

Date Effective: October 1, 2010
High Intensity Services Prior Approval

POLICY: HIGH INTENSITY SERVICES PRIOR APPROVAL

POLICY STATEMENT: Delivery of individual services at a frequency of two (2) times per week or greater, or over sixty (60) minutes in duration will require prior State approval.

DETAILED POLICY STATEMENT:

Providers requesting higher intensity services (as outlined above) should coordinate with Service Coordinators to submit all documentation and information as outlined on the Prior Approval Request Form for High Intensity Services. Documentation and information should be gathered by the requesting provider, while the Service Coordinator will assure that the request is complete. Requests missing information will not be considered until all documents are received.

Request packets should be sent to the First Steps web at: FirstStepsWeb@in.gov, or faxed to the First Steps office at (317) 234-6701. Responses to the Service Coordinator will be sent back within 10 business days of receipt.

PRIOR APPROVAL REQUEST
***HIGH INTENSITY SERVICES REQUEST**

County	Date of submission
Name of Child	Date of Birth
Service Coordinator	Service Coordinator Phone AND Fax
Provider Name and Discipline	ED team name and Discipline

<p>INFORMATION LISTED BELOW <u>MUST</u> BE ATTACHED, VERIFIED, AND COMPLETED FOR CONSIDERATION OF REQUEST BY FIRST STEPS</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Eligibility Determination Statement <input type="checkbox"/> Documentation of all service(s) currently provided, including provider(s), discipline(s), intensity and frequency <input type="checkbox"/> The related outcome(s) and/or short term goal(s) to be achieved <input type="checkbox"/> Documentation of strategies and approaches currently in use <input type="checkbox"/> Proposed activities/ goals for additional sessions <input type="checkbox"/> Documentation of family involvement/ training/ follow through <input type="checkbox"/> Obstacles to current service level <input type="checkbox"/> Documentation of team discussion/ approval <input type="checkbox"/> Face to Face sheets for the last quarter <input type="checkbox"/> Last 3 progress reports <p><i>* You may also submit any other documentation you feel might be relevant to the request.</i></p>

<p>PLEASE COMPLETE THE FOLLOWING INFORMATION:</p>
<p>Current Service Level _____</p> <p>Length of time at current service level _____</p> <p>Proposed Service Level _____</p> <p>Suggested length of time at proposed service level _____</p> <p>Number of: Sessions _____ Missed Sessions _____</p>

<p>THIS BOX FOR BUREAU OF CHILD DEVELOPMENT SERVICES USE ONLY</p>	
<input type="checkbox"/> APPROVED Length of time:	PRIOR APPROVAL #
<input type="checkbox"/> DENIED Reason:	
<input type="checkbox"/> PENDING Information needed:	
Signature	Date