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| PerformCARE®                    |   | Policy and Procedure |
| <b>Name of Policy:</b>          | Clinical Care Management Decision Making  |                      |
| <b>Policy Number:</b>           | CM-011  |                      |
| <b>Contracts:</b>               | <input checked="" type="checkbox"/> All counties<br><input 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> | 10/01/01  |                      |
| <b>Last Revision Date:</b>      | 02/13/26  |                      |
| <b>Last Review Date:</b>        | 02/13/26  |                      |
| <b>OMHSAS Approval Date:</b>    | N/A   |                      |
| <b>Next Review Date:</b>        | 02/01/27  |                      |

**Policy:** PerformCare Clinical Care Managers (CCMs) utilize past treatment information, Medical Necessity Guidelines, and a risk assessment in making decisions for all requests for services.

**Purpose:** To ensure that PerformCare CCMs make authorization and referral decisions based on Pennsylvania Department of Human Services HealthChoices and PerformCare’s OMHSAS approved Medical Necessity Guidelines and are responsive to level of urgency.

**Definitions:** **Risk:** The estimated level of immediate danger or potential danger of Member to self or others. The determination of Emergent, Urgent, and Routine risk levels is based on the information reported by the Member and/or family members or provider calling on behalf of the Member.  
**Emergent/Emergency Care:** A medical condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could result in:

- Placing the health of the individual in serious jeopardy
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part

In behavioral health, actions meeting the involuntary commitment standards under the Pennsylvania Mental Health Procedures Act (MHPA) would generally be considered as requiring emergency care. (There are times when voluntary commitment for Mental Health Inpatient would fall under emergency care). 55 Pa Code § 5100.85(1) requires that the application of the standards for emergency commitment in the MHPA be based “at least upon” several factors:

- 1) There is a definite need for mental health intervention without delay to assist a person on an emergency basis; and
- 2) The clear and present danger is so imminent that mental health intervention without delay is required to prevent injury or harm from occurring; and
- 3) There is reasonable probability that if intervention is unduly delayed either.
  - a. the severity of the clear and present danger will increase; or
  - b. the person, with presently available supports, cannot continue to adequately meet his own needs.

**Urgent Care:** Any illness or severe condition that under reasonable standards of medical practice would be diagnosed and treated within a twenty-four (24) hour period and, if left untreated, could rapidly become a crisis or emergency situation. Additionally, it includes situations such as when a Member's discharge from a hospital will be delayed until services are approved or a Member's ability to avoid hospitalization is dependent upon prompt approval of services.

**Routine Care:** Routine risk is determined based upon exclusion of needs consistent with emergent or urgent risk, as reported by the Member and/or family members or provider calling on behalf of the Member.

**Medical Necessity Guidelines (MNG):** Guidelines used to determine that a specific health care service is medically appropriate, based on biopsychosocial severity, and determined by a multidimensional assessment of the individual.

**Inter-Rater Reliability:** The use of case vignettes by Clinical Care Managers to measure the consistent application of MNG within the clinical department.

**Acronyms:** **CCM:** Clinical Care Managers  
**LOC:** Level of Care  
**MAPA:** Mental Health Procedures Act  
**MNG:** Medical Necessity Guidelines  
**OMHSAS:** Office of Mental Health and Substance Abuse Services

- Procedure:**
1. Initial and continued stay requests for Behavioral Health Services must meet Pennsylvania Department of Human Services HealthChoices Medical Necessity Guidelines as determined by application of the Pennsylvania Department of Human Services HealthChoices Behavioral Health, Program Standards and Requirements, Behavioral Health Services Medical Necessity Guidelines: Appendix S & T (including ASAM), as well as PerformCare OMHSAS approved MNG.
  2. When a Member or Provider requests prior authorization for Behavioral Health Services, a PerformCare Associate completes verification of PerformCare coverage, collects and/or reviews relevant demographic information, documents in the PerformCare Member Electronic Medical Record and notifies CCM of the request.

3. The CCM is responsible for reviewing/responding to the request and documenting all relevant clinical information in the PerformCare Member Electronic Medical Record.
4. The application of MNG is based on the individual needs of Members. During the Clinical review, the CCM reviews the local delivery system and the availability of the appropriate level of care. The CCM will approve the initial or continued stay request, if medical necessity is met, and generate an authorization.
5. CCMs are responsible for submitting all LOC requests that may not meet MNG to a PerformCare Psychiatrist /Psychologist Advisor for review and final determination of approval or denial of services.
  - 5.1 CCMs are not permitted to deny a request for services, only a PerformCare Psychiatrist Psychologist Advisor (in accordance with Appendix AA requirements) may issue a denial within the scope of their licensure and practice.
  - 5.2 The CCM Documentation Audit Tool monitors compliance of the determinations.
  - 5.3 During regular and non-business hours, the standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.
6. The CCM facilitates a referral for the Member to receive the approved services within the access standard based on level of urgency and risk.
  - 6.1 Emergency Care is within one (1) hour.
  - 6.2 Urgent Care is within twenty-four (24) hours.
  - 6.3 Routine Care is within seven (7) calendar days.
7. PerformCare ensures that all CCMs and Psychiatrist /Psychologist Advisors have access to Pennsylvania Department of Human Services HealthChoices and PerformCare's MNG, as well as revisions.
8. PerformCare CCMs, CCM Supervisors, Manager, Care Management and Director of Clinical Services are master's level and licensed in the Commonwealth of Pennsylvania. All PerformCare Psychiatrist/Psychologist Advisors are licensed to practice in the Commonwealth of Pennsylvania.

**Related Policies:** *CM-004 Physician Advisor -Psychologist Advisor Consultation*  
*CM-007 Service Denial- Behavioral Health Inpatient Services*  
*CM-012 Authorization of Psychological and Neuropsychological Testing*  
*CM-013 Approval/Denial Process and Notification*  
*CM-015 Inter-Rater Reliability Monitoring of Medical Necessity*  
*CM-028 Requests for Prior-Authorized Substance Use Disorder Services*  
*CM-029 Authorization Requests for Drug and Alcohol Hospital and Non-Hospital Based Detoxification*  
*CM-034 Emergency Services-Coverage/Reimbursement*  
*CM-043 Requests for Prior-Authorized Mental Health Services*  
*CM-047 Authorization and Delivery of Music Therapy Services*

*CM-053 Requests for Initial and Continued Stay Assertive Community Treatment Services*  
*CM-054 Requests for Mobile Mental Health Intellectual Disability Service*  
*CM-055 Requests for Transcranial Magnetic Stimulation*  
*CM-060 Denial Letter Review & Auditing Procedures*  
*CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) – BC/MT/BHT & ABA Services*  
*CM-CAS-043 Initial & Re-Authorization Requirements for Intensive Behavioral Health Services (IBHS) – Group/Evidenced-Based Therapy/Other Individual Services*  
*CM-CAS-051 Procedure for Prior Authorization for Family Based Mental Health Services*  
*CM-CAS-053 CRR-HH Initial and Re-authorization Process*  
*CM-CAS-054 RTF Initial and Re-authorization Process*  
*PR-001 Service Authorization Procedures and Standards for Out-of-Network Providers*  
*QI-044 Grievance Policy*

**Related Reports:** *Pennsylvania Department of Human Services HealthChoices Behavioral Health Program, Program Standards and Requirements, Appendix S & T (including ASAM)*

*PerformCare Medical Necessity Guidelines for Psychological and Neuropsychological Testing per policy CM-012 Authorization of Psychological and Neuropsychological Testing & Guidelines*

*PerformCare Medical Necessity Guidelines for ECT CM-045 Requests for Initial, Continuation and Maintenance for Electroconvulsive Therapy*

*PerformCare Medical Necessity Guidelines for Music Therapy per policy CM-047 Authorization and Delivery of Music Therapy Services*

*PerformCare Medical Necessity Guidelines for Assertive Community Treatment Services per policy CM-053*

*PerformCare Medical Necessity Guidelines for Mobile Mental Health Intellectual Disability Services per policy CM-054*

*PerformCare Medical Necessity Guidelines for Transcranial Magnetic Stimulation per CM-055*

*PerformCare Medical Necessity Guidelines for Community Residential Rehabilitation-Host Home per policy CM-CAS-053 CRR-HH Initial and Re-authorization Process*

**Source Documents**

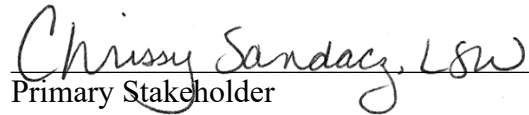
**and References:** *55 Pa Code § 5100.85(1)*  
*OMHSAS-16-01 Mental Health Emergency Services Guidelines*

**Superseded Policies**

**and/or Procedures:** None

**Attachments:** None

Approved by:

  
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Primary Stakeholder