



ACCESS AND UTILIZATION
MANAGEMENT
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PBH UM/ACCESS Communication Bulletin

Communication Bulletin FY-1011-UM-14

To : PBH MH/SA Network Providers
From: Craig B. Hummel, MD
PBH Medical Director

Date: June 1, 2011

RE: New PRTF Authorization Guidelines for PBH

In an effort to conduct more detailed clinical reviews of consumer in Psychiatric Residential Treatment Facilities (PRTF), PBH changed the authorization guidelines for this level of care. These changes are being made to allow providers and other Child and Family Team member's adequate time to submit the necessary clinical documentation to support on going treatment at this restrictive level of care and to develop comprehensive discharge plans to aid in transition to lower levels of care when warranted. The new PRTF guidelines will be effective **July 1, 2011**.

Since PBH will be requesting additional documentation to support continued stay at this level of care, the authorization guidelines are being extended. For the first 6 months of PRTF services, authorizations may be requested for 60 days at a time. After the initial 6 months at this level of care, authorizations can be requested for 30 days at a time.

The following documents should be submitted with each request:

- Last 60/30 days of individual and family therapy notes- As a reminder Individual and family therapy must be provided by a Licensed Clinician unless the PRTF provider has contacted PBH to request and exception, and can show how an un-licensed clinician would receive supervision related to the consumer's specific disability. Please refer to communication bulletin FY-0910-UM-08
- Last 60/30 days of psychiatric notes
- Copies of any new assessments that have been completed while receiving treatment at the PRTF
- Copies of any lab work completed
- Documentation of Child and Family Team Meetings- including who was present, what was discussed, and ongoing plans for consumers (i.e. referrals for therapy in the community, living arrangements, educational plans, pro-social leisure activities, relapse prevention plans, etc).

The following clinical information can either be documented on the Treatment Authorization Request (TAR) or submitted as a separate document:

- Description of current behaviors that meet service definition criteria "The child/adolescent's condition continues to meet admission criteria at this level of care"
- Documentation of progress towards each treatment goal
- Documentation of service definition criteria "if treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress"
- Documentation of service definition criteria showing what the "specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion" is
- Documentation of Active Discharge planning(i.e. referrals for therapy in the community, living arrangements, educational plans, pro-social leisure activities, relapse prevention plans, etc).

In an effort to track measurable improvement, at each request for reauthorization documentation of any occurrence of the following should be provided, this can be provided on the TAR or in a separate document:

- Restrictive Interventions
- Physical Aggression
- Unit Restrictions
- Suicidal Precautions
- Line of Sight Supervision
- Verbal Aggression
- Destruction of property
- PRNs(name/dose/type of response)

For each time one of the above occurs the following information should be provided:

Type of Behavior/ Restriction	Date Occurred	Brief description of Occurrence	Intervention Used	Response
Ex. Physical Aggression	1-1-2011	"Client" instigated physical altercation with his roommate	Separated consumers, allowed "client" 15 min to calm down, processed with him about incident	"client" was able to calm down and apologized to roommate, trigger was roommate had borrowed item without permission
Ex. Line of Sight Supervision	1-5-2011	"client" had made several cuts on arm that broke skin with a pencil	"Client" was placed under supervision for 24 hrs. to monitor cutting behavior. Session with therapist occurred that evening	"Client" processed with therapist reasons for anxiety, and contracted to ask to speak to staff prior to cutting

Documentation can be faxed to the Utilization Management Department at 704-743-2130 or emailed to Utilizationm@pbhsolutions.org

Please contact the Utilization Management Department at 704-743-2100 with any questions.