



# PROVIDER ALERT



Alert #19-10-27- 2008– HCAL, HCYO, HCAD, HCBK, HCNE, HCNC, HCKK

## ATTENTION ALL BHRS PROVIDERS AND PRESCRIBERS

### **NEW Community Care Best Practice Evaluation Authorization Request Forms and Procedures**

### **For: All BHRS Programs (including Multisystemic Therapy (MST), BHRS Exception Programs and STAP)**

In an effort to standardize procedures across all Community Care Contracts/Counties and to simplify the process for requesting an authorization for Best Practice (BP) Evaluations and the Prescriber's Attendance at the ISPT, Community Care has modified the procedures for obtaining an authorization for these services. Effective December 1, 2008, the Best Practice Evaluation Authorization Request Form will be the only way to request an authorization for an initial or continued stay Best Practice Evaluation or the Prescriber's Attendance at the Initial/Continued Stay ISPT. Please request authorization for these services by faxing this completed form to Community Care **after** the service(s) have been delivered. Please specify the **exact date** each service was rendered in the space provided on the authorization form. Authorizations must be requested within 30 days of the service delivery date. You may request an authorization for the Initial BP Evaluation or BP Re-Evaluation and the corresponding Prescriber ISPT attendance on the same authorization form. Please do not request an authorization for these services before you have rendered the service. **Requests for prior authorizations for these services will not be accepted.**

**Please note that the BHRS Plan of Care Summary (POC) may no longer be used to request an authorization for a Best Practice Re-Evaluation or the Prescriber's Attendance at the Initial or Continued Stay ISPT.**

Please use the revised Best Practice Evaluation Authorization Request Form for **all BP evaluations, BP Re-Evaluations and to obtain an authorization for the Prescriber's Attendance at the initial or continued stay ISPT for all services performed on or after Monday, December 1, 2008.**

The Best Practice Evaluation Authorization Request Forms can be downloaded from the Community Care website by putting the following web address into your browser and selecting the appropriate county option under Evaluation and Authorization Request in the BHRS Forms category:  
<http://www.ccbh.com/providers/phealthchoices/forms/index.php>

For your convenience, please note that although these forms are in PDF format, they may now be saved and edited for future use.

If you have any questions regarding the new form/procedure, please do not hesitate to contact your Care Manager or your Provider Representative at 1-888-251-2224 immediately for assistance.

Thank you.