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Venture Behavioral Health is the Regional Medicaid Benefits Manager.

Venture Behavioral Health is an affiliation of Barry County Community Mental Health Authority, Riverwood Center (Berrien Mental Health Authority), Pines Behavioral Health (Branch County Community Mental Health Authority), Summit Pointe (Community Mental Health of Calhoun County) and Van Buren Community Mental Health Authority.

## MDCH Visits Venture Behavioral Health

By Dan Damaska

The Michigan Department of Community Health visited Venture on March 6th and 7th for a follow-up site review of Venture's Corrective Action Plan. The plan was developed in response to findings from the full site review of Venture and its affiliates that occurred in March of 2007.

The site review consisted of two components. The first component was an examination of the documentation collected to demonstrate that corrective action steps were taken. Examples of documentation provided to MDCH included items like training materials and attendance logs, revised policies, meeting minutes, e-mail correspondence, or site review tools.

The second component of the audit was the examination of consumer charts. MDCH reviewed pre-screens, including screens where a consumer was diverted, as well as consumer records from programs such as ACT, Home-Based services, Case Management, or DD Child Support Coordination. MDCH reviewers examined the records to find documentation of items such as, person-centered planning process, coordination with psychiatrists and primary care physicians, and delivery of services in accordance with the individual's plan of service.

Upon completion of the review, MDCH held an exit conference with Venture staff as well as affiliate representatives. MDCH will send a full report of its findings to Venture within 30 days. Once the report is received, Venture will have 30 days to draft a response to the report, including whatever corrective action plan that may be necessary.

## Network Adequacy Information Request

During February 2008, all of Venture's contracted Substance Abuse treatment providers were asked to provide information to Venture about their organizations. Venture needs to know about staff members, the number of clinicians, their education/credentials and the specialty populations they treat. Residential providers also have some information to provider surrounding licensed beds and utilization.

This data is important as Venture Behavioral Health is required by Federal regulations to determine annually if our provider network is adequate to meet our consumer's needs. This information will become a part of that report and more importantly will be used to help us determine if we have sufficient capacity to ensure our Medicaid consumers can get the right service at the right time. It is very important that Venture obtains this information requested by April 30, 2008.

If your organization did not get this request or you are not certain, please contact the Venture office. Shelley Cizio, Venture's Provider Network Manager is available to answer any questions that you may have. Contact her at (269) 979-9132 ext. 303 or via email at [sjc@summitpointe.org](mailto:sjc@summitpointe.org)

# Provider Update: Evidence-Based Practices

Venture and the affiliate CMHSPs continue to be committed to providing evidence-based practices (EBPs) to our consumers to assure effective services and a quality care. The following EBPs are being offered throughout the affiliation:

**Family Psychoeducation (FPE)** - Family Psychoeducation is an evidence-based practice for persons with schizophrenia and their families. This is a multi-family group model which meets every two weeks. Feedback from consumers and families participating in the FPE groups has been very positive. We are currently working on increasing the number of FPE groups being offered across the region and look forward to serving more consumers and their families in the near future.

**Dialectical Behavior Therapy (DBT)** - DBT is an evidence-based practice for those who are diagnosed with borderline personality disorder and/or who have difficulties regulating their emotion. This is an individual therapy program with a group component designed to help consumers build skills and improve relationships and overall functioning. We are in the process of organizing an internal DBT 5 day foundational training that will be provided by our own DBT experts. This training will be held May 7, 8, 9, 15, & 16 at the Radisson Plaza in Kalamazoo. Contact Kim Spencer at FOCUS for more details and registration.

**Cognitive Therapy (CT)** - Cognitive Therapy is an evidence-based practice for those who have depression or anxiety and has also been shown to be effective with other problems and diagnosis. Cognitive Therapy is a structured individual therapy service designed to help consumers solve current problems, identify and modify dysfunctional thinking processes and patterns. A five day Cognitive Therapy training program provided by the Beck Institute has been set for June 16-20. Details will be posted at [www.focustraining.org](http://www.focustraining.org) in the near future.

**Coordinated, Comprehensive, Integrated System of Care (CCISC)** - CCISC is a model for implementing treatment principles and system structures and processes to support the assessment and treatment of persons with co-occurring substance disorder and mental health problems. MDCH has sponsored a CCISC Change Agent training initiative, with training being given by Drs. Minkoff and Cline once every other month for a year. A total of six days of training will be provided to our locally identified change agents coming from each of the five affiliates. These change agents will be responsible for assisting their affiliate and the region in implementing CCISC and helping to bring co-occurring system-wide capacity to the region.

**Integrated Dual Disorders Treatment (IDDT)** - IDDT is a treatment program designed to provide consumers who have both a mental health and a substance use disorder with combined treatment for both their disorders from one team of providers. Venture has received a MDCH block grant to implement IDDT across the region. Thus far, Van Buren Community Mental Health has the first IDDT group up and running with the other affiliates working toward establishing their teams. The other four affiliates are currently receiving consultation and technical assistance through MDCH to implement IDDT.

## Substance Abuse

### *Performance Indicators*

Below are the MDCH substance abuse treatment performance indicators. These are the standards required by the Michigan Department of Community Health that all Venture substance abuse treatment providers must meet. The problem is that Venture providers have not been reaching these goals.

These indicators are not new and can be found in Exhibit F of the Venture provider contract. The Venture Provider Access system that went live January 1, 2008 for our SA providers will assist Venture to ensure these indicators are being met. When providers are utilizing this system correctly, Venture will be able to determine which providers are meeting these targets and which providers may require corrective action.

Venture is seeking the assistance of all SA providers to help us to reach the standard as set by MDCH. Please take note of the performance indicators and ensure you're your organization's internal processes support meeting these expectations. We are hopeful that working together Venture will be able to meet these targets in short order.

- The percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.  
Standard = 95% in 14 days
- The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional.  
Standard = 95% in 14 days
- The percent of discharges from a substance abuse Detox unit who are seen for follow-up care within seven days.  
Standard = 95%

## Venture Performance Improvement Department Members

Venture Behavioral Health's Performance Improvement Department consists of three staff members under the direction of Dr. Lori Ryland, Director of Performance Improvement.

**Michael Vincent** joined Venture Behavioral Health as the Performance Improvement Analyst in December 2005. Mike graduated with a Bachelor of Arts degree from Central Michigan University. He also holds a Master of Arts from Western Michigan University, (Department of Educational Leadership), with a specialty in the area of Measurement, Research Design, & Evaluation. Prior to working at Venture, Michael worked at Summit Pointe, with primary responsibilities supporting Summit Pointe's external reporting requirements, and providing activities in support of Summit Pointe's Performance Improvement program. As Venture's PI Analyst, he is responsible for the development and ongoing reporting of Venture's federally mandated Performance Improvement Projects (PIPs) to meet EQRO requirements, and for managing Venture's Performance Measure reporting requirements to the Michigan Department of Community Health (MDCH). Additional key areas of focus include studies of consumer outcomes and consumer satisfaction, and for periodic evaluation of service utilization patterns in support of improving performance. In addition to providing analytics, presentation materials, and presentations for Venture's Leadership and Committees (including Health Resources Management (HRM), Performance Improvement (PI), and Member Advisory Councils (MAC), Michael also provides ongoing support for Venture's Performance Improvement Program and its related policies and procedures, and other key areas of performance.

**Scott VanKirk** joined Venture Behavioral Health as a Performance Improvement Specialist in August 2006. He graduated from Western Michigan University with a Bachelor's in Business Administration. Scott began his career working at Borgess Medical Center in their Managed Care Department. After several years in Managed Care he transitioned into the Borgess Medical Staff Office where he focused on Medical Credentialing and preparing for State and Federal Audits. Scott is responsible for preparation and coordination for EQRO reviews of the PIHP, and assurance of timely and effective response to any deficits and/or corrective action findings. Scott also assists the Provider Network Manager in annual site reviews throughout the Venture region. Finally, Scott collaborates in the development of Venture PI policies and procedures; the PI Plan and other related materials, as well as providing other assistance as needed in support of Venture's service mission.

**Dan Damaska** joined Venture Behavioral Health as a Performance Improvement Specialist in May 2007. He graduated from Western Michigan University with a Bachelor's degree in English with an emphasis in Technical Writing.

Before joining Venture, Dan worked at Family & Children Services, where he worked on several teams, including home-based, case management, and crisis response services for a variety of service populations, including SED children, DD consumers, and young adults. Dan is responsible for the preparation and coordination of DCH reviews of the PIHP, and assurance of timely and effective response to any deficits and/or corrective action findings. Dan provides the First Service report to affiliates as part of ongoing performance improvement in this area. Dan is also a trainer for the Provider Access system and provides assistance to providers over the Provider Access helpline. Furthermore, Dan collaborates in the development of Venture PI policies and procedures; the PI Plan and other related materials, as well as providing other assistance as needed in support of Venture's service mission.

## Welcome Laura Ferrara

Venture Behavioral Health is pleased to announce the addition of Laura Ferrara as the Chief Compliance Officer. Laura comes with almost 25 years of health care experience working in various acute and post-acute care settings. Laura started her career in nursing; over the last 20 years she has held multiple management and corporate administrative roles including quality assurance, performance improvement, regulatory compliance, and risk management. Laura maintains licensure as a Licensed Practical Nurse and has earned her Bachelor's of Science degree from the University of Phoenix.

In addition to working in various acute and post-acute provider settings, Laura has also established successful consulting practices working with health care providers in the areas of compliance and risk management. Before coming to Venture Behavioral Health, Laura provided independently contracted risk management services to liability insurance programs and their insured members across the country conducting risk assessments identifying potential areas of exposure and loss as well as recommended action plans focused on reducing potential loss exposure. Laura also comes with extensive experience in compliance program development and implementation.

As the Chief Compliance Officer for Venture Behavioral Health, Laura will be working with the five affiliates to evaluate our current compliance and risk management efforts to ensure appropriate risk mitigation and compliance controls as well as facilitating consistency within our compliance practices, efforts, and resources across the region. In addition, she will work with the affiliates to ensure that Venture Behavioral Health and all its associated providers are prepared to comply with the upcoming Medicaid program changes and proposed rules and legislation.

# Venture Provider Access Documentation Requirements

The move from the CareNet system to Provider Access for the Venture Substance abuse treatment providers has resulted in the need to ensure our providers are aware of the documentation requirements within the Provider Access system and to ensure our providers are aware of the time frames for service authorization requests.

## Documentation Requirements:

It is the expectation that all providers will ensure documentation within the Venture Provider Access system meets minimal requirements. This means that the following screens within the system must be completed when you submit a request for authorization:

- [SU screen](#)
- [Admission](#)
- [ASAM Placement](#)
- [SA Authorization](#)
- [Insurance information](#)

Not completing all documentation could cause your authorization to pend in the system. Each authorization request rationale should include the following information about the consumer:

- [Harm reduction](#)
- [Progress through stages of change](#)
- [Reduction in amount, frequency or consistency of use,](#)
- [Development of specific skills or recovery behaviors](#)
- [Adherence to treatment \(including # of sessions attended\).](#)

This information will provide the AAR with information to document medical necessity for services and will assist in the reduction of the number of pended authorizations in the system.

## Authorization Request Time Frames:

Initial authorization requests should be completed after the initial appointment /assessment. The request should always be completed prior to the next scheduled appointment. This means that there is no grace period for requesting authorizations. If a consumer is provided a service without an authorization, an appeal to the AAR must be made and must include the extenuating circumstances that caused the authorization request to be delayed.

Subsequent authorization request should be completed upon expiration of an existing authorization or utilization of all units of services. Again, there is no grace period for authorizations requests. If a consumer is provided a service without an authorization, an appeal to the AAR must be made and must include the extenuating circumstances that cause the authorization request to be delayed.

## Summary of the 2007-2008 HSAG Follow-Up Review

The 2007-2008 HSAG follow-up review for Venture Behavioral Health was conducted November 2007 via a telephone call between PIHP staff and HSAG review team. This review evaluated the PIHP's implementation of corrective actions for any elements that were found non-compliant during the 2006-2007 review.

In February 2008 Venture received the results of the follow-up review. Below is a summary of the scoring:

<b>Standard</b>	<b>Compliance Score</b>
Subcontracts & Delegation	100%
Provider Network	100%
Credentialing	100%
Access & Availability	91%
Coordination of Care	100%
Appeals	100%
Advance Directives	100%
<b>TOTAL SCORE</b>	<b>98%</b>

Venture Behavioral Health was required to submit corrective action plans to the State and HSAG by March 14, 2008 for the two remaining elements that remain non-compliant. These elements are:

- [Consumers with a substance abuse disorder received a timely face-to-face assessment within 14 days of a non-emergency request for service.](#)
- [Consumers with a substance abuse disorder received a timely, ongoing service within 14 days of a non-emergent assessment with a professional.](#)

In addition to provider capacity or other issues in meeting these standards for service, some providers have also not been appropriately documenting legitimate exceptions to these standards. (Documented, legitimate exceptions serve to exclude services from the stated timelines.) In January 2008, Venture implemented the Provider Access information management system which requires users to document exceptions for services not meeting the standards. The system also enhances Venture's ability to identify and monitor performance measures by provider. Venture and CMH staff will be working collaboratively to implement oversight systems that will effectively monitor the areas of non-compliance noted above. Providers with consistent poor performance will be contacted and referrals will begin to be redirected to other providers if performance does not improve over time.

# Substance Abuse Treatment Provider Qualifications

There have been significant changes to the substance abuse service benefit in the Medicaid program became effective January 1, 2008.

It is very important that the Venture Substance Abuse Treatment providers are aware of the credentials that staff members in your organization have particularly the clinicians that provide direct services to Calhoun or Berrien County Medicaid enrollees.

Providers need to be certain that the staff members who bill Medicaid for services rendered meet the credentialing requirements for Substance Abuse Treatment Specialist or Substance Abuse Treatment Practitioner as appropriate. All of the outpatient treatment billing codes in use within the Venture Behavioral Health region must be provided by a Substance Abuse Treatment Specialist.

This went into effect January 1, 2008, according to Medicaid Policy Bulletin MSA 07-52. These services may not be billed to Medicaid if they are provided by staff members that are not qualified per the Medicaid Provider Manual.

The outpatient treatment billing codes in use in the Venture Region (not all inclusive) that must be provided by a Substance abuse treatment specialist are as follows:

H0001 Individual Assessment  
H0005 Group Counseling  
90804 Individual Therapy 30 min  
90806 Individual Therapy 60 min  
90808 Individual Therapy 90 min  
90847 Family Therapy 60 min  
H0015 Intensive Outpatient Treatment

The link to the Medicaid Provider Manual is below:  
[www.mdch.state.mi.us/dchmedicaid/manuals/MedicaidProviderManual.pdf](http://www.mdch.state.mi.us/dchmedicaid/manuals/MedicaidProviderManual.pdf).



*Welcome Spring!*

The definitions of Substance Abuse Treatment Specialist and Substance Abuse Treatment Practitioner can be found on page 725 of the Medicaid Provider Manual and are as follows:

## Substance Abuse Treatment Specialist:

An individual who has specialized training or one year (2000 hours) of experience in treating or working with a person who has a substance use disorder, has licensure in one of the following, and is working within their scope of practice:

- Physician (MD, DO)
- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Licensed Psychologist (LP)
- Limited Licensed Psychologist (LLP)
- Temporary Limited Licensed Psychologist (TLLP)
- Licensed Professional Counselor (LPC)
- Temporary Limited Licensed Professional Counselor (TLLPC)
- Licensed Master's Social Worker (LMSW)
- Limited Licensed Master's Social Worker (LLMSW)
- Licensed Bachelor's Social Worker (LBSW)

An individual who has been certified through the Michigan Certification Board for Addiction Professionals and has one (or more) of the following credentials:

- Certified Addictions Counselor – Level I (CAC-I)
- Certified Addictions Counselor – Michigan (CAC-M)
- Certified Addictions Counselor – Level II (CAC-II)
- Certified Addictions Counselor – IC&RC (CAC-R)
- Certified Advanced Addictions Counselor (CAAC-M)
- Certified Clinical Supervisor (CCS)
- Certified Clinical Supervisor – IC&RC (CCS-R)
- Certified Clinical Supervisor – Michigan (CCS- M)
- Certified Criminal Justice Professional

## Substance Abuse Treatment Practitioner:

An individual who has completed and passed the Fundamentals of Alcohol and Other Drug Problems (FAODP) exam or the Fundamentals of Substance Abuse Counseling (FASC) exam and has three years of relevant experience in the provision of substance abuse treatment services.

# 2008 Venture Corporate Compliance Initiatives

By Laura Ferrera

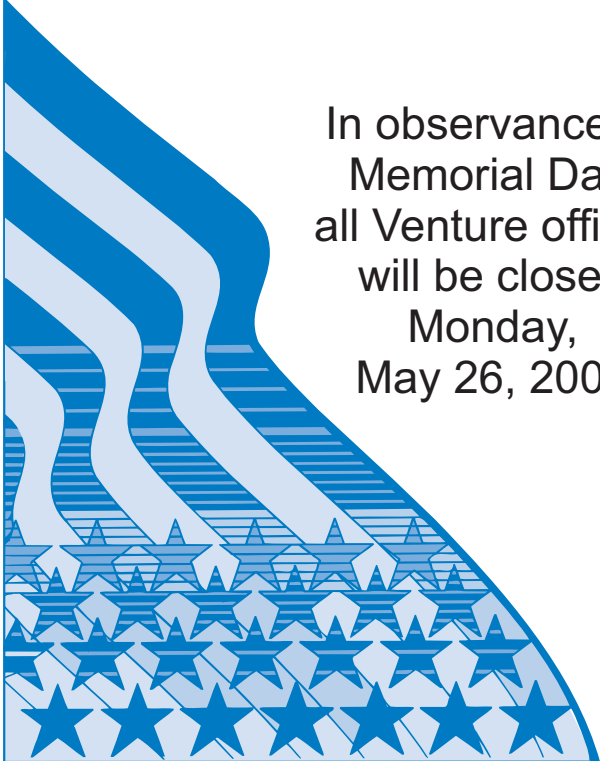
With National Corporate Compliance and Ethics week fast approaching, I would like to take this opportunity to share with you some of Venture Behavioral Health's compliance initiatives for 2008. Each year, National Corporate Compliance & Ethics Week is celebrated the last full week in May; this year it will be celebrated May 25–31, 2008. We would like to commemorate Corporate Compliance & Ethics Week by taking this opportunity to gain exposure for some of our compliance initiatives.

April 1, 2008 marked the beginning of our 2008 Medicaid Verification project. The Quality Assessment and Performance Improvement Programs for PIHP Standards contain a requirement that PIHPs verify whether services reimbursed by Medicaid were actually furnished to enrollees by affiliates, providers, and subcontractors. In order to confirm the provision of services within Medicaid standards and requirements, Venture Behavioral Health conducts verification of Medicaid claims across our five county region. Our approach to the Medicaid Verification process in 2008 is to complete a broad analysis of Medicaid claims that represent the practices of the region as a whole in order to meet our reporting requirements to the State as well as identify educational needs or the need for procedural changes. A sample of providers within each of the five counties covered under the Venture PIHP contract will be evaluated between April 1 and June 30, 2008; providers included in the sample will be notified soon if you have not been notified already.

April 1, 2008 also marks the beginning of our clinical documentation review process; this is a new initiative aimed at providing a qualitative analysis of clinical documentation produced by our internal and external providers for the purpose of identifying the need for further education or procedural changes. The observations made during the clinical documentation review process will be focused on consistency with Venture policies directing appropriate documentation practices and content as it relates to customer assessments, treatment plans, and daily service/progress notes. The clinical documentation reviews will be conducted during all but acute care provider site visits conducted between April 1 and August 30, 2008. The results of the reviews will be compiled and analyzed across the region with plans established to enhance overall documentation practices through training and necessary procedural changes.

These are just two of the many compliance activities Venture Behavioral Health will undertake during the remainder of fiscal year 2008. These and other compliance pursuits are intended to assist Venture in achieving its aim at being a successful Medicaid benefits manager.

We welcome any questions you may have relative to the initiatives outlined above or other questions specific to Venture's compliance program. Questions may be directed to Venture's Chief Compliance Officer, Laura Ferrera at (269) 979-9132, ext. 313.



In observance of  
Memorial Day,  
all Venture offices  
will be closed  
Monday,  
May 26, 2008

## Electronic Claims

Venture Behavioral Health has contracted with Netwerkes.com to accept electronic claims from providers. At this time we are only accepting billing of primary insurance claims.

If the claim is a Medicaid secondary claim, providers should continue to utilize paper formats at this time. Secondary submissions will be added in the near future!

If your organization is capable of generating 837 files for claims submission and you would like to start billing any of the Venture affiliates in this manner, you can contact Anne Wickham, Operations Manager for more information. Her number is (269) 979-9132 ext. 302.

# Venture's Performance FY 2008

Each year Venture Behavioral Health strives to meet the goals established with the Venture Behavioral Health Board to measure VHB's performance as a benefits manager. The first column in the grid shows the Fiscal Year 2007 End Statements (broad goals). Each End Statement has various measures (how we intend to accomplish the goal), these are outlined in the second column. In the third column we highlight Venture's progress for each measure. They are color coded as follows:

**Blue = Completed, Met Goal; Black = Pending (complete information not yet available).**

END STATEMENT	MEASURES	YTD STATUS
Fulfillment of Regulatory and Contractual Obligations	<ol style="list-style-type: none"> <li>1. HSAG Review (85% of items compliant from the corrective action plan)</li> <li>2. Performance measure data validation (all performance measures validated)</li> <li>3. MDCH PIHP Review (75% of high priority citations resolved)</li> <li>4. 75% of Performance measures at or above standard by quarter (1st Q - 3rd Q)</li> </ol>	<ol style="list-style-type: none"> <li>1. 87% of items compliant from the corrective action plan.</li> <li>2. HSAG FY 2008 review 02/06/08, final results expected in June-July</li> <li>3. MDCH FY 2008 CAP reviews 03/05-07/08, final results expected in July</li> <li>4. FY 2008 1st Q results expected in April</li> </ol>
Acceptability – Plan members are satisfied with their behavioral health care services.	<ol style="list-style-type: none"> <li>1. Annual internal MHCA-style customer satisfaction overall score at or within .25 percentage points of most recent MHCA average</li> <li>2. Annual MDCH customer satisfaction overall score within one standard deviation of the state average</li> <li>3. Number of region-wide grievance and appeals captured and resolved at or above 25% of FY 2007 (2nd Q - 4th Q)</li> </ol>	<ol style="list-style-type: none"> <li>1. FY 2008 survey scheduled June-August, results expected in October (FY 2007 overall score 4.23, national average of 3.80)</li> <li>2. Survey results expected in December. (FY 2007 results within one standard deviation of the average)</li> <li>3. (FY 2007 2nd Q - 4th Q total grievance and appeals = 200)</li> </ol>
Value – The community supports behavioral health services. Affiliate CMHSPs benefit from their participation. Administrative efficiencies are achieved.	<ol style="list-style-type: none"> <li>1. Section 460 report FY 2007 regional Medicaid administrative cost no higher than 14%.</li> <li>2. Venture to propose two region-wide administrative efficiencies/cost savings initiatives to VBH board</li> <li>3. Affiliate CEOs rate Value &amp; Benefit for FY 2008 minimum of 4 average on 5 point scale</li> </ol>	<ol style="list-style-type: none"> <li>1. FY 2008 YTD 15.1% (03/05/08)</li> <li>2. To be proposed in April and July</li> <li>3. (FY 2008 overall score of 4.2)</li> </ol>
Accessibility – Plan members are made aware of services and those who seek behavioral health services are seen at or above stated standards.	<ol style="list-style-type: none"> <li>1. The overall Medicaid penetration rate will be .20 percentage points higher for at least one quarter in FY 2008 than the highest quarterly rate in FY 2007</li> </ol>	<ol style="list-style-type: none"> <li>1. 1st Q 2008 anticipated in April (FY 2008 1<sup>st</sup> Q = 5.33% 2<sup>nd</sup> Q = 5.70% 3<sup>rd</sup> Q = 5.83% 4<sup>th</sup> Q anticipated 03/08)</li> </ol>
Impact – Plan members utilizing behavioral health services experience improvements in their quality of life with a focus on maximizing recovery and self-sufficiency. All providers improve their clinical service delivery and administrative practices.	<ol style="list-style-type: none"> <li>1. Outcomes Questionnaire 30 FY 2008 baseline to six month clinical comparison for one evidence based practice</li> <li>2. Increase Family Psychoeducation encounters in FY 2008 by 50% over FY 2007</li> </ol>	<ol style="list-style-type: none"> <li>1. Baseline survey February-March and six month follow-up expected August-September. Results anticipated October-November.</li> <li>2. FY 2008 YTD encounters = 126 (as of 01/31/08) Target of 450. (FY 2007 encounters: 300)</li> </ol>
Risk Management – Venture and its five affiliates suffer no critical consequences of a fiscal, public perception or legal type.	<ol style="list-style-type: none"> <li>1. Medicaid Internal Service Fund at or above Board mandated minimum</li> <li>2. Regional Medicaid Medical Loss Ratio no less than 84%</li> <li>3. No negative press regarding VBH</li> </ol>	<ol style="list-style-type: none"> <li>1. FY 2008 YTD Medicaid Internal Service at \$4,156K; \$151K above minimum (03/05/08)</li> <li>2. FY 2008 YTD 86.2% (03/05/08)</li> <li>3. (FY 2007 no negative press)</li> </ol>



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