



## Calendar of Events

**Friday, Oct. 22 • 12:15 – 1:45 p.m.**

APPT PLAY THERAPY PEER CONSULTATION GROUP (OMAHA)  
Led by Allan Gonsher, LCSW, RPT-S  
Kid's Inc. • 11414 W. Center Road, Suite 220

**Friday, Oct. 30 • 11:30 a.m.**

APPT PEER CONSULTATION GROUP (OMAHA)  
Adlerian Center • 11911 Arbor St.

**Friday, Nov. 19 • 12:15 – 1:45 p.m.**

APPT PLAY THERAPY PEER CONSULTATION GROUP (OMAHA)  
Led by Allan Gonsher, LCSW, RPT-S  
Kid's Inc. • 11414 W. Center Road, Suite 220

**Friday, Nov. 20, 2009 • 8 a.m. – 4 p.m.**

APPT FALL CONFERENCE

**“Practicing Within the Lines:  
Legal, Legislative, and Logical Strategies  
for Mental Health Therapists”**

Mahoney State Park (Ashland, NE) • Riverview Lodge  
Pre-registered: \$39 morning only or afternoon only  
or \$79 full-day (including parking) • 3 or 6 CEUs

**Friday, Dec. 4 • 11:30 a.m. – 12:45 p.m.**

APPT LINCOLN MINI-SERIES WORKSHOP

“Tax Planning Strategies” with Bob Bryant, CPA  
The Lighthouse • 26th & N Street

**Friday, Dec. 16 • 12:15 – 1:45 p.m.**

APPT PLAY THERAPY PEER CONSULTATION GROUP (OMAHA)  
Led by Allan Gonsher, LCSW, RPT-S  
Kid's Inc. • 11414 W. Center Road, Suite 220

**Tuesday, Dec. 22, 2009**

**11:30 a.m. – 12:45 p.m.**

APPT OMAHA MINI-SERIES

“Tax Planning Strategies” with Rand Hansen, CPA  
Olive Garden Restaurant • 74th & Dodge Street

Visit [www.privatepractice.org](http://www.privatepractice.org)  
for details about these events.

\* Both Peer Consultation groups are open to  
Traditional APPT Members only. RSVPs are handled  
by online invitation through Socializr.  
Questions? Call Bridget at (402) 393-4600.

## Making the Case for More Sessions

*Please note: Shari's presentation was one hour in length, and this brief write-up will only cover a few main points. If you are interested in the rest of this information, APPT will be producing a podcast (with digital handouts) in the near future. Contact Bridget at (402) 393-4600 for details.*

By Bridget (Weide) Brooks

Shari Conner's presentation, “Can You Hear Me Now? Making the Case for More Sessions” started with a disclaimer — that it was based on her understanding of what is required by all Medicaid and Magellan providers. It was presumed that careful adherence to these guidelines will increase a provider's chances of getting sessions or psychological testing authorized in situations where case review is required.

Shari shared this information with therapists who attended her Sept. 25 presentation in Lincoln and her Oct. 6 talk in Omaha. Conner, a clinical psychologist in private practice with Woodhaven Counseling Associates in Omaha, developed her presentation as a follow-up to “The LIMHP: Taking Full Advantage of Your New License,” a program she delivered last October in Omaha.

Conner noted that both Medicaid and Magellan are in difficult positions. “There is a finite (amount) of money and limited resources (for mental health services)” she said. “Magellan has a role to play” in helping to determine the best way to distribute funds.

The purpose of the program was to help therapists advocate for their clients who may miss out on needed mental health services extending outside the range of typical authorizations. Conner speculates that there are two components to complying with Magellan regulations and therefore obtaining more sessions. The first is to “be very thorough in performing all the required documentation — for example, meeting deadlines and including the right details,”

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## From the President's Desk: Changing Landscapes



*Adrian Martin*

*By Adrian Martin, MS, LIMFT*

As I mentioned in the previous issue of *The Compass* (July 2009), the landscape of private practice and behavioral healthcare in general seems to continue to change.

The 101st Nebraska Unicameral is currently between sessions and we expect to see a good deal of further discussion on many of the current legislative issues affecting mental health practice. These include the role of provisionally licensed practitioners in providing Medicaid services, the adoption of the Healthcare Access and Affordability Act, and the planned introduction of the pilot scheme for the medical home model, in which Medicaid services — including behavioral health — will likely be managed by primary care physicians.

Other areas of interest include the potential requirement for mental health ser-


vice providers to verify the lawful residence of their clients who receive state-funded benefits, and the implementation of the bills that were written in response to the “safe haven” crisis.

Our APPT legislative committee is already well under way, and has identified several areas of focus that include monitoring these legislative issues and exploring ways to promote the profile of private practitioners, both publicly and legislatively.

We are also very mindful of the continuing concerns of practitioners providing services to Medicaid clients, as evidenced by the volume of dialogue on the APPT E-list, and we hope to address some of these concerns through Shari Conner’s mini series presentations (see cover story) and in our forthcoming APPT Fall Conference.

The Fall Conference is planned for Friday, Nov. 20 at Mahoney State Park. It will be a full-day event and, as a reflection of the diverse range of issues facing private practitioners, will feature several varied areas of interest.

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Editor ..... Bridget Brooks  
 Publisher/Newsletter Advisor ..... Adrian Martin, MS  
**www.PrivatePractice.org**

# Making the Case for More Sessions

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notes Conner. The second is to “use the specific language, terms, and focus that Magellan advocates — specifically, ‘resiliency and recovery’ and ‘medical necessity’ language.”

Unfortunately, Conner added, “there is no set of magic phrases” that will get more sessions authorized in every circumstance, but there are some that will increase the likelihood of success.

Conner also noted some items that many therapists might have been unaware of, but that are clearly listed in the Magellan guidelines. Some of these documentation requirements have specified structures or time frames.

“We are responsible for giving clients Magellan’s ‘Client Bill of Rights’ and confidentiality statements. We must also give an ‘Authorization to Use or Disclose Protected Health Information (PHI)’, including a form for the client to sign. In addition, we must provide an ‘Authorization to Disclose to Primary Care Physicians’ or have the client sign a form to decline this disclosure.”

Conner added that therapists must document that they have asked about any other providers who are treating the client (for example, physical therapists), and make contact with at least the primary care physician (PCP) after the first session. Documentation of ongoing contact is also required, such as when there is a change in risk level, any adverse effect from medication, or discharge occurs.

Clients who are new to the managed care system are often easier to work with, ad-

ministratively speaking. These clients are eligible for up to 48 sessions without having lengthy peer review conversations, Conner said. Many can then obtain 12 more sessions after appropriate need is established.

One key area that Conner pointed out is that Magellan and Medicaid have been revamping the service definitions for adult interventions. These services definitions provide concrete criteria for the various levels of care regarding admission, ongoing need, and discharge. Therapists need to pay attention to the Admission Guidelines, Continued Stay Guidelines, and Discharge Criteria outlined by Magellan in order to effectively advocate for more sessions. For example, the current “Clinical Guidelines for Outpatient Individual Psychotherapy” states that the following guidelines are necessary for admission for this level of care:

1. The individual demonstrates symptomatology consistent with a DSM (Current Edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.



*Shari Conner helps therapists make their case for more sessions.*

1. The individual demonstrates symptomatology consistent with a DSM (Current Edition) diagnosis which requires and can reasonably be expected to respond to therapeutic intervention.

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## Free Legal Consultation For APPT Members.

Each Traditional APPT member is entitled to a free legal consultation with an attorney from Erickson & Sederstrom, P.C. (up to one hour) per year.

Contact Bridget at the APPT Office at (402) 393-4600 for access information. *If you use this service, please give us feedback.*

## — MEMBER NEWS —

**Aspire Counseling Services** has opened in the Terrace Plaza building — 11414 West Center Road, Suite 233 — in Omaha. The phone number is (402) 502-5030.

The therapists of Aspire Counseling Services — **Tracey Jahn, LPC; Deanna Hanquist, LMHP;** and Mary Masek, LMHP — invite you to an Open House on Thursday, Nov. 5 from 4-7 p.m. Bring your friends and family and enjoy snacks, beverages, and door prizes.

Aspire Counseling Services will also be offering free depression screenings on Thursday, Dec. 3 from 8 a.m. to 8 p.m. at their offices, in conjunction with Free National Depression Screening Day.

Kairos Psychological, P.C. is pleased to announce that **Cindy Duggin, LCSW,** has joined their group.

Cindy graduated with her Master of Social Work degree from the University of Nebraska at Omaha in 1996. She has since worked in several settings, including an inpatient facility, a domestic abuse shelter, and public and private practice counseling agencies.

She is trained in Hypnotherapy and EMDR, and is working on her certification with The American Society of Clinical Hypnosis in consultation with Terry Moore, LCSW, ASCH Approved Consultant. She is also pursuing a certificate in Gerontology.

Cindy is available for appointments for individual and marital counseling (adolescents and older), and can be reached at (402) 330-4456.

**Josh Friedman, Psy.D.** has opened his new psychotherapy practice in the Mind-Body Clinic at the Omaha Yoga and Bodywork Center in Benson.

His therapeutic approach specializes in the integration of psychodynamic psychotherapy with mind-body lifestyle modification. He can be reached at (402) 709-6161 for more information.

Do you work with families of children with developmental disabilities? **Jodi Petersen, MS, NCC, LMHP, CPC** has some information about two programs to help siblings of children with disabilities navigate “the special joys and challenges” of their experience.

*Sibshops* is an award-winning, nationally affiliated program for youth, ages 6 to 13. It is uniquely designed to provide high energy activities for siblings. Omaha’s Sibshop is sponsored by the Ollie Webb Center and is facilitated by adult siblings who have been trained in the national model. Jodi Petersen, of Bethesda Place, is a facilitator. Sibshops is held monthly. The next Sibshop is scheduled for Saturday, Oct. 24. For more information, call Jodi at (402) 597-2126 or Annie Anderson at the Ollie Webb Center (402) 346-5220.

*Sibtalk* is a new therapeutic group for adolescents, age 14-18, who are brothers or sisters of individuals with disabilities. This group focuses on the specific needs of teens as they encounter peer and dating concerns, balancing family and high school responsibilities, and thoughts about their future as a sibling. The next group series begins Thursday, Oct. 27. The group is hosted by Ollie Webb Center and facilitated by Jodi. For more information, call Jodi at (402) 597-2126.

Do you have member news to share? Offering a new specialty? Featured in the media? Started a new group? E-mail [appt@ibc.omhcoxmail.com](mailto:appt@ibc.omhcoxmail.com) (subject line: Member News). \*

### Reporting and Responding To Child Abuse and Neglect: Training for Therapists

*Thursday, Oct. 22 from 9 a.m. to Noon*

*Held at: Project Harmony, 7110 F Street (Omaha)*

This three-hour training is designed specially for clinicians and is required for therapists who want to receive referrals from Project Harmony. For more information, contact Deb Anderson or Colleen Roth at (402) 595-1326.

### MIDWEST MEDICAL BILLING

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### ADVERTISE FOR THERAPISTS HERE

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for advertising rates and deadlines.*

## THE MEDICINAL INQUIRER: Medication Information

*A series designed to help private practice therapists learn more about psychiatric medications and get their questions answered.*

By Joyce Sasse, APRN

Gentle readers, the fall is upon us and the halls of academia beckon with the promise of new things to learn and exciting discoveries to be found out. Sometimes it is old truths that get re-established as profound wisdom with a new generation.

A new, one-year, naturalistic study, **Treatment for Adolescents with Depression Study**, has shown that Cognitive Behavioral Therapy and Fluoxetine (generic for Prozac) used together are better than either treatment used alone in treating teens with major depression.

Dr. John S. March, who conducted this study, thinks that combination therapy should be the standard of care for adolescents with moderate to severe major depression, as diagnosed by DSM 4 criteria.

Warnings on Selective Serotonin Reuptake Inhibitors (SSRIs) like Prozac/generic Fluoxetine have cautioned that they may cause **suicidal behavior or ideations** as one of their side effects. This led to clinician concerns in using these medications in adolescents and youth.

While this side effect is a concern, it is not a reason for the medication not to be used for an adolescent with major depression that is not resolving rapidly with therapy. In fact, there may be a far higher risk of suicide with a profoundly depressed teen that is not treated with an antidepressant than in one who is treated with an antidepressant.

Treatment with an SSRI antidepressant does not cure all ills. As Dr. March's study points out, Cognitive Behavioral Therapy is also needed to get the best results for the client. In past studies — back in the age of the dinosaurs, when this writer first studied her medications and therapies — it was shown that the best treatment was a combination of therapy and medication together.

Dual therapy approaches the biological and the emotio/psycho/social aspects of the patient's healing process.

The side benefits of having dual therapy is that there are two professionals seeing the patient and observing his or her progress. The therapist can follow with the patient and work with their cognitive reason when thoughts turn to darker issues. The therapist can be in contact with the medication manager and the can work together with the patient to help him or her through tough emotional times, including suicidal thoughts and plans.

I am aware that this column is primarily one to discuss medications. But patients do not heal by medications alone. Dr. March's study can be found in the Sept. 1, 2009 *American Journal of Psychiatry*.

— Joyce K. Sasse, MS, APRN-BC, CARN is a psychiatric nurse practitioner and clinical nurse specialist with Woodhaven Counseling Associates in Omaha.

Please send your questions about psychiatric medications to **The Medicinal Inquirer** and I will endeavor to answer them to your satisfaction. E-mail [joyesse1@cox.net](mailto:joyesse1@cox.net) with your questions or call me at (402) 592-0328.



**Joyce K. Sasse,  
MS, APRN-BC, CARN**  
Psychiatric Nurse Practitioner  
Clinical Nurse Specialist

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# Combined Calendar of Events

*These programs are neither affiliated with, nor endorsed by, APPT.*

## Workshops & Seminars

Friday, Oct. 16, 2009 • 8:30 to 4:45 p.m.

Countryside Community Church, 8787 Pacific Street

### **NAMFT Fall Conference: Restoring "SUPER" in Supervision: A Many Splendid Training (6.5 CEUs)**

\$100 FOR NAMFT MEMBERS • \$125 FOR NON-MEMBERS

Featuring APPT members Allan Gonsler, Dr. Gwen Weber, and Dr. Shari Conner as presenters, among others.

For more information, contact Greg Gross at (402) 486-3110 or download the conference brochure: [www.privatepractice.org/2009NAMFTFallConference.pdf](http://www.privatepractice.org/2009NAMFTFallConference.pdf)

Friday, Nov. 6, 2009 • 8:30 a.m. to 4 p.m.

Second Unitarian Church, 3012 S. 119 Street

### **Psychodramatic Techniques in Individual Therapy**

**Deborah Shaddy, MS, LMHP**

6 CEUs • \$75 PER PERSON

Psychodrama uses guided dramatic action to examine problems, issues, dreams, and wishes. While this method is often employed in group settings, many techniques are easily adaptable to individual, marital, and family settings. In this workshop, participants will have an opportunity to learn and practice applications that can be used in individual settings.

For more information, contact Deb Shaddy at [dsshaddy@aol.com](mailto:dsshaddy@aol.com).

Friday, Nov. 13, 2009 • 8-11:45 a.m.

Westside Community Conference Ctr., 108th & Grover Street

### **Media Training 101 for Mental Health Therapists**

**with Margaret Bumann • \$59 for APPT Members (by 11/9)**

Every mental health therapist should be media trained. You never know when a reporter will call you or show up at your office — and you need to be prepared when this happens. You'll learn specific tips and techniques to confidently handle print, radio, and television interviews.

To register, call Bridget Brooks at (402) 393-4600 or visit [www.buildimage.com/media.html](http://www.buildimage.com/media.html)

Friday, Nov. 13, 2009 • 1-3 p.m. • Great Oaks Counseling

### **A Clinician's Guide to Working With Clients With Eating Disorders with Dr. Donyce Brenneman**

- What are the different types of eating disorders?
- Who is at risk of developing eating disorders?
- How does the media impact eating disorders?
- What are common family dynamics of people with eating disorders?
- What are some therapeutic techniques for helping clients struggling with eating disorders?
- How can eating disorders be prevented?

For more information, call Dr. Brenneman at 932-6500 x 102.

## Therapy Groups

### **Eating Disorder Support & Therapy Groups for Women with Dr. Donyce Brenneman**

- For High School Females (ongoing) meets Monday evenings from 6–7:20 p.m.
- For College-Age Females (ongoing) meets second & fourth Mondays from 7:30–8:50 p.m.
- For Adult Women (ongoing) meets first & third Tuesdays from 7–8:20 p.m.

Groups meet at Great Oaks Counseling • Cost is \$25 per meeting  
For more information, call Dr. Brenneman at 932-6500 x 102.

### **Support Group for Loved Ones of Those Struggling With Eating Disorders with Dr. Donyce Brenneman**

- Meets second & fourth Tuesday of the month (ongoing) from 7–8 p.m. at Christ Community Church (404 S. 108 Avenue). No charge.

### **Mindfulness: Developing the Habit of Good Mental Health — a group led by Ardi Schoonover, LIMHP**

- A group for people vulnerable to depression/anxiety, currently not experiencing serious symptoms, and those who would like to be free from rumination.
- Participation includes one 30-minute meeting in advance to assess "fit" (\$50 fee, only if you join the group).
- 10 sessions: Saturdays from 11 a.m. to 12:30 p.m., Oct. 17, 24, 31; Nov. 7, 14, 21; and Dec. 5 & 12, plus 2 reunion sessions in Winter 2010 to reinforce mindfulness habits.
- The cost is \$35 per session (may be covered by insurance).  
Meets at Therapy Resource Associates, 10824 Old Mill Road, Suite 21. For more information, call Ardi at (402) 330-6060.

### **Symptom Reduction for Stress-Related Illnesses: A 10-Week Class Derived from Evidence-Based Research — led by Julie Luzarraga, LICSW, DCSW**

- Next 10-week class starts 1/12/2010.  
Call Julie at (402) 502-1024 x 290 for information or download the brochure: [www.privatepractice.org/SRSRIBrochure3.pdf](http://www.privatepractice.org/SRSRIBrochure3.pdf)

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## Message From the President

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The morning program will focus on private practice within the framework of Medicaid/Magellan, and will include training topics, explorations of case reviews and audits, as well as a Q&A session.

The afternoon program will be split into two distinct areas, the first being an interactive clinical training on how to respond to a legal subpoena and what to do should you appear in court. This will be followed by a panel of experts discussing the Nebraska legislative process from a clinician's perspective, including providing insight on how clinicians may become effective in addressing mental health issues with the legislature.

Full information and bios on all the presenters will be available in the very near future.

I hope you will join us for what I hope will be a rich and varied day.

Watch for more information via e-mail, or visit the APPT website at [www.privatepractice.com](http://www.privatepractice.com) for details.

## Welcome New Members

### July 2009

David Rehovsky, Old Mill Counseling (Grand Island)  
(308) 382-4495

Owen Saunders, Saunders Clinical Associates P.C.  
(Lincoln) • (402) 488-1032

Jayne Stickman (student) • (402) 707-9695 (cell)

### August 2009

Magda Blanco, Psychological Healing Insights  
(402) 934-4618

Seanne Larson Emerton, Family Resources of Greater Nebraska (Grand Island) • (308) 381-7487

Stephanie Peterson, Woodhaven Counseling Assoc.  
(402) 592-0328

Conrado Rodriguez, Ph.D., Psychological Healing Insights (402) 934-4618

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## APPT Continuing Education Scholarship

Interested in attending a conference or workshop — but think it's a stretch financially? If the topic is one with specific applications to therapists (especially those in private practice), consider applying for an APPT Scholarship!

The APPT Scholarship for Continuing Education is designed to help APPT members defray the cost of a workshop they attend (75 percent of the cost of the workshop, up to a maximum of \$100).

Complete the form and submit it, along with a copy of the workshop brochure (if available). Your request will be reviewed by the APPT Scholarship Committee.

If selected, you will be reimbursed for the awarded amount after attending the workshop and sharing the information with APPT members, either through a presentation or by writing an article for *The Compass*.

### Application for APPT Scholarship For Continuing Education

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Name \_\_\_\_\_

Practice Location \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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Conference Title and Location (please attach a copy of brochure, if available)

\_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_

I am willing to:

- Present a brief summary of the workshop at a mini-practice workshop
- Write an article for *The Compass* summarizing the content of the workshop.

*Please note: The maximum amount awarded is 75 percent of the cost of the workshop, up to \$100. If selected, you will be reimbursed the awarded amount after attending the workshop and sharing the information with APPT members through a presentation or article.*

**Submit completed application to: Pam Feldman, LPC  
2255 S. 132 St., Ste. 200, Omaha, NE 68144 or fax to (402) 334-8171.**

Applications will be considered and a decision reached within 10 days of receiving your application.

# Making the Case for More Sessions

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2. There are significant symptoms that interfere with the individual's ability to function in at least one life area.
3. There is an expectation that the individual has the capacity to make significant progress toward treatment goals, or treatment is necessary to maintain the current level of functioning. (Conner pointed out that the proposed revisions suggest removing the last portion of this statement.)

In addition, Conner noted, supervising practitioners must state that the recommended level of care is medically necessary. "They expect an explicit statement of medical necessity," Conner noted. Her handouts included the Nebraska Department of Health and Human Services Manual Letter #79-2008 (rev. Sept. 28, 2008), which defines the Medical Necessity Statement (32-001.02).

Other suggestions to assist in documenting need for ongoing sessions included behaviorally defining the client's problems. For example, the DHHS guidelines outline seven major mental disorders (schizophrenia, major depressive disorder, bipolar disorder, delusional disorder, psychotic disorder, panic disorder, and obsessive compulsive disorder), but also states that:

*Major Mental Disorder means any mental and emotional disorder in which the following behaviors occur or might reasonably be expected to occur, regardless of specific diagnosis or the nature of the presenting complaint:*

1. *Persistent and/or severe suicidal or homicidal thinking and/or behaviors;*
2. *Persistent and/or severe behaviors injurious to self and/or to others;*
3. *Psychotic symptoms, which include delusions, hallucinations, or formal thought disorders; or*
4. *Physical complaints or signs suggestive of deterioration or anomaly in physiological, psychophysiological, or neuropsychological functioning.*

Conner's handouts also included an audit tool that is used by Magellan to "score" PTAs and MSEs. Included in the handouts was what Conner called her "best attempt" to provide a PTA/MSE template — one that she invited therapists to modify as needed, although she reminded them that it's still no guarantee that it would get additional sessions approved. She cross-referenced her form with the audit list to create the template.

Conner also provided a sample Treatment Plan, which she noted is "weighed heavily when you are making a case for more sessions."

Conner reminded the audience that Magellan and Medicaid officials have made it clear they do not want providers using a "checklist" format for their documentation — they would rather have you provide typed, narrative summaries.

She suggested therapists review the diagnosis and operationally define what that means for this client, using specific language whenever possible. (For example, "Suicidal ideations three times per week" is better than "Thoughts about death.")

Magellan reviewers look for measurable language, which makes it easier to assess progress over time: "Sleeps less than six hours a day, five or more days per week," or "Cries for at least one hour, seven days out of seven." Likewise, when writing goals for your treatment plans, measurable objectives must be listed.

Included in the handouts was a definition of terms recognized by the Nebraska Department of Health and Human Services. Conner recommends using their language as much as possible (for example, listing out the relevant "Functional Limitations in Activities of Daily Living" or "Functional Limitations in Social Skills" that are described by HHS).

"They also want you to be doing strengths-based writing" — i.e., incorporating existing client strengths, interests, and support

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# Making the Case for More Sessions

*continued from page 8*

systems into treatment planning (e.g., “supportive family” or “gifted in music”).

Conner also noted that reviewers are “looking for evidence of progress all the time.” She cited the use of the FARS (Functional Adult Rating Scale) and C-FARS (the children’s version) as assessment tools to utilize.

She mentioned that providers can use the tool at intake and as often thereafter as they wish. Magellan recognizes this tool for providing measurements of client progress.

Conner reiterated the need for therapists to change their paradigm for these clients to a “Recovery-Oriented Approach” — not “living within limitations,” but instead instilling hope — i.e., “Using recovery-oriented actions to build hope.”

Conner also noted the importance of beginning to plan a client’s discharge from the first session, per the Magellan guidelines.

Progress notes are an important part of documenting a client’s progress in therapy. Conner noted that Magellan is asking for progress notes addressing these areas (among others):

- Which problems you addressed (from the treatment plan)
- How the client perceives the issues
- What you did to work on it
- Documentation of the next appointment date (to show continuation of care).

Conner’s handouts also included information about the Consumer Health Inventory (CHI), CHI-C (for children), and SF-BH. These tools are not required, but are “strongly encouraged” by Magellan. Conner noted that these are “good to use during peer review” to demonstrate ongoing monitoring of progress. Therapists who use these tools are expected to provide a computer and a quiet place for a client (or client’s parent) to complete the online assessment. The client or parent can choose not to have a copy of the results sent to the therapist.

## **Monitoring Your Own Compliance**

Therapists must prepare an updated treatment plan every 90 days, and be in contact with the supervising practitioner monthly. Conner noted that she asks the therapists she supervises to fill out a checklist on every Medicaid client each month, and she included a copy of the checklist in the handouts. Magellan is also suggesting that the supervising practitioner review progress notes monthly, noting that “the supervising practitioner is held AS RESPONSIBLE for the chart as the treating therapist.”

One particularly useful item included in Conner’s handouts is the “Nebraska Magellan Health Services Treatment Record Review Tool (Recovery-Focused Version),” which can also be found on Magellan’s website. It’s the audit tool for chart reviews.

She also said that therapists need to be aware of the requirement that they report any client “critical incidents” to Magellan, even if the client is no longer being seen. The Magellan guidelines state, “Network providers are required to report critical incidents within 72 hours or upon first knowledge of the incident, if they involve a member currently in treatment, or discharged from treatment within the previous six months.”

Finally, Conner pointed out that Magellan’s guidelines require that therapists “Be aware of, and document in a prominent place in the member’s medical record, whether or not a psychiatric advance directive exists.”

Conner said she had heard of psychiatric advance directives before, but had never found a definition of what this was, until coming across the guidelines included in the handout. The guidelines note, “A psychiatric advance directive establishes an individual’s preferences regarding psychiatric treatment in the event the individual becomes incompetent and unable to communicate preferences directly.”

There are instructional directives and proxy directives.

*continued on page 10*



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## **Making the Case for More Sessions**

*continued from page 9*

### **Making the Case for More Sessions**

One of the most useful sections in the handouts is the inclusion of the "Clinical Guidelines for the State of Nebraska Medicaid Managed Care Plan" (revised 10/2003).

These guidelines can be useful for providers in crafting their documentation for Magellan. For example, a list of potential barriers to treatment are listed (on page 6 of the guidelines), which can be used to develop the MSE.

The document also outlines medical necessity criteria and, Conner said, when appealing for more sessions, it can be useful to say to a reviewer, "I have the manual in front of me, and it lists [x, y, and z]...it looks to me like this client meets all medical neces-

sity criteria for ongoing services."

The final few pages in the handouts outline the peer review process followed by Magellan. Following these guidelines is especially important, as strict timelines are outlined for each step. For example, if sessions are denied, providers have four hours to notify Magellan to let them know if you want to go to Peer Review. If you do not meet this deadline, you must start all over again.

Nearly 50 therapists attended Conner's two presentations, and feedback was overwhelmingly positive. Participants expressed frustration with the often-confusing process and said they appreciated the sample documents and resources for finding the information that is referenced by reviewers.

## **APPT New Members**

*continued from page 7*

Dina Scolan, LMHP, Great Oaks Counseling  
(402) 932-6500

Jenny Sievers, Jenny Sievers LLC (Lincoln)  
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Anna Terman-White, HeronSwan Counseling  
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### **September 2009**

Christina Broekemeier, Great Plains  
Counseling • (402) 292-7712  
*Referred by Sherry Hubbard*

Deanna Hanquist, LMHP, Aspire Counseling  
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*Referred by Ellie Fields*

Tracey Jahn, LPC, Aspire Counseling Services  
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Kimberly Kolakowski, Family Connections,  
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*Referred by Kyle Kinney*

Brenda Lukis, Lukis Counseling, Inc.  
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