

# The Division of Prevention and Behavioral Health Services (DPBHS)

## Overview of Provider Services



# Division of Prevention and Behavioral Health Services (DPBHS)

- Partner with Delaware Division of Medicaid & Medical Assistance (DMMA)
- DPBHS provides mental health and substance abuse services beyond the basic 30 visits per calendar year, and the more intensive services as designated by clinical appropriateness and necessity
- CARF Accredited
  - Network of Providers
  - Direct Services of Residential Treatment Services, Day Treatment Services, and Intensive Outpatient Services through Terry Children's Center and Silver Lake Consortium

# DPBHS Administrative Unit

- Training Administration
- Treatment Provider Services
- DPBHS Billing Unit
- DPBHS Quality Improvement
- DPBHS Budget Management

# DPBHS Treatment Provider Services

- **Program Administration Unit** – writes, oversees and manages contracts for delivery of treatment services by external agencies, while serving as liaison between the Division and contracted agencies through ongoing communication and site visits.
- **Billing Unit** – processes bills received from contracted agencies via paper submission and review of direct data entry of claims through the FACTS Provider Invoice module, while interfacing with Program Administrators and DMSS Fiscal Unit to ensure appropriate billing practices are occurring

# DPBHS Program Administrators

FACTS currently houses basic contractual information:

- Contract start and end dates
- Proposed Expenditure Amount/Contract Amount
- Level of care as covered by contract
- Different program criteria (i.e., gender specific), rate of reimbursement (if entered)

FACTS is also used by PA Unit to record site visit information; QI Unit uses FACTS to record monitoring visits/CAP reports for each in-network service provider

# DPBHS Contract Deliverables

| # of Days Post-Admission Rcvd by DPBHS                 | Clinical Documentation to be Sent to DPBHS   | Reference to Treatment Provider Manual | Acute Care Programs |      | Non-Acute Care Programs |     |     |    |
|--|--|--|---------------------|------|-------------------------|-----|-----|----|
|  |  |  | Crisis              | Hosp | RTC **                  | Day | IOP | BI |
| 5  | Provider Certificate of Need                 | 5.1.4.3                                |                     | •    |                         |     |     |    |
| 5  | Safety Plan                                  | 6.4                                    | •                   | •    | •                       | •   | •   | •  |
| 5  | Admission Summary - with physician signature | 6.5                                    |                     | •    |                         |     |     |    |
| 10 days post admission to a new LOC within same agency | Updated/Revised Treatment Plan               | 8.1.3                                  |                     | •    | •                       | •   | •   | •  |

# DPBHS Contract Deliverables (Continued)

| # of Days Post-Admission Rcvd by DPBHS | Clinical Documentation to be Sent to DPBHS  | Reference to Treatment Provider Manual | Acute Care Programs |      | Non-Acute Care Programs |     |     |    |
|--|---|--|---------------------|------|-------------------------|-----|-----|----|
|  |   |  | Crisis              | Hosp | RTC **                  | Day | IOP | BI |
| 15                                     | Admission Summary – with signature of licensed independent practitioner (RTC's must have physician signature) | 6.5                                    |                     |      | •                       | •   | •   |    |

# DPBHS Contract Deliverables (Continued)

| # of Days Post-Admission Rcvd by DPBHS | Clinical Documentation to be Sent to DPBHS | Reference to Treatment Provider Manual | Acute Care Programs |      | Non-Acute Care Programs |     |     |    |
|--|--|--|---------------------|------|-------------------------|-----|-----|----|
|  |  |  | Crisis              | Hosp | RTC **                  | Day | IOP | BI |
| 30                                     | Comprehensive Treatment Plan               | 6.6                                    | •                   | •    | •                       | •   | •   | •  |
| 24 hours after discharge               | Transfer Instruction Sheet                 | 6.9.4                                  | •                   | •    | •                       | •   | •   | •  |
| 7 days after discharge                 | Discharge Summary                          | 6.9                                    | •                   | •    | •                       | •   | •   | •  |

# DPBHS Medical Records Unit

- Receives via e-fax contract deliverables
- Data enters deliverables into FACTS and checks for Qualitative Measures
- Uploads the images and doc stores the document specific to the client receiving services into FACTS

# DPBHS Human Resources Data Form

- DPBHS Credentialing Process is currently under review
- Currently DPBHS uses the Human Resources Data Form for information pertaining to contracted agencies' staff that would be directly working with any youth to ensure client safety
- Upon receipt, administrative support data enters this information into the Staff Maintenance portion of FACTS

# Basic Contract Demographics

- There are 16 Levels of Care within the DPBHS treatment services continuum:
  1. Crisis Intervention
  2. Crisis Beds
  3. Inpatient Hospital for Mental Health
  4. Day Hospital Services for Mental Health
  5. Routine Outpatient Services Mental Health
  6. Routine Outpatient Services Substance Abuse
  7. Intensive Outpatient Services for Mental Health
  8. Intensive Outpatient Services for Substance Abuse
  9. Day Treatment Services for Mental Health
  10. Day Treatment Services for Substance Abuse
  11. Part Day Treatment Services for Substance Abuse
  12. Residential Treatment Services for Mental Health
  13. Residential Treatment Services for Substance Abuse
  14. Individual Residential Treatment
  15. Therapeutic Respite
  16. Behavioral Intervention

# Basic Contract Demographics

## Continued

DPBHS also has ancillary services:

1. Transportation
2. Translation

Program Administrators also oversee state-run facility contracts:

1. Hospitals
2. Bus
3. Labs/X-Ray/Pharmacy
4. Nursing Services
5. Psychiatric Services

# Contracts Demographics Continued

- 43 Different Contracted Agencies for the Treatment Services Continuum
- 10 Different Transportation Providers
- 5 Different Translation Providers
- 9 Contracts through State Run Facilities
- 8 Other Contracts for Assessment, Training, Psychiatric Services, and Interns

**TOTAL # of Contracts = 75**

# DPBHS Billing Overview

- Bills come into DPBHS through paper submission or direct data entry into FACTS Provider Invoice
- If via paper submission, DPBHS billing representatives enter the claims data into Provider Invoice portion of FACTS
- If electronically data entered, agencies can only submit the entries; a DPBHS billing representative must review the submissions for accuracy before finalizing it for payment
- All bills after entry into FACTS are sent to DMSS Fiscal Unit for provider payment

# DPBHS Quality Improvement Unit

- Oversees monitoring of treatment providers in DPBHS provider continuum reviewing service delivery in accordance to:
  - DSCYF Operating Guidelines
  - DPBHS Treatment Provider Manual
  - Executed Contracts
  - Completion of Required Forms
  - Billing Compliance/Appropriateness/Documentation of Service Delivery
- Manages Division Complaints and Appeals Received
- Manages Incident Reporting Specific to DPBHS and tracks cumulative information regarding each type of Reportable Event
- Oversees and Manages Medical Records

# Overview of QI Monitoring

The Monitoring Process:

1. Clinical Charts Review
2. Supervision
3. Incident/Safety Reports
4. Clinical Deliverables
5. Environment of Care
6. Billing Audits

# Post-Monitoring

- QI Unit writes Monitoring Report outlining compliance rates and shares with the Provider
- For any area not in compliance, the Provider then has to submit either a Performance Improvement Plan or a Corrective Action Plan
- Provider Submitted Responses are reviewed internally by the Quality Management Committee
- Subsequent follow-up visits occur after to review areas of non-compliance

# DPBHS Appeals Policy

- Level of care decisions, denial of continued stay and eligibility may be appealed by parent/legal guardian, legal representative for the client, by a substance abuse client age 14 years or older, or by a provider with consent and approval of the child's parent or legal guardian

# DPBHS Appeals Procedure

Provider appeals for reconsideration of continued stay authorization and level of care decisions are made as follows:

Psychiatric hospitals and all other facilities certified by DPBHS as Medicaid 'Psych Under 21' facilities (42 CFR, Subpart 456.236)

There are 3 steps involved in this process.

For all other non-Psych Under 21 facilities there is an informal appeal directed to the Director of CSMT and a more formal written process

Eligibility Appeals – can be made with DPBHS or DHSS  
Medicaid



# DSCYF Incident Reporting Policy

- *Both the Department (DSCYF) and the Division (DPBHS) require the complete and timely report of events involving; client injury to themselves, events in which a client has injured another individual, or situations/events that have the potential to negatively impact our clients.*
- *The DPBHS Incident Reporting Policy (PI002) states that the purpose of the policy is to, “establish reporting requirements, identification of accountability for timely and accurate reporting and investigation of incidents, clear reporting accountability and lines of communication.”*

# Events that must be reported within 4 hours to the Clinical Services Team

1. Alleged abuse by staff members
2. Alleged sexual contact, assault or rape of or by a Delaware child
3. Child/youth death or death of a program staff member while on duty
4. Escape, AWOL or runaway
5. Hospital admissions including psychiatric
6. Disturbance that has the potential for harming a child or causing major program disruption
7. Abduction of youth

# Incidents that must be reported to the DE abuse hotline

- Allegations of abuse/neglect by any party
- Anything sexually inappropriate between clients
- Medication errors involving life threatening medications or with the potential to cause harm
- Restraints with injury that raise concern
- Supervision issues
- Abuse Hotline : 1-800-292-9582



## Written Notification Procedures:

- ALL Incident Reports are due within 72 hours
- Be sure that the form is clear, complete and includes all notifications prior to submission.
- Fax to DPBHS (302) 661-7270.



**REPORTABLE EVENT SUMMARY**  
(Completed Reportable Event Summary is due within  
72 hours of the time of the event.)

Making 3<sup>rd</sup> Party Report

Revised Event Summary

|  |                      |                          |                        |                       |                         |
|--|----------------------|--------------------------|------------------------|-----------------------|-------------------------|
| <b>Last Name</b>   |                      | <b>First Name</b>        |                        | <b>Middle Initial</b> | <b>Date of Birth</b>    |
| <b>Date of Event</b>   | <b>Time of Event</b> | <b>Location of Event</b> |                        |                       |                         |
| <b>Provider Name</b>   |                      |                          | <b>Type of Service</b> |                       | <b>Admission Date</b>   |
| <b>Provider Address:</b> <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i> |                      |                          |                        |                       | <b>Provider Phone #</b> |

**EVENT TYPE** (Check all that apply)

**Events requiring person-to-person voice contact.**

1.  Allegation of institutional abuse of a Delaware child by program staff member or foster/adoptive parent(s)
2.  **Alleged sexual contact, assault or rape of or by a Delaware child**
3.  Child/youth death or death of a program member staff while on duty or foster/adoptive parent(s)
4.  Escape, AWOL or runaway from any 24-hour facility, foster/adoptive care, or day treatment program
5.  Injury, illness or event requiring medical or psychiatric hospital admission beyond emergency room
6.  Disturbance that has the potential for harming a child or causing major program disruption such as a natural disaster, bomb threat, hostage taking, etc.
7.  **Abduction of youth**

**Events for which voice mail messages are acceptable.**

8.  Arrest of an employee for criminal offenses occurring at the program site or involving a Delaware child
9.  Communicable disease of any child or staff in program (e.g., tuberculosis, hepatitis, meningitis)
10.  Community, facility or employee issues which may or may not relate directly to any Delaware child but could lead to media attention or inquiries (e.g., employee strike, protests about program location)
11.  Contraband (e.g., weapons, drugs, and other illegal or dangerous items)
12.  Infection/illness that may have been caused by conditions in the program facility
13.  Injury or illness that results in emergency room visit or requires outside medical attention (exclude follow-up appointments)
14.  Medication error/lapse
15.  Pattern of self-harm
16.  Police called for assistance with youth or youth arrested on new delinquency charges
17.  Removal of employee from duty as a result of a performance issue that may affect security or child safety (i.e., intoxication or drug use while on duty, etc.)
18.  **Restraint (specify type of restraint)**     **Physical**     **Chemical**     **Mechanical**
19.  Injury resulting from physical restraint
20.  Seclusion
21.  Suicide attempt
22.  Vehicle accident involving DSCYF client (child or family member) in a provider vehicle
23.  **Physical peer to peer aggression**

**Events to be reported to the DSCYF Contract Manager or Program Administrator only.**

24.  Allegation of institutional abuse lodged against provider's staff but not involving a Delaware child
25.  Allegation of abuse/neglect by persons outside the agency (parent, etc.)
26.  Arrest of provider staff for violent felonies against person(s) occurring away from the program site
27.  Charges of DUI of a provider staff member with responsibility for transporting children

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Event Date/Time:** \_\_\_\_\_

**Description of Event: Person(s) involved, situation preceding the event, action taken, outcome:**

**Steps taken to evaluate or treat the child and assure child safety:**

**If reporting restraint or Seclusion:**

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_

What are the implications of the event for change in the child's treatment or case plan?

What are the implications of the event for program or policy change(s)?

**Did event prompt a staff retraining?**

Yes  No (Explain below)

**Is this an event that has or will be reported to the program's licensing agency or accrediting body?**

Yes  No (Explain below)

**If abuse or neglect by staff is alleged, has involved staff been removed from the direct child care setting?**

Yes  No (Explain below)

**Client Name:**

**DOB:**

**Event Date/Time:**

| NOTIFICATION RECORD   |                 |                             |                           |      |
|---|-----------------|-----------------------------|---------------------------|------|
| CONTACT CATEGORY  | NAME            | CONTACT (Y / N)             | DATE                      | TIME |
| Child/Client (for medication error)   |                 |                             |                           |      |
| Parent/Guardian   |                 |                             |                           |      |
| Foster/Adoptive Parent(s)   |                 |                             |                           |      |
| DSCYF Case Manager  |                 |                             |                           |      |
| DSCYF Program Administrator or Contract Manager   |                 |                             |                           |      |
| DE Abuse Hotline  |                 |                             |                           |      |
| DE Office of Child Care Licensing   |                 |                             |                           |      |
| Child Protection Agency (other state)   |                 |                             |                           |      |
| Police  |                 |                             |                           |      |
| Other   |                 |                             |                           |      |
| Other   |                 |                             |                           |      |
| MOST RECENT CHILD/FAMILY CONTACT INFORMATION  |                 |                             |                           |      |
| For events involving a child(ren) occurring in a <u>non-residential service or program</u> only, give the date and description of the provider's most recent contact with the child(ren) prior to this Reportable Event.  |                 |                             |                           |      |
| Date of last contact  | Time of contact | Person who made the contact | How was the contact made? |      |
| Description of contact:   |                 |                             |                           |      |
|   |                 |                             |                           |      |
| PERSON COMPLETING FORM  |                 |                             |                           |      |
| I understand that DSCYF has the option of requesting additional and/or periodic written follow-up information regarding corrective actions, administrative investigations, policy or program changes, and/or a written Plan of Safety as a result of this Reportable Event. |                 |                             |                           |      |
| I affirm and attest that all information provided is complete and accurate to the best of my knowledge.   |                 |                             |                           |      |
| Printed Name  |                 | Title                       |                           |      |
| Email Address (e-mail address where confirmation of receipt will be sent if submitting electronically)  |                 |                             |                           |      |
| Signature (required if NOT submitting electronically)   |                 | Date Report Completed       | Time Report Completed     |      |
| Indicate contact person for additional information if different from above  |                 |                             |                           |      |
| Name  |                 | Title                       | Phone Number              |      |
|   |                 |                             |                           |      |

# How DPBHS Reportable Events Are Captured in FACTS

- Contractor submits DSCYF Reportable Event directly to e-fax number
- Contractor must submit separate form for each client that has a Reportable Event
- DPBHS representative reviews information and enters information into FACTS
- DPBHS QI Manager and Management Analyst compiles Incident Reporting information cumulatively for internal review by various committees and DPBHS Leadership

# DPBHS Contacts for Treatment Providers: Provider Relations

- Manager of Provider Services:

Jennifer Tse – 302-633-2572

[Jennifer.Tse@state.de.us](mailto:Jennifer.Tse@state.de.us)

- Program Administrators:

Vanessa Bennifield – 302-633-2597

[Vanessa.Bennifield@state.de.us](mailto:Vanessa.Bennifield@state.de.us)

Stacy Shamburger – 302-633-2559

[Stacy.Shamburger@state.de.us](mailto:Stacy.Shamburger@state.de.us)

# DPBHS Contacts for Treatment Providers: Quality Improvement

- Manager of Quality Improvement  
Kelly Soliman – 302-633-2738  
[Kelly.Soliman@state.de.us](mailto:Kelly.Soliman@state.de.us)
- Quality Improvement Analyst  
Bonnie Crofts – 302-633-2555  
[Bonnie.Crofts@state.de.us](mailto:Bonnie.Crofts@state.de.us)

# DPBHS Contacts for Treatment Providers: Billing Unit

- Billing Unit Manager:  
Kimberly Scully – 302-892-6433  
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- Billing Unit Representatives:  
Adriane Crisden – 302-892-6464  
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