

# High Fidelity Wraparound Requests for Prior Authorization

## How to obtain Prior Authorization for High Fidelity Wraparound (HFWA)

Magellan manages the Prior Authorization process for all High Fidelity Wraparound enrollees, regardless of waiver eligibility of the youth. This supports the intent of the Medicaid waivers, to offer HFWA as the model for intensive care coordination, and not simply an insurance benefit. Our process connects Family Care Coordinators (FCCs) with the family as the first point of contact in the eligibility process.

### HFWA Referral and Initial Prior Authorization

1. There is no wrong door to refer potential enrollees to High Fidelity Wraparound. Verify any Medicaid Number used for this process is active for youth at time of referral. To submit a referral, call 1-307-459-6162 or 1-855-883-8740 for our Care Worker, or email [WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com)
    - Complete the referral form either 1) on your computer and email to [wyclinical@magellanhealth.com](mailto:wyclinical@magellanhealth.com) or 2) online (<https://www.magellanofwyoming.com/youth-families/referral/>). Please note, submission of referral through MagellanofWyoming.com results in a time delay, and response is not immediate.
    - FCC can complete a Choice of Provider form with the guardian and email the referral to [WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com)
  2. Magellan outreaches family to get a verbal choice of provider
    - a. Magellan notifies FCC/Agency of the family's choice via email
  3. Agency must respond to Magellan via email within 48 hours that it either accepts or declines the referral for HFWA. The email must include the following:
    - a. A confirmation of their acceptance (or decline)
    - b. The name of the FCC and his/her contact information
- In the event the chosen FCC/Agency does not respond to Magellan within a 48-hour period, the family will be encouraged to choose a different FCC/Agency.
4. Magellan authorizes 14 days for HFWA application period from the date of the FCC's confirmation

5. FCC contacts the family **within 72 hours** of Magellan's notification to confirm Medicaid eligibility. The first meeting is scheduled during this first contact. FCC will document this first contact in a progress note.

If there is a problem with Medicaid eligibility, FCC must notify Magellan immediately via email to [WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com). Move to next step ONLY after Medicaid eligibility is confirmed. All applications for HFWA come to Magellan for Prior Authorization and quality approval. Youth who do not currently have Medicaid, but are applying to the Care Management Entity for HFWA, will need to be verified by the state through the C waiver application process, once Magellan has verified documents have been filled out completely. Please notify Magellan via email in these instances, for all C waiver applications.

6. FCC should call Magellan's Care Worker at 307-459-6162 or 1-855-883-8740 when assistance is needed to select an Independent Assessor (IA), in order to complete the CASII/ECSII – or select from active provider list  
(<http://www.magellanofwyoming.com/youth-families/find-a-provider/>)
7. FCC will assist the family with the Level of Care (LOC). See page 5 of the application. This must be completed by a Qualified Mental Health Professional – anyone licensed who can attest to or provide a valid mental health diagnosis
8. FCC will initiate application
  - a. Ensure all proper signatures and documentation are complete
    - i. Access the application on <http://www.magellanofwyoming.com/media/2675/058application-new-process-final-01252018-508.pdf>. The application is nine pages; each page identifies which signature(s) is/are required. Follow the cover page and page 7 for instructions.
      1. The first seven pages are provided by Magellan
        - a. Review the member guide and workbook with the family – understanding their rights and responsibilities with HFWA is part of purposeful transition
        - b. If a family wants to add a Family Support Partner (FSP) to the team at enrollment, that provider name must be included on the Choice of Provider form
        - c. For all C waiver referrals, the Youth and Family Training (YFT) service provider must be included on the Choice of Provider form
      2. The CASII instrument is a separate document and should be provided by the IA
      3. Release of information forms are provided by each provider and should be kept in provider records
        - a. If the youth has a current Medicaid ID number, submit applications through the provider portal, [www.Magellan.com/Provider](http://www.Magellan.com/Provider)
        - b. If the youth does not have a current Medicaid ID number, submit application via email to

[WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com)

Please complete each page of the application in its entirety and ensure proper signatures on each page. Failure to do this will result in no Prior Authorization.

4. FCC will submit a fully completed application and evaluations within the first 14 days of the application authorization (see note in step 5) to Magellan as stated above. **As a reminder, claims submissions for the 14 day application authorization do not require a Prior Authorization. These claims should be submitted directly to Magellan, not Wyoming Medicaid's fiscal agent.**
5. Begin an initial CANS and ACE survey with the youth and family. Access information on these assessments on the Magellan of Wyoming website>Providers >Tools & Training > Assessments

\*Note – there is currently no wait list for C waiver. When a wait list is necessary, wait times vary and are not at the discretion of Magellan. Magellan will notify providers when changes to wait list occur.

If families have a need for the C waiver and will be on the wait list, direct them to email Lisa Brockman at [lisa.brockman@wyo.gov](mailto:lisa.brockman@wyo.gov) for their status on the wait list. Magellan will not be able to provide information until the state sends a funding notification for a youth on the C waiver wait list.

9. Upon approval of a HFWA application, Magellan will, notify referral source, guardian and FCC of enrollment into HFWA and initiate a Prior Authorization for 46 days. In that time period, the following needs to occur::
  - a. If you have not done so already, begin Strengths Needs & Culture Discovery (SNCD), Adverse Childhood Experiences Survey (ACES), and Child and Adolescent Needs and Strengths (CANS) assessment. If these assessments were done in the application period, meet to start team building.
  - b. Complete Strengths Needs Culture Discovery. If this is your first time, get HFWA coach approval before sending to Magellan
  - c. Upload completed SNCD, ACES, and CANS assessments to [www.MagellanProvider.com](http://www.MagellanProvider.com). Please note, these assessments MUST be completed and uploaded prior to the first Child and Family Team (CFT) meeting and initial Plan of Care (POC).
  - d. Complete a crisis plan with the family
  - e. Plan for the first CFT
  - f. Complete the initial POC and submit to [www.MagellanProvider.com](http://www.MagellanProvider.com)
  - g. For C waiver youth, submit an Activity Approval Form documenting the approved curriculum for the waiver-required, quarterly YFT service

- i. Ensure there are progress notes in the provider portal, detailing at least the minimum required direct contact with youth and their family per month, per role  
\*Allow up to 5 days to see the active Prior Authorization online in the provider portal

### Important notes

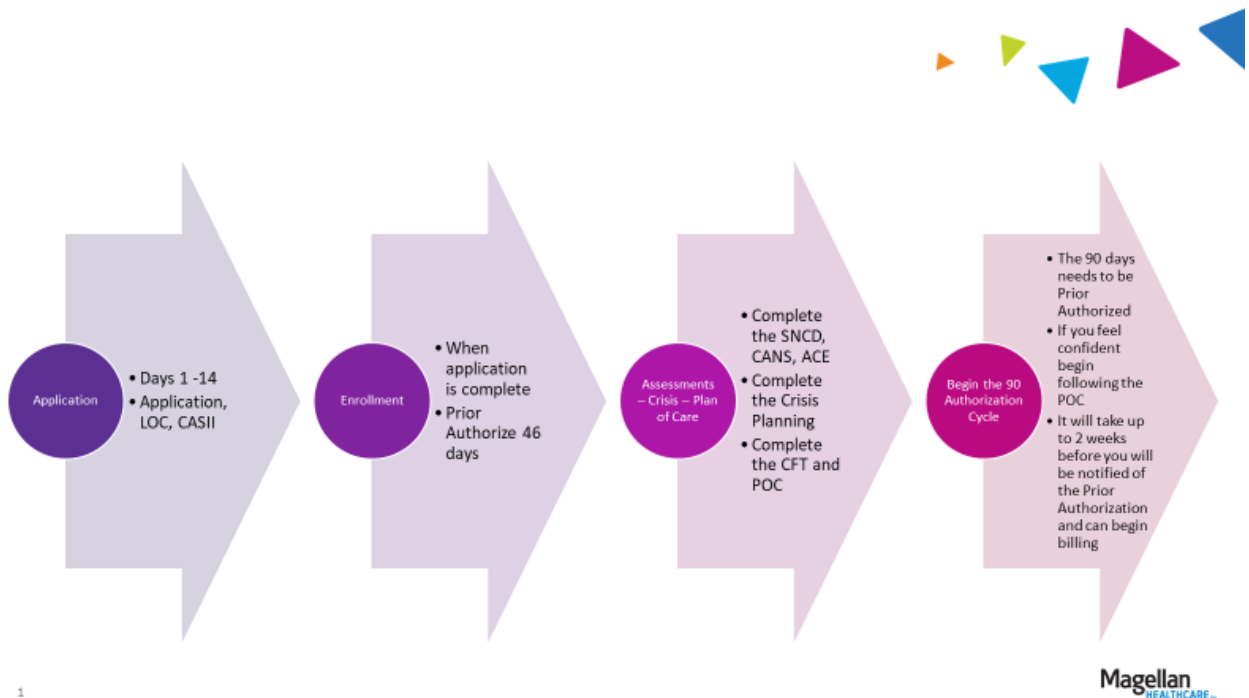
From the time Magellan authorizes FCC to begin engagement with families (first 14 days for application period) to the time of last covered day for initial Prior Authorization will total no more than 60 days.

Magellan will not extend the initial application period beyond 14 days. This time is not billable to Medicaid. If it takes longer than 14 days to complete the application, LOC and initial CASII/ECSII, the agency will have to make its own business decision about the days beyond 14 as these will not be reimbursed.

10. When no evidence of engagement occurs in the first 30 days and Magellan does not receive application and accompanying documents, the application authorization for the youth will be discharged.

### Enrollment notification guidelines

1. Respond in a timely manner to any communication from Magellan about HFWA application submissions so the process does not stall
2. Both the FCC and the family will receive a Prior Authorization notification email. Magellan will issue this notification within 14 days of application submission.
3. FCCs who have completed the FCC checklist and made sure the CASII score (20-26) and LOC assessment meet criteria should confidently move forward working with the family. Magellan will approve all **completed** B waiver applications which meet clinical eligibility for enrollment.
4. Follow the guidelines in the provider requirements document (<http://magellanofwyoming.com/media/2533/hfwa-provider-requirements-andtimelines-8-10-v2docx.pdf>) for further guidance on facilitation of HFWA. Contact your program director, supervisor or coach with any questions.



### Requests for Continuous Prior Authorization after HFWA Enrollment

1. To initiate a request for continuous Prior Authorization, the FCC should submit an update routine Plan of Care through [www.MagellanProvider.com](http://www.MagellanProvider.com). This can be submitted up to 14 days before the last covered day of the current Prior Authorization and should include an updated CANS assessment (completed within the last 30 days), an updated SNCD (if applicable), progress notes, and other case-specific documentation, e.g. Out of Home/Return to Community forms, etc.
2. Magellan will review Prior Authorization requests within a 14-day timeframe to ensure all documentation reflects the individualized needs of each youth and family.
3. Magellan will confirm the service authorization request is for a youth with active Medicaid. If Medicaid has lapsed, Magellan will notify the FCC and ask the FCC to support the youth's guardian in contacting the Medicaid Customer Service Center for more information.
4. If all required documentation for a service authorization request has not been submitted **prior** to the last covered day of the current Prior Authorization timeframe, Magellan will not issue a new Prior Authorization. **This could potentially result in a gap between Prior Authorization timeframes, until all required documentation for a Prior Authorization request has been submitted and reviewed by Magellan and will be the responsibility of the provider, not Magellan or WY Medicaid.**
5. Once a request for Prior Authorization has been reviewed and approved, Magellan will communicate the details of the Prior Authorization to Wyoming Medicaid's fiscal agent. These details include the Prior Authorization date span, CPT code, and number of units authorized. **Note, Magellan will continue to be responsible for review of the Plan of Care and all other supplemental documentation required to make a review and prior authorization decision.**
6. Additional details about claims submission to Wyoming Medicaid's fiscal agent

are included below.

### Creating a Prior Authorization Report

1. Log into [www.MagellanProvider.com](http://www.MagellanProvider.com)
2. On the left-hand side menu on the *MyPractice* page, under *My Authorizations*, select *View Authorizations*
3. Enter search criteria of *Member Name* or by *Date Range*
4. The authorization information will include Prior Authorization number and the coinciding date range/units/claim codes
5. Each claim submission to Wyoming Medicaid fiscal agent (<https://wymedicaid.portal.conduent.com/wy/general/home.do>) will require inclusion of the associated Prior Authorization number
6. Direct all claims questions to Wyoming Medicaid's fiscal agent

### Helpful Hints

- If you feel there is a discrepancy in your authorization listings, contact us at [WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com)
- Contact Magellan directly if there are extenuating circumstances that prevent these steps from being followed.
- Magellan has 14 days to review all Prior Authorization requests. Providers are encouraged to submit documentation no more than 14 days in advance of the last covered day, to account for this processing time.
- Late submission of documentation may result in a gap between Prior Authorization spans.