Helpful Tips to Use When Completing
ValueOptions® Maryland
Authorization Requests

ValueOptions® is continuing to modify the web based authorization system in order to meet Maryland's system requirements. The changes will be made in two phases. The first phase will be late September and the second phase will be mid-November.

This document will provide a guide for you during the interim until all the changes are incorporated. In addition, at the request of the provider community, the option to "pend and save" an authorization request, prior to submission, is planned for mid-November. At that time the individual plans will also be revised and have a print capacity that only prints the plan and not blank pages. In addition, for outpatient services there will be an individual plan that will meet COMAR requirements.

For all Outpatient services, providers will need to enter the CPT code related to the applicable service being requested. This includes **OMS and Non-OMS Outpatient services, Therapeutic Behavioral Services, Occupational Therapy, Psychiatric Rehabilitation Programs (PRP), Respite, Supported Employment, Mobile Treatment Services, Therapeutic Nurseries and Case Management Services. CPT codes may be found on the ValueOptions Maryland website at http://maryland.valueoptions.com/, then go to the Provider Tab.**

You will also note on the Requested Services tab you are directed to enter a place of service code. For Supported Employment, select, Office, Mobile Unit (on job site), or Other as the place of service.
The following information is applicable to all Outpatient Service requests:

- On the **Requested Services** tab, you will be asked to fill in a CPT Code, however, the rules for authorization of outpatient services have not changed. For example, a non-OMS provider can request a 90801 and still get all the services typical of an OP authorization request.

- For all Outpatient services, please disregard the units on the **accept/reject** screen as it is merely the maximum number of units allowed for that service class. Please confirm "accept" on this screen, then request the number of units on **Requested Services** tab under the "visits/units" column.

- Providers may upload and attach an individual/treatment/rehabilitation/vocational plan while on the entry page during a concurrent authorization request. If you have already progressed through the tabs, and then realize that you need to upload and attach the plan, this system will allow you to go back and do so; as long as you have not already **submitted** your request.

- Currently, there are 2 ways to print the individual treatment plan. You can print from your browser which will print just the individual care plan or from the confirmation page which will print all the tabs in the authorization request. Both of these printing options will take up to 20 or more pages of print. In future enhancements, VOMD will have signature line and date and the end of the individual treatment plan and by mid-November, the goals will be collapsible and expandable which will allow you to print only the goals that have been populated.

OMS

OMS services are still bundled. For an OMS authorization request, you will be asked to fill in a CPT Code, however the rules, including limitations, related to the OMS bundle have _not_ changed. You may choose any one of the allowed OMS CPT codes. For example you may enter a 90801 and you will _not_ need to specify any additional codes. Putting in the CPT code does not change the number of service units. Approved OMS authorization requests will still be for 150 service units.
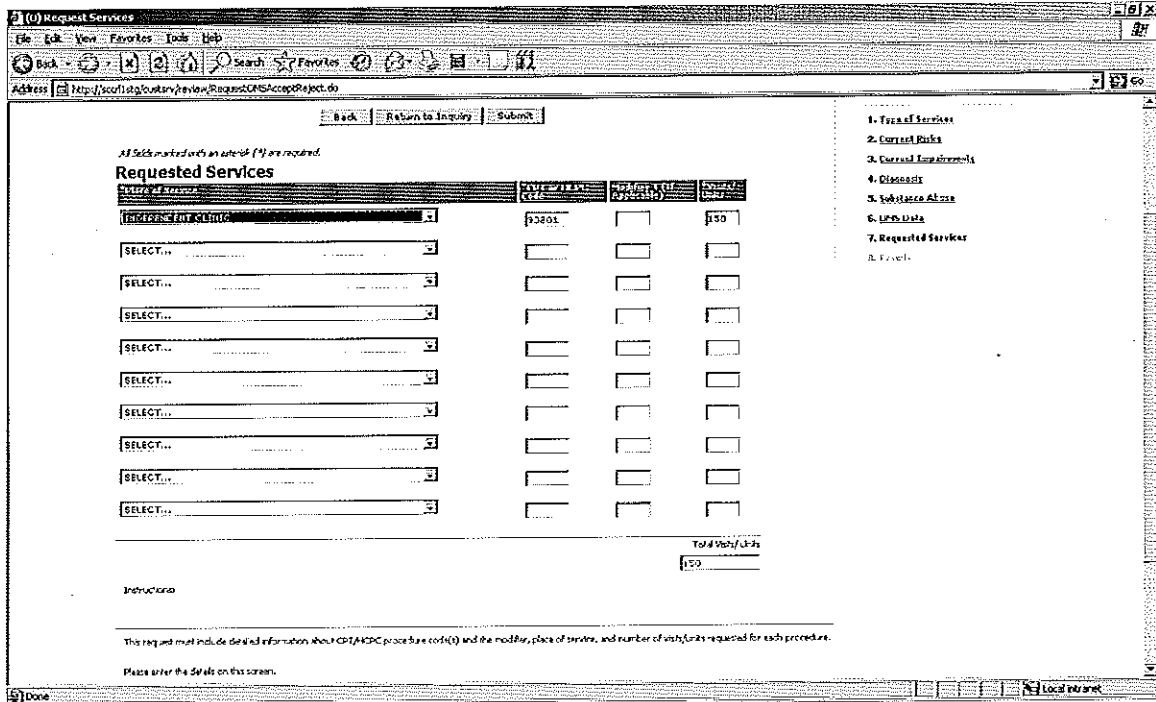
SUPPORTED EMPLOYMENT

1) On the Diagnosis tab, please note Axis III, IV and V are **not** required for Supported Employment.

2) On the **Supported Employment** tab, please select YES for ONLY one of the first four questions (below).

	Yes	No
*Are you requesting Supported Employment Pre-Placement?	⦿	○
*Are you requesting Supported Employment Job Placement?	○	○
*Are you requesting Supported Employment Intensive Job Coaching?	○	○
*Are you requesting Supported Employment Extended Services or PRP to Individuals in SE?	○	○

Supported Employment Program

Supported Employment Program:

*Are you requesting Supported Employment Pre-Placement?	⦿ Yes ○ No
*Are you requesting Supported Employment Job Placement?	○ Yes ○ No
*Are you requesting Supported Employment Intensive Job Coaching?	○ Yes ○ No
*Are you requesting Supported Employment Extended Services or PAP to Individuals in SE?	○ Yes ○ No
*Are you requesting Clinical Coordination?	○ Yes ○ No
*Are you an Evidence Based Practice (EBP) program?	○ Yes ○ No
*Does this consumer express interest in competitive employment and desire to work in the community?	○ Yes ○ No
*Does this consumer desire Supported Employment Services?	○ Yes ○ No
*Does this consumer require SEP services to enable him/her to choose, obtain or maintain employment?	○ Yes ○ No
*Does this consumer have a work history which has been nonexistent, interrupted or intermittent due to symptoms of a serious or persistent mental illness?	○ Yes ○ No
*Does the individual have an assigned DORS Counselor?	○ Yes ○ No
*Does this consumer agree to be referred to DORS?	○ Yes ○ No
*Does this consumer have a signed DORS Consumer Consent Form?	○ Yes ○ No
*Please identify the applicant's Social Security Disability Insurance (SSDI) Status	SELECT...
What is the applicant's Social Security Disability Insurance benefit amount?	
*Please identify the applicant's Supplemental Security Income (SSI) Status	SELECT...
What is the applicant's Supplemental Security Income benefit amount?	
*Does the applicant have a Ticket through Social Security's Ticket to Work program?	○ Yes ○ No
Is the Ticket assigned to an Employment Network yet?	○ Yes ○ No

1. Type of Services
2. Diagnosis
3. Substance Abuse
4. Treatment Plan
5. Individual Plan
6. **Supported Employment**
7. Requests / Services
8. Permits

Clicking **YES** for one of these four will then automatically expand the applicable section at the end of the page as seen in the screen shot below . DO NOT expand other sections.

Division of Rehabilitation Services Program

Additional DORS Applicant Demographic Information

List any previously used first and/or last names (e.g., maiden name)

Medicare #

Phone # 1 [ ][ ][ ] SELECT...

Phone # 2 [ ][ ][ ] SELECT...

What is the applicant's living arrangement? SELECT...

Financial Information

What is the applicant's primary source of support? SELECT...

What medical insurance does the applicant have? (Check all that apply.)
☐ Medicaid/Medical Assistance   ☐ Private Insurance (own employment)   ☐ Private Insurance (other means)
☐ Medicare   ☐ Worker's Compensation   ☐ Other

Education Information

What is the applicant's highest level of education completed? SELECT...

Has the applicant ever received services under an Individualized Education Plan (IEP)?   ○ Yes ○ No

If the applicant is currently in high school, what grade? SELECT...

Is the applicant currently under an IEP?   ○ Yes ○ No

Has the applicant been told he/she has a learning disability?   ○ Yes ○ No

Employment History

Employer	Start Date	End Date	Hourly Wage	Job Title
		NO RECORDS		

Employment Data Entry/View

Employer (0 of 100)   Job Title (0 of 100)

3) Providers will need to provide the authorization number to the DORS counselor via an email. The purpose of this is to allow the DORS counselor to have a reference number so the counselor may view this authorization and other related services. DO NOT include any Protected Health Information (PHI) in your e-mail to the DORS counselors. In addition, if the consumer has not agreed to be referred to DORS, **DO NOT** send the authorization number to the DORS counselor as this would be a HIPPA breach as well.

4) Some DORS counselors do not have the software installed to be able to access **ValueOptions®** system. DORS is in process of upgrading its computers for this purpose. You will need to contact your DORS counselor to determine if that counselor has VO access and if not you may need to FAX the DORS application and related information the counselor until the counselor has access to the system.

PRP SERVICES

Use the clinical criteria box to justify the need for PRP services.
On the **Individual Plan** tab:
    For the initial request, the individual plan is not required.
    On the first concurrent review, the individual plan is required.
    However on subsequent concurrent reviews, the system will auto populate the
    information entered from the most recent concurrent review.

MOBILE TREATMENT/ACT

On the **Diagnosis** tab, there is not a hyperlink to the clinical criteria. This will be added during a future enhancement. In the meantime, please use the narrative clinical criteria box to justify the need for Mobile Treatment or Assertive Community Treatment.

Currently, **do not use the Treatment Plan** tab for Mobile Treatment/ACT. Please upload your treatment plan at the beginning of the initial entry page. If you have already progressed through the tabs, and then realize you need to upload and attach the treatment plan, the system will allow you to go back and do so; as long as you have not already **submitted** your request.

On September 25th, VOMD will activate the **Individual Plan** tab and _de_activate the **Treatment Plan** tab. Again, do not use the **Treatment Plan** tab, instead upload your plan using the attach documents function.

Thank you.