

MBHP - IVR Authorization Procedure: Therapeutic Mentoring (TM) & In-Home Behavioral Services (IHBS)

Access the Interactive Voice Registration system (IVR) by calling (888) 899-6277

TM and IHBS are services available for MassHealth youth (under the age of 21) enrolled in Standard or CommonHealth Category types. Referrals to TM and IHBS must come from one of the three Hubs. Hubs include: Intensive Care Coordination (ICC), In-Home Therapy (IHT), and Outpatient Therapy (OP).

ICC as Hub - TM/IHBS Auth Procedure

1) ICC Hub Provider Responsibilities

- a) ICC obtains consent from family to make TM or IHBS referral.
- b) ICC convenes CPT meeting, identifies with family and CPT referral(s) for TM and/or IHBS, and documents referral(s) on the hard copy of the ICP for the CPT to sign.
 - **For children with an initial ICC authorization where the initial CPT meeting has not yet occurred, please note the following:
 - The ICC contacts the TM or IHBS service provider to discuss the family's request for TM or IHBS.
 - The ICC requests a 1 unit ICC authorization in ProviderConnect (See workflow titled Adding a 1 unit ICC Authorization in ProviderConnect) and documents the referral for TM and/or IHBS in the Ongoing Support and Services section of the ICP. Remember to use today's date as the Requested Start Date for the one unit of ICC. Remember to reject the 416 units and enter in 1 unit instead (Note: for ICCs who already completed 1 concurrent auth request, the fields will be auto-populated and they will only need to update those that require updating; for ICCs who only completed an initial auth, they will be required to complete the entire concurrent form).
 - The ICC contacts the TM or IHBS service provider, who then obtains the authorization for that service via the IVR system.
- c) ICC documents referral for IHBS and/or TM and number of units for that service in the ICP in ProviderConnect at time of initial or concurrent request for ICC auth.
- d) If ICC auth has already been obtained without the documented referral for TM and/or IHBS within ProviderConnect, ICC requests a 1 unit ICC authorization in ProviderConnect (See workflow titled Adding a 1 unit ICC Authorization in ProviderConnect) and documents the referral for TM and/or IHBS in the Ongoing Support and Services section of the ICP. Remember to use today's date as the Requested Start Date for the one unit of ICC. Remember to reject the 416 units and enter in 1 unit instead.
- e) ICC contacts TM and/or IHBS provider with referral goal (reflected in ICP) and informs TM and/or IHBS provider of the number of units they may request via the IVR.

***ICC providers may receive the following message in ProviderConnect: "Please Note this is NOT an authorization for care; the services requested require additional review. You will be contacted regarding the status of this request." This message results in a pended auth, after which the authorization request goes into a queue which is reviewed and processed by an MBHP ICM liaison who will follow-up with the ICC provider as needed.*

2) TM and IHBS Provider Responsibilities

- a) Providers of TM and IHBS must have contact with the ICC to obtain referral goal for the service they intend to provide, the number of units they can request via the IVR, and the frequency of the service they intend to provide.
- b) Providers of TM and IHBS obtain an auth via the IVR consistent with the number of units listed for TM or IHBS, as documented by the ICC in the youth's Individual Care Plan (ICP) in ProviderConnect.
- c) TM and IHBS **cannot back date the auth on IVR** but can request a start date of up to 14 days in the future.

If TM/IHBS provider requests a greater number of units than what is entered by the ICC in ProviderConnect, then the IVR auth request will “kick out¹.”

OP or IHT as Hub - TM/IHBS Auth Procedure

1) OP or IHT Hub Provider Responsibilities

- a) OP or IHT provider obtains consent from family to make TM and/or IHBS referral.
- b) OP/IHT contacts TM/IHBS provider with referral of goal that is reflected in Hub’s treatment plan.

2) TM and IHBS Provider Responsibilities

- a) TM and IHBS provider must have contact with Hub prior to requesting IVR auth for the service they intend to provide.
- b) **TM providers can request a maximum of 208 units of TM for a 90-day period.**
- c) **IHBS providers can request a maximum of 120 units of IHBS for a 30-day period.**

Outpatient & TPL: If the Outpatient service is being billed solely through the primary insurance and there is no current authorization on record with MBHP, the IVR will not approve the TM or IHBS auth request. It will “kick out” from the IVR, and the TM/IHBS provider will be directed to a voicemail, where they should leave their authorization request details. An MBHP care manager may follow-up with the provider if additional information is needed.

Please refer to the MBHP IVR Manual posted at www.masspartnership.com for more details about the services authorized via the IVR (i.e., TM, IHBS, and IHT).

¹ If TM or IHBS provider is “kicked out” or otherwise unable to obtain an authorization on the IVR, they will be directed to a voicemail box. TM or IHBS provider leaves all requested information on voicemail. MBHP care manager will build authorization, or will call with request for more information. MBHP ICMs process ICC Hub-related TM/IHBS authorizations from IVR kick outs. MBHP Utilization Review Department processes outpatient Hub-related TM/IHBS authorizations from IVR kick outs.