

|                                 |   |                      |
|---------------------------------|---|----------------------|
| PerformCARE®                    |   | Policy and Procedure |
| <b>Name of Policy:</b>          | Requests for Initial and Continued Mobile Mental Health and Intellectual Disability Services  |                      |
| <b>Policy Number:</b>           | CM-054  |                      |
| <b>Contracts:</b>               | <input type="checkbox"/> All counties<br><input checked="" type="checkbox"/> Capital Area<br><input type="checkbox"/> Franklin / Fulton |                      |
| <b>Primary Stakeholder:</b>     | Clinical Department   |                      |
| <b>Related Stakeholder(s):</b>  | All Departments   |                      |
| <b>Applies to:</b>              | Associates  |                      |
| <b>Original Effective Date:</b> | 02/16/24  |                      |
| <b>Last Revision Date:</b>      | 02/12/25  |                      |
| <b>Last Review Date:</b>        | 02/12/25  |                      |
| <b>OMHSAS Approval Date:</b>    | 02/16/24  |                      |
| <b>Next Review Date:</b>        | 02/01/26  |                      |

**Policy:** Mobile Mental Health and Intellectual Disability Services require prior authorization for initial and continued authorization requests.

**Purpose:** To outline the procedure for initial and continued authorization for Mobile Mental Health and Intellectual Disability Services.

**Definitions:** None

**Acronyms:** **CCM:** Clinical Care Manager  
**LOC:** Level of Care  
**MH/ID:** Mental Health - Intellection Disability  
**MNG:** Medical Necessity Guidelines

**Procedure:**

1. A Provider will verify criteria are met for service requests prior to submitting a request for initial or continued Mobile MH-ID services per approved service description.
2. A Provider requests prior authorization for Mobile MH-ID services by submitting the PerformCare Mobile MH-ID Prior Authorization Request form to PerformCare.
3. The Provider is required to complete all information on the form for the request to be valid. If information on the form is not complete, PerformCare will make a telephonic outreach to the Provider to inform of the invalid request and provide an opportunity for resubmission.
4. Medical Necessity Guidelines for Mobile MH-ID are per admission criteria in *CM-054 Attachment 2 PerformCare Medical Necessity*

*Guidelines for Mobile MH-ID*, which is excerpted from Mobile MH-ID services, per approved service description.

5. The standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.
6. If MNG for initial services is met, the CCM will approve service for an authorization of one year for the number of units on authorization form.
  - 6.1 Requests for additional units during a current authorization period should be completed telephonically.
7. A Provider will follow the same request and form submission process for reauthorization requests as initial service requests. Reauthorization requests are to be submitted two (2) weeks prior to the expiration of the current authorization period to avoid a gap in services.
8. The assigned CCM will monitor to ensure treatment plan progress and Members move through the continuum of care appropriately based on MNG.
9. A 45-day pre-discharge planning meeting is required prior to discharge. All team members including PerformCare Care Manager, County MH-ID designee and Target Case Manager or ID Supports Coordinator (if applicable) are required to be invited to the pre-discharge planning meeting.
10. A Provider is required to notify PerformCare of a Member's discharge from Mobile MH-ID services within two (2) business days of discharge and submit a discharge summary within ten (10) days to PerformCare.

**Related Policies:** *CM-004 Physician Advisor/Psychologist Advisor Consultation*  
*CM-011 Clinical Care Management Decision Making*  
*CM-013 Approval/Denial Process and Notification*  
*QI-044 Grievance Policy*

**Related Reports:** None

**Source Documents and References:** *PerformCare OMHSAS Approved Medical Necessity Guidelines for Mobile MH-ID based on OMHSAS Approved Mobile MH-ID services per approved service description CM-054 Attachment 2.*

**Superseded Policies and/or Procedures:** None

**Attachments:** [Attachment 1 PerformCare Mobile MH-ID Prior Authorization Request Form](#)  
*Attachment 2 PerformCare Medical Necessity Guidelines for Mobile MH-ID*

Approved by:



---

Primary Stakeholder

## CM-054 Requests for Initial and Continued Mobile Mental Health and Intellectual Disability Services

### Attachment 2 PerformCare Medical Necessity Guidelines for Mobile MH-ID

PerformCare will utilize the following admission criteria for the medical necessity review of initial and continued Mobile Mental Health and Intellectual Disability Services. These admission criteria come from the Mobile MH-ID Approved Service Description:

#### **Admission Criteria:**

**Population:** Adults ages 18 and above. Individuals 18-21 may be considered for the service on a case-by-case basis, if in school or enrolled in a service funded through the child and youth system.

#### **Population Characteristics:**

- Diagnosed with a serious mental illness as defined by OMHSAS.
- Diagnosed with an intellectual disability or intellectual disability and an Autism spectrum diagnosis.
- Are experiencing frequent emergency room use, crisis services, law enforcement involvement and/or inpatient psychiatric hospitalizations.
- May be in jeopardy of losing current housing support.
- Are experiencing significant emotional distress.
- Are having significant difficulty with behavioral and/or psychiatric challenges as identified by themselves, their family and/or their provider agency.
- Are currently active with a community based psychiatric provider (psychiatrist or CRNP)
- Are currently open with a supports coordination organization and/or mental health case management organization and/or targeted case management.

This service is intended to support individuals with a serious mental illness (as defined by the PA Office of Mental Health and Substance Abuse Services) and an intellectual disability. However, occasions do arise where an individual with an intellectual disability has a mental health disorder that is not classified as a serious mental illness but is debilitating enough to impact that individual's daily life and functioning. In such cases, if an individual does meet typical criteria for this service, the current mental health disorder will be accepted in lieu of a serious mental illness diagnosis. With this exception, the Mobile MH-ID Behavioral Intervention Service team would consider a referral on a case-by-case basis.

Additional case-by-case exception criteria not in service description for ages 16 to 18 who meet above criteria.