



*Creating solutions, **One person at a time.***

PBH Alamance Caswell Communications Bulletin

FY-1112-UM-03

To: IDD Providers in Alamance-Caswell Catchment

**From: Melissa Covert, MS, NCC, LPC
DD UM Manager
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DD Clinical Director**

Date: October 1, 2011

**Re: Six-Month Authorizations for IDD Services/PBH IDD Utilization Management
Enhanced Authorization Criteria “Benchmarks”**

The purpose of this communication is to notify providers in the Alamance-Caswell Catchment of the authorization periods for IDD Services. IDD Services will be authorized for six months or less, regardless of the clients funding source (Medicaid or State). Please note that authorization periods will never exceed an individual’s annual plan year.

When the PBH Utilization Management (UM) Authorization Guidelines indicate an authorization period of less than six months, the UM Authorization Guidelines will be followed. The current UM Authorization Guidelines for IDD Non-Cardinal Innovations/IPRS and (b) (3) services are posted on the PBH website under providers/resources. IDD Utilization Management Enhanced Authorization Criteria often referred to as “Benchmarks” are included in this communication and apply only to the Cardinal Innovations Services.

The following lists the effective dates for implementing six-month authorizations:

IPRS Services- (State)	Effective September 1, 2011
Cardinal Innovations Waiver- (Medicaid)	Effective October 1, 2011
(b)(3) Waiver Services- (Medicaid)	Effective October 1, 2011



If there is a clinical concern indicating the need to manage the client's care more closely, the authorization period may be less than six months. In addition, providers may be asked to submit additional information/data to Utilization Management. When this situation occurs a notice will be mailed outlining the specific information needed for Utilization Management.

If there are no clinical concerns with the request, an authorization will be processed by UM for 6 months or less and uploaded to the Provider Direct system for the provider to print or download for their record.

Providers will need to submit a Treatment Authorization Request (TAR) at least 15 days prior to the expiration of the current authorization but not sooner than 30 days.

Please note that if the client is enrolled in the Cardinal Innovations Waiver program the PBH Care Coordinator will submit the TAR as it corresponds to the Annual Plan or Updated Plan. If a change to the plan is not necessary then the provider will be responsible for creating and submitting the reauthorization TAR to PBH Utilization Management Department. In addition the provider will be responsible for tracking their authorization expiration dates.

Provider Direct training for completion and submission of the TAR should be coordinated with the PBH helpdesk.

If you have any questions, please contact Utilization Management at 704-939-7700

Utilization Management Enhanced Authorization Criteria or “Benchmarks”

Benchmarks are a tool for Individual Support Planning teams to be used as a guide in requesting the appropriate intensity of a service to meet the person's disability specific need. Each of the following services has Enhanced UM Criteria:

- In- Home Skill Building
- Personal Care
- Day Supports
- Supported Employment
- Community Networking

Planning Teams are encouraged to request the amount of service that the individual needs. There is no rule that prohibits persons in requesting services that exceed the benchmark, just an understanding that additional documentation will be required to approve services at a level



above the benchmark. This process is known as Exceptional Care. Exceptional Care is a specialized Utilization Management Review. If the team agrees that that needs of the individual cannot be met under the Benchmarks, a request for Exceptional Care can be submitted to Utilization Management. The Care Coordinator will be able to assist this process.

Cardinal Innovations Service	Benchmark Criteria
In- Home Skill Building and/or Personal Care (Habilitative Service)	<p>Children (3-21 years of age) Living in a Private Home</p> <ul style="list-style-type: none"> • Total up to 21 hours/week • <u>School Policy</u>- Habilitative Services total up to 420 flex hours to be used when school is not in session <p>Adults (22 and up) Living in a Private Home</p> <ul style="list-style-type: none"> • Total up to 30 hours/week <p>Authorization Period</p> <ul style="list-style-type: none"> • Total up to 6 months
Day Supports (Day Option)	<p>Adults (22 and up) Living in a Private Home</p> <ul style="list-style-type: none"> • Considered a Group Service • Total service hrs up to 54 hours/week unless combined with a Habilitative Service- then the Habilitative service cannot exceed 30 hours/week • Example of combination service: Day Support total 24 hours/week combined with In-Home Skill building and/or Personal Care the total is 30 hours/week for a combined service total of 54 hours/week. <p>Adults (22 and up) Living in a Residential Placement</p> <ul style="list-style-type: none"> • No more than 40 hours/week any combination of Day Option Service <p>Authorization Period</p> <ul style="list-style-type: none"> • Total up to 6 months
Supported Employment (Day Option)	<p>Adults (16 and up)</p> <ul style="list-style-type: none"> • Must be employed at least 10 hours/week not



	<p>to exceed 54 hours/week</p> <ul style="list-style-type: none"> • Job seeking is limited to 90 days without a plan of action for continuation • Job training is limited to 90 days without a plan of action for continuation • Long term follow along is limited to 90 days without a plan of action for continuation <p>Authorization Period</p> <ul style="list-style-type: none"> • Total up to 90 days
Community Networking (Day Option/Habilitative)	<p>Adults and Children</p> <ul style="list-style-type: none"> • Hours must be less than those expected for other Day Option i.e. Supported Employment • Activities must be related to the participants life goals <p>Authorization Period</p> <ul style="list-style-type: none"> • Total up to 6 months

