

## Partners in Recovery

### Unmet Needs

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<b>CMC or Department Name:</b> Partners in Recovery Direct Care Clinics							
<b>CMC or Department Procedure Name and Number:</b> Unmet Needs							
<b>Date of Inception:</b>							
<b>Previous Approval Date:</b>							
<b>Current Approval Date:</b>							
<b>Operational Scope:</b>	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> QI	<input type="checkbox"/> Network	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Claims	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

### PROCEDURES

- I. Partners in Recovery Direct Care Clinics will do the following:
  - A. Acknowledge that an unmet need equates to a service that is unavailable and any service identified on an individual service plan (ISP) that has not been delivered to a consumer within a reasonable time frame.
  - B. Provide assurance that unmet needs are quickly resolved once identified.
  - C. Provide effective tracking of unmet service needs at all direct care clinics.
  - D. Implement a uniform, standardized procedure applied across all direct care clinics.
  - E. Utilize trending of unmet needs to inform for analysis and sufficiency of the network.
- II. Detailed Procedures
  - A. The clinical team identifies a need in the completion of the behavioral health recipient's individual service plan or through conversation with BHP.
  - B. Clinical team assists BHP in identifying a community resource to meet that need and/or refers to contracted service provider who can meet the need.
  - C. BHP chooses the service provider or community resource, which he/she feels will best meet his or her need. See ADHS/DBHS PROVIDER MANUAL Sections 3.13, 3.14, 3.2, 3.3.
  - D. If there were no appropriate contracted service providers or available community resources, the clinical team would initiate a Single Case Agreement. See ADHS/DBHS PROVIDER MANUAL Section 3.14.

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Page 2 of 2

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- E. If the SCA process is not expedient or there is not a provider available, the clinical team submits the need to the Clinical Director who will assist the team in ~~identifying~~ appropriate services.
- F. If the Clinical Director is unable to identify a service, the need is entered into the Magellan Unmet Needs Database.
- G. The Clinical Director will review the site’s unresolved needs on a monthly basis and update the Magellan Unmet Needs Database as needed (adding or resolving).
- H. The Magellan Unmet Needs Manager facilitates weekly teleconference with the direct care clinics to resolve challenging needs.
- I. The Unmet Needs Manager facilitates ongoing and timely coordination between clinical team and subject matter experts for need resolution.
- J. Monthly network meeting with members of Magellan Network Department (Program Development, Provider Relations Liaisons, Network Sufficiency) to discuss network capacity as related to unmet needs. Purpose to address barriers, drive service expansion, program development, acquisition of new services, etc. See Provider Contracts and ADHS/DBHS PROVIDER MANUAL Sections 3.13, 3.14, 3.2, 3.21, 3.3.
- K. Monthly trending: to identify system barriers, drive system development, service acquisition, program modification, provider capacity, program shifts, etc.
- L. Monthly report submitted by Magellan to DBHS to show trends, methods of resolution, timeliness of resolution, system barriers, etc.

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