



INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT

Service Authorization Process for Children's Group Home - Level A & Therapeutic Group Home -Level B Services Through KePRO



- **Method of Submitting a Service Authorization request for Level A and Level B services**
- **Helpful Hints for a successful submission**
- **Questions**

Submitting a Request via iEXCHANGE

- The preferred method is the **iEXCHANGE®** web-based program
- Registration required
- Information may be found by going to the KePRO website
<https://dmas.kepro.com>.
- For questions call 1-888-827-2884 or email at ProviderIssues@kepro.com

Additional Methods of Submission

Requests may also be submitted via:

- **Fax to: 877-652-9329**
- **Telephone to: 888-827-2884 or
804-622-8900 (local)**
- **Mail to:**

KePRO

2810 North Parham Road, Suite 305

Henrico, VA 23294

Fax Forms Used for Submission

- **Srv Auth request fax forms (DMAS 365 A/B) have been created to facilitate the Srv Auth process and are posted on the DMAS and KePRO websites.**
- **Use the Community Based Residential Services for Children and Adolescents form (Level A and B) for your requests:**

Providers must submit a Service Authorization request for Level A and Level B Services

- **Srv Auth must be submitted within 3 business days of admission.**
- **Retroactive requests for authorizations will not be approved with the exception of retroactive Medicaid eligibility for the Member. The request for authorization should be submitted no later than 30 days from the date the provider was notified of Medicaid eligibility.**

Initial Review

Level A

- **Srv Auth within 3 business days of admit**
- **CON-signed by EPSDT MD and “team” Completed prior to admit**
 - **CSA-3 members of FAPT and MD**
 - **NON-CSA-independent LMHP and MD**
- **UAI-2 moderate impairments-current to 30 days of admit**
 - **CSA-CAFAS by locality**
 - **NON-CSA-Assessment-EPSDT Provider and independent LMHP**

Level B

- **Srv Auth within 3 business days of admit**
- **CON-signed by EPSDT MD and “team” Completed prior to admit**
 - **CSA-3 members of FAPT and MD**
 - **NON-CSA-independent LMHP and MD**
- **UAI-2 moderate impairments-current to 30 days of admit**
 - **CSA-CAFAS by locality**
 - **NON-CSA-Assessment-EPSDT Provider and independent LMHP**

Initial Review (continued)

Level A

- **IPOC- completed within 24 hours of admission by QMHP**
- **DSM-IV (Axes I-V)**
- **Functional level**
- **Discharge Date**
- **QMHP dated signature**
- **InterQual criteria must be met**

Level B

- **IPOC- completed within 24 hours of admission by LMHP:**
- **DSM-IV (Axes I-V)**
- **Functional level**
- **Discharge date**
- **LMHP dated signature**
- **InterQual criteria must be met**

Concurrent Review

Level A

- **Srv Auth prior to end of previous authorization**
- **Confirm Comprehensive Individual Plan of Care (CIPOC) completed-dated signature of QMHP and program director (LMHP)**
- **CIPOC update (every 30 days), dated signature of QMHP**
- **Confirm weekly individual psychotherapy by LMHP is provided**

Level B

- **Srv Auth prior to end of previous authorization**
- **Confirm Comprehensive Individual Plan of Care (CIPOC) completed-dated signature of LMHP**
- **CIPOC update (every 30 days), dated signature of LMHP**
- **Confirm weekly individual psychotherapy by LMHP is provided**
- **Confirm group psychotherapy by LMHP is provided**

What happens if demographic information is missing when submitted via fax?

- **The case will be pended for insufficient information.**
- **Provider will be notified through iEXCHANGE® & fax.**
- **Provider will have until 11:59 PM the next business day from notification to submit the information to KePRO or the case will be voided.**
- **If KePRO does not receive a response within this timeframe, the request will be forwarded to the supervisor or the physician consultant for review if unable to be approved.**

Helpful Submission Points for Level A and Level B Services

- **Members must meet Level of Care criteria for McKesson InterQual ® Level of Care, Behavioral Health Criteria, Residential & Community Based Treatment, 2010, as amended by DMAS.**
- **Active treatment, with a specific discharge plan, must begin on the day of admission.**
- **Use iEXCHANGE (Questionnaires Available).**
- **Complete the form in its entirety.**
- **When responding to a request for additional information via fax, use only the reply form that accompanies the additional information notice and address the questions specifically.**

Helpful Submission Points for Level A and Level B Services

- **Do not submit additional information on a denied case. Providers have the right to appeal any adverse decision on their request.**
- **Appeals are to be submitted in writing to:**
 - Director, Appeals Division**
 - Department of Medical Assistance Services**
 - 600 East Broad Street, Suite 1300**
 - Richmond, VA**

- **KePRO Website: <https://dmas.kepro.com>**
- **DMAS website: www.dmas.virginia.gov**
- **For any questions regarding the submission of Srv Auth requests please contact KePRO at: 1-888-827-2884 or 804-622-8900**

Questions?

Thank you!