

Proposed changes to CST and ACT Monthly Care Plan Reviews:

Workgroup members will vote on these recommendations at the February 9, 2022 meeting. These are not considered official recommendations of the Workgroup until after the vote.

We are recommending to remove the monthly CST and ACT LPHA review and quarterly ACT psychiatry review. The progress in services and ongoing medical necessity should be fulfilled by LPHA signature of the IM+CANS every 6 months.

Our small group discussed the timelines for IM+CANS, requirements for medical necessity and the provider portal. After discussion of the IM+CANS requirement to demonstrate medical necessity every 6 months with verification by LPHA it seems the monthly Provider Based Utilization Management requirements in Table N for CST (140.Table N c) 1) D) and ACT (140.Table N e) E) are excessive. All IM+CANS are verified every 6 months by LPHA. Additionally, CST and ACT services require 3- or 6-month authorizations for services by MCOs that should be sufficient in ensuring that individuals continue to meet the ongoing necessity for service delivery. The target population for these services indicate that the SMI population has severe functional impairments that do not alleviate from one month to the next. Additionally, HFS has an annual attestation per 140.Table N b) 1) D) i required for providers to detail adherence to 140.453 and 140.Table N that state we will provide services to the intended population.

