



**INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT**

# **KePRO's Service Authorization Process for Residential Treatment (Level C)**



# KePRO Service Authorization for Residential Treatment (Level C)

- **Introduction**
- **Residential Treatment (Level C) Fax Form**  
Current Fax Form is valid until 6/30/09.  
New Fax Form will be uploaded for usage beginning on 7/1/09.
- **Srv Auth Checklist**  
Initial  
Continued Stay
- **Suggestions for Submission**
- **Questions**

## Contact Information

- **KePRO Help**  
**1-888-827-2884**
- **DMAS Help**  
**In state – 1-800-552-8627**  
**Out of State and Local – 1-804-786-6273**
- **ProviderIssues@kepro.com**
- **[PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov)**

# Submitting Srv Auth Requests

**Requests should be submitted via:**

- **iEXCHANGE <http://dmas.kepro.com>**  
**(registration required)**
- **Fax: 877-652-9329**
- **Telephone: 888-827-2884 or 804-622-8900**
- **Mail:**

**KePRO**

**2810 N. Parham Rd, Suite 305**

**Henrico, Virginia 23294**

# KePRO Service Authorization for Residential Treatment (Level C)

## RTC

### Initial Request

- Non CSA RTC cases do not require the Locality Code or rate reimbursement certification.
- For a CSA/RTC case, please include the date of reimbursement certification and the Rate listed on the form.
- For Initial requests only (Fax Form), complete Questions #1 through #19 and not #20 through #26. If utilizing the iEXCHANGE and Srv Auth Checklist, complete Initial Request Srv Auth Sheet.

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## RTC

### Continued Stay

- If submitting a Continued Stay (Fax Form), complete Questions #1 through #16 and #20 through #26. If utilizing iEXCHANGE and Srv Auth Checklist, complete Continued Stay Request Srv Auth Sheet.

### Retro Request

- If this is a retro-authorization request, complete all questions.

## **KePRO Service Authorization for Residential Treatment (Level C)**

- **For a CSA case, there must be 4 signatures on the CERTIFICATE OF NEED (CON) including the physician and 3 FAPT members.**
- **For non CSA cases, the certification must be completed by the CSB and signed by a physician and the CSB screener.**
- **All signatures must be individually dated and the last signature date is the date of completion.**
- **CANS must be completed and current within 90 days prior to start date being requested.**

## **KePRO Service Authorization for Residential Treatment (Level C)**

- The IPOC must be signed within 24 hours of admission.**
- When documenting that the failed placements were unsuccessful, provide information regarding why the placements were not successful.**
- Treatment failure refers to the lack of improvement of a member's symptoms and behaviors in previous treatment.**

## **KePRO Service Authorization for Residential Treatment (Level C)**

- **Documentation should reflect that the behaviors have been present for at least 6 months and that they will persist for longer than 1 year without treatment.**
- **Documentation should support that member would be unable to be treated safely at less intensive level of care.**

## KePRO Service Authorization for Residential Treatment (Level C)

- **Documentation should reflect the member's inability or unwillingness to follow instructions, perform ADLs or maintain behavioral control.**
- **Submit information as it relates to the member's formal and informal support systems.**

## 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.)**

## **KePRO Service Authorization for Residential Treatment (Level C)**

**Questions after the iEXCHANGE  
Presentation and web site  
demonstration.**