



PROVIDER ALERT

Updates to TCM Forms

October 30, 2020

Optum Maryland is preparing to release updated provider forms for TCM Child and Adolescent Levels 1 and 2. The changes better align the form with medical necessity criteria.

When submitting an authorization request for TCM Child and Adolescent Levels 1 and 2, providers will be required to complete this form.

Below, we walk through the form and highlight the updates that providers will see.

When the provider selects “**Yes**” to the question “***Is the participant between the ages of 18 and 21***” additional information is required; “***Has the youth been separated from TCM Level I or II for more than 120 days?***” If the provider selects “**Yes**” a conditional message will be displayed.

The answer given to the question “***Does the participant have a PBHS specialty mental health DSM 5 diagnosis which requires, and is likely to respond to, therapeutic intervention?***” may call up additional questions, as shown below.

Clinical Information

Does the participant have a PBHS specialty mental health DSM 5 diagnosis which requires, and is likely to respond to, therapeutic intervention? **
 Yes No

Is there an appointment scheduled with a mental health provider? *
 Yes No

Appointment Date: *

Appointment Time: *

Participant is at-risk of, or needs continued community treatment to prevent inpatient psychiatric treatment: **
 Yes No

Please provide additional information: *

Participant is at-risk of, or needs continued community treatment to prevent treatment in a residential treatment center (RTC): **
 Yes No

Conditional questions based on answer to PBHS diagnosis question.
 Appointment Date/Time also conditional based on answer to appointment question.

Additional information box will appear for all Medical Necessity questions when provider selects Yes.

If “**Concurrent**” is selected under “**Review Type**” the additional questions shown below will be displayed.

Participant is at-risk of and out of home placement due to multiple behavioral health stressors: **
 Yes No

Participant requires community treatment and support in order to prevent or address emergency room utilization due to multiple behavioral health stressors: **
 Yes No

Participant requires community treatment and support in order to prevent or address homelessness or housing instability, or otherwise lacking in permanent, safe housing: **
 Yes No

Participant requires community treatment and support in order to prevent or address arrest or incarceration due to multiple behavioral health stressors: **
 Yes No

Does the participant's current/available living environment continue to present barriers to stabilization? **
 Yes No

Describe barriers to stabilization: *

Has the participant made progress toward initial mental health, medical, social, and educational goals? **
 Yes No

Describe changes to the care plan to address lack of progress: *

The following questions are only visible when Concurrent is selected on Review Type:

After this point the form continues as before, with no further changes.

If you have questions regarding the content of this alert, please contact customer service on 1-800-888-1965.

Thank you,

Optum Maryland Team