

Optum Salt Lake County

Quality Assurance and Performance Improvement Bulletin for Inpatient providers

December 1, 2022

Dear Providers,

The following information has been gathered to guide you in your efforts to meet Utah Medicaid regulations, Office of Substance Use and Mental Health (OSUMH) mandates, Salt Lake County Division of Behavioral Health Services (DBHS) and Optum contractual requirements as you complete required documentation. Implementing these tips into your practice will positively impact the quality of services and improve your audit performance and scores. Please reach out to our team with any questions regarding the guidelines provided.

-The Optum Salt Lake County QAPI Team

Co-payments

Utah Medicaid allows inpatient providers to pursue a \$75 co-payment from the member. This co-payment is at the discretion of each facility. At some point during the stay, it is expected that a representative from the inpatient facilities review this information with the member. The member's signature should be documented in the record confirming the member was informed of the co-payment requirements.



Treatment planning, documentation, and person-centered treatment

The associated documentation is expected to be reflective of how the member remains at the center of all clinical efforts, whether it is engagement, assessment, planning or treatment services. Relevance to the member and their needs guides each provider's decision about how to engage the individual, what information to gather and document, what strategies to plan and how treatment is delivered.

At the time of admission, the provider agrees a formal, individualized, person-centered treatment plan will be established for every member. The plan shall be consistent with standards for individual treatment/recovery plans, follow clinical best practice standards, incorporate the goals of the individual and include the involvement of family and natural supports, while respecting the wishes and needs of the member within funding limitations.

Due to varying levels of acuity upon admission to inpatient services, an individual may be unable to participate in the creation of their treatment plan. In these cases, information related to the member's inability to participate is expected to be documented. If a member is refusing to participate in treatment, motivational strategies being used to encourage the member's engagement are to be clearly noted. If individuals demonstrate mental health or medical symptoms which interfere with participation in the treatment milieu, this is expected to be documented in the daily psychiatrist or social worker notes.

Progress notes reflect clinically appropriate interventions and services, including the member's response. Documentation is specific to the individual of record and related to areas addressed in the treatment plan. Notes are to include changes in behavior, attitude and beliefs, progress, or lack of progress. When members participate in group sessions, during inpatient treatment, the progress notes should include how the group content specifically relates to their goals and objectives. The individual's response to the intervention is to also be noted.