



ACCESS AND UTILIZATION
MANAGEMENT
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PBH UM/ACCESS

Communication Bulletin FY-1011-UM-15

To : PBH Level III and Level IV Providers

From: Dr. Craig B. Hummel, MD, Medical Director

Date: June 16, 2011

RE: Submission of Therapy Notes for Non-Specialized Level III-IV Residential Treatment

PBH will no longer require submission of therapy notes/qualified professional notes at every request for reauthorization. Updated discharge plans are still required at each submission of a Treatment Authorization Request (TAR).

Residential Level III-IV requests exceeding the one hundred and twenty (120) day length of stay requires a Comprehensive Clinical Assessment (CCA) be completed by a licensed clinician familiar with PBH Child Services Continuum from Basic / Augmented / Enhanced services and least restrictive levels of care. The CCA at 120 days has been a NC DMA requirement since October 2009. There are no exceptions to this requirement. The Comprehensive Clinical Assessments must address Service Maintenance Criteria for Residential Level III-IV (as applicable) to support clinical justification and medical necessity for continued stay in the level of care per DMA Clinical Coverage Policy 8d and address specifically why needs could not be met with a less restrictive service. When this Assessment is submitted providers should also send the individual and family therapy notes for any sessions that occurred within the first 120 days of treatment. Types of Comprehensive Clinical Assessments are listed below:

- Clinical Assessment
- Diagnostic Assessment
- Psychological Evaluation
- Psychiatric Assessment
- Mental Health or Behavioral Health Assessment
- Substance Abuse Assessment

For Specialized Level III Treatment programs, therapy notes should continue to be submitted at each request for reauthorization. Please contact the Utilization Management Department at 704-743-2100 with any questions.

The Provider Manual for Reauthorization of Enhanced Services states that, “The request for additional services must be made no earlier than thirty (30) days and **no later than fifteen (15) days** before the current service authorization expires.” Please ensure Treatment Authorization Requests are submitted at least fifteen days (15) in advance of the authorization expiration date to avoid a lapse in service.