



### Home State Health - Show Me Healthy Kids Prior Authorization Process for Treatment Foster Care (TFC)

#### Prior authorization is required for TFC Providers for Services.

Please submit completed documentation via fax at 866-535-6974, phone 877-236-1020, or provider web portal **up to 10 business days prior** to the requested date of admission.



FAX: 1-866-535-6974



PHONE: 1-877-236-1020



WEB: [homestatehealth.com](http://homestatehealth.com)

\*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 authorization process:

Referral information for admission which **may** include:

- Residential & Specialized Placement Referral (CS9) and attached documents which may include::
  - » Current court order
  - » Social summary
  - » Current prescriptions
  - » Current IEP/504 plan
  - » Medical records if child has a current diagnosed medical condition or letter from doctor documenting diagnosis and treatment needs
  - » Immunization record
- Level of Care Determination Form (CD-137)

#### Child/Youth psychiatric/behavioral health diagnosis (ICD-10 code)

- Most recent psychiatric evaluation completed by psychiatrist, psychologist, or advanced practice psychiatric nurse if available
- Documentation of previous treatment history and outcome of treatment, if applicable.

#### Guardian contact information

#### Discharge Plan – discharge starts at admission and will develop throughout the stay

- Discharge Planner Information

#### Optional item if available for admission:

- Independent assessment (IA) recommending treatment foster care (IA is **not** required for TFC)

*continued →*



Reauthorization reviews are required and will be determined based on continued medical necessity for treatment. The treating provider/agency must submit reauthorization requests with supporting documentation by **fax 1-866-535-6974** or **phone 1-877-236-1020**. Reauthorization requests may be submitted up to 60 days prior to the last covered day.

The first reauthorization review **will need to include the member's plan of care**. Documentation required for all reauthorization 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 or summary
- Individual therapy progress notes since last review period or summary
- Family therapy progress notes since last review period (If not applicable, clearly documented why family therapy sessions are not occurring.)
- Any updates to the member's diagnosis
- Discharge Plan – to include any details currently available, including any established outpatient providers, appointment dates and times, recommended treatment level of care, etc.

### Optional item if available:

- Caregiver Assessment (For Relative TFC placement)

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

Show Me Healthy Kids managed by Home State Health 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 Healthy Kids will reach back out to the provider who submitted the request to gather additional information. If additional information is requested, this extends the amount of time Show Me Healthy Kids must determine medical necessity. Each determination and authorization length of stay will be based on individual medical necessity review and the member's needs.

### Discharge

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

### Transition TFC

No prior authorization is required for Transition TFC.

