

## Prior Authorization Process for Adult Mental Health PNMI Services

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Effective 11/16/09

When a PNMI placement is prioritized by DHHS Office of Adult Mental Health Services (OAMHS), OAMHS staff will enter a Contact for Service Notification in APS CareConnection® for the member, with the approved provider and location. This process will ensure close coordination between DHHS, Providers and APS Healthcare in PNMI placement and treatment. This process does not apply to Substance Abuse Facilities.

Providers will request Prior Authorization for Adult Mental Health PNMI Services in APS Care Connection. Providers need to submit clinical information as part of this request for APS Healthcare to determine medical necessity for PNMI services. APS Healthcare will determine the clinical eligibility, assure that OAMHS approved the member for the placement, and issue the authorization for service, or not. If the Prior Authorization request is approved it can be authorized for up to 90 days. The member must be both approved by OAMHS for a provider and a location as well as receiving prior approval for clinical eligibility by APS Healthcare.

Providers **do not** use the DHHS-entered Contact for Service Notification to start the Prior Authorization request. However, providers of Adult Mental Health PNMI Services are expected to review and take into account the DHHS recommendations, found in the Contact for Service Notification for that member.

To locate the Contact for Service Notification

Use “Search Services” in APS CareConnection® to locate and review that member’s “Contact for Service Notification”, for the correct service

APS Healthcare will utilize the DHHS recommendations as part of the decision making process for utilization review

**Reminder:** All PNMI Prior Authorizations and PNMI Discharges must be submitted to APS within 24 hours of admission and discharge, to ensure that PNMI Bed Tracking is accurate.

## **Clinical Documentation Requirements for Adult Mental Health PNMI Prior Authorization Requests**

1. Diagnosis
2. LOCUS Score
3. Reason for referral in Additional Information Section.
  - a. Treatment Team Recommendations
  - b. Why this Level of Care?
4. Identification of 1-3 mental health needs and how this service/ LOC would be beneficial in meeting those needs in Additional Information Section.
  - a. Rehab focus on mental health needs that were basis for admission.
5. Complete Clinical Indicators Section, with specific focus on Risk/Danger to Self/Others.
6. Specifics of LOCUS Dimension Ratings in Additional Information.
7. Projected length of stay for service in the Transition/ Discharge Section and Discharge Criteria.