DHS Oregon Department of Human Services

Select origninating program

Policy Transmittal

Authorized Signature

Number: AMH-PT-13-01
Issue Date: 5-28-2013

Topic: Addictions and Mental Health (AMH) PSRB Outpatient Services for Prior Authorization

Transmitting (check the box that best applies):

☐ New policy ☐ Policy change ☐ Policy clarification ☐ Executive letter
☐ Administrative Rule ☐ Manual update ☒ Other: 1a) Procedure PSRB Outpatient Services for Prior Authorization, 1b) PSRB Outpatient Services Authorization Request Form,

Applies to (check all that apply):

☐ All DHS employees
☐ Area Agencies on Aging
☐ Aging and People with Disabilities
☐ Children, Adults and Families
☐ County DD Program Managers
☒ County Mental Health Directors
☐ Health Services
☐ Other (please specify):

Policy/rule title:	Procedure: PSRB Outpatient Services Prior Authorization		
Policy/rule number(s):	Procedure Number: AMH 060-1607-01	Release no:	
Effective date:	2/22/2013	Expiration:	
References:			
Web Address:			

Discussion/interpretation:

Implementation/transition instructions: AMH Numbered Procedure for PSRB Outpatient Services Prior Authorization and Form

Training/communication plan:

Local/branch action required:

Central office action required:

Field/stakeholder review: ☐ Yes ☐ No

If yes, reviewed by:

Filing Instructions: Put on AMH Transmittal Webpage, with email attach procedure and form and link to AMH Transmittal Webpage

If you have any questions about this policy, contact:

Contact(s):	Kelly C. Knight		
Phone:	503-945-5959	**Fax:**	503-378-8467
E-mail:	Kelly.C.Knight@state.or.us		

This document along with previous Addictions and Mental Health(AMH) Transmittals can be found on the **AMH Transmittal Webpage: Click on the following link:**
Oregon OHA Addictions and Mental Health Transmittals Webpage

Procedure Title:	PSRB Outpatient Services Prior Authorization				
Procedure Number:	AMH 060-1607-01	Version:	2.0	Effective Date:	1/01/2013

Approved by *(authorized signer name)*

2/22/13
Date approved

Step	Responsible Party	Action
1.	CMHP/Contractor	Although the effective date of this procedure is 1/1/13, this process will be effective for individual's beginning the date of enrollment in the Coordinated Care Organization (CCO). When outpatient services are denied by the CCO due to lack of medical necessity but are required in the individual client's Conditional Release Order (CRO), CMHP/Contractor may request funding from the Addictions and Mental Health (AMH) Division by completing the attached "PSRB Outpatient Services Authorization Request Form" and submitting it with the following additional documents: • **Copy of Clients Conditional Release Order or PSRB Monthly Progress Notes** • **Documentation of services denied by CCO** Submit the completed PSRB Outpatient Services Authorization Request Form and additional documents listed above via email to: car.amh@state.or.us
2.	Operations and Policy (O&P)Unit Funding Analyst	Check CAR email for receipt of submitted PSRB Outpatient Services Authorization Request Form and additional documentation. Once all documents are received and complete, forward request to Forensic Utilization Coordinator.

3.	Residential Services Program (RPS) Unit, Forensic Utilization Coordinator	Forensic Utilization Coordinator to review request for alignment with the individual's CRO.
4.	O&P Unit	Based on response from Forensic Coordinator, develop Contract Request Form (CRF), i.e Pink Sheet and Letter of Intent (LOI) according to CAR process. (Actual CAR Form not required.) Multiple Authorization Requests can be processed within one CRF. The Authorization Request Form will serve as back up to the CRF and will be included as attachments to the LOI.

Policy that applies:

Form(s) that apply:

PSRB Outpatient Services Authorization Request Form

Contact(s):

Name: Kelly C. Knight, Operations & Policy Unit
Phone: (503) 945-5959
Email: Kelly.C.Knight@state.or.us

Procedure History:

- **Version 1.0: Effective 1/1/13**

Keywords:

PSRB
Conditional Release Order

Oregon Health Authority (OHA)
Addictions and Mental Health (AMH)
500 Summer St. NE E86, Salem OR, 97301-1118
Phone: 503-945-5736

AMH Only
Date Received:_____

PSRB Outpatient Services Authorization Request Form

Client's Name: **DOB:**

County: **Contract #:**

Provider of Services: **Provider Ph:**

Provider Email:

Services Requested

AMH Use Only *Approved	Service Description	Service Code	Requested Start Date	Requested End Date	# Units Requested	Medicaid Rate per Unit	Total Dollar Amount	Units Denied	Amount Denied
	Medication Management (LMP)	Appropriate E/M Code							
	Mental Health Assessment	H0031							
	CPST/Daily Structure and Support	H0036							
	Individual Therapy	H0004							
	Case Management	T1016							
	Medication Training and Support	H0034							
	Group Therapy	90853							
	Skills Training	H2014							
	Activity Therapy	H2032							
	Psychiatric Assessment	90792 or E/M Code							
	Service Plan Development	H0032							
	Family Therapy with the client present	90847							
	Family Therapy without the client present	90846							
	Other Consult 90887								
						Total CCO Approved		Total CCO Denied	

*Approved means item listed was denied by Coordinated Care Organization (CCO) and has been verified on the client's Conditional Release Order. This form is for individuals under the jurisdiction of the PSRB who are enrolled in a CCO.

Please Email Completed Form to: **car.amh@state.or.us**