

**MAGELLAN BEHAVIORAL HEALTH OF PENNSYLVANIA, INC.
LEHIGH VALLEY CARE MANAGEMENT CENTER
CLINICAL REVIEW PROCESS**

LEVEL OF CARE	REVIEW TYPE	REVIEW METHOD
Inpatient/Extended Acute Care	Initial	Telephonic
Inpatient/Extended Acute Care	Concurrent/Discharge	Telephonic
Residential	Initial	Telephonic
Residential	Concurrent/Discharge	Telephonic
Non-Hospital D & A	Initial	Telephonic
Non-Hospital D & A	Concurrent/Discharge	Telephonic
23 Hour Observation	Initial	Telephonic
23 Hour Observation	Discharge	Telephonic
Acute Partial	Initial	Telephonic
Acute Partial	Concurrent/Discharge	Telephonic
Sub-acute/Non-acute/Psychosocial Partial	Initial	Telephonic
Sub-acute/Non-acute /Psychosocial Partial	Concurrent/Discharge	Telephonic
Intensive Outpatient	Initial	POMS Only
Intensive Outpatient	Concurrent/Discharge	POMS Only
ICM/RC/BCM	Initial	Paper
ICM/RC/BCM	Concurrent/Discharge	Paper
ACT	Initial	Telephonic
ACT	Concurrent/Discharge	Telephonic
Children's RTF/TFC/MTFC	Initial	Packet (Via written Psych eval results.)
Children's RTF/TFC/MTFC	Concurrent	Packet for reauthorization and telephonic updates.
Family Based/Psych Rehab/Peer Support	Initial	Paper
Family Based/Psych Rehab/Peer Support	Concurrent	Paper
Family Based/Psych Rehab/Peer Support	Discharge	Paper
BHRS/FFSBS/FFT/MST	Initial	Packet (Via written Psych eval results.)
BHRS /FFSBS/FFT/MST	Concurrent	Packet
BHRS /FFSBS/FFT/MST	Discharge	Paper
Psychological Testing	Initial	Paper
Psychological Testing	Concurrent/Discharge	Paper
Outpatient	Initial	POMS Only
Outpatient	Concurrent/Discharge	POMS Only