



State of New Mexico
Medical Assistance Program Manual
SUPPLEMENT



DATE: August 5, 2004

NUMBER: 04-14

TO: BEHAVIORAL MANAGEMENT SPECIALIST (BMS), DAY TREATMENT, RESIDENTIAL TREATMENT SERVICES (RTS), & TREATMENT FOSTER CARE (TFC) PROVIDERS AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION

BY: OLIVIA RIDGEWAY, RN/QUALITY ASSURANCE BUREAU

SUBJECT: AMENDED MEDICAID/ CHILDREN, YOUTH & FAMILIES DEPARTMENT (CYFD) CHILDREN'S PANEL FEE-FOR-SERVICE (FFS) UTILIZATION REVIEW (UR) CHANGES

On June 21, 1994, Medical Assistance Division issued Medicaid Supplement 94-16 to all Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Residential Treatment, Group Home, Treatment Foster Care (TFC), Behavior Management Specialist (BMS), and Day Treatment providers. This Supplement represents the changes that the Medical Assistance Division in collaboration with CYFD's Children's Panel will implement to the existing Fee-for-Service (FFS/UR) procedures effective September 1, 2004. These changes have been based on provider and stakeholder feedback that has indicated the need for streamlining of the current utilization review processes. The following changes are geared towards processes, which are similar to the Salud! UR processes for reviews.

The changes are as follows:

- 1) For any Salud! child or adolescent who has "rolled-off" or disenrolled from managed care that would normally require a FFS packet to be submitted to the Children's Panel for behavioral health service utilization review, the following revised utilization review procedures will go into effect September 1, 2004. Rather than submit a full CYFD clinical packet, the required documentation to be submitted to the Panel for the "roll-off" reviews include:
 - A completed referral cover sheet (one-page) required by CYFD/Children's Panel. (*See attached*).
 - A complete copy of the two-page Salud! UR form, either the initial or the most recent concurrent review submitted to the managed care organization (MCO) by the provider.
 - The authorization number given to the provider by the MCO, where applicable.

After the Children's Panel staff has verified with the Salud! MCO the level of service authorized and the most recent dates of the authorization that demonstrate a service authorization was active at the end of the month, an automatic one-month authorization will be given to the provider. Additional clinical utilization review documentation for that specific authorization will not be required. In the event the child has not been re-enrolled with the MCO by the second consecutive month, the provider will have up to 30 days to submit a complete CYFD clinical packet to be reviewed by the Children's Panel for continued services requested.

A complete packet for the second consecutive month review must include the required Children's Panel two-page referral cover sheet, clinical documentation such as mental health evaluations, treatment plan reviews, and/or hospital admission/discharge summary reports.

A standardized reimbursement for all Residential Treatment Services authorized for the one-month "roll off" provision will be as follows:

- All Accredited RTC Authorizations = \$239.70/day
- All Non-Accredited RTC Authorizations = \$122.66/day
- All Group Home Authorizations = \$122.66/day

BMS, Day Treatment, and Treatment Foster Care services will continue to be reimbursed at their existing unit rates for these one-month "roll off" periods.

- 2) For Day Treatment, BMS and TFC services, the previous FFS/UR documentation required by the Children's Panel will no longer be necessary for obtaining authorization of service as outlined in the Medicaid Utilization Manual. Effective September 1, 2004, Day Treatment, BMS and TFC providers will utilize the same Level of Care (LOC) Criteria and the same two-page utilization review form as are used in Salud!. Review interval procedures will follow the most current Salud! MCO review procedures. Day Treatment, BMS, and TFC providers will only be required to submit a completed two-page UR form and the one-page CYFD referral cover sheet. The Children's Panel will issue a Level of Care (LOC) determination and an abstract. The previous review intervals for TFC services will no longer be utilized by the Children's Panel, but will be based upon the client's individual clinical necessity as modified recently by the MCOs.

For any questions you might have regarding these changes, please contact Connie Romero at the CYFD/Children's Panel at (505) 827-1243/ or 827-5888 or Christiann Stapf with the Medical Assistance Division at (505) 827-3109. Thank you.

STATE OF NEW MEXICO
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
Children's Clinical Care Unit

REFERRAL COVER SHEET (ONE-PAGE)

The following information must be included with each referral to the Children's Clinical Care Unit (CCU). Fill in all blanks, including names where applicable. Failure to do so may result in a returned packet and/or may delay authorization of service. If you have any questions, please call the CCU before making a referral. Thanks for your cooperation. Please copy and distribute this form. Clinical Care Unit fax (505) 827-5883.

CHILD'S TOWN/COUNTY OF ORIGIN (Where child is from): _____

WHO HAS LEGAL CUSTODY OF CHILD? _____ RELATIONSHIP: _____

COMPLETE ADDRESS: (Street) _____

City: _____ State: _____ Zip: _____ Phone: () _____

NAME OF PERSON MAKING REFERRAL: _____

AGENCY NAME: _____ PHONE: _____

COMPLETE ADDRESS: (Street) _____

City: _____ State: _____ Zip: _____ County: _____

CURRENT DSM IV DIAGNOSIS:

CODES:

Axis 1: _____

Axis 1: _____

Axis 1: _____

Axis 1: _____

Axis 2: _____

Axis 2: _____

LIST CHILD'S MEDICATIONS (INCLUDE DOSAGES AND FREQUENCY):

