

PROVIDER TRAINING

SUBMIT AN ITRT REQUEST (INTENSIVE TEMPORARY RESIDENTIAL TREATMENT)

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Additional Referral material:

Maine ASO Atrezzo Portal Guide – for detailed instructions on how to submit a request

<http://www.qualitycareforme.com/resources/manuals-forms/>

Maine ASO Provider Handbook – for an overview of utilization review processes

<http://www.qualitycareforme.com/resources/manuals-forms/>

SUBMIT A ITRT REQUEST IN ATREZZO

IF PROVIDER HAS ACCESS TO ATREZZO

1. Case Managers/Applicant review the ITRT Consultation Guide and ITRT brochure with families found on OCFS website: <https://www.maine.gov/dhhs/ocfs/cbhs/provider/itrt.html>
2. Submit a new outpatient request in Atrezzo
 - a. Service Type: Section 97 Private Non-Medical Institution Services
 - b. Request Type: Referral
 - c. Procedure Code: 250-100-Section 97 ITRT Eligibility Determination
 - d. Request: 60 days.
 - e. Qty: 1
 - f. Enter Diagnoses
 - g. Attach all documents needed:
 - i. Release of Information (unless referral is made by guardian),
 - ii. A letter from an MD recommending the higher level of care
 - iii. Supporting clinical information from the past 60 days, and a GAF/CAFAS or CHAT score with in the 10 days of submission date.
 - h. Complete Questionnaire and save. -Please do not mark questionnaire as complete.
 - i. Submit

IF PROVIDER DOES NOT HAVE ACCESS TO ATREZZO

1. Please fax the following to 1-866-325-4752
 - a. Please complete a Section 97 Application located; <https://me.kepro.com/services/intensive-temporary-residential-treatment/>
 - b. Attach all documents needed; Release, A letter from an MD recommending the higher level of care, supporting clinical information from the past 60 days, and a GAF/CAFAS or CHAT score with in the 10 days of submission date.
 - c. Call KEPRO Provider Relations; 1-866-521-0184 Option 1 to confirm receipt of fax.

FILE AN EXTENSION

IF PROVIDER HAS ACCESS TO ATREZZO

1. Go into the existing case prior to expiration and request an extension. You can extend the current request as a CSR (Continued Stay Review), or you can simply answer the questions outlined below (#2) in the "Clinical Information" section. If you extend by submitting a CSR the information below is also required in the "Clinical Information Section".
2. Information needed in requesting an extension;
 - a. This is a request for an Extension of the Approval of the Intensive Residential Treatment Request for this member for an additional days (up to 60 days). Rationale for Extension: (Please explain why the child/youth has not entered a Residential Treatment Program and why the additional days are needed):
 - b. Please describe member's current symptoms and behaviors that continue to require Residential Treatment:

- c. Release of Information must be active at the time of extension.

If approved, the extension is effective up to 60 days. If the child/youth is not admitted to Intensive Residential Treatment at the end of those 60 days, another extension may be submitted with updated additional information.

IF PROVIDER DOES NOT HAVE ACCESS TO ATREZZO

1. Please fax the following to 1-866-325-4752
 - a. Request for Extension of Approval of Intensive Temporary Residential Treatment Services (MaineCare Benefits Manual Chapter II, Section 97.02-5). You can find this document;
<http://www.qualitycareforme.com/services/intensive-temporary-residential-treatment/>
 - b. Release of Information must be active at the time of extension.
 - c. Call KEPRO Provider Relations; 1-866-521-0184 Option 1 to confirm receipt of fax.

If approved, the extension is effective up to 60 days. If the child/youth is not admitted to Intensive Residential Treatment at the end of those 60 days, another extension may be submitted with updated additional information.

*If you are a different provider than the original referent; you must submit a new request and refer to previously authorized referral with previous provider. Please include the information needed to fulfil the Extension request in the "Clinical Information" section. A new provider is unable to extend off of a request from another provider.

**Please note: It is the referent's responsibility to track, and request extensions in the appropriate timeframes (prior to expiration).

REQUEST A TRANSFER

Each Transfer is entered as a new Referral.

IF PROVIDER HAS ACCESS TO ATREZZO

1. Submit a new outpatient request in Atrezzo
 - a. Service Type: Section 97 Private Non-Medical Institution Services
 - b. Request Type: Referral
 - c. Procedure Code: 250-100-Section 97 ITRT Eligibility Determination
 - d. Request: 60 days.
 - e. Qty: 1
 - f. Enter Diagnoses
 - g. Attach all documents needed; A clinical letter of support for the transfer.
 - h. For transfer requests, only fill out the questionnaire up to and including the question "is this a transfer ITRT request?". All other subsequent questions do not need to be completed. Please do not mark the questionnaire as completed.
 - i. Submit

IF PROVIDER DOES NOT HAVE ACCESS TO ATREZZO

- a. Please provide a copy of the clinical letter **via secure email** (preferred) at IntakeME@kepro.com or fax in a copy to 866-325-4752 Attn: ITRT Level Change. Please call Kepro to confirm receipt of the letter at 1-866-521-0027.

REQUESTING A LEVEL CHANGE IF THE MEMBER IS ALREADY IN A PNMI SETTING

Current Provider submits a new Prior Authorization requesting a Level Change.

IF PROVIDER HAS ACCESS TO ATREZZO

1. Submit a new outpatient request in Atrezzo
 - a. Service Type: Section 97 Private Non-Medical Institution Services
 - b. Request Type: Prior Authorization
 - c. Procedure Code: As applies; H0019 and 0169
 - d. Request: 30 days
 - e. Qty: 30
 - f. Enter Diagnoses
 - g. Provide all the clinical information to support a level change
 - h. Submit

IF PROVIDER DOES NOT HAVE ACCESS TO ATREZZO

1. Please provide a copy of the clinical letter **via secure email** (preferred) at IntakeME@kepro.com or fax in a copy to 866-325-4752 Attn: ITRT Level Change. Please call Kepro to confirm receipt of the letter at 1-866-521-0027.

REQUESTING A LEVEL CHANGE IF MEMBER IS STILL AWAITING PLACEMENT IN A PNMI WHILE AT A LOWER LEVEL OF CARE:

IF PROVIDER HAS ACCESS TO ATREZZO

1. Submit a new outpatient request in Atrezzo
 - a. Service Type: Section 97 Private Non-Medical Institution Services
 - b. Request Type: Referral
 - c. Procedure Code: 250-100 Section 97 ITRT Eligibility Determination
 - d. Request: 60 days
 - e. Qty: 1
 - f. Enter Diagnoses
 - g. Provide all the clinical information to support level change
 - h. Submit

IF PROVIDER DOES NOT HAVE ACCESS TO ATREZZO

1. Please provide a copy of the clinical letter **via secure email** (preferred) at IntakeME@kepro.com or fax in a copy to 866-325-4752 Attn: ITRT Level Change. Please call Kepro to confirm receipt of the letter at 1-866-521-0027.