

**APPLICATION FOR PRIOR AUTHORIZATION FOR
TEMPORARY HIGH INTENSITY SERVICE
Child and Adolescent Intensive Temporary Treatment in a Residential Setting**

PRIOR AUTHORIZATION

It is the expectation that increased staffing within a child PNMI 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.

Typical length of this increased staffing is seven (7) days and is not meant to exceed thirty (30) days. In situations where this is sought for thirty or more days, the Continued Stay Review must provide adequate clinical support for medical necessity, as well as a plan to reduce and eventually end the Temporary High Intensity Service.

DEMOGRAPHICS

MaineCare ID #	First Name	Last Name	DOB
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CURRENT PNMI SETTING

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

Proposed Start Date:

JUSTIFICATION FOR TEMPORARY HIGH INTENSITY SERVICE

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

- MR/PDD Level I or II, OR
- Mental Health Level I or II

2. The child must present with (check one or both):

- Extreme needs that would otherwise result in immediate hospitalization or placement in an out-of-state institution due to immediate serious repeated physical harm to self or others, OR
- Immediate risk of repeated serious physical harm to self or others that could not otherwise be predicted or planned for at the time of admission.

Please describe the dangerous behaviors, and include the frequency, intensity and duration:

3. Please check boxes 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.

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 residential treatment should be submitted with this application. Please include a copy of the current ISP (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 are met.
5. Specific staff actions to be performed/provided by the PNMI 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 residential facility, 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 a 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.
600 Sable Oaks Drive, Suite 100
South Portland, ME 04106**

For questions, please call KEPRO at 866-521-002