Kepro Service Authorization Check: ITP

Some EIDBI services require service authorization (SA). The SA allows qualified providers to bill and receive payment from MHCP after providing EIDBI services. However, having an approved SA does not guarantee MHCP payment. The provider must meet all other MHCP requirements to receive payment.

This checklist is an aid to assist providers in submitting EIDBI authorizations. Each case will be reviewed to ensure all necessary documentation has been provided and services requested meet medical necessity criteria outlined in EIDBI policy.

Services that Require Authorization:

The following services require authorization before service delivery:

- Family or caregiver training and counseling
- Intervention individual, group and higher intensity
- Intervention observation and direction
- ITP progress monitoring (ongoing)
- Travel time

Services that Do Not Require Authorization:

The following services do not require authorization before service delivery:

- The initial ITP (60 units can be billed without authorization every 306 days)
- The Comprehensive Multi-Disciplinary Evaluation (CMDE), once per year per person without authorization. (The CMDE is not required every year, but is required at least once every three years or as clinically necessary)

Coordinated care conferences do not require service authorization.

Kepro Administrative Submission Check:

\Box Early Intensive Developmental and Behavioral Intervention (EIDBI) services allow for up to 6 month for retro requests. If the services were provided 6 months before submission of the request, the case will be immediately rejected.
☐ Check eligibility in MN–ITS to determine whether the member is receiving EIDBI benefits through fee-for-service or is enrolled in a prepaid health plan. If the member is enrolled in a prepaid health plan, the authorization must be submitted to the healthcare plan and NOT to Kepro.
☐ Check with the family and any other previous providers to coordinate all services and supports. Review the billing grid for service limits.

^{*}Disclaimer: the information contained in this Checklist is not all inclusive and is subject to change. Please refer to the MHCP Provider Manual for the most up to date DHS policy requirements. $\mathbf{1} \mid P \mid a \mid g \mid e$

☐ The child must have an approved CMDE on file in order to authorize services requested on the ITP.
Kepro Clinical Submission Check for ITP:
\square Receive medical necessity approval before submitting the ITP
☐ Submit the completed <u>Individual Treatment Plan (ITP) and Progress Monitoring (DHS-7109)</u> template to the web-based <u>KEPRO Atrezzo portal</u> on a separate case from the CMDE.
☐ ITP signature page is included
The final signature (legal guardian or provider) indicates the ITP has been completed
 Note: Only people who can consent to treatment and make legal decisions can sign these forms. This may not include all caregivers. Providers must ensure the person signing the forms has the legal authority to do so. <u>EIDBI - Services (state.mn.us)</u>
• The ITP signatures and dates must be either handwritten or use an approved electronic signature with a time and date stamp
Ensure that all documentation is complete and accurate prior to submission:
☐ The start date of services requested in Section D of the ITP is on or after the last signature date
☐ Services requested in section C, approximately match the services requested in section D
\square Services including units and service codes entered in the Atrezzo portal to what is requested in section D
\square All goals are written measurably, objectively and in observable terms.
\Box Goals are person-centered and based on the feedback from the person and family reflected throughout the CMDE and ITP.
☐ All goals have a quantifiable baseline
Training Resources
Please visit mhcp.kepro.com/training and reference training materials under CMDE/EIDBI Services. The <u>Atrezzo Provider Portal Case Submission Requirements PowerPoint</u> is available for reference.

^{*}Disclaimer: the information contained in this Checklist is not all inclusive and is subject to change. Please refer to the MHCP Provider Manual for the most up to date DHS policy requirements. $2 \mid P \mid a \mid g \mid e$