



# Information Session

Behavioral Health Utilization Management  
Updates

August 2022

# Presenters/Panelists

Jesse Hardin – Head of Stakeholder Experience

Laura Armstrong, MSW, LCSW- Clinical Manager, Utilization Management

Katie McKay, MSW, LCSW, LCAS- Network Solutions and Integration Coordinator

# Agenda

- New & Updated Provider Tools/Resources
- Behavioral Health Integration Efforts and Pilots
- Utilization Management Updates

*Why we're in business*

## OUR PURPOSE

Transforming the health of the  
community, one person at a time

*What we do*

## OUR MISSION

Better health outcomes at lower costs

*What we represent*

## OUR PILLARS



Focus on the  
Individual



Whole  
Health



Active Local  
Involvement

*What drives our activity*

## OUR BELIEFS

We believe healthier  
individuals create more  
vibrant families and  
communities.

We believe treating  
people with kindness,  
respect and dignity  
empowers healthy  
decisions.

We believe we have a  
responsibility to remove  
barriers and make it simple  
to get well, stay well, and  
be well.

We believe in  
treating the whole  
person, not just the  
physical body.

We believe local  
partnerships  
enable meaningful,  
accessible healthcare.

# Updated Web-based Tools/Resources

Visit our Provider Website frequently for new announcements, updates, and resources!

[network.carolinacompletehealth.com](https://network.carolinacompletehealth.com)

The screenshot shows the Carolina Complete Health Network Provider Portal. At the top, there is a navigation bar with links: Home, For Members, Contact Us, Help STAY, Pre-Auth Tool, and Provider Portal Login. Below this is the Carolina Complete Health Network logo and a search bar. A secondary navigation bar includes links for JOIN THE NETWORK, RESOURCES, ABOUT US, and PROVIDER UPDATE. The main content area features three large tiles: 'Join the Network' with an image of a doctor examining a child, 'Provider Resources' with an image of a doctor and a woman, and 'Provider Updates' with an image of a doctor and a woman. Below these tiles is a prominent pink banner for 'Non-Emergency Transportation (NEMT) Available for Members to Purchase Infant Formula', which includes a brief description and a link to learn more. Further down, there are two sections: 'Getting Started with Carolina Complete Health' and 'Known Issues Tracker', each with a corresponding PDF download button. At the bottom, there is a 'Provider Announcements' section with a link to 'Stay Informed of Policy Changes'.

# Behavioral Health Resources and Trainings

Toolkits, available under **Provider Resources**, are collections of web-based tools for AMHs to use for integrative, whole-person care.

## *Behavioral Health Toolkits for Primary Care Providers*

Anxiety Disorders +

Attention-Deficit-Hyperactivity Disorder (ADHD) Toolkit +

Autism Spectrum Disorders Toolkit +

Bipolar Disorder Toolkit +

Co-Occurring Disorders Toolkit +

Cultural Competency- Humility Toolkit +

Depression Toolkit +

Integrated Care Toolkit +

Schizophrenia-First Episode Psychosis Toolkit +

Social Determinants of Health Toolkit +

Substance Use Disorders Toolkit +

Suicide Risk Toolkit +

Trauma Toolkit +

# Behavioral Health Resources and Trainings

We offer clinical trainings for both behavioral health and physical health providers in our network at no cost. Most of our clinical trainings also offer behavioral health continuing education units also at no cost to the attendee. Trainings are completed via live/virtual instructor led webinars:

<https://network.carolinacompletehealth.com/resources/behavioral-health-training.html>

Training topics include but are not limited to:

- Adverse Childhood Experiences (ACEs)
- ASAM Overview
- Topics in Behavioral Health
  - Anxiety
  - Bipolar
  - Depression
  - PTSD
  - Schizophrenia
- BH Screening Tools
- Behavior Management/ De-escalation
- Care Coordination/Integrated Health
- Cultural Competency/Cultural Humility
- Dementia
- Disability Sensitivity
- DSM 5
- Mental Health First Aid (MHFA)
- Screening Brief Intervention and Referral to Treatment (SBIRT)
- Social Determinants of Health
- Substance Use Disorders Topics
  - SUD Overview
  - Alcohol
  - Caffeine
  - Cannabis
  - Hallucinogens
  - Inhalants
  - Opioids
  - Sedatives
  - Stimulants
  - Nicotine
  - Non Substance Related Disorders
- Suicide Risk Assessment
- Trauma Informed Care
- Violence Prevention



# Behavioral Health Integration Efforts

In July, we hosted a provider training on **evidence-based BHI models** and next steps/resources for implementation.

JOIN THE NETWORK RESOURCES

resources>behavioral health

## Behavioral Health Integration

### Behavioral Health Integration Provider Training -

This provider training, held on July 27th, provides an overview of Behavioral Health Integration. We also spend time reviewing three evidence-based models of Integrated Care frequently used in Primary Care.

- [Slides \(PDF\)](#)
- [Recording \(July 27, 2022\)](#)

### BHI How-to Guides from American Medical Association +

### The Collaborative Care Model +



# Behavioral Health Integration Pilot (2021-2022)

- Boice-Willis Clinic (BWC) implemented an integrated care model to increase access for members in need of mild-to-moderate Behavioral Health Support
- With a CCHN Innovations Grant, BWC hired a fully integrated LCSW to join their care team.
- BWC's LCSW supports the clinical team by:
  - Screening members for BH conditions
  - Being readily available for warm-hand offs
  - Initiating therapy in office
  - Seeing members for follow-up appointments as needed
  - Coordinating referrals to BH Providers in the community

# Increasing Access, Member and Provider Satisfaction

- What about having an LCSW on the team has benefited physicians and pediatric patients?
- What is working well?

“Having **access to someone** who can help our patients **quicker** than we have ever had before. My patients and their parents **are truly benefiting** from working with the LCSW.”

“It’s **really nice** to have an LCSW just right there in the office and that helps to give **early assistance** to needy patients.”

“Has been **easier** to get help for these patients in a **timely** manner as there are not too many resources out there in our community and the wait has been long.”

“She is available in office and can see patients after their appt with provider (**convenient for the parent**). She can **assess the severity** for further referral. She can **follow-up** if they need more frequent counseling.”

# Pilot Portfolio

New technologies and workflows to manage **uncontrolled diabetes (CGM and other innovations)**

Statewide clinical and operational performance improvement organization

**Breastfeeding support** including pantry of donated supplies

Region 1 FQHC

**Certified Diabetic Educator** to help patients with Diabetes, Hypertension and Obesity

Multi-Region FQHC

**Outcomes-based DBT treatment** and tech for patient with suicidality, self harm, PTSD, depression, bipolar etc.

Multi-Region BH Provider

Innovative mental health approaches supporting **Spanish-speaking immigrants**

Region 4 BH Provider

**Embedded LCSW for Pediatric BHI** Region 4 multi-specialty practice

**AMH Tier 3 Readiness Support** Regions 5/6 Peds & Multi-Specialty Clinic

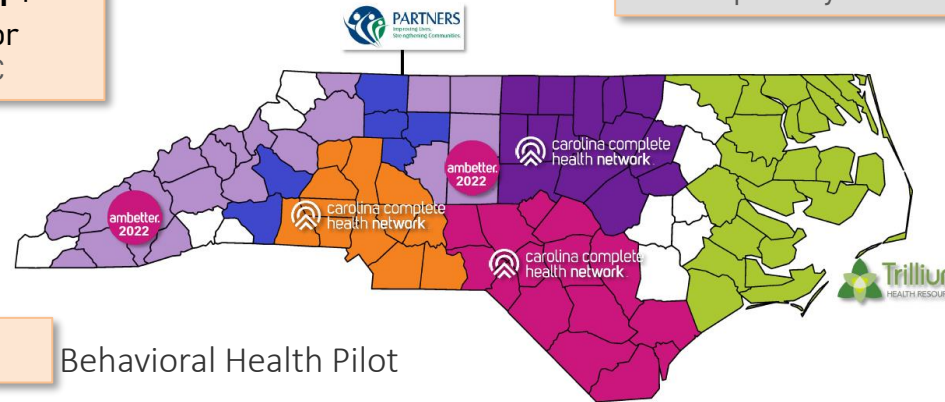
**Embedded LCSW for Care Management** Addressing SDoH & Care MGMT at point of care  
Region 3 multi-specialty practice

**Multi-lingual services** to address health inequities with NC refugees, immigrants, and migrant workers and families  
Region 4 BH Provider

Phased implementation of **Collaborative Care Model**, ramping to full-time BH Care Manager  
Region 5 Small PCP Group

Home visits by an RN and certified **lactation counselor** to increase successful breastfeeding  
Region 5 FQHC

**FQ-based BHI + QI Coordinator**  
Region 4 FQHC



**Best Practices in Health Equity** Region 5 Family Medicine Practice

Improve diabetic care for patients by implementing **MAP framework**  
Region 5 Small PCP Group

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# UM Updates

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# BH UM Authorization Guidelines

We continue to  
update/maintain our BH  
UM Auth Guidelines:

<https://network.carolinacompletehealth.com/resources/prior-authorization.html>

\*Best practice tip: refresh this document when you open the link to ensure you are seeing the latest version.



10101 David Taylor Dr.  
Suite 300  
Charlotte, NC 28262  
1-833-552-3876 (TTY 711)

## Behavioral Health Utilization Management Authorization Guidelines

\*\*\*Prior to reviewing the guidelines below, please review the COVID flexibilities for Behavioral Health services found in [Special Bulletin COVID-19 #251](#). Once COVID flexibilities are lifted, typical authorization requirements as outlined below will resume\*\*\*

**Note:** Please include the name and contact information of anyone that is able to provide additional clinical information for the request, if needed.

This grid serves as an outline to the authorization guidelines. For additional information, please reference the identified Clinical Coverage Policy for each service. Links to Clinical Coverage Policies can be found by [clicking here](#). For Children and Adolescents with Medicaid, EPSDT is applied to reviews outside of benefit limits. **EPSDT does not apply to NC Health Choice.**

Within the request, include current clinical presentation, treatment plan goals/interventions, and discharge/transition plan. It is the expectation that with reauthorization requests, updated information be noted related to clinical presentation, goals/interventions (as clinically applicable), and transition/discharge plan. Assessments should include LOCUS/CALOCUS and/or ASAM information as applicable. Additionally, for Inpatient services, Facility-Based Crisis, and Detoxification/Withdrawal Management, and Partial Hospitalization services, ensure that documentation available includes medications.

**Note:** Please include NPI and Tax ID numbers on Prior Authorization form when noting provider information.

### BH UM Authorization Fax Numbers

Inpatient (Inpatient, Facility-Based Crisis, Partial Hospitalization, Detox Services)	1-833-596-2768
Outpatient	1-833-596-2769

\*\*\*Defer to [SPECIAL BULLETIN COVID-19 #251](#) for flexibilities related to authorization requirements\*\*\*

Page **1** of **10**  
Updated 7.14.2022

# Requesting Behavioral Health Authorizations

- Authorizations can be requested by:
  - Fax
    - Inpatient: 1-833-596-2768
    - Outpatient: 1-833-596-2769
  - Phone
    - 1-833-552-3876
      - Option 3, 5, 2 (Inpatient UR)
  - Provider Portal
    - [Secure Provider Portal](#)

# Requests via Fax

- When submitting a faxed authorization request:
  - Utilize the Prior Authorization Form found [here](#)
    - Complete all sections of the form.
    - In the provider sections, include the NPI and TIN numbers.
    - Attach additional clinical documentation as needed.
- Send to the Inpatient fax number for the following services:
  - Inpatient
  - Detox Services
  - Facility-Based Crisis
  - Partial Hospitalization

## Prior Authorization Request

Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The beneficiary must be Medicaid or NC Health Choice eligible and a Carolina Complete Health member on the date of service. **See reverse side for instructions.**



I. GENERAL INFORMATION									
1. Name (Last, First, M.I.)				2. Date of Birth (MM/DD/YY)		3. NC Medicaid ID Number			
4. Address (Street, City, State, Zip Code)									
5. Diagnosis Code				6. Diagnosis Description					
7. Name and address of facility where services are to be rendered, if other than home or office									
II. SERVICE INFORMATION									
8. REF. NO	9. Procedure Code	10. From	11. Through	12. Description of Service/Item	13. QTY or Units	APPR.	Denied	Amount Allowed if Priced by Report	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
14. Detailed explanation of Medical Necessity for Services/Equipment/Procedure/Prosthesis (Attach additional pages if necessary)									
III. PROVIDER					IV. PRESCRIBING/PERFORMING PRACTITIONER				
15. Provider Name					19. Provider Name			20. Telephone	
16. Address					21. Address				
17. NPI and TAX ID					22. NPI and TAX ID				
18. Fax Number					By submitting this form, the Provider identified in this Section V. certifies that the information given in Section I and III of this form is true, accurate, and complete.				
V. FOR PLAN USE ONLY									
Denial Reason(s): Refer to table above by reference numbers (REF NO.)									
IF APPROVED: Services Authorized to Begin Date Reviewed by Signature									



# Requests via Phone

- When requesting inpatient/acute services via phone, provide:
  - Specific service being requested
  - NPI/TIN numbers
  - Utilization reviewer name and contact information
- For clinical information:
  - A utilization manager will call out to obtain information, or
  - Facility can fax clinical information to 833-596-2768

\*If sending clinical information via fax, ensure this is done in a timely manner or UM will call out to obtain the information.

# Requests via Provider Portal

- Web requests can be submitted via [Provider Portal](#).
- View our [Provider Portal Training](#) for a deep dive!
- For Behavioral Health, select Inpatient Behavioral or Outpatient Behavioral.
  - Some acute services are found in the Outpatient Behavioral drop-down options for service type. (see next slide)

The screenshot displays the 'Provider Portal' interface for submitting authorization requests. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a header section shows 'Viewing Authorizations For : TIN' and 'Plan Type' set to 'Medicaid', with a 'GO' button and a 'Create Authorization' button. The main content area is divided into two panels. The left panel, titled 'Authorization For', contains a form with fields for 'DOB' and 'MEDICAID NBR'. A dropdown menu for 'Select an Authorization Type' is open, showing options: 'Inpatient Medical', 'Outpatient Medical', 'Inpatient Behavioral' (highlighted with a red box), and 'Outpatient Behavioral' (highlighted with a red box). The right panel, titled 'Enter Authorization', shows a '1. PROVIDER REQUEST' section with a 'Select an Authorization Type' dropdown and a 'NEXT >' button. A red dashed arrow points from the 'NEXT >' button back to the 'Inpatient Behavioral' and 'Outpatient Behavioral' options in the dropdown menu. At the bottom of the right panel, there is a '3. FINISH UP' section.

# Outpatient Behavioral Options in Provider Portal

Drop-down options in portal for service type	Actual services associated
Community-Based Services	<ul style="list-style-type: none"><li>• Peer Support Services</li><li>• Ambulatory Detox</li><li>• Medically Supervised or ADATC Detoxification Crisis Stabilization</li><li>• Non-Hospital Medical Detoxification</li></ul>
Crisis Psychotherapy	<ul style="list-style-type: none"><li>• Facility-Based Crisis</li></ul>
Outpatient Therapy	<ul style="list-style-type: none"><li>• Outpatient Therapy<ul style="list-style-type: none"><li>• Individual, family, and group therapy are grouped under code 90837</li></ul></li><li>• Outpatient Opioid Treatment (H0020)</li></ul>

# Needed Information

- Information needed for Authorization Requests:
  - Clinical information that supports medical necessity for the service being requested
  - Contact information in the event additional information is needed
  - Provider/Facility NPI and TIN numbers

# Outpatient Therapy

- CCH allows 24 unmanaged units for outpatient therapy for members (cumulative across providers). The 24 unmanaged units is specific to individual, family, and group therapy.
- Assessments do not require prior authorization
- Psychological Testing will have 16 unmanaged units before requiring prior authorization

# Outpatient Therapy

- Individual, Family, and Group Therapy codes are “bucketed” under code 90837 when the authorization is built in the system
- 24 unmanaged visits (for adults and children) per state Fiscal Year (July – June)
  - Unmanaged visits reset July 2022
- Providers should keep track of members’ visits and ensure timely submission of claims
  - If unsure of a member’s visit count (such as beginning treatment late in the year, an authorization request can be submitted) for UM review

# Peer Support Services

- Per Clinical Coverage Policy (CCP) 8G, members have 24 unmanaged units per state FY for Peer Support Services (PSS)
- Following 24 unmanaged units, initial and reauthorization can be for up to 90 days (270 units, inclusive of individual and group)
  - Per CCP 8G: “Additional units may be authorized as clinically appropriate. If medical necessity dictates the need for increased service duration and frequency, clinical consideration must be given to interventions with a more intense clinical component”
  - Ensure that there is clinical information to support this request



# Reference Materials for Authorizations

- COVID-19 Authorization Waivers
  - [SPECIAL BULLETIN COVID-19 #251: Sunseting of Temporary COVID-19 Flexibilities Tied to the NC State of Emergency](#)
  - *While some services have authorization waivers, UM asks that a notice of admission and discharge still occur in order to assist with d/c planning:*
    - Non-Hospital Medical Detoxification (H0010) - waiver is for initial and reauthorization.
    - Partial Hospitalization (H0035) - waiver is for reauthorization.
    - Medically Supervised or ADATC Detoxification Crisis Stabilization - waiver is for reauthorization.
  - If a service is covered under EPSDT only has an authorization waiver, an authorization request must be submitted
- [Prior Authorization resources](#) on the Carolina Complete Health website
  - Two tip sheets specific to Behavioral Health
    - Refer to links as updates are made as needed

# In Lieu of Services

- Alternative services or settings that are substituted for services or settings covered under the Medicaid or NC Health Choice State Plans or otherwise covered by this Contract but have been determined by the Department to be medically appropriate, cost-effective substitutes for the State Plan services included within this Contract.
- [Additional information on ILOS](#)
- [Additional guidance for IMD](#)



Massage Therapy

Behavioral Health Urgent Care (BHUC)



Inpatient psychiatric care/treatment in Institutes for Mental Disease (IMD)

# Key Contact Information

Carolina Complete Health Network:  
[NetworkRelations@cch-network.com](mailto:NetworkRelations@cch-network.com)

1-833-552-3876

Online:  
[www.network.carolinacompletehealth.com](http://www.network.carolinacompletehealth.com)



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# Questions?

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