

	Skills Training Request for CHIP Members Guideline	
Guideline # 6364	Categories Clinical → Administrative, Care Management CM, TCHP Guidelines	This Guideline Applies To: Texas Children's Health Plan
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GUIDELINE STATEMENT:

TCHP will perform authorizations on Skills Training for members who require this service. This procedure applies only to the TCHP CHIP product.

GUIDELINE

1. A denial letter will be issued by Texas Children's Health Plan (TCHP) to any provider requesting Targeted Case Management for a CHIP member as it is not a benefit.
2. All requests for prior authorization for skills training are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
3. CHIP members requesting any skills training must complete the Texas Standard Prior Authorization Request Form for Health Care Services in its entirety, with special attention to the following:
 - 3.1. Check the Mental Health/Substance Abuse box. Do not check SB58 box.
 - 3.2. Do not provide a Level of Care (LOC).
 - 3.3. Document service code for Skills Training.
 - 3.4. Provide diagnosis of Member.
 - 3.5. Include name of person providing the Skills Training, if known.
 - 3.6. In Section VI, provide clinical reason for requesting Skills Training. InterQual requires the following clinical information and therefore must be included in this section:
 - 3.6.1.1. Current behavior and symptoms in last 7 days
 - 3.6.1.2. Current symptoms, per member and/or family
 - 3.6.1.3. Interpersonal problems?
 - 3.6.1.4. School problems? At risk for suspension, failure, expulsion?

3.6.1.5. Legal issues? On probation?

3.6.1.6. Illegal drug use? Positive drug screens?

4. Utilization Management professionals will reference the most recent available version of InterQual criteria to establish medical necessity for Skills Training.
5. All requests for Skills Training that do not meet the guidelines referenced here will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
6. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:

- **CHIP State Plan**

<https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/chip-state-plan>

Original Document Creation Date: 01/31/2017	This Version Creation Date: 06/07/19	Effective/Publication Date: 06/28/2019
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