IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024210 DECEMBER 19, 2024

IHCP provides an overview of PA requirements for the CCBHC program

A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides a comprehensive range of mental health and addiction services and is compliant with the state's criteria, developed by the Division of Mental Health and Addiction (DMHA). For more information on the program, see *Indiana Health Coverage Programs (IHCP) Bulletin* BT2024193.

There will be prior authorization (PA) requirements under the CCBHC model. For CCBHC, PAs will be carved out of managed care and will be processed by the prior authorization and utilization management (PA-UM) contractor, Acentra Health, rather than managed care entities (MCEs).

Fee-for-service (FFS) PA requirements will be effective for all qualifying CCBHC Healthcare Common Procedure Coding System (HCPCS) procedure codes effective Jan. 1, 2025. For the first 90 days of CCBHC implementation, a seven-calendar day PA timely submission grace period will be provided. This timely submission grace will allow CCBHC providers to submit prior authorization requests for CCBHC services up to and including seven calendar days following the start of services, and still be considered timely. The timely PA notification grace period will expire on March 31, 2025.

Medicaid Rehabilitation Option PA changes

Effective Jan. 1, 2025, current Medicaid Rehabilitation Option (MRO) PA requirements will be impacted by the CCBHC. The MRO service package changes are summarized as follows:

- Effective for dates of service (DOS) on or after Jan. 1, 2025, CCBHC providers do not need to create MRO packages through the DMHA Data Assessment Registry for Mental Health and Addiction (DARMHA) database. CCBHC providers only need to request PA for units above and beyond the unit thresholds in adult and child level of need (LON) 4 MRO packages. For more detailed information, see the *Medicaid Rehabilitation Option Services* provider reference module at in.gov/medicaid/providers.
- Providers are encouraged to reference *IHCP Bulletin* BT2024156 regarding appropriate procedure code and modifier combinations that should be submitted with the PA.
- All MRO PA requests will be reviewed for medical necessity by the FFS PA-UM contractor, Acentra Health, using national clinical guidelines (InterQual) and peer-reviewed literature.
- CCBHC providers will no longer be required to submit a Child and Adolescent Needs and Strengths (CANS) assessment and an Adult Needs and Strengths Assessment (ANSA) through DARMHA to trigger service MRO packages.

- For CCBHC sites that are still using CANS/ANSA, the DARMHA will default to not creating MRO service package authorizations.
- MRO service packages will still be needed for clients and sites that are community mental health centers (CMHCs)-only. If a site needs an MRO service package to be assigned for CMHC-only clients, the site must manually select "yes" to send service package data to *Core*MMIS. For sites no longer using CANS/ANSA, this is not applicable.

Continuity of care processes

All CCBHC services are carved out of managed care. To ensure continuity of care, the IHCP FFS PA-UM contractor will honor any previously approved authorizations from the member's managed care plan for services that, effective Jan. 1, 2025, fall within the CCBHC scope of services for one of the following durations, whichever comes first:

- 90 calendar days from Jan. 1, 2025
- The remainder of the prior-authorized DOS
- Until the approved units of service are exhausted

Existing PAs for FFS members that are approved for services that will fall under CCBHC beginning Jan. 1, 2025, will remain.

Any non-MRO services that have unit thresholds in place prior to PA being required for FFS members will carry forward if those services will fall under CCBHC beginning Jan. 1, 2025.

To ensure efficient continuity of care PA processing, providers are encouraged to promptly notify the FFS PA-UM contractor (by phone at 866-725-9991, by fax at 800-261-2774 or electronically on the Acentra Health Atrezzo Provider Portal) of any outstanding authorizations for services that fall within the CCBHC scope of services effective Jan. 1, 2025, and supply documentation to substantiate the authorization. Authorization does not guarantee payment.

Appeals pathways

Authorization appeals pathways for denied or reduced services by a member's managed care plan, when those services will later fall within the scope of CCBHC effective for DOS on or after Jan. 1, 2025, are clarified as follows:

- For any unfavorable authorization decision rendered by a member's managed care plan prior to Jan. 1, 2025, subsequent appeals steps should be pursued, if desired, through the member's managed care plan. Subsequent appeals steps may include reconsiderations, peer-to-peers, managed care appeals and state fair hearings.
- For any unfavorable authorization decision rendered for CCBHC services by the FFS PA-UM contractor, Acentra Health, on or after Jan. 1, 2025, subsequent appeals steps should be pursued, if desired, through Acentra Health.

For more information

Questions can be emailed to CCBHCquestions@fssa.in.gov.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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