DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

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<th>Department</th>
<th>_X MH</th>
<th>Policy No. _02-03</th>
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<td>_ MR</td>
<td>Effective Date <em>July 1, 2002</em></td>
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**Title:** Outpatient Authorization Standards

**Policy:** The Dauphin County MH/MR Program will ensure that all Dauphin County MH/MR funded consumers are prior authorized for outpatient services in an efficient manner.

**Procedure:**

1. The Dauphin County MH/MR Program will use the terms, descriptions, and unit definitions provided by the Office of Medical Assistance on their Fee Schedule for Mental Health Outpatient Clinics, Provider Type 29, and the corresponding rates of payment for those services as determined by the BH-MCO under contract with Dauphin County for the HealthChoices Program as the basis for Dauphin County MH/MR contracts with outpatient providers for those same services.

2. The Dauphin County Case Management Unit will authorize outpatient services for County funded consumers at the time of referral for such services.

3. A hard copy of the authorization will accompany the referral information given to the Outpatient Provider by the Dauphin County Case Management Unit.

4. The Dauphin County MH/MR Program will use an automated approval process to confirm such authorizations for outpatient services.

5. The Dauphin County MH/MR Program will approve outpatient services authorizations for up to six months per authorization using the following parameters:

   A) Outpatient services authorizations may not exceed 185 calendar days.
   B) Outpatient services authorizations must have an expiration date effective the last day of the last month of the time period during which services are authorized.
   C) There is no limit placed upon the units of service which providers may deliver to consumers and for which providers may invoice the Dauphin County MH/MR Program during the authorization time period.
D) Services will be authorized by classification of type of service (I, II, III) as follows:

I) Psychiatry
   i) Psychiatric Evaluation
   ii) Medication Monitoring Visit

II) Therapy
   i) Collateral Family Psychotherapy
   ii) Family Psychotherapy
   iii) Group Therapy
   iv) Individual Psychotherapy

III) Psychological Testing
   i) Psychological Testing: Individual Measurements
   ii) Psychological Testing: Graphic Technique
   iii) Psychological Testing: Individual Measurements for Organicity
   iv) Psychological Testing: Personality Inventories
   v) Psychological Testing: Projective Technique
   vi) Psychological Testing: 4 or more (any combination)

6. Outpatient Providers may request authorization for additional services (Type I, II, or III) which are clinically necessary but for which the provider has no current authorization in the following manner:

   A) Outpatient Providers must submit a hard copy Outpatient Authorization Request Form to the Dauphin County Case Management Unit per established procedures to request additional services by category of service (I, II, or III) as described above, during an established authorization time period.

   B) The request for an additional type of service (I, II, or III) must have the same end date as the existing time period of a consumer’s outpatient authorization.

7. Outpatient Providers must submit a hard copy Outpatient Re - Authorization Request Form to the Dauphin County Case Management Unit per established procedures to request a new time period of services to be covered for an individual.