

Bulletin ID: No. 33 - Change in Processing Request for Rehabilitation Day Services

Day Rehabilitation requests will be processed to reflect authorization of 90 units of Day Rehabilitation Services per fiscal year irrespective of the Authorization Plan 90-day span.

What this means:

1. Day Rehabilitation requests still require **PRIOR AUTHORIZATION**. Use the “Rehabilitative Services Pre-Admission Event” to request Day Rehab prior authorization for 90 days. Submission of the IRP, ISSP and D&A is still required.
2. If less than 90 units are used by the consumer in the initial 90-day authorization period, and authorization is needed to bill for units in the next 90-day authorization plan period, the provider will:
 - o Create a new authorization plan
 - o Add the Day Rehab service line with the number of units expected use
 - o Add the Day Rehab Units Reconciliation Event to document units used the previous 90 days and number of units to be used in the forthcoming 90 days
3. This is **NOT** a clinical process. The Day Rehab service line will continue to “pend” with the reason “awaiting clinical review” but the Care Coordinator will simply review the request with respect to units used and units requested before approving the request.
4. The CSA should continue to add the Day Rehab service line with the Day Rehab Units Reconciliation Event until such time as the consumer has actually consumed all 90 units of Day Rehab service.
5. **ONCE** the consumer has consumed all 90 units in the fiscal year, the provider will need to submit a new Day Rehab request using the “Rehabilitative Services Continued Stay Event” including required document submission as this request will require clinical review.

Requests submitted that will cross a fiscal year will have units applied to the appropriate fiscal year.

Questions? Please contact:

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