

## **Bulletin ID: No. 44 - Rehabilitation Day Services: How to Enter an Authorization Request**

Rehab Day requires three pieces of information in order for the authorization to process:

- 1) The rehabilitation day service line must be added to the existing authorization plan:
  - a. The “start date” of the rehabilitation day service line must be “moved forward” to reflect the date the Rehabilitation Day will actually start if it is different from the start date of the Authorization Plan.
  - b. The Service Line will “pend” “awaiting clinical review” once it is saved.
- 2) The correct event screen for the request must be selected, completed and saved in eCura:
  - a. All the Rehabilitative Services Events are located in the Provider Folder – this is the same folder in which the CBI event is found.
  - b. Use the “Rehabilitative Services Pre-Admission Event” for the first authorization request.
  - c. Use the “Rehabilitation Day Unit Reconciliation Event” after the Pre-Admission request has been approved, and a new authorization plan needs to be data entered. Rehabilitation Day is authorized for 90 units in a 12 month period, but authorization plans are only “good” for 90 days. Using the Reconciliation Event allows the provider to tell DMH how many units have been used, and how many are scheduled to be used. As long as what has been used combined with what will be used is less than 90 units, the service line will be approved without further clinical documentation.
  - d. Use the “Rehabilitation Service Continued Stay Event” when 90 units in a 12 month period have been exhausted, but more are needed.
- 3) Required Documents must be faxed to the attention of the Clinical Supervisor in Care coordination at (202) 671-2972 for pre-admission and continued stay requests (not for units reconciliation) including the D&A current within the past 6 months, the IPC and the ISSP.

If you have additional questions, please contact your Provider Relations Representative.