



Provider Notice

Magellan is responsible for care coordination for all Medicaid behavioral health services. As part of care coordination, Magellan is closely monitoring all services, including Therapeutic Day Treatment, to ensure authorizations are appropriate. Magellan wants to assure providers that as stated in Appendix C of the CMHRS Manual, Therapeutic Day Treatment (TDT) authorizations can be authorized for a maximum of 6 months, based on assessment of clinical need, and there has been no change to this regulation or policy.

Magellan and DMAS continue to work with providers to improve TDT services and quality throughout the state, which includes on-going review and assurance of care coordination throughout a member's course of treatment. Service authorization reviews and care coordination include assessing the effectiveness of TDT, optimizing the service plan and coordinating and recommending other services/supports. This may mean that based on the member's status and progress in treatment, some authorizations will not be approved for the full 6 month timeframe.

Magellan will be using the same clinical guidelines to make authorization determinations for continued care and discharge planning purposes. It is important that Care Managers are able to engage with clinical provider staff as necessary to discuss items related to a member's individual clinical needs. As a reminder, should a provider have questions about the length of the authorization or have concerns about a particular case, Magellan Care Managers are personally available to them to discuss the authorization review and the authorization outcome. Also, the clinical contact person should always be identified on the service authorization request for the purpose of a potential case review. Providers may notice an increased variance in the timeframes authorized effective April 1.

There is no limit to the number of re-authorizations in a one-year period. A new reassessment will not be required for each concurrent authorization request; concurrent reviews are progress updates and do not require an assessment outside of when assessments are required. Timeliness requirements for service specific provider intakes and reassessments remain unchanged.

DMAS is convening a workgroup to explore and develop revisions to the TDT program. Magellan and DMAS will work with providers to share concerns about care coordination to improve upon treatment without disrupting services. There will be no proposed policy or regulatory changes to the TDT program until after completion of this workgroup.