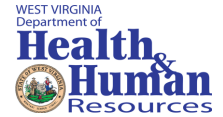


Medicaid Behavioral Health Clinic/Rehabilitation Services Manual

WV DHHR Bureau for Medical Services
June 16, 2014
Charleston, WV



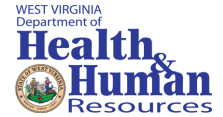
Clinic/Rehab Collaboration



Over the past year, BMS, BHHF, behavioral health providers from across the state, and contractors for DHHR held collaborative workgroups in an effort to revise and update the Behavioral Health Clinic and Behavioral Health Rehabilitation Services, Chapters 502 and 503.

This collaboration was vital in the development of the manuals. Meetings were held weekly to biweekly on average and are credited for the successful revisions. A statewide training and multiple webinars will be conducted over the next few weeks along with agency-specific trainings over the next year as needed to assist providers to learn and implement the new policy. This presentation will be placed on both the BMS and APS Healthcare websites.

Clinic/Rehab Manuals



Any provider of Medicaid and/or BHHF services will be expected to have working knowledge of Chapters 502 and 503 as well as other chapters relevant to the services provided (please see Chapters 100 through 900).

www.dhhr.wv.gov/bms/pages/providermanuals.aspx

For further clarifications, you may access the BMS and APS Healthcare websites where FAQs will be posted following these trainings. APS Healthcare trainer-consultants are also available for assistance.

www.dhhr.wv.gov/bms/hcbs/pages/default.aspx

www.apshealthcare.com/publicprograms/west_virginia/West_Virginia1.htm

CHAPTERS 503.23-503.24.2

503.23 RESIDENTIAL CHILDREN'S SERVICES

503.23.1 RESIDENTIAL CHILDREN'S SERVICES LEVEL I

503.23.2 RESIDENTIAL CHILDREN'S SERVICES LEVEL II

503.23.3 RESIDENTIAL CHILDREN'S SERVICES LEVEL III

503.23.4 BEHAVIORAL HEALTH: SHORT-TERM RESIDENTIAL (FOR CHILDREN)

503.24 BEHAVIOR MANAGEMENT SERVICES

503.24.1 THERAPEUTIC BEHAVIORAL SERVICES-DEVELOPMENT

503.24.2 THERAPEUTIC BEHAVIORAL SERVICES-IMPLEMENTATION

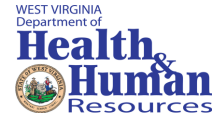
Residential Children's Services

- ▶ Residential Children's Services are comprehensive programs for those children who, when professionally evaluated, reflect a combination of diagnostic, functional, behavioral, or social support conditions which indicate they must be served in residential settings outside their families, and in some instances outside a regular school setting.
- ▶ Residential Children's Services are limited in age to members under the age of 21.
- ▶ Services must include a comprehensive array of treatment/intervention modalities in accordance with the service description for which the provider is certified, and must be clinically appropriate for the type of child population served.

Residential Children's Services

- ▶ A member day (one service unit) is defined as eight continuous hours in residence in the facility in a twenty-four hour period. (However, only one unit of service is billable during each 24 hour period.) Since the daily census time starts at 12:00 a.m. (midnight), the eight continuous hours must occur between the start and end of the census period.
- ▶ On *each day* of the member's residence, he/she must receive Behavioral Health Clinic/Rehabilitation Services (other than transportation services).

Residential Children's Services, Level I



The Behavioral Health Services not included in this service which may be billed separately are:

Psychological Testing with Interpretation and Report (procedure code 96101), Psychiatric Diagnostic Interview Examination (procedure code 90791 & 90792), Screening by Licensed Psychologist (procedure code T1023), Mental Health Service Plan Development by Psychologist (procedure code H0032AH), Physician Coordinated Care Oversight Services (procedure code G9008), Behavioral Health Counseling, Professional (procedure codes H0004HO and H0004HOHQ), Crisis Intervention (procedure code H2011), Therapeutic Behavioral Services - Developmental (procedure code H2019HO), and the Transportation Services (procedure codes A0120HE and A0160HE).

Residential Children's Services, Level I

- ▶ **Definition:** Residential Children's Services, Level I is a structured 24-hour therapeutic group care setting that targets youth with a confirmed current DSM or ICD diagnosis that manifests itself through adjustment difficulties in school, home, and/or community.
- ▶ This level of service is designed for children or youth whose needs can best be met in a community-based setting where the child can remain involved in community-based school and recreational activities.
- ▶ These youths usually can function in public school and in a group residential setting with a minimal amount of supportive services and behavioral interventions.

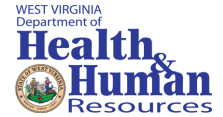
Residential Children's Services, Level I

- ▶ The goal of supportive residential programs is to enable children to overcome their problems to the degree that they may move to a less restrictive community placement or independent living situation.
- ▶ This service level is appropriate for members:
 - Whose relationship with their families or whose family situations, level of development, and social or emotional problems are such that they cannot accept family ties or establish and maintain relationships in a less restrictive environment, or
 - Who are in transition from a more intensive form of care.

Residential Children's Services, Level I

- ▶ Members in need of this level of service display impaired abilities in the social, communication, or daily living skills domains.
- ▶ Life threatening symptoms are generally absent. They generally are able to interact appropriately in social settings with a minimal amount of adjustment problems.
- ▶ Although they may display emotional problems such as anxiety, depression, avoidance, etc., *these are not part of a persistent, long term pattern nor do they preclude normal social functioning in most school or community settings.* Where aggressive acting out behaviors are present, *they are not of a degree or at a frequency to require ongoing measures of control* (restraint, hospitalization, and chemical interventions) and generally respond to logical/natural consequences and supportive counseling interventions.

Program Requirements Res., Level I



- ▶ Providers of this program must be able to provide a comprehensive array of treatment/intervention modalities in accordance with the service description for which they are certified, and to provide them for the type of child population as clinically described. This comprehensive array of services includes, but is not limited to, the following services:
 - Assessment services
 - Service Planning
 - Targeted Case Management
 - Behavioral Health Counseling, Supportive
 - Skills Training and Development

Residential Children's Services, Level II



The Behavioral Health Services not included in this service which may be billed separately are:

Psychological Testing with Interpretation and Report (procedure code 96101), Psychiatric Diagnostic Interview Examination (procedure code 90791 & 90792), Mental Health Service Plan Development by Psychologist (procedure code H0032AH), Physician Coordinated Care Oversight Services (procedure code G9008), and the Transportation Services (procedure codes A0120HE and A0160HE).

Residential Children's Services, Level II

- ▶ **Definition:** Residential Children's Services, Level II is a structured group-care setting targeting youth with a confirmed current DSM or ICD Diagnosis that manifests itself in the form of moderate to severe adjustment difficulties in school, home, and/or community.
- ▶ These youths cannot function in a public school setting without significant psychosocial and psycho-educational support. In the residential care setting they require substantial professional level treatment services and behavioral interventions that normally require a multidisciplinary team.
- ▶ The goals of intermediate residential treatment programs are to develop interpersonal skills and remediate social skill deficits and disruptive behavior patterns that preclude living in a less restrictive environment.

Residential Children's Services, Level II

- ▶ Children served at this level are characterized by persistent patterns of disruptive behavior and exhibit disturbances in age-appropriate adaptive functioning and social problem solving.
- ▶ Disturbance in psychological functioning is common and may present some risk of causing harm to themselves or others.
- ▶ This population generally displays emotional problems and/or persistent behavior patterns challenging enough to preclude socially appropriate functioning in family, school, and community without behavior management and additional structure and support.

Residential Children's Services, Level II

- ▶ Children display multi-agency needs that require interagency planning and interventions including behavioral health, education, child welfare, juvenile justice, etc.
- ▶ In this target population, a persistent pattern of challenging behavior that has been present for at least 1 year and is not a reaction to a single precipitating event is displayed.
- ▶ Children in Level II have an ICD diagnosis usually in the disruptive behavior disorders, mood disorders, or in the psychoactive substance use disorder categories.

Residential Children's Services, Level II

- ▶ They possess cognitive capacity and can participate in academic and vocational education, but often require specialized instruction and a modified learning environment within a public or alternative secondary or primary school setting.
- ▶ Their social functioning limitations are significant to a degree that they require up to 24 hours of supervision, structure and support upon admission.
- ▶ Generally, they respond well to structure and treatment, and the level of supervision required initially can be gradually withdrawn. From time-to-time, they can present a danger to themselves or others, but this is not a routine issue in treatment.

Program Requirements Res., Level II

- ▶ Providers of this program must be able to provide a comprehensive array of treatment/intervention modalities in accordance with the service description for which they are certified, and to provide them for the type of child population as clinically described. This comprehensive array of services includes, but is not limited to, the following services:
 - Assessment services
 - Service Planning
 - Targeted Case Management
 - Behavioral Health Counseling
 - Skills Training and Development
 - Crisis Intervention 24-hour availability
 - Therapeutic Behavioral Services

Residential Children's Services, Level III

- ▶ No other Behavioral Health Services, other than Transportation Services can be billed while a child in the census of a Residential Children's Service, Level III service.

Residential Children's Services, Level III

- ▶ **Definition:** Residential Children's Services, Level III is a highly-structured, intensively-staffed, 24-hour group care setting targeting youth with a confirmed current DSM or ICD diagnosis which manifests itself in severe disturbances in conduct and emotions.
- ▶ As a result, they are unable to function in multiple areas of their lives. Residential treatment facilities provide a highly structured program with formalized behavioral programs and therapeutic interventions designed to create a therapeutic environment where all planned activities and applied interventions are designed with the goal of stabilizing the child's serious mental condition.

Residential Children's Services, Level III

- ▶ The service plan is implemented in all aspects of the child's daily living routine.
- ▶ The focus of intensive residential treatment is on psycho-social rehabilitation aimed at returning the child to an adequate level of functioning.
- ▶ In the case of children and adolescents, this includes rehabilitation in instances where psychiatric or substance abuse disorders have significantly disrupted the achievement of the expected developmental level.

Residential Children's Services, Level III

- ▶ This service level is comprised of children who display seriously disordered behaviors with sufficient frequency to be considered an established pattern of long duration, or are so intense that they preclude social interaction in school, family, or community environments.
- ▶ Often, they exhibit persistent or unpredictable aggression, serious sexual acting-out behavior, and marked withdrawal and depression.
- ▶ Symptoms of thought disorder are often present. They routinely present a significant danger to themselves or others.

Residential Children's Services, Level III

- ▶ Children in Level III have current ICD diagnoses that includes major depression, bipolar disorders, posttraumatic stress disorders, other anxiety disorders, thought disorders, and personality disorders.
- ▶ Where the focus of care has been on antisocial and dangerous behavior patterns, an initial diagnosis of Conduct Disorder, Severe may be present. However, in many of these cases, underlying significant psychiatric disturbance will reveal itself during the course of treatment.

Residential Children's Services, Level III

- ▶ Substantial social, academic, and vocational functional limitations are characteristics of the population's behavior pattern, and as a result they require substantial environmental structure and controls including 24-hour awake supervision, verbal crisis response, medical management, chemical interventions, physical restraint, and alternative learning environments.
- ▶ The key element is that these children present behaviors so intense, severe, and unpredictable to be seriously detrimental to their growth, development, welfare, or to the safety of others.

Program Requirements Res., Level III



- ▶ Providers of this program must be able to provide a comprehensive array of treatment/intervention modalities in accordance with the service description for which they are certified, and to provide them for the type of child population as clinically described. This comprehensive array of services includes, but is not limited to, the following services:
 - Assessment Services
 - Service Planning
 - Targeted Case Management
 - Behavioral Health Counseling
 - Skills Training and Development
 - Crisis Intervention 24-hour availability
 - Therapeutic Behavioral Services
 - Any needed Behavioral Health Service including psychiatric and medication management services
 - On-campus schooling

Short-Term Residential (For Children)

- ▶ No payment will be made for any other Behavioral Health Services, except for Targeted Case Management or Transportation Services.

Short-Term Residential (For Children)

- ▶ **Definition:** Short-Term Residential is a structured crisis service for children up to age 21 and provided in a community-based, small-group, residential setting.
- ▶ It must be provided in a site licensed as a Children's Emergency Shelter by the WVDHHR.
- ▶ The service is delivered in an environment that is safe, supportive, and therapeutic.
- ▶ The purpose of this service is to provide a supportive environment designed to minimize stress and emotional instability which may have resulted from family dysfunction, transient situational disturbance, physical or emotional abuse, neglect, sexual abuse, loss of family or other support system, or the abrupt removal of a child from a failed placement or other current living situation.

Short-Term Residential (For Children)

- ▶ Short-Term Residential involves a comprehensive array of supportive and therapeutic services including, but not limited to:
 - Individual counseling
 - Group counseling
 - Crisis intervention
 - Behavior management
 - Clinical evaluation
 - Service planning
 - Daily living skills

Short-Term Residential: Admission Criteria

- ▶ In order to be eligible to receive Short-Term Residential Services, a child must meet the following criteria:
 - Child is experiencing a crisis due to a mental condition or impairment in functioning due to a problematic family setting. The child may be displaying behaviors and/or impairments ranging from impaired abilities in the social, communication, or daily living skills domains to severe disturbances in conduct and emotion. The crisis results in emotional instability which may be caused by family dysfunction, transient situational disturbance, physical or emotional abuse, neglect, sexual abuse, loss of family or other support system, or the abrupt removal of the child from a failed placement or other current living situation. AND

Short-Term Residential: Admission Criteria Continued

- ▶ In order to be eligible to receive Short-Term Residential Services, a child must meet the following criteria on previous slide plus:
 - Child is in need of 24-hour treatment intervention because less restrictive services alone are not adequate or appropriate to resolve the current crisis and meet the child's needs based on the documented response to prior treatment and/or intervention.

Short-Term Residential: Admission Criteria Continued

- ▶ In order to be eligible to receive Short-Term Residential Services, a child must meet the following criteria on previous two slides, OR:
 - Child is in need of 24-hour treatment/intervention to prevent hospitalization (e.g., the child engages in self-injurious behavior, but not at a level of severity that would require psychiatric hospitalization, or the child is currently physically aggressive and communicates verbal threats, but not at a level that would require hospitalization).
 - Or, the child is in need of step-down from a more restrictive level of care as part of a transitional discharge plan (e.g., behaviors/symptoms remain at a level which requires out of home care, but the placement plan has not been fully implemented).

Short-Term Residential: Discharge Criteria

- ▶ It is expected that in most cases, a child's Short-term Residential needs will be met within a 30-day period prior to discharge. In order to be discharged, the child must meet one of the following criteria:
 - Appropriate placement has been located meeting the child's treatment and care needs as outlined in the service plan.
 - The crisis that necessitated placement has abated, and the child has returned to a level of functioning that allows reintegration into a previous care setting.
 - The child exhibits new symptoms or maladaptive behaviors that cannot be treated safely and effectively in the Short-term Residential setting and which necessitate more restrictive care (e.g. inpatient).

Short-Term Residential: Extensions

- ▶ For those cases in which it is considered necessary to continue a child's participation in the program, a physician's order and appropriate justification with related documentation are required.
- ▶ Short-Term Residential Services may be extended beyond 30 days in those cases where appropriate clinical criteria for continued service are met, and the extension has prior authorization approval by BMS' contracted agent.

Short-Term Residential: Extensions

The child must meet one of the following criteria to receive approval for a continued care extension:

- ▶ Symptoms, behaviors or conditions persist at the level documented upon admission and the projected time frame for accessing longer-term placement has not been reached.
- ▶ Relevant member and family progress toward crisis resolution and progress clearly and directly related to resolving the factors that warranted admission to this level of care have been observed and documented, but treatment goals have not been reached and/or an appropriate level of care is not available.

Short-Term Residential: Extensions

The child must meet one of the following criteria to receive approval for a continued care extension:

- ▶ It has been documented that the member has made no progress toward treatment goals nor has progress been made toward alternative placement but the treatment/placement plan has been modified to introduce further evaluation of the member's needs and other appropriate interventions and placement options.
- ▶ New symptoms or maladaptive behaviors have appeared which have been incorporated into the service plan and modified the plan of care for the member.
- ▶ These new symptoms and maladaptive behaviors may be treated safely in the Short-term Residential setting and a less intensive level of care would not adequately meet the child's needs.

Short-Term Residential: Certification

- ▶ Short-Term Residential Programs must be approved by the Bureau for Medical Services and the Bureau of Children and Families (BCF).
- ▶ The Behavioral Health Rehabilitation Services provider proposing to provide the services must submit to BMS and BCF a program description which includes:
 - proposed staffing patterns
 - staff credentials
 - service locations
 - operating hours
 - service components, and
 - a general schedule of Short-term Residential service component activities.

Program Requirements Residential Services

- ▶ Services must be provided in accordance with the minimum standards established by the Bureau for Medical Services in chapter 500 of the Provider Manual, and with the certification standards established by the WVDHHR for children's group residential services.
- ▶ This service can only be reimbursed to agencies dually licensed as behavioral health services and as childcare group residential facilities, and only for those programs which meet the certification standards noted above.

Documentation Residential Services

- ▶ There must be a permanent clinical record maintained in a manner consistent with applicable licensing regulations and the agency's record-keeping policies. The child's record must contain a written physician's order authorizing Residential Children's Services and the member's individualized service plan.

Documentation Residential Services

- ▶ Documentation must also include:
 - Behavioral observations of the child
 - There must be a daily summary of the child's program participation, which includes identification of the supportive and therapeutic services received by the member, the start and stop times of each service, and a summary of the member's participation in the services. The attending staff must sign, list their credentials, and date this summary.
 - Medication administration records.
 - Each member must have a sign-in/sign-out sheet to be filled out if the member exits the residential site. The list must note the actual time the child departs the site and returns to the site. The reason for absence must be noted on the sheet. Each notation must be signed and dated by the agency staff.

Behavior Management Definition

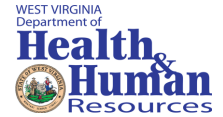
- ▶ To address the symptoms of the diagnosed behavioral health condition that are negatively impacting the member's functioning
- ▶ A time-limited service
- ▶ Service is identified on the member's service plan.

THERAPEUTIC BEHAVIORAL SERVICES – DEVELOPMENT

- ▶ Service Unit: 15 minutes
- ▶ Service limits: See UM Guidelines

- ▶ Behavior Management Specialist:
 - Minimum Master's Degree in human service field
 - Successful training and/or coursework in behavioral theory
 - Responsible for all aspects of Behavior Management Services provided by the Behavior Management Assistants
 - Must sign all documentation of those services

Behavior Management Assistant Credentials



- ▶ Behavior Management Assistant:
 - Minimum of Bachelor's Degree in human service field
 - Certified by the agency as having training specific to behavior management consistent with documented training in behavioral theory
 - Copy of provider's training program must be retained and filed by the provider
 - All services provided are subject to review and approval by the Specialist

Components of Behavior Management Development

- ▶ Behavior Assessment
- ▶ Plan Development
- ▶ Implementation Training
- ▶ Data Analysis and Review

Behavioral Assessment Component

- ▶ Process of data collection, behavior and skill assessments and functional analysis that describes the behavior(s) and the circumstances under which they occur
- ▶ Must result in the identification of the target behavior(s) that the plan will decrease, shape, eliminate, and/or increase
 - Behavior(s) listed in specific, objective and measurable terms,
 - Outside of the realm of normal developmental issues.
 - Target behavior(s) are causing functional deficits for the consumer and is related to the diagnosed behavioral health condition of the member

Behavior Assessment Component Continued

- ▶ Baseline data describes the intensity, frequency, and duration of each targeted behavior.
 - Must be collected on each target behavior.
 - Provide data related to the behavior, the specific circumstance with which it occurs, the intensity and frequency with which the maladaptive behavior occurs

Behavior Assessment Documentation

- ▶ Activities must occur in this order:
 - Identification of target behavior(s)
 - Specific description of each target behavior in objective, measurable terms
 - Collection of baseline data to determine occurrence or nonoccurrence
 - Review and analysis of baseline data to determine objectively if member needs further Behavior Management services

- ▶ Activities required for the formal development of the plan:
 - Plan is only developed if objective baseline data supports and demonstrates the need for such a plan.
- ▶ Documentation Requirements:
 - Specific components of the plan itself that were developed.

- ▶ Implementation training is the process by which the rationale for the plan, definition of the targeted behavior(s), and instruction for all individuals responsible for the implementation of the plan is done.
 - All individuals, including agency staff, must be trained prior to the implementation of the plan
- ▶ Documentation Requirements
 - Must document the training of the implementation individuals (including staff), definitions of the behavior(s) targeted for change, specific steps necessary for implementation of the plan.

Data Analysis and Review Component

- ▶ Evaluation of the effectiveness of the plan
 - Comparison of the baseline data for the target behavior(s) with objective, quantified implementation data to determine whether the plan is leading to the achievement of the criteria for success
 - Results in a determination of the continuation, modification, or termination of the plan

- ▶ **Must contain the following:**
 - document a measured amount of each target behavior, and
 - comparison of current behavior rate to previously documented amount, and
 - determination of continuation, modification, or termination of the plan.

- ▶ Identification of the specific component of Therapeutic Behavioral Services—Development performed.
 - Behavior Assessment, Plan Development, Implementation Training, Data Analysis and Review
- ▶ Place of service
- ▶ Date of service
- ▶ Time spent, listing start/stop times
- ▶ Signature(s) with credentials

Plan Documentation Requirements

- ▶ A separate, freestanding document labeled “Behavior Management Plan”. Must contain:
 - Name and Agency ID # of consumer
 - Implementation Date
 - Target Behaviors/Specific Descriptions
 - Baseline data
 - including the actual dates the baseline data was collected
 - Criteria for success
 - Stated in realistic, understandable, and measurable terms

Plan Requirements Continued

- ▶ Methods of Behavioral Intervention including:
 - Method—description of intervention that will be given on the occurrence or non-occurrence of target behavior
 - Schedule of Reinforcement—method of reinforcement, type of reinforcers to be used, when they will be provided (schedule), by whom, and whether they are delivered upon the occurrence of the target behavior(s), or upon the occurrence of behavior(s) incompatible with the target behavior(s)
 - Data Collection—description of quantifiable information that will be collected during the implementation of plan
 - Who collects data, what type of data gathered (i.e. frequency/duration) which should be the same type as gathered during baseline

Plan Requirements Continued

- ▶ Responsible Persons
 - Individuals/title (i.e. parents, math teacher, etc.) of those implementing plan
 - Specialist responsible for plan appropriateness in clinical setting
 - Specialist must co-sign all plans
 - Signature of all individuals who assisted in development of the plan including date of their participation, degree and any other credentials

Behavior Management Protocol Definition

- ▶ Freestanding document that describes:
 - Consistent response(s) upon the occurrence or non-occurrence of the target behavior(s)
 - Means to maintain low rate of behavior(s)
 - Behavior rate is such that a full Behavior Management plan is not warranted including on-going data analysis and review and/or implementation
 - No more than 2 units (total of 30 minutes) may be billed for development of the Protocol
 - No further billing occurs unless new behavior problem is discovered
 - Process should start anew

Protocol Documentation Requirements

- ▶ Must contain at minimum:
 - Summary of objective, quantified baseline data
 - Rationale for development of protocol
 - Recommendations for consistent response(s) upon the occurrence or non-occurrence of target behavior(s)
 - Date protocol was developed
 - Amount of time spent developing protocol including start/stop times
 - Signature(s) w/ credentials who developed protocol

- ▶ Freestanding document that describes:
 - Consistent response(s) to the target behavior(s) as means to maintain target performance level
 - No more than 4 units (total of 1 hour) may be billed for the development of Maintenance Plan
 - Implementation not to exceed 90 days
 - Specialist or Assistant may conduct data analysis on no more than 3 occasions (maximum of 15 minutes each occasion)

- ▶ Summary of objectives
- ▶ Quantified implementation data (collected during implementation of plan)
- ▶ Rationale for development of a maintenance plan
 - Criteria for success has been achieved
- ▶ Recommendation for consistent response(s) upon the occurrence or non-occurrence of the target behavior(s)
- ▶ Date Maintenance Plan developed
- ▶ Amount of time spent including start/stop times
- ▶ Signature(s) w/ credentials of staff whom developed plan

Therapeutic Behavioral Services-Implementation

- ▶ Service Unit: 15 minutes
- ▶ Service Limits: All units must be prior authorized

Implementation Definition

- ▶ Face-to-face, hands-on encounter
 - 1 staff to 1 member
- ▶ Actual time spent in the delivery of a behavioral health service
 - General observation and/or monitoring not considered billable activities
 - Only trained, qualified staff can provide billable Implementation services

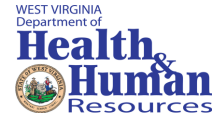
Implementation Documentation Requirements

- ▶ Intervention used
 - Individualized to meet the needs of the member
- ▶ Methods
- ▶ Measurements
- ▶ Delivery of service
- ▶ Outcome of the implementation
- ▶ Place of service
- ▶ Date of service
- ▶ Signature w/ credentials
- ▶ Start/stop times

Follow Up Trainings

As follow up to the webinars being offered on the Medicaid manual, APS trainer consultants will be available for onsite trainings, simulated reviews, and phone and email consultation regarding site specific questions.

APS Trainer Consultant Staff Available for Trainings/Simulated Reviews



Christy Gallaher	(304) 533-8862	cgallaher@apshealthcare.com
Nancy Graham	(304) 410-7829	Nancy.Graham@apshealthcare.com
Thea Johnson	(304) 859-7390	tjohnson@apshealthcare.com
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Gene Surber	(304) 904-0800	resurber@apshealthcare.com
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(Trainer Consultant Team Leader)		