

Section 28 School Based Submission Guidelines

IEP/ITP:

Please begin any submission (Prior Authorization and Continued Stay Review) by faxing a current copy of the IEP you are working from to 1-866-325-4752 attention Intake Department.

*On the fax cover sheet, please add the KEPRO case ID if you have one, Section 28- School Based- as the service requested, and the # of pages. PLEASE FAX ONE STUDENT'S INFORMATION AT A TIME.

If a child is under the age of 3 years old, please submit a current copy of the ITP. **Age 3 and up require an IEP.**

Please make sure all IEP/ITP submissions clearly list out the hours utilized within the goals. All IEP/ITP submissions must be complete for review and determination.

IEP indicates the hours indicated by the Team to be requested

Functional assessment or physician's letter-

A current functional assessment with date, all eligible scores, and source are to be submitted with all submissions.

For Prior authorizations (PA): functional assessments must be dated within one (1) year of the date of submission.

For Continued Stay Reviews (CSR): functional assessments must be dated within two (2) years of submission.

A physician's letter may be submitted in place of a functional assessment for children under 6 years old.

The letter needs to contain the criteria that are in line with the Maine Care regulation below:

A member aged birth through five (5) years, who has a diagnosis from a physician (including psychiatrist) of a specific congenital or acquired condition, and a written assessment by a physician (including psychiatrist) that there is a significant probability that because of that condition, the member will meet the functional impairment criteria in MCBM Section 28C-1 above, later in life if medically necessary services and supports are not provided to the member.

Referral packet:

With all new Pas, a referral packet is required to determine eligibility. A referral packet can be found:

<http://www.qualitycareforme.com/> under Providers, Manuals and Forms, Section 28, referral

Required fields in CareConnection:

The following is an outline of the pages (bolded) and fields required for Prior Authorizations and Continued Stay Reviews. AFTER FILLING IN FIELDS, ALWAYS CLICK ON THE BLUE "SAVE AND CONTINUE" BUTTON SO THAT YOUR INFO WILL BE SAVED.

Member: This will be pre-populated with the member's current information.

Guardian: Please enter information for guardian.

Administrative: All fields as they apply. In the Authorization Type field, choose Prior Authorization if it is a student who is new to this provider, or if you are offering new services to an already-served student. If the student is already receiving the services and you are extending them, choose Continued Stay Review. In Review Type, choose Children's Services as the review type, and in the Category of Service, choose Provided by an Educational System.

Requesting agency: Fill in your agency information, and information on the person submitting the request.

Multi-Axial Assessment: Axis I and/or II diagnoses are required in Prior Authorizations and Continued Stay Reviews.

Services Requested: In Service field, choose the service codes that correspond to the behavioral health services that will be provided for the review period requested. Fill in the requested dates and units, and please make them correspond to what is actually planned, rather than requesting a high estimate.

(When there is an unneeded service code, use the No Action feature. When needed again, click Action)

- When calculating units needed for Bachelor's and Master's- **remember 1 unit = 15 minutes**- even if provider bills differently- it has to be inputted into Care Connections this way..
- This formula will help-
Formula: x # hours per day multiplied by 5 days per week, then multiplied by 26 weeks (approx. 180 days) = the number of units requested.
- **Bachelor's units example:** An IEP has 6 hours per day for 5 days for BHP support- using the formula it would look like:
6 (hours per day) x 5 (days a week) = 30 x 4 (units) x 26 weeks =3120 so 3120 would be the number of units requested for Bachelor's level support.

****Ask for what you think you need for units and if this amount is not sufficient, you can always come in later for additional units with clear explanation of the need for more.**

Symptoms/Behaviors: The 2 bottom boxes, Agency Involvement and Family/Social Involvement, require that you highlight the applicable items in the menus.

Psychiatric Medications: List current medications.

Clinical indicators: Fill in severity for those that apply, and the history of severity.

Treatment and Service: Complete the questions that apply to this requested behavioral health service.

RDS: Skip this page altogether.

Treatment Plan: In the top section/ Individual Treatment Plan, provide very brief answers to the boxes if they apply. The very first question that is highlighted in red requires that one strength/skill is highlighted or you won't be able to save and continue.

Treatment Plan Goals section, at the bottom of the **Treatment Plan** page—*this is not required for a Prior Authorization Request*, but is required in the Continued Stay Reviews. We highly recommended that you enter a full behavioral health treatment plan in this section in the first Continued Stay Review. Although this presents more work when a member first enters the service, but by providing this treatment plan in the Treatment Plan Goals section, rather than the Additional Information section, less work and time will be needed in each subsequent Continued Stay Review. When the service is extended, the completed fields will carry over the information that was entered in the last review, and can be easily edited, saving time from having to create new information each time a case is extend. Click on "Add New Goal," which opens a box with the fields described in the box below. If more than one intervention will be used to address the same behaviors, open a new goal and reference the behaviors, and add the info that is specific to that intervention/service. Below is an outline of the fields found on the Treatment Plan Goals section, with description of the info that is suggested in each field, and examples.

- In this section, the IEP does not need to be re-created. Extract the behavioral goals from the IEP into the Care Connection treatment plan.

Problem Statement:	
Brief, specific behaviors, symptoms, functional deficits, with frequency/duration/intensity. <i>E.g.: JD has aggressive/assaultive behaviors approx. 6x daily on average for the past 3 months.</i>	
Treatment or Rehabilitation Long Term Goal:	Progress since last review:

<p>Measurable long term goal in terms of the bx/sx/fds above. This should align with what improvement would indicate readiness to end this service, usually a long term goal <i>E.g. JD will reduce aggressive/assaultive behaviors to fewer than 1x weekly.</i></p>	<p>This refers to progress on the long term goal, and should be stated in terms of that bx/sx/fds. <i>E.g., JD has reduced his aggression/assault behaviors from 6x daily to 2x daily.</i></p>
<p>Target Date: This refers to the target date for the long term goal, so it should also represent when it is expected that the service may end.</p>	
<p>Treatment or Rehabilitation Short Term Goal: This should describe what the specific intervention is attached to the service you are requesting, what is hoped to be accomplished within this period, and how progress will be measured. <i>E.g. In the next 3 months, the BHP will work with JD 5x/daily to wash his hands independently after using the restroom and before eating.</i></p>	<p>Progress since last review: This refers to <u>measurable</u> progress on the short term goal, and should be stated in terms of the measures you've provided. <i>E.g., Since the last review, JD has reduced his aggressive/assault behaviors from 6x daily to 3x daily.</i></p>
<p>Target Date: This refers to the target date for the short term goal; this could be before, at , or after end of the review period, but should be a realistic target date for that goal.</p>	
<p>Services to be provided: Should correspond to service requested. <i>E.g. 1:1 behavioral support</i></p>	<p>Frequency of Services: How many days per week, how many times per day, how long at a time? <i>E.g., BHP 5 days/wk, once day, Social Work 30 mins 2x weekly.</i></p>
<p>Duration of Services: How long, from current date, is service expected. <i>E.g., Estimated 3-4 months.</i></p>	<p>Provider of Services: Who is the staff, what qualifications? <i>E.g., BHP, social worker.</i></p>

Additional Reporting Data: Skip this page.

Transition/Discharge Plan: In the text field we look for the *criteria, plan and time frame for a reduction in intensity of service, and eventual discharge of service.* In other words, what observable progress will signal when the member might be ready to step fewer units per day/week, and to eventually discharge. If there is a planned reduction of units within this period, provide the steps and the timeline for doing so.
Example: when JD has reduced his aggressive acts to fewer than 1x weekly, increased his use of coping skills to 90% of the time, he will be ready to reduce from 6 hours daily of BHP service to 4 hours, and this will progress to fewer hours within this review period. He may be ready to transition out of this service by June, 2014.

Additional Info: This is a field where you can provide the treatment plan, if you choose not to in the Treatment Plan Goals section; however, it will be blank each time you extend and open a new Continued Stay Review, and you will have to re-enter it. This is a good place to summarize the behavioral health needs (briefly!), and to provide any information that hasn't been captured elsewhere in the request. If there is a change in the number of units since the last review, or you expect significant variability within the upcoming 180 days, you can provide some description here. You may also explain any external factors that contribute to increased behaviors, symptoms or need in this period, or high usage of the service in this request.
Treatment Progress: Speak in terms of *measurable change*, either progress made, or deterioration in progress. Provide some information about what contributes to progress/deterioration, and if any modifications need to be made to support progress.

Don't forget the last page, Submit to KEPRO. Before you submit, if you wish to print the treatment plan, you can only do that *before* you submit to KEPRO. If there are fields missing info required by CareConnection, an error message will prompt you to the page and fields.