

## **Bulletin ID: No. 16 (Revised)**

This Bulletin replaces the previously issued Bulletin No. 16 - Service Request for Additional Units and supersedes information in Bulletin No. 1 Service Request for Additional Units

Effective immediately, the maximum limits and defaults for specific MHRS services are changed. The Department of Mental Health has determined that it will change these settings as follows:

**Medication/Somatic Service** - All requests for units of service on an authorization plan for Medication/Somatic will default to 12 units on a 90 day treatment plan. Providers may decrease the units or increase units to a maximum of 32. Requests above 32 units will follow the procedures previously outlined. Requests for 33 or more units of Medication Somatic Service on a 90 day treatment plan requires the following clinical documentation. Please note this change replaces changes announced in Bulletin No. 1.

- Copy of the most recent diagnostic assessment
- Copy of the most recent IRP/IPC and ISSP
- Copy of encounter notes from the last three medication/somatic visits
- Written justification demonstrating medical necessity for the requested units.

**Community Support** - All requests for units of service on an authorization plan for Community Support will default to 48 units on a 90 day treatment plan. Providers may decrease or increase units to a maximum of 300 units in a 90 day treatment period. This does not represent a change.

**Counseling** - All requests for units of service on an authorization plan for Counseling will default to 52 units on a 90 day treatment plan. Providers may decrease the units or increase units to a maximum of 80 units in a 90 day treatment period. Requests for 81 units or more of counseling in on a 90 day treatment plan requires the following clinical documentation:

- Copy of the most recent diagnostic assessment
- Copy of the most recent IRP/IPC and ISSP
- Copy of progress notes from the last three counseling sessions
- Written justification demonstrating medical necessity for the requested units

**Community Based Intervention (CBI)** - All requests for units of service on an authorization plan for Community Based Intervention will default to 500 units on a 90 day treatment plan. Providers may decrease units on the plan. Providers may not increase units. Requests for 501 or more units of CBI on a 90 day treatment plan requires the following clinical documentation:

- Copy of the most recent diagnostic assessment
- Copy of the most recent IRP/IPC and ISSP
- Copy of progress notes from the last month of service or monthly summary of services, interventions and continued service needs
- Written justification demonstrating medical necessity for the requested units.

Assertive Community Treatment (ACT) - All requests for units of service on an authorization plan for Assertive Community Treatment will default to 500 units on a 90 day treatment plan. Providers may decrease units on the plan. Providers may not increase units. Requests for 501 or more units of ACT on a 90 day treatment plan requires the following:

- Copy of the most recent diagnostic assessment
- Copy of the most recent IRP/IPC and ISSP
- Copy of progress notes for the last month of service or monthly summary of services including interventions and continued service needs
- Written justification demonstrating medical necessity for the requested units.

The Division of Care Coordination will review requests for service units beyond the maximum and respond within seven business days and no later than 10 business days after receipt of request.

Requests shall be sent directly to Jana Berhow, Chief of Service Authorization. Please advise Ms. Berhow via email of your intention to request service above the maximum. You may fax supporting documents to Ms. Berhow at (202) 671-2972.

Requests for ACT services beyond the maximum units shall be sent to Kerima Gibbons.