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ACCESS AND UTILIZATION MANAGEMENT
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PBH UM/ACCESS Communication Bulletin FY - 0910 - UM - 02

To: PBH Providers
From: David Jones, MA, LPA
PBH Director of Clinical Operations
Date: October 9, 2009
Re: Medicaid Funded Community Support, Medicaid Funded Residential Level III-IV Discharge /
Transition Planning & Guidelines and State Funded Residential Level II-IV

In addition to the 9-24-09 Community Support Memo from the PBH Medical Director, PBH will implement the below requirements for authorization or re-authorization of all Medicaid Funded Community Support (Adult and Child) and Medicaid Funded Residential Level III-IV services as of **October 15, 2009**.

Per the PBH Plan to address Budget Reductions in State Funded Services October 1, 2009 posted to all PBH providers October 7, 2009, new admissions for Child residential services (Level II, III and IV) are frozen. Consumers currently receiving services may continue based on determination of medical necessity.

Please note, PBH **will continue** to review new requests for Medicaid Funded Community Support up to and through June 30, 2010. PBH encourages providers to refer consumers to other medically necessary services that will not be discontinued whenever that is appropriate for the consumer.

All new and concurrent authorizations for Medicaid Funded Community Support (Adult and Child) and Medicaid Funded Residential Level III-IV services will require the following:

- For all **new Medicaid Funded Community Support (Adult and Child) and Medicaid Funded Residential Level III-IV requests**, a Comprehensive Clinical Assessment (CCA) must be completed by a licensed clinician familiar with PBH Adult & Child Services Continuum from Basic / Augmented / Enhanced services and least restrictive levels of care.
 - For Community Support, this CCA must address the Service Entrance Criteria for Community Support per DMA Clinical Coverage Policy 8A to support clinical justification and medical necessity requirements for entrance into this level of care.
 - For Residential Level III-IV requests, this CCA must address the Service Entrance Criteria for Residential Level III-IV (as applicable) per DMA Clinical Coverage Policy 8d to support clinical justification and medical necessity requirements for entrance into this level of care.
- For all **concurrent Residential Level III-IV requests exceeding the 120 day length of stay as of October 15, 2009**, a Comprehensive Clinical Assessment (CCA) must be completed by a licensed clinician familiar with PBH Child Services Continuum from Basic / Augmented / Enhanced services and least restrictive levels of care. This CCA must address the Service Maintenance Criteria

for Residential Level III-IV (as applicable) per DMA Clinical Coverage Policy 8d to support clinical justification and medical necessity for continued stay in this level of care.

- The CFT will review goals and treatment progress and provide, by way of re-authorization requests, specific comments regarding current progress toward each Person-Centered Plan goal for this level of care.
- Demonstration of family involvement reflective of active engagement of family and/or caregivers in treatment goals and objectives in the Community Support or Residential Level III-IV setting (as applicable).
- A revised discharge plan every 30-days (for Residential Level III-IV) and every 90-days (for Community Support) with re-authorization requests (TAR). Length of stay for children in Residential Level III-IV is limited to no more than 120 days. Exceptions to the 120 day limit for Residential Level III-IV services must follow the established Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) procedures and requirements, which are available at <http://www.dhhs.state.nc.us/dma/epsdt>.

Please use **ATTACHMENT A** Division of MH/DD/SAS Division of Medical Assistance Child/Adolescent Discharge Plan form for the Revised Discharge Plan and forward electronically to UtilizationM@pbhsolutions.org at time of corresponding TAR submission.

Medicaid Funded Community Support may be delivered to a child in Residential Level III-IV to assist in discharge planning. The qualified professional may provide up to a maximum of 96 units (24 hours) of case management functions over a 90-day authorization period. If the Child & Family Team (CFT) requests additional units to gather information, set up assessments, etc. to determine the appropriate level of care for a consumer, the Community Support Provider should complete and submit a PCP or Updated PCP to UM to indicate the request is meant to gather information to determine appropriate services, etc. along with corresponding TAR and completed **ATTACHMENT A** Division Of MH/DD/SAS DMA Child/Adolescent Discharge Plan. In this case, the Plan should not request a specific level of care, rather should only request additional Community Support units with interventions detailing how these units will be used to support the amount of units being requested.

If the CFT is requesting additional Medicaid Funded Community Support units to seek a specific type of placement (ex. consumer is in a level II and team feels a level III is needed), then the Community Support Provider should complete and submit a PCP or Updated PCP to UM to include information to support medical necessity for the services requested.

For further information on this process, please refer to **PBH Utilization Management Communication Bulletin FY-0809-UM-16 RE: Community Support Process for Requesting Additional Units to see Residential Placement for Children and Adolescents.**