

Show Me Healthy Kids

MANAGED BY HOME STATE HEALTH

Psychiatric Residential Treatment Facility (H2013) Prior Authorization Process

Prior authorization is required for Psychiatric Residential Treatment Facility Level of Care (H2013). Please submit completed documentation via fax 866-535-6974, phone 877-236-1020, or provider web portal <https://www.homestatehealth.com/login.html> within five (5) business days prior to the requested date of admission. All prior authorization requests must include the following documentation:

- Physician's or LMHP's referral for admission to PRTF
- Child/Youth psychiatric/behavioral health diagnosis (ICD-10 code)
- Most recent psychiatric evaluation completed by psychiatrist, psychologist, or advanced practice psychiatric nurse (completed within the last 30 days)
- Rationale for admission to PRTF level of care
- Documentation of previous treatment history and outcome of treatment
- Guardian contact information
- Discharge Plan – discharge starts at admission and will develop throughout continued stay

For Continued Stays

Continued stay reviews will be required approximately every thirty (30) days and will be determined based on continued medical necessity for treatment. The PRTF must submit continued stay requests with support documentation by fax 866-535-6974, phone 877-236-1020, provider web portal <https://www.homestatehealth.com/login.html> . Continued stay requests must be submitted five (5) days prior to the last covered day.

The first continued stay review must include the member's plan of care and essential admission assessments developed within fourteen (14) days of admission. Additional documentation required for continued stay requests must include:

- Plan of care since last review
- Psychiatrists progress notes
- Individual therapy progress notes since last review period
- Family therapy progress notes since last review period.
- Any updates to the members dx
- Discharge Plan

***Show Me Healthy Kids managed by Home State Health will utilize ESCII (members 0-5) CALOCUS (members 6-17) LOCUS (members 18-21) as the medical necessity criteria to assist in making medical necessity determinations.