-up calendar to select the admission date.
- **Reason for EPC Admission** - 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/No) if the person being admitted is a Collateral or Significant Other.

Admission Date:

Reason for EPC Admission:

Suicide Attempt (Last 30 Days)? Yes No

Is this person a collateral or significant other? Yes No

Medical Status - 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 to be admitted is pregnant.

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.

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.

First Grade	Seventh Grade	> 12 Years
Second grade	Eighth Grade	Associated Degree
Third Grade	Ninth Grade	Bachelors Degree
Fourth Grade	<= 10 Years	Masters
Fifth Grade	11 Years	Doctorate
Sixth Grade	12 Years = GED	Unknown

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

Active Armed Forces (35 + Hrs)	Resident of Institution	Unemployed (Not seeking)
Active Armed Forces (< 35 Hrs)	Retired	Volunteer
Disabled	Sheltered Workshop	
Employed Full Time (35 + Hrs)	Student	
Employed Part Time (< 35 Hrs)	Supported Employment	
Homemaker	Unemployed (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 (II) 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 (II) of this manual.

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

Service Treatment

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

Agricultural Action Ctr	Mental Health Commitment Brd.	Private SA Provider
Alanon/Alateen/Etc.	Mental Health Court	Probation
Clergy	Mental Health Emergency	Prosecutor
Community Svc. Agency	Mental Health Non-Residential	Public Health Staff
Compulsive Gambling Prov.	Mental Health Residential	Regional Center
Corrections	Mental Retardation Agency	SA Emergency/Detox.
County Extension Agent	Mid-Level Practitioner	SA Halfway House
Court Order	Nursing Facility	SA Methadone Detox.
Court Referral	Obsolete – SA Meth. Maint.	SA Outpatient Counseling
Defense Attorney	Obsolete – SA Partial Care	SA Prevention
Drug Court	Obsolete – Profess. Intervent.	SA Self-help Group
Employee Assistance Prgm.	Obsolete – Profess. Supt. Grp.	SA Short-term Residential
Employer	Other Human Service Provider	SA Therapeutic Comm.
Family	Other Medical Facility	School Based Referral
Helpline	Parole	Self
Food Pantry	Police	Services Psychiatric Eval
Friend	Pre-trial Diversion	Soc. Svc. Sexual Perp. Eval
Homeless Shelter	Private Family Counselor/Agenc.	State Social Service
Hospital	Private Mental Hlth. Prac.	Tribal Elder or Official
Job Training Office	Private Physician	Veteran’s Administration

Service Treatment

Admission Referral Source:

{None Selected} 

Social Supports:  Yes No Unknown

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.

Civil Protective Custody (CPC)	Juvenile High Risk Offender
Court Order	MHB Commitment
Court: Competency Evaluation	MHB Hold/Custody Warrant
Court: Juvenile Commitment	Not Responsible by Reason of Insanity
Court: Juvenile Evaluation	Parole
Court: Mentally Disordered Sex Off.	Probation
Court: Presentence Evaluation	Voluntary
Emergency Protective Custody (EPC)	Voluntary by Guardian

- **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.

Legal Status

Legal Status at Admission: {None Selected} 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/YYYY of the consumer's Mental Health Board Hearing date (leave blank if not applicable).
- **Mental Health Board Commitment Date** – Enter the date in the “text field” using the format DD/MM/YYYY of the consumer's Mental Health Board Commitment date (leave blank if not applicable).

Commitment Data

Mental Health Board Hearing Date: 31 Mental Health Board Commitment Date: 31

[Previous](#) [Continue](#)

[Return to MyPractice Page](#)

New Registration Page (3) Substance Abuse:

- **Reason for this Admission** - Select from the drop down menu the choice that describes the reason for the consumer’s current admission.

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

- **Current or Past History of Substance Abuse** - Select from the Radio Buttons (Yes/No) 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) 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) whether or not the use of Opioid replacement therapy 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?

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 or 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 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
1 – 3x's past month	No use past month
3 – 6x's past week	Unknown

- **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	Unknown
Nasal	Smoke	

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

Primary Substance

Name:
{None Selected} ▼

Age:

Frequency:
{None Selected} ▼

Volume:

Route:
{None Selected} ▼

Second Substance

Name:

Age:

Frequency:

Volume:

Route:

Third Substance

Name:

Age:

Frequency:

Volume:

Route:

New Registration Page (4) :

Social History

- **Who is Seeking Treatment** – Use the radio buttons to select who the client is i.e., the Gambler or the Significant Other of the Client.
- **Occupation** - Select the client's Occupation from the drop down menu.

Clerical/Sales	Not Working
Farm/Ag. Related	Service (Food/Housekeeping)
Homemaker	Skilled/Semi-Skilled Crafts Ops.
Laborer	Student
Manager/Professional	Technical/Administrative

- **Current Annual Income** – Enter the client's current annual income in the text field. Do not enter decimals, dollar signs, or commas.
- **Total Annual Household Income** – Enter the client's total annual household income in the text field. Do not enter decimals, dollar signs, or commas.
- **Age When First Gambled** - Enter the age the client reports first gambling in the text field.
- **Initial Gambling Activity** – Select from the drop down menu the gambling activity the client reports first engaging in.

Bingo	Lottery	Slot Machines
Casino	None	Sports
Horses and Dogs	Other	Table Games
Internet	Poker (Cards)	Unknown
Keno	Pull Tabs	

- **Initial Gambling Activity Other** – If “other” was selected for the Initial Gambling Activity, use this text field to enter the other type of Initial gambling Activity the client reports first engaging in.

Gamblers Assistance Program :: Edit Registration - Page 4 Of 4 [Help?](#)

Provider ABC

Social History

Who is seeking treatment? Gambler Significant Other of Client

Occupation: **Current Annual Income:**

Total Annual Household Income: **Age When First Gambled:**

Initial Gambling Activity:

Initial Gambling Activity - Other:

Care Givers

- **Drinking/Gambling** – Use the radio buttons to select (yes/no/unknown) whether or not the client’s caregivers engaged in drinking and/or gambling.

Significant Other

- **Drinking/Gambling** – Use the radio buttons to select (yes/no/unknown) whether or not the client’s significant other engaged in drinking and/or gambling.

The screenshot shows two sections of a form. The first section is titled 'Caregivers' and contains two questions: 'Drinking?' and 'Gambling?'. Each question has three radio button options: 'Yes', 'No', and 'Unknown'. The second section is titled 'Significant Other' and also contains two questions: 'Drinking?' and 'Gambling?', each with the same three radio button options.

Employment History

- **Number of Employers** – Enter the number of employers the client has had in the last five years in the text field. Up to three digits may be entered.
- **Number of Jobs** – Enter the number of jobs the client has had in the last five years in the text field. Up to three digits may be entered.
- **Number of Work Days** – Enter the number of work days missed by the client in the last 30 days prior to admission due to gambling. Up to three digits may be entered.

The screenshot shows a form titled 'Employment History'. It contains three text input fields. The first is labeled 'No. of employers client has had in last 5 years:'. The second is labeled 'No. of jobs client has had in last 5 years:'. The third is labeled 'No. of work days missed by client in last 30 days due to gambling:'.

Gambling History

- **Gambling Activity** – Select from the drop down menu the gambling activity the client reports most frequently engaging in during the last thirty days prior to admission.

Bingo	Lottery	Slot Machines
Casino	None	Sports
Horses and Dogs	Other	Table Games
Internet	Poker (Cards)	Unknown
Keno	Pull Tabs	

- **Frequency of Wagering** – Select from the drop down menu the frequency of wagering of all types of gambling the client reports engaging in during the last thirty days prior to admission.

1 – 2x/week	2 – 3x/month	Daily
1x/month	3 – 6x/week	Never

- **Place of Activity** – Select from the drop down menu where the client reports engaging in gambling activities.

Casino	Non-Casino
--------	------------

- **Legal Percent of Gambling** – Enter the percentage of legal gambling activities the client reports engaging in. Up to three digits may be entered. **Do not enter (%) symbols.**
- **Illegal Percent of Gambling** – Enter the percentage of illegal gambling activities the client reports engaging in. Up to three digits may be entered. **Do not enter (%) symbols.**
- **Current Household Debt** – Enter the current amount of household debt the client reports having. Up to ten digits may be entered. **Do not enter (\$) symbols, commas or cents.**
- **Gambling Debt** – Enter the current amount of debt the client attributes to gambling. Up to ten digits may be entered. **Do not enter (\$) symbols, commas or cents.**
- **Legal Involvement** – Select from the drop down menu (yes/no/unknown) whether or not the client reports any legal involvement as a result of engaging in gambling activities.
- **Legal Involvement Additional** – If the client reports “yes” to legal involvement, list the types of legal involvement in the text field.

Gambling History

Most frequent gambling activity in last 30 days:

Frequency of all types of wagering in last 30 days:

Place of activity:

Legal percent:

Illegal percent:

Current Household Debt:

Gambling Debt:

Legal involvement related to gambling:

If yes, list all types of legal involvement related to gambling:

Gambling Treatment

- **Prior Gambling Treatment** – Use the radio buttons to select (yes/no/unknown) whether or not the client has had prior gambling treatment services.
- **Behavioral Health Treatment** – If the client reports having prior behavioral health treatment, enter the number of prior treatment episodes in the text field. Up to three digits may be entered.

Gambling Treatment

Prior Gambling Treatment? Yes No Unknown No. of times in prior gambling treatment:

No. of times prior behavioral health contacts:

- **Encouragement in Treatment** – Select from the multi-select boxes who encouraged the client to seek/stay in treatment. Select all that apply.

Who/What Encouraged Client to Seek/Stay in Treatment?

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
<input type="checkbox"/> Friend	<input type="checkbox"/> Family
<input type="checkbox"/> Employer	<input type="checkbox"/> Clergy
<input type="checkbox"/> Court	<input type="checkbox"/> NCCG (Helpline)
<input type="checkbox"/> Legal Worries	<input type="checkbox"/> Gamblers Anon
<input type="checkbox"/> Professional	<input type="checkbox"/> Debt Losses
<input type="checkbox"/> Other <input type="text"/>	

- **Presenting Problem** – Enter the clients presenting problem in the text field. Up to forty characters may be used.
- **Primary Diagnostic Impression** - Enter your primary diagnostic impression in the text field. Up to forty characters may be used.
- **Secondary Diagnostic Impression** - Enter your secondary diagnostic impression in the text field. Up to forty characters may be used.
- **Primary Treatment Recommendation** - Select your primary treatment recommendation from the drop down menu.

Education	Individual Outpatient
Family	None
Financial Counseling	Psychiatry
Group Outpatient	Self Help

- **Secondary Treatment Recommendation** - Select your secondary treatment recommendation from the drop down menu.

Education	Individual Outpatient
Family	None
Financial Counseling	Psychiatry
Group Outpatient	Self Help

- **Tertiary Treatment Recommendation** - Select your tertiary treatment recommendation from the drop down menu.

Education	Individual Outpatient
Family	None
Financial Counseling	Psychiatry
Group Outpatient	Self Help

- **GAF Score** – Enter the consumer’s Global Assessment of Function (GAF) score in the text field. Enter up to a three digit number 1-100 to record the score.
- **GA20 Score** – Enter the consumer’s GA20 score in the text field. Enter up to a two digit number to record the score.
- **G-SAS Score** – Enter the consumer’s G-SAS score in the text field. Enter up to a two digit number to record the score.
- **GA/GAMANON** – Enter the number of times the consumer has attended GA/GAMANON in the text field. Up to a three digit number may be used. Enter (000) if no GA/GAMANON attendance.
- **Days Waiting** – Enter the number of days the consumer had to wait to enter gambling treatment in the text field. Up to a three digit number may be used. Enter (000) if no waiting days.

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](#)

Consumer Discharge Process

1. 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. You can do a search using the following three elements:
 - O **Last Name**: Enter the Consumer's Last name.
 - O **First Name**: Enter the Consumer's First name.
 - O **Date of Birth**: Enter the Consumer's Date of Birth if known in the format of MM/DD/CCYY. (Or you can search by SSN only). If you use the SSN, it is the only required field with this search screen. Enter the consumer's Social Security number. It must be a nine (9)-digit number. For best results search by the SSN only.

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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](#)

2. 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.
 - O Discharge Date - Enter the date of discharge for the consumer in MM/DD/CCYY format or use the date selector (calendar icon) to select a date.
 - O Date of Last Contact - Enter the Date of Last Contact for the consumer in MM/DD/CCYY 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 service contacts. For single time episodes this may be the same as the admission date.

The following fields will be pre-populated on the Discharge screen from the Registration information obtained at admission. Review and update as necessary:

- Address/City/State/Zip
- City
- State
- Zip

The screenshot shows a web interface for a discharge screen. At the top, there is a header bar with the text "Discharge ::" on the left, "View Only Discharge Information" in the center, and "Help?" on the right. Below the header is a purple bar with the text "Provider ABC Group". The main content area contains several input fields: "Discharge Date:" with a date picker showing "31"; "Date of Last Contact:" with a date picker showing "31"; "Address:" with a long text input field; "City:" with a text input field; "State:" with a dropdown menu; and "ZIP Code:" with a text input field.

Discharge Status

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

Chose to decline additional Tx	Terminated by Facility
Client seen for Assess Only/ 1x Contact	Transferred to Another Service
Death, not Suicide	Trans to Another SA Tx Prgm - Did not Report
Death, Suicide Completed	Trans to Another SA Tx Prgm
Incarcerated	Treatment Completed
Left Against Prof Advice (Drop Out)	Unknown
Other	

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

Civil Protective Custody (CPC)	Juvenile High Risk Offender
Court Order	MHB Commitment
Court: Competency Evaluation	MHB Hold/Custody Warrant
Court: Juvenile Commitment	Not Responsible by Reason of Insanity
Court: Juvenile Evaluation	Parole
Court: Mentally Disordered Sex Offender	Probation
Court: Presentence Evaluation	Voluntary
Emergency Protective Custody (EPC)	Voluntary by Guardian

- 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.

Hastings Regional Center	Norfolk Regional Center
Jail	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' employment status at the time of Discharge from the drop down menu.

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

- **Living Situation** - Select from the drop down menu the choice that describes the consumer's living situation at the time of Discharge.

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.

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

Agricultural Action Ctr	Mental Health Commitment Brd.	Private SA Provider
Alanon/Alateen/Etc.	Mental Health Court	Probation
Clergy	Mental Health Emergency	Prosecutor
Comm. Service Agency	Mental Health Non-Residential	Public Health Staff
Compulsive Gam. Prov.	Mental Health Residential	Regional Center
Corrections	Mental Retardation Agency	SA Emergency/Detox.
County Extension Agent	Mid-Level Practitioner	SA Halfway House
Court Order	Nursing Facility	SA Methadone Detox.
Court Referral	Obsolete – SA Meth. Maint.	SA Outpt. Counseling
Defense Attorney	Obsolete – SA Partial Care	SA Prevention
Drug Court	Obsolete – Profess. Intervent.	SA Self-help Group
Employee Assist. Prgm.	Obsolete – Profess. Supt. Grp.	SA Short-term Res.
Employer	Other Human Service Provider	SA Therapeutic Comm.
Family	Other Medical Facility	School Based Referral
Helpline	Parole	Self
Food Pantry	Police	Svcs Psychiatric Eval
Friend	Pre-trial Diversion	Soc. Svc. S. P. Eval
Homeless Shelter	Private Family Counselor/Agenc.	State Social Service
Hospital	Private Mental Hlth. Prac.	Tribal Elder or Official
Job Training Office	Private Physician	Veteran's Admin.

- **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.

Discharge Status

Discharge Status:
Other

Legal Status:
Parole

Mental Health Board Disposition:
No MHB commitment

Destination at Discharge:
Other

Employment Status:
{None Selected}

Living Situation:
Other

Discharge Referral:
Self

No. of Arrests in the Past 30 Days:
00

Gambling History

- **Number of Work Days Missed** – Enter the number of work days missed by the client in the last 30 days prior to discharge due to gambling. Up to three digits may be entered.
- **Gambling Activity** – Select from the drop down menu the gambling activity the client reports most frequently engaging in during the last thirty days prior to discharge.

Bingo	Lottery	Slot Machines
Casino	None	Sports
Horses and Dogs	Other	Table Games
Internet	Poker (Cards)	Unknown
Keno	Pull Tabs	

- **Frequency of Wagering** – Select from the drop down menu the frequency of wagering of all types of gambling the client reports engaging in during the last thirty days prior to discharge.

1 – 2x/week	2 – 3x/month	Daily
1x/month	3 – 6x/week	Never

- **Place of Activity** – Select from the drop down menu where the client reports engaging in gambling activities.

Casino	Non-Casino
--------	------------

- **Current Household Debt** – Enter the current amount of household debt the client reports having. Up to ten digits may be entered. **Do not enter (\$) symbols, commas or cents.**
- **Gambling Debt** – Enter the current amount of debt the client attributes to gambling. Up to ten digits may be entered. **Do not enter (\$) symbols, commas or cents.**
- **Gambling Frequency** – Enter the number of times the client reports gambling since intake. Up to three digits may be entered.
- **GAF Score** – Enter the consumer’s Global Assessment of Function (GAF) score in the text field. Enter up to a three digit number 1-100 to record the score.
- **G-SAS Score** – Enter the consumer’s G-SAS score in the text field. Enter up to a two digit number to record the score.
- **Percent of Debt Repaid** – Enter the current amount of gambling debt the client reports having repaid since admission. Up to three digits may be entered. **Do not enter (\$) symbols, commas or cents.**
- **Legal Involvement** – Select from the drop down menu (yes/no/unknown) whether or not the client reports any legal involvement as a result of engaging in gambling activities.
- **Legal Involvement Additional** – If the client reports “yes” to legal involvement, list the types of legal involvement in the text field.

Gambling History

<p>No. of work days missed by client in last 30 days due to gambling: <input style="width: 100%;" type="text"/></p> <p>Place of activity: <input style="width: 100%;" type="text" value="{None Selected}"/></p> <p>Current Household Debt: <input style="width: 100%;" type="text"/></p> <p># Times Gambled Since Intake: <input style="width: 100%;" type="text"/></p> <p>Significant Other Involvement - Other: <input style="width: 100%;" type="text" value="{None Selected}"/></p> <p>G-SAS Score: <input style="width: 100%;" type="text"/></p> <p>Legal involvement related to gambling: <input style="width: 100%;" type="text" value="{None Selected}"/></p> <p>If yes, list all types of legal involvement related to gambling: <input style="width: 100%;" type="text"/></p>	<p>Most frequent gambling activity in last 30 days: <input style="width: 100%;" type="text" value="{None Selected}"/></p> <p>Frequency of all types of wagering in last 30 days: <input style="width: 100%;" type="text" value="{None Selected}"/></p> <p>Gambling Debt: <input style="width: 100%;" type="text"/></p> <p>Significant Other Involvement - Gambler: <input style="width: 100%;" type="text" value="{None Selected}"/></p> <p>Percent of Debt Repaid: <input style="width: 100%;" type="text"/></p> <p>GAF Score: <input style="width: 100%;" type="text"/></p>
---	---

- **Encouragement in Treatment** – Select from the multi-select boxes who encouraged the client to seek/stay in treatment. Choose all that apply.

Who/What Encouraged Client to Seek/Stay in Treatment?

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
<input type="checkbox"/> Friend	<input type="checkbox"/> Family
<input type="checkbox"/> Employer	<input type="checkbox"/> Clergy
<input type="checkbox"/> Court	<input type="checkbox"/> NCCG (Helpline)
<input type="checkbox"/> Legal Worries	<input type="checkbox"/> Gamblers Anon
<input type="checkbox"/> Professional	<input type="checkbox"/> Debt Losses
<input type="checkbox"/> Other <input type="text"/>	

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

- **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 appears for each of the three substances on the web screens).

Primary Substance

Name:
{None Selected} ▼

Age:

Frequency:
{None Selected} ▼

Volume:

Route:
{None Selected} ▼

Second Substance

Name:
{None Selected} ▼

Age:

Frequency:
{None Selected} ▼

Volume:

Route:
{None Selected} ▼

Third Substance

Name:
{None Selected} ▼

Age:

Frequency:
{None Selected} ▼

Volume:

Route:
{None Selected} ▼

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](#)

Appendix (I) Appeals Process

Appeal 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

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 a 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

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

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 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 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 rationale 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

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

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: Fair Hearing Officer
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026
(402) 471-7856

Appendix (I) Continued

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

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

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

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 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 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

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

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 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 Manager 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

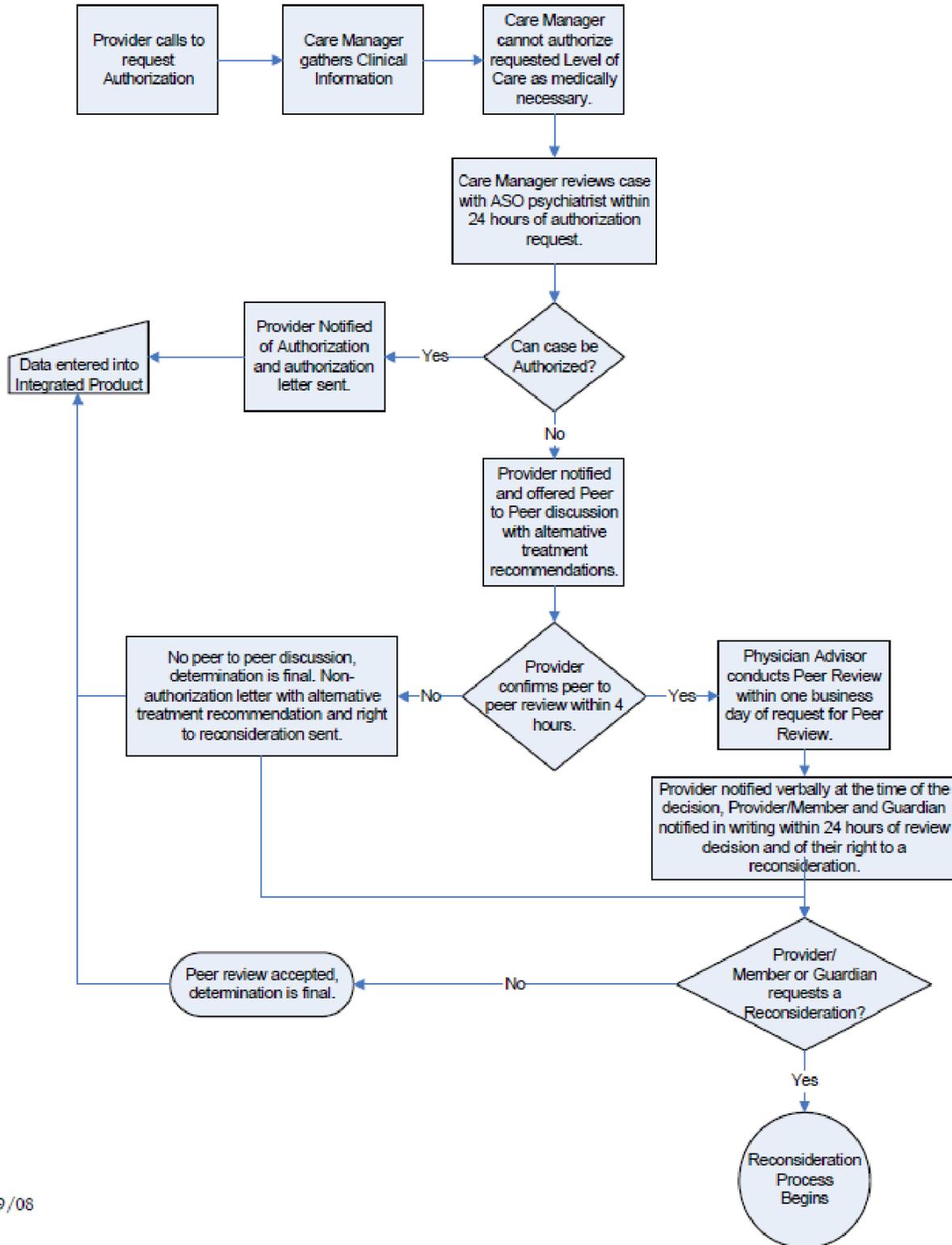
If a denial is upheld or adversely modified at the Reconsideration Review process, the supervising practitioner, facility or client may appeal the Reconsideration Review decision in writing to DHHS within 90 calendar days from the date of the Reconsideration Review denial letter.

The mailing address for HHS Administrative Appeal requests is:

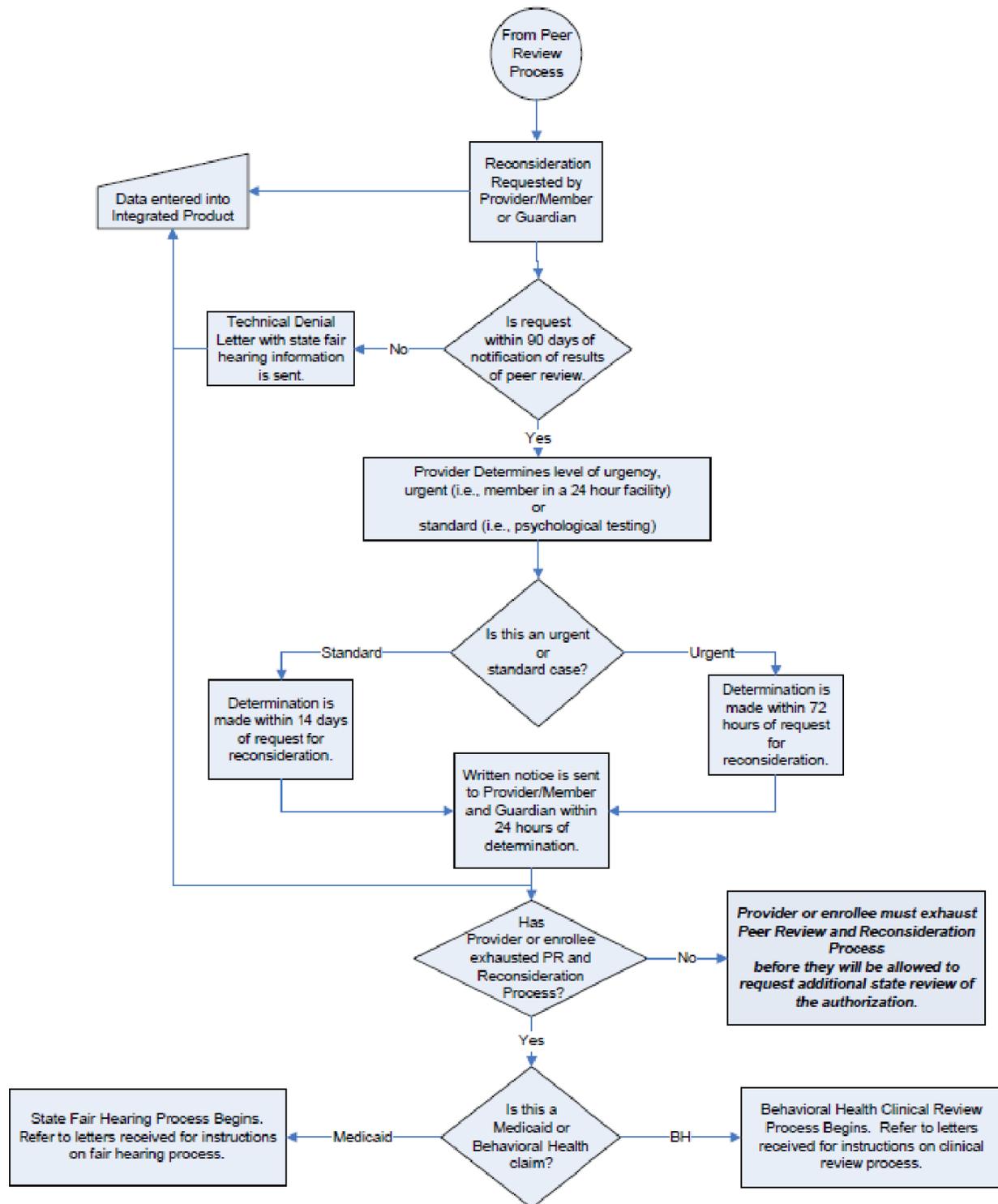
Legal Services - Hearing Section
PO Box 98914
Lincoln, NE 68509-8914

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.

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



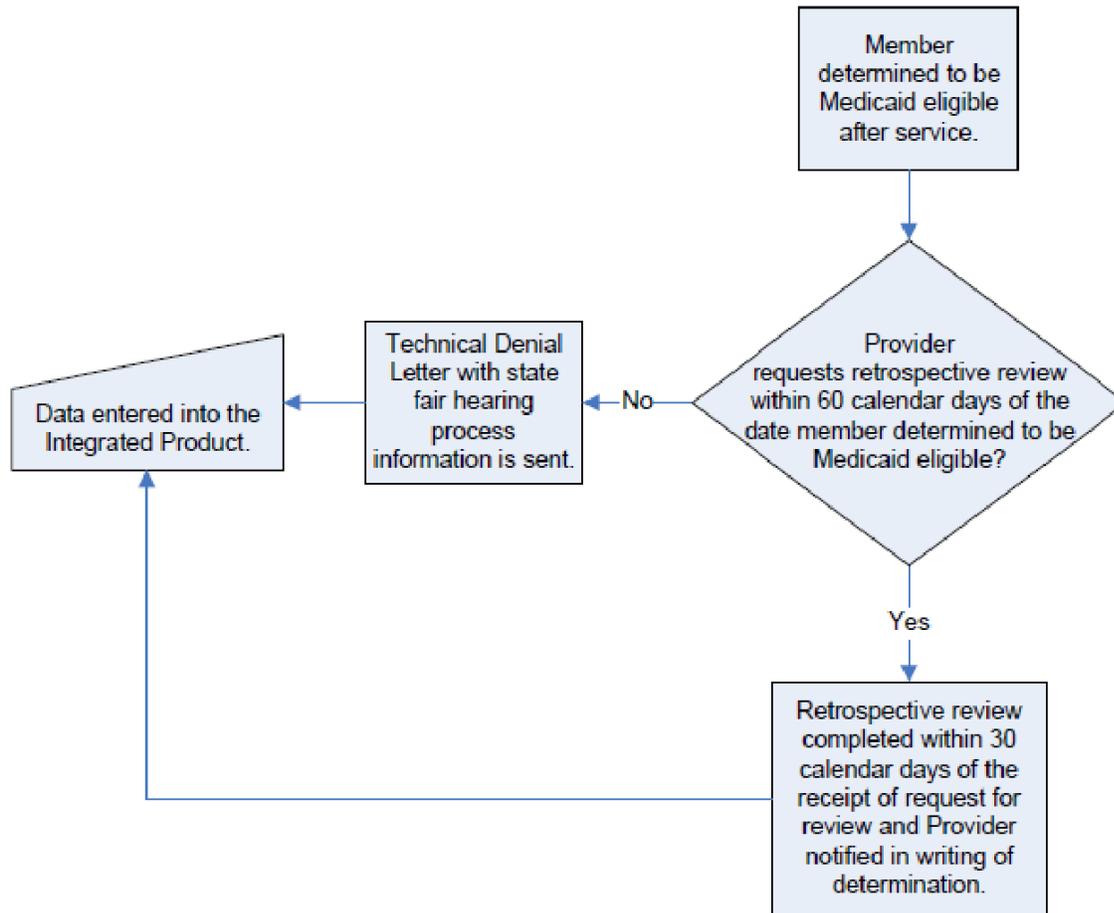
Nebraska
Division of Medicaid and Long Term Care
and the
Division of Behavioral Health
Reconsideration Process





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

Retrospective Review Process



Appendix (II) SPMI/SED Criteria

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:

- a. The individual is age 18 and over,
- b. 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;
- c. 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
- d. 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:
 1. Vocational/Educational
 2. Social Skills
 3. 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”].

Nebraska SED Criteria

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

- a. 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,
- b. 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,
- c. 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
- d. The mental illness must result in functional impairments in two (2) or more of the following areas:
 1. Self-care at an appropriate developmental level,
 2. Developmentally appropriate perception and expressive language
 3. Learning,
 4. Self-direction, including developmentally appropriate behavioral controls, decision-making judgment, and value systems and
 5. Capacity for living in a family or family equivalent

Appendix (III) 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 – URS Table 16) – Individual has been found eligible and is receiving ongoing monthly benefits under the Nebraska Housing Related Assistance program. Exclude consumers who received a one time 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)

- o Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or Single Room Occupancy (SRO) **and**
- o 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 mortgage agreement between the individual and the owner exists.

- o A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:
- o A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- o An institution that provides a temporary residence for individuals intended to be institutionalized, or
- o 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 - youth under the age 0-17, or transitioning youth 18-21 living with Parent, other relatives, etc.

Youth Living Independently - youth under the age 0-17, or transitioning youth 18-21 with individual's own identifiable residence with responsible for that place.

Other - Living Situations 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.

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

Appendix (IV) FAQ's

FAQ's

1. **“I have a new client, what link do I select to enter the new client information?”** Select the ‘New Registration’ link to data enter new client information. From this link, you can complete all the required NBHS fields.
2. **“I want to enter another encounter for an existing client, what link do I select?”** Select the ‘New from Existing Registration’ link. From this link, you can update/change client information and/or select a new level of care. This link will create a new encounter for an existing client. This link should not be used for updating/changing registration and/or demographics as it will create another registration.
3. **“I need to update registration/demographic information for an existing client record, what link do I select?”** Select the ‘Edit Registration’ link to update/change existing client registration/demographic information. This link will only update/change existing client information. This link will not create a new encounter for an existing client.
4. **“Help! 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 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. Contact the Magellan Nebraska Care Management Center 1-800-424-0333 to have corrections made to records that have been discharged.

Appendix (V)

DSM IV Codes

29602 --- Bipolar I single/ manic/moderat	29910 --- Childhood disintegrative dsrdr	30113 --- Cyclothymic disorder
29600 --- Bipolar I single/ manic/unspec	30722 --- Chronic motor/vocal tic dsrdr	29300 --- Delerium due to....GMC
29689 --- Bipolar II disorder	30745 --- Circadian rhythm sleep dsrdr	78009 --- Delirium NOS
V6289 --- BIQ/spiritual/phase of life	30560 --- Cocaine abuse	29710 --- Delusional disorder
30183 --- Borderline personality dsrdr	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/unspec
29625 --- Mjr depr/singl/part remission	29623 --- Mjr depress/singl/sever/wo psy	33399 --- Neuroleptic-induc acute akathi
29636 --- Mjr depress recurr/full remis	31800 --- Moderate mental retardation	33210 --- Neuroleptic-induc Parkinsonism
29635 --- Mjr depress recurr/part remis	29383 --- Mood disorder due to.....	33382 --- Neuroleptic-induc tardive dysk
29634 --- Mjr depress recurr/sev/w psych	29690 --- Mood disorder NOS	30510 --- Nicotine dependence
29633 --- Mjr depress recurr/sev/wo psyc	30181 --- Narcissistic personality dsrdr	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 remis	33392 --- Neuroleptic malignant syndrome	30140 --- Obsessive-compulsive persnalty
29624 --- Mjr depress/singl/sever/w psy	33370 --- Neuroleptic-induc acu dystonia	V6220 --- Occupational problem
29625 --- Mjr depr/singl/part remission	29623 --- Mjr depress/singl/sever/wo psy	33399 --- Neuroleptic-induc acute akathi
29636 --- Mjr depress recurr/full remis	31800 --- Moderate mental retardation	33210 --- Neuroleptic-induc Parkinsonism
29635 --- Mjr depress recurr/part remis	29383 --- Mood disorder due to.....	33382 --- Neuroleptic-induc tardive dysk
29634 --- Mjr depress recurr/sev/w psych	29690 --- Mood disorder NOS	30510 --- Nicotine dependence
29633 --- Mjr depress recurr/sev/wo psyc	30181 --- Narcissistic personality dsrdr	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 remis	33392 --- Neuroleptic malignant syndrome	30140 --- Obsessive-compulsive persnalty
29624 --- Mjr depress/singl/sever/w 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	V62c3 --- 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 dsrdr w/psycho & GMC	30190 --- Personality disorder NOS	31820 --- Profound mental retardation
30780 --- Pain dsrdr w/psycho factors	29980 --- Pervasive dev disorder NOS	29890 --- Psychotic disorder NOS
30021 --- Panic disorder w/agoraphobia	31539 --- Phonological disorder	29381 --- Psychotic due to....w/delusion
30001 --- Panic disorder w/o agoraphobia	99581 --- Physical abuse of adult	29382 --- Psvchotic due to....w/hallucin
31233 --- Pyromania	29530 --- Schizophrenia paranoid type	99583 --- Sexual abuse of adult
31389 --- Reactive attachmnt infant/chld	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 dsrdr	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