

PerformCARE®		Policy and Procedure
Name of Policy:	PerformCare Position on Bundling of Psychiatric Services	
Policy Number:	PR-025	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Provider Relations Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	08/01/03	
Last Revision Date:	12/20/24	
Last Review Date:	01/01/25	
OMHSAS Approval Date:	N/A	
Next Review Date:	01/01/26	

Policy: Providers are not permitted to require Member participation in concurrent services in order to gain access to medication and other medically necessary psychiatric services.

Purpose: This policy clarifies PerformCare's expectations that Providers must not bundle psychiatric services.

Definitions: None

Acronyms: None

Procedure:

1. Background
 - 1.1. PerformCare is charged with managing medically necessary behavioral health services through a provider network, which has demonstrated quality as well as commitment to providing appropriate access to Members.
2. PerformCare Expectation of Network Providers
 - 2.1. Network Providers must not discriminate against Members who do not want or need concurrent services by refusing to provide medication management and psychiatric services unless psychotherapy is also provided.
 - 2.2. Providers must recognize that there are instances where outpatient psychotherapy is not medically indicated for a Member. For instance, persons with autism spectrum disorder or persons diagnosed with severe or profound intellectual disability will gain limited benefit from talk therapy; however, medication therapy may be very appropriate. In addition, some Members may have successfully completed psychotherapy and do not wish to engage

- the process again. However, medication therapy remains appropriate.
- 2.3. Providers must respect a Member's choice to maintain an existing relationship with an independent practitioner for psychotherapy. Additionally, Consumers have the right to participate in decisions regarding his or her healthcare, including the right to refuse treatment. This right is guaranteed through the Balanced Budget act of 1997.
 - 2.4. PerformCare recognizes that positive treatment outcomes require coordination of care between a psychiatrist and outpatient therapist, and that such coordination is more easily facilitated when services are provided concurrently by the same organization. However, participation in outpatient psychotherapy or any other service may NOT be a requirement in order for a Member to access psychiatric services.
 - 2.5. A Provider may NOT refuse to accept a Member for medication management due to lack of the individual's willingness or need for concurrent psychotherapy or any other service.
 - 2.6. Providers may, and should, recommend additional services to the Member and to the CCM when appropriate.
 - 2.7. Providers may request transfer of a Member to another provider per section II A (14) of the provider agreement if the Member declines to participate in psychotherapy if it is medically indicated. However, PerformCare expects that such a determination cannot be made prior to Member participation in services.
3. PerformCare Monitoring Strategy
 - 3.1. PerformCare encourages BSUs, SCAs, and county administrative offices, CCM, ICM/RCs and others to report instances of providers mandating therapy as a condition to receive psychiatric services to PerformCare.
 - 3.2. Complaints from Members and PerformCare Clinical Care Managers will be monitored.
 - 3.3. As PerformCare learns of instances where a provider is alleged to be mandating psychotherapy or other services in order for a Member to gain access to psychiatric services, PerformCare will be following up with the Provider specifically for the purpose of monitoring policy and procedure. Multiple reports or complaints will generate referral to the PerformCare Quality Improvement and Credentialing Committees as appropriate.
 4. PerformCare will complete quality audits of Member records as another means of identifying concerns. Auditors will review clinical notes and treatment plans for appropriateness of treatment, progress toward therapeutic goals, and overall quality of treatment.

Related Policies: None

Related Reports: None

**Source Documents
and References:** None

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

Attachments: None

Approved by:

A handwritten signature in blue ink, appearing to read "David E. Etkin", is written above a horizontal line.

Primary Stakeholder