

**PRIOR AUTHORIZATION  
GUIDELINES FOR  
PSYCHOSOCIAL REHABILITATION  
SERVICES  
BEGINNING AUGUST 1, 2014**

## **PREFACE**

The criteria and procedures outlined herein apply only to mental health Psychosocial Rehabilitation (PSR) Services and correspond to the administrative code changes made to OAC 317:30-5-241.3(b) which will become effective August 1, 2014. Processes for obtaining prior authorizations in this manual will not begin until August 1, 2014. Any PA requests submitted prior to that date will follow the procedures in the SFY2015 Prior Authorization Manual which can be found at [www.okhca.org/behavioral-health](http://www.okhca.org/behavioral-health).

For questions regarding prior authorizations please call the PICIS Help Desk at (405) 521-6444 or email [gethelp@odmhsas.org](mailto:gethelp@odmhsas.org).

## PA ADJUSTMENTS FOR PSYCHOSOCIAL REHABILITATION SERVICES

ODMHSAS will maintain lists of individuals who have been predetermined to meet criteria for rehabilitation services. Providers will be able to access this information for their clients through PICIS. If the client is on the list as meeting criteria, providers will submit their initial PA Request with Rehab and the PA will be approved. If the PA request is not approved, the provider should request a level PA without rehab. After getting that approval, the provider will need to request a PA adjustment to add rehab services. Follow the instructions below for submitting a request for this type of PA adjustment.

### LENGTH OF AUTHORIZATION

The length of authorization for most PA Requests will continue to be for 6 months (except for Rehab for Ages 4 & 5, which is for a 3 month period). However, the duration of a PA Adjustment Request will be based on the type of request (see below). Example: For "At Risk", Providers would submit a new PA request every 6 months, but the initial PA Adjustment will extend across a 12 month period.

- History of Psychiatric Hospitalization or Admission to Crisis Centers: On-going/permanent
- Disability Determination for Mental Health Reasons: On-going/permanent
- Resident of Residential Care Facility: As long as they are a resident of that facility
- Receiving Services through Specialty Court Program: As long as they are a participant in a Mental Health Court or Drug Court program
- Current Individual Education Plan (IEP) or 504 Plan for Emotional Disturbance: 12 months
- At Risk: 12 months
- Ages 4 & 5: 3 months

### SUBMITTING A REQUEST FOR PA ADJUSTMENT

#### **ADULTS (Ages 21 and over)**

For Adults ages 21 and over, one or more of the following criteria shall be met:

#### ***History of Psychiatric Hospitalization or Admissions to Crisis Centers***

An adult has been admitted to an inpatient psychiatric facility or crisis center (collectively referred to as "facility") in their lifetime.

Provider must upload and attach to the electronic PA Adjustment Request one of the following:

- (1) Discharge summary from the facility; or
- (2) Admission note from facility.

#### ***Disability Determination for Mental Health Reasons***

An adult has been determined disabled by the Social Security Administration because of a mental health disorder. This includes individuals who qualify for SSDI or SSI due to a mental health disability.

Provider must upload and attach to the electronic PA adjustment Request, the member's Benefit Verification Letter from SSA. Benefit Verification Letters can be obtained online instantly through **my Social Security account** which can be accessed through [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount). For members unable to go online, they can call SSA's toll-free number, 1-800-772-1213 (TTY 1-800-325-0778).

### ***Resident of Residential Care Facility***

An adult currently residing in a residential care facility designed to support individuals with mental health disorders.

Provider must upload and attach to the electronic PA Adjustment Request a letter from the residential care administrator stating that the member is a current resident and that their facility is designed to support individuals with mental health disorders.

### ***Receiving Services through Specialty Court Program***

An adult currently receiving services through a Mental Health Court Program or Drug Court Program.

If ODMHSAS is unable to identify that the individual is participating in one of these programs, the request will be denied.

### **CHILDREN (Ages 6 through 20)**

For Children ages 6 through 20, one or more of the following criteria shall be met:

#### ***History of Psychiatric Hospitalization or Admissions to Crisis Centers***

A child who has been admitted to an inpatient psychiatric facility or crisis center (collectively referred to as "facility") in their lifetime.

Provider must upload and attach to the electronic PA Adjustment Request one of the following:

- (1) Discharge summary from the facility; or
- (2) Admission note from facility.

#### ***Disability Determination for Mental Health Reasons***

A child who has been determined disabled by the Social Security Administration because of a mental health disorder. This includes individuals who qualify for SSDI or SSI due to a mental health disability

Provider must upload and attach to the electronic PA adjustment Request, the member's Benefit Verification Letter from SSA. Benefit Verification Letters can be obtained online instantly through **my Social Security account** which can be accessed through [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount). For members unable to go online, they can call SSA's toll-free number, 1-800-772-1213 (TTY 1-800-325-0778).

### ***Current Individual Education Plan (IEP) or 504 Plan for Emotional Disturbance***

A child who has a current Individual Education Plan (IEP) or 504 Plan for Emotional Disturbance through the school system.

Provider must upload and attach to the electronic PA Adjustment Request an attestation from a school official on school letter head indicating that the member has a current IEP or 504 Plan for Emotional Disturbance (if the adjustment request is made during a time that school is not in regular session, an IEP or 504 is considered current if it was in effect on the last day that school was in session). A sample IEP/504 Attestation can be located at [www.odmhsas.org/arc.htm](http://www.odmhsas.org/arc.htm). ***Do NOT submit the actual IEP or 504 Plan.***

### ***At Risk***

A child who meets one of the following criteria, and who is determined by ODMHSAS to meet all Medical Necessity Criteria for this level of service (Attachment A) upon review of all required documentation submitted with the PA Adjustment Request:

- (1) Referred by a school to a school psychologist, fully licensed psychologist or psychiatrist, for a full psychological evaluation based on the child's inability to function in the classroom because of mental illness and/or severe behavioral problems; OR
- (2) Transitioning out of a Therapeutic Foster Care (TFC) home or OKDHS Level E Group Home, and has been referred to a school psychologist, fully licensed psychologist or psychiatrist, for a full psychological evaluation.

The Psychological Evaluation- *At a minimum must include:*

- A review of all available records, including academic records, and records of periods of observation or treatment (e.g., psychiatrist, psychologist, social worker, counselor, or neuropsychologist treatment notes). Records must be in sufficient detail to permit a clear evaluation of the nature and extent of any previous mental disorders.
- A thorough clinical interview to include a detailed history regarding: psychosocial or developmental problems; academic performance; legal issues; substance use/abuse (including treatment and quality of recovery); medical conditions, and all medication use; and behavioral observations during the interview.
- A mental status examination.
- Interpretation or review of interpretation of a full battery of psychological tests **including but not limited to** the following testing domains:
  - Intellectual/Neurocognitive; and
  - Personality

If testing has been performed within the previous 24 months, the provider must use a review of the interpretation from the previous tests.

- An integrated summary of findings with an explicit diagnostic statement, and the psychologist's/psychiatrist's opinion(s) and recommendation(s) for treatment (including medication, therapy, rehabilitation) or monitoring should be explicitly stated. The integrated summary should also include the source for findings, including the battery of tests conducted.

When submitting a PA Adjustment request for rehabilitation services for "At Risk" Children, the following information is required.

#### Submission Requirements-

PA adjustment requests for "at risk" children can be submitted at any time during the authorization period. If the PA Adjustment is approved, the start date of the adjustment will be aligned with the start date authorized for the PA Request, and the PA request will be end-dated to the 6 month authorization period. If the PA Adjustment is denied, the PA Request will continue with the 6 month authorization period (without rehab services).

A narrative justification summary is required in the text field on the electronic request in PICIS. The narrative summary response should address the following elements:

- Documented support for the need for rehabilitation services in the treatment of the designated child (why it is needed in addition to psychotherapy);
- Information regarding the educational curriculum to be used – the title of the curriculum and name of the author, or a web address where the curriculum can be viewed to determine if developmentally appropriate. If using an educational curriculum created by the provider, it will need to be uploaded as an attachment to the request for review.

The following documents are required to be uploaded and attached to the electronic PA Adjustment Request:

- Clinical Assessment including:
  - Bio-psychosocial assessment, including a narrative of any updates if the assessment was not completed in the last 30 days (the updated information provided in the descriptors for the current CAR assessment may provide sufficient update);
  - Current CAR/ASI/TASI, including descriptors or narrative that supports the scores (The CAR/ASI/TASI must be no more than 30 days old).
- The educational curriculum to be used, if created by the provider.
- Interpretive Summary from the Psychological Evaluation.

In addition to the above documentation requirements, children determined to be "at risk" through the school referral as described in (1) above will need to submit the following:

- A copy of the child's adjusted school schedule (if the child's schedule has been adjusted due to behavioral problems at school); or
- A signed letter from the principal or vice principal of the child's school expressing intent to adjust the child's schedule due to behavioral problems in the classroom.

#### **Ages 4 & 5**

A child age 4 or 5 who is being seen by the provider for psychotherapy services, has a defined need for behavioral health rehabilitation services to complement these more intensive therapies, and who is determined by ODMHSAS to meet all Medical Necessity Criteria for this level of service (Attachment B) upon review of all required documentation submitted with the PA Adjustment Request:

When submitting a PA Adjustment request for Behavioral Health Rehabilitation Services for Children Ages 4 & 5, the following information is required:

#### Submission Requirements-

A request for PA Adjustment for Rehab for 4 & 5 year olds must be requested no later than 5 days from the start date of the PA Request. If it has been over 5 days since the start date of PA Request, a new PA Request will need to be submitted prior to submitting for PA Adjustment. If the PA Adjustment is approved, the start date of the adjustment will be aligned with the start date authorized for the PA Request, and the PA request will be end-dated to the 3 month authorization period allowed for Rehab for 4 & 5 year olds. If the PA Adjustment is denied, the PA Request will continue with the 6 month authorization period (without rehab services).

A narrative justification summary is required in the text field on the electronic request in PICIS. The narrative summary response should address the following elements:

- Documented support for the need for rehabilitation services in the treatment of the designated child (why it is needed in addition to psychotherapy);
- Documented support that the child has the ability to benefit from curriculum based education, including a description of the child's development as it relates to developmental expectations for age and stage particularly in the areas of cognition and language (if the request is for an additional 3 month period, beyond the initial 3 month authorization, documentation will also need to support specific ways in which the client is demonstrating progress in treatment with the addition of the rehabilitation service);
- Information regarding the educational curriculum to be used- the title of the curriculum and name of the author, or a web address where the curriculum can be viewed to determine if developmentally appropriate. If using an educational curriculum created by the provider, it will need to be uploaded as an attachment to the request for review.

The following documents are required to be uploaded and attached to the electronic PA Adjustment Request:

- Clinical Assessment including:
  - Bio-psychosocial assessment, including a narrative of any updates if the assessment was not completed in the last 30 days (the updated information provided in the descriptors for the current CAR assessment may provide sufficient update);
  - Current CAR, including descriptors or narrative that supports the scores (The CAR must be no more than 30 days old); and
  - Developmental assessment, including a narrative or any updates since the assessment was completed (a new developmental assessment must be conducted a minimum of annually). In lieu of attaching the developmental assessment, the name of the developmental assessment tool used, the date it was conducted, and the results (along with any updates since the assessment was completed) may be included in the text field of the PA Adjustment Request.

- The client's complete Service Plan- including the proposed rehabilitation objectives (The Service Plan must be no more than 30 days old).
- The educational curriculum to be used, if created by the provider.
- Documents necessary to support that the child meets one of the following criteria: History of Psychiatric Hospitalization or Admissions to Crisis Centers, Disability Determination for Mental Health Reasons, Current Individual Education Plan (IEP) or 504 Plan for Emotional Disturbance, or At Risk (criteria is explained in detail under the PA Adjustment Request for Children ages 6 through 20 section provided earlier in this document).

*Failure to provide all of the required PA Adjustment Request information will result in an automatic denial and a new, complete request will need to be submitted.*

**ATTACHMENT A**

**BEHAVIORAL HEALTH REHABILITATION SERVICES FOR “AT RISK” CHILDREN  
FOR OPBH AGENCIES**

**General Requirements (Must meet all of the following conditions)**

- 1.** The child has been determined to be At Risk, pursuant to the PA Manual
- 2.** The child is currently receiving psychotherapy services, and there is a defined need for behavioral health rehabilitation services to compliment these more intensive therapies.
- 3.** The service plan goals and objectives, and the educational curriculum used must be age and developmentally appropriate.
- 4.** The child meets criteria for Outpatient Level 1, 2, 3 or 4 mental health or substance abuse services
- 5.** The treating provider is required to follow all of the requirements listed in OAC: 317:30-5-240 – 317:30-5-249.

**Amount of Service Allowable**

Requests for this level of service will be covered for a period of six (6) months. Prior authorization will be required every 6 months.

**ATTACHMENT B**

**BEHAVIORAL HEALTH REHABILITATION SERVICES FOR CHILDREN AGES 4 & 5  
FOR OPBH AGENCIES**

**General Requirements (Must meet all of the following conditions)**

- 1.** The child is currently receiving psychotherapy services, and there is a defined need for behavioral health rehabilitation services to compliment these more intensive therapies.
- 2.** The child meets one of the following criteria: History of Psychiatric Hospitalization or Admissions to Crisis Centers, Disability Determination for Mental Health Reasons, Current Individual Education Plan (IEP) or 504 Plan for Emotional Disturbance, or At Risk, pursuant to the PA Manual
- 3.** The developmental level of the child has been assessed, and there is clear evidence that the child has the cognitive and language capacity to engage in curriculum based education.
- 4.** The service plan goals and objectives, and the educational curriculum used must be age and developmentally appropriate.
- 5.** The child meets criteria for Outpatient Level 1, 2, 3 or 4 mental health services
- 6.** The treating provider is required to follow all of the requirements listed in OAC: 317:30-5-240 – 317:30-5-249.

<b>Amount of Service Allowable</b>	Requests for this level of service will be covered for a period of three (3) months. Prior authorization will be required every 3 months.
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