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.