



## INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT

# KePRO's Service Authorization Process for Intensive In-Home Services for Children and Adolescents

# Objectives of Training

- **Service Definition**
- **Required Activities**
- **Eligibility Criteria**
- **Service Limits**
- **IIH Assessment**
- **Service Authorization Process**
- **iEXCHANGE Demonstration**
- **Question and Answer Session**

# Intensive In-home Services to Children and Adolescents (H2012)

## Service Definition

- **Time-limited Interventions**
- **Provided typically in the home of consumer at risk of being moved into an out-of-home placement OR**
- **Being transitioned to home from an out-of-home placement due to a documented medical need of the child.**

# Required Activities

## IIH Assessment Required Activities:

- Prior to admission, a face-to-face assessment must be conducted and documented.
- A LMHP or a license-eligible mental health professional must perform the assessment. If a license-eligible professional performs the assessment, the assessment must be reviewed with the LMHP within one business day of conducting the assessment to collaboratively determine the client's diagnosis.

# Required Activities (continued)

- The assessment must be conducted in the Member's home unless there is documented safety or privacy issue.
- Providers must include within their assessment documentation of specific assessment item justifying medical necessity for Members to receive IIH treatment.
- The assessment must list assessments completed in the 6 months prior to the IIH assessment (i.e. psychological testing, psychiatric evaluations, FAPT team referrals and CSB involvement).

# Required Activities (continued)

- The assessment must also indicate the specifics of how the Member meets the service eligibility criteria, is at risk an out of home placement related to their behavioral health issues, and that service needs can best be met through intensive in-home services.
- The IIH assessment must list treatments that have been tried or explored within the last 30 days.
- The assessment (H0031) must include the items specified by DMAS.

# Scope of IH Services

## **This service provides:**

- **Crisis treatment**
- **Individual and family counseling**
- **Communication counseling**
- **Case Management Activities**
- **Coordination with all other services child receives**
- **24 hour emergency response**



# Eligibility Criteria (continued)

**Two of the following must be clearly documented for the individual on a continuing or intermittent basis.....**

- 1. Severe problems in interpersonal relationships**
  - a. At risk of hospitalization or**
  - b. Out-of-home placement because of conflicts with family or community**

## **Eligibility Criteria (continued)**

- 2. Show such inappropriate behavior that repeated interventions by:
  - a. Mental health**
  - b. Social services      OR**
  - c. Judicial system are necessary.****
  
- 3. Demonstrate such difficulty in cognitive ability that they are unable to recognize personal danger or recognize significantly inappropriate social behavior.**

## **Eligibility Criteria (continued)**

**Services are necessary when at risk of out of home placement and .....**

- 1. Service far more intensive than outpatient care is required to stabilize the child in the family situation (provider should identify treatments tried/explored in the past 6 months and indicate if they were successful or unsuccessful.**

# Eligibility Criteria (continued)

**OR---**

- 2. The child's home is more likely to be successful as the setting for treatment than a clinic (describe why this is true).**
- 3. At least one parent with whom the child is living must be willing to participate in In-Home treatment, with the goal of the child with the family.**

- **Case Management Services can not be billed separately.**
- **IIH provider must notify case management agency when services are started (document notification efforts).**
- **No separate mental health case management.**

# **Intensive In-Home Limitations (continued)**

- No separate mental retardation case management.**
- No separate DD case management.**
- No IH for child in Treatment Foster Care.**
- Coordination by IH worker must occur for all services that child receives.**

# Intensive In-Home Assessments

**In an effort to ensure that the regulatory requirements indicating assessments are to be performed prior to service delivery, effective for dates of service December 1, 2009 and forward, the assessment code (H0031) must be billed before the procedure code (H2012) will pay.**

# Intensive In-Home Assessments

- **The IIH assessment code H0031 does not require a Srv Auth.**
- **The reimbursement is a flat rate of \$70.00 (Seventy Dollars).**
- **The service limit for assessments is 2 per provider, per member, per fiscal year (July 1 – June 30).**

# Intensive In-Home Service Authorization

- **When Srv Auth is required and requested providers will receive official determinations (denials or approvals) via ACS automatic letter generation process.**
- **If approved, the letter from ACS will include a Srv Auth number. This number must be used when submitting claims.**

## Intensive In-Home Service Authorization (continued)

- **Claims submitted for services that exceed the weeks authorized will be denied.**
- **Srv Auth decisions will be made utilizing DMAS criteria identified in the Community Mental Health Rehabilitative Services Manual.**

# Intensive In-Home Service Authorization Checklist

**Required Srv Auth Information Sheets are available on the DMAS / KePRO web site to assist with Srv Auth requests (initial and continued stay requests)**

**<http://dmas.kepro.com>**

**The IH Srv Auth Checklists have been revised to include the eligibility criteria as outlined in the CMHRS Manual. (See Srv Auth checklist)**

Thank you for visiting the Virginia KePRO/DMAS website.

Be sure to open our web site in a separate web page or before you start to enter your case data to avoid losing information



DMAS Manuals

Reference  
Material

Forms

Training

Key Links

FAQs

Contact Us

First time registration  
for  
iEXCHANGE

Already registered with  
iEXCHANGE...

Log in to  
iEXCHANGE | MEDecision

Log in to the KePRO Provider  
Portal...

**KēPRO**  
Provider Portal

## Welcome to KePRO!

### Hot Topics

- ◆ References to Prior Authorization, PA, or PA# should be Srv Auth#, Srv Auth or Service Authorization
- ◆ KePRO has changed their URL to .com from .org. Any use of .org will be re-directed to the appropriate site. You will need to update any bookmarks and favorite settings you may have.
- ◆ DMAS Fiscal Agent has been changed from First Health Services(FHS) to ACS State Healthcare. ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. Please also go to the new Virginia Medicaid Web Portal Fiscal Agent website at <http://www.virginiamedicaid.dmas.virginia.gov>

Check  
It...



### Service Authorization (Srv Auth) Checklists

Want to avoid hold-ups caused by missing information in Srv Auth requests? Check out the [Required Srv Auth Information Checklists](#). These handy reference lists will help you determine at a glance all the information required for each service type.

### Announcements

There are no announcements at this time.



KePRO is URAC accredited in Health Utilization Management and Case Management. We are also licensed to perform medical reviews in 29 states.

Revised: 2/2011

## Stay informed

- ◆ System Status ● UP
- ◆ [Training Schedules](#)
- ◆ [Newsletters](#)

## Take action

- ◆ [Reset your iEXCHANGE password](#)
- ◆ [Report fraud and abuse](#)



# Intensive In-Home Srv Auth Checklist



- HOME
- DMAS Manuals
- Reference Material
- Forms
- Fraud & Abuse
- Key Links
- Training
- FAQs
- Contact Us



## Service Authorization Checklists



Want to avoid hold-ups caused by missing information in Srv Auth requests? Check out our **Service Authorization Checklists**. These handy reference lists will help you determine at a glance all the information required for each service type. Don't be stuck retrieving information twice! Use the checklists for once-and-done submission!

Please note that not all special characters( such as ~) will copy correctly into iEXCHANGE. Please limit the use of special characters in your answers and review your information after you have pasted into iEXCHANGE to be sure it is correct.

### To view a document and then save it:

Click on the link in the document list to view the document in your browser. From the menu at the top of the browser, select FILE - SAVE AS to navigate to the folder in which you wish to save the document. Then save it.

### To save the document without opening it:

Right-click the link in the document list and select "Save target as". Navigate to the folder in which you wish to save the document. Then save it.

- Inpatient Services
- Outpatient Services
- Behavioral Health
- Community Mental Health
- Waivers

Srv Auth Checklists	Description	File Size	File Type
<a href="#">Day Treatment - Adult P/Hosp Continued Stay - H0035</a>		32 KB	.doc
<a href="#">Day Treatment - Adult P/Hosp Initial Stay - H0035</a>		32 KB	.doc
<a href="#">ICT Continued Stay Code H0039</a>		28 KB	.doc
<a href="#">ICT Initial Review Code H0039</a>		29 KB	.doc
<a href="#">IIH Continued Stay PA Check List</a>		40 KB	.doc
<a href="#">IIH Initial Request PA Checklist</a>		34 KB	.doc
<a href="#">Mental Health CM Adult Con'd Stay H0023 - SMI</a>		32 KB	.doc
<a href="#">Mental Health CM Adult Initial H0023 - SMI</a>		31 KB	.doc
<a href="#">Mental Health CM Birth to 17 Cont'd Stay H0023 - SED</a>		31 KB	.doc



# Intensive In-Home Srv Auth Checklist

## **INTENSIVE IN HOME SERVICES (H2012) INITIAL REQUEST REQUIRED PA INFORMATION**

- 1) Provider Contact Name:
- 2) Provider Contact Number:
- 3) Is This a Retro Review: Yes / No
  - a. If retro request, date provider was notified of Medicaid eligibility:
- 4) Have Health, Safety and Welfare issues been identified with this client? Yes / No
  - a. Has a CPS referral been made? Yes / No
  - b. If no, what intervention(s) have been taken to address this concern?
- 5) Requested Start Date:
- 6) Admission Date:
- 7) Projected Discharge Date:
- 8) Have treatments / services been tried or explored in the past 30 days : Yes / No
  - a. List treatments /services and indicate if successful or unsuccessful:
- 9) Has the local CSB been contacted to determine if Mental Health Case Management services are being provided?  
Yes / No
- 10) List assessments completed in the past 6 months (i.e. psychological testing, psychiatric evaluations, FAPT team referrals and CSB involvement).
- 11) Identify how services set in child's residence are more likely to be successful than a clinic.
- 12) Does the client demonstrate a clinical necessity arising from a condition due to mental, behavioral, or emotional illness that results in significant functional impairments in major life activities? Yes / No
- 13) Individuals must meet at least two of the following criteria on a continuing or intermittent basis:
  - a. Does the client have difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out-of-home placement because of conflicts with family or community? Yes / No
  - b. Does the client exhibit such inappropriate behavior that repeated interventions by the mental health, social services, or judicial system are necessary? Yes / No

# Intensive In-Home Service Authorization

- **Procedure Code - H2012**
- **Srv Auth Service Type - 0650**
- **Provider Type - 056**
- **Provider Specialty Type - 045 & 042**

# IIH Service Srv Auth (continued)

**After the information has been submitted:**

- **Either an authorization will be generated or the provider will receive a request for additional information.**
- **The provider will have 3 business days to respond to this request.**

# **IIH Service Srv Auth (continued)**

- If the information needed to meet criteria is submitted; an approval will be generated.**
- If the additional information does not meet criteria for Community Mental Health Rehabilitative Services, it will be forwarded to the physician for clinical review.**

# IIH Service Srv Auth (continued)

- **A week is from Sunday through Saturday.**
- **Denials will be for a four week period.**
- **50 units will be authorized for all approvals, with a Per Monthly (Mo) Frequency indicator.**

# IIH Service Srv Auth (continued)

- **KePRO will authorize up to 13 weeks of SPO services. Concurrent reviews will be authorized for up to the remaining 13 weeks of SPO.**
- **After 26 weeks under SPO has been utilized, the provider can request additional weeks of service under EPSDT, if medically necessary.**
- **The EPSDT indicator must be selected and the Srv Auth can not span pass 6/30/YY.**
- **The provider is responsible for checking the service limits to determine if the 26 weeks have been used and approval under EPSDT is required.**

# Transfer of Services

- **Members have the right to freedom of choice and may choose to terminate services with an initial provider and, as medically necessary, transfer and receive treatment with another provider.**
- **If services are terminated before the end of the authorized period, the provider of record should release unused service units by notifying KePRO.**

## How Do I Verify Member Eligibility?

- **DMAS web-based ARS at:**  
<http://www.viriniamedicaid.dmas.virginia.gov>
- **Medicall at 1-800-884-9730 or 1-800-772-9996.**
- **Eligibility verification avoids unnecessary delays associated with Srv Auth submission. Eligibility should be checked at each visit.**

# Should You Want to Appeal a KePRO Decision

**Appeals are to be submitted in writing to:**

**Director Appeals Division**

**Department of Medical Assistance Services**

**600 East Broad Street, 11<sup>th</sup> Floor**

**Richmond, VA 23219**

Additional information can be found in the  
DMAS Provider Manuals.

# Program Changes and Updates

**Check the Medicaid Memos and  
Manuals online at:**

**[www.dmas.virginia.gov](http://www.dmas.virginia.gov)**

**Click on the link to Providers Services**

**or**

**<http://dmas.kepro.com>**

# Resources

- KePRO Website <http://dmas.kepro.com>
- DMAS Website [www.dmas.virginia.gov](http://www.dmas.virginia.gov)
- [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov)
- [ProviderIssues@kepro.org](mailto:ProviderIssues@kepro.org)
- [CMHRS@dmas.virginia.gov](mailto:CMHRS@dmas.virginia.gov)
- For any questions regarding the submission of Srv Auth requests, please contact KePRO at 888-827-2884 or 804-622-8900.
- For claims or general provider questions, please contact the DMAS Provider Helpline @ 800-552-8627 or 804-786-6273.



**Thank you for your participation.**

**If you have questions or need assistance,  
please call our Customer Service  
Department at 888-827-2884 or  
send e-mail to:**

**[providerissues@kepro.org](mailto:providerissues@kepro.org)**