

# MCE IHT

## Initial and Subsequent\* Authorization Grid

MCE	Referrals (Each IHT provider is encouraged to insert its own process for managing referrals.)	Eligibility	Authorization
MBHP		<p>In-Home Therapy (IHT) is available for all MassHealth members under 21 regardless of benefit plan (except MassHealth Limited) who meet the Medical Necessity Criteria for IHT.</p>	<p><b>For Youth Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. ICC provider convenes CPT meeting; family and CPT identify need for IHT and document need in ICP;</li> <li>2. ICC provider obtains consent from family to make IHT referral;</li> <li>3. ICC provider makes IHT referral, taking into account family's agency preference, family's geographic location, and IHT agency capacity;</li> <li>4. ICC provider directly enters the following information into ProviderConnect – IHT agency, number of units IHT provider may request via IVR, frequency of IHT contact, and IHT goals;</li> <li>5. IHT provider verifies with the ICC provider the number of IHT units, frequency of IHT, and dates of IHT service that are medically necessary and agreed upon by the CPT and that the IHT referral is documented in the ICP in ProviderConnect;</li> <li>6. IHT provider calls MBHP IVR at (888) 899-6277 and presses #6 for CBHI Services then #4 for IHT (and follows the prompts as noted in the <i>MBHP IVR Manual</i>, posted at <a href="http://www.masspartnership.com">www.masspartnership.com</a>);</li> <li>7. If IHT provider requests a greater number of units than what is documented in the ICP, IHT provider will not be successful in obtaining their auth and will be prompted to leave a message; and</li> <li>8. For requests for additional IHT units within an existing authorization, IHT provider contacts MBHP ICM liaison.</li> </ol> <p><b>For Youth NOT Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. IHT provider obtains consent from family for involvement in IHT services and verifies that youth is not ICC involved;</li> <li>2. IHT provider calls MBHP IVR at (888) 899-6277 and presses #6 for CBHI Services then #4 for IHT (and follows the prompts as noted in the <i>MBHP IVR Manual</i>, posted at <a href="http://www.masspartnership.com">www.masspartnership.com</a>). The standard parameters are 360 units for a 90-day period.</li> <li>3. For requests for additional IHT units within an existing authorization, IHT provider faxes Excel spreadsheet to MBHP's Clinical Department (fax number (617) 790-4128) containing MMIS number, youth's first and last name, auth number, end date of last auth, service requested (IHT), and number of additional units requested.</li> </ol> <p>*The standard parameters are 360 units for a 90-day period.</p>

MCE	Referrals (Each IHT provider is encouraged to insert its own process for managing referrals.)	Eligibility	Authorization
NHP/ Beacon		In-Home Therapy (IHT) is available for all MassHealth members under 21 regardless of benefit plan (except MassHealth Limited) who meet the Medical Necessity Criteria for IHT.	<p><b>For Youth Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. ICC provider convenes CPT meeting; family and CPT identify need for IHT and documents need in ICP;</li> <li>2. ICC provider obtains consent from family to make IHT referral;</li> <li>3. ICC provider makes IHT referral, taking into account family's agency preference, family's geographic location, and IHT agency capacity;</li> <li>4. IHT provider contacts Beacon's CBHI team at (800) 414-2820 and presents clinical information including goals listed for IHT to address on the ICP to gain an authorization;</li> <li>5. Once it is determined that the IHT request meets medical necessity criteria, the clinician will complete the authorization for IHT for the identified provider; and</li> <li>6. An authorization letter and cover letter will be faxed/mailed to the provider who will be doing the service.</li> </ol> <p><b>For Youth NOT Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. IHT provider obtains consent from family for involvement in IHT services; and</li> <li>2. IHT provider calls Beacon at (800) 414-2820 and presents clinical information to gain an authorization.</li> </ol> <p>*The standard parameters are 360 units for a 90-day period.</p>
FCHP/ Beacon			<p><b>For Youth Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. ICC provider convenes CPT meeting; family and CPT identify need for IHT and documents need in ICP;</li> <li>2. ICC provider obtains consent from family to make IHT referral;</li> <li>3. ICC provider makes IHT referral, taking into account family's agency preference, family's geographic location, and IHT agency capacity;</li> <li>4. IHT provider contacts Beacon's CBHI team at (888) 421-8861 and presents clinical information including goals listed for IHT to address on the ICP to gain an authorization;</li> <li>5. Once it is determined that the IHT request meets medical necessity criteria, the clinician will complete the authorization for IHT for the identified provider; and</li> <li>6. An authorization letter and cover letter will be faxed/mailed to the provider who will be doing the service.</li> </ol> <p><b>For Youth NOT Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. IHT provider obtains consent from family for involvement in IHT services; and</li> <li>2. IHT provider calls Beacon at (888) 421-8861 and presents clinical information to gain an authorization.</li> </ol> <p>*The standard parameters are 360 units for a 90-day period.</p>

MCE	Referrals (Each IHT provider is encouraged to insert its own process for managing referrals.)	Eligibility	Authorization
BMC Healthnet Plan/ Beacon		In-Home Therapy (IHT) is available for all MassHealth members under 21 regardless of benefit plan (except MassHealth Limited) who meet the Medical Necessity Criteria for IHT.	<p><b>For Youth Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. ICC provider convenes CPT meeting; family and CPT identify need for IHT and documents need in ICP;</li> <li>2. ICC provider obtains consent from family to make IHT referral;</li> <li>3. ICC provider makes IHT referral, taking into account family's agency preference, family's geographic location, and IHT agency capacity;</li> <li>4. IHT provider contacts Beacon's CBHI team at (866) 444-5155 and presents clinical information including goals listed for IHT to address on the ICP to gain an authorization;</li> <li>5. Once it is determined that the IHT request meets medical necessity criteria, the clinician will complete the authorization for IHT for the identified provider; and</li> <li>6. An authorization letter and cover letter will be faxed/mailed to the provider who will be doing the service.</li> </ol> <p><b>For Youth NOT Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. IHT provider obtains consent from family for involvement in IHT services; and</li> <li>2. IHT provider calls Beacon at (866) 444-5155 and presents clinical information to gain an authorization.</li> </ol> <p>*The standard parameters are 360 units for a 90-day period.</p>
Network Health			<p><b>For Youth Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. ICC provider convenes CPT meeting; family and CPT identify need for IHT and documents need in ICP;</li> <li>2. ICC provider obtains consent from family to make IHT referral;</li> <li>3. ICC Faxes the ICP to Network Health at (888) 977-0776 and contacts Network Health at (888) 257-1985 to review ICP;</li> <li>4. Once it is determined that the IHT request meets medical necessity criteria, the Network Health clinician will complete the authorization for IHT for the identified provider; and</li> <li>5. An authorization letter and cover letter will be faxed to the provider who will be doing the service AND copies of the authorizations will also be faxed to the CSA.</li> </ol> <p><b>For Youth NOT Involved in ICC:</b></p> <ol style="list-style-type: none"> <li>1. IHT provider obtains consent from family for involvement in IHT services; and</li> <li>2. IHT provider calls Network Health at (888) 257-1985 and presents clinical information to gain an authorization.</li> </ol> <p>*The standard parameters are 360 units for a 90-day period.</p>

## **\*For Subsequent IHT Authorizations**

### **MBHP:**

For youth involved in ICC: Steps #1, 4, 5, 6, 7, and 8 (as described above in the initial authorization process) should be followed.

For youth not involved in ICC: Steps #2 and 3 should be followed.

### **NHP/Beacon:**

For youth involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider faxes an *In-Home Therapy Extension Request Form* to (781) 994-7633, attn: NHP CBHI Specialist.

For youth not involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider faxes an *In-Home Therapy Extension Request Form* to (781) 994-7633, attn: Jennifer Middleton.

### **FCHP/Beacon:**

For youth involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider faxes an *In-Home Therapy Extension Request Form* to (781) 994-7633, attn: FCHP CBHI Specialist.

For youth not involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider faxes an *In-Home Therapy Extension Request Form* to (781) 994-7633, attn: FCHP UR team.

### **BMC Healthnet Plan/Beacon:**

For youth involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider faxes an *In-Home Therapy Extension Request Form* to (781) 994-7633, attn: BMCHP CBHI Specialist.

For youth not involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider faxes an *In-Home Therapy Extension Request Form* to (781) 994-7633, attn: BMCHP UR team.

### **Network Health:**

For youth involved in ICC: Prior to the PA end date or exhaustion of units, either the ICC or the IHT provider can call Network Health at (888) 257-1985 to present clinical information in order to obtain more units or extend the authorization time frame.

For youth not involved in ICC: Prior to the PA end date or exhaustion of units, the IHT provider calls Network Health at (888) 257-1985. During the concurrent review, Network Health will discuss all updates on the treatment plan, progress towards goal, and ongoing coordination between the service provider and other services being received by the youth and family.

## **For IHT Discharges**

**MBHP:** No notification is currently required when ICC-involved and non ICC-involved youth are discharged from IHT services.

### **NHP/Beacon:**

For youth involved in ICC: At the time of discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (781) 994-7633, attn: NHP CBHI Specialist.

For youth not involved in ICC: At the time of discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (781) 994-7633, attn: Jennifer Middleton.

### **FCHP/Beacon:**

For youth involved in ICC: At the time of discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (781) 994-7633, attn: FCHP CBHI Specialist.

For youth not involved in ICC: At the time of discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (781) 994-7633, attn: FCHP UR team.

### **BMC Healthnet Plan/Beacon:**

For youth involved in ICC: At the time of discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (781) 994-7633, attn: BMCHP CBHI Specialist.

For youth not involved in ICC: At the time of discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (781) 994-7633, attn: BMCHP UR team.

### **Network Health:**

For youth involved in ICC: Within 2-business days from discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (888) 977 0776. This form is available at [www.network-health.org](http://www.network-health.org)

For youth not involved in ICC: Within 2-business days from discharge, the IHT provider faxes an *In-Home Therapy Discharge Form* to (888) 977 0776. This form is available at [www.network-health.org](http://www.network-health.org)