

Children's Mental Health Bureau (CMHB) Utilization Management (UM) Refresher Training

May 2024

Introductions



Who is here?

Telligen:

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Mountain Pacific:

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Providers:

Children's Mental Health Bureau Acute
Inpatient Facilities (Out of State)

Psychiatric Residential Treatment
Facilities (PRTF)

Therapeutic Group Homes (TGH)



Objectives



- Review of required documentation and medical necessity criteria
- How to submit requests in Qualitrac and common errors
- Responding to requests for information (RFI) and re-opening technical denials
- Open question and answer

Understanding Qualitrac



- ✓ Timing
- ✓ Procedure codes
- ✓ Personal representative panel
- ✓ Continued stay reviews (CSRs)
- ✓ Requests for information (RFIs)
- ✓ Untimely requests
- ✓ Technical denials

Timing



Prospective: Initial review submitted prior to any services starting or before any type of inpatient stay.



Concurrent: Initial review submitted if services have started or if the member is in a facility for a stay that was already authorized.



Retrospective: A review submitted after services have been provided or the member has been discharged from the facility.





Continued Stay Review: A review timing used to extend the member's stay if the prospective or concurrent review has been submitted. This cannot be the first review submitted for a member.

Procedure Codes



If you are entering a review for an inpatient stay, the **Procedures panel** will have a default code for you to use: **99233**.

Edit if a different stay code is required.

Procedures + Add									
Seq.	Code	Description	NOS	Modifiers	Qty.	Frequency	Cost	Action	
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES			1 day(s)				

Editing Procedure Codes and Units/Days Requested

Procedures + Add

Seq.	Code	Description	NOS	Modifiers	Qty.	Frequency	Cost	Action
1	99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES			1 day(s)			 

Modifiers

Modifier 1

Procedure Details

Units * Units Qualifier *

Frequency Frequency Qualifier


Total Cost Allowed Amount

Procedure Code Quick Reference

The Behavioral Health Provider User Guide can be used as a quick reference for detailed information, such as procedure codes, specific to each service.

Therapeutic Group Home (TGH)

CMHB Manual, Pages 30-34



Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB Therapeutic Group Home
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	S5145
MCG Guideline Name	Therapeutic Group Home Initial; Therapeutic Group Home CSR
Diagnostic/MNC Criteria	(1) Youth must meet SED criteria as described in CMHB Provider Manual; (2) The prognosis for treatment of the SED of the youth at a LLOC is poor because the youth demonstrate 3 or more of the following due to the SED: (a) Significantly impaired interpersonal or social functioning.; (b) Significantly impaired educational or occupational

Personal Representative Panel

- Method for documenting current guardianship information
- Updating this information is important for UM outcome communication
- **Please update with each CSR as needed.**
- Add as many current personal representatives as appropriate for whom will receive UM outcome letters.
- An RFI will be sent asking for this to be completed if not done during time of initial submission.

Personal Representative

➕ Add

Primary	Name	Relationship	Phone	Phone Type	Address	Action
No Personal Representative Supplied						

Add Personal Representative

Relationship to Member * Address Line One *

First Name * Last Name * Address Line Two

Phone Number Ext Phone Type City * State * Zip *

Providers *

Continued Stay Reviews (CSRs)

Utilization Management View Cases + Add

Show entries Search:

Status	Case ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Has Been Submitted	813	Acute Medical Surgical	Prospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/25/2019			...
Request Has Been Submitted	812	Acute Medical Surgical	Retrospective - 1st Level Appeal	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019		...
Request Is Complete	812	Acute Medical Surgical	Retrospective	WILSON MD, DOUGLAS	JOHN HOPKINS MOORE CL MAC	02/04/2019	02/08/2019	Denied	...

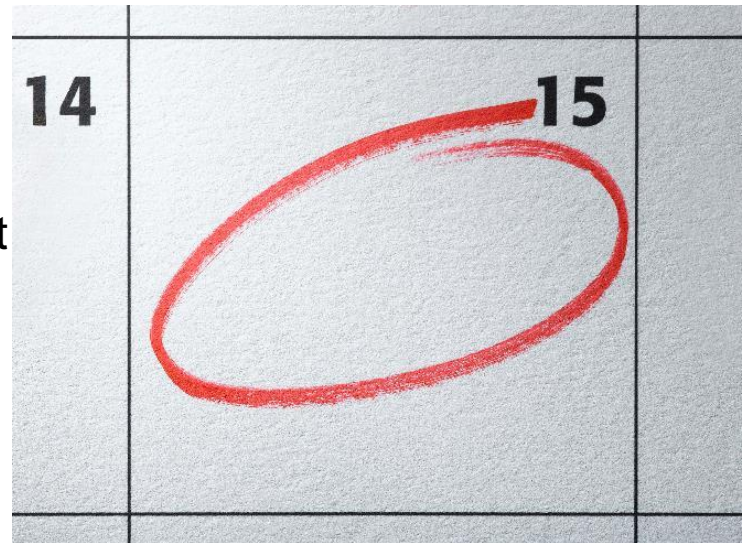
Showing 1 to 3 of 3 entries Previous 1 Next

- If you have submitted a prospective or concurrent inpatient review for a member, you can search for it in the member hub and use the action menu to submit a CSR.
- A CSR allows you to submit a review to ask for additional days for the member's stay in the facility related to the initial prospective or current request.
- Additional CSRs can be submitted until the member has been discharged.

Untimely Requests

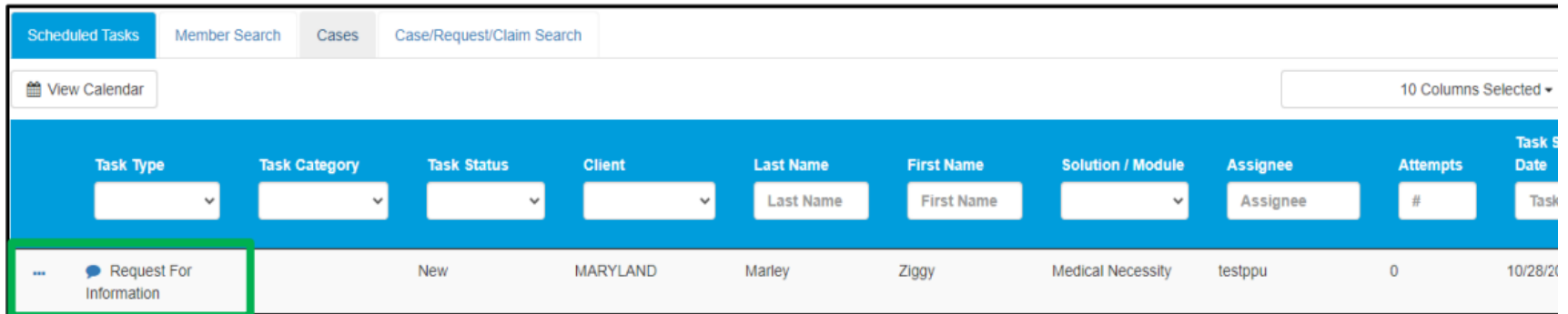
- In the **Notes & Comments** submitted with the request or in an **uploaded Word document**, include why the request is untimely.
- If no explanation given, an RFI letter will be sent questioning the reason.
- Dates of service denied due to non-compliance with procedure can only be overturned through an administrative review. To request an appeal for a technical denial determination, the request must be sent to the appropriate department at the State:

Children's Mental Health Bureau
Developmental Services Division
111 N. Sanders, Room 307
P.O. Box 4210
Helena, MT 59601-4210



Requests for Information (RFI)

After submission, a review goes through a process where it may be approved or denied if requested information is not provided. When a reviewer needs additional clinical documentation for the case, the submitter will be notified. The user will see a **Request for Information** task in the **Scheduled Tasks** queue. Users associated with the same organization National Provider Identifier (NPI) can view and start scheduled tasks.



The screenshot shows a software interface with a navigation bar at the top containing 'Scheduled Tasks', 'Member Search', 'Cases', and 'Case/Request/Claim Search'. Below the navigation bar is a 'View Calendar' button and a '10 Columns Selected' dropdown. The main area is a table with the following columns: Task Type, Task Category, Task Status, Client, Last Name, First Name, Solution / Module, Assignee, Attempts, and Task Date. The first row of data is highlighted with a green box and contains the following information: an ellipsis icon, 'Request For Information', 'New', 'MARYLAND', 'Marley', 'Ziggy', 'Medical Necessity', 'testppu', '0', and '10/28/21'.

Task Type	Task Category	Task Status	Client	Last Name	First Name	Solution / Module	Assignee	Attempts	Task Date
Request For Information		New	MARYLAND	Marley	Ziggy	Medical Necessity	testppu	0	10/28/21

Click the ellipsis to the left of the task to display the action menu. The action menu will display **Start** or **Resume** and **Go to Member Hub** options.

Responding to an RFI

Letter	Addressee	Date Sent	Mail Type	Tracking
Acute Prior Authorization Denial	Air Ambulance Provider: ANDERSON, KENNETH NPI: 1275513756	07/28/2022 13:43:23		
Acute Prior Authorization Denial	Sending Facility: BLONG, DAVID NPI: 1447259908	07/28/2022 13:43:23		
Air Ambulance Request for Information	Sending Facility: BLONG, DAVID NPI: 1447259908	07/28/2022 13:43:23		

Show 10 entries Showing 1 to 3 of 3 entries Previous 1 Next

- Click the letter name to open the correspondence file and see what information is being requested. The letter will have **Request for Information** in the title.
- To complete the RFI task, locate the **Documentation** panel and click the **Add** button to display the file upload modal. Upload the requested document(s) and click the **Submit** button on the modal.
- Note: the RFI task is available for a limited period of five business days. If the task is not accessed and the requested information is not uploaded, the task will disappear from the provider user's queue and the case/request is technically denied due to lack of response.

Technical Denials

- When a request is in Technical Denial status, re-open it when the requested documentation is available. This option is only available if the Technical Denial occurred within 30 days. If more than 30 days, submit a new CSR request.
- Navigate to the **Member Hub** to view the **Utilization Management Panel**. Locate the record with the status of “Technical Denial” shown for the Outcome. Click the ellipsis to display the action menu and select **Reopen**.
- The system takes the user to the summary screen and will create and display a new request ID for the reopened Technical Denial in the Authorization Request panel.

Utilization Management

View Cases Add

Hide concealed cases. Show

Show 10 entries Search: 20977

Status	Case ID	Request ID	Review Type	Timing	Treating Prov./Phys.	Treating Facility	Req. Start	Req. End	Outcome	Action
Request Is Complete	20977	20989	Long Term Acute Care (LTAC)	Prospective	AASEN, TYLER	ABUNDANT LIFE VEIN CENTER, LLC	04/12/2022		Technical Denial	View Request Continued Stay Review Reopen

Showing 1 to 1 of 1 entries (filtered from 1,007 total entries)



**Mountain
Pacific**

INNOVATING BETTER HEALTH

Acute Inpatient Hospital (Out of State [OOS])

Acute Inpatient Hospital (OOS)



Timing: Within 1 business days of admit date



Review Type: CMHB Acute Inpatient OOS



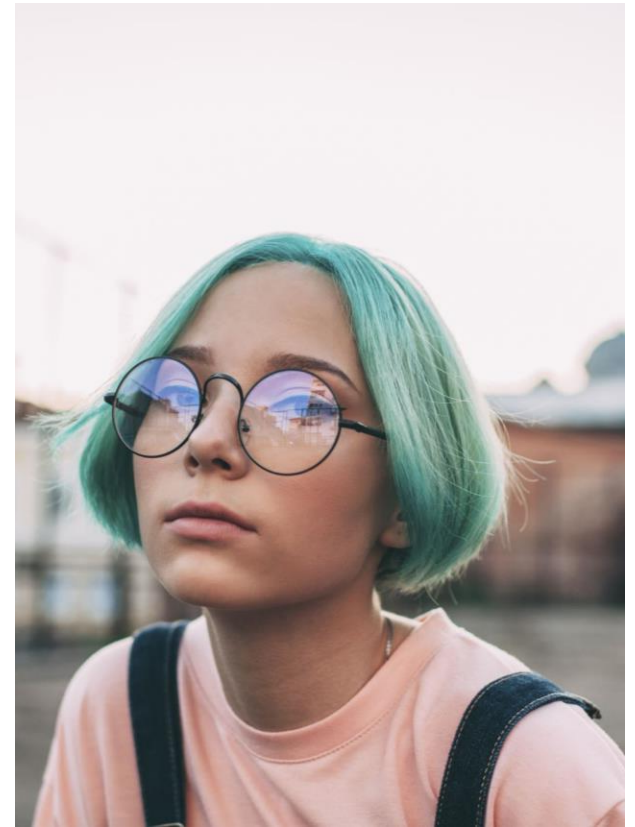
Requested Authorization Period: Please indicate the number of days being requested. This is often not updated and only 1 day is requested.



Procedure Code: 99233, default code

Diagnostic/Medical Necessity (DSM) Criteria

- 1) Current DSM diagnosis covered under Montana Medicaid Program provisions as the primary diagnosis and at least one of the following:
 - a) Danger to self or others with continued acuity of risk that cannot be appropriately treated in a less restrictive level of care; and/or
 - b) Severe functional impairment related to the symptoms of the mental illness or emotional disturbance of the youth, sufficient to render the youth or caregiver of the youth unable to reasonably provide for the safety and well-being of the youth.



Documentation Requirements



Examples of clinical documentation to support prior authorization (PA) criteria



Admission orders signed by physician; treatment plan; medication sheets; therapy notes



Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria, including justification for service at requested level of care

Therapeutic Group Home (TGH)

What will be covered?



Image from Microsoft PowerPoint 365, version 2403

Medical Necessity

Timing

Required Documentation

Medical Necessity

Note: significantly impaired, severe, and persistent inability to perform activities of daily living (ADLs)



- (1) Youth must meet SED criteria as described in CMHB Provider Manual;
- (2) The prognosis for treatment of the SED of the youth at a LLOC is poor because the youth demonstrate 3 or more of the following due to the SED:
 - (a) Significantly impaired interpersonal or social functioning.;
 - (b) Significantly impaired educational or occupational functioning;
 - (c) Impairment of judgment
 - (d) Poor impulse control; or
 - (e) Lack of family or other community or social networks.
- (3) As a result of the SED, the youth exhibit an inability to perform activities of daily living (ADLs) in a developmentally appropriate manner;
- (4) As a result of the SED or MI, the youth exhibits internalizing or externalizing behavior that results in an inability for a caregiver to safely provide care and structure for the youth in a family setting;
- (5) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service;
- (6) The youth exhibits behaviors related to the SED diagnosis that result in significant risk for placement in a PRTF or acute care if TGH services are not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment to be successfully treated in a LLOC setting.

Timing

- Prospective/concurrent -authorized up to 120 days
- CSR-Authorized up to 90 days
- Note recent rule change: Providers can submit CSRs up to 30 days before last approved day*
- If late, please provide reasons for the untimely request

Timeframe for PA Request	No later than day of admission, no earlier than 10 business days prior to admission
Initial Authorization Period	MNC up to 120 days *3 days for youth in emergency situations who meet the medical necessity criteria for TGH level of care and the “Emergency 72-Hour TGH Payment Authorization Form #009” has been uploaded
Timeframe for CSR	No earlier than 30 business days prior to last covered day *If a youth is <u>readmitted</u> into TGH services, no earlier than 10 business days and <u>no later than 2 business days prior to readmission</u>
CSR Coverage Period	MNC up to 90 days *If a first CSR after the 72-hour emergency, then 120 days
Outcome of Missing CSR Timeframe	Technical denial if received earlier than 10 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward

Required Documentation

- Prior Authorization (PA)
 - Clinical documentation within last 30 days (here and now)
 - Justification



Image from Microsoft Powerpoint 365, version 2403

- Continued Stay Request (CSR)
 - Changes in diagnosis/rational
 - Incident reports
 - Updated treatment plan
 - Progress notes
 - Updated medication list/changes/rational (psych 1x/month)
 - Discharge date/plan

Requests for Information and Denials

RFIs

- Old documentation
- Incomplete documentation
- Clinical vs. summary
- Incident reports
- Discharge/aftercare plan

Denials

- Placement
- Needs can be met at lower level of care
- Member refusal to participate
- Member meets criteria for higher level of care (i.e., request for residential and reviewer determined inpatient hospital needed)

Therapeutic Home Visit (THV)

What will be covered?



Medical Necessity

Timing

Required Documentation

Medical Necessity

Clinically appropriate

- 1) The youth must be receiving services in a therapeutic group home (TGH) or a psychiatric residential treatment facility (PRTF).
- 2) The following information must be submitted:
 - a) Demonstrates progress toward identified treatment goals;
 - b) Supports a therapeutic plan to transition the youth to a less restrictive level of care;
 - c) The youth has been prepared for the THV evidenced by a written crisis plan and a written plan for provider contact with the youth and legal representative during the visit; and
 - d) Has a viable discharge plan.



Image from Microsoft Powerpoint 365, version 2403

THV Timing

- Any visit over 3 days and typically 6-9 days
- No more than 14 days per fiscal year (July 1-June 30)
Requested within 10 days of requested start date

Therapeutic Home Visit (THV)
CMHB Manual, Pages 49-50

Review Type in QualiTrac	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB Therapeutic Home Visit (PRTF), or CMHB Therapeutic Home Visit (TGH)
Timing	Prospective, retrospective, concurrent, continued stay
Procedure Code	99233 *Either revenue code 183 (PRTF) or procedure code S5145 (TGH) will be connected to case following review
MCG Guideline Name	MT Therapeutic Home Visits

Required Documentation

Prior Authorization

- ❑ Most recent treatment plan with progress
- ❑ Discharge plan
- ❑ Crisis plan
- ❑ Provider contact

Continued Stay Request

Only if unexpected circumstances prevent the youth from returning from the TGH within the time specified with subsequent authorizations

Psychiatric Residential Treatment Facility Assessment Service (PRTF-AS)

What is it?

Short-term, intensive lengths of stay of 14 days or less provided by in state PRTFs, targeted to serve youth with multiple diagnoses and risk factors who present as “difficult to place.”

Purpose?

- (a) Continue the stabilization of a youth discharging from the acute setting to permit a safe return to the home environment and/or community-based services.
- (b) Avert an admission to acute hospital care when symptoms that have led to hospital admissions in the past begin to emerge but are not yet acute.
- (c) Assess whether the youth has specialized treatment needs in PRTF level of care.

PRTF-AS

Medical Necessity Criteria

Youth must meet the serious emotional disturbance (SED) criteria as described in this manual and:

- 1) Behaviors or symptoms of serious emotional disturbance of the youth are of a **severe and persistent nature** and **require 24-hour treatment** under the direction of a physician.
- 2) Less restrictive services **are insufficient** to meet the severe and persistent clinical and treatment needs of the youth. The prognosis for treatment at this PRTF level of care can reasonably be **expected to improve the clinical condition/serious emotional disturbance** of the youth or prevent further regression based upon the physician's evaluation.
- 3) The youth:
 - a) Has had multiple acute psychiatric hospital or PRTF admissions;
 - b) Is at-risk of being placed in an out-of-state PRTF with an unclear psychiatric presentation; or
 - c) Is difficult to place due to an unclear or conflicting psychiatric presentation.

Psychiatric Residential Treatment Facility (PRTF)

What will be covered?



Medical Necessity



Timing



Required Documentation

Medical Necessity Criteria

Youth must meet the SED criteria as described in this manual and:

- 1) The referring provider must document what **specific treatment needs** will be addressed with PRTF services.
- 2) The youth must require:
 - a) Intensive psychiatric review and intervention, which may include adjustment of psychotropic medications, evidenced by either rapid deterioration or failure to improve despite clinically appropriate treatment in a less restrictive level of care; and
 - b) Medical supervision seven days per week/24 hours per day to develop skills necessary for daily living and to develop the adaptive and functional behavior that will allow the youth to live outside of the PRTF.
- 3) Less restrictive services **are insufficient** to meet the severe and persistent clinical and treatment needs of the youth and prohibits treatment in a lower level of care, which is evidenced by at least one of the following:
 - a) The youth has behavior that puts the youth at substantial documented risk of harm to self;
 - b) The youth has persistent, pervasive and frequently occurring oppositional defiant behavior, aggression or impulsive behavior related to the SED diagnosis which represents a disregard for the well-being or safety or self or others; or
 - c) There is a need for continued treatment beyond the reasonable duration of an acute care hospital and documented evidence that appropriate intensity of treatment cannot be provided in a community setting.
- 4) The prognosis for treatment at PRTF level of care can reasonably be **expected to improve the clinical condition/SED** of the youth or prevent further regression based upon the physician's evaluation.
- 5) In the absence of PRTF treatment, the youth is **at risk of acute psychiatric hospitalization or a readmission** within 30 days of previous admission to an acute psychiatric hospital.

PRTF Timing

- Prospective/concurrent – Up to 30 days
- CSR – Up to 30 days
- Providers can submit requests up to 10 days before last approved day
- If late, please provide reasons for the untimely request

Psychiatric Residential Treatment Facility (PRTF), Out of State CMHB Manual, Pages 18-22

Review Type in QualiTrac	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB PRTF OOS
Timing	Prospective, retrospective, concurrent, continued stay
Procedure Code	99233 *Revenue code 124 will be connected to case following review
MCG Guideline Name	PRTF OOS Initial, PRTF All CSR
Timeframe for CON submission	No later than day before submission
Initial Authorization Period	MNC up to 30 days
Outcome of Missing PA Timeframe	Technical denial if received earlier than 2 business days; Requests received after admit date will be reviewed for MNC from the date of submission moving forward
TAT for UM Review of PA	2 business days
Timeframe for CSR	No earlier than 10 business days prior to end of current auth period
CSR Coverage Period	MNC up to 30 days
Outcome of Missing CSR Timeframe	Technical denial if received earlier than 10 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM Review of CSR	2 business days
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
Outcome of Missing RFI or PA or CSR	Technical denial

Clinical Documentation

Examples of Clinical Documentation to Support Prior Authorization (PA)/Continued Stay Review (CSR) Criteria



Clinical from prior admissions or treatments



History and physical



Biopsychosocial



Progress notes



Medication lists



Labs and drug screen results



Therapy and physician notes

- Critical incidents and interventions used
- Treatment plan
- Transition/discharge plan with projected transition/discharge date
- Any other documentation that would provide explanation of any changes and justification of level of care (LOC)

Certificate of Need

Youth Certificate of Need Psychiatric Residential Treatment Facility (PRTF)

Youth Information		
*NOTE: All fields must be legible to avoid a delay in processing and admission.		
Name:	DOB:	SSN:
Address:	City:	
State:	Zip code:	
Admitting Facility Information		
Name:	NPI Number:	
Admission Information		
Proposed Admit Date:	Anticipated Discharge Date:	
Is this form being submitted with a Continued Stay (CRS) or Prior Authorization (PA) form?		
<input type="checkbox"/> Yes, CRS <input type="checkbox"/> Yes, PA <input type="checkbox"/> No		
At the Time the Above Youth Is Admitted, the Admitting Facility Certifies:		
*NOTE: Supporting documentation for selected statements must be included, in accordance with 42 CFR 441.152 and 441.153.		
<input type="checkbox"/> Treatment needs cannot be met by existing community resources <input type="checkbox"/> Treatment needs include an inpatient program with physician oversight <input type="checkbox"/> This treatment plan is expected to help improve the patient's health and/or prevent further regression so the services can end at or around the expected discharge date listed above		
Health Care Team Information		
Physician Name/Title:		
Signature:	Date:	
Phone:	Email:	
Mental Health Profession Name/Title:		
Signature:	Date:	
Phone:	Email:	
Individual Completing Form Name/Title:		
Signature:	Date:	
Phone:	Email:	
Notes		
The provider must maintain original, signed copy of this form for their records.		
This form must be faxed, regardless of portal submission or faxing of accompanying CRS or PA.		

Each section should be filled out completely!

***Form must be completed and signed within 30 days before admit date and renewed with each CSR**

Reasons for Requests for Information (RFIs)

- Old documentation
- Missing documentation
- Denial panel not filled out (OOS)
- ICPC missing (OOS)
- CON missing or not completed/signed within 30 days of start date
- Does not meet MNC from the manual
- No clinical documentation





Resources

CMHB Medicaid Services Provider Manual

Always refer to the Children's Mental Health Bureau Medicaid Services Provider Manual for:

- Provider requirements
- Service requirements
- Utilization management criteria

[Children's Mental Health Bureau Medicaid Services Provider Manual](#)

Behavioral Health Provider User Guide

The Behavioral Health Provider User Guide is intended to supplement Montana State Medicaid-approved provider manuals and Qualitrac (QT) provider training materials.

[Behavioral Health Provider User Guide](#)

Questions?



This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.