This Notification clarifies CBH requirements regarding outpatient mental health services. CBH has observed that some outpatient mental health service providers have been advising members that they must receive therapy services in order to receive medication management. This is not a CBH requirement. CBH members can receive medication management without concurrent therapy services when clinically appropriate.

Outpatient mental health service providers treating members with medication management-only services are reminded that Medicaid regulations § 1153.42. Ongoing responsibilities of providers require treatment plans for members receiving these services.

Some providers have also advised members that they must receive both individual and group therapies in order to participate in outpatient mental health services. This is also not a CBH requirement.

Lastly, some providers are conducting annual Comprehensive Biopsychosocial Evaluations or Re-Evaluations or psychiatric evaluations, listing a reason for the evaluation as “Annual Evaluation.” This is also not a CBH requirement, nor is this a sound clinical rationale for conducting an evaluation. Members do not need to receive an annual evaluation in order to continue to receive outpatient mental health services.

These practices contradict the importance of member choice, and may also represent waste if not clinically necessary. CBH expects providers to consult best practices, medical necessity, and member choice when determining course of treatment, including whether a member should receive individual and/ or group therapy along with medication, or whether medication only is sufficient. CBH will continue to monitor network providers for overuse and medically unnecessary services and will recoup payments for services not clearly demonstrated as medically necessary. Questions regarding this Notification can be directed to CBH.Compliancecontact@phila.gov.