Show Me Healthy Kids
MANAGED BY HOME STATE HEALTH

Residential Prior Authorization

Prior Authorization Process for Level 2, Level 3, Level 4, and Above Level Residential

Prior authorization is required for QRTP and Non QRTP Providers for Level 2, Level 3, Level 4, and Above Level Residential. **Please submit completed documentation via fax at 1-866-535-6974, phone 877-236-1020, or provider web portal up to 10 days prior to the requested date of admission.**

***Please note initial prior authorizations can be submitted via the portal, all continued stay reviews (reauthorization) requests will need to be sent via fax or phone.**

The following documentation **(as available)** is required to be submitted as part of the prior auth process:

- Referral information for admission to include the independent assessment (which needs to include the CANS and/or CSPI), CS9, any relevant treating provider documentation, etc.
  - For adoption subsidy population only: DLA-20 assessment in lieu of an independent assessment
- Child/Youth psychiatric/behavioral health diagnosis (ICD-10 code)
- Most recent psychiatric evaluation completed by psychiatrist, psychologist, or advanced practice psychiatric nurse if available
- Rationale for admission to requested level of care
- Documentation of previous treatment history and outcome of treatment if applicable
- Guardian contact information
- Discharge Plan – discharge starts at admission and will develop throughout continued stay
- Discharge Planner Information

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Continued Stays

Continued stay reviews will be required and will be determined based on continued medical necessity for treatment. The treating provider/agency must submit continued stay requests with support documentation **by fax 1-866-535-6974** or **phone 1-877-236-1020**. Continued stay requests may be submitted up to 10 days prior to the last covered day.

The first continued stay review **will need to include the member's plan of care.** Documentation required for all continued stay requests will include evidence that clearly supports the need for ongoing treatment at the current level of care and will clearly identify why the member's treatment needs can't be treated at a lower level of care. Documentation to be submitted at concurrent review may include:

- Plan of care since last review
- Psychiatrists/treatment team progress notes
- Individual therapy progress notes since last review period
- Family therapy progress notes since last review period. If not applicable, clearly documented why family therapy sessions are not occurring
- Psychiatrists/treatment team progress notes
- Individual therapy progress notes since last review period
- Family therapy progress notes since last review period. If not applicable, clearly documented why family therapy sessions are not occurring
- Any updates to the members dx
- Discharge Plan – to include any details currently available including any established OP providers, appointment dates and times, recommended treatment level of care, etc.

Each request will need to include provider name, provider NPI, procedure codes/modifiers specific to the level of care being requested.

Home State Health Show Me Health Kids will provide a medical necessity determination within 36 hours, to include 1 business day. If additional information is required to determine medical necessity, Show Me Health Kids will reach back out to the provider who submitted the request to gather additional information. If additional information is requested, this does extend the time Show Me Health Kids has to determine medical necessity. Each determination and authorization length of stay will be based on individual medical necessity review and member needs.

Discharge

Discharge summaries need to be submitted by **fax to 1-866-535-6974** upon discharge.

Residential Aftercare PA

No prior authorization is required for Residential Aftercare Providers for Services.