

**QUESTIONNAIRE FOR CONTINUED STAY FOR LEVEL A & B
COMMUNITY BASED Residential SERVICES**

INSTRUCTIONS

This questionnaire has been designed to include the basic information that KePRO needs to process requests for these services. While not mandatory, it is expected that use of the questionnaire by providers will decrease the number of requests pending for additional information and provide a quicker turn around time.

This questionnaire allows for easy submission via iEXCHANGE, KePRO's Web-based Prior Authorization system.

Please answer each question fully and completely. If more space is needed to answer any questions, please use the "Additional Information" space. Providing all of the requested information necessary to review your request will decrease the chance of it being pending for additional information and expedite the authorization decision. Please type or print legibly to prevent a delay in the determination.

QUESTIONS

1. **For Level A:** Is there a current Comprehensive Plan of Care (CIPOC) completed within 30 days of the admission signed by a Qualified Mental Health Provider (QMHP) and Program Director (LMHP)? YES NO . If yes, completion date (MM/DD/YYYY): _____

2. **For Level B:** Is there a current CIPOC completed within 30 days of the admission signed by the Program Director (LMHP)? YES NO . If yes, completion date (MM/DD/YYYY):

3. **For Level A:** Is the CIPOC updated every 30 days with dated signature by QMHP? YES NO . If yes, most recent completion date (MM/DD/YYYY): _____

4. **For Level B:** Is the CIPOC updated every 30 dates with dated signature by the LMHP? YES NO . If yes, completion date (MM/DD/YYYY): _____

5. Is Individual Therapy occurring weekly by LMHP? YES NO .
If no, please explain _____.

6. What is the Projected Discharge Date (MM/DD/YYYY): _____

7. Are there at least 7 psycho-educational activities occurring weekly? YES NO .

8. For Level B, is there detailed documentation of group psychotherapy (in addition to the 7 psycho-educational activities) provided by the LMHP? YES NO .

10. **For CSA Recipients:** Is there a completed and current CAFAS/PECFAS within 90 days of submitted request? YES NO . If yes, Completion Date (*MM/DD/YYYY*): _____

11. **For Non-CSA Recipients:** Is there a completed and current Assessment-EPSDT within 90 days of submitted request? YES NO . If yes, Completion Date (*MM/DD/YYYY*): _____

12. Has there been continued impairment in level of functioning within the past 30 days?
YES NO .

If yes, please describe those behaviors

13. Is there continued impairment in the recipient's peer relations in the past month?
YES NO . If yes, please describe.

14. Is there continued impairment in the recipient's school behaviors in the past month?
YES NO . If yes, please describe.

15. Is there continued impairment in the recipient's self-care in the past month?
YES NO . If yes, please describe