

PRIOR AUTHORIZATION AND PRIOR AUTHORIZATION MODIFICATION OF SERVICES

All rehabilitation services provided through the Adult Brain Injury (ABI) Program must be prior authorized. Refer to ABI Provider Manual under Rehabilitation Services for a detailed and thorough review of comprehensive services offered by program. Services are authorized on a monthly basis up to six (6) months within an authorization period. The six month authorization periods are January-June and July-December. **No more than two rehabilitation services may be authorized for the same time period for each participant.**

The following steps are to be followed in the prior authorization process:

1. The provider submits a request for services directly to the Service Coordinator by the tenth (10th) of the month prior to the month in which the service is to be provided, by completing the Adult Brain Injury Program Prior Authorization form. The prior authorization may be automatically denied if the provider does not submit an authorization prior to the 10th of the month. (Applies specifically to renewal of services.)
2. The Service Coordinator shall review the prior authorization request and make recommendation (approval, denial, or approval with modification) by considering the following:
 - the participant is properly enrolled;
 - the participant meets financial eligibility;
 - all other payer sources have been considered for requested service and it is determined that the ABI Program is payer of last resort;
 - the requested service is in accordance with the participant's goals in the individualized treatment plan; and
 - the requested amounts of service are within the acceptable service limit thresholds as defined for each service in the Adult Brain Injury Provider Manual. (Reference SHS Information System Financial Management Cap History field.)

If the participant does not meet financial eligibility, the Service Coordinator shall recommend denial and assist the participant in locating other resources.

If the participant is enrolled, meets financial eligibility, the service is appropriate, and service limits have not been exhausted, the Service Coordinator shall recommend approval following guidelines as established in the Adult Brain Injury Program Provider Manual.

3. If the participant is enrolled, meets financial eligibility, and the service is appropriate but the Service Coordinator determines the units requested needs to be modified; the Service Coordinator will approve with modification and indicate

the number of modified units. Service Coordinator shall complete the Service Coordinator portion of the Adult Brain Injury Program Prior Authorization form, and submit to Central Office within five (5) working days after the 10th of the month, or by the date specified by the Program Manager.

4. Central Office staff shall process the prior authorization request based on available funds and shall notify the provider and Service Coordinator of approval or denial by the first (1st) working day of the next month.
5. The Service Coordinator will receive the original prior authorizations after final processing by the Program Manager. Service Coordinators may also run a report listing the services authorized for each Service Coordinator for a given time period.

Participants shall be authorized for services by the Program Manager, dependent on available funds, in the following order of priority:

- Participants who are already receiving ABI paid services deemed appropriate by his/her individualized treatment plan, shall have priority for service funds in order to assure accomplishment of the participant's goals;
- Participants who have had ABI paid services within the last six (6) months from the last date of paid service of the last paid claim may be considered for priority for service funds; and
- Participants on the waiting list: Authorization off the waiting list is by the order in which participants were placed on the waiting list.

Prior Authorization Modification of Services

If a participant's needs should change during the originally authorized time frame, it may be appropriate to request an increase or decrease in services as appropriate to the participant's situation. In this event, the Provider shall complete an Adult Brain Injury Program Prior Authorization Modification Form. This form is then submitted to the Service Coordinator for review. The Service Coordinator will submit the ABI Program Prior Authorization Modification Form to the Program Manager for final approval of the modification request. This approval is based upon the recommendation of the Service Coordinator regarding appropriateness and the availability of funding if the modification requires an increase in services.

The Service Coordinator and Provider will receive a copy of the ABI Program Prior Authorization Modification Form, once processed by the Program Manager.

All requests for increases in services originally authorized require the submission of the ABI Program Prior Authorization Modification Form. The request should be submitted prior to delivering the additional services. **The ABI Program is not responsible for services delivered that are not authorized.**

Requests for a decrease in services originally authorized is required when the amount of service delivered is less than the original amount authorized. The request for a decrease in authorization is also submitted on the ABI Program Prior Authorization Modification Form. **This form should be submitted to the ABI Service Coordinator by the 10th of the month following the month of service.**