

Changes to Prior Authorization and Enhanced Care Coordination

Levels of Care Impacted: Acute Inpatient, Crisis Response Center and other assessing providers, and Outpatient

Changes to Prior Authorization:

Appendix AA of the Program Standards and Requirements (PS&R) has been updated to include “prior authorization of emergency inpatient admissions is not permitted.”

To align with this requirement beyond the current disaster declaration period, Community Behavioral Health (CBH) will no longer prior authorize Acute Inpatient (AIP), 23 Hour Bed, or Crisis Stabilization Unit services. The process below will become effective on **June 28, 2021**, and only impacts prior authorization of the levels of care named. [Provider Bulletin 20-24](#) remains in effect for all other authorization processes.

When a physician has evaluated a member and determined that they meet Medical Necessity Criteria for AIP treatment, Crisis Stabilization Unit (CSU), or a 23 Hour Bed, the requesting provider will contact the Psychiatric Emergency Services (PES) line at CBH and provide the following information:

- ➔ Living Situation
- ➔ Special Needs (significant medical issues, intellectual disability, etc.)
- ➔ Presenting problem/302 statement
- ➔ Mental Status Examination (MSE)
- ➔ Urine Drug Screen (UDS) results and Substance Use pattern as applicable
- ➔ Diagnosis

Adult

- ➔ If the member is age 18 and over and has received treatment in an acute service within the past 30 days, the member will be approved for three days of initial AIP treatment.

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- ➔ If the member is age 18 and over and has not received treatment in an acute service within the past 30 days, the member will be approved for five days of initial AIP treatment.
 - Acute Services impacting the default length of initial authorization include AIP, SubAcute Inpatient (SAIP), Extended Acute Care (EAC), Crisis Residence, Residential Independent Non-Hospital Treatment (RINT), 4WM, 4, 3.7WM, 3.5R, 3.5H, 3.1

Child

- ➔ If the member is age 17 and under, they will be approved for five days of initial AIP treatment.

This prior authorization change presents a new opportunity for CBH Clinical Care Managers to further enhance care coordination.

Enhanced Care Coordination:

The CBH Psychiatric Emergency Service (PES) line operates 24/7, 365 for the purposes of prior authorization and care coordination for providers seeking behavioral health services on behalf of CBH members who are in crisis, potentially require a higher level of care, and/or are in need of more urgent linkage to services.

On March 17, 2021, CBH PES Clinical Care Managers began notifying outpatient providers when a member presents to a Crisis Response or Assessment Center to enhance continuity of care during day, evening, weekend, and overnight hours. The goal of CBH is to improve collaboration among service providers, enhance the treatment planning process, and ensure members are supported by all providers involved in their care.

In the upcoming weeks, outpatient providers will receive outreach from their Provider Relations Representative requesting provider contact information which will be utilized when a member presents for an evaluation. CBH is requesting contacts for business hours as well as off-hours and weekends. This information will ensure that collaboration occurs with the appropriate treating clinicians, information is streamlined across the organization, and follow-up occurs expeditiously.

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CBH appreciates the commitment of all providers to serve members. Please submit all questions about this Notice to your assigned Provider Relations Representative.