



PROVIDER ALERT

Alert#: PA-2006 03

Issued: June 2006

To: DCF Group Homes 1.0, 1.5 & 2.0

Subject: **FINAL NOTICE** regarding Authorization Process with the CT Behavioral Health Partnership

Please Note: This Alert is intended for those Group Homes that have NOT Begun the pre-certification and concurrent review authorization process with the CT BHP

Dear Provider,

We are aware that there are group homes and residential treatment centers that have been unable to respond to previous state issued bulletins instructing Group Home and Residential facilities to conduct authorization reviews. This notice and attached form will serve as final communication to Group Homes regarding the required authorization process. Previous state issued bulletins have instructed Group Home and Residential Providers that:

Effective as of February 1, 2006:

- All DCF Residential treatment centers and Group Home 1, 1.5 and 2.0 admissions on or after February 1, must be prior authorized. All Residentials and Group homes will be required to call CT BHP at 1-877-552-8247 for authorization of these services, once the process outlined below and attached form(s) are complete.
- Telephonic continued stay reviews will also be required.
- For all members who remained in care beyond February 1, 2006, an authorization will be necessary for payment for dates of service on or after February 1, 2006.

This notice and attached form will enable Group Homes and Residential treatment facilities to “catch up” and follow the required authorization and review process. Members admitted prior to February 1, 2006, and members who were admitted on or after February 1, 2006:

- 1) Providers must submit a modified review form (attached) for each member who was still in care on February 1, 2006. This modified review form should be faxed to 1-866-584-4194 as soon as possible but no later than a week after receipt of this notice. *The completed form will serve as the request for authorization and will document the member’s continued residential or group home stay as of February 1, 2006.*
- 2) For all members who were admitted on or after February 1, 2006, and who have not already had a telephonic pre-certification or concurrent review, Please also “catch up” by filling out one of these attached forms.
 - In all cases if the member has already discharged from the facility, please be sure to indicate that in the appropriate section on the accompanying form.
- 3) In order to receive an authorization number for reimbursement, providers must call 1-877-552-8247 **within one week’s submission** of the attached form.
- 4) Continued stay reviews will be required.
- 5) Form should be completed for each client at **each practice location if there is more than one.**

If you have any additional questions about this process, please call the ASO at 1-877-552-8247 and follow the prompts.



**REQUEST FOR CONTINUED CARE AUTHORIZATION FOR MEMBERS ADMITTED PRIOR TO February 1ST, 2006
And "Catch Up" Form for all Group Home and Residential treatment facilities that have missed the prior
announcements**

PLEASE COMPLETE AND FAX TO: 1-(866)-584-4194 (Effective February 1st)

Name of clinician, or qualified source who filled out this form: _____

Degree and/or qualification _____ Title: _____

Contact number: _____ Ext: _____

Facility and specific unit/program _____

Telephone Number: _____

Member Name:	
DOB:	SSN:
Medicaid/Consumer ID#:	
Actual date of Admission:	Level of Care: <i>Group home 1, 1.5, 2.0, Residential Treatment</i>

Is there a DSM IV DIAGNOSIS CODE? Yes No **Discharge date if occurred:** _____

If yes, fill out below:

AXIS I _____ **AXIS II** _____ **AXIS III** _____ **AXIS IV** _____ **AXIS V** _____

<i>CARE REVIEW: Please complete the following based on member's current clinical status:</i>	
Mood Disturbance	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Psychosis/Hallucinations/Delusions	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Thinking, Cognition, Memory, Concentration problems	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Impulsive, reckless, aggressive behavior.	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Job, school performance problems.	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Social Functioning, relationships, marital, family problems	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Weight Loss associated with an eating disorder	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
ADL's	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Legal	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A
Substance Abuse/Dependence	<input type="checkbox"/> NONE <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> Severe <input type="checkbox"/> N/A

None = No evidence of impairment; **Mild** = Occasional impairment or difficulties, but no interference with normal daily activities; **Moderate** = Currently experiencing difficulties, frequent disruption in daily activities, requires periodic or continuous assistance with some tasks; **Severe** = Currently experiencing severe symptoms, potential risk for harm to self/others, severe distress and/r disruption in daily activities; **N/A**= Impairment was not assessed – Please note use of NA may result in additional questions to ascertain this information.

Are there barriers to discharge/aftercare placement which are resulting in the need for continued residential or group home care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If so, please describe:

Please note: Providers must call 1-877-552-8247 (1-877-55 CTBHP) within one week of the receipt of this notice in order to receive an authorization number for reimbursement of services.