



## MEMORANDUM

TO: Provider Community  
FROM: James Osborn, MA, LPA, UM Administrator  
RE: UM Authorization Update  
DATE: 08-28-06

### **Standardized Consumer STR Interview and Registration Form**

This form was posted to the DMH/DD/SAS website on 08/10/06 – Enhanced Services Implementation Update #14 – Uniform Screening and Registration. It can be located on the DMH/DD/SAS announcement web site at <http://www.dhhs.state.nc.us/mhddsas/announce/index.htm>. The DMH/DD/SAS memorandum states the effective date is 09/01/06. We have received further communication that the effective date has been postponed to 10/01/06. **The Durham Center (TDC) welcomes you to use the form now to report screening information to the Durham Center.** Consumers can continue to call The Durham Center to complete the screening or you, as the provider, may complete the form and fax it to 560-7377. We encourage you to use the LME STR unit to complete the screening for State-Funded consumers. Billable services for these consumers must be authorized by The Durham Center prior to the service provision. Future training will be provided on the form completion. Until then, please thoroughly read the entire document for form completion instructions. Please see the last section in the DMH/DD/SAS Update #14 called Prior Authorization for Diagnostic Assessment and Community Support. UM continues to get questions about the Medicaid DA and the first 30 days of CSS authorizations. As you know, they do not require prior authorization.

### **Person-Centered Plan (PCP) Consumer Admission Form**

**This form may be used now instead the Client Identification Intake Form.** You may submit either the PCP Consumer Admission Form or the Client Identification Intake Form. In the near future, the PCP Consumer Admission Form will replace the Client Identification Intake Form. Please see attachment.

### **ORF2 (Outpatient Registration Form)**

This form should continue to be sent to the Durham Center/LME for provisionally and unlicensed therapists needing Medicaid authorization. VO slidesday 1\_061306, Slide #30 states, "Outpatient - Non-licensed and Provisionally licensed staff will not have an attending number. Their services will be authorized to the LME." We will be ensuring the ORF2 has the correct Agency/Group Name/Medicaid #, i.e., The Durham Center, 3404922. **No other information or fields will be screened or checked for accuracy.** If VO finds inaccuracy, then they may contact you. The Durham Center is strictly the pass through, and we are committed to passing your ORF2 to VO as quickly as possible. When we get the VO authorization letter, we will issue you a certification number (on the standard authorization letter) for billing. Again, we are committed to issuing these certification letters in no more than 3 business days from receipt from VO.

### **ITR for Services that Can Not Be Direct Billed to Medicaid**

This was addressed in the previous email provider message with the subject name: Medicaid Transition to Value Options - Durham's Medicaid Number. Please see attachment. TDC is getting authorization letters from VO. They do not include the residential treatment address that is required for the authorization. Please continue to fax the ITR to VO. **Please start faxing a copy of the ITR to TDC at the same time.** This form will be used to obtain the facility address/city/state. Please ensure the information is completed on the ITR. Please start using the UM Fax Cover Sheet for all your faxes to UM. It is located on The Durham Center website at <http://www.durhamcenter.org/docs/UM/UMFCS.doc>. In this situation, **please use the UM Fax Cover Sheet, and write "sent to VO" or "VO" under Other or Additional Information at the bottom.** When we get the VO authorization letter, we will issue you a certification number (on the standard authorization letter) for billing. Again, we are committed to issuing these certification letters in no more than 3 business days from receipt from VO. Please let me know how I can be of further help. I can be contacted at (919) 560-7244 or [JOsborn@co.durham.nc.us](mailto:JOsborn@co.durham.nc.us).

Attachments: PCP Consumer Admission Form, and Medicaid Transition to Value Options - Durham's Medicaid Number.