

PerformCARE®		Policy and Procedure
Name of Policy:	Clinical Care Management Decision Making	
Policy Number:	CM-011	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Bedford / Somerset <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Care Management	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	11/01/18	
Last Review Date:	11/19/18	
Next Review Date:	11/01/19	

Policy: PerformCare Clinical Care Managers (CCMs) utilize past treatment information, Medical Necessity Criteria and a risk assessment in making decisions for all requests for services.

Purpose: To assure that PerformCare CCMs make authorization and referral decisions based on Pennsylvania Department of Human Services HealthChoices medical necessary criteria and are responsive to level of urgency.

Definitions: **Risk:** The estimated level of immediate danger or potential danger of Member to self or others. The determination of Emergent, Urgent, and Routine risk levels is based on the information reported by the Member and/or family members or provider calling on behalf of the Member.
Emergency Care: A medical condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could result in:

- Placing the health of the individual in serious jeopardy
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part

In behavioral health, actions meeting the involuntary commitment standards under the Pennsylvania Mental Health Procedures Act (MHPA) would generally be considered as requiring emergency care. (There are times when voluntary commitment for Mental Health Inpatient would fall under emergency care). 55 Pa Code § 5100.85(1) requires that the application of the standards for emergency commitment in the MHPA be based “at least upon” several factors:

- 1) There is a definite need for mental health intervention without delay to assist a person on an emergency basis; and
- 2) The clear and present danger is so imminent that mental health intervention without delay is required to prevent injury or harm from occurring; and
- 3) There is reasonable probability that if intervention is unduly delayed either
 - a. the severity of the clear and present danger will increase; or
 - b. the person, with his presently available supports, cannot continue to adequately meet his own needs.

Urgent Care: Any illness or severe condition that under reasonable standards of medical practice would be diagnosed and treated within a twenty-four (24) hour period and, if left untreated, could rapidly become a crisis or emergency situation. Additionally, it includes situations such as when a Member's discharge from a hospital will be delayed until services are approved or a Member's ability to avoid hospitalization is dependent upon prompt approval of services.

Routine Care: Routine risk is determined based upon exclusion of needs consistent with emergent or urgent risk, as reported by the Member and/or family members or provider calling on behalf of the Member.

Medical Necessity Criteria (MNC): Criteria used to determine that a specific health care service is medically appropriate, based on biopsychosocial severity, and determined by a multidimensional assessment of the individual.

Inter-Rater Reliability: The use of case vignettes by Clinical Care Managers to measure the consistent application of MNC within the clinical department.

Acronyms: **CCM:** Clinical Care Managers
MNC: Medical Necessity Criteria
MHPA: Mental Health Procedures Act
LOC: Level of Care

- Procedure:**
1. Initial requests for Behavioral Health Services and continued stay requests for Members must meet Pennsylvania Department of Human Services HealthChoices medical necessity as determined by application of the Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria.
 2. When a Member or Provider requests prior-authorization for Behavioral Health Services, a PerformCare Associate completes verification of PerformCare coverage and collects relevant demographic information, documents in the PerformCare Member Electronic Medical Record and notifies CCM of the request.

3. The CCM is responsible for reviewing/responding to the request and documenting all relevant clinical information in the PerformCare Member Electronic Medical Record.
4. The CCM will approve the initial or continued stay request if medical necessity is met and generate authorization.
5. Clinical Care Managers are responsible for submitting all LOC requests that may not meet MNC to a PerformCare Physician/Psychologist Advisor for review and final determination of approval or denial of services.
 - 5.1 Clinical Care Managers are not permitted to deny a request for services, only a PerformCare Physician/Psychologist Advisor (in accordance with Appendix AA requirements) may issue a denial within the scope of their licensure and practice.
 - 5.2 The Clinical Department's Documentation Audit Tool monitors compliance of the determinations.
 - 5.3 During regular and non-business hours, the standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.
6. The CCM makes a referral for the Member to receive the approved services within the access standard based on level of urgency and risk.
 - 6.1 Emergency Care is within one (1) hour
 - 6.2 Urgent Care is within twenty-four (24) hours
 - 6.3 Routine Care is within seven (7) calendar days
7. PerformCare assures that all Clinical Care Managers and Psychologist/Physician Advisors have access to Pennsylvania Department of Human Services HealthChoices medical necessity criteria, as well as revisions.
8. PerformCare CCMs, Clinical Care Manager Supervisors, Clinical Managers and Clinical Director are master's level and licensed in the Commonwealth of Pennsylvania. All PerformCare Psychologist/Physician Advisors are licensed to practice in the Commonwealth of Pennsylvania.

Related Policies: *CM-004 Physician Advisor -Psychologist Advisor Consultation*
CM-005 Clinical Care Management Protocols for Members with Complex Conditions
CM-007 Service Denial– Behavioral Health Inpatient Services
CM-008 Longitudinal Disease Management
CM-013 Approval/Denial Process and Notification
CM-015 Inter-Rater Reliability Monitoring of Medical Necessity
CM-032 Referencing Best Practices, Clinical Guidelines and Ethical Standards to Inform Clinical Decision Making
CM-034 Emergency Services-Coverage/Reimbursement
CM-043 Requests for Prior-authorized Mental Health Services
CM-MS-026 Risk Assessment Process

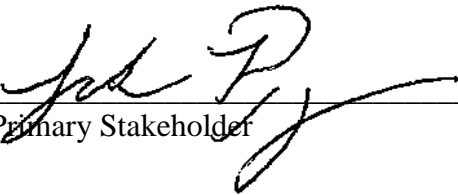
Related Reports: *Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix T HealthChoices Behavioral Health Services Guidelines for Mental Health Medical Necessity Criteria*

Source Documents and References: *55 Pa Code § 5100.85(1) OMHSAS-16-01 Mental Health Emergency Services Guidelines*

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:



Primary Stakeholder