



December 23, 2013

Montana Health Care Programs Notice

Therapeutic Group Homes

Effective January 1, 2014

Payment Authorization for Initial Stays

In order to assist in expedient reimbursement for the initial 120 days of a Therapeutic Group Home stay, providers must submit a Therapeutic Group Home Initial Stay Payment Authorization Request form to Children's Mental Health Bureau. These forms may be submitted by fax to 406.444.5913 or via mail to:

Children's Mental Health Bureau
111 N Sanders, Room 307
P.O. Box 4210
Helena, MT 59620-4210

This form will contain private health information and cannot be submitted electronically in an unsecure manner. The form is attached to this notice and is located on the Children's Mental Health website at: [Therapeutic Group Home Initial Stay Payment Authorization Request](#).

After review and approval, based upon length of stay, the provider will be notified of the payment authorization number to be used on Medicaid claims. The payment authorization number must be entered in box 23 (prior authorization number) of the Medicaid claim. One payment authorization number will be issued per youth, per initial stay. **Please note that this is not a prior authorization based upon meeting the medical necessity criteria and is still subject to meeting the requirements in ARM 37.87.903.**

You must notify Children's Mental Health Bureau if the youth is discharged prior to the end of the 120-day period so that the payment authorization can be properly closed and no adverse effect on future initial stay payment authorization requests is experienced. Continued stay requests must still be submitted to Magellan as specified in administrative rule.

Contact Information

If you have any questions, please contact Melissa Higgins at 406.444.1535 or mhiggins@mt.gov.

For claims questions or additional information, contact Provider Relations at 1.800.624.3958 (toll-free, in/out of state) or 406.442.1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.



Department of Public Health and Human Services

Developmental Services Division ♦ Children’s Mental Health Bureau ♦ 111 N. Sanders Rm 307

♦ PO Box 4210 ♦ Helena, MT 59604-4210 ♦ Voice: 406-444-4545 ♦ Fax: 406-444-5913

Steve Bullock, Governor

Richard H. Opper, Director

THERAPEUTIC GROUP HOME INITIAL STAY PAYMENT AUTHORIZATION REQUEST

Please complete the following information to request a payment authorization number for Medicaid payment processing of the initial 120 days of a therapeutic group home stay. After review and approval you will be notified of the payment authorization number to be used on Medicaid claims. The payment authorization number must be entered in box 23 (prior authorization number) of the Medicaid claim. One payment authorization number will be issued per youth, per initial stay. You must notify Children’s Mental Health Bureau if the youth discharges prior to the end of the 120 day period so that the payment authorization can be properly closed and no adverse effect on future initial stay payment authorization requests is experienced. Continued stay requests must still be submitted to Magellan as specified in administrative rule.

Provider: _____

Provider ID: _____

Youth Name: _____

Youth ID: _____

Service Begin Date: _____

Name of Authorized Official Submitting this Request: _____
(person to send payment authorization number to)

Mail Payment Authorization Number Fax Payment Authorization Number

(address)

(fax number)

CONFIDENTIALITY NOTICE:

The information contained in this request is privileged and confidential information intended for the use of the individual or entity named above. Health Care information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law. If this information has been faxed and you believe you received it in error, please contact the sender immediately and then destroy the faxed materials.