

PerformCARE®		Policy and Procedure
<b>Name of Policy:</b>	Procedure for Prior Authorization for Family Based Mental Health Services (FBMHS)	
<b>Policy Number:</b>	CM-CAS-051	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Clinical Department	
<b>Related Stakeholder(s):</b>	Provider Network Development	
<b>Applies to:</b>	Associates	
<b>Original Effective Date:</b>	04/01/13	
<b>Last Revision Date:</b>	01/19/24	
<b>Last Review Date:</b>	10/21/24	
<b>OMHSAS Approval Date:</b>	10/21/24	
<b>Next Review Date:</b>	10/01/25	

**Policy:** To establish a process for prior authorization for Family Based Mental Health Services (FBMHS).

**Purpose:** To outline PerformCare prior authorization process for FBMHS.

**Definitions:** None

**Acronyms:** **FBMHS:** Family Based Mental Health Services

**CCM:** Clinical Care Manager

**PA:** Psychologist Advisor

**MN:** Medical Necessity

- Procedure:**
1. Initial Authorization Process:
    - 1.1. The request for FBMHS may be submitted through a recommendation from a psychiatric evaluation, psychological evaluation or a letter/prescription by a licensed psychiatrist, licensed psychologist, a licensed physician, physician's assistant, or certified registered nurse practitioner. The evaluation or letter/prescription must have been completed within six (6) months of submitting the request for FBMHS.
      - 1.1.1. All psychological and psychiatric evaluations that make FBMHS recommendations must include a completed FBMHS Provider Choice form with the evaluation submission.
      - 1.1.2. All recommendations for FBMHS made using a FBMHS Recommendation Letter (*Attachment 4*) must also include FBMHS Referral Form (*Attachment 1*) as well as a completed FBMHS Provider Choice form.

- 1.2. PerformCare will review the FBMHS request for MNG determination. If the request is approved, PerformCare will facilitate referrals based on Member/Family/Guardian provider choice. The FBMHS provider is expected to contact the Member/Family/Guardian within one (1) business day of accepting the referral and offer an available appointment within seven (7) calendar days that meets the Family's needs. The denial process outlined in *CM-013 Approval/Denial Process and Notification* will be followed if the FBMHS request is not approved.
- 1.3. The provider will contact PerformCare with the start date once the FBMHS Team has met with the Member/Family/Guardian and obtained the signed consent for treatment. If the Member/Family/Guardian declines FBMHS, the provider will submit a written notification on Providers letter head to PerformCare that includes the date(s) the FBMHS Team met with Member/Family/Guardian, reasons the Member/Family decided not to participate in FBMHS, any referrals made by provider for additional services or supports. Other Children's Service Systems involved (TCM, CYS, JPO, MH-IDD, Education) with Member/Family should be copied on letter if applicable.
  - 1.3.1. Telephonic notification to PerformCare is acceptable.
- 1.4. Treatment Team meetings and ongoing treatment reviews are integral to the delivery of quality services to the Member/Family/Guardian and established standards for collaboration with all systems involved with the Member/Family/Guardian. FBMHS teams are expected to have team meetings and collaborate with all team members to obtain input regarding treatment process, barriers to progress, ongoing discharge planning and connection to community and natural supports as part of the treatment review process.
- 1.5. The treatment review process requires that FBMHS complete treatment review updates to PerformCare at a 30, 120, and 170-day intervals from the start of FBMHS, or more often as needed based on the individual needs of the Member/Family/Guardian.
2. Requirements for 30-day treatment review:
  - 2.1. The FBMHS providers must have an initial Team Meeting/Interagency Service Planning Team meeting 30 days from the start of services with all current Children's Service Systems involved with the Member/Family/Guardian to determine the therapeutic needs/goals for the Member/Family/Guardian. The school is required to provide input if FBMHS will be delivered within the school setting.
  - 2.2. PerformCare expects that the 30-day team meeting will result in the FBMHS team completing the following:
    - 2.2.1. An initial assessment.

- 2.2.2. A complete initial treatment plan that includes goals/skills development and linkage to natural/community supports.
- 2.2.3. Initiate a discussion of effective discharge planning, engagement, and treatment expectations for the Member/Family/Guardian (and school if services are being delivered within that setting) and coordination with all systems working with the Member/Family/Guardian.
- 2.3. The FBMHS team must submit the following information to PerformCare by the 45th day of treatment:
  - 2.3.1. An initial treatment plan that includes baseline data from the first 30-day assessment, developed goals for the Member, Guardian, and/or other family members in the home based on presenting problems from referral/baseline data and an individualized crisis plan for both the Member/Family/Guardian. A separate team meeting may be needed to discuss/plan additional recommendations for other children in the home when clinically indicated. The FBMHS team is expected to document the clinical rationale for any additional meetings as it relates to the Member and other children in the home.
    - 2.3.1.1. The initial treatment plan will include a tentative discharge plan with a strong focus on the need and utilization of natural/community supports through the course of FBMHS and a plan to transition supports as part of the ongoing and active discharge/aftercare planning. A Legal guardian (if appropriate) and the Member are required to sign the treatment plan. If the Member does not agree to sign, this must be indicated on the form along with the reason for not agreeing to sign.
  - 2.3.2. A completed Interagency Service Planning Team Meeting Form (*Attachment 3*) that includes the outcome of the 30-day team meeting, team members invited to the meeting, team members who attended the meeting and type of attendance. An agency form that meets these same standards may also be used in place of *Attachment 3*.
  - 2.3.3. A completed FBMHS Treatment Review Update Form (*Attachment 2*).
  - 2.3.4. A completed Child/Adolescent Services Request submission sheet (*Attachment 5*).
- 2.4. PerformCare CCM will review and follow-up with the team as clinically indicated.
- 3. Requirements for 120-day treatment review:
  - 3.1. The 120-day treatment review is expected to emphasize the need for natural/community supports to address barriers to discharge and active discharge planning during the course of treatment.

- 3.2. The FBMHS team must submit the following information to PerformCare by the 135th day of treatment:
  - 3.2.1. Updated treatment plan that includes Member and family progress on all goals and plan to work on any barriers to the treatment progress.
  - 3.2.2. Updated discharge plan with discharge criteria with a strong focus on utilization of natural/ community supports through the course of FBMHS, barriers to using natural/ community supports, workable goals to overcome barriers, and a plan to transition supports as part of the overall discharge/after care plan. The FBMHS team will be expected to confirm that all barriers to discharge will be identified and addressed through the course of FBMHS treatment.
  - 3.2.3. Updated crisis plan for the Member and Family/Guardian.
  - 3.2.4. Completed FBMHS Treatment Review Update Form (*Attachment 2*).
  - 3.2.5. Completed Child/Adolescent Services Request Submission Sheet. (*Attachment 5*).
4. Requirements for 170-day treatment review:
  - 4.1. FBMHS Providers will schedule and facilitate a treatment team meeting at the 170-day time frame. All team members must be invited and the FBMHS Provider, the Member (Member participation should be based on the Member's age/clinical appropriateness), Family/Guardian and a PerformCare CCM are required to participate, as well as the school if FBMHS is being delivered within the school setting. All discussion and communication of information will take place during the meeting; therefore, no paper submission is required.
  - 4.2. The primary focus of the 170-day treatment meeting needs to be the discussion of treatment progress for the Member and Family/Guardian, active, effective, and timely discharge planning to assure all barriers to treatment progress and barriers to discharge are actively being addressed, as well as the natural/community supports that are in place to transition at time of discharge. In addition, the team will discuss the current goals that are beneficial to the Member/Family/Guardian's treatment needs and any goals that need changed to meet the needs of the Member/Family/Guardian.
  - 4.3. The team meeting needs to address final discharge plans that emphasize which natural/community supports are in place as part of aftercare upon discharge. FBMHS is a 32-week comprehensive and intensive level of treatment that should, in the majority of cases, be able to meet the treatment needs of the Member and Family/Guardian.
  - 4.4. Aftercare recommendations from FBMHS should be based on the CASSP Principles including least restrictive and less intensive

treatment philosophy that will support the Member and Family/Guardian's skills. In most cases, the aftercare should be natural & community supports that were established during the course of FBMHS treatment with consideration of MH-OP (Individual & Family) as an effective aftercare treatment. The use of in-home mental health services would not be expected for Members who have completed the FBMHS Program. Consideration for use of in-home mental health services after FBMHS will be made on a case-by-case basis per the Member's presenting problems and medical necessity.

- 4.5. The 170-day treatment review is completed solely through the team meeting process; therefore the FBMHS Provider is not required to submit written documentation to PerformCare for this review.
5. Expectations for ongoing collaboration and communication throughout the 32-week course of FBMHS Treatment:
  - 5.1. PerformCare expects that the FBMHS Team and/or Member/Family/Guardian contact PerformCare CCM any time problems or concerns arise during the course of treatment that may affect a successful discharge from FBMHS (i.e., Family is not engaged in treatment, team member believes that the Member's behaviors may require out of home treatment in a CRR-HH or RTF, etc.).
  - 5.2. The PerformCare CCM will make additional contacts, follow up, engage in treatment team meetings, and consult with PerformCare Psychologist Advisors as needed based on the individual needs of the Member/Family/Guardian throughout the course of FBMHS Treatment.

**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-044 Procedure to Request Additional Service Units During an Authorization Period and Extension Requests for Family Based Mental Health Services (FBMHS)*  
*CM-CAS-057 Children's Service Provider Transfer Process*

**Related Reports:** None

**Source Documents  
and References:** None

**Superseded Policies  
and/or Procedures:** *CM-CAS-033 Prior Authorization and Reauthorization Procedure for  
Requesting Family Based Mental Health Services*  
*CM-CAS -045 Family Based Mental Health Services Extensions Beyond 32  
Weeks*

**Attachments:** [Attachment 1 Initial FBMHS Request/Referral Form](#)  
[Attachment 2 FBMHS Treatment Review Update Form](#)  
[Attachment 3 ISPT/Team Meeting Form](#)  
[Attachment 4 FBMHS Recommendation Letter](#)  
[Attachment 5 Child/Adolescent Services Request Submission Sheet](#)

Approved by:



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Primary Stakeholder