

SECTION
ELIGIBILITY FOR SERVICES

SUBJECT
Prior Authorization by the Mental Health Services Bureau

DEFINITION

Prior authorization by the Mental Health Services Bureau (MHSB) means approval to exceed limits for payment of certain services before they are rendered. Prior authorization by the MHSB is different from prior authorization required for HCBS provider payment processing by the Case Management Team (CMT).

REQUIREMENT

The CMT must request prior authorization when an individual requires services in excess of program limits for:

- Person Centered Recovery Plan over cost limit;
- Specialized Medical Equipment or Supplies in excess of \$500. Refer to policy SDMI HCBS 728, and form DPHHS AMDD-149 (prior authorization form) found in CaseWave;
- **All** Community Transition services must have prior approval from the Department. Refer to policy SDMI HCBS 706, and form DPHHS AMDD-149 found in CaseWave;
- **All** Homemaker Chore services must have prior approval from the Department. Refer to policy SDMI HCBS 715 and form DPHHS AMDD-149 found in CaseWave; and
- **All** Service Dogs must have prior approval from the Department. Refer to policy SDMI HCBS 728a, and form DPHHS AMDD-149 found in CaseWave.

AUTHORIZATION FOR EXCESS SERVICES

The responsibility for approving requests for over cost plans of care, specialized medical equipment and supplies, and community transition is delegated to the CPO, who will consider the following:

- If provision of excess services can be made while staying within the PCRPlan cost limit;
- Whether any Medicaid State Plan services or Community First Choice services could be used as an alternative;
- Is the excess service cost effective;
- Whether all other options have been exhausted; and whether the MHSB has sufficient funds.

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AUTHORIZATION OF OVER COST

The CPO is responsible for reviewing and approving requests for costs over the PCRCP cost limit. Authorization for over cost will be made by considering the following criteria:

- The service exceeding the member costs is a one-time purchase, e.g., Specialized Medical Equipment, Community Transition, Service Dog or Environmental Modification.
- Intensive services for 90 days or less:
 - to resolve a crisis situation which threatens the health and safety of the member;
 - to stabilize the member following hospitalization or an acute medical episode; and
 - to prevent institutionalization during the absence of the unpaid caregiver.

The SDMI HCBS Waiver Program is not an entitlement program. It is important for the CMT to arrange for services within the PCRCP cost limit to keep the program from exceeding any state funding limitations.

PROCEDURE

All requests for prior authorization must be sent to the CPO prior to service/s being provided. All request for prior authorization for Community Transition, Homemaker Chore, Home Modifications and Service Dogs will be reviewed by the CPO and Central Office. The following procedure must be completed prior to implementation of services:

- Completed Prior Authorization form DPHHS AMDD-149;
- Forward form to CPO for review;
- CPO will review the form to ensure the form is complete;
- CPO will Concur with form and forward to the CMT or Not Concur with form and enter justification;
- Form is returned to the CMT; and
- CMT will upload the form to CaseWave.