

**Guidelines for Continuation of Services
For Consumers Receiving Services Before 3-20-2006**

1. All Medicaid consumers continue eligibility for unmanaged basic benefit services.
 - a. Consumers may receive basic benefit services from providers directly enrolled with Medicaid without authorization
 - b. Any request for extension of Medicaid basic benefit services is handled by ValueOptions
2. Medicaid and State-funded Target Population consumers may continue to receive basic benefit services until 6/30/06, or may transition to enhanced services at any time.
 - a. Effective 7/1/06 Medicaid and State-Funded Target Population consumers must have a clinical home with an Endorsed Provider.
 - b. Effective 3/20/06 the LME will refer new consumers presumed to be target population only to Endorsed Providers.
3. Effective 3/20/06 only Endorsed Providers may provide Phase I and Phase II enhanced services. Provider endorsement is required for Phase III services as of 6/1/06 and for Phase IV services as of 9/1/06.
4. Some services change with implementation of the new Medicaid waiver.
 - a. Basic services and some enhanced services continue unchanged (other than who can provide enhanced services).
 - b. Some services crosswalk to new enhanced services (e.g., CBS and MH/SA Case Management both crosswalk to Community Support).
 - c. Some services are discontinued (e.g., CBS ends 3/19/06).
5. Effective 3/20/06 all then-current authorizations will be changed.
 - a. Authorizations for services that crosswalk to new services will be changed accordingly.
 - b. Authorizations for services that are terminated will end.
 - c. SMC authorization codes for all services will change to become consistent with CPT codes.

See the following table for continuation of services for consumers in care on 3/19/06.

Continuation of Basic Benefit Services from Basic and Endorsed Providers			
#	Scenario	Provider Actions	LME Actions
1	<u>Current Authorization for Basic Service</u> <ul style="list-style-type: none"> End date after 3/19/06 	Review services and options with consumer. May continue basic services up to 6/30/06 when target pop consumers must complete treatment or go into enhanced services. No other action required to continue same service.	Re-issue authorization with new service codes (# units based on time remaining on previous auth & amount used). No provider request necessary.
2	<u>Current Authorization for Basic Service</u> <ul style="list-style-type: none"> End date = 3/19/06 	Review services and options with consumer. May continue basic services up to 6/30/06 when target pop consumers must complete treatment or go into enhanced services. Submit new authorization request per standard procedure.	Review/approve authorization request.
Continuation of Enhanced Services with Endorsed Providers			
#	Scenario	Provider Actions	LME Actions
3	<u>Current Authorization for Enhanced Service</u> <ul style="list-style-type: none"> Same service continues 	Continue to submit reauthorization requests per LOC Grids prior to current authorization end date. Watch for authorization from LME with new service codes.	Re-issue authorization for new service (# units based on time remaining on previous auth & amount used). Continue to review/approve reauthorization requests.
4	<u>Current Authorization for Enhanced Service</u> <ul style="list-style-type: none"> Service crosswalks to new service(s) 	Update Service Plan with new service replacing old, including # of units of new service. Obtain consumer's/guardian's signature on plan. Submit new authorization request for new service(s). Transition to PCP in month of consumer's birthday.	Review and approve new authorization requests.
5	<u>Current Authorization for Enhanced Service</u> <ul style="list-style-type: none"> Service is terminated 	Update Service Plan to show discontinuation of old service. As clinically appropriate, add new service(s) with # of units. If adding new enhanced service that does not crosswalk from old service previously in consumers Service Plan, a PCP is required within 30 days. May request authorization from LME for Diagnostic Assessment.	Terminate authorization if current authorization end date is after 3/19/06. Review/approve new authorization requests. Review request for Diagnostic Assessment if received.

Requests for New Enhanced Services			
#	Scenario	Provider Actions	LME Actions
6	Request by Endorsed Provider for <u>enhanced service not currently in consumer's Service Plan</u>	Clinical Home provider develops or updates PCP that includes new service. PCP is submitted to LME for review/approval; PCP serves as first authorization request for new service.	Review and approve PCP; contact provider to discuss any concerns about PCP. Authorize new services requested in approved PCP.
7	<u>Reauthorization request</u> for service already included in PCP.	Provider(s) submit authorization request to LME for continuation of services. PCP update, and review/approval, is required only with change in plan.	Review and approve reauthorization request. Review/approve any changes to PCP.
Request for Basic Benefit Services for Target Population Consumers			
#	Scenario	Provider Actions	LME Actions
8	Endorsed provider recommends <u>basic benefit service for Target Population consumer</u> after 7/1/06.	If provider and consumer determine that basic benefit service other than medication management is needed, provider documents clinical reasons in PCP. Examples: service is Evidenced-Based Practice that cannot be provided within context of Community Support (or CST or ACTT); EBP is unavailable and basic benefit service is appropriate to consumer's clinical needs and choice; or enhanced service is not available in LOC Grid for State-funded services.	Review clinical rationale for basic benefit service and approve if clinically appropriate.