

## Section 28- Rehabilitative and Community Services- Community-Based Documentation Guidelines

### **Prior Authorization:**

In order for a Prior Authorization for Section 28 RCS services to be processed, Eligibility for this service must have been reviewed and approved by KEPRO. Please see Section 28 Referral Process for a guideline to complete a Referral to determine eligibility. Prior Authorizations are entered in by Section 28 providers only if the member is on their Family Choice list. All other Prior Authorizations are entered in by KEPRO.

Verify that you have the correct member, and the correct Requesting and Servicing NPI numbers

**Service Type:** Section 28

**Request Type:** Prior Authorization

**Procedure:** Code: H2012 HI- Non-Specialized School-Based Services; H2012 HK- Specialized School Based Services- *then select the other option for community based Section 28*  
Description: Services for Children with Cognitive Impairments and Functional Limitations- 1:1  
Length of service: up to 30 days  
Quantity: 40 units

**Diagnosis:** Enter in the diagnosis for the member

**Clinical Information:** No information is needed here.

**Attached Documents:** MD letter, is applicable

**Questionnaire:** Fill out the questionnaire with the information that is known about the member, such as the reason for referral, presenting symptoms and behaviors, etc. Include Functional Assessment Scores (and date of assessment), MD letter of support, if applicable. Functional Assessment scores are needed at each submission in the RCS Questionnaire.

### **Continued Stay Review:**

Enter in the case ID from the Prior Authorization, and click extend.

**Procedure:** Code: H2012 HI- Non-Specialized School-Based Services; H2012 HK- Specialized School Based Services  
Description: School-Based Services for Children with Cognitive Impairments and Functional Limitations- 1:1  
Length of service: up to 180 days  
Quantity: total units needed for the time period requested

**Diagnosis:** An eligible diagnosis is required at time of first Continued Stay Review.

**Attached Documents:** A Treatment Plan is required at each CSR, in addition to the IEP. Upload those documents directly into Atrezzo.

**Questionnaires:** Fill out the questionnaires in their entirety. Please use the questionnaire to discuss the ongoing needs, such as symptoms and behaviors, that continue to require this level of intervention, and how the BHP will be meeting those needs through how the units will be used.

- Include Functional Assessment scores and date of assessment
- If the member is not making noted progress, discuss the strategies that will be used to increase progress over the next authorization period.
- Include the family involvement
- Include measurable criteria for transition to lower utilization or discharge from the services as has been discussed with the guardian.
- Note if the member is receiving all the requested hours. Please request the units being used, and note in the General Questionnaire what the agency has determined medically necessary. Atrezzo should reflect the actual units being used. *If additional units are needed during a current authorization period, please request the needed units and rationale in the "clinical additional information" section of your current authorization.*