Connecticut BHP
Supporting Health and Recovery

PROVIDER ALERT

Alert#: **PA 2012-10**

Issued: **December 5, 2012**

To: **CT BHP Inpatient Psychiatric Providers**

Subject: **Changes to the Inpatient Psychiatric Pre-Certification Process**

Dear Provider,

The CT BHP is pleased to announce that effective immediately the Pre-Certification Process for Inpatient Psychiatric Level of Care is being revised and abridged.

The modifications are being made to alleviate administrative burden and to streamline the Pre-Certification process. Pre-Certifications will continue to be done telephonically; however the number of questions and amount of information required has been reduced.

Please review the attached Inpatient Psychiatric Template, which outlines what questions will be covered during the Initial Pre-Certification telephonic review.

This change does not alter the authorization parameters or Level of Care Guidelines; it is simply a revision of the Inpatient Psychiatric Pre-Certification process. It is our hope that these changes will reduce administrative burden on Psychiatric Inpatient providers.

The CT BHP is also evaluating ways in which to refine the Concurrent Review process. We anticipate offering a modified process for bypass program participants in the near future.

If you have any questions, please contact the CT BHP Call Center at 1-877-552-8247.

Sincerely,
Provider Relations
Connecticut Behavioral Health Partnership

Connecticut BHP
Supporting Health and Recovery

Psychiatric Inpatient Pre-Certification Template

Member Demographics		
Name:	**CT Medicaid #:**	**Requested Start Date:**
DOB:	**Social Security #:**	**Review Date** (today's date):

Level of Care	
Calling Provider / Facility:	**Admit Date:**
Facility Location:	
Member's Current Location:	☐ ER ☐ Jail/Detention ☐ Facility ☐ Provider Office ☐ Home/Community ☐ Group Home ☐ Shelter ☐ Foster Home ☐ School ☐ Nursing Home ☐ Assisted Living Facility ☐ Supervised Housing ☐ Supportive Housing
Primary Requester / Referral Source:	☐ Court/Legal ☐ EAP Provider ☐ Employer ☐ Guardian ☐ Household Member ☐ Member ☐ Parent ☐ PCP ☐ Provider/Facility ☐ School ☐ Social Services ☐ Spouse ☐ Unmarried Partner ☐ Crises/Respite/Shelter/Safehome ☐ PRTF ☐ RTC/GH ☐ Foster Family ☐ DCF/Social Services ☐ CARES ☐ DMHAS ☐ LMHA
Preparer:	**Phone #:**
Name of Place / Facility / Institution who referred member (be specific):	
If Child, DCF Legal Status:	☐ Committed ☐ CPS In-Home ☐ Delinquency Pending ☐ Dual Committed ☐ FWSN ☐ FWSN Pending ☐ Juvenile Justice ☐ N/A ☐ Non Committed ☐ Open Investigation ☐ Order of Temporary Custody ☐ Pending 136 ☐ Probate ☐ Protective Supervision ☐ Termination of Parental Rights ☐ Unknown ☐ Voluntary (age of majority) ☐ Voluntary Services ☐ Voluntary Services Pending

Diagnosis	
AXIS I	
AXIS II	
AXIS III	☐ None ☐ Allergies ☐ Alzheimer's Disease ☐ Anemia ☐ Arthritis or Rheumatism ☐ Asthma ☐ Cancer or Leukemia ☐ Cardiovascular Problems ☐ Cerebral Palsy ☐ Chronic Obstructive Pulmonary Disease ☐ Chronic Pain ☐ Circulation Problems in Arms and Legs ☐ Congestive Heart Failure (CHF) ☐ Coronary Artery Disease (CAD) ☐ Diabetes ☐ Disabilities or Physical Impairments (eg, blind) ☐ Down Syndrome ☐ Emphysema or Chronic Bronchitis ☐ Epilepsy/Seizures ☐ Fetal Alcohol Syndrome/Effect ☐ Fibromyalgia ☐ Glaucoma ☐ Head Injury ☐ High Blood Pressure (hypertension) ☐ High Cholesterol ☐ HIV / AIDS ☐ Kidney Disease ☐ Liver Disease ☐ Migraine Headaches ☐ Multiple Sclerosis ☐ Obesity ☐ Parkinson's Disease ☐ Pregnancy ☐ Skin Disorders (severe burns, leg ulcers, etc.) ☐ Speech Impediment or Impairment ☐ Stomach Problems (e.g., acid reflux, ulcers) ☐ Stroke / Effects of Stroke ☐ Thyroid or other Glandular Problem ☐ Urinary Tract or Prostate Problems ☐ Med Condition Seriously Impacting Member's Health ☐ Other Congenital Disorder ☐ Unknown
AXIS IV	☐ None ☐ Educational Problems ☐ Financial Problems ☐ Housing Problems ☐ Occupational Problems ☐ Other Psychosocial and Environmental Problems ☐ Problems with access to Health Care Services ☐ Problems related to interaction with Legal System/Crime ☐ Problems with Primary Support Group ☐ Problems related to Social Environment ☐ Unknown
AXIS V *(GAF Score)*	

The Presenting Problem narrative will be used to document why this member is presenting for care, as well as the risk associated with level of care determination and medical necessity.	
Precipitant (Why Now): **Explanation:**	
Psychotropic Medications	
Date of Most Recent Med Evaluation: _________ ☐ Unknown	**Any Medication Changes this Month?:** ☐ Yes ☐ No If yes, Describe Changes & Reason:
Do Meds Require Serum Blood Levels?: ☐ Yes ☐ No	**Date of Most Recent Blood Draw:** _________
Results of Blood Draw:	
Is there a child or adult in member's household in need of any support or services? ☐ Yes ☐ No	