Guidelines for Home Support- Agency Per Diem (T2016 and T2016 SC)

Prior Authorization Requests

*last updated 12/18/2019*

**KEPRO/Atrezzo**

* T2016 Home Support Agency Providers submit authorization request through KEPRO’s Atrezzo system. To enroll your agency and to receive training in the Atrezzo system, please contact **KEPRO** at 1-866-521-0027.
* Along with the request for the duration and number of units of an authorization, the provider must answer the required questionnaires in Atrezzo and submit a staffing pattern for an authorization request to be complete. The staffing patterns may be submitted as a combined staffing pattern for the location or as individual staffing patterns for each member. An example of a staffing pattern can be located at <http://www.maine.gov/dhhs/oads/provider/developmental-services/forms-protocols.html> under the “Provider Forms” section. The form is called “Staffing Patterns Directions and Spreadsheet.”
* The provider must indicate on the staffing pattern when a member is at Community Support, Work Support, employment, or other times the member is routinely out of the home without direct support from the Home Support provider.
* The Home Support section of the member’s Person-Centered Plan (PCP) in the Enterprise Information System (EIS) must be accurate. The approved service location must match the service location in the authorization request submitted in Atrezzo. To obtain access to EIS, please contact Lorraine Curtis at Lorraine.Curtis@maine.gov for assistance.
* The provider submits requests for all members at the home at the same time. This is done so that the combined staffing levels for the location can be assessed as part of the review and a bundled rate calculated.
* The Clinical Review Team (CRT) will request additional information through the Atrezzo system if needed to reach a determination on the authorization request. The provider should monitor Atrezzo for notification that additional information has been requested.

**Prior Authorizations**

* Before the start of services at any location, the provider must obtain a Prior Authorization from the CRT. The provider may submit requests for authorizations up to 30 calendar days in advance in the Atrezzo system. The Prior Authorization will be approved either for a future date as requested or on the date that the CRT reviews and finalizes the authorizations. The Prior Authorization request is entered into the Atrezzo system as a “Service Notification.”
* In the case the member must move, due to emergency situations, the provider can call the CRT at (207) 287-8303 to request the authorization review be prioritized.
* After an authorization has been fully submitted, the CRT will review the member’s information in EIS along with any supporting documentation submitted by the provider. The CRT reviews the information on each member at the service location to determine if the level of staffing requested is clinically indicated. The CRT will then approve, partially approve, or deny the request. The rationale for determination will be added to the Atrezzo notes which the provider can access. The CRT will inform the member/guardian(s) and the member’s case manager of any partial approval of weekly support hours or of a denial of the authorization by a letter sent by US Mail and will include information on the member’s appeal rights.

**Extending an Authorization**

* Extending a Prior Authorization is done through the Atrezzo system. The extension is to continue to serve the member after the end date of the authorization or to make changes in the authorization due to changes in member’s need. These requests are completed under the original Atrezzo Case ID number, but as a “Service Notification Extension” and can be made up to 30 calendar days before the end of the current authorization and no later than 5 calendar days from the end of the authorization.
* After an authorization has been fully submitted, the Clinical Review Team will review the member’s information in Enterprise Information System (EIS) along with any supporting documentation submitted by the provider. The CRT reviews the information on each member at the service location to determine if the level of staffing requested is clinically indicated. The CRT will then approve, partially approve, or deny the request. The rationale for determination will be added to the Atrezzo notes which the provider can access. If the authorization is a reduction of approved weekly support hours or is a denial, the current level of support in the authorization will be continued for 10 days from date of the determination. The CRT will inform the member/guardian(s) and member’s case manager of the reduction or denial by a letter sent by US Mail and will include information on the member’s appeal rights.

**Requesting a Medical Add-On rate adjustment**

* Request for Medical Add-On (MAO) hours are submitted through KEPRO’s Atrezzo system under T2016SC.
* The Home Support-Agency Per Diem provider must submit a written order by a physician or physician’s assistant that is less than three months old. The written order must address the criteria outlined in the MaineCare Benefits Manual, Chapter II, 21.15, A of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting.
* Please submit any regular support hours (colloquially referred to as “per diem hours”) with the MAO request under the same Atrezzo Case ID number. Please consult with KEPRO on how to submit both T2016 and T2016SC hours under the same Case ID number.
* The Planning Team must ensure the requirements outlined in the MaineCare Benefits Manual, Chapter II, 21.15, B of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting has been met.
* The CRT will review the request as outlined in the MaineCare Benefits Manual, Chapter II, 21.15, D of Appendix II- Guidelines for Approval of Medical Add-on in Maine rate setting.
* The CRT will review the request and will approve, partially approve, or deny the request. The rationale for the decision will be included in the Atrezzo notes which the provider has access to review. The CRT will inform the member/guardian and member’s case manager or any partial approval, reduction, or denial by letter in the US Mail and will include information on the member’s appeal rights.
* The MAO rate adjustment will be approved for no more than one (1) year. The duration may be less due to the nature of the specific illness or condition addressed. The Planning Team may reapply for the MAO rate adjustment 30 days before the end of the approval period.
* If the member’s specific illness or condition changes during the approval period and the Planning Team determines that a change in MAO hours is warranted, the provider should make a request through Atrezzo with an updated physician or physician’s assistant order.

Should you have any questions or comments, please contact the CRT at (207) 287-8303 or by email at CRT-OADS.DHHS@Maine.gov

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