

Western Highlands Network Case Status Determination – 4/25/2008

Consumer Status	Status Type	Description	Forms Required for Submission by Provider	Send To:	Provider Should Choose this Status
Inactive	Registration for Medicaid Basic Benefit ONLY Consumers	<ul style="list-style-type: none"> For Medicaid consumers who ONLY receive Basic Benefit Services (Outpatient Therapy, Medication Management) 	<ul style="list-style-type: none"> STR (Screening, Triage and Referral Form) Section A-J, #1 and #49-55 Consumer Consent Form (Assigns 1st Responder) 	Utilization Management at (828) 225-2782	<ul style="list-style-type: none"> If you are <u>not</u> requesting any IPRS funded services for the consumer --or-- When you need to establish a WHN consumer ID# --or-- Each time the consumer sees a new provider (1st Responder)
Inactive	Registration for Assessment Only Consumer	<ul style="list-style-type: none"> Consumers who were referred for screening to provider by LME and who were found ineligible for Medicaid or IPRS 	<ul style="list-style-type: none"> DCCI (Description of Consumer Clinical Information Form). Consumer Consent Form (Note: LME completes STR as part of the Access/ES Screening) 	Utilization Management at (828) 225-2782	<ul style="list-style-type: none"> This status is given when a WHN consumer ID is assigned. This status applies for Assessment Only; any further intervention requires an Active Status.
Active	Consumer must become Active to Medicaid Enhanced Services	<ul style="list-style-type: none"> For Medicaid consumers who receive Enhanced Services at a Clinical Home. Clinical Home services include the following: TCM, CS, SAIOP, SACOT, IIH, MST, ACTT and CST. - For Therapeutic Foster Care 	<ul style="list-style-type: none"> STR - Complete all sections. STR is not required if the LME completes a STR/screening. PCP-Admission Form Consumer Consent Form 	Utilization Management at (828) 225-2782	<ul style="list-style-type: none"> For episodes of ongoing care for Medicaid Consumers who receive Enhanced Benefits
Active	Consumer must be registered and become Active with each new episode of care	<ul style="list-style-type: none"> For Consumers who need treatment beyond Assessment Only and qualify for IPRS Client will be receiving a state funded service(s) Status assigned the date services begin - In the event of Crisis Therapeutic Foster Care <p>Notes: <i>If a consumer chooses to leave one provider and move to another, the state considers one episode of care ended when the consumer begins to receive services from a new provider.</i></p> <p><i>After a significant lapse in treatment, a new episode of care starts with the 1st provider or a new provider.</i></p>	<ul style="list-style-type: none"> STR - Complete all sections. STR is not required if the LME completes a STR/screening. IPRS PCP-Admission Form PCP - (submit <u>appropriate</u> PCP**) DCCI (Description of Consumer Clinical Information Form) Consumer Consent Form SAR (Service Authorization Request) <p>Note: If a consumer is “transferring”, the 1st case responsible provider must assist with the “transfer”. The case continues to be active to the 1st provider who continues to carry liability and clinical responsibility (including 1st Responder duties) until the case is active with the new provider.</p> <p><i>Please see WHN Communication Bulletin #75 on the WHN website: http://westernhighlands.org/SARP/bulletins/Communication_Bulletin_75.pdf</i></p>	Utilization Management at (828) 225-2782	<ul style="list-style-type: none"> For episodes of ongoing care (i.e. Therapy, CS, Medication, etc.) -For Basic or Enhanced Benefits. <p>**Note: PCP Types 1. Complete PCP 2. Introductory PCP 3. Basic Benefit PCP</p> <p>When beginning a new episode of care, a Person Centered Plan (PCP) from a previous provider is not allowed by DMA and DMH.</p>
Closed (Three Types)	1-Administrative Closing	Case is closed administratively by WHN when there is no activity within 60 days.	Administrative Closing --- Completed by WHN LME	LME Records Coordinator (828)225-2784	Exceptions to Administrative Closings or Discharges will be made for consumers in Medication Management cases (AMSRE, AMSPM) These cases can be open for up to a year.
	2-Treatment Episode Complete	Providers should close case at the end of an episode of care when ongoing treatment is not needed.	Discharge Data Form		
	3-Consumer Chooses New Provider of Services	Providers should also close cases when a consumer chooses a new provider.	Discharge Data Form Provider should keep Clinical Discharge Summary in <u>their</u> medical record.		