

Sunsetting CIRC Rate, MPRS and PRS Utilization Management

This Bulletin is to inform providers of the sunsetting of the Community Integrated Recovery Center (CIRC) level of care (LOC) and rate, the transitioning of the CIRC LOC to Psychiatric Rehabilitation Services (PRS), and the new utilization review parameters for both PRS and Mobile Psychiatric Rehabilitation Services (MPRS) LOCs.

Effective July 1, 2026, providers will no longer receive the CIRC case rate. For members in CIRC who meet the requirements to receive PRS, providers can refer to the new PRS LOC, which will be billed at a per diem rate, with at least one hour/day required to achieve the per diem.

For members currently enrolled in MPRS, while the services and rate will stay the same, providers will need to follow the PRS utilization management process outlined below.

Beginning July 1, 2026, any member receiving MPRS or PRS will need to submit a CBH referral form and submit a registration to the [CBH Provider Portal](#). If a member was enrolled in CIRC with the necessary documentation listed below, they can transition to PRS on July 1, 2026. Beginning July 1, 2026, members enrolled in MPRS will go through the registration process outlined below.

The authorization/registration parameters for PRS described below will be effective on July 1, 2026:

- ➔ Referrals will be submitted through the CBH Provider Portal.
- ➔ (1) A CBH PRS Referral Form and (2) a signed Licensed Practitioner Healing of the Arts (LPHA) will be required.
- ➔ CBH will have two business days to provide a decision.
- ➔ If the referral is sufficient, CBH will provide an authorization and information-sharing.
- ➔ If the referral is insufficient, CBH will request additional information. The referring provider will have 14 days to submit the requested information.
- ➔ The initial review will occur on or before the last covered day (60 days).

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- » The provider will submit electronically through the provider portal:
 - The initial individual rehabilitation plan (IRP)
 - The assessment
 - An authorization extended for 90 days
- ➔ Request For Next Review (FNR) updates will be collected at the next review.
- ➔ The concurrent review will occur telephonically on or before the last covered day.
 - » IRPs will be updated every 90 days and available for review.
 - » Members must continue to meet medical necessity criteria (MNC).
 - » An authorization can be extended for up to 90 days with IRP to be updated.
- ➔ A submission of discharge will be submitted through the provider portal within 24 hours of a member's discharge from the program.

Additional information about the MNC, authorization forms, and process will be available on [cbhphilly.org](https://www.cbhphilly.org).