



LEGISLATIVE BRIEF

Children's Intervention Services Prior Authorization



The Georgia Department of Community Health (DCH) has taken numerous steps to improve the Children's Intervention Services' (CIS) Prior Authorization (PA) process. Below is a summary of those actions:

Previous Improvements

- Combined letter of medical necessity and plan of care into one document
- Decreased duplicate entries required on the PA request forms
- Allow providers to request PAs 30 days in advance of beginning services
- Simplified information required on prescriptions
- Significantly reduced submission requirements from IEP/IFSP
- Permit providers to send only updated data with subsequent PA requests
- Provided a dedicated e-mail box that providers can use to direct questions (Note: We discontinued this feature in September, 2007)

2007 Improvements

- Extended approval up to six months
- Enabled providers to electronically attach supporting documentation
- Added a Web portal training program to assist providers
- Developed a tracking process to facilitate administrative reviews
- Extended time for providers to submit additional information to 10 days
- Continually update frequently asked questions on the Web site
- Created dedicated toll-free fax lines
- Over 98 percent of all PA request determinations are made within 10 days
- Increased number of CIS peer consultants reviewers (now over 30 reviewers)
- Created mechanism for smooth transition of PA's between fee for service and CMO
- Provided numerous training sessions both on-site and via telephone for several providers
- Enabled use of electronic signatures on required documentation for PA requests
- Enabled change request process to allow modification of existing PAs
- Enabled a "retro PA request" when an emergent need arises

2008 Improvements

- Separate prescription is no longer required and the signed LMN/WSP will serve as the physician's prescription for therapy services
- Instituted the family of codes to allow providers greater flexibility in providing services
- Provided the option to have providers mail requests for Administrative Reviews directly to the CIS Staff at GMCF

Consolidation of Processes

DCH remains committed to coordinating functions with Care Managed Organizations (CMO) to provide a reasonable process for providers that enhance the care for children. To address concerns regarding differing processes and policies between different CMOs and DCH fee-for-service (FFS) the three CMOs and DCH have agreed to the following:

- Authorize services for six-month time period for chronic conditions
- Consistency in the number of units authorized per time period (with variation based on medical needs of child)

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- Uniformity regarding information required for prior authorization review
- Consistency in use of standardized testing and criteria utilized to establish medical necessity

Provider Participation

DCH has carefully monitored the participation of providers to ensure appropriate access for children. Active provider participation (measured by continuing to submit see patient and submit claims) has remained essentially the same for the child Aged, Blind and Disabled (ABD) groups:

- 111 children per therapist in FY 06
- 117 children per therapist in FY 07