

SMC Routine Authorization Request Review Tool

Authorization Request

Clinical Home			
Request Date			
Requested Services			
<i>Service Name</i>	<i>Amount</i>	<i>Date Span</i>	<i>Provider</i>

I. Service Plan and Service Definition

Intro PCP

Met	Not Met	NA	Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Axis I or II diagnosis consistent with target population present. For DD consumers, the NC SNAP Index is reported. (799.9 OK).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NC SNAP Index score reported for DD.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan contains at least one <u>measurable</u> goal/action plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crisis Plan includes complete list of crisis contacts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attestation is complete for DJJDP or Adult Criminal Court involvement for consumer receiving enhanced services
Comments			

PCP/PCP-Lite

Met	Not Met	NA	Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Axes I-V diagnoses consistent with target population present. For DD consumers, the NC SNAP Index is reported. (799.9 <u>not</u> OK)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For initial plan, assessment supports diagnoses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals address primary diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For child/adolescent, plan involves parents or caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals are measurable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan includes all necessary services, paid and unpaid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequency of service and provider agency named for each service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service Definition requirements met for all services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crisis Plan contains specific prevention and intervention strategies, and contact information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attestation is complete for DJJDP or Adult Criminal Court involvement for consumer receiving enhanced services
Comments			

SMC Routine Services Review Tool

Authorization Criteria

Met	Not Met	NA	Standard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Service Plan meeting Service Definitions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMC Medical Necessity Criteria are met
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requested services are included in applicable SMC Benefit Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding is available for requested services
Comments			

Review Decisions

<input type="checkbox"/>	Plan is approved. Services are authorized.
<input type="checkbox"/>	Plan is declined; changes are requested from Clinical Home. Plan with changes must be resubmitted to SMC by _____ (date). Specific changes requested are noted in Comments Section.
<input type="checkbox"/>	Plan/Request is pended for insufficient information. Information needed is: Additional information must be submitted by _____ (date).
<input type="checkbox"/>	Request is Administratively Non-Certified Administratively Non-Certified Services: Effective date of Administrative Non-Certification: Reason(s) for Administrative Non-Certification:
<input type="checkbox"/>	Plan/Request is referred for Clinical Peer Review for decision.
<input type="checkbox"/>	All of the requested services are Clinically Non-Certified
<input type="checkbox"/>	A portion of the service(s) requested is Clinically & Administratively Certified <input type="checkbox"/> Approved service(s): <input type="checkbox"/> Clinically Non-Certified Service(s) : <input type="checkbox"/> Administratively Non-Certified Service(s):
<input type="checkbox"/>	Comments: Care Manager: _____ Decision Date: _____