

## **Packet Exemption for Children's Community Based Levels of Care**

CBH is expanding services that can be requested using a packet exemption.

In addition to Behavioral Health Rehabilitative Services (BHRS) services that can be requested via packet exemption—as highlighted in the [September 11, 2018 CBH Provider Notification](#)—Family Based Services (FBS), Functional Family Therapy (FFT), and Multi-Systemic Therapy-Problem Sexual Behavior (MST-PSB) will now also be authorized via packet exemption.

Requests that qualify for packet exemption are:

- Initial requests for FBS or FFT as a stand-alone service
- FBS Extension requests made following the completion of an extension review with a CBH Clinical Care Manager (CCM) in which the extension was telephonically approved
- FFT Extension requests under four (4) weeks
- MST-PSB recommendation approved following the completion of an Interagency Service Planning Team (ISPT) Meeting in conjunction with the designated MST-PSB provider and a CBH Clinical Department representative

Instead of submitting a packet to request services, providers may submit a list of members meeting Medical Necessity Criteria (MNC) for the levels of care, as outlined above, to their CCM using the Authorization Request Form provided by CBH. All elements of the form must be completed, which include:

- Member's Name and Medical Assistance ID#
- Previous Services Authorized and Dates (for continued requests **only**)
- Evaluation Date
- Prescriber/Evaluator (name and credentials)
- Requested/Prescribed Services (including duration of service)
- Provider Agency Name
- Provider Agency Point of Contact (name and contact information)

Authorization Request Forms must be submitted via the CBH Provider Portal. The Authorization Request Form must be appropriately labeled as **ProviderID#\_Auth\_Req\_Form**.

Providers are free to prescribe any level of service that is medically necessary. CBH will continue to require packet submission for any request that falls outside the parameters outlined in this Bulletin.

**Please note:**

“Initial requests” will be defined as requests pertaining to members with no history of any level of care or as members who are not currently authorized for any level of care.

While CBH will not require a packet submission, provider agencies must still maintain essential documentation in their files to establish medical necessity and meet state requirements. CBH may request the submission of essential documentation during treatment. The provider will be required to submit this documentation according to the conditions of the request.

Providers assume the responsibility to coordinate care. It is the receiving provider’s responsibility to contact the referral source to obtain the prescription for the authorized level of care. If the request made of the referral source has not been submitted, the provider should contact the assigned CCM or Behavioral Health Liaison (BHL) for further assistance.

If you have questions about the Authorization Request Form, or what members can be appropriately placed on it, you should contact your assigned CBH CCM prior to form submission.

If you have questions about this Bulletin, please contact Dana McCutchen, Clinical Care Management Coordinator for Children’s Community Based Services, at [Dana.McCutchen@phila.gov](mailto:Dana.McCutchen@phila.gov).