• KEPRO reviews Prior Authorization requests and verifies that they include the intake/referral information available at the time of the request and that there is specific required clinical documentation based on service requirements as outlined in the Company’s contract with ODM.
ACT Medical Necessity Resources

- CEBP Resources- [https://www.centerforebp.case.edu/resources/tools/ohiomedicaid-act-eligibility](https://www.centerforebp.case.edu/resources/tools/ohiomedicaid-act-eligibility)
  - Age
  - Diagnosis
  - ANSA (or SSI/SSDI eligibility)
    - While documentation of SSI/SSDI eligibility can stand in the place of the ANSA, the ANSA is also very useful for documenting appropriateness for ACT enrollment.
    - Institutional use
    - Functioning challenges
Main Criteria KEPRO is Looking for

- Age
- Diagnosis
- ANSA (or SSI/SSDI eligibility)
  - While documentation of SSI/SSDI eligibility can stand in the place of the ANSA, the ANSA is also very useful for documenting appropriateness for ACT enrollment.
- Institutional use
- Functioning challenges
Documentation Needed by Review Team

• KEPRO does not need the entire record!
  – Usually only need the ANSA or SSI documentation and a recent (i.e., last six months) Diagnostic Assessment, or progress notes, signed/dated statement from member of treatment team with independent scope of practice, e.g.
    • “I just had to skim through 74 pages on a previous case.”

• When submitting hospital summaries - do not include the lab reports, vitals, meds, etc.
  – We just need the pages showing name, dates admitted and that it was a psych admission.
  – Do not need medical admissions, unless pertinent to their need for ACT services (e.g., individual not caring for complex medical problems due to psychiatric diagnosis, resulting in medical admissions).
Reviewer Suggestions

• A summary of history and current issues is really what we need, which is generally what is on the diagnostic assessment.

• ISPs are not very useful when it comes to prior auth. “Individual will decrease negative behaviors...” and so forth, doesn’t give us any information about the recipient’s current situation.
  – It would be a lot better to send case notes that show recent treatment activity and problems.

• Age of documentation:
  – “I’m reviewing notes from 2012 and older on some of these. Some agencies are not submitting anything current and seem to believe that because a person once qualified for ACT services that they always will.”
What would be Helpful?

• “The most helpful notes that I have seen contain a list of specific incidents that have occurred over the last year or two, such as hospitalizations, ER visits, calls to law enforcement, etc.”

• “For the cases that clearly don’t meet institutional requirements, it would be helpful if the provider adds an explanation specific to the patient (not boilerplate statements) of why they believe ACT services need to be continued.”
Institutional Use/Functioning Challenges—Examples of Source Documents

- State or psychiatric hospital or psychiatric unit admission and discharge dates; discharge summaries; Hospital emergency department/mobile crisis center/crisis residential unit stays/notes;

- Home known to be a drug trafficking/use house, infested with pests, lack of working utilities, plumbing, HVAC, in area that compromises person’s safety; Homelessness (streets, park bench, under bridge, cardboard box, couch-surfing, shelters, lack of permanent residence/has moved more than twice in last 12 months) or imminent risk of homelessness.

- Documentation of names of correctional facilities, dates of incarceration, charges, probation or parole dates;

- ANSA rating sheet (1 or higher on residential stability, 2 or higher on legal or medication compliance, or 3 or higher on Sexuality or Self-care, or 2 or higher on any item of Mental Health Needs, or 2 or higher on any item under Risk behaviors except Gambling.)
Other Functional Indicators

- Other evidence that person is at risk of psychiatric hospitalization or other institutional placement if more intensive services are not available (e.g., current or recent acute/chronic psychosis, suicidal or homicidal ideation);
- Current or recent AOD use has adversely impacted functioning, housing, community tenure, ability to care for needs, or has resulted in hospitalization, exacerbation of symptoms, or treatment engagement;
- Current or recent threatening behavior; vagrancy or loitering, or “nuisance to community”;
- Unsuccessful in using traditional office-based outpatient services (e.g., terminated from services due to non-adherence, missing appointments, not engaging in treatment, being banned from premises for inappropriate behaviors, fired from previous providers, etc.).
Kepro Contact Information

- Telephone: 844-854-7281
- Email: OHMedicaid@Kepro.com
- Website: http://ohmedicaid.kepro.com/providers/manuals-reference-materials/
Questions?