PerformCARE®	Policy and Procedure

Name of Policy:	Mental Health/Substance Use Targeted Case Management Initial and Reauthorization Requests and Discharges
Policy Number:	CM-036
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Clinical Care Management
Related Stakeholder(s):	All Departments
Applies to:	Associates
Original Effective Date:	06/01/06
Last Revision Date:	10/09/24
Last Review Date:	10/14/24
OMHSAS Approval Date:	N/A
Next Review Date:	10/01/25

Policy: PerformCare TCM providers are expected to follow PerformCare guidelines as well as DHS and state guidelines regarding the request and provision of TCM services, including but not limited to, Title 55 Department of Public Welfare Chapter 5221 Regulations, "Intensive Case Management Services" and MH Bulletin OMH-93-09, "Resource Coordination", and PA Code Chapter 1153. Blended Case Management - DPW/OMHSAS Chapter 5221 Waiver Approval.

Purpose: To detail the process of requesting mental health and substance use Targeted Case Management authorizations and reporting discharges.

Definitions: None

Acronyms: **TCM:** Targeted Case Management which includes Intensive Case Management, Resource Coordination and Blended Case Management
DHS: Department of Human Services
MH: Mental Health
SUD: Substance Use Disorder
ICD: International Statistical Classification of Diseases and Related Health Problems

Procedure:

1. TCM services need to be registered not prior authorized.
2. Initial TCM Requests:
   - 2.1. Initial TCM requests are necessary for any consumer who has been in treatment and becomes a PerformCare Member, for PerformCare Members who are beginning TCM services, or for PerformCare Members who are going from one level of TCM to another level. Providers must do the following for initial TCM requests.
   - 2.2. Submit an initial TCM AUTHORIZATION REQUEST using the form appropriate for the type of TCM. The forms are located on the PerformCare website. MH TCM forms are in the Outpatient forms location; SUD TCM forms are in the Substance Use forms location. The request must indicate the date the authorization is to begin. PerformCare will back date TCM requests 30 days from date of registration if a start date is not requested from the provider. The number of units authorized is based on the level of TCM authorized. The standard authorization will be for a 12-month period.
   - 2.3. Submit initial requests within thirty (30) calendar days of the first billable service date. If the request is submitted more than thirty (30) calendar days after the 1st billable contact, the authorization will be issued with the start date being 30 days prior to the date the request was received by PerformCare.
   - 2.4. Include the Date of Referral, Date Matrix Completed, and Date of 1st Billable Contact. The three dates are required as part of a complete initial request and are defined as follows:
     - 2.4.1. Date of Referral: The date that the provider is notified of the Member need for services.
     - 2.4.2. Date Matrix Completed: The date the actual matrix is completed with the Member. This date may come before or after the Date of Referral depending on the Provider's referral process.
     - 2.4.3. Date of 1st Billable Contact: The first date Member received a billable service.
   - 2.5. Follow strict guidelines for meeting federal and state privacy, confidentiality, and documentation requirements.
   - 2.6. Verify PerformCare membership prior to submitting the request. If PROMISe is in error, and the Member is eligible, PerformCare will authorize retroactively if providers submit a copy of the printout showing the incorrect information.

2.7. Ensure that the ICD code meets listed diagnosis criteria requirements. A provisional diagnosis may be used for initial requests.
2.8. Indicate Co-Occurring, Dual Diagnosis and Autism Spectrum Disorders as appropriate.
2.9. For MH requests only: Note a brief reason for requesting authorization if the Member's matrix score falls outside of (either above or below) the appropriate matrix score for the service requested.
2.10. Submit only one initial authorization request. An initial service request cannot be accepted for a Member who has not been formally discharged from TCM services. If the Member was discharged from TCM services a new initial authorization request is required for the Member to be authorized again.

3. TCM Reauthorization Requests:
   3.1. At the end of the initial TCM authorization period, providers may continue submitting claims for services. A reauthorization request is not needed.
4. Returned Requests for Inability to Authorize:
   4.1. TCM Requests cannot be processed if all necessary information is not present or is not legible. The TCM unit will be notified when:
      4.1.1. Information is missing
      4.1.2. The information is not legible
      4.1.3. The individual is not a Member or has lost MA enrollment
      4.1.4. The identifying information on Member does not match PerformCare records
      4.1.5. A specific case manager is not listed
   4.2. PerformCare verifies that faxes are successfully transmitted.
   4.3. Providers have up to 30 days to review and request changes to any TCM authorization. Providers should closely inspect authorizations for accuracy as they are received. Authorizations may only be changed within 30 days of the date issued or the start date requested. All requests for changes to authorizations after 30 days must be submitted through the Administrative Appeal process. This does not affect Medical Necessity decisions but is an avenue for Providers to request additional reconsideration when administrative procedures were not followed.
5. Discharges: The TCM DISCHARGE REPORT must be completed to notify PerformCare of a Member's discharge from TCM services. Notification should take place within 30

days of discharge from services and should be faxed or mailed to PerformCare.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-037 Mental Health/Substance Use Targeted Case Management Reimbursable/Non-reimbursable Services
CM-039 Targeted Case Management Contact Expectations
CM-040 Targeted Case Management Role Expectations

Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: None

Attachments: None

Approved by:

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Primary Stakeholder