



PROVIDER ALERT

Alert # 09 – 2005 – 07 – 25 – HCAL, HCCH, HCYA, HCBerks

Clarification of the June 24, 2005 Bulletin on Psychological/Psychiatric/Clinical Re-Evaluations and Re-Authorizations for BHRS for Children and Adolescents with Behavioral Health Needs Compounded by Developmental Disorders Such as Autistic Disorders and Other Pervasive Developmental Disorders (PDD)

Medical Assistance Bulletin 07-05-01, 08-05-04, 09-05-05, 11-05-03, 19-05-01, 31-05-05 was issued on June 24, 2005 and will go into effect on August 1, 2005. Due to requests for clarification from providers, Community Care is issuing this provider alert to clarify the understanding of this bulletin. Please note that these changes will be effective beginning on August 1, 2005.

- With respect to Best Practice Psychological Evaluations for initial or ongoing BHRS requests for children with Autism and other Pervasive Developmental Disorders, the licensed practitioner (psychologist, psychiatrist, developmental pediatrician or pediatric neurologist) may request services **for up to twelve months** if the nature of the child's disorder is such that the medical necessity for the requested intensity of BHRS is expected to continue throughout the recommended service period. Shorter periods of authorizations are indicated if treatment of the child's disorder may lead to significant change in the child's condition in less than a year. This flexibility was designed to acknowledge the expected pace of the child's response to treatment.
- Please note that prescribers may request services for up to twelve months for evaluations performed and requests for BHR services submitted **on or after August 1, 2005**. If a child with autism or PDD is already receiving BHR services, has had an initial or re-evaluation before August 1, 2005 or had a packet submitted for BHR services before August 1, 2005, this bulletin does not apply for that recommended service period. The extended authorization process, however, may be instituted for the next authorization period if the evaluation and packet submission both occur on or after August 1, 2005. Please understand that Community Care is unable to lengthen the service period for any authorizations that have been given prior to August 1, 2005.
- Documentation requirements with respect to the Interagency Service Planning Team Meeting (ISPT), Sign-in/Concurrence Forms, Plan of Care (POC) and Treatment Plans will continue as defined in the previous MA bulletin, 08-04-06, 09-04-08, 11-04-06, 19-04-04, 31-04-13.
- In accordance with bulletin 01-01-05, 29-01-03, 33-01-03, 41-01-02, 48-01-02, 49-01-04, 50-01-03, an ISPT meeting will be required only before BHR services are initiated and annually thereafter unless:

- a. any member of the team, including the parent or responsible caregiver, requests that the team convene sooner, based on the needs of the child or adolescent (please note that the care manager is a member of the treatment team); or
- b. the child is receiving (or expected to receive) services from three or more service delivery systems (e.g., mental health, mental retardation, children and youth, juvenile justice, drug and alcohol, education). In this instance an ISPT and treatment plan update is required at least every 4 months or more frequently if requested so by any member of the treatment team.

Documentation generated as a result of new ISPT's being held for one of the reasons stated above (a or b) must be kept in the child's clinical record and available for review upon request by Community Care. All such documentation must be submitted when a re-authorization request is submitted to Community Care.

The member's Community Care Care Manager must be invited to all ISPT's, and as always, will attend as many meetings as possible.

- For BHR services delivered in the school setting the ISPT must include the appropriate school staff to assess the child's needs in school prior to the delivery of BHR services in the school setting. The best interest of our members requires this inclusion for all members receiving BHRs in school settings, including those with developmental disabilities.
- As per the June 24, 2005 bulletin, if a new service or an increase in service is requested during an extended authorization period, i.e., one that exceeds 4 months, a new evaluation is required. As a result, a new ISPT, and packet would need to be submitted as well. If the need for Summer Therapeutic Activities Program (STAP) is identified during an extended authorization period, a face-to-face addendum by the original evaluator may be used to request the service, rather than a complete evaluation. Please note that Community Care has previously accepted a prescriber collaboration form, an amended POC and an updated treatment plan to add a new service, increase the amount of a service or add STAP to an already existing authorization. However, due to the bulletin, the provider collaboration form can no longer be accepted for any of these additions if an extended authorization, i.e., authorization that exceeds 4 months, has been issued. Instead, a new complete packet, including a Best Practice evaluation, ISPT meeting, ISPT sign-in sheet, ISPT summary, treatment plan, etc., will be required anytime a new service or an increase in service is requested for a member with an existing extended authorization. A face-to-face addendum rather than a new evaluation, an ISPT, ISPT sign-in sheet, ISPT summary, etc., will be required when adding STAP to an existing extended authorization.