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MEDICAID MEMO

TO: Providers of Community Mental Health Rehabilitative Services and Managed Care Organizations

FROM: Gregg A. Pane, MD, MPA, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 6/16/2011

SUBJECT: New Service Authorization Requirement for an Independent Clinical Assessment for Medicaid and FAMIS Children's Community Mental Health Rehabilitative Services

Effective July 18, 2011, the Department of Medical Assistance Services (DMAS) will require an independent clinical assessment as a part of the service authorization process for Medicaid and FAMIS children's community mental health rehabilitative services (CMHRS). This includes children and youth up to age 21 enrolled in Medicaid and FAMIS fee for service or managed care programs. DMAS will contract with local Community Services Boards (CSBs) or the Behavioral Health Authority (BHA) (herein referred to as the "independent assessor") to conduct the independent clinical assessment. The affected children's community-based mental health rehabilitative services are Intensive In-Home (IIH), Therapeutic Day Treatment (TDT), and Mental Health Support Services (MHSS) for individuals up to the age of 21. Each child or youth must have at least one independent clinical assessment either prior to the initiation of the affected services mentioned above or for individuals already receiving services, the independent clinical assessment will be required as part of the first service re-authorization process. Children and youth who are being discharged from residential treatment (DMAS Levels A, B, or C) do not need an independent clinical assessment to access IIH, TDT, or MHSS. They are required to have an independent clinical assessment as part of any subsequent service reauthorization.

An independent clinical assessment must be conducted by the CSB/BHA prior to the authorization of new service requests for one of the affected CMHRS services for dates of service beginning on or after July 18th, 2011. New services are defined as CMHRS services for which the individual does not have a current service authorization in effect as of July 17, 2011. Independent assessors shall meet the DMAS definition of a licensed mental health professional including persons who have registered with the appropriate licensing board and are working toward licensure.

Effective September 1, 2011, a completed independent clinical assessment will be required for those individuals up to the age of 21 who are currently receiving services and whose service re-authorization is due for dates of service on or after September 1, 2011 for IIH, TDT, and MHSS. CSBs/BHAs will conduct independent clinical assessments on and after August 1, 2011 for service re-authorizations with dates of service continuing on and after September 1, 2011.

For children and youth currently receiving Intensive In-Home, Therapeutic Day Treatment, or Mental Health Support Services (under 21) and for whom a re-authorization is desired, an independent clinical assessment must be conducted within the thirty (30) days prior to the current service authorization expiration date. The provider of services shall inform the parent/legal guardian in writing at least 30 days prior to the current service authorization expiration date that an independent clinical assessment is needed. To facilitate the process, providers should encourage parents/legal guardians to call for an appointment as early as possible. The independent clinical assessment must be completed and submitted to KePRO by the independent assessor prior to the service provider submitting the service re-authorization request to KePRO, or the request will be administratively rejected. A copy of the independent clinical assessment must be in the service provider's client's file.

Levels A and B Residential Services will follow these same requirements effective in November 2011. Providers will be notified 30 days in advance when this requirement is implemented. Please note that Mental Health Support Services and Levels A & B Residential Services are not a covered benefit for MCO FAMIS enrollees.

The Independent Assessment Process

1. A parent or legal guardian of a child or youth who is believed to be in need of one of the affected community-based mental health rehabilitative services must contact the local CSB/BHA to request an independent clinical assessment. If a service provider receives a request to provide one of the affected services, the service provider must refer the parent/legal guardian to the local CSB/BHA first to obtain the independent clinical assessment. The independent clinical assessment must be completed prior to service initiation**.** (Please see the behavioral health section of the DMAS website www.dmas.virginia.gov, for a list of CSB/BHA contact information.)

   If the child or youth is in immediate need of treatment, the independent assessor will make a referral to appropriate, currently reimbursed Medicaid emergency services in accordance with 12 VAC 30-50-226 and may also contact the child or youth's MCO to alert the MCO of the child's needs.

2. Once the CSB/BHA is contacted by the parent or legal guardian, the independent clinical assessment appointment will be offered within five (5) business days of a request for IIH Services and within ten (10) business days of a request for TDT and MHSS. The appointment may be scheduled beyond the respective time frame at the documented request of the parent or legal guardian. CSBs/BHAs will attempt to accommodate working schedules of parents and legal guardians. Medicaid transportation may be used to transport the child or youth and parent/legal guardian to the independent clinical assessment appointment.

3. The independent assessor will conduct the independent clinical assessment with the child or youth and the parent or legal guardian using a standardized format and make a recommendation for the most appropriate, medically necessary services, if indicated. Only the parent or legal guardian and child or youth will be permitted in the room during the independent clinical assessment. Recommendations may include community mental health rehabilitative services, psychiatric, or outpatient mental health services.

4. The independent clinical assessor will inform the parent or legal guardian about the recommended service options and their freedom of choice of providers. The family or legal guardian will be asked if they have a service provider in mind for the recommended service(s). If a service provider has been identified, the independent assessor will note the choice of service provider on the Choice form. In

addition, the independent assessor will ask the parent or legal guardian to sign a release of information if the parent agrees to share clinical assessment information with the chosen service provider(s). If a service provider has not been identified, the independent assessor will provide the parent or legal guardian with a provider list generated by DMAS. For outpatient mental health services, the independent assessor will provide the parent or legal guardian with a provider list generated by the child or youth's MCO or, for individuals in the Medallion program, the parent or guardian can contact the primary care physician.

5. The independent assessor will electronically submit the independent clinical assessment summary data within one (1) business day of completing the assessment into the KePRO iEXCHANGE™ service authorization system. KePRO will process the independent clinical assessment and will batch this information into the MMIS. The independent clinical assessment will be effective for a 30 day period. The independent assessor will complete assessment documentation within three (3) business days.

6. If a community mental health service has been recommended, the parent or legal guardian will choose and contact a service provider. Prior to the initiation of treatment, the CMHRS service provider must request a copy of the findings of the independent clinical assessment. If the parent or legal guardian consents to the release of information, the independent assessor will mail, fax or send a copy of the independent clinical assessment to the service provider within five (5) business days of the request. The service provider (supported by the independent assessment) will then conduct a service specific assessment for IIH (H0031), Therapeutic Day Treatment (H0032, U7) or Mental Health Support Services (H0032, U8) and develop an initial service plan. (Please refer to Chapter IV of the CMHRS Provider Manual for complete guidance.)

7. If the selected service provider concurs that the child meets criteria for the service recommended by the independent assessor, the selected service provider will submit a service authorization request to KePRO. A copy of the independent clinical assessment must be in the service provider's client's file. **The service provider's service specific assessment for IIH (H0031), Therapeutic Day Treatment (H0032, U7) or Mental Health Support Services (H0032, U8) must not occur prior to the mental health independent assessment.**

8. If a service provider identifies the need for additional services not included in the independent clinical assessment that is clinically indicated due to a significant change in the child's life that occurred after the independent clinical assessment, the service provider must contact the independent assessor and request a modification within thirty (30) days of the completion of the independent clinical assessment. If the independent assessment is greater than thirty (30) days old, another independent clinical assessment must be obtained prior to the initiation of a new CMHRS service. Examples of a significant change include hospitalization; school suspension or expulsion; death of a significant other; or hospitalization or incarceration of a parent/legal guardian.

Service Authorization Process for Community Based Mental Health Rehabilitative Services

The current process for requesting service authorizations from KePRO remains the same with one exception. The authorization checklists have been revised to include new independent clinical assessment questions. (Please see *The Community Mental Health Rehabilitation Services Manual, Appendix C*.) If the provider submits a service authorization request without record of having a current (within 30 days) clinical independent clinical assessment, KePRO will administratively reject the request. An independent clinical assessment must be obtained prior to re-submitting the request and initiating services since it is a required component of the service authorization process.

- If the independent assessment does not recommend the requested service and the service provider agrees with the independent clinical assessment recommendation, no service authorization request will be submitted to KePRO. If the service provider documented a significant change in the child's life since the independent clinical assessment that may change the independent assessor's recommendation, the service provider must contact the independent assessor to discuss the recommendation. The CSB/BHA may modify the independent clinical assessment as deemed necessary. All modifications must be submitted to KePRO electronically via iEXCHANGE™ prior to the submission of a service authorization request for that service.

- If the independent assessor does not recommend the service and the parent/legal guardian disagrees with the recommendation, the parent/legal guardian may approach a service provider requesting the service. If, after conducting the service specific assessment, the service provider identifies additional documentation beyond the independent clinical assessment that demonstrates the service is clinically indicated, the service provider may submit a service authorization request to KePRO. KePRO will review the service authorization submission and the independent assessment, and make a determination. If the determination results in a service denial, the member and service provider will be notified of the decision and the appeals process.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.