CARE MANAGEMENT ALERTS

Smoky Mountain Care Management Newsletter

Authorization Guidelines Updates:

- **Updated 1/1/15**. MH/SA Adult Medicaid (click here)
- **Updated3/13/15.** MH/SA Child Medicaid (click here)

Helpful tips:

Counting dates. AlphaMCS does not always count your days correctly. Please check your day counts to ensure they are correct. One of the places you can check your dates is a website called timeanddate.com. The site will count the dates and verify timeframe is accurate.

Did the document upload? When uploading documents to AlphaMCS please make sure you receive the "uploaded successfully" response. Otherwise try again.

Spring brings new things, one of these is service review checklists. These checklists are used by our care managers as part of the process for reviewing service requests. Please note that Smoky Care Management has posted links to our service review checklists on the Smoky website. There you will find all of the service specific review tools that Care Management staff use to evaluate requests for Medicaid B & C services. We encourage providers' utilization management staff to access these tools to help with submitting timely and accurate requests with quality documentation. Included in these checklists are specific items we review including elements of the service definition, and quality of clinical assessments. Use them as a reference guide to identify areas of improvement and to understand how Service Authorization Requests (SARS) are processed. Please contact the Care Management department if you have any questions or concerns about these checklists. X 1902.

14 Days to Make a Decision

Care Managers make decisions to approve or deny service requests within fourteen (14) days of receiving the Service Authorization Request (SAR). Please remember ALL routine requests for services should be received at least fourteen (14) days prior to the effective start date of the service. For continued authorization requests, Providers are required to submit the request for continued service authorizations at least fourteen (14) days prior to the end of the current authorization. This process ensures that Care Management decisions are made before the end of the current authorization and allows for the provider and the consumer to be made aware of the decision and avoid any possible lapses in covered days.

Why was my SAR Administratively Denied?

Administrative denials are issued when required information is not submitted with the applicable SAR. Examples of required information or documentation could include the following:

- Comprehensive Clinical Assessment (CCA)
- Comprehensive Crisis Plan (CCP)
- CA/LOCUS and/or ASAM scores
- Person-Centered Plan (PCP)
- Signed service order that is valid for the service dates requested
- IDD - Signed Level of Care Form (LOC) for ICF-IID
- NIDD - NC SNAP for IDD providers
- Psychological Evaluation when initial request is made for IDD services.

Reminder for IDD providers: Please complete quarterly progress summaries for habilatative services. Upload these summaries into AlphaMCS upon completion.
Read more in previous care management alerts.

Attention level III providers

A psychiatric or psychological assessment is required for authorization requests past the 180 day mark. These must **be completed by a psychiatrist (MD/DO) or psychologist (PhD)** within 60 days of the requested start date of the requested re-authorization period. This psychiatric or psychological assessment must be completed by an independent practitioner who is not associated with the residential services provider if the provider is not a Critical Access Behavioral Health Agency (CABHA). If the residential services provider is a certified CABHA the assessment may be completed by a professional associated with the CABHA.

Attention All Providers- Care Management Reminders for Improved Quality of Care for Consumers

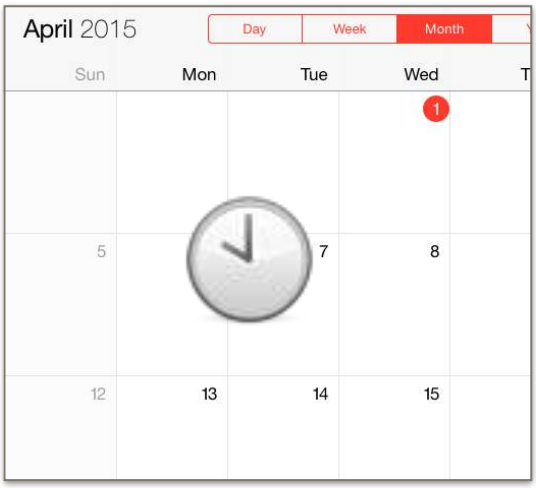
To best support our consumers in whole person care, Smoky Mountain LME/MCO's Care Managers utilize CALOCUS, LOCUS and ASAM scores to assess appropriate levels of care for mental health and substance use disorders. Effective May 1, 2015, any SAR submitted for consumers that are dually diagnosed (mental health/substance use) will be required to contain both a CALOCUS/LOCUS score and an ASAM score, regardless of the treatment being requested. If both scores are not received for a consumer who is dually diagnosed the SAR will be administratively denied.

For information about CALOCUS/LOCUS and other trainings please visit our website and click the Calendar of Events.

Scheduled CALOCUS/ LOCUS trainings

LOCUS is 4/14/15, 9:00 to 12:00, at WCU Campus at Biltmore Park, Room 338. Asheville. Register for LOCUS

CALOCUS is 4/14/15, 1:00 to 4:00 at WCU Campus at Biltmore Park, Room 338, Asheville. Register for CALOCUS



Service Authorization Requests (SARS) for Outpatient Therapy

Generally authorizations are not required for Medicaid outpatient therapy service(s) under Smoky's current benefit plan. However, there are times when providers should still submit a SAR for these services. Any instance in which outpatient therapy is being delivered under Early and Periodic Screening, Diagnosis, and Treatment (< age 21) (EPSDT) criteria should be evaluated by Smoky Care Management and authorization issued when medical necessity dictates. This occurs most often when a consumer is receiving a Medicaid enhanced service such as Intensive In-Home, Residential Treatment or Community Support Team. It is the responsibility of the outpatient therapy provider to submit a SAR and obtain authorization when a consumer is receiving an enhanced service.

Questions? Call the Care Management line at 828-586-5501 x1902. Stay up to date by referencing the authorization page.