



TO: Independent Clinics Mental Health – **For Action**
Managed Care Organizations – **For Information Only**

SUBJECT: Resumption of Prior Authorization for Partial Care

EFFECTIVE: April 1, 2022

PURPOSE: To resume quality assurance efforts associated with the proper completion of Individual Recovery Plans (IRPs) by requiring completed copies of the IRP to be submitted with each prior authorization request.

BACKGROUND: Prior to March of 2020, DMAHS required all providers of partial care services to submit a copy of the most recent Individual Recovery Plan (IRP) along with each prior authorization request. This requirement was a result of audit findings that demonstrated a need for improved treatment plan documentation. However, in March of 2020, DMAHS temporarily suspended prior authorizations secondary to the public health emergency associated with COVID-19. Providers were still required to maintain all required documentation, including updated treatment plans, for any services provided and subsequently billed. All services provided by a partial care program must be listed in the IRP and all IRPs must be properly dated and signed. At a minimum, signatures must include the licensed clinician completing the plan, the member and the Medical Director. The IRP is not valid until these signatures are obtained or there is sufficient documentation of the reason why a signature was not obtained.

ACTION: Effective April 1, 2022, providers of mental health partial care services shall be required to submit prior authorization requests to their local Medical Assistance Customer Center (MACC). All **initial** prior authorization requests for newly admitted mental health partial care members shall be submitted on a FD-07 Prior Authorization request form indicating that the request is for a new admission. Authorizations shall be limited to six weeks to allow completion of the comprehensive assessment. Upon completion of the comprehensive assessment, a prior authorization request, including a copy of a signed IRP, shall be sent to the Medical Assistance Customer Center (MACC) for prior authorization. The IRP shall document the proposed services to be provided during the requested ninety day prior authorization period.

For existing cases, providers must submit a prior authorization request at the end of the existing IRP period, attaching a newly completed IRP that covers the time period for the next prior authorization request. A periodic review of the member's plan of care shall take place at least every ninety days during the first year and every six months thereafter. The date of service of the initial IRP, and not the date of admission, shall determine the

beginning of the one year schedule for ninety-day reviews. Therefore, four ninety-day IRPs shall be completed prior to beginning the six-month review schedule.

The prior authorization request will be denied if an IRP is received without the required signatures, or without proper documentation stating why the member did not sign. If a member requiring partial care services cannot attend the program secondary to COVID-19, the provider shall document the reason for no signature and shall attempt to obtain the required signature upon the individuals return to active program. IRPs may not be completed and signed more than 7 days before the scheduled start date indicated on the IRP. If the IRP is properly signed, but the signatures are dated after the IRP was scheduled to begin, the IRP start date will be modified to match the signature dates. For example, if an IRP is submitted with a start date of May 15th, but the required signatures on that plan were not obtained until May 20th, the prior authorization shall be modified to begin on May 20th. No billing would be allowed from May 15th through May 19th. IRPs are expected to meet all requirements in N.J.A.C. 10:66-2.7.

N.J.A.C. 10:66-2.7 requires that a written, individualized plan of care shall be developed for each member who receives continued treatment. The plan of care, also known as the IRP, shall be designed to improve the member's condition to the point where continued participation in the program (beyond occasional maintenance visits) is no longer necessary.

At minimum, the IRP shall include:

1. A written description of the treatment objectives, including the treatment regimen and the specific medical/remedial services, therapies, and activities that shall be used to meet the objectives;
2. A projected schedule for service delivery which includes the frequency and duration of each type of planned therapeutic session or encounter;
3. The type of personnel that will be furnishing the services, and;
4. A projected schedule for completing re-evaluations of the member's condition and updating the plan of care.

The periodic review shall determine the member's progress toward the treatment objectives, the appropriateness of the services being furnished and the need for the member's continued participation in the program.

If there are any questions regarding the information listed in this Newsletter, please contact The Office of Customer Service at 609-631-4641.

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