



To: Durham Providers  
From: Sarah Grey, LCSW, Director of Service Management  
Date: 07/27/07  
RE: Authorization for New Consumers – Timelines and Documents

Please review Implementation Update #32 on the DMH website using the following link:  
<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/dmadmh7-13-07update32.pdf>

The document at the location above effectively changes the timeline and process for PCP development and authorization of services for new consumers entering the system. All providers should be familiar with this document and its contents to understand the implications for Medicaid consumers.

Regarding non-Medicaid consumers, this update also necessitates changes in The Durham Center's Care Management Unit current process. The steps below will provide an outline:

- A. Screening occurs at the LME. The screening document and an authorization for 90801 (for non-Medicaid consumers with no insurance or other funding source) is forwarded to the provider from TDC UM/STR. The unit will follow-up with the provider for registration information as usual.
- B. Provider completes the intake as scheduled, and submits the following documents by fax or ProviderLink online services to TDC at 560-7377:
  - \*PCP Admission Form
  - \*Target Population Form(s) as appropriate
  - \*Financial Intake Form
  - \*Introductory PCP

One significant change is the completion of the Introductory PCP as part of the intake/admission process. This means that a plan must be in place from day one with at least one client- centered goal before services can be authorized. Upon receipt of the completed and correct items, the Unit will issue authorization for 16 units of Community Support or TCM (ACTT/MST/Intensive-In Home or other clinical home service) and 1 unit of Physician Services for the next 30 days.

\* These items are also required and must be submitted for any Medicaid consumer receiving Enhanced Services. For Medicaid Consumers, the Complete PCP and any revised PCP's must also be submitted to The Durham Center within 30 days of completion.

- C. The provider must submit the Complete PCP and ITR/ORF2/CTCM forms as appropriate before the expiration of the authorizations described in Step B above. The Durham Center Care Management Unit will review the requests and issue appropriate authorizations to the provider.



- D. Subsequent reauthorizations for the same service(s) may be requested for 6 months by spreadsheet provided that they are at routine levels. This was outlined in the document located at the following link: <http://www.durhamcenter.org/docs/UM/repro.pdf>
- E. Non-Routine amounts or additional amounts of services that may be needed must be requested on an ITR/ORF2/CTCM. The Durham Center's Care Management Unit may choose to approve non-routine amounts of any service depending on clinical necessity and available funding.