

## **Fee-For-Service Prior Authorization Instructions**

### **I. Procedure to Request Prior Authorization of a Specialized Behavioral Health Treatment Program in a Community Residential Rehabilitation (CRR) Host Home Setting**

#### **A. Supporting Documentation**

The documentation submitted in support of a request to prior authorize a specialized behavioral health treatment program in a host home setting is expected to reflect the currently requested period of prescribed treatment as dictated by the child's or youth's behavioral health treatment needs. The request must include the date services are requested to begin.

When reviewing the medical necessity of a request to prior authorize a specialized behavioral health treatment program in a host home setting, the Office of Mental Health and Substance Abuse Services (OMHSAS) will review the following supporting documentation:

1. A completed MA 97.
2. A psychological or psychiatric evaluation completed within 60 days of the submission of the request. The evaluation must substantiate the need for the child or youth to receive a specialized behavioral health treatment program in the host home setting and include an assessment of the child's and youth's strengths and needs across home and community settings and, if applicable, in school settings.
3. An individual treatment plan (ITP) which includes the services and supports that will be provided as part of the specialized behavioral health treatment program and the measurable goals for the child or youth.
4. Documentation of a treatment team meeting that was held within 60 days of the submission of the request. The treatment team meeting must include the provider, the legal guardian or caregiver of the child or youth, the youth if the youth is 14 or older and, if appropriate, the child. Participation or input from the child's or youth's school and any other systems or services that are serving the child or youth is also required in preparation for or as part of the treatment team meeting.
5. A summary of all services and supports the child or youth receives.

A copy of the supporting documentation must be retained in the child or youth's file and made available for review and copying by the Department as required by 55 Pa. Code § 1101.51(e).

B. Submission Address

The completed packet of prior authorization request information must be sent to:

Outpatient Prior Authorization (PA)/1150 Waiver Services  
P.O. Box 8188  
Harrisburg, Pennsylvania 17105-8188

C. Review of Documentation for Medical Necessity

When evaluating a request for a specialized behavioral health treatment program in a host home setting, the determination of whether the requested services are medically necessary will take into account all of the following:

1. Whether the documentation supports the child's or youth's need for a specialized behavioral health treatment program while residing in a host home;
2. Whether the documentation supports that the number of months of specialized behavioral health treatment requested are needed to address the child's or youth's identified therapeutic needs; and
3. Whether the documentation supports that the requested services will increase coping strategies and support skills development to promote positive behaviors with the goal of stabilizing, maintaining or maximizing functioning of the child or youth

D. Effective Date of Approval

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

Requested services determined to be medically necessary will be approved as follows:

- If the request is received before services are initiated, or before an existing authorization for services expires, OMHSAS will approve medically necessary services as of the begin date of service for the new request period.

Example: If the services are to begin May 1, and the provider's request is received by OMHSAS by April 15, OMHSAS will approve medically necessary services effective May 1.

- If the request is received after the services are initiated, OMHSAS will authorize medically necessary services effective the date the submitted information is received. Payment will not be made for any services rendered

prior to the date approved by OMHSAS. These services are non-compensable.

Example: Services are initiated April 1, but OMHSAS does not receive the request to prior authorize the services until April 17. OMHSAS will approve the medically necessary services effective April 17. Services rendered between April 1 and April 16 are not eligible for payment, as the services are non-compensable.

Note: Providers may not be paid for services if they provide services prior to receiving approval from OMHSAS.

E. Incomplete Requests

OMHSAS will review the request and issue a decision within 21 days. 55 Pa. Code § 1101.67(b). If OMHSAS receives a request for prior authorization of services that does not include the supporting documentation discussed above, OMHSAS will ask the provider for the missing documentation. If OMHSAS does not receive the missing documentation in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, the services will be denied.

If OMHSAS needs additional information to determine the medical necessity of the service, OMHSAS will ask the provider for the additional information needed to assist the medical review staff to reach a decision. If OMHSAS does not receive the additional information in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, OMHSAS will make a decision based on the information it has received.

The provider will be notified if supporting documentation is missing or if additional information is needed and will be provided with the OMHSAS contact telephone and fax numbers to use to submit the additional information.

F. Notice of Decision and Right to Appeal

OMHSAS will issue a notice indicating its decision on the request to prior authorize services to the provider, prescriber, and the child or youth.

If the request for a specialized behavioral health treatment program in the host home setting is denied or the approved services are different from the services requested, the child or youth has the right to appeal OMHSAS' decision. The notice will advise the child or youth they have 30 days from the date of the prior authorization notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to

717-265-8834. If the child or youth has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.

## **II. Procedures to Request Prior Authorization for Continuation of a Specialized Behavioral Health Treatment Program in a CRR Host Home Setting**

The documentation submitted in support of a request to prior authorize continuation of a specialized behavioral health treatment program in a host home setting is expected to reflect the currently requested period of prescribed treatment as dictated by the child's or youth's, behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize continuation of a specialized behavioral health treatment program in a host home setting, OMHSAS will review the following supporting documentation:

1. A completed MA 97.
2. A psychological or psychiatric evaluation completed within 60 days of the submission of the request. The evaluation must substantiate the need for the child or youth to continue to receive a specialized behavioral health treatment program in the host home setting and include an updated assessment of the child's or youth's strengths and needs across home and community settings and if applicable in school settings.
3. An ITP which includes the services and supports that will be provided as part of the specialized behavioral health treatment program, the measurable goals for the child or youth, and the child's or youth's progress towards meeting the child's or youth's goals.
4. Documentation of a treatment team meeting that was held within 60 days of the submission of the request. The treatment team meeting must include the provider, the legal guardian or caregiver of the child or youth, if the youth is 14 or older and, if appropriate, the child. Participation or input from the child's or youth's school and any other systems or services that are serving the child or youth is also required in preparation for or as part of the treatment team meeting.
5. A summary of all services and supports the child or youth receives.

This information must be sent to the following address at least 30 days prior to the expiration of the current authorization:

Outpatient Prior Authorization (PA)/1150 Waiver Services  
P.O. Box 8188  
Harrisburg, Pennsylvania 17105-8188

Bulletin OMHSAS-21-04: Attachment B - Fee-For-Service Prior Authorization Instructions

When evaluating a request for a specialized behavioral health treatment program in a host home setting, the determination of whether the requested services are medically necessary will take into account whether the documentation identified above supports the medical necessity of the services as described in Section C, Review of Documentation for Medical Necessity, of this document.

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.