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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Treatment Foster Care Case Management Providers,  
and Managed Care Organizations Participating in the  
Virginia Medical Assistance Programs, and all CPMT  
Chairpersons

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 3/12/2007

**SUBJECT:** Changes to the Prior Authorization Process for Treatment Foster Care Case  
Management – Effective March 1, 2007

The purpose of this memorandum is to provide information on changes to the Treatment Foster Care Case Management (TFC-CM) prior authorization (PA) process with Virginia Medicaid's PA contractor, Keystone Peer Review Organization (KePRO). This information will assist providers in expediting the review process. As indicated in the January 31, 2007 DMAS memo, there are changes, effective March 1, 2007, to the reimbursement rate for TFC-CM. The following changes to the PA process became effective on March 1, 2007. An interactive WebEx training that provides clarification to the TFC-CM changes, including changes to the PA process, will be held March 22, 2007 from 2pm to 3:30pm. Providers may access this web-cast by logging on to [www.genesys.com](http://www.genesys.com) and click on **participant** in the upper right corner. The **Moderator's Meeting Number is 9240330**. You may also access this web-cast **via telephone by dialing 1-866-462-0164. The meeting number is 9240330.**

### **Changes to the KePRO Prior Authorization (PA) Fax Form (DMAS-364)**

Attached to this memo is the revised DMAS 364 (Treatment Foster Care-Case Management Preauthorization Request Form) and instructions for TFC-CM request for services. The revised DMAS 364 will be for TFC-CM exclusively. In box number 2 of the DMAS 364, the provider must include the locality code. The locality code is needed to reflect the locality that has fiscal responsibility for the Medicaid recipient. The code is a 3-digit number. A list of locality codes can be found in the DMAS 364 fax form instructions. The locality will be responsible for providing the correct locality name to the provider. The responsible locality is the same locality that would be indicated on the Reimbursement Rate Certification. As of March 1, 2007, the Reimbursement Rate Certification is no longer needed for the TFC-CM PA process.

There are other changes noted on the revised DMAS 364 fax form to help expedite the review process. In place of some of the previous narrative requirements and attachments, the new form has new check box elements. The form has been reduced from a two-page form to a single page. Please pay careful attention to these changes, as they will assure quick turnaround to your request. Attachments are no longer required. These changes will streamline both facsimile and iEXCHANGE submissions. If submitting requests by fax, please review the revised DMAS 364 and instruction sheet attached to this memo.

#### **Changes to the Billing Process for TFC-CM**

For claims with dates of service on March 1, 2007 or later, the reimbursement rate certification will no longer be required for submission with the claim. The claim can be submitted electronically, and will be paid at the new, monthly, Medicaid rate of \$326.50, as long as the claim passes all system edits, including an approved prior authorization for the dates billed.

For claims with dates of service prior to March 1, 2007, the reimbursement rate certification will continue to be required, billing will continue to be submitted by mail, and the payment process will remain a manual process. The provider will be reimbursed at the daily rate noted on the certification.

#### **Changes to the Prior Authorization Process**

The PA process will change to reflect the reduced reimbursement rate. Attachments are no longer required. The following information will be required for PA for dates of service on March 1, 2007 and forward:

##### ***Initial Review***

PA will continue to be required within 10 calendar days of admission to a TFC program. The CAFAS item numbers, FAPT assessment information, DSM-IV and list of services being provided to the recipient in the first 45 days of treatment will continue to be required for an initial review. The Reimbursement Rate Certification will no longer be required. KePRO will need to receive a clear description of behaviors that support the moderate to severe impairment noted on the CAFAS.

##### ***Continued Stay Review***

PA will be required prior to the end of the previously authorized period. PA's are to be submitted no more than 30 days prior to the end of the current authorization period. The most current 90-Day Progress report information, current DSM-IV, and the most current CAFAS item numbers (no older than 90 days of the requested start date) must be provided. The FAPT Assessment, Comprehensive Treatment and Service Plan, Progress Updates, and Reimbursement Rate Certification will no longer need to be submitted, but must be available in the recipient's medical record at the facility. The Reimbursement Rate Certification must be available for review for dates of service prior to March 1, 2007.

The provider must certify in the submitted documentation and the clinical record that services at this level of care are necessary to address the on-going needs of the child or to prevent regression. The CAFAS must also be kept in the provider's record, and current, at a minimum of every 90 days.

#### ***Retroactive Authorization due to Retroactive Recipient Medicaid Eligibility or Late Requests***

If a recipient is in placement for more than 45 days at the time of an initial PA request, the provider must submit to KePRO both the Initial Review requirements and the Continued Stay review requirements.

***PA Authorizations – Old and New***

Current authorizations that extend past February 28, 2007 will be end dated by DMAS with a date of February 28, 2007. The dates already approved or denied beginning March 1, 2007 will be carried over to a new PA number. The PAs already in effect with dates of service after February 28, 2007 (for which a new PA number will be generated) will be extended to the end of the last month of the current authorization. For example, a provider has an authorization for dates of service January 10, 2007 through July 10, 2007. The current authorization will be end-dated February 28, 2007. A new PA will be established for dates of service March 1, 2007 through July 31, 2007. Providers will receive notification of changes to PAs that are end-dated, and will receive their new PA numbers by letters generated through First Health Services. This is expected to be completed by March 1, 2007. The dates prior to March 1, 2007 will be paid at the daily rate; dates of March 1, 2007 and forward, will be paid at the new monthly rate of \$326.50.

Beginning March 1, 2007, authorizations will be approved for up to a one year period. The only reason a PA will be approved for a shorter period of time will be at the provider's request, if the discharge date indicates a shorter stay, or if there is some other indication in the record submitted that a shorter stay is planned. Denials will continue to be for a two month period to facilitate completion of the appeal process and to facilitate a new request in the future if the service is again needed.

If a recipient is discharged during an authorized period after February 28, 2007, continue to notify KePRO of the discharge date. If an approval is for a full month, but the discharge date is mid-month, KePRO will not change the authorization for that month, only for subsequent months, since only one unit is authorized for each month, and only one provider can bill for that unit. If a new provider begins service mid-month, and the previous provider already has authorization for the month, the new provider's authorization will begin on the first of the next month. For example, provider A has an authorization for March 1, 2007 through December 31, 2007 for 10 units, and notifies KePRO of discharge on April 18, 2007. KePRO will reject the dates of service beginning 5-1-07 through 12-31-07. Provider B submits a request for dates of service April 19, 2007 forward. KePRO may approve dates of service 5-1-07 forward. Provider B will not receive authorization for April 19, 2007 through April 30, 2007, since provider A already has an authorization for the one unit available for the month of April.

***Timely Filing Requirements***

For PAs with end-dates of February 28, 2007, DMAS is relaxing the timeliness requirement for submission of continued stay reviews. Providers have until April 1, 2007 to submit requests for continued stay reviews for clients who currently have authorization with an end date of February 28, 2007. Starting April 2, 2007, timely submission for request will again be applied and determinations will be made based on timeliness.

**Alternate Methods to Obtain PA, Eligibility and Claims Status Information**

DMAS offers a new, enhanced web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. Current and new users of the ARS are required to migrate to the

new web-based ARS to logon and register prior to May 22, 2007. Please see the Medicaid Memo dated 1/19/2007 for more information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: [www.dmas.virginia.gov/pr-provider\\_newsletter.asp](http://www.dmas.virginia.gov/pr-provider_newsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attachments: (5 pages)

**KePRO Treatment Foster Care-Case Management Preauthorization Request Form**

**FAX: 1-877-OKBYFAX (877-652-9329) / Phone: 1-888-827-2884**

\*\*\*Please utilize the instructions when completing this form\*\*\*

1) <input type="checkbox"/> Initial Review <input type="checkbox"/> Continued Stay Review		2) Locality (FIPS) Code:		3) Start Date requested: / / Admission Date: / / Requesting retroactive authorization: <input type="checkbox"/> Y <input type="checkbox"/> N		4) Expected D/C Date: / / / Discharge plan:	
5) Enrollee Last Name:			6) Enrollee First Name:			7) Enrollee Medical ID # :	
8) DOB (mm/dd/yyyy): / /		9) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		10) Provider Name:		11) Provider Address:	
12) Provider ID #:		13) Contact Person:		14) Provider Phone:		15) Provider Fax:	
16) DSM IV:  Axis I Axis II Axis III Axis IV Axis V (GAF)		Current: _____		Highest level in past year: _____		17) CAFAS <input type="checkbox"/> PECFAS <input type="checkbox"/>  Date: / / School: _____ Home: _____ Community: _____ Behavior Toward Others: _____ Moods/Emotions: _____ Self-harm: _____ Substance Abuse: _____ Thinking: _____ Caregiver Material Needs: _____ Caregiver Fam/Soc Support: _____	
18) Case Management 1. FAPT Assessment contains all required elements. Yes <input type="checkbox"/> No <input type="checkbox"/> (Initial Review Only) 1.a. Date of FAPT Assessment: _____ (Initial Review Only) 2. Date of Comprehensive Treatment and Service Plan: _____ (First Continued Stay Review Only) 3. The locality and clinicians working with this child have determined continued TFC-CM is required to meet the child's needs. Yes <input type="checkbox"/> No <input type="checkbox"/> 4. 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. (Continued Stay Reviews Only) Yes <input type="checkbox"/> No <input type="checkbox"/>							
19) 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). For continued stay this information should come from the most current 90 day progress report.							

Enter item numbers in box beside each subscale.

## **TREATMENT FOSTER CARE--CASE MANAGEMENT SERVICES ELECTRONIC FAX FORM INSTRUCTIONS**

This FAX submission form is required for TFC-CASE MANAGEMENT prior authorization review.

Please be certain that all required information blocks contain the requested information. Incomplete forms may result in the case being rejected or returned via FAX for additional information.

If KePRO determines that your request meets appropriate review guidelines the request will be “tentatively approved” and transmitted to First Health Services (FHS) for the final approval. Final approval is contingent upon passing remaining enrollee and provider eligibility/enrollment edits. The prior authorization (PA) number provided by FHS will be sent to you through the normal letter notification process and will be available to providers registered on the web-based program iEXCHANGE (<http://dmas.kepro.org>) within 24 hours (or the next business day) if reviewed, approved, and transmitted to DMAS’ Fiscal Agent prior to 5:30 PM of that day.

### **1. Request type:**

- Place a  $\checkmark$  or **X** in the appropriate box.
- **Initial Review:** Use for all new requests, unless the recipient has been in care for more than 30 days, then check continues stay review.
- **Continued Stay Review:** Use for concurrent reviews and for new clients who have been in care for over 30 days. All IHH (extension) submissions should be under Continued Stay Review.

### **2. Locality Code**

- Enter the 3 digit locality (FIPS) code in the text box. The locality code will reflect the locality that has fiscal responsibility for the Medicaid recipient and should be provided by the referral source. (Please see the attached list of locality codes)

### **3. Start Date requested:**

- The date you are want the requested service to begin.

### **4. Expected Discharge (D/C) Date and Discharge plan:**

- Enter the expected discharge date on the line provided.
- Enter the current discharge plan on the line provided (i.e. permanent foster care, return home, adoption, etc.)

### **5. Enrollee Last Name:**

- Enter the enrollee’s last name exactly as it appears on the Medicaid card.

### **6. Enrollee First Name:**

- Enter the enrollee’s first name exactly as it appears on the Medicaid card.

### **7. Enrollee Medicaid ID Number:**

- It is the provider’s responsibility to ensure the enrollee’s Medicaid number is valid. This should contain 12 numbers.

### **8. Date of Birth:**

- Date of birth is critically important and should be in the format of mm/dd/yyyy (for example, 02/25/2004).

### **9. Sex:**

- Please place a  $\checkmark$  or **X** to indicate the sex of the patient.

**10. Requesting/Service Provider:**

- Enter the requesting/service provider name

**11. Requesting/Service Provider Address:**

- Enter the requesting/service provider's business address.

**12. Provider ID Number:**

- Enter the Provider ID number. This should contain 9 numbers

**13. Requesting/Service Provider Contact Person:**

- Enter the primary contact for the requesting/service provider.

**14. Requesting/Service Provider Phone Number:**

- Enter the phone number of the requesting/service provider.

**15. Requesting/Service Provider Fax Number:**

- Enter the fax number of the requesting/service provider.

**16. DSM-IV Diagnoses:**

- Enter the DSM-IV diagnoses
  - Axes I through V are required

**17. CAFAS/PECFAS:**

- Place a  $\sqrt$  or X to indicate the functional assessment scale utilized.
- Enter the date the CAFAS/PECFAS was completed.
- Enter each subscale item number in the box beside each subscale, these are not the overall scores for each category, but rather the numbers that delineate specific behavioral challenges under each category. (\*\*when entering item numbers for a PECFAS the Substance Abuse (S.A.) box should not be filled in)
- Type/Write the *Caregiver* type (Primary, Surrogate, Non-Custodial) in the box beside the caregiver item score.

**18. Case Management (TFC-Case Management Continued Stay Only):**

- **For #1, place an X in the box that corresponds to whether or not the FAPT Assessment contains all of the required elements --See requirements in the DMAS Psychiatric Services Provider Manual, Chapter IV, under "Assessment"— (Required for Initial Reviews only)**
- **For #1.a., enter the date that the FAPT Assessment was completed. (Required for Initial Reviews only)**
- **For #2, enter the date of the Comprehensive Treatment and Service Plan (Required for First Continued Stay Review only)**
- **For #3, place an X in the box that corresponds to whether or not the locality and clinicians working with the child have determined that TFC-CM services are medically necessary**
- **For #4, place an X in the box that corresponds to whether or not 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. (Required for Continued Stay Reviews only)**

## 19. Current Behaviors

- In the space provided, for the initial review, provide a narrative of the behavior exhibited by the client over the past 30 days that warrant the requested level of care (please identify frequency, intensity and duration of each behaviors). For continued stay, this information should come from the most current 90 day progress report.

### Virginia Locality (FIPS) Codes

CODE	NAME	CODE	NAME	CODE	NAME
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001	Accomack	075	Goochland	153	Prince William
003	Albemarle	077	Grayson	155	Pulaski
005	Alleghany	079	Greene	157	Rappahannock
007	Amelia	081	Greensville	159	Richmond
009	Amherst	083	Halifax	161	Roanoke
011	Appomattox	085	Hanover	163	Rockbridge
013	Arlington	087	Henrico	165	Rockingham
015	Augusta	089	Henry	167	Russell
017	Bath	091	Highland	169	Scott
019	Bedford	093	Isle of Wight	171	Shenandoah
021	Bland	095	James City	173	Smyth
023	Botetourt	097	King and Queen	175	Southampton
025	Brunswick	099	King George	177	Spotsylvania
027	Buchanan	101	King William	179	Stafford
029	Buckingham	103	Lancaster	181	Surry
031	Campbell	105	Lee	183	Sussex
033	Caroline	107	Loudoun	185	Tazewell
035	Carroll	109	Louisa	187	Warren
036*	Charles City	111	Lunenburg	191	Washington
037*	Charlotte	113	Madison	193	Westmoreland
041	Chesterfield	115	Mathews	195	Wise
043	Clarke	117	Mecklenburg	197	Wythe
045	Craig	119	Middlesex	199	York
047	Culpeper	121	Montgomery		
049	Cumberland	125	Nelson		
051	Dickenson	127	New Kent		
053	Dinwiddie	131	Northampton		
057	Essex	133	Northumberland		
059	Fairfax	135	Nottoway		
061	Fauquier	137	Orange		
063	Floyd	139	Page		
065	Fluvanna	141	Patrick		
067	Franklin	143	Pittsylvania		
069	Frederick	145	Powhatan		
071	Giles	147	Prince Edward		
073	Gloucester	149	Prince George		

INDEPENDENT CITIES of Virginia

CODE	NAME	CODE	NAME
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510	Alexandria (city)	683	Manassas (city)
515	Bedford (city)	685	Manassas Park (city)
520	Bristol (city)	690	Martinsville (city)
530	Buena Vista (city)	700	Newport News (city)
540	Charlottesville (city)	710	Norfolk (city)
550	Chesapeake (city)	720	Norton (city)
560	Clifton Forge (city)	730	Petersburg (city)
570	Colonial Heights (city)	735	Poquoson (city)
580	Covington (city)	740	Portsmouth (city)
590	Danville (city)	750	Radford (city)
595	Emporia (city)	760	Richmond (city)
600	Fairfax (city)	770	Roanoke (city)
610	Falls Church (city)	775	Salem (city)
620	Franklin (city)	780	South Boston (city)
630	Fredericksburg (city)	790	Staunton (city)
640	Galax (city)	800	Suffolk (city)
650	Hampton (city)	810	Virginia Beach (city)
660	Harrisonburg (city)	820	Waynesboro (city)
670	Hopewell (city)	830	Williamsburg (city)
678	Lexington (city)	840	Winchester (city)
680	Lynchburg (city)		