

Bulletin OMHSAS-20-07: Attachment A

Handbook for Prior Authorization of Intensive Behavioral Health Services (IBHS) Rendered in the Fee-for-Service Delivery System

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I. Procedures to Request Prior Authorization of Behavioral Health Technician (BHT) Services

A. Supporting Documentation

The documentation submitted in support of a request to prior authorize BHT services is expected to reflect the currently requested period of prescribed treatment as dictated by the child's, youth's or young adult's behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize BHT services, the Office of Mental Health and Substance Abuse Services (OMHSAS) will review the following supporting documentation:

1. A completed MA 97 (see Section VII for instructions on completing the MA 97).
2. A written order that meets the requirements set forth in 55 Pa. Code § 1155.32(a)(1).
3. An assessment that meets the requirements set forth in 55 Pa. Code § 5240.21.
4. An individual treatment plan (ITP) that meets the requirements set forth in 55 Pa. Code § 5240.22.*
5. A summary of all services and support the child, youth or young adult receives

*If services are needed prior to the assessment and ITP being completed, including to assist with the completion of the assessment, the expedited review process included in Section VI must be followed.

A copy of the supporting documentation must be retained in the child's, youth's or young adult's file and made available for review and copying by the Department as required by 55 Pa. Code §§ 1101.51(e) and 5240.41.

B. Submission Address

The completed packet of prior authorization request information must be sent to:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188



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C. Timeframe for Submission

Requests to prior authorize services should be submitted within 30 days of completing the ITP. The request must include the start date that the BHT services are requested to begin. If BHT services are needed prior to the assessment and ITP being completed, providers should follow the instructions included in Section VI, Expedited Review Process.

D. Review of Documentation for Medical Necessity

OMHSAS will use the guidelines issued in OMHSAS-20-05, "Medical Necessity Guidelines for Intensive Behavioral Health Services," when evaluating the medical necessity of a request for BHT services.

E. Effective Date of Approval

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

Requested services determined to be medically necessary will be approved as follows:

- If the request is received before services are initiated, or before an existing authorization for services expires, OMHSAS will approve medically necessary services as of the beginning date of service for the new request period.

Example: If the services are to begin May 1, and the provider's request is received by OMHSAS by April 15, OMHSAS will approve medically necessary services effective May 1.

- If the request is received after the services are initiated, OMHSAS will authorize medically necessary services effective the date the submitted information is received. Payment will not be made for any services rendered prior to the date approved by OMHSAS. These services are non-compensable.

Example: Services are initiated April 1, but OMHSAS does not receive the request to prior authorize the services until April 17. OMHSAS will approve the medically necessary services effective April 17. Services rendered between April 1 and April 16 are not eligible for payment, as the services are non-compensable.

Note: Providers may not be paid for services if they provide services prior to receiving approval from OMHSAS.

F. Incomplete Requests

OMHSAS will review the request and issue a decision within 21 days. 55 Pa. Code § 1101.67(b). If OMHSAS receives a request for prior authorization of services that does not include the supporting documentation discussed above, OMHSAS will ask the provider for the missing documentation. If OMHSAS does not receive the missing documentation in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, the services will be denied.

If OMHSAS needs additional information to determine the medical necessity of the service, OMHSAS will ask the provider for the additional information needed to assist the medical review staff to reach a decision. If OMHSAS does not receive the additional information in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, OMHSAS will make a decision based on the information it has received.

The provider will be notified if supporting documentation is missing or if additional information is needed and will be provided with the OMHSAS contact telephone and fax numbers to use to submit the missing documentation or additional information.

G. Notice of Decision and Right to Appeal

OMHSAS will issue a notice indicating its decision on the request to prior authorize services to the provider, prescriber, and the child, youth or young adult.

If the request for BHT services is denied or the approved services are different from the services requested, the child, youth or young adult has the right to appeal OMHSAS' decision. The notice will advise the child, youth or young adult that they have 30 days from the date of the prior authorization notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to 717-265-8834. If the child, youth or young adult has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.



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H. Processing Changes in Written Orders

OMHSAS must be informed whenever there is a change in the services ordered.

1. A request to increase units of service during the period already approved by OMHSAS requires prior authorization. The approval for an increase in units will be effective the date OMHSAS received the request for the increase in hours and will be for only the remainder of the current authorization period. The following documents must be submitted when a provider is requesting an increase in units during a period already approved by OMHSAS:
 - a. A completed MA 97.
 - b. An updated written order that meets the requirements set forth in 55 Pa. Code § 1155.32(a)(1).
 - c. An updated assessment that meets the requirements set forth in 55 Pa. Code § 5240.21.
 - d. A revised ITP that meets the requirements set forth in 55 Pa. Code § 5240.22.
 - e. Evidence that the treatment team members agree that the increase is needed or an explanation for any disagreement.

This information must be sent to the following address:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

2. If the written order is revised to decrease units during the period already approved by OMHSAS, no prior authorization is required. Prior to a provider decreasing services, the child's, youth's or young adult's assessment and ITP must be updated and the provider must document the treatment team members' agreement with the decrease in BHT services or an explanation for any disagreement.

The updated assessment and ITP and the documentation of the treatment team members' agreement that the decrease in services is needed or an explanation for any disagreement with the decrease in services should be included with the request to prior authorize continuation of BHT services.

II. Procedures to Request Prior Authorization of Behavioral Health Technician-Applied Behavior Analysis (BHT-ABA) Services

A. Supporting Documentation

The documentation submitted in support of a request to prior authorize BHT-ABA services is expected to reflect the currently requested period of prescribed treatment as dictated by the child's, youth's or young adult's behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize BHT-ABA services, OMHSAS will review the following supporting documentation:

1. A completed MA 97 (see Section VII for instructions on completing the MA 97).
2. A written order that meets the requirements set forth in 55 Pa. § 1155.33(a)(1).
3. An assessment that meets the requirements set forth in 55 Pa. Code § 5240.85.
4. An ITP that meets the requirements set forth in 55 Pa. Code § 5240.86.*
5. A summary of all services and support the child, youth or young adult receives

*If services are needed prior to the assessment and ITP being completed, including to assist with the completion of the assessment, the expedited review process included in Section VI must be followed.

A copy of the supporting documentation must be retained in the child's, youth's or young adult's file and made available for review and copying by the Department as required by 55 Pa. Code §§ 1101.51(e) and 5240.41.

B. Submission Address

The completed packet of prior authorization request information must be sent to:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

C. Timeframe for Submission

Requests to prior authorize services should be submitted within 30 days of completing the ITP. The request must include the start date that the BHT-ABA services are requested to begin. If BHT-ABA services are needed prior to the assessment and ITP being completed, providers should follow the instructions included in Section VI, Expedited Review Process.

D. Review of Documentation for Medical Necessity

OMHSAS will use the guidelines issued in OMHSAS-20-05, "Medical Necessity Guidelines for Intensive Behavioral Health Services," when evaluating the medical necessity of a request for BHT-ABA services.

E. Effective Date of Approval

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

Requested services determined to be medically necessary will be approved as follows:

- If the request is received before services are initiated, or before an existing authorization for services expires, OMHSAS will approve medically necessary services as of the begin date of service for the new request period.

Example: If the services are to begin May 1, and the provider's request is received by OMHSAS by April 15, OMHSAS will approve medically necessary services effective May 1.

- If the request is received after the services are initiated, OMHSAS will authorize medically necessary services effective the date the submitted information is received. Payment will not be made for any services rendered prior to the date approved by OMHSAS. These services are non-compensable.

Example: Services are initiated April 1, but OMHSAS does not receive the request to prior authorize the services until April 17. OMHSAS will approve medically necessary services effective April 17. Services rendered between April 1 and April 16 are not eligible for payment, as the services are non-compensable.

Note: Providers may not be paid for services if they provide services prior to receiving approval from OMHSAS.

F. Incomplete Requests

OMHSAS will review the request and issue a decision within 21 days. 55 Pa. Code § 1101.67(b). If OMHSAS receives a request for prior authorization of services that does not include the supporting documentation discussed above, OMHSAS will ask the provider for the missing documentation. If OMHSAS does not receive the missing documentation in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, the services will be denied.

If OMHSAS needs additional information to determine the medical necessity of the service, OMHSAS will ask the provider for the additional information needed to assist the medical review staff to reach a decision. If OMHSAS does not receive the additional information in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, OMHSAS will make a decision based on the information it has received.

The provider will be notified if supporting documentation is missing or if additional information is needed and will be provided with the OMHSAS contact telephone and fax numbers to use to submit the missing documentation or additional information.

G. Notice of Decision and Right to Appeal

OMHSAS will issue a notice indicating its decision on the request to prior authorize services to the provider, prescriber, and the child, youth or young adult.

If the request for BHT-ABA services is denied or the approved services are different from the services requested, the child, youth or young adult has the right to appeal OMHSAS' decision. The notice will advise the child, youth or young adult that they have 30 days from the date of the prior authorization notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to 717-265-8834. If the child, youth or young adult has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.



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H. Processing Changes in Written Orders

OMHSAS must be informed whenever there is a change in the services ordered.

1. A request to increase units of service during the period already approved by OMHSAS requires prior authorization. The approval for an increase in units will be effective the date OMHSAS receive the request for the increase in hours and will be for only the remainder of the current authorization period. The following documents must be submitted when a provider is requesting an increase in units during a period already approved by OMHSAS:
 - a. A completed MA 97.
 - b. An updated written order that meets the requirements set forth in 55 Pa. Code § 1155.33(a)(1).
 - c. An updated assessment that meets the requirements set forth in 55 Pa. Code § 5240.85.
 - d. A revised ITP that meets the requirements set forth in 55 Pa. Code § 5240.86.
 - e. Evidence that the treatment team members agree that the increase is needed or an explanation for any disagreement.

This information must be sent to the following address:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

2. If the written order is revised to decrease units during the period already approved by OMHSAS, no prior authorization is required. Prior to a provider decreasing services, the child's, youth's or young adult's assessment and ITP must be updated and the provider must document the treatment team members' agreement with the decrease in BHT-ABA services or an explanation for any disagreement.

The updated assessment and ITP and the documentation of the treatment team members' agreement that the decrease in services is needed or an explanation for any disagreement with the decrease in services should be included with the request to prior authorize continuation of BHT-ABA services.

III. Procedures to Request Prior Authorization of Assistant Behavior Consultation-Applied Behavior Analysis (Assistant BC-ABA) Services

A. Supporting Documentation

The documentation submitted in support of a request to prior authorize Assistant BC-ABA services is expected to reflect the currently requested period of prescribed treatment as dictated by the child's, youth's or young adult's behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize Assistant BC-ABA services, OMHSAS will review the following supporting documentation:

1. A completed MA 97 (see Section VII for instructions on completing the MA 97).
2. A written order that meets the requirements set forth in 55 Pa. § 1155.33(a)(1).
3. An assessment that meets the requirements set forth in 55 Pa. Code § 5240.85, if available.
4. An ITP that meets the requirements set forth in 55 Pa. Code § 5240.86 or a treatment plan.
5. A summary of all services and supports the child, youth or young adult receives.
6. An explanation of how the Assistant BC-ABA services will be provided in coordination with other ABA services.

A copy of the supporting documentation must be retained in the child's, youth's or young adult's file and made available for review and copying by the Department as required by 55 Pa. Code §§ 1101.51(e) and 5240.41.

B. Submission Address

The completed packet of prior authorization request information must be sent to:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188



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C. Timeframe for Submission

Requests to prior authorize services should be submitted within 30 days of completing the treatment plan. The request must include the start date that the Assistant BC-ABA services are requested to begin.

D. Review of Documentation for Medical Necessity

OMHSAS will use the guidelines issued in OMHSAS-20-05, "Medical Necessity Guidelines for Intensive Behavioral Health Services," when evaluating the medical necessity of a request for Assistant BC-ABA services.

E. Effective Date of Approval

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

Requested services determined to be medically necessary will be approved as follows:

- If the request is received before services are initiated, or before an existing authorization for services expires, OMHSAS will approve medically necessary services as of the begin date of service for the new request period.

Example: If the services are to begin May 1, and the provider's request is received by OMHSAS by April 15, OMHSAS will approve medically necessary services effective May 1.

- If the request is received after the services are initiated, OMHSAS will authorize medically necessary services effective the date the submitted information is received. Payment will not be made for any services rendered prior to the date approved by OMHSAS. These services are non-compensable.

Example: Services are initiated April 1, but OMHSAS does not receive the request to prior authorize the services until April 17. OMHSAS will approve medically necessary services effective April 17. Services rendered between April 1 and April 16 are not eligible for payment, as the services are non-compensable.



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Note: Providers may not be paid for services if they provide services prior to receiving approval from OMHSAS.

F. Incomplete Requests

OMHSAS will review the request and issue a decision within 21 days. 55 Pa. Code § 1101.67(b). If OMHSAS receives a request for prior authorization of services that does not include the supporting documentation discussed above, OMHSAS will ask the provider for the missing documentation. If OMHSAS does not receive the missing documentation in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, the services will be denied.

If OMHSAS needs additional information to determine the medical necessity of the service, OMHSAS will ask the provider for the additional information needed to assist the medical review staff to reach a decision. If OMHSAS does not receive the additional information in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, OMHSAS will make a decision based on the information it has received.

The provider will be notified if supporting documentation is missing or if additional information is needed and will be provided with the OMHSAS contact telephone and fax numbers to use to submit the missing documentation or additional information.

G. Notice of Decision and Right to Appeal

OMHSAS will issue a notice indicating its decision on the request to prior authorize services to the provider, prescriber, and the child, youth or young adult.

If the request for Assistant BC-ABA services is denied or the approved services are different from the services requested, the child, youth or young adult has the right to appeal OMHSAS' decision. The notice will advise the child, youth or young adult that they have 30 days from the date of the prior authorization notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to 717-265-8834. If the child, youth or young adult has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.

H. Processing Changes in Written Orders

OMHSAS must be informed whenever there is a change in the services ordered.

1. A request to increase units of service during the period already approved by OMHSAS requires prior authorization. The approval for an increase in units will be effective the date OMHSAS receive the request for the increase in hours and will be for only the remainder of the current authorization period. The following documents must be submitted when a provider is requesting an increase in units during a period already approved by OMHSAS:
 - a. A completed MA 97.
 - b. An updated written order that meets the requirements set forth in 55 Pa. Code § 1155.33(a)(1).
 - c. An updated assessment that meets the requirements set forth in 55 Pa. Code § 5240.85.
 - d. A revised ITP that meets the requirements set forth in 55 Pa. Code § 5240.86.
 - e. Evidence that the treatment team members agree that the increase is needed or an explanation for any disagreement.

This information must be sent to the following address:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

2. If the written order is revised to decrease units during the period already approved by OMHSAS, no prior authorization is required. Prior to a provider decreasing services, the child's, youth's or young adult's assessment and ITP must be updated and the provider must document the treatment team members' agreement with the decrease in Assistant BC-ABA services or an explanation for any disagreement.

The updated assessment and ITP and the documentation of the treatment team members' agreement that the decrease in services is needed or an explanation for any disagreement with the decrease in services should be included with the request to prior authorize continuation of Assistant BC-ABA services.

IV. Procedures to Request Prior Authorization of Group Services

A. Supporting Documentation

The documentation submitted in support of a request to prior authorize group services is expected to reflect the currently requested period of prescribed treatment as dictated by the child's, youth's or young adult's behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize group services, OMHSAS will review the following supporting documentation:

1. A completed MA 97 (see Section VII for instructions on completing the MA 97).
2. A written order that meets the requirements set forth in 55 Pa. Code § 1155.34(a)(1).
3. An assessment that meets the requirements set forth in 55 Pa. Code § 5240.95.
4. An ITP that meets the requirements set forth in 55 Pa. Code § 5240.96 or if services are being provided in the school, an ITP that meets the requirements set forth in 55 Pa. Code §§ 5240.96 and 5240.98(5). If ABA services are being provided in the school, the ITP must meet the requirements set forth in 55 Pa. Code §§ 5240.86 and 5240.98.(5).*
5. A summary of all services and support the child, youth or young adult receives

*If services are needed prior to the assessment and ITP being completed, including to assist with the completion of the assessment, the expedited review process included in Section VI must be followed.

A copy of the supporting documentation must be retained in the child's, youth's or young adult's file and made readily available for review and copying by the Department as required by 55 Pa. Code §§ 1101.51(e) and 5240.41.

B. Submission Address

The completed packet of prior authorization request information must be sent to:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

C. Timeframe for Submission

Requests to prior authorize services should be submitted within 30 days of completing the ITP. The request must include the start date that the group services are requested to begin. If group services are needed prior to the assessment and ITP being completed, providers should follow the instructions included in Section VI, Expedited Review Process.

D. Review of Documentation for Medical Necessity

OMHSAS will use the guidelines issued in OMHSAS-20-05, “Medical Necessity Guidelines for Intensive Behavioral Health Services,” when evaluating the medical necessity of a request for group services.

E. Effective Date of Approval

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

Requested services determined to be medically necessary will be approved as follows:

- If the request is received before services are initiated, or before an existing authorization for services expires, OMHSAS will approve medically necessary services as of the begin date of service for the new request period.

Example: If the services are to begin May 1, and the provider’s request is received by OMHSAS by April 15, OMHSAS will approve medically necessary services effective May 1.

- If the request is received after the services are initiated, OMHSAS will authorize medically necessary services effective the date the submitted information is received. Payment will not be made for any services rendered prior to the date approved by OMHSAS. These services are non-compensable.

Example: Services are initiated April 1, but OMHSAS does not receive the request to prior authorize the services until April 17. OMHSAS will approve the medically necessary services effective April 17. Services rendered between April 1 and April 16 are not eligible for payment, as the services are non-compensable.



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Note: Providers may not be paid for services if they provide services prior to receiving approval from OMHSAS.

F. Incomplete Requests

OMHSAS will review the request and issue a decision within 21 days. 55 Pa. Code § 1101.67(b). If OMHSAS receives a request for prior authorization of services that does not include the supporting documentation discussed above, OMHSAS will ask the provider for the missing documentation. If OMHSAS does not receive the missing documentation in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, the services will be denied.

If OMHSAS needs additional information to determine the medical necessity of the service, OMHSAS will ask the provider for the additional information needed to assist the medical review staff to reach a decision. If OMHSAS does not receive the additional information in sufficient time for OMHSAS to consider it within the time it has to issue a decision on the request to prior authorize services, OMHSAS will make a decision based on the information it has received.

The provider will be notified if supporting documentation is missing or if additional information is needed and will be provided with the OMHSAS contact telephone and fax numbers to use to submit the missing documentation or additional information.

G. Notice of Decision and Right to Appeal

OMHSAS will issue a notice indicating its decision on the request to prior authorize the services to the provider, prescriber, and the child, youth or young adult.

If the request for group services is denied or the approved services are different from the services requested, the child, youth or young adult has the right to appeal OMHSAS' decision. The notice will advise the child, youth or young adult that they have 30 days from the date of the prior authorization notice to submit an appeal and that the appeal should be submitted in writing and mailed to the address listed on the notice or faxed to 717-265-8834. If the child, youth or young adult has been receiving services and the services are being reduced, changed, or denied and an appeal is faxed to 717-265-8834 or postmarked within 10 days of the date of the notice, the services will continue until a decision is made on the appeal.

H. Processing Changes in Written Orders

OMHSAS must be informed whenever there is a change in the services ordered.

1. A request to increase units of service during the period already approved by OMHSAS requires prior authorization. The approval for an increase in units will be effective the date OMHSAS received the request for the increase in hours and will be for only the remainder of the current authorization period. The following documents must be submitted when a provider is requesting an increase in units during a period already approved by OMHSAS:
 - a. A completed MA 97.
 - b. An updated written order that meets the requirements set forth in 55 Pa. Code § 1155.34(a)(1).
 - c. An updated assessment that meets the requirements set forth in 55 Pa. Code § 5240.95.
 - d. A revised ITP that meets the requirements set forth in 55 Pa. Code § 5240.96.
 - e. Evidence that the treatment team members agree that the increase is needed or an explanation for any disagreement.

This information must be sent to the following address:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

2. If the written order is revised to decrease units during the period already approved by OMHSAS, no prior authorization is required. Prior to a provider decreasing services, the child's, youth's or young adult's assessment and ITP must be updated and the provider must document the treatment team members' agreement with the decrease in group services or an explanation for any disagreement.

The updated assessment and ITP and the documentation of the treatment team members' agreement that the decrease in services is needed or an explanation for any disagreement with the decrease in services should be included with the request to prior authorize continuation of group services.

V. Procedures to Request Prior Authorization for Continuation of IBHS

The documentation submitted in support of a request to prior authorize continuation of IBHS is expected to reflect the currently requested period of prescribed treatment as dictated by the child's, youth's or young adult's behavioral health treatment needs.

When reviewing the medical necessity of a request to prior authorize continuation of IBHS, OMHSAS will review the following supporting documentation:

1. A completed MA 97.
2. A written order that meets the requirements set forth in 55 Pa. Code §§ 1153.32(a)(6), 1153.33(a)(6) or 1153.34(a)(6).
3. An updated assessment that meets the requirements set forth in 55 Pa. Code §§ 5240.21 or 5240.85.
4. All assessments from the immediately preceding authorization period.
5. An updated ITP that meets the requirements set forth in 55 Pa. Code §§ 5240.22, 5240.86, or 5240.96.
6. All ITPs that were completed during the immediately preceding authorization period.
7. Evidence that the treatment team members agree that continuation of services is needed or an explanation for any disagreement.
8. If services were increased or decreased during the immediately preceding authorization period, documentation that explains the change.
9. If continuation of group services in a school setting is being requested, documentation of the outcome of the meeting, which must be held at least every 6 months, between the IBHS agency and school staff involved with the child, youth or young adult receiving group services. The documentation must include who attended the meeting, the date of the meeting, a summary of the discussion, and recommendations for a change in participation in group services if discussed.

This information must be sent to the following address at least 30 days prior to the expiration of the current authorization:

Outpatient Prior Authorization (PA)/1150 Waiver Services
P.O. Box 8188
Harrisburg, Pennsylvania 17105-8188

OMHSAS will use the guidelines issued in OMHSAS-20-05, "Medical Necessity Guidelines for Intensive Behavioral Health Services," when evaluating the medical necessity of a request for continuation of IBHS.

OMHSAS will review all complete requests for prior authorization of services and issue a decision within 21 days of receipt of the request. If OMHSAS fails to issue a decision within 21 days of receipt of the request, the request for services is deemed approved.

VI. Expedited Review Process

When a child, youth or young adult is at immediate risk of a more restrictive placement or the child's, youth's or young adult's behavioral or emotional disorder otherwise requires that services need to begin before the assessment and ITP are completed, an expedited review may be requested. Requests for reauthorization of services are not expected to require expedited review.

To request an expedited review, the provider must

1. Telephone OMHSAS at 717-772-7617 to notify it of the request for expedited review.
2. Forward the following supporting documentation to OMHSAS, via facsimile at 717-525-5186:
 - A. An MA 97
 - B. A written order that meets the requirements set forth in 55 Pa. Code §§ 1155.32(a)(1), 1155.33(a)(1) or 1155.34(a)(1).
 - C. A treatment plan.
 - D. An explanation of why expedited review is needed.

OMHSAS will review the complete request for prior authorization and issue a decision within three business days of receipt of the request for expedited review. If OMHSAS does not receive a complete request, OMHSAS will issue a decision within 21 days of receipt of the request.

VII. Forms and instruction

- A. Instructions for Completing the MA 97 Form