Aloha!

The purpose of this communication tool is to provide Purchase of Service (POS) providers with up-to-date new or revised information, and to assist us when implementing new AMHD business activities and initiatives. We welcome your ongoing feedback and suggestions for improvement as we work to develop this valuable communication tool. Please contact us if there are any topics you would like to see in the Provider Bulletin.

**AMHD Billing & Claims**

Effective June 1, 2009 all service claims submitted by POS providers to AMHD will be required to have a current diagnosis code. This requirement covers all billable services, including non-clinical services such as Representative Payee and Housing. This change is being made to ensure all federal matching funds are collected, and that individuals receiving AMHD-funded services are AMHD-eligible consumers.

AMHD Representative Payee providers may use the Current Procedural Terminology (CPT) code 90899, “unlisted psychiatric service or procedure” when billing AMHD for their services.

If a claim is received without a diagnosis code OR with an “unknown” diagnosis code of 799.9, the claim will be rejected for payment. A rejected claim may be re-submitted for payment along with the current clinical diagnosis code. To re-submit a rejected claim, please include the following:

1. Appropriate diagnosis code if the original claim was submitted without one;  
   OR
2. Appropriate diagnosis code if the original claim was submitted with a 799.9 diagnosis code.

Should you have any questions about this new billing requirement, please contact Ms. Dawn Mendiola, AMHD Provider Relations Director at (808) 586-4689.

**AMHD Office of Consumer Affairs**

The State Council on Mental Health Plan calls for consumer input into the services they are receiving, thus, the AMHD Office of Consumer Affairs will be meeting with consumers informally to hear their perspective on the AMHD services they receive. Starting May 1, 2009 the Office of Consumer Affairs will be contacting resident managers of group homes to make arrangements to visit the residents.

Please notify your resident managers of this initiative and ask them to assist the Office of Consumer Affairs in providing a place where they can meet privately with residents as an informal group. The Office of Consumer Affairs will try and meet with the residents when most would be available and when it would be the least disruptive to the residents and programs involved.
If you have any questions regarding this initiative, please contact the AMHD Office of Consumer of Affairs at (808) 586-4688. You and your staff’s cooperation is greatly appreciated.

AMHD Medical Director Corner (Dr. William Sheehan)

This month’s column will share some general learning from recent quality improvement activities:

1. **Doctor to Doctor verbal communication at the time of discharge from hospital is very, very important.** Please instruct every psychiatrist who works with you to keep trying and trying until he or she actually makes contact and has a conversation about every patient who leaves a hospital to return to the community. This very important conversation shares clinical information that is critical to the continuity of care between the inpatient and the outpatient setting. Most importantly, it gives the receiving psychiatrist the opportunity to ask questions about the care of the consumer in the hospital, so the treatment that successfully resulted in discharge may be continued in the community. This is so important that the Joint Commission has made ‘handoff’ communication one of the National Patient Safety Goals to address problematic areas in healthcare (Goal 2 and Goal 8).

In a recent quality improvement report from a local psychiatric facility, I learned in a one month period, fewer than 25% of the consumers who left the hospital had benefit of the hospital doctor and their outpatient doctor talking about the hospital experience. If it was your mother/father/husband/wife/family member/friend leaving the hospital to the outpatient setting, would you want the inpatient psychiatrist to talk to the outpatient psychiatrist? I would.

2. **Every consumer discharged from a psychiatric hospitalization should have a follow up appointment within 7 days.** In the same quality improvement report noted above, I learned that fewer than 25% of the people discharged from hospital had a follow up appointment within a week of discharge. The transition from inpatient to outpatient status is a very high risk time for an individual. Maintaining continuity of care and establishing a solid foundation with outpatient providers is a crucial piece of maintaining the recovery progress started in the hospital. Please ensure that every consumer leaving a psychiatric hospital is seen within seven (7) days of discharge.

3. **Individuals with medical co-morbidities need medical follow up as well as psychiatric services.** At a recent AMHD Provider meeting, it was reported that at least one, and possibly both, of the new Quest Expanded Access (QExA) providers (Ohana and EverCare) are offering medical screening assessments in the home for members of their program. I have not been able to confirm the details of this, but medical services are very important and this service possibility is worth checking out. Individuals with severe and persistent mental illness have a much higher risk of early death, and the risk is mostly due to lifestyle related medical problems. Please take advantage of every health improvement opportunity available.

4. **Be aware of the legal status of all consumers, especially those leaving Hawaii State Hospital and State contracted beds at Kahi Mohala.** Since the vast majority of people admitted to those facilities were brought in through the legal system, it is important to know the legal status of those individuals. Individuals may have more than one charge in more than one court. At the time of discharge from the hospital, please be aware of all the court orders, courts involved, and status of those orders (active, resolved, etc). It is very important for consumers with a forensic status to make every court date and follow up appearance.

**Mental Health Transformation Grant Incentive Grant (MHT SIG)**

MHT SIG is very pleased to announce the launch of their new online resource website, Network of Care now available at [www.networkofcare.org](http://www.networkofcare.org). When you enter the website, click on “Mental/Behavioral Health” and then on “Hawaii”. To access the “Reference Guide to Your Network of Care Website”, click on “See Brochure”. Please log on and check out this exciting new website! Should you have questions regarding the website, please contact Ms. Tercia Ku at (808) 453-6617 or email tercia.ku@doh.hawaii.gov.
AMHD Utilization Management (UM)

A hui hou from Carrie Rosen, AMHD UM Supervisor!

“As you may or may not have heard already, I have accepted a job with another organization. This was an incredibly difficult decision to make as I have greatly enjoyed working with an incredible group of people both at AMHD as well as with all of our providers. I would like to take this opportunity to say thank you to all of you who have collaborated on cases to achieve the best outcomes for the consumers we serve, to you who have continued to teach me about our system and to you who have shared in the laughter. I am confident that we will continue to work together in different capacities in the future. This is not goodbye, only a hui hou!”

Psychosocial Rehabilitation Vocational Services

1. **Cuts to General Assistance Recipients Monthly Checks**: AMHD providers, please be aware that some of your consumers may have their State of Hawaii Department of Human Services (DHS) welfare checks unexpectedly cut in half starting April 2009 and you must take action on their behalf to restore their full welfare check amount of $469/mo. To do this, for each AMHD consumer affected, you must document for their DHS case worker, that the consumer has a long-term (likely to last 12 months or more) disability. This can be in the form of a psychiatric evaluation signed by a doctor and/or in the form of a letter from Social Security Administration (SSA) indicating the person was previously eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits.

The reason for some AMHD consumers being impacted by this change and others not being impacted is that General Assistance (GA) welfare program serves the poor and those with short-term disability, is state funded and therefore subject to state budget cuts, whereas ABD (Aged, Blind & Disabled) welfare program serves persons with long-term disabilities and is federally funded, and therefore not subject to state budget cuts. Furthermore, all AMHD eligible consumers (not already receiving SSI/SSDI) are eligible for ABD, but some were previously deemed to have only a short-term or no disability by a DHS examiner and were put into the GA program instead of the ABD program. Please assist AMHD by determining which of your consumers are being impacted by the cuts to GA (they would have received a letter from DHS about the reduction in welfare benefits) and updating their DHS record appropriately.

As a reminder, you may utilize DHS form 1123 to become your consumer’s representative and be advised of any changes to the consumer’s DHS status. Attached is a blank DHS 1123 form and the instructions for your convenience. If you have any questions, please contact Edward Suarez, Ph.D., AMHD Psychosocial Rehabilitation/Vocational Services Coordinator at (808) 453-6941 or email at edward.suarez@doh.hawaii.gov

2. **Social Security Administration (SSA) Hiring Initiative**: The SSA recently received funding to hire a significant number of employees throughout the country. This hiring initiative offers a unique opportunity for individuals with disabilities who may want to get a job with SSA. These jobs will be at various skill levels including a number of entry-level positions.

*What kinds of jobs is SSA offering?*

SSA is recruiting employees to work in field offices and teleservice centers where they will assist the public by phone and in person with a wide variety of program related activities such as filing claims, applying for new or replacement Social Security cards and other types of inquiries. SSA also is recruiting employees to work in Program Service Centers where they will process claims and to work in hearings offices in legal and paralegal positions.
Where are these jobs located?

All across the United States; for example, some are in the 1,300 local SSA field offices or SSA hearings offices, some in the 37 teleservice centers nationwide, some in SSA’s 6 program service centers and some at SSA headquarters in the Baltimore area.

How will SSA recruit?

SSA will use a variety of avenues to recruit and hire people with disabilities. In particular, the Agency is reaching out to Ticket to Work Ticket Holders who are trying to return to work, veterans with disabilities through programs such as the Wounded Warrior transitional program, and students with disabilities. Many individuals with disabilities will qualify for consideration under a special placement authority called “Schedule A.”

How can I tell if an individual is eligible for Schedule A?

A person is Schedule A eligible if s/he has documentation establishing both a disability and “job readiness.”

Who can provide this documentation?

- Proof of a disability can be provided by a licensed medical professional or any Federal agency, state agency, or agency of the District of Columbia or a US territory that issues or provides disability benefits. A recent benefit status letter is acceptable from a Social Security Disability Insurance or Supplemental Security Income disability beneficiary.
- Proof of job readiness can be provided by a licensed vocational rehabilitation specialist working with a State Vocational Rehabilitation agency or an Employment Network under the Ticket to Work program.

What is the next step?

- For more information and resources about this hiring opportunity, please visit www.cessi.net/ttw/SSAHires/index.html
- Please send resumes and documentation for Schedule A eligibility to Selective.Placement.Applications@ssa.gov

Community Based Case Management (CBCM)

AMHD continues to work with the Community Mental Health Centers and Purchase of Service providers to address questions and concerns regarding CBCM services. Meetings are held within each county (with video conference to Oahu) to discuss issues specific to that county. The next meeting is as follows:

- Oahu CBCM Implementation, May 21st, 11:30 am, Helping Hands Hawaii – Dillingham Office

** **Case Managers ALERT ** **

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act of 2009. Among its provisions are one-time payments to Social Security (SSDI) and Supplemental Security Income (SSI) beneficiaries. Social Security (SSDI) and SSI recipients will receive their one-time $250 stimulus payment starting early May. We urge you to inform your consumers and help them plan to use this stimulus responsibly. For example, keep in mind how this payment may impact asset limitations (i.e., $2,000 total not including house and car) for persons receiving SSI and DHS benefits.

Homeless Outreach

The new contract for Homeless Outreach will begin August 1, 2009. Providers selected to administer this service include Kalihi Palama Health Care for the Homeless Project (Oahu), Mental Health Kokua (Maui & Kauai) and Office for Social Ministry (Big Island).
Representative Payee

The Representative Payee Quarterly Provider meeting will be held on Monday, June 8, 2009, from 1:00 pm to 3:00 pm, at AMHD; 2385 Waimano Home Road, in Room 10. Video Conferencing will be available on Kaua‘i at the District Health Office-Reading Room, 3040 Umi Street.

AMHD Website

We continue to update our AMHD Website and revisions are underway. If you have any questions regarding the AMHD website information, please contact the AMHD Provider Relations Director at (808) 586-4689 or email at dawn.mendiola@doh.hawaii.gov.

Learning Opportunities & Opportunities for Growth

1. **Working Toward a Brighter Future**, the 21st Annual Pacific Rim International Conference on Disabilities will be held from May 4th – 5th in Honolulu at the Hawaii Convention Center. For more information please visit www.pacrim.hawaii.edu, or call Dawn Skaggs at 956-9797.

2. **Ethical Standards for Certified Substance Abuse Counselors** will be held on May 6th in Honolulu, Kapolei. Sponsored by ADAD. 6 CEUs. $15. Registration due by April 29th. For more information please contact Ana Quintal at 692-7528.

3. **Suicide Prevention – Applied Suicide Intervention Skills Training** will be held from May 7th – 8th, in Kaua‘i at the Queen Liliuokalani Children’s Center in Lihue. $65 fee. For more information call 733-9238 or email jpcp@doh.hawaii.gov.

4. **Integrated Dual Disorders Treatment: Stages of Change & Stage-Wise Treatment & Introduction to Motivational Interviewing** will be held on May 8th in Honolulu at UH Manoa campus. Free. 3.5 ADAD/CSAC CEUs. For more information call 735-8385 or email dsimonds@hawaii.edu.

5. **Integrated Dual Disorders Treatment: Introduction to Motivational Interviewing**, will be held on May 15th in Honolulu at the UH Manoa campus. Free. 3.5 ADAD/CSAC CEUs. For more information call 735-8385 or email dsimonds@hawaii.edu.

6. **Integrated Dual Disorders Treatment: IDDT Case Formulation & Recovery Planning**, will be held on May 22nd in Honolulu at the UH Manoa campus. Free. 3.5 ADAD/CSAC CEUs. For more information call 735-8385 or email dsimonds@hawaii.edu.

7. **Suicide Prevention – Applied Suicide Intervention Skills Training** will be held from May 28th – 29th, in Maui at the Pomaikai Elementary School in Kahului. $65 fee. For more information call 733-9238 or email jpcp@doh.hawaii.gov.

8. **The Language of Suicide** will be held June 2, 2009 in Maui at the Cameron Center Auditorium. Sponsored by Mental Health America. Free. For more information call 244-6461.

9. **NAMI Walks for the Mind of America** is a fundraising and mental health awareness program that is being held on August 1, 2009 in Honolulu. There is no registration fee for the walk and everyone is invited to join in. For more information, please contact Audrey Chandler at (808) 371-4966 or the NAMI office at (808) 591-1297.

10. **Invisible Children’s Project** is being sponsored by Mental Health America (MHA). They are working with service providers to identify those families in which a parent has a mental illness and are developing ways to help them. If you know of a family that may benefit from this initiative, please contact MHA at (808) 521-1846 or email info@mentalhealth-hi.org.