

<h1>PerformCARE</h1>		<h2>Policy and Procedure</h2>
Name of Policy:	Mental Health/Substance Abuse Targeted Case Management Initial and Reauthorization Requests and Discharges	
Policy Number:	CM-036	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	06/01/06	
Current Effective Date:	05/20/08	
Last Revision Date:	05/20/08	
Last Review Date:	07/01/14	
Next Review Date:	07/01/15	

Policy: PerformCare TCM providers are expected to follow PerformCare guidelines as well as DPW and state guidelines regarding the request and provision of TCM services, including but not limited to, Title 55 Department of Public Welfare Chapter 5221 Regulations, “Intensive Case Management Services” and MH Bulletin OMH-93-09, “Resource Coordination”, and PA Code Chapter 1153. Blended Case Management - DPW/OMHSAS Chapter 5221 Waiver Approval.

Purpose: To detail the process of requesting mental health and substance abuse Targeted Case Management authorizations and reporting discharges.

Definitions:

- TCM:** Targeted Case Management which includes Intensive Case Management, Resource Coordination and Blended Case Management
- ICM:** Intensive Case Management
- RC:** Resource Coordination
- BCM:** Blended Case Management
- MNC:** Medical Necessity Criteria
- CCM:** Clinical Care Manager
- DPW:** Department of Public Welfare
- MH:** Mental Health
- SA:** Substance Abuse

- Procedure:**
1. TCM services need to be registered not prior authorized.
 2. Initial TCM Requests:
 - 2.1. Initial TCM requests are necessary for any consumer who has been in treatment and becomes a PerformCare Member, for PerformCare Members who are beginning TCM services, or for PerformCare Members who are going from one level of TCM to another level. Providers must do the following for initial TCM requests.
 - 2.2. Submit an initial TCM AUTHORIZATION REQUEST using the form appropriate for the type (MH or SA) of TCM. The request must indicate the date the authorization is to begin. If no start date is indicated on the request, the PerformCare's date of receipt will be issued as the start date. The number of units authorized is based on the level of TCM authorized. The standard authorization will be for a 12 month period.
 - 2.3. Submit initial requests within thirty (30) calendar days of the first billable service date. If the request is submitted more than thirty (30) calendar days after the 1st billable contact, the authorization will be issued with the start date being the date the request was received by PerformCare.
 - 2.4. Include the Date of Referral, Date Matrix Completed, and Date First Seen. The three dates are required as part of a complete initial request and are defined as follows:
 - 2.4.1. Date of Referral: The date that the provider is notified of the Member need for services.
 - 2.4.2. Date Matrix Completed: The date the actual matrix is completed with the Member. This date may come before or after the Date of Referral depending on the Provider's referral process.
 - 2.4.3. Date First Seen: The first date Member received a billable service.
 - 2.5. Follow strict guidelines for meeting federal and state privacy, confidentiality and documentation requirements.
 - 2.6. Verify PerformCare membership prior to submitting the request. If PROMISe is in error, and the Member is eligible, PerformCare will authorize retroactively if providers submit a copy of the printout showing the incorrect information.
 - 2.7. Ensure that Axis I meets listed diagnosis criteria requirements. A provisional diagnosis may be used for initial requests.
 - 2.8. Indicate Co-Occurring, Dual Diagnosis and Autism Spectrum Disorders as appropriate.
 - 2.9. For MH requests only: Note a brief reason for requesting

authorization if the Member's matrix score falls outside of (either above or below) the appropriate matrix score for the service requested.

- 2.10. Submit only one initial authorization request. An initial service request cannot be accepted for a Member who has not been formally discharged from TCM services. If the Member was discharged from TCM services a new initial authorization request is required in order for the Member to be authorized again.
3. TCM Reauthorization Requests:
 - 3.1. Authorizations are limited by time. Reauthorization requests are required when the authorization expiration date has been reached and the Member continues to be in need of services. Authorization dates cannot be extended. Providers must do the following for all TCM reauthorization requests.
 - 3.2. Submit a TCM AUTHORIZATION REQUEST using the form appropriate for the type (MH or SA) of TCM. The request must indicate the date the authorization is to begin. If no start date is indicated on the request, the authorization will be issued with a start date using the date the request was received. The number of units authorized is based on the level of TCM authorized. The standard authorization will be for a 12 month period.
 - 3.3. Indicate the date the next authorization period is to begin. Reauthorizations will be given the requested start date as long as the request is complete and approved and was submitted within 10 calendar days of the requested start date.
 - 3.4. Follow strict guidelines for meeting federal and state privacy, confidentiality and documentation requirements.
 - 3.5. Verify PerformCare membership. If PROMISE is in error, and the Member is eligible, PerformCare will authorize retroactively only if providers submit a copy of the printout showing the incorrect information.
 - 3.6. Requests may not be submitted more than two weeks prior to the current authorization expiration date.
 - 3.7. Contact Member Services to determine if a new request needs to be submitted if there was a period of ineligibility during the current authorization period. An authorization could remain valid for its stated timeframe even if there is a period of ineligibility during the authorization period.
 - 3.8. Providers should fax or mail these requests to PerformCare.
 - 3.9. Ensure Axis I meets listed diagnosis criteria requirements.

- 3.10. Indicate Co-Occurring, Dual Diagnosis and Autism Spectrum Disorders as appropriate.
- 3.11. For MH requests only: Note a brief reason for requesting authorization if the Member's matrix score falls outside of (either above or below) the appropriate matrix score for the service requested.
- 3.12. Submit a reauthorization request for a Member who has not been discharged from TCM services but who has had a gap in services and is in need of a new authorization or whose most recent authorization has expired or is within two weeks of expiring.
4. Request for Additional TCM Units:
 - 4.1. The TCM may request additional units, using the MH TCM AUTHORIZATION REQUEST FORM, when the number of authorized units will be exhausted, are close to exhaustion, or the case manager believes additional units will be necessary prior to the end of the current authorization period.
5. Returned Requests for Inability to Authorize:
 - 5.1. TCM Requests cannot be processed if all necessary information is not present or is not legible. A fax notice is sent to the TCM unit when:
 - 5.1.1. Information is missing
 - 5.1.2. The information is not legible
 - 5.1.3. The individual is not a Member or has lost MA enrollment
 - 5.1.4. The identifying information on Member does not match PerformCare records
 - 5.1.5. A specific case manager is not listed.
 - 5.2. PerformCare verifies that faxes are successfully transmitted.
 - 5.3. Providers have up to 30 days to review and request changes to any TCM authorization issued by PerformCare using the TCM CORRECTION/REVISION FORM. Providers should closely inspect authorizations for accuracy as they are received. Authorizations may only be changed within 30 days of the date issued or the start date requested. All requests for changes to authorizations after 30 days must be submitted through the Administrative Appeal process. This does not effect Medical Necessity decisions but is an avenue for Providers to request additional reconsideration when administrative procedures were not followed.
6. Discharges: The TCM DISCHARGE REPORT must be completed to notify PerformCare of a Member's discharge from TCM services. Notification should take place within 30

days of discharge from services and should be faxed or mailed to PerformCare.

Related Policies: *CM-013 Denial Notice Procedure*
CM-037 Mental Health/Substance Abuse Targeted Case Management Reimbursable/Non-reimbursable Services
CM-039 Targeted Case Management Contact Expectations
CM-040 Targeted Case Management Role Expectations

Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: None

Attachments: *MH TCM Authorization Request Form*
SA ICM Authorization Request Form
TCM Authorization Request Form Instructions (effective 7/1/07)
TCM Discharge Report
TCM Correction/Revision Form

Approved by:


Primary Stakeholder