

Utilization and Retrospective Review

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](#).

Additional Bulletins and Notices have been issued as our utilization review procedures were updated ([Provider Bulletin 21-07](#): Utilization Management: Psychiatric Residential Treatment Facilities, [Provider Bulletin 21-03](#): Intensive Behavioral Health Services Prior Authorization Requirements for Behavioral Health Technician and Behavioral Health Technician-ABA, [Provider Notice – 7.13.21](#): Case Management Transition, [Provider Notice – 7.14.21](#): Changes to Prior Authorization and Enhanced Care Coordination).

This Bulletin, **effective October 1, 2021**, serves as a comprehensive overview of our return to utilization review and a phased approach for implementing retrospective reviews.

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) also remain available during regular business hours. Clinical management continues to support the following main objectives:

- ➔ Support member access to medically necessary behavioral health services
- ➔ Support our providers via resource identification and mutual problem solving
- ➔ Facilitate flow through levels of care with a 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 (AIP), 23 Hour Bed, Crisis Stabilization Unit

- ➔ When a physician has evaluated a member and determined that they meet Medical Necessity Criteria (MNC) 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:

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- 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
- ➔ 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.
- ➔ 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
- ➔ If the member is age 17 and under, they will be approved for five days of initial AIP treatment.
- ➔ Contact the assigned CCM to complete a concurrent review on the last covered day.

SubAcute Inpatient (SAIP), Acute Partial Hospitalization Program (APHP), Children's Mobile Intervention Services (CMIS), Crisis Residence, Extended Acute Care (EAC), Enhanced Staffing/Private Rooms, Residential Treatment Facility for Adults (RTFA), Adult Mental Health Residential, and Substance Use Services (3.5H, RINT, ASAM 2.5, 3.1, 3.7WM, 4, 4WM)

- ➔ Contact the PES line or assigned CCM to request prior authorization.
- ➔ Contact the assigned CCM to complete a concurrent review on the last covered day.

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Psychiatric Residential Treatment Facilities (PRTF) and Community Residential Rehabilitation – Host Home (CRR-HH)

- ➔ For initial authorization requests, packet submission remains a requirement.
 - Comprehensive Biopsychosocial Evaluations/Re-evaluations (CBE/CBR) must be completed by a psychiatrist within 30 days of submission to CBH and include all required elements of CBE/CBR.
 - Initial authorization timeframes have been changed from 120 days to 30 days.
- ➔ For continued authorization requests, packet submissions to CBH are no longer necessary.
 - CBH will make medical necessity determinations based on the information presented during monthly interagency meetings, for up to 30 days. CBH will participate in these meetings along with all involved parties.
 - During treatment, CBH will require a CBE/CBR to be completed every six months. Evaluations must be completed within 30 days of submission to CBH and include all required elements.
 - Continued authorization timeframes have been changed from 120 days to 30 days.

Targeted Case Management

- ➔ Referrals for Assertive Community Treatment (ACT) services should be forwarded directly to ACT providers via the new [ACT Referral Form](#).
- ➔ Referrals for Non-Fidelity ACT services should continue to be sent to the County TCM unit until further notice.

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- ➔ Referrals for TCM services (Intensive Case Management (ICM), Resource Coordination (RC), Blended Case Management (BCM), Drug and Alcohol Case Management) must be sent directly to the appropriate TCM provider using the Referral Form.
- ➔ Providers are required to complete the screening and review of referrals of CBH members within five calendar days of receipt of referral.
- ➔ Requests for TCM authorizations should be sent to CBH Operations Support Services (OSS) at CBHauths@phila.gov using the [CBH Case Management Service Request Form](#).

Family Based Services (FBS), Functional Family Therapy (FFT), Multi Systemic Therapy/Multi Systemic Therapy- Problem Sexual Behaviors (MST/ MST-PSB), Early Childhood Treatment Programs, Mobile Psychiatric Rehabilitation Services (MPRS), Certified Peer Specialist (CPS)

- ➔ FFT: Referral form, Written order and supporting clinical documentation should be submitted to CBH via the secure web server, email to CBH.ClinicalRequests@phila.gov, or via e-fax to 215-413-8591. Providers should continue to provide updates on their weekly census reports.
- ➔ MST-PSB and Early Childhood Programs: Requests must include written order, ISPT summary, and Psychological Evaluation, and should be submitted to CBH via the secure web server, email to CBH.ClinicalRequests@phila.gov, or via e-fax to 215-413-8591. MST requests must also include the referral form. Providers should continue to provide updates on their weekly census reports.
- ➔ FBS: FBS Referral Form and Psychological or Psychiatric Evaluations should be submitted via CBH secure web server, email to CBH.ClinicalRequests@phila.gov, or via e-fax to 215-413-8591. Providers should continue to provide updates on their weekly census reports.
- ➔ MPRS and CPS: Referrals should be submitted via CBH secure web server.

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- ➔ 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).

Intensive Behavioral Health Services (IBHS)

- ➔ Requests for IBHS should be submitted via written order to the CBH secure web server or via fax.
- ➔ All requests for Behavioral Health Technician (BHT) (425-17) or BHT-ABA (425-31) for youth newly referred to IBHS will require a Functional Behavior Assessment (FBA) to be submitted to CBH with the Written Order Form.
- ➔ FBAs are not required for requests for initial assessment and treatment for regionalized IBHS (425-4 and 425-5) or for initial assessment and treatment for applied behavior analysis (425-6 and 425-7).
- ➔ Authorizations for initial assessment and treatment should be used flexibly to complete the assessment requirements for IBHS, including an FBA if BHT or BHT-ABA will be prescribed beyond the initial treatment period.

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.

In alignment with HealthChoices Program Standards and Requirements (PS&R), the process below describes a procedure for CBH Clinical Management staff to complete a retrospective review of the Medical Necessity Criteria (MNC) for a clinical service that did not require prior authorization:

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- ➔ A CCM identifies a case that does not appear to meet MNC for admission and warrants a retrospective review.
- ➔ The CCM reviews the case with a Physician Advisor (PA). If the PA is in agreement, the CCM submits a chart request letter to the provider via secure email.
- ➔ When the CCM receives the requested information, they will review the MNC for the level of care, complete a MNC chart review, and discuss with a PA.
- ➔ After the chart reviews are completed, the CCM will forward a response letter to the Provider with feedback about the outcome of the review.

Please submit questions about this Bulletin to Dr. Tamra Williams, Chief Clinical Officer, at Tamra.Williams@phila.gov.