DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

Policy: Authorization for partial hospitalization services should be based on medical necessity with provisions for linking the expiration of Medical Assistance payment with the use of County MH funds.

Procedure: When a case manager is requesting an authorization for partial hospitalization services and the person is eligible for Medicaid, the authorization request should reflect the projected frequency and duration based on the medical necessity review, the consumer’s request for service, and the provider’s assessment, with the case manager having final authorization responsibility.

It is the responsibility of the provider to track the units served so that MA’s 720 hour annual cap can be managed through the course of treatment. If the consumer’s treatment needs require that the 720 hours will be exceeded in the calendar year, the case manager must be notified prior to the 600 hour point of service. The case manager must agree with the continued need for treatment, confirming this in writing to the provider and sending a copy to the Director of Adult MH Services or the Director of Children’s MH Services, as appropriate.

If the consumer is under 18 year of age (21 if still in the education system) the provider must request an administrative waiver of the 720 hour annual cap to the Office of Medical Assistance Program via the MA 97 waiver process. This includes a signed MA 97 form, a psychiatric evaluation documenting medical necessity, and an updated treatment plan describing what will be accomplished during the extension. OMAP will provide written notice of their decision. If OMAP rejects the extension request and the case manager is still in agreement of the continued need for services, the case manager should proceed with the above process in order to have the County consider payment of the service.
The provider must submit the payment rejection notice from OMA, indicating that the consumer has reached the 720 hour cap, along with the Service Rendered Invoice for payment consideration to be made by DCMH/MR.