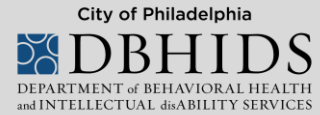




Provider Bulletin 20-24 November 3, 2020



Modified Utilization Review

Community Behavioral Health (CBH) appreciates the commitment of all providers to serve members during this difficult time. Behavioral health services are essential services for our members, and CBH continues to expect our contracted behavioral health providers to operate throughout the COVID-19 crisis.

Previous Bulletins were issued on April 13, May 18, and June 10, 2020 detailing a temporary suspension of utilization review to align with a mandate from The Department of Human Services' Office of Mental Health and Substance Abuse Services (OMHSAS) Pennsylvania Office. A link to that memorandum can be found [here](#).

Prior authorizations will remain suspended (with few exceptions noted below) and discharge reviews will continue to be performed as usual, specific to the level of care. Continued stay reviews will be conducted beginning Thursday, December 3, 2020 for the following levels of care when a member approaches the specified length of stay noted below: AIP, SAIP, Crisis Residence, EAC, 3.5R, 3.5H, RINT, RTF, RTFA, AMHR, and CRR-HH.

CBH Clinical Staff remain available 24 hours per day, seven days per week via the Psychiatric Emergency Services (PES) line at 215-413-7171. Assigned Clinical Care Managers (CCMs) will also remain available during regular business hours. Clinical management will support the following main objectives:

- Support member access to medically necessary behavioral health services
- Support CBH providers via resource identification and mutual problem solving
- Facilitate flow through levels of care with focus on those with highest behavioral health needs
- Reduce unnecessary utilization of emergency rooms and hospitals as feasible

Please note that the categories below apply to both in-network and out-of-network services.

Acute Inpatient Services (AIP, SAIP, Crisis Residence, EAC) and Residential Substance Use Services (3.5R, 3.5H, RINT)

- Contact the PES line or assigned CCM for the authorization number, as prior authorizations remain suspended
- Contact the assigned CCM to complete a concurrent review if the member is approaching the following lengths of stay:
 - AIP – 10 days

- SAIP – 20 days
- Crisis Residence – 20 days
- EAC – 30 days
- 3.5R – 20 days
- 3.5H – 45 days
- RINT – 30 days

Acute Services (APHP, CMIS, Enhanced Staffing, Private Rooms) and Substance Use Services (ASAM 2.5, 3.1, 3.7WM, 4, 4WM)

- Contact the PES line or assigned CCM for the authorization number
- Prior authorization and concurrent review remain suspended
- Providers must remain in contact with the assigned CCM to ensure that authorizations are open and active for individuals who are in treatment in these services
- Upon discharge review, the assigned CCM will ensure authorization reflects the length of stay

Residential Treatment Facilities (RTF, RTFA, CRR-HH, AMHR)

- Prior authorizations will remain; concurrent reviews will occur every 30 days

Targeted Case Management

- Prior authorizations remain for ACT and Non-Fidelity ACT only
- Concurrent reviews remain suspended for all case management services
- Providers must ensure that authorizations remain open and active for individuals who remain in treatment in these services

Community Based Services (BHRS, IBHS, ABA, FBS, FFT, MST-PSB, MPRS, CPS)

- Care Coordination activities will continue across each level of care (e.g. - information sharing, crisis consultation, discharge planning meetings).
- Additional care coordination activities may be implemented for certain cohorts of members, based on care management strategy (Intensive Care Coordination Cohort in Regionalized IBHS, High Risk Cohort in FBS).
- Authorization for Community Based Levels of Care will be as follows:
 - Regionalized IBHS: Requests for Initial Authorization, Initial Treatment, and ongoing requests, including BHT, should be submitted via Written Order to the CBH secure web server or via fax.
 - ABA: Requests for Initial Authorization-ABA and Initial Treatment-ABA, and ongoing requests, including BHT-ABA, should be submitted via Written Order to the CBH secure web server or via fax.
 - FFT: Referral form, Written Order, and supporting clinical documentation should be submitted to CBH via the secure web server or via fax. Providers should continue to provide updates on their weekly census reports.
 - MST-PSB, Early Childhood Programs, and CRR-HH: Requests must include written order, ISPT summary, and Psychological Evaluation, and should be submitted to

CBH via the secure web server or via fax. MST requests must also include the referral form.

- FBS: FBS Referral Form and Psychological or Psychiatric Evaluations should be submitted via written order to the CBH secure web server or via fax.
- MPRS and CPS: Prior authorization remains suspended; referrals should be submitted via CBH secure web server.

Retrospective Review

Per the OMHSAS memorandum referenced above, all services for which prior authorization have been suspended will be subject to retrospective review for medical necessity by CBH and the Bureau of Program Integrity in the Department of Human Services.

Additionally, when the COVID-19 disaster emergency declaration period ends, providers must submit requests for services to continue to be delivered where the prior authorization requirements were suspended as follows:

- Provider authorization requests must be submitted within 30 days from the date the COVID-19 emergency declaration ends for children under the age of 21 who are receiving Family Based Mental Health Services, BHRS/IBHS, and for children who are in a residential treatment facility.
- Prior authorization requests must be submitted within 15 days from the date the COVID-19 emergency declaration ends for all other adult and child services.

This Bulletin will remain in effect until further notice and is subject to further evaluation as the COVID-19 situation develops. CBH may reissue or revise this Bulletin as appropriate.

Please submit questions about this Bulletin to Dr. Chris Tjoa, Interim Chief Medical Officer, at chris.tjoa@phila.gov.