



Administrative Office
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Creating solutions, One person at a time.

To: **PBH Providers**

From: **Craig B. Hummel, MD**
PBH Medical Director

CC: **Division of Mental Health, Developmental
Disabilities and Substance Abuse Services**
Division of Medical Assistance

Date: **9/24/2009**

Re: **Community Support**

Session Law 2009-451 enacted August 7, 2009 dictates that Community Support Services end on June 30, 2010.

Based on our understanding of Medicaid entitlement and medical necessity obligations PBH will take all necessary steps to assure that consumers receive medically necessary care during the upcoming year. However, we want to plan ahead for our consumers since this service is ending in June 2010, and we encourage providers to transition people to other services as clinically indicated. Our goal is to achieve both continuity of care and an orderly transfer of consumers to other services over this coming year.

The following are the PBH guidelines for authorization of Community Support.

PBH will continue to authorize Community Support Services until June 30, 2010 if medical necessity is met for this service and there are no other services appropriate to meet the consumer's needs. The authorization period can be up to 90 days. There **must** be a discharge plan delineated in the PCP at time of authorization. It is strongly recommended that the individual be transferred to another appropriate service during this authorization period.

Current Community Support authorizations will continue until they expire. New authorizations can be granted if medical necessity is again met, there is a documented discharge plan in the PCP, and there is no other service appropriate to meet the consumer's needs. The reauthorizations can be up to 90 days. If it is anticipated that the individual will be in need of treatment following this additional authorization of Community Support Services, it is strongly encouraged that planning for longer term treatment occur prior to the additional authorization period. Keep in mind that all transitions must occur prior to June 30, 2010.

Effective October 12, 2009, the paraprofessional (PP) level of Community Support will be eliminated



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All Community Support authorizations will end June 30, 2010.

The following services cannot be used concurrently with Community Supports unless the service is authorized with the current Community Support authorization. When the current Community Support authorization expires these services will no longer be authorized concurrently:

- . Intensive In-Home Services
- . Multisystemic Therapy
- . Assertive Community Treatment Team
- . Community Support Team
- . Substance Abuse Intensive Outpatient Program
- . Substance Abuse Comprehensive Outpatient Treatment
- . Child and Adolescent Day Treatment
- . Psychosocial Rehabilitation
- . Opioid Treatment
- . SA Medically-Monitored Community Residential Treatment
- . SA Non-Medical Community Residential Treatment
- . Partial Hospitalization

Community Support may be delivered to a child in Residential Level III and 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.

Length of stay for children in a residential level III or IV is limited to no more than 120 days. Any exceptions will require:

- A new comprehensive clinical assessment (that addresses co-occurring disorders as appropriate) by a psychiatrist (independent of the residential provider and its provider organization) that includes clinical justification for continued stay at this level of care.
- The CFT will review goals and treatment progress.
- Family and/or caregivers are actively engaged in treatment goals and objectives.
- A revised discharge plan.

For Children under 21 years of age Early and Periodic Screening may still be available if medical necessity is demonstrated.