PerformCARE®	Policy and Procedure
Name of Policy:	Procedure to Request Additional Service Units During an Authorization Period and Extension Requests for Family Based Mental Health Services (FBMHS)
Policy Number:	CM-CAS-044
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Department
Related Stakeholder(s):	Provider Network Development
Applies to:	Associates; Providers
Original Effective Date:	01/01/06
Last Revision Date:	06/12/24
Last Review Date:	06/13/24
OMHSAS Approval Date:	N/A
Next Review Date:	06/01/25

Policy: To ensure a process for providers to request additional units during an open authorization period and extensions.

Purpose: To ensure that Family Based Mental Health Services (FBMHS) providers understand the process to request additional units during a current authorization period and requirements for requesting a FBMHS extension.

Definitions: **Administrative Appeal:** Process to request payment for services that were delivered, but unauthorized by PerformCare; *FI-027 Appeals of Administrative Denials*.

Acronyms: **CCM:** Clinical Care Manager
FBMHS: Family Based Mental Health Services
MNG: Medical Necessity Guidelines
PA: Psychologist Advisor

Procedure:

1. Additional Unit Requests:
   - 1.1. When a FBMHS provider determines a Member will need more/additional units than authorized, the provider should complete the following process:
     - 1.1.1. The Provider should submit a valid additional unit request to PerformCare which includes the following:
       - 1.1.1.1. Child/Adolescent Services Request Submission Sheet.

1.1.1.2. FBMHS Additional Units/ Authorization Extension Request Form, (*Attachment 1*).

1.1.1.3. Updated treatment plan (within last 30 days) that includes measurable progress.

1.1.1.4. 30 days of the most recent provider progress notes.

1.1.2. The provider must clearly indicate the need for the additional units and increase in utilization of this service in the documentation submitted.

1.1.3. FBMHS Additional Unit requests must be submitted as complete before the end of the month in which they are requesting additional units. PerformCare's Administrative Appeals Process (*FI-027 Appeals of Administrative Denials*) should be followed for additional FBMHS units requested for the previous month. The "previous month" is defined as the last day of a calendar month-example 1/31, 2/28, 3/31, 4/30.

1.1.4. PerformCare will make a medical necessity decision according to *CM-013 Approval/Denial Process and Notification*.

1.1.5. If PerformCare's CCM need additional information to review for medical necessity as to why additional units are necessary, they may ask the following type of questions:

1.1.5.1. What is the type or (code) of service needed?

1.1.5.2. What goal areas that will be addressed?

1.1.5.3. What are the additional services that are occurring within the family?

1.1.5.4. How many crisis calls has the family needed within the last 30 days?

1.1.5.5. What was the FBMHS team's role in the crisis resolution?

1.1.5.6. What was the type of crisis event?

1.1.5.7. What was the resolution to solve the crisis?

1.1.5.8. Did the plan to resolve the crisis work, if not, how did the plan change?

1.1.5.9. How does the plan strengthen the family unit and the child's natural supports?

1.1.5.10. What is the ratio of case management intervention to therapy?

1.1.5.11. What is the ratio of family therapy to individual therapy?

1.1.5.12. What is the ratio of travel to face-to-face time spent with the family and Member?

1.1.5.13. What is the ratio of individual to team delivered service?

1.1.6. Please note that the PerformCare clinical department will not retroactively authorize for services the provider has given to the Member that have exceeded the current authorized amount. The provider will need to follow the administrative appeal process (See *FI-027 Appeals of Administrative Denials*).

1.1.7. If a provider does not send the requested information to PerformCare in time to conduct a medical necessity review or neglects to send all of the information needed to review for medical necessity, the decision may be delayed. The provider may decide to follow the administrative appeal process (See *FI-027 Appeals of Administrative Denials*).

1.1.8. If the Member has an unexpected therapeutic need or crisis near the end of the month and the agency delivers more units than approved without prior approval, the provider will need to follow the administrative appeal process (See *FI-027 Appeals of Administrative Denials*).

2. Extension Requests:

2.1. Requests for FBMHS extensions are considered an exception and are to only be utilized in the most complex cases that involve pre-planning and effective discharge planning. PerformCare expects that a request for an extension be based on the complex and unique needs of the family/Member and not because of insufficient or inadequate discharge planning by the FBMHS provider. Fidelity to the FBMHS Program must be maintained at all times. Extensions may be requested through a PerformCare Psychologist Advisor peer-to-peer telephonic request (with the FBMHS prescriber) based on the outcome of the 170-day treatment meeting.

2.2. If the Team determines that the family/Member has made progress on treatment goals, but there remains significant ongoing barriers to discharge despite additional treatment approaches and supports within the FBMHS Program, then the team may discuss the need for an extension at the 170-day treatment team meeting.

2.3. If the team determines that a FBMHS extension is clinically indicated to support the complex and unique needs of the family/Member, the prescriber (a licensed psychologist, psychiatrist, CRNP, Physician Assistant,

LPC, LCSW, or LMFT), should request the extension through a peer-to-peer telephone consult with a PerformCare Psychologist Advisor. The FBMHS team and the PerformCare CCM will need to coordinate a phone call between the Member's FBMHS prescriber and a PerformCare PA within 5-business days of the 170-day team meeting. The FBMHS provider is responsible to update the prescriber regarding barriers to discharge and lack of progress in order to complete the peer-to-peer telephone consult within 5-business days of the team meeting. Supporting clinical information will be provided to a PerformCare PA through a peer-to-peer telephonic review. Therefore, the Provider does not need to submit a new Evaluation or extension request form with prescriber signatures. PerformCare PA will review the clinical information collected from the peer-to-peer telephonic review and if the request meets medical necessity, PerformCare will issue an approval for a one-time extension for up to four weeks. If not approved, then PerformCare will follow the established denial process per *CM-013 Approval/Denial Process and Notification*.

2.4. If additional FBMHS is needed beyond the 4-week extension, then the prescriber is required to request a new extension through a peer-to-peer telephone consult with a PerformCare Psychologist Advisor.

2.5. In cases that no extension was indicated at the 170-day meeting but the need for an extension is later indicated, the FBMHS provider is required to hold another treatment team meeting. If the treatment team determines that an extension is clinically indicated, PerformCare will require a peer-to-peer telephone consult request as indicated above.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-CAS-035 Family Based Mental Health Services (FBMHS) Provider Transition Process for Families Moving Between County Funding and PerformCare
CM-CAS-036 Family Based Mental Health Services (FBMHS) in the Emergency Room
CM-CAS-038 Family Based Mental Health Services (FBMHS) in Conjunction with Targeted Case Management (TCM)
CM-CAS-040 Discharge Planning from FBMHS
CM-CAS-041 Family Based Mental Health Services (FBMHS) and Use of Family Support Services (FSS)
CM-CAS-051 Procedure for Prior Authorization for Family Based Mental Health Services (FBMHS)

CM-CAS-057 Children's Service Provider Transfer Process
FI-027 Appeals of Administrative Denials

Related Reports: *None*

Source Documents and References: *None*

Superseded Policies and/or Procedures: *None*

Attachments: *Attachment 1 FBMH Services Additional Units/Authorization Extension Request Form*
Attachment 2 Child Level of Care Submission Sheet

Approved by:

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Primary Stakeholder