To: All Residential and Residential After-Care Providers
From: Show Me Healthy Kids (SMHK) Managed by Home State Health

The purpose of this bulletin is to formally remind providers of the documentation requirements associated with the submission of initial prior authorization and continued stay requests.

Prior authorization is required for Residential Treatment Level 2, Level 3, Level 4, Above Level Residential. Prior authorization is not required for Residential Aftercare Treatment.

All requests must include original source evidence that clinically supports the need for initial and ongoing treatment at the requested level of care and must clearly identify why the member's treatment needs cannot be treated at a lower level of care.

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

Initial requests must include:

- Referral information for admission -independent assessment (which needs to include the CANS and/or CSPI), CS9, DLA 20 as appropriate
- RCST approval form
- 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
- Guardian contact information
- Discharge Plan –starts at admission and will develop throughout continued stay
- Discharge Planner Contact Information

Continued stay review must include:

- Treatment plan- demonstrating the plan has been reviewed and updated every 3 months for Level 2-3 and monthly Level 4+
    - The treatment plan review must include:
        - An evaluation of progress toward meeting the child's needs;
        - An evaluation of progress toward the permanency goal;
        - Any needs identified since the plan was developed or last reviewed and strategies to meet the needs, including instructions to staff;

HomeStateHealth.com	Home State: 1-855-694-4663 / TTY: 711
HomeStateHealth.com	Show Me Healthy Kids: 1-877-236-1020 / TTY: 711
Ambetter.HomeStateHealth.com	Ambetter: 1-855-650-3789 / TTY: 711
Wellcare.com/AllwellMO	Wellcare By Allwell: MAPD 1-800-977-7522 / D-SNP: 1-844-796-6811 / TTY:711
Wellcare.com	Wellcare: MAPD 1-833-444-9088 / D-SNP: 1-833-444-9089 / TTY: 711

- An update of the estimated length of stay and discharge plans, if changed.

    - If a child shows no progress toward achieving the goals and objectives in the treatment plan since the plan was developed or last reviewed, the reasons for continuing the child in the requested level of care must be included in records submitted

- Psychiatrists/treatment team progress notes
- Individual therapy progress notes from the last review period – including therapy notes to demonstrate therapy requirements
    - Level 2/3 A minimum of one (1) hour of individual, group, or family counseling sessions shall be provided to each child at least one (1) time a week with other sessions available as needed.
    - Level 4/4+ A minimum of one (1) hour of individual, group, or family counseling sessions shall be provided to each child at least two (2) times a week with other sessions available as needed**.**
- 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

Residential Services (Levels 2–4 and Above)

- **Prior Authorization Required** for QRTP and Non-QRTP providers
- **Submission Timeline**: Submit requests **as early as 10 business days** prior to admission or before the last covered day. Earlier submission is optional, not required.
- **Initial Requests**: Via portal or fax
- **Continued Stay Requests**: Via **fax-** 833-966-0769
- **Required Documentation**:
    - Independent assessment (CANS/CSPI or DLA-20 for adoption subsidy)
    - ICD-10 diagnosis
    - Psychiatric evaluation (if available)
    - Clinical rationale for admission
    - Treatment history- including evidence
    - Guardian and discharge planner contact info
    - Discharge plan
- **Continued Stay Reviews**:
    - Include updated plan of care, therapy notes, psychiatrist notes, diagnosis updates, and discharge plan with outpatient provider details

Residential After-Care

- **No Prior Authorization Required** for the **first 6 months (beginning the day of discharge)**
- **Required**: Submit youth's discharge/transition plan upon youth discharging from facility via fax
- **Beyond 6 Months**:
  - Submit updated discharge/ transition plan via fax **as early as 10 business days** prior to last covered day
  - Include documentation supporting continued need for services and progress toward permanency
- **Submission Methods**:
  - Fax: 833-966-0769

Member Incidents (To Report a Hospitalization, Detention, Elopement, and/or Overnight Visit for Youth in Residential and Treatment Foster Care Setting.
Submit incident form within 1 business day to HSHPRequests@homestatehealth.com

Medical Necessity Criteria
SMHK uses the following tools to determine medical necessity:

- **ESCII** (ages 0–5)
- **CALOCUS** (ages 6–17)
- **LOCUS** (ages 18–21)
- **Clinical Policy MO.CP.BH.500**

Prior Authorization Forms and Templates can be found on our website:
https://www.homestatehealth.com/providers/showmehealthykids/show-me-healthy-kids-pre-auth.html

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