



Residential Treatment Assessment Process

Kepro Provider Training



Today's Topics

- ASO/Kepto ←
- Residential Assessment Process
- Medical Necessity
- Questions



- Kepto Overview (company and staffing)
- Office update
- Services and responsibility

Today's Topics

- ASO/Kepto
- Residential Assessment Process
- Medical Necessity
- Questions



- Overview
- Updates
- Process

Today's Topics

- ASO/Kepro
- Residential Assessment Process
- Medical Necessity
- Questions



- Clinical process
- Medical necessity explanation
- Member Services
- Adverse incidents

Today's Topics

- ASO/Kepto
- Residential Assessment Process
- Medical Necessity
- Questions



- Frequently asked questions (FAQs)
- Open for participants questions



Part One - ASO/Kepro



Kepro Overview

Servicing 250 state, federal and employer clients

Since 1985, Kepro has helped members lead healthier lives through clinical expertise, integrity and compassion. Kepro was founded by physicians and clinical expertise is at the core of our organization. Kepro has 14 offices with more than 1,000 employees.



Care Management

- CARE COORDINATION
- CASE MANAGEMENT
- EAP & ABSENCE MANAGEMENT
- PHARMACY MANAGEMENT
- UTILIZATION MANAGEMENT



Quality Oversight

- APPEALS & GRIEVANCES
- CMS WAIVER OVERSIGHT
- EXTERNAL QUALITY REVIEW
- STANDARD OF CARE REVIEW



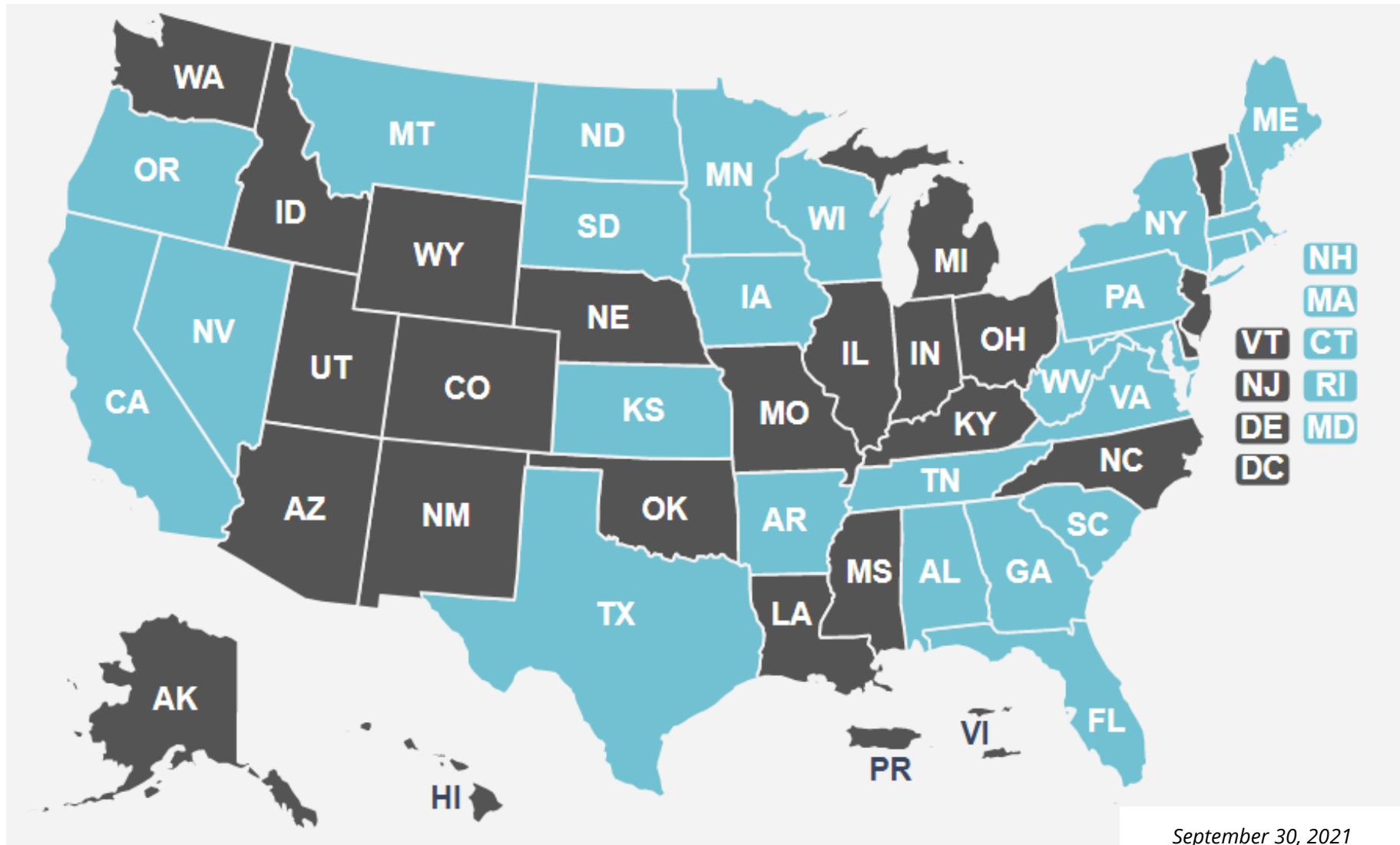
Assessments, Eligibility & Enrollment

- APPLICATION PROCESSING & ENROLLMENT
- BEHAVIORAL HEALTH NEEDS ASSESSMENT
- LEVEL OF CARE ASSESSMENTS
- PREADMISSION SCREENING & RESIDENT REVIEW



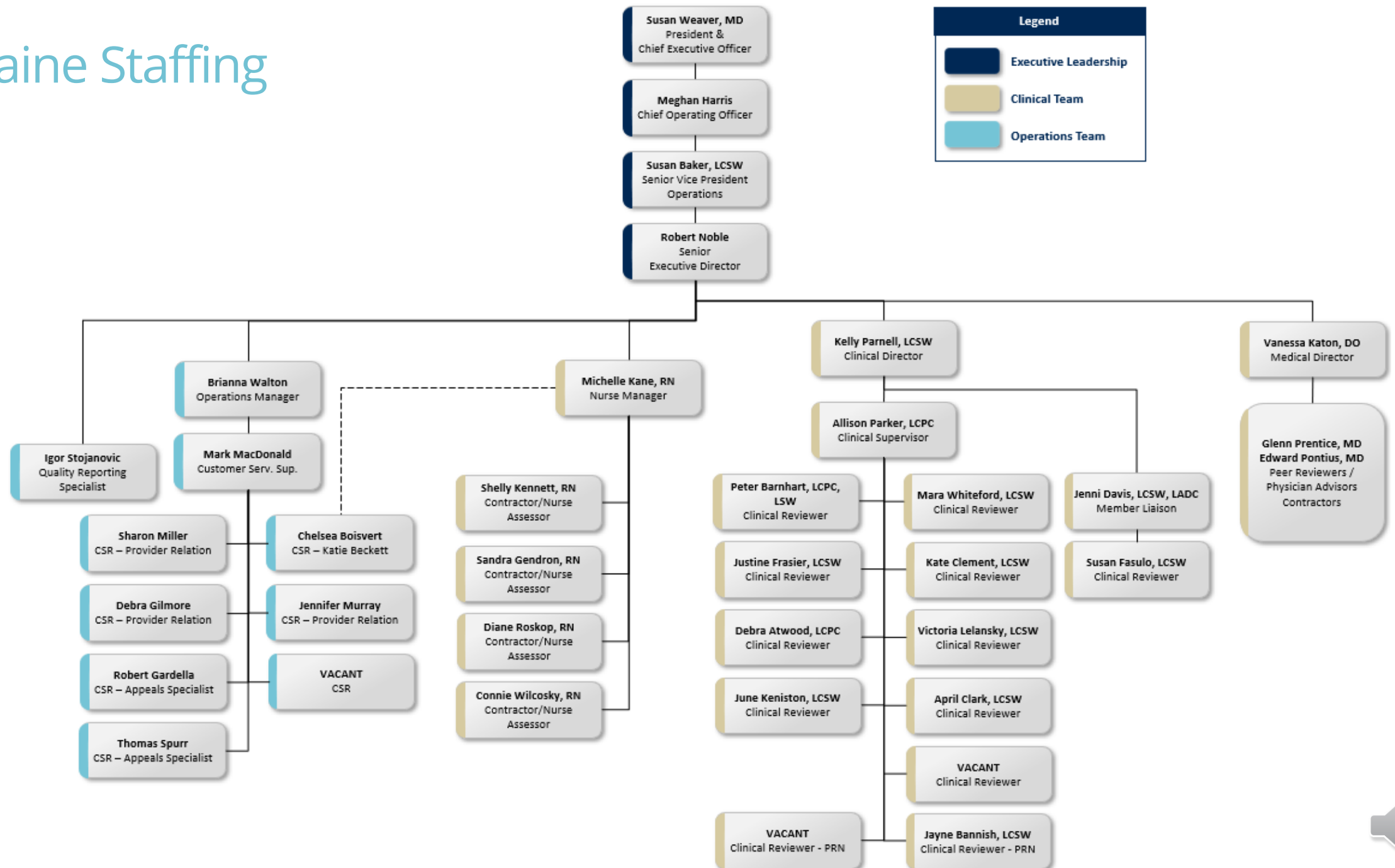
Map of Kepro State and Government Services

Kepro recently added the states of Nebraska, Colorado and Mississippi



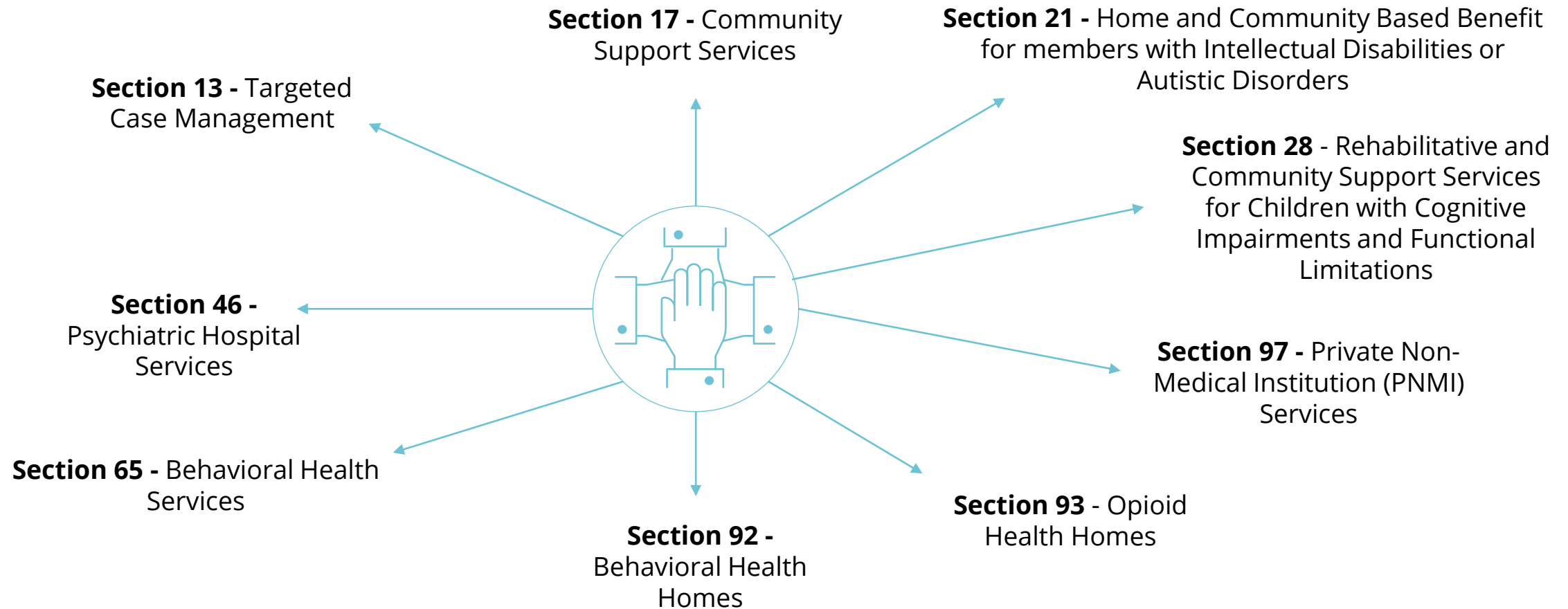
September 30, 2021

Maine Staffing



Kepro Services Reviewed

Our clinical expertise expanding across MaineCare policy





Part Two- Residential Assessment Process



Provider Announcement

Effective October 1, 2021, the Office of Child and Family Services (OCFS) will implement a change to the referral process for all children being referred to an Intensive Temporary Residential Treatment Facility (ITRT), also known as children's residential treatment. The process change will align with the Family First Prevent Services ACT (FFPSA) to improve the lives of children and strengthen Maine families. The new process and all procedures will adhere to the current MaineCare policy requirements for ITRT under Section 97 of the MaineCare Benefits Manual.

Residential Treatment Submission Flowchart

Step 1

Provider assesses the members needs and determines if referral for Residential Treatment is appropriate. If child is under 10 or in DHHS Custody, consultation with OCFS is required prior to submission

Step 2

Provider submits a complete referral to Kepro's Atrezzo Platform

Step 3

Kepro's clinical team reviews the provider's request and verifies referral packet is complete

Step 4

Kepro's Provider Relation Specialist calls the guardian to schedule a Zoom assessment and read-out meeting. All identified treatment members receive the calendar invite. The decision is given during the read-out session

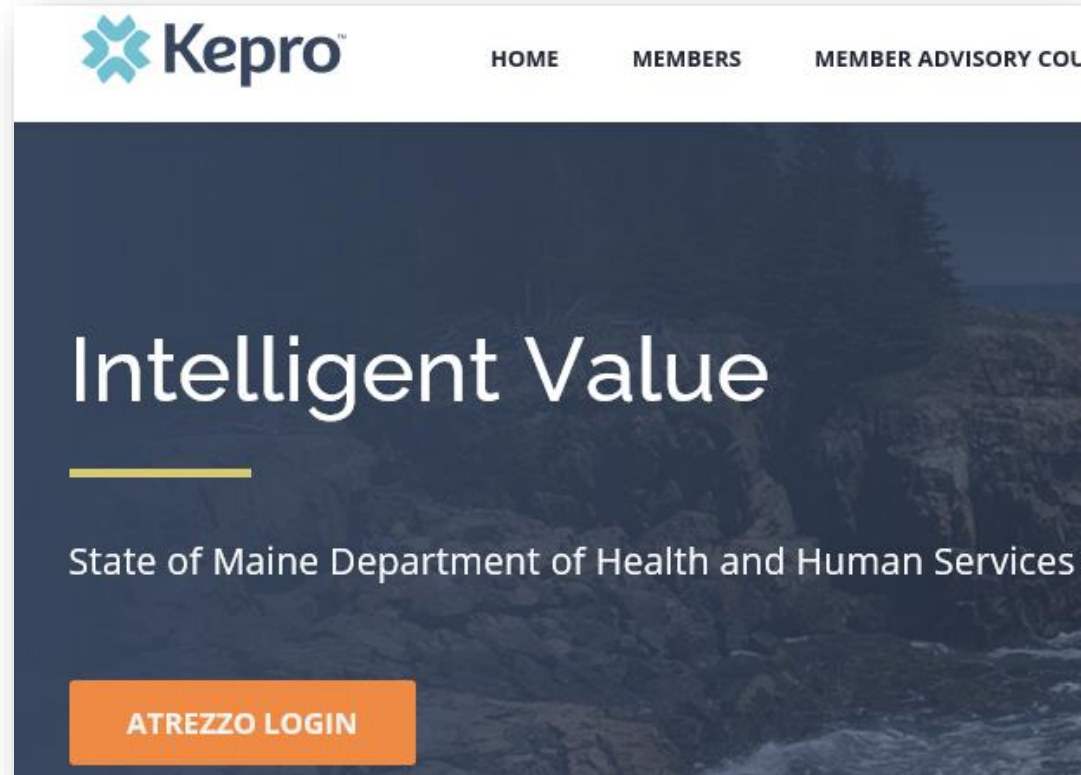
Kepro Atrezzo

Our proprietary system

Kepro's proprietary system, Atrezzo, is a web-based application built using Microsoft technology. Its modular design is easily configurable to meet each client's unique short and long-term requirements for data, information, and intelligence today and in the future. **Atrezzo is HIPAA and ICD-10CM/PCS compliant.**

Kepro Atrezzo

Our proprietary system



Visit www.qualitycareforme.com to access the Atrezzo portal

Atrezzo Login

Enter in your
username and
password.

The image displays the Atrezzo Login interface. The background shows a main page with the Kepro logo, a 'WELCOME PLEASE LOGIN' banner with the date '11/4/2020 7:04:30 AM', and a 'Login' link. A modal window titled 'LOGIN' is overlaid on the main page. The modal contains the following text: 'Please enter your username and password to access the Atrezzo Provider Portal.' and 'If you don't already have a Kepro account, you can Register here .'. Below this text are two input fields labeled 'USERNAME:' and 'PASSWORD:'. Each field has a red 'x' icon below it. A 'Login' button is positioned below the input fields. At the bottom of the modal is a link that says 'Forgot Password?'. The main page also has a 'Forgot Password?' link and a footer with copyright information: '© 2011 KePortal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_TEST)'.

LOGIN

Please enter your username and password to access the Atrezzo Provider Portal.

If you don't already have a Kepro account, you can Register here .

USERNAME:

PASSWORD:

[Forgot Password?](#)

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Creating the Request

Once you have successfully logged in, you will be brought to the home screen of Atrezzo. There are two ways to create a new request. You can click on New Request at the bottom of the home screen, or by clicking on the requests tab and selecting create new request.

The screenshot shows the Atrezzo home screen. At the top left is the Kepro logo. Below it is a navigation bar with links: HOME, REQUESTS, SEARCH, MY ACCOUNT, and HELP. On the right side, there is a 'Logout' link and a summary box titled '[Update Counts]' showing: work-in-progress) Requests: 5, Total Saved (not submitted): 0, and Total Submitted: 5. The main content area has a 'MESSAGES' section stating 'You have 0 unread messages - Go to Message Center' and a 'REQUESTS SAVED BUT NOT SUBMITTED' section. A 'New Request' button is located in the bottom left of the main content area. Two callout boxes are present: one over the 'REQUESTS' tab in the navigation bar showing 'View Requests', 'Create New Request' (highlighted with a blue arrow), and 'Message Center'; and another over the 'New Request' button in the main content area.

REQUESTS

View Requests
→ Create New Request
Message Center

[Update Counts]
work-in-progress) Requests: 5
Total Saved (not submitted): 0
Total Submitted: 5

Logout

HOME REQUESTS SEARCH MY ACCOUNT HELP

MESSAGES
You have 0 unread messages - Go to Message Center

REQUESTS SAVED BUT NOT SUBMITTED

New Request

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New Request


Creating the Request

Enter in the member's MaineCare ID in the Member ID box. If you don't have the member's MaineCare ID, you can search for the member by entering in the member's last name and date of birth.

The screenshot shows the Kepro web application interface. At the top left is the Kepro logo. To its right is a yellow box labeled "[Change Context]" with "Contract: Maine DHHS" below it. Further right is a yellow box labeled "[Update Counts]" containing a table:

Total (work-in-progress) Requests:	52
Total Saved (not submitted):	19
Total Submitted:	38

Below these is a navigation bar with links: HOME, REQUESTS, SEARCH, and MANAGEMENT. The main heading is "MEMBER SEARCH" with the subtext "Search for a member using the criteria below". A callout box is overlaid on the search form, showing the following fields:

- Member ID:
- or
- Member Last Name:
- Member Birthdate: 
- (mm/dd/yyyy)

A "Search" button is located at the bottom right of the callout box. The footer of the page contains the text: "Privacy Policy/Terms of Use | Powered by Kepro | Contact | Copyright © 2011 KePortal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_TEST)".

Creating the Request

Click on select once the member appears in the member search screen.

The screenshot shows the Keportal interface. At the top left is the Keportal logo. Below it is a navigation bar with links: HOME, REQUESTS, and SEARCH. The main content area is titled "MEMBER SEARCH". Below this title is a table with the following data:

Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
TEMP00000000	Doe	Jane		10/01/1968	0	Maine DHHS	Select

A callout box highlights the "Select" button in the table. Below the main table, there is a smaller table showing the same data for the selected member:

Member ID	Last Name	First Name	Address	DOB	Case Count	Contract	
TEMP00000000	Doe	Jane		10/01/1968	7	Maine DHHS	Select

At the bottom of the page, there is a footer with the following text: Privacy Policy/Terms of Use | Powered by Keportal | Contact | Copyright © 2011 Keportal | All Rights Reserved | Version 5.2.0.21849 (ATREZZO_UAT_TEST)

Creating the Request

Click on New Request at the bottom of the Request screen

[Change Context]
PINES HEALTH SERVICES

[Update Counts]
Total (work-in-progress) Requests: 57
Total Saved (not submitted): 19
Total Submitted: 38

Logout

REPORTS | MY ACCOUNT | HELP

DOE

10/01/1968
Primary Phone: 555-555-5555

CONTRACT DETAILS

County: N/A District Office: N/A Member Class Indicator: N/A

Results Sorted By: Case ID (descending) Go

Submitted Requests | Servicing/Attending/PCP Requests

Case Level Member ID	Case ID (Reference ID)	Status	Request Info	Service Type	Service Date(s)	Providers
----------------------	------------------------	--------	--------------	--------------	-----------------	-----------

New Request

New Request

Creating the Request

Select Outpatient as the request type. Select Inpatient for an inpatient acute hospital unit only.

The screenshot displays the Kepro web application interface. At the top, the Kepro logo is visible. Navigation tabs include HOME, REQUESTS, SEARCH, MANAGEMENT, REPORTS, MY ACCOUNT, and HELP. A top right box shows statistics: [Update Counts] Total (work-in-progress) Requests: 52, Total Saved (not submitted): 19, Total Submitted: 38. A [Change Context] box shows Contract: Maine DHHS. A Logout link is also present.

The main content area features a 'Create Request' form. The form has two dropdown menus: 'Select request type:' with 'Outpatient' selected, and 'Select sub contract:' with 'Maine ASO' selected. There are 'Create Request' and 'Cancel' buttons. Below the form, a 'CONTRACT DETAILS' section shows member information: Member ID: TEMP00000000, Birth Date: 10/01/1968, Address: 123456 Main St, Bangor, ME 04401, Contact: Primary Phone: 555-555-5555, County: N/A, District Office: N/A, and Member Class Indicator: N/A.

Below the contract details, there is a 'Results Sorted By:' dropdown set to 'Case ID (descending)' with a 'Go' button. Two tabs are visible: 'Submitted Requests' (active) and 'Servicing/Attending/PCP Requests'. A table of submitted requests is shown with columns: Case ID (Reference ID), Status, Request Info, Service Type, Service Date(s), and Providers. At the bottom of the table, there is another 'Create Request' form with the same dropdowns and buttons as the one above.

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Requesting Provider Page

Enter in your agency's fax number if not already indicated.

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ **Requesting Provider**

☒ Service Provider

Attending Physician

Service Detail

Procedures

Diagnoses

Clinical Information

Attached Documents

☒ Questionnaires

Name

Provider ID

Provider Type

Address

Phone

Fax *

PINES HEALTH SERVICES

1922449834

78 - Facility-Agency-Organization NR Provider

1260 MAIN ST
WADE ME 04786

207-498-1164

555-555-5555

X

Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

* denotes required field

Previous

Next

REQUESTING PROVIDER

Name

Provider ID

Provider Type

Address

Phone

PINES HEALTH SERVICES

1922449834

78 - Facility-Agency-Organization NR Provider

1260 MAIN ST
WADE ME 04786

207-498-1164


Providers in receipt of Faxed determination letters: Official communication of service authorization will be sent to the fax number entered below.

Fax *


555-555-5555

X

* denotes required field

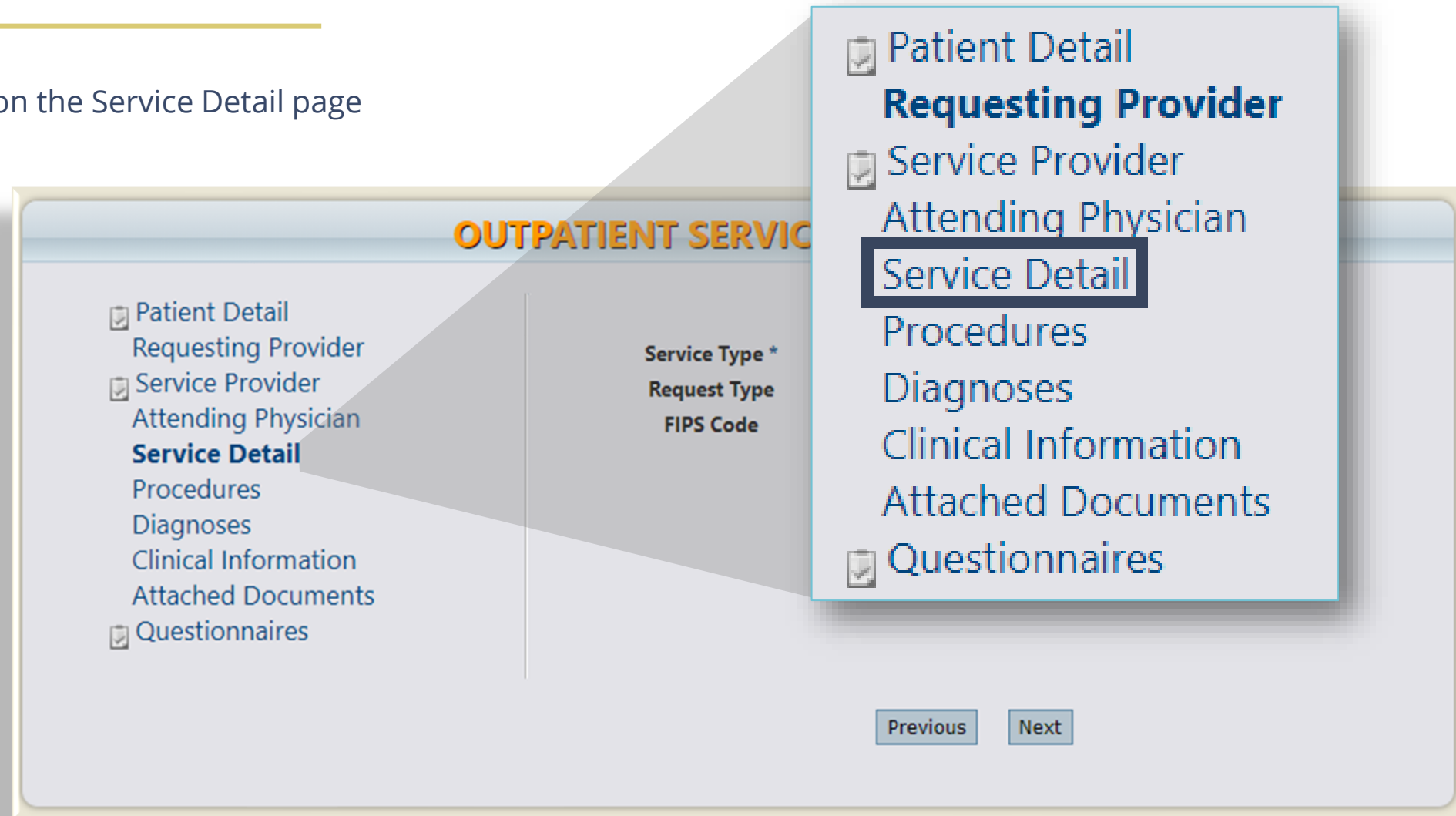
 Kepro

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 Kepro

Service Detail Page

Click on the Service Detail page



Service Detail Page

Select Section 97 as Service Type and Referral as the Request Type

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. On the left, a list of service types is shown, with '240 - Section 97 Private Non-Med Institution (PNMI)' highlighted. A grey arrow points from this list to the 'Service Type *' field in the 'SERVICE DETAIL' section. Below 'Service Type *' are fields for 'Request Type' and 'FIPS Code'. The 'Request Type' dropdown menu is open, showing a list of options with 'Referral' selected. A 'Previous' button is visible at the bottom left of the form.

Service Type *	Request Type	FIPS Code
100 - Baxter Fund Services		
120 - Long-Term Supported Employment		
130 - Section 13 Targeted Case Management		
140 - Section 17 Community Support Services - Adults		
160 - Section 21 Rehab for Adults w/ I.D. and Autism		
180 - Section 28 Rehab and Community Support (RCS)		
220 - Section 65 Behavioral Health Services		
230 - Section 92 Behavioral Health Homes		
235 - Section 93 Opioid Health Home		
240 - Section 97 Private Non-Med Institution (PNMI)	Referral	

SERVICE DETAIL

Request Type: --Select One--

- Continued Stay Review
- Critical Incident
- Grant Funded Continued Stay Review
- Grant Funded Review
- Placement Level Change
- Prior Auth
- Referral
- Referral (Grant Funded)
- Referral Refusal
- Registration
- Retroactive MaineCare Eligibility
- Service Notification
- Service Notification Extension
- SMI Termination

Previous

Procedures Page

OUTPATIENT SERVICES REQUEST

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
- ☒ Attending Physician
- ☒ Service Detail
- Procedures**
- ☒ Diagnoses
- ☒ Clinical Information
- ☒ Attached Documents
- ☒ Questionnaires

PROCEDURES

Use the search below to add procedures to this request

Find

Show Preferred

* denotes required field

Previous

Next

PROCEDURES

Use the search below to add procedures to this request

Find

Show Preferred

Procedure Search

Code Type CPT

Code Starts with

Description

Smart Search

Find

Procedure Search

Code Type CPT

Code Starts with

Description

Smart Search

Find

Code	Description	Action
250-100	Section 97 ITRT Eligibility Determination	Select

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Procedures Page

Enter in the start and end date and one (1) unit. Referrals are valid up to 60 days.

SUBMISSION WINDOW: Requests can be submitted up to ten (10) calendar days early. They can be backdated a maximum of five (5) calendar days from the date of submission.

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

PROCEDURES

Use the search below to add procedures to this request

250-100 - Section 97 ITRT Eligibility Dete [remove]

Date: * [calendar icon] to [calendar icon]

Qty: * [calendar icon] -Frequency- [dropdown arrow] Rate: [calendar icon]

Attached Documents
Questionnaires

Find Show Preferred

* denotes required field

Previous Next

Diagnosis Page

Enter in the ICD 10 diagnosis code and any subsequent diagnoses.

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ Requesting Provider

☒ Service Provider

☒ Attending Physician

☒ Service Detail

☒ Procedures

Diagnoses

Clinical Information

Attached Documents

Questionnaires

DIAGNOSES

Use the search below in order to add diagnoses to this request

Find

Show Preferred

Previous

Next

DIAGNOSES

Find

Show Preferred

Diagnosis Search

Code Type

ICD10 ▼

Code Starts with

F20.0

Description

Smart Search

Search

Diagnosis Search

Code Type

ICD10 ▼

Code Starts with

F20.0

Description

Smart Search

Search

Code	Description	Action
F20.0	PARANOID SCHIZOPHRENIA	Select

Clinical Information Page

Clinical information page is not required and will be captured through questionnaires and attached documents

OUTPATIENT SERVICES REQUEST

☒ Patient Detail
Requesting Provider

☒ Service Provider
Attending Physician

☒ Service Detail

☒ Procedures

Diagnoses

Clinical Information

Attached Documents

Questionnaires

Please click Save button before proceeding to the next section of the case submission process.

CLINICAL INFORMATION

Previous

Next

Attached Document Page

OUTPATIENT SERVICES REQUEST

- ☒ Patient Detail
- ☒ Requesting Provider
- ☒ Service Provider
Attending Physician
- ☒ Service Detail
- ☒ Procedures
- Diagnoses
- Clinical Information
- Attached Documents**
- Questionnaires

ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (10 MB size limit):

Choose File No file chosen

Open

This PC > Desktop > Training

Organize

New folder

	Name	Date modified	Type	Size
This PC				
Desktop	Training Treatment Plan	11/4/2020 3:55 PM	Microsoft Word D...	12 KB

File name: Training Treatment Plan

All Files

Open

Cancel

Larger files will take longer to upload/download. Please be patient.

PreviousNext

ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (10 MB size limit):

Browse...



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Attached Document Page

OUTPATIENT SERVICES REQUEST

☒ Patient Detail

☒ Requesting Provider

☒ Service Provider

Attending Physician

☒ Service Detail

☒ Procedures

Diagnoses

Clinical Information

Attached Documents

Questionnaires

ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (10 MB size limit):

Choose File | No file chosen

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg

Document Type (required): (Select One) ▼

(Select a file and document type to activate 'Attach Selected Document' button)

Attach Selected Document

Larger files will take longer to upload/download. Please be patient.

Previous

Next

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required): Assessment ▼

(Select a file and document type to activate 'Attach Selected Document' button)

Attach Selected Document

Attached Document Page

ATTACHED DOCUMENTS

All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.

Attach New Document (10 MB size limit):

Choose File

No file chosen

Acceptable File Types: pdf, tif, doc, docx, xls, xlsx, txt, rtf, gif, jpg, jpeg.

Document Type (required):

Assessment ▼

(Select a file and document type to activate 'Attach Selected Document' button)

Attach Selected Document

Larger files will take longer to upload/download. Please be patient.

Attached:

test locus eval.docx Assessment [remove]

Questionnaire Page

Complete all Questionnaires listed. Unanswered questions may result in pending requests.

OUTPATIENT SERVICES REQUEST

☐ Patient Detail

☐ Requesting Provider

☐ Service Provider

Attending Physician

☐ Service Detail

☐ Procedures

☐ Diagnoses

Clinical Information

☐ Attached Documents

Questionnaires

Questionnaire Name

Referral Management

Status

Not Completed

Previous

Questionnaire Page

Please note that as you answer questions, additional questions will cascade if more information is needed.

Referral

1. Select the type of referral:

(Please select one.)

- ☐ Section 13 Targeted Case Management (TCM) Services
- ☐ Section 17 Community Support Services
- ☐ Section 28 Rehabilitative and Community Support (RCS) Services
- ☐ Section 28 Rehabilitative and Community Support (RCS) Services (School-Based)
- ☐ Section 65 Home and Community Based Treatment (HCT) Services
- ☐ Section 92 Behavioral Health Home (BHH) Services
- ☒ Section 97 Intensive Temporary Residential Treatment (ITRT) Services

1.8.1. Indicate the referent's name, email address, and phone number:

1.8.2. Current location:

(Please select one.)

- ☐ Crisis Unit
- ☐ Home/Foster Home
- ☐ Hospital
- ☐ Mountain View/Long Creek
- ☐ Residential Treatment Program

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Questionnaire Page

Save changes and return to request

The screenshot displays the 'Edit Questionnaire' interface. At the top, the title 'Edit Questionnaire' is followed by the status 'Status: Incomplete'. Below this, there are three buttons: 'Save Changes', 'Mark as Completed', and 'Return To Request'. A modal dialog box is open, also titled 'Edit Questionnaire', with the same 'Status: Incomplete' label. This modal contains the 'Save Changes' and 'Mark as Completed' buttons, while the 'Return To Request' button is located outside the modal on the right. Below the modal, a list of services is visible, including 'Section 28 Rehabilitative and Community Support (RCS) Services' and 'Section 65 Home and Community Based Treatment (HCT) Services'.

Edit Questionnaire

Status: Incomplete

Save Changes Mark as Completed Return To Request

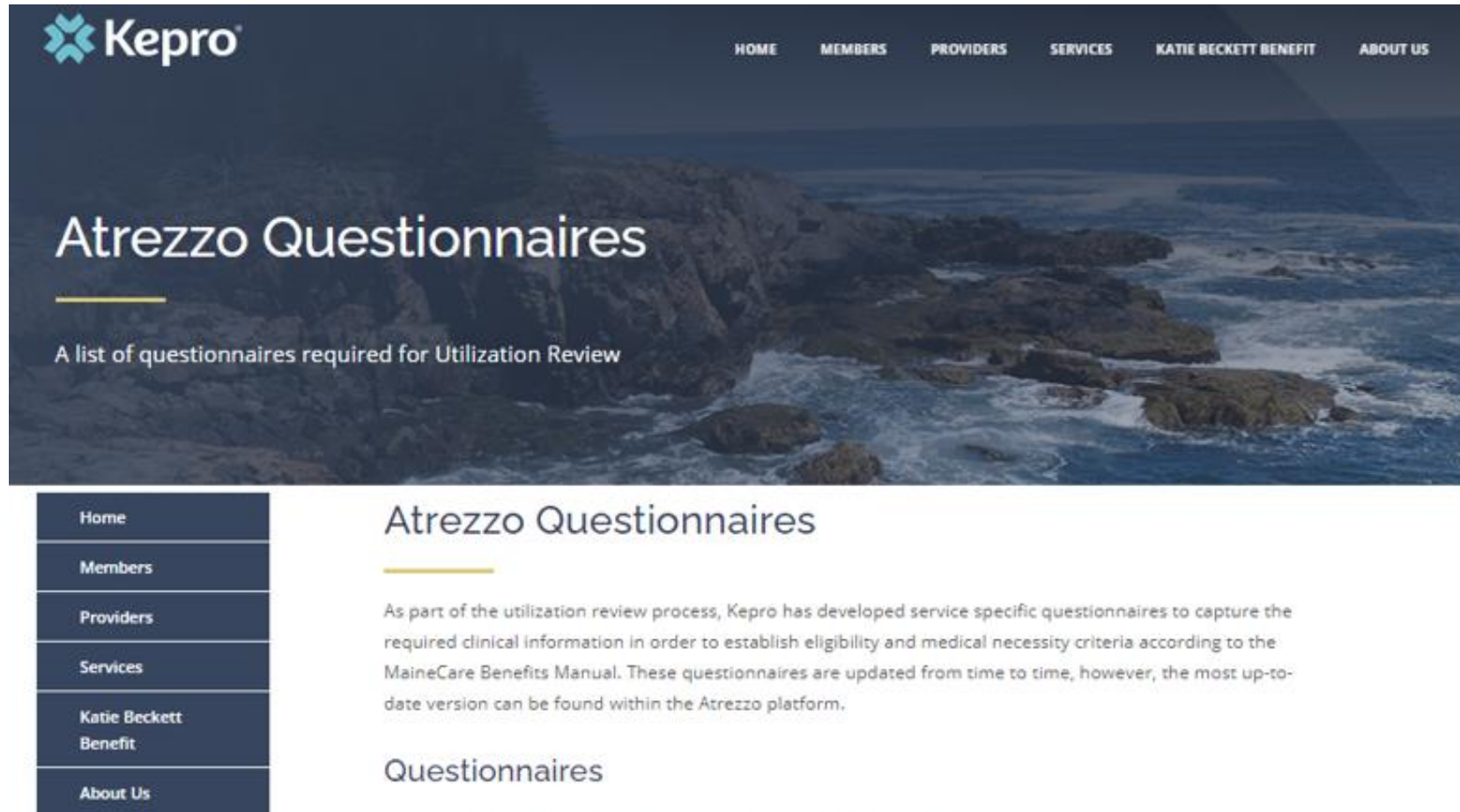
Edit Questionnaire

Status: Incomplete

Save Changes Mark as Completed Return To Request

- ☐ Section 28 Rehabilitative and Community Support (RCS) Services
- ☐ Section 28 Rehabilitative and Community Support (RCS) Services (School-Based)
- ☐ Section 65 Home and Community Based Treatment (HCT) Services

Questionnaires



Kepro

HOME MEMBERS PROVIDERS SERVICES KATIE BECKETT BENEFIT ABOUT US

Atrezzo Questionnaires

A list of questionnaires required for Utilization Review

Home
Members
Providers
Services
Katie Beckett Benefit
About Us

Atrezzo Questionnaires

As part of the utilization review process, Kepro has developed service specific questionnaires to capture the required clinical information in order to establish eligibility and medical necessity criteria according to the MaineCare Benefits Manual. These questionnaires are updated from time to time, however, the most up-to-date version can be found within the Atrezzo platform.

Questionnaires

- Child & Adolescent Needs and Strengths (CANS) Admission
- Child & Adolescent Needs and Strengths (CANS) Discharge
- Baxter Invoice

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Submitting the Request

Select the pre-certification statement and click submit.

The screenshot displays the 'OUTPATIENT SERVICES REQUEST' form. At the top, the title 'OUTPATIENT SERVICES REQUEST' is in orange. Below it, the form is divided into two columns. The left column contains a list of items with checkboxes: 'Patient Detail' (checked), 'Requesting Provider' (checked), 'Service Provider' (checked), and 'Attending Physician' (checked). The right column is titled 'REQUESTING PROVIDER' and contains the following information: 'Name' (PINES HEALTH SERVICES), 'Provider ID' (1922449834), and 'Provider Type' (78 - Facility-Agency-Organization NR Provider). Below the form, there is a yellow banner with a checkbox and the text: 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.' The checkbox is highlighted with a blue border. Below the banner, there are four buttons: 'Save', 'Save for later', 'Cancel Request', and 'Submit'. The 'Submit' button is highlighted with a blue border. At the bottom of the form, there are two buttons: 'Previous' and 'Next'. Below the form, there is another yellow banner with the same checkbox and text as the one above. Below this banner, there are four buttons: 'Save', 'Save for later', 'Cancel Request', and 'Submit'.

OUTPATIENT SERVICES REQUEST

☒ Patient Detail
Requesting Provider

☒ Service Provider
Attending Physician

REQUESTING PROVIDER

Name PINES HEALTH SERVICES
Provider ID 1922449834
Provider Type 78 - Facility-Agency-Organization NR Provider

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Save Save for later Cancel Request **Submit**

Previous Next

☐ I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Save Save for later Cancel Request Submit

Request Submitted

Once the case has been submitted it will bring you to the request overview page. This will be a receipt of all information provided in the request. It is important to document the Case ID to reference this critical incident request

Case ID:
203090001

The screenshot displays the 'REQUEST OVERVIEW' page in the Kepro system. At the top, the Kepro logo is on the left, and user information for 'ROBERT NOBLE' (Contract: Maine DHHS) is on the right. A navigation bar includes links for HOME, REQUESTS, SEARCH, MANAGEMENT, REPORTS, MY ACCOUNT, and HELP. The main content area is titled 'REQUEST OVERVIEW' and contains a 'CASE INFORMATION' section. This section includes a 'PRINT CASE' button and a table of case details. A callout box points to the 'Case ID' field in the table.

Case ID:	Case Submit Date:	SRV Auth:	Reference ID:
203090001	11/4/2020 9:17 AM	N/A	N/A
Member ID:	Member Name:	Gender:	DOB:
TEMP001482020110400000	John Dow	M	1/1/1959

Please note: You will also be able to search and find the consumer by other identifying information like Name, DOB, etc.

Daily Authorization Report (Access to report is determined by Provider administrator)



HEALTH INTELLIGENCE CENTER - REPORTS

Name	Category	Description
ME Daily Authorizations	ME Authorizations	ME Daily Authorizations

Daily Authorization Report.

Start Date6/14/2021

End Date6/18/2021

Request Type

(Select All)

Continued Stay Review

Courtesy Review

Grant Funded Continued S

Grant Funded Review

View Report

Daily Authorization Report:

Requests submitted or certified or had a status change between 10/29/2020 and 11/27/2020

Total records: 1

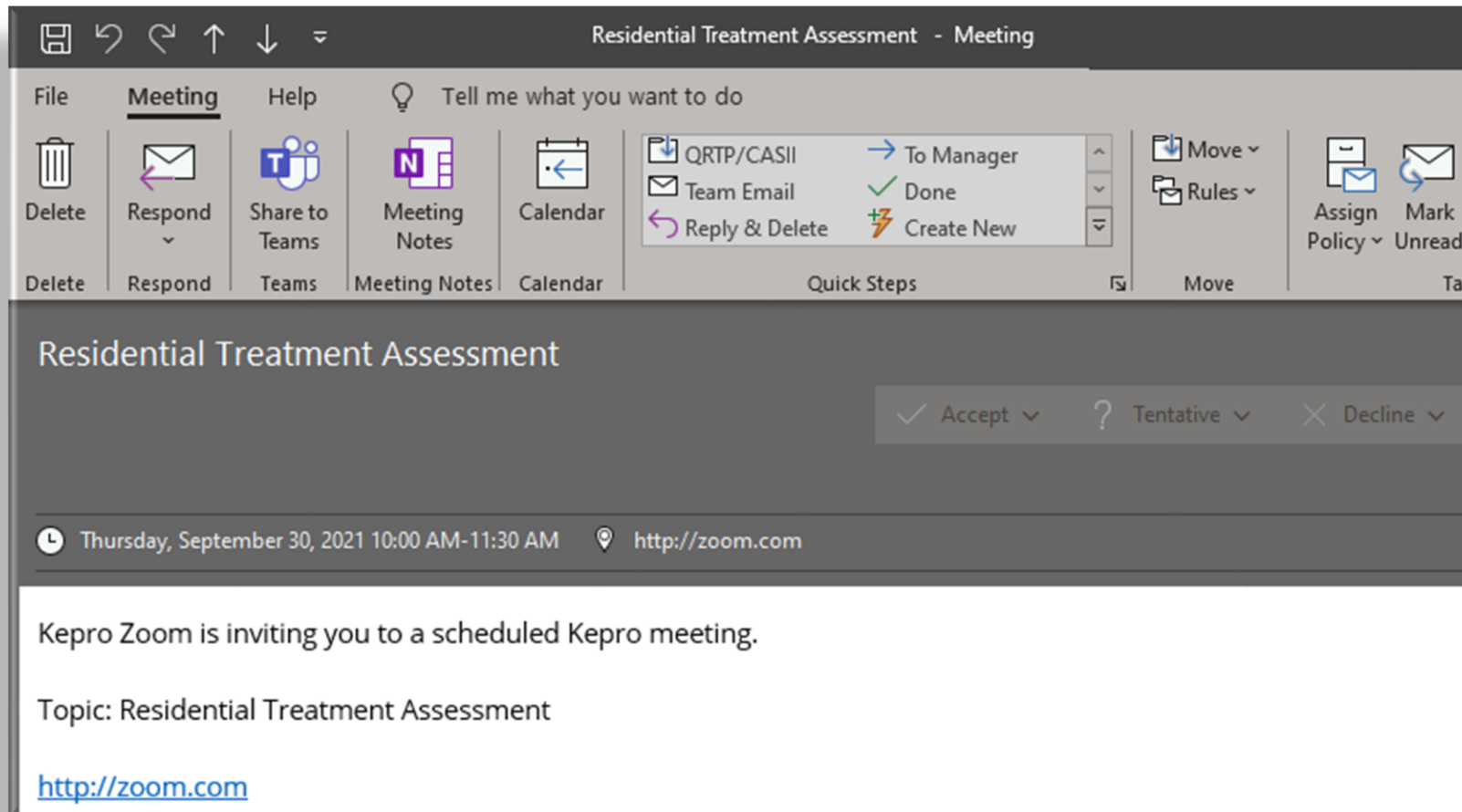
Request ID	KEPRO Case ID	Submit Date	Member First	Member Last	Service Start Date	Service End Date	No Of Days	Approved Units	Status	Request Notes
0	203030019	10/29/2020	Jon	Doe	10/29/2020	11/27/2020	30	1	Approved - Authorized	Reason for referral: Member is requiring PNMI because..... Referral Source: Name/phone/email address

Scheduling the Assessment



Once the application is submitted and determined to be complete, a Kepro Provider Relations Specialist will contact the member/ guardian to schedule the assessment to occur within five (5) business days. The read-out meeting will be scheduled at the same time to be conducted within forty-eight (48) business hours after the assessment meeting has taken place. All treatment team members will receive a calendar invite that include the date, time, and Zoom weblink

Scheduling the Assessment



Once the assessment has been scheduled with the guardian and child, all participants will receive a calendar invite with the date, time, and Zoom weblink to attend the meeting.

Team Member's invited to the meetings are provided in the submission by the Referent that have been agreed upon by guardian and member.



Part Three- Medical Necessity



Residential Assessment Process

1. Referent creates request in Atrezzo and uploads all of the required documentation per OCFS:
The following will be required to be submitted with the Children's Residential Treatment Services referral:
 - The Children's Residential Treatment Services Application and required documentation;
 - The most recent completed CANS assessment, if available;
 - Prior psychological assessments that may have been completed;
 - Relevant school records (Individual Education Plan (IEP) or 504, if applicable);
 - Relevant medical records, including the Comprehensive Child Health Assessment if available; and
 - Consent or access to review all pertinent past and present records
2. After receipt of the Children's Residential Treatment Services Application and all necessary documentation, Kepro will schedule and convene the Service Intensity Assessment Meeting with the youth's family and community-based team; to be held within five (5) business days of the referral. If guardian is unable to participate in assessment: application will be placed on administrative hold for seven (7) calendar days.
3. If the request is not submitted as completed the application will be placed on administrative hold and will not reach review and/or assessment process until all required information is provided.

Residential Assessment Process Continued

4. Assessment occurs and scheduling for the outcome is scheduled for within two (2) business days of Service Intensity Assessment Meeting via a zoom meeting.
5. Kepro QI administers the ESCII/CALOCUSCASII/LOCUS and completes written summary of finding based on age of member.
6. Kepro QI provides guardian with Summary, as well as treatment providers where ROI is provided.
7. Outcome, and summary read-out session occurs with KEPRO, member guardian, and treatment team where findings are provided.

Medical Necessity – MaineCare Benefits Manual

Medical Necessity or Medically Necessary services are those reasonably necessary and remedial services that are:

- Provided in an appropriate setting;
- Recognized as standard medical care, based on national standards for best practices and safe, effective, quality care;
- Required for the diagnosis, prevention and/or treatment of illness, disability, infirmity or impairment which are necessary to improve, restore or maintain health and well-being;
- MaineCare covered service (subject to age, eligibility, and coverage restrictions as specified in other Sections of this manual as well as Prevention, Health Promotion and Optional Treatment requirements as detailed in Chapter II, Section 94 of this Manual)

Medical Necessity – Clinical Review

Qualifying Diagnosis provided by clinician in the past 6 months required

Member displays a minimum of 4 of the following:

1. Failure to establish or maintain developmentally appropriate relationships with adult caregivers or authority figures.
 2. Failure to demonstrate or maintain developmentally appropriate peer relationships.
 3. Failure to demonstrate or maintain developmentally appropriate range of expression of emotion or mood.
 4. Disruptive Behavior sufficient to led to isolation in or from school, home, therapeutic, or recreational settings.
 5. Behavior that is seriously detrimental to the youth's growth, development, safety, or welfare to the safety or welfare of others, or behavior resulting in substantial documented disruption of family including, but not limited to, adverse impact on ability of family members to secure or maintain gainful employment.
-
1. ID/DD RTF: An eligible FAS score is required.

What is Kepro looking for to support MaineCare policy?

Appropriate and least restrictive setting

Be specific! Ex: What does physical aggression look like? How often? At what intensity? How long does it last? Are there triggers or signs prior to the incidents?

Are symptoms acute or chronic?

Adherence to MaineCare Benefits Manual

Standard Medical Necessity Definitions include the following:

- Individualized
- Needs Based
- Least Restrictive Treatment
- Based upon real resources available
- Services are clinically appropriate in terms of frequency, intensity, and duration of needs identified.
- Services are not intended for convenience or economic benefit of the member or provider.

Member Services

Member Services support members or guardians regarding Kepro and its role as the Maine Administrative Services Organization. The Member Services team include the Clinical Director, the Member liaison, and Appeals staff. The member Liaison serves as a bridge between the member and Kepro. The liaison does this because of personal experience with Maine's behavioral health, intellectual disabilities, and/or substance use system. The liaison may also have family members who receive services or have received services in the past. The personal experience of having used services of a family member using services gives the Member Liaison a unique understanding of members and their needs regarding the system of care.

Member Services Liaison:

- Answers calls if members or guardians have questions about Kepro.
- Takes feedback calls with ideas to improve Kepro by members or guardians.
- Explains options to the member if they get a Denial or Partial Approval.
- Looks over all member paperwork like newsletters, handbooks, presentations, to make sure they are clear and easy to understand.
- Does outreach for Kepro to member groups.
- Helps file an appeal if services are denied.
- Recruits members for the Kepro Member Advisory Council.

Member Advisory Council

The Member Advisory Council

The Kepro Member Advisory Council (MAC) is made up of members and their families or guardians. It is a group of individuals who gather together a minimum of four (4) times a year to review Kepro paperwork as needed. The review presentations and handbooks to make sure they are clear and easy to read. The members also help Kepro make improvements in how we deliver our services to you. They will also suggest trainings that can be done to help Kepro better serve members. MAC members do all these things by listening to members and their families. Then they bring these ideas and suggestions back to the quarterly meetings. Members can participate in person or virtually.

Who can be on the Member Advisory Council?

Members may be Youth, Adults, Parents, or Guardians

Please Note: Provider should make sure to submit a SPMI termination request or discharge for every member based on the service type. Our goal is to decrease member impact of having to contact Kepro when a previous provider has not updated the portal. This process also ensure accurate length of stay data is reported to DHHS for each agency.

Adverse Decisions

Providers can request a reconsideration for any adverse determination if new information is available or additional documentation has been received.

Review Process:

1. Clinical Assessor
2. 1st Level MD Review
3. 2nd Level MD Review

Provider may contact Appeals team to schedule a reconsideration.

**Guardians can request an appeal for any adverse determination
Process:**

1. Appeal requested by guardian
2. Fair Hearing with DHHS fair hearing Staff

Guardian may contact Member Services team to schedule an appeal.



Part Four - Questions



Frequently Asked Questions

1. Can a treatment team member call to schedule the assessment?

- a. No, residential assessments are scheduled with the guardian and child.

2. Does the child need to be present for the assessment?

- a. The child doesn't need to be present for the entirety of the assessment preferably the child is present for the beginning of the assessment but can later be excused if the child does not want to stay for remaining time. We encourage the member to participate.

3. Is an assessment needed for a level change?

- a. No, an assessment is not required for a level change.

4. Is an assessment needed for a transfer?

- a. Effective 10/1, an assessment is needed only if transferring outside of an agency. Regardless of transferring inside or outside an agency a clinical letter indicating the GAF score is still required.

1. Will I receive the determination at the read-out meeting?

- a. Yes. During the read-out meeting, the determination will be provided.

2. My request is showing as denied in Atrezzo. Why would that happen?

- a. This could be because the application is incomplete and/or the live assessment hasn't been completed. It could also be because the clinical information provided in the application or during the assessment doesn't meet clinical eligibility.

Questions?



Toll-Free Phone: (866) 521-0027

- Option 1 – Member Services (caller must be the member or guardian)
- Option 2 – Katie Beckett
- Option 3 – Provider Relations: Portal, Technical, Authorization number questions
- Option 4 – Care Management: Respond to a pending case if a provider does not have access to Atrezzo
- Option 5 – Appeals
- Option 6 – Critical Incident Level I Reporting for Office of Behavioral Health

Email: ProviderRelationsME@Kepro.com

Hours: Monday-Friday 8am to 6pm

www.qualitycareforme.com