



**ALAMANCE-CASWELL
LOCAL MANAGEMENT ENTITY**
319 N. GRAHAM-HOPEDALE ROAD, SUITE A
BURLINGTON, N.C. 27217

Daniel S. Hahn, MA
Executive Director

Tel. (336) 513-4200
Fax. (336) 513-4449

Norman M. Melton, Jr.
Chair, Area Board

MEMORANDUM

TO: Enrolled Providers

FROM: Alicia Graham, LPC
UM Manager

DATE: September 2, 2005

RE: Communication Bulletin #1
Accessing Services

The Local Management Entity is responsible for utilization management (UM), which includes pre-authorization and concurrent review. In accessing services all initial and continued adult and child mental health/substance abuse/developmental disabilities services require prior approval. Attached is a flow chart of this procedure (Attachment 1). You can also find the written authorization process in your provider manual (pg13).

As the LME continues to refine their UM department and UM processes, more and more requests for authorization will be received and processed via telephone – live in real-time. In the next six months we will transition some reviews from paper to telephonic. Attachment 2 is a list of services that will be transitioned during this time frame. You will receive more detailed information about this as we move forward in this process. With our new call center up and running, you are able to access a clinician immediately by following the telephone prompts. We believe you will find this a very efficient way to obtain your authorization. In addition, you may continue to send your requests via surface mail or fax.

ACCESS SERVICES



UTILIZATION MANAGEMENT PROCESS

Contact Information:

Phone#: 336-513-4200
Facsimile: 336-513-4449
Toll Free #: 1-888-543-1444

319-A N. Graham Hopedale Rd.
Burlington, NC 27217

- 1) Consumer calls the AP/LME to access services
- 2) Consumer is prescreened & triaged
- 3) Referral is made based on triage level

Triage Levels:

Routine - 5 State business days
Urgent - within 48 hours
Non Life-Threatening Emergent - within 2 hours
Life-Threatening Emergent - Immediately (911)

LIFE THREATENING EMERGENCY

CALL - 911

INITIAL AUTHORIZATION

NON-LIFE THREATENING EMERGENCY CARE:

- 1) Consumer is retained on the phone until a provider is secured.
- 2) * Providers must offer an appt. within 2 hrs.
- 3) An authorization will be sent to provider, per facsimile on the day of the referral.

* LME UM staff will follow-up w/ provider to ensure consumer's access to services. LME UM staff follow-up w/consumers who no-show

URGENT CARE:

- 1) Consumer is retained on the phone until a provider is secured.
- 2) * Providers must offer an appt. within 48 hrs.
- 3) An authorization will be sent to provider, per facsimile on the day of the referral.

* LME UM staff will follow-up w/ provider to ensure consumer's access to services. LME UM staff follow-up w/consumers who no-show.

FOR ROUTINE CARE:

- 1) Consumer is transferred to provider of choice (if voicemail is obtained, LME should leave message for provider to call consumer to schedule an appointment).
- 2) * Providers must offer an appt. within the 5-day standard
- 3) An authorization will be sent to provider, per facsimile on the day of the referral

*This means 5 days from consumer's contact w/LME. If consumer refuses or requests appt. outside the 5-day time frame, provider must document that refusal or request to delay appt.

Consumer continues to need add'l services outside of the initial authorization process

* CONCURRENT AUTHORIZATION - (Cont.)

Following the comprehensive intake assessment, the AP/LME, primary practitioner, consumer & other involved individuals begin the UM/PCP approval process.

- 1) Primary practitioner notifies LME to obtain necessary authorization.
- 2) LME/UM staff will ask questions to ensure consumer's own resources have been incorporated into PCP & are being utilized to meet stated goals.
- 3) In addition, questions will be asked about clinical & medical necessity for proposed services.

SERVICES AUTHORIZED
Authorization summary mailed to provider & consumer

SERVICES NOT AUTHORIZED

Denial letter mailed to provider & consumer

**Administrative Non-Certification:

A denial determination that is the result of a breach of a contractual agreement between the LME and its network providers. An administrative non-certification may also be issued when a consumer breaches the agreement with the North Carolina Division of MH/DD/SAS or the Division of Medical Assistance or pursues payment for services outside the parameters of the program, especially for state-funded consumers.

As in clinical denials, written notification is sent to both the provider & consumer; appeals rights are included (peer review/physician advisor are not consulted).

Clinical Denial (Non-Cert) Procedure:

A determination by the LME that an admission, extension of stay, or other MH/DD/SA service has been reviewed and, based on the information provided, does not meet the clinical requirements for medical necessity, appropriateness, level of care, or effectiveness under the auspices of the applicable service definitions.

- 1) Consumer's case forwarded to peer review or physician advisor. Then, provider is contacted & case discussed.
- 2) If peer/advisor feels that consumer does not meet criteria for service requested, a denial will be issued (alternative services will be offered & if agreed upon, denial is lifted).
- 3) The denial will be sent in writing w/ appeal rights description & means for initiating an appeal. Notification sent to both consumer and provider

EMERGENCY SERVICE

Definition: Services necessary to screen and stabilize a consumer in cases where a prudent and responsible layperson would have believed an emergency existed.

***POSSIBLE ASSESSMENT EXAMPLES**

Presenting problems	Social & family supports/vulnerabilities
Severity of symptoms	DSM-IV & ICD-9 Diag.
Current mental status	Treatment plan
GAF or NC-SNAP	Anticipated discharge or treatment termination date
Psychiatric & sub. abuse history	
Relevant med. History	

****ADMINISTRATIVE DENIALS ARE ISSUED BY LME UM STAFF IN THE FOLLOWING SITUATIONS:**

- Ineligibility of consumer for covered services, such as when a consumer does not meet target population criteria (This scenario does not apply to Medicaid eligible consumers).
- Proposed or provided services performed by non-participating providers (providers not contracted with the LME).
- Proposed or provided services that are not part of the Service Definitions of the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and therefore are not covered by the LME.
- Proposed or provided services exceeding the maximum number of units allowed by the DMA/DMH.
- Failure of contracted providers to obtain prior authorization of services rendered.

Note: When the administrative non-certification is due to a breach of a contract on the part of the provider, the consumer is held harmless, i.e., the provider may not bill the consumer.

Services to be Transitioned to Telephonic Reviews

Type of Service	Type of Review
Assertive Community Treatment Team (ACTT)	Continue current paper system
Case Management	Continue current paper system
Community Based Services	Continue current paper review
Evaluation (Initial Intake)	Telephonic
Outpatient Treatment	Outpatient Treatment Review Form (OTR)
Substance Abuse Intensive Outpatient Treatment	Telephonic
Residential – LII – all types and ages	Telephonic
Room & Board - LII	Telephonic
Residential – LIII – all ages & all types	Telephonic
Room & Board - LIII	Telephonic
Residential – LIV – all ages & types	Telephonic
Room & Board - LIV	Telephonic
Supervised Living – Low	Telephonic
Supervised Living – Moderate	Telephonic
Supervised Living – MR/MI – I-VI Residents	Telephonic