

LifeWays UM Authorization Guideline
Consumer Benefit Plan
Auto-Approved Authorizations

Effective March 1, 2012 LifeWays will implement a new Utilization Management process that will include auto-approval of provider authorization requests for certain Service Types if the request is within an established guideline (max. number of units). The goal is to provide increased efficiency for LifeWays and its Provider Network. The following is a list of services that will be auto-approved by Utilization Management if they are requested at or below the specified number of units. **It is essential that providers understand that this document is a guideline and not to be used as a prescribed number of units. It is expected that treatment plans remain customized to the individual's needs.** Additional services not listed still remain available to the consumer and may be requested through the traditional authorization process that includes a clinical review conducted by LifeWays Utilization Management Department.

NOTES:

- A = Auto approved if within guideline (# units)
- If Days are specified, the auto-approval is dependent on the auth request being at or less than the number of days specified. If greater days are request the authorization request will be sent to UM for review.
- If **Medicaid Eligibility Required** is specified, the consumer must be Medicaid eligible at the time of request for the authorization to be auto-approved. However, if the consumer is not Medicaid eligible the service can still be requested and the request will be reviewed by LifeWays UM.
- For children, Targeted Case Management / Supports Coordination may be authorized only if Home Based Services is not authorized.

MI or DD Adult, Age 18+				
	Code	Service	Medicaid Elig. Req.	# Units
A	H0023	Drop In Center Attendance	N	365
A	H0031	Assessment	N	1
	H0031 CH	Assessment – Outreach		
	H0031 IN CH	Assessment Intake – Outreach		
A	H0032	Treatment Planning	N	12
	H0032 IF	Treatment Planning – Independent Facilitation		
A	H0038	Certified Peer Supports	N	64
A	G0177	Family Training - FPE Educational Group	N	52
A	T1015	Family Training - FPE Joining	N	3
A	S5110	Family Training - Skills Workshop	N	208
A	H0002	Brief Screening	N	1
	H0002 MC	Brief Screening – MH Court		
A	H2000	Behavioral Management Review	N	12
A	T2025	Fiscal Intermediary Service	Y	12
	T2025 PR	Fiscal Intermediary Service w/ Payroll		
A	90804	Individual Therapy, 20-30 min	Y	20
A	90806	Individual Therapy, 45-50 min	Y	20
A	90847	Family Therapy	Y	20
A	90853	Group Therapy	Y	20
A	90853 DB	Group Therapy – DBT	Y	28
A	T1017	Targeted Case Management – MH Court	Y	64
	T1017 MC	Targeted Case Management		
A	T1016	Supports Coordination	Y	64

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SED Children Age 0-3				
	Code	Service	Medicaid Elig. Req.	# Units
A	H0025	Parenting Wisely	Y	24
A	H0025	Parenting Wisely	N	12
A	H0031	Assessment	N	1
	H0031 CH	Assessment – Outreach		
	H0031 IN CH	Assessment Intake – Outreach		
A	H0032	Treatment Planning	N	3

SED Children Age 4-6				# Units				
	Code	Service	Medicaid Elig. Req.	Prevention LOC 1	Low LOC 2	Medium LOC 3	High LOC 4	Intensive LOC 5
PECFAS Total Score				<20	30-40	50-70	80-130	>140
A	H0025	Parenting Wisely	Y	24	✓	✓	✓	✓
A	H0025	Parenting Wisely	N	12	✓	✓	✓	✓
A	H0031	Assessment	N			1	✓	✓
	H0031 CH	Assessment – Outreach						
	H0031 IN CH	Assessment Intake – Outreach						
A	H0032	Treatment Planning	N			3	✓	✓
A	90804	Play Therapy, 20-30 min	Y			20	✓	✓
A	90806	Play Therapy, 45-50 min	Y			20	✓	✓
A	90847	Family Therapy	Y			20	✓	✓

SED Children Age 7-17				# Units				
	Code	Service	Medicaid Elig. Req.	Prevention LOC 1	Low LOC 2	Medium LOC 3	High LOC 4	Intensive LOC 5
CAFAS Total Score				<20	30-40	50-70	80-130	>140
A	H0025	Parenting Wisely	Y	24	✓	✓	✓	✓
A	H0025	Parenting Wisely	N	12	✓	✓	✓	✓
A	90887	Juv. Div. Screen CAFAS	N	1	✓	✓	✓	✓
	90887 MC	Juv. Div. Screen MAYSI/CAFAS						
A	H0031	Assessment	N			1	✓	✓
	H0031 CH	Assessment – Outreach						
	H0031 IN CH	Assessment Intake – Outreach						
A	H0032	Treatment Planning	N			3	✓	✓
A	90804	Individual Therapy, 20-30	Y			20	✓	✓
A	90806	Individual Therapy, 45-50 min	Y			20	✓	✓
A	90847	Family Therapy	Y			20	✓	✓
A	T1017 CH	Targeted Case Mgmt – Child	Y			64	✓	✓
A	T1016 CH	Supports Coordination – Child	Y			64	✓	✓
A	H2033	Multi-systemic Therapy	Y				240 / 150 days	✓
A	H2021	Wraparound	N				180 days	✓

✓ = Service offered at same intensity as previous level

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DD Children, Age <18				
	Code	Service	Medicaid Elig. Req.	# Units
A	H0025	Parenting Wisely	Y	24
A	H0025	Parenting Wisely	N	12
A	90887 90887 MC	Juvenile Diversion Screening	N	1
A	H0031 H0031 CH H0031 IN CH	Assessment	N	1
A	H0032	Treatment Planning	N	3
A	T1017 CH	Targeted Case Mgmt – Child	Y	64
A	T1016 CH	Supports Coordination – Child	Y	64
A	H2021	Wraparound	N	180 days