




INTEGRATED CARE MANAGEMENT AND QUALITY IMPROVEMENT



KePRO's Service Authorization Process for Treatment Foster Care - Case Management

Treatment Foster Care-Case Management

Children under age 21 in TFC - CM who are Seriously Emotionally disturbed or children with behavioral disorders, who, in the absence of such programs, would be at risk for placement in more restrictive residential settings are eligible for Treatment Foster Care-Case Management (TFC-CM).

Treatment Foster Care-Case Management

TFC-CM is directed toward child or youth with a behavioral disorder or emotional disturbance referred to TFC-CM by the Family Assessment Team of the Comprehensive Services Act (CSA) for Youth and Families or a collaborative multi-disciplinary team approved by the State Executive Council.

TFC-CM Service Authorization Information

- **See Psychiatric Service Manual Chapter IV and Appendix C.**
- **Service Authorization request is required within 10 calendar days of admission to TFC-CM program.**

Requirements for TFC-CM Initial Review

- **Valid DSM-IV diagnosis.**
- **The Locality and clinicians working with the child have determined that TFC-CM and continued TFC-CM is required to meet child's needs.**
- **Confirmation of Date of a FAPT Assessment and confirmation that the document contains all required elements.**

Requirements for TFC-CM Initial Review

- **A brief description of current behaviors exhibited over the last thirty days (for initial review) that warrant the requested level of care must be submitted. Please identify the frequency, intensity and duration of each behavior.**
- **The CANS Assessment scoring and completion date must be submitted.**
- **The date must be within 90 days of admission. The CANS Assessment scoring should reflect the behavioral information submitted.**

Requirements for TFC-CM Initial Review

- **The child must have a documented moderate to severe impairment, and moderate to severe risk factors as documented on the UAI.**
- **The child's condition must meet Level I, Level II, or Level III as described in the Psychiatric Services Provider Manual Chapter IV page 24.**

Requirements for TFC-CM Initial Review

- **For initial requests, KePRO reviews the impairments indicated on the UAI/CANS Assessment and the narrative on symptoms and behaviors.**
- **The narrative must support the CANS Assessment scores.**
- **Please explain any discrepancies.**

Requirements for TFC-CM Initial Review

- **After the information has been submitted:**
- **Either an authorization will be generated or the provider will receive a request for additional information either clinical or administrative (confirmation of forms).**
- **The provider will have 3 business days to respond to clinical request.**

Requirements for TFC-CM Initial Review

- **The provider will have 1 business day to respond to Administrative information request.**
- **If the information needed to meet criteria is submitted; an approval will be generated. Approvals are for a maximum of 12 months=12 units. The frequency is monthly.**
- **If the additional information does not meet criteria in the Psychiatric Services Provider Manual, it will be forwarded to the supervisor for administrative issues or the physician for clinical/medical necessity.**

Requirements for TFC-CM Continued Stay

- **The three digit locality code number. This code reflects the Locality that has fiscal responsibility for Member.**
- **Confirmation of date for comprehensive treatment and service plan.**
- **CANS Assessment scores and date (must be current within 90 days).**

Requirements for TFC-CM Continued Stay

- **Confirmation of DSM-IV diagnosis code.**
- **Confirmation of Locality code.**
- **Confirmation of 2 face to face contacts between child and case manager have occurred each month.**
- **Confirmation that CANS was completed and Date of Completion**

Requirements for TFC-CM Continued Stay

- **The Service Authorization request must be submitted no more than 90 days prior to the end of the current authorization period and no later than on the last covered Service Authorization date.**

Requirements for TFC-CM Continued Stay

- **Confirmation that the locality and clinicians working with the child must determine continued TFC-CM is required.**
- **Current behaviors exhibited over last ninety days (90) that warrant requested level of care. The information should reflect their most current progress report.**

Requirements for TFC-CM Continued Stay

- **If the child has been in placement for more than 45 days, the information required to be submitted will include both the initial review and continued stay review information noted above.**
- **Retroactive requests for authorizations will not be approved with the exception of retroactive Medicaid eligibility for the Member. When retroactive eligibility is obtained, the request for authorization should be submitted no later than 30 days from the date notified of Medicaid eligibility.**

TFC-CM Denials

- **Denials are issued in units of 2 months; if the request does not meet medical necessity and/or the proper confirmation of forms is not received.**
- **Denials for timeliness will cover the period of time until the Service Authorization request is received.**

TFC-CM Transfers

- **Only 1 provider can be authorized for a monthly unit at one time.**
- **If new provider requests authorization for a mid-month start date for a month the previous provider has an existing Service Authorization– THEN - the new provider’s Service Authorization starts the 1st of the next month.**

TFC-CM Discharges

- **Remember providers must notify KePRO of discharges, in order to prevent delays in processing Service Authorization requests from other providers.**
- **If the discharge date is mid-month; the Service Authorization will be end dated to the end of the month.**

Hints for Successful TFC-CM Srv Auth Submission

- **Use iEXCHANGE for all submissions. Training materials are on the KePRO DMAS website for both registration and submissions. Please submit a contact name, phone number and fax number with all submissions.**
- **Our customer service department is open from 8:00AM to 7:00PM, Monday through Friday. The toll free number is 1-888-827-2884. Customer Service Representatives can answer questions and assist with this process.**

Helpful Hints for Successful TFC-CM Srv Auth Submission

- **Utilize the Srv Auth checklist on the DMAS KePRO web site in the Srv Auth checklist area under the Behavioral Health Tab. iEXCHANGE is able to accept the entire check list as a copy and paste in either the Severity of Illness or Intensity of Service areas.**
- **Providers may also reply to requests for additional information in iEXCHANGE.**

Hints for Successful TFC-CM Srv Auth Submission

TREATMENT FOSTER CARE – CASE MANAGEMENT SERVICES INITIAL REQUEST REQUIRED PA INFORMATION

- 1) Provider Contact Name:
- 2) Provider Contact Number:
- 3) Is This a Retro Review: Yes / No
 - a. If Retro Request, date provider notified of Medicaid eligibility:
- 4) Is the client a transfer from another provider: Yes / No
- 5) Requested Start Date:
- 6) Admission Date:
- 7) Projected Discharge Date:
- 8) Date of FAPT Assessment:
- 9) FAPT Assessment contains all required elements: Yes / No
- 10) The locality and clinicians working with this child have determined continued TFC-CM is required to meet the child's needs: Yes / No
- 11) **Describe Current Behaviors;** For the initial review, provide a narrative of the behaviors exhibited by the client over the past 30 days that warrant the requested level of care (please identify **frequency**, **intensity** and **duration** of each behavior). This information should reflect the CANS scoring:

Hints for Successful TFC-CM Srv Auth Submission

TREATMENT FOSTER CARE – CASE MANAGEMENT SERVICES CONTINUES STAY REQUEST REQUIRED PA INFORMATION

- 1) Provider Contact Name:
- 2) Provider Contact Number:
- 3) Requested Start Date:
- 4) Projected Discharge Date:
- 5) Date of Comprehensive Treatment and Service Plan:
- 6) The locality and clinicians working with this child have determined continued TFC-CM is required to meet the child's needs. : Yes / No
- 7) Two face-to-face contacts between the case manager and the child have occurred each month to ensure the child is receiving safe and effective services: Yes / No
- 8) Date of CANS:
- 9) **Describe Current Behaviors;** For the initial review, provide a narrative of the behaviors exhibited by the client over the past 30 days that warrant the requested level of care (please identify **frequency**, **intensity** and **duration** of each behavior). This information should reflect the CANS scoring and should come from the most current 90 day progress report:

Program Changes and Updates

**Check the Medicaid Memos and
Manuals online at:**

www.dmas.virginia.gov

Click on the link to Providers Services

or

<http://dmas.kepro.com>

Should You Want to Appeal A KePRO Decision

Appeals are to be submitted in writing to:

Director Appeals Division

Department of Medical Assistance Services

600 East Broad Street, 11th Floor

Richmond, VA 23219

**Additional information can be found in the
DMAS Provider Manuals.**

Resources

- **KePRO Website** <http://dmas.kepro.com>
- **DMAS Website** www.dmas.virginia.gov
- **For any questions regarding the submission of Service Auth requests, please contact KePRO at 888-827-2884 or 804-622-8900.**
- **For claims or general provider questions, please contact the DMAS Provider Helpline @ 800-552-8627 or 804-786-6273.**



Thank you for your participation.

If you have questions or need assistance, please call our Customer Service Department at 888-827-2884 or send e-mail to: providerissues@kepro.com