

**APPLICATION FOR PRIOR AUTHORIZATION FOR
TEMPORARY HIGH INTENSITY SERVICE
Children’s Residential Care Facility Services**

Prior Authorization

It is the expectation that increased staffing within a Children’s Residential Care Facility (CRCF) be Prior Authorized by Kepro, and that a Continued Stay Review will be reviewed no less than every 7 calendar days. An Individualized Treatment Plan must be submitted and approved by Kepro prior to the implementation.
This service may be authorized for up to thirty (30) days. In situations where THIS is required for more than thirty (30) days, in coordination with the treatment team, Kepro shall consider if a higher level of care is appropriate for the member.

DEMOGRAPHICS

MaineCare ID#:	First Name:	Last Name:	DOB:
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CURRENT ORTP SETTING

Agency Name:	Program/Location:	Admission Date:	Kepro Current Case ID:
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Name of Staff Requesting:	Phone: Email:
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Proposed Start Date:

JUSTIFICATION FOR TEMPORARY HIGH INTENSITY SERVICE

1. Current CRCF authorization is for (please check one):

- Mental Health CRCF
- Intellectual Disability/Developmental Disability CRCF

2. Please check below to indicate understanding and acknowledgement of the purposes and limitations for Temporary High Intensity Service:

- This level of care is not intended as a first response to aggression, but as a last resort when other clinical and medical interventions have been exhausted.
- This level of care is not intended for a child who has had a recent hospitalization where the need is for behavior stabilization or medication management.

3. CRCF providers must submit all required documentation to include:

- The clinical rationale for the member’s need for increased intensity of service;
- A detailed summary of the interventions attempted by the CRCF to reduce the member’s acuity;
- A detailed plan for how the increased intensity will be used to meet the member’s needs; and
- How the service will be reduced as the member improves.

4. Please describe the measures currently implemented to decrease or manage the behaviors, and explain why these are not deemed to be effective:

How many hours per week of actual staff interventions are predicted (not including hours while child is in school or hours providing supervision due to staff shortage)? _____ hours per week.

INDIVIDUALIZED TREATMENT PLAN

An individualized treatment plan for CRCF should be submitted with this application. Please include a copy of the current ITP (this may be the initial 72-hour plan or comprehensive plan).

In addition to the individualized treatment plan, please also submit the specific plan for use of Temporary High Intensity Service, which should include:

1. The individual's targeted behaviors that support use of Temporary High Intensity Service
2. A description of modifications in the treatment interventions that require additional staff, and that are meant to address the targeted behaviors. Please include the specific interventions, frequency, and duration of the interventions planned, as well as the events or routines during which they will be used.
3. Specific criteria, in terms of measurable behavior change or symptom improvement, that will be used to determine when Temporary High Intensity Service will no longer be indicated.
4. A plan to reduce increased staffing hours over time, and to eventually end as the criteria is met.
5. Specific staff actions to be performed/provided by the CRCF staff under this service.
6. A description of how progress will be measured in terms of changes in specific behavior or symptoms.

REQUESTING STAFF SIGNATURE:**DATE:**

In order for Kepro to approve this service in a CRCF, it is necessary to submit supporting documentation. In addition to the documentation stated in the Temporary High Intensity Service application, below is a list of other suggested documentation. Please submit documentation that is supportive of the need for temporary additional staffing to address the criteria for the service. Kepro may also request additional information if necessary.

SUGGESTED Supporting Documentation:

- Shift notes/milieu logs demonstrating observed behaviors and interventions
- Incident reports describing behaviors/needs.
- Clinical progress notes and clinical assessments that indicate the need for more intensive services
- Current behavioral plan
- Crisis prevention and management plan
- Documentation indicating what has been attempted to meet the child's needs prior to requesting this service.
- Police reports if child lives in an area where police are used for crisis response due to distance from mental health crisis response services.
- Crisis Stabilization Unit or hospitalization documentation if child is returning to a residential program following a brief hospitalization or crisis unit admission.

Please fax this application and supporting documentation to:

Fax: 866-325-4752

**Kepro, Inc.
82 Running Hill Road, Suite 202
South Portland, ME 04106**

For questions, please call Kepro at 866-521-0027