



PROVIDER ALERT

Alert # 3 04-01-2010 HCY/A, HCBK

Notification Regarding Changes Related to Child and Adolescent Acute and Non-Acute Partial Hospital Program (PHP) Services

Please note that providers contracted to provide Child and Adolescent Non-Acute PHP services may refer to their programs by other names such as sub-acute and school based.

In 2006, Community Care implemented a paper Pre-Certification, Continued Stay Review and Discharge process for Non-Acute PHP providers. As a result of analysis of this process and the process for Pre-Certification for Acute Partial, Community Care is instituting changes to the authorization process in an effort to improve the quality of and access to Child and Adolescent PHP services.

Community Care is issuing this alert to inform all providers of the following changes to Acute and Non-Acute PHP services effective April 15, 2010:

Implementation of Interagency Service Planning Team (ISPT) meetings for all Child and Adolescent PHP referrals:

Effective April 15, 2010, Community Care is implementing a requirement that ISPT meetings must be held for all Child and Adolescent PHP referrals prior to a PHP provider requesting an initial authorization.

- At the point where a decision is made to refer a child to a Partial Hospital Program, the referring organization or PHP must schedule an ISPT meeting and invite the Community Care Care Manager via email (contact the care manager for instructions).
- In addition to the Community Care Care Manager, the interagency team should include the child, parent(s) or legal guardian(s), targeted case manager, providers who are currently providing services to the child, a representative from the school district, and any other child-serving agencies that are providing services to the child and family.
- The purpose of the ISPT meeting is to allow the team to determine if Partial Hospitalization is the correct level of care, identify alternatives if needed, and best identify the type of PHP if applicable for the referral. It will also ensure that those children referred to this level of care are known to Community Care and that their treatment is being managed.

Authorization Process for Child and Adolescent Acute and Non-Acute PHP Services:

Effective April 15, 2010, Community Care is implementing a fax Pre-Certification process and a telephonic Continued Stay and Discharge Review process for all PHP Services.

- If Partial Hospitalization is recommended by the interagency team, the PHP provider will be required to fax a Pre-Certification authorization request to Community Care within 5 days following the ISPT meeting. The Care Manager may contact the provider to request additional information to help substantiate the request. Providing that medical necessity criteria are met, an authorization for Non-Acute PHP will be given to the provider within 2 business days. Authorization for Acute PHP will be given within 24 hours. Unless otherwise indicated, up to 60 days will be authorized for Non-Acute PHP and up to 15 days for Acute PHP.
- Should there be extenuating circumstances which interfere with an ISPT being scheduled, the PHP provider must contact the Care Manager to discuss the possibility of a telephonic Pre-Certification Review being held instead of an ISPT meeting.
- The PHP Care Manager will schedule the telephonic Continued Stay Review with the PHP provider when notifying the provider of the initial authorization. Telephonic Continued Stay Reviews will be required in order to request further authorizations and must occur at least 5 days prior to the last covered date for Non-Acute PHP and 2 days for Acute PHP.
- Telephonic Discharge Reviews must be held 2 days prior to discharge from both Non-Acute and Acute PHP.
- If the PHP Care Manager has any concerns related to the Pre-Certification, Continued Stay, or Discharge, the request will be referred to a Professional Advisor (PA).
- The templates that are used for Pre-Certification, Continued Stay Reviews and Discharge Reviews will be given to all PHP providers so that they will be aware of the information needed for the review and any written documentation submitted must be complete.

If you have any questions related to these changes, please contact your provider relations representative.