



PBH UM/ACCESS Communication Bulletin

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To: CCP provider Agencies

From: Craig B. Hummel, M.D.

PBH Medical Director

Date: July 28, 2011

RE: Changes in Authorization process for MH/SA and B3 I/DD TCM

Beginning August 15, 2011 providers will no longer be required to submit person centered plans to PBH Utilization Management for targeted case management services. All clinical information supporting how a consumer meets each of the applicable Targeted Case Management Eligibility criteria (A-E) outlined in the service definition requirements should be detailed in the Treatment Authorization Request (TAR) submitted to UM for review.

For request for reauthorization of targeted case management, the following information should be provided on the TAR:

1. What progress has been made to coordinate/link consumer with previously identified 3 unmet needs?
2. Currently, what agency(ies) or service(s) require case manager coordination and are there any barriers to coordination?
3. How is the consumer's mental health/stability currently impacted by at least one unmet need?
4. Have three or more new unmet needs been identified in the last 90 days? If yes, please explain.
5. For residential consumers, what active steps towards discharge planning have occurred and what is the tentative time frame for discharge?

Providers are still responsible for ensuring that the consumer's clinical record, maintained by their agency, contains a Medicaid billable person centered plan for targeted case management services which can be provided upon request or during utilization reviews.

If TCM is linking consumer to another enhanced service such as IIHS, MST, Residential Services, CST, ACTT, etc., a person centered plan/plan update for those services should be submitted with those requests.

Any additional questions regarding this Communication Bulletin should be directed to PBH UM at 704-939-7700 or email us at UtilizationM@pbhsolutions.org.