



# PRIOR AUTHORIZATION CODING GUIDE

## Contents

Eligibility, Annual Assessments, and Choice of Provider.....	2
Fidelity EHR General Review .....	3
Assessments .....	4
Family-Driven Documents .....	4
Plan of Care Requirements .....	5

# Eligibility, Annual Assessments, and Choice of Provider

Criteria	Criteria Present in Youth Record	Criteria Not Present in Youth Record	Review Outcome
Active Medicaid through regular Medicaid or the 1915(c) Waiver	Initial & Reauthorization: 90-day authorization	Unable to process	Authorization can only be granted once WY Medicaid is reinstated. Backdating may occur based on the reinstatement date. Provider must submit the POC to <a href="mailto:WYClinical@magellanhealth.com">WYClinical@magellanhealth.com</a> to trigger a new authorization period.
Youth not enrolled in an excluded population (nursing facility, ICF/MR, other managed care program, ABI/Community Choices waiver, or determined to need habilitative vs. rehabilitative services)	Initial & Reauthorization: 90-day authorization	Initial & Reauthorization: 30-day authorization only	If criteria are not present, an Advanced Notice of Disenrollment letter is sent to the family. Youth will no longer be eligible after 30 days.
Level of Care completed within the last 12 months and valid for the next authorization span	Full 90-day authorization	Partial date-range approval (Initial & Reauthorization)	Authorization is limited to the Level of Care validity period. Family Eligibility Letter sent 60 days prior to expiration. Updated LOC allows resubmission for full 90-day approval.
CASII/ECSII completed within the last 12 months and valid for the next authorization span	Full 90-day authorization	Partial date-range approval (Initial & Reauthorization)	Authorization is limited to the assessment validity period. Family Eligibility Letter sent 60 days prior to expiration. Updated assessment allows resubmission for full 90-day approval.
Youth turning 21 during the authorization period	Reauthorization is approved up to the day before the youth turns 22.	Not applicable	If the youth will turn 22 during the next authorization span, a partial date-range approval is issued.
Youth in out-of-home placement	Reauthorization approved for up to 180 days	Standard reauthorization	A “Yes” triggers an email reminding the provider to schedule a case review. If placement reaches 180 days during the authorization span, a partial date-range approval is issued.
Choice of Provider documented for each HFWA service (guardian signature, printed name, date)	Initial & Reauthorization: 90-day authorization	Partial approval	Services without a valid COP cannot be authorized. Only services with documented COP may be approved. Family receives notice if services are denied due to a missing COP.

# Fidelity EHR General Review

Criteria	Criteria Present in Youth Record	Criteria Not Present in Youth Record	Review Outcome
Has there been a Critical Incident since the last Plan of Care review?	Initial & Reauthorization receive a 90-day authorization.	Initial & Reauthorization receive a 90-day authorization.	If a critical incident has occurred, POC should be updated.
If a critical incident occurred, were changes made to the POC to ensure the plan is effective and meets the youth/family's needs?	Initial & Reauthorization receive a 90-day authorization. Changes were made and no further action is needed.	A notification email is sent to the provider requesting clarification in the next POC to ensure services and the plan are adjusted appropriately.	Only applies when a Critical Incident has occurred.
Has the youth been enrolled in Wraparound 18 months or greater?	Reauthorization receives 90-day approval. Email sent prompting provider to ensure a case review is scheduled (or disregard if it already occurred).	Full 90-day reauthorization; no additional action.	Case review is required at 18 months.
Is the youth turning 18 within the next six months?	Reauthorization receives 90-day approval. Email sent prompting provider to ensure a case review is scheduled (or disregard if it already occurred).	Full 90-day reauthorization; no additional action.	Connection to Adult service planning prior to age 18.

# Assessments

Criteria	Criteria Present in Youth Record	Criteria Not Present in Youth Record	Review Outcome
Transition Readiness Custom Assessment completed within the required timeframe (60 days initial / 90 days reauthorization)	Initial & Reauthorization: 90-day authorization	Initial & Reauthorization: 90-day authorization	A “No” triggers an email to the provider requesting completion of the Transition Readiness Custom Assessment within 45 days.
CANS Assessment completed within the last 90 days	Initial & Reauthorization: 90-day authorization	Initial & Reauthorization: 90-day authorization	A “No” triggers an email to the provider requesting completion of the CANS Assessment within 45 days.
CANS includes risk of harm and co-occurring physical health issues requiring monitoring/support	Initial & Reauthorization: 90-day authorization	Crisis Plan does not address co-occurring physical health issues	Provider receives feedback through the review decision and is instructed to update the Crisis Plan and Brief History. An additional email is sent requesting inclusion of co-occurring physical health issues and appropriate resources.

# Family-Driven Documents

Criteria	Criteria Present in Youth Record	Criteria Not Present in Youth Record	Review Outcome
Family Story completed prior to development of the initial Plan of Care ( <i>Initial POC only</i> )	Initial authorization: 90-day approval	Pended	Plan of Care is pended and returned to the Family Care Coordinator for completion. Upon resubmission, authorization is backdated to the original guardian signature date.
Child and Family Team (CFT) meeting held at least once every 90 days and documented in Team Meeting Minutes	90-day authorization	90-day authorization	A “No” triggers an email to the provider requesting that a CFT meeting be held and documentation uploaded within 45 days. HFWA teams are family-driven and youth-guided, including family, natural supports, formal supports, and community partners to ensure ongoing alignment with the Plan of Care.

# Plan of Care Requirements

Criteria	Criteria Present in Youth Record	Criteria Not Present in Youth Record	Review Outcome
Plan of Care developed within 60 calendar days of enrollment (based on guardian signature date)	Initial & Reauthorization: 90-day authorization	Pended authorization	A gap in days of service may occur. No formal letter required. Guardian signature may be electronic (Fidelity EHR) or wet signature.
Guardian signature obtained within the last 30 calendar days of the authorization period	Initial & Reauthorization: 90-day authorization	Pended authorization	If signed within the last 30 days, full approval may be granted (pending FCC signature). If signed after the authorization period, a partial date-range approval applies.
Youth signature included or Ground Rule documented (“No Signature per CFT” or equivalent)	Initial & Reauthorization: 90-day authorization	Pended authorization	POC returned to FCC for correction. Upon resubmission, authorization is backdated to the original guardian signature date.
FCC signature included on the Plan of Care	Initial & Reauthorization: 90-day authorization	Pended authorization	POC returned to FCC for correction. Upon resubmission, authorization is backdated to the original guardian signature date.
POC Needs, Strategies, and Tasks align with the Statement of Work and are billable	Reauthorization: 90-day authorization	Partial units approved	When criteria are not present, tasks are duplicative, recreational, vocational, or non-billable and do not align with role expectations.
Plan of Care Needs are reviewed every 90 days using the Review function	Reauthorization: 90-day authorization	Pended	Reauthorization POC returned to the provider for updates to the review section. Upon resubmission, authorization is backdated to the original guardian signature date.
Youth Family Team (YFT) identified on Choice of Provider and Plan of Care (C Waiver youth or NA for B Waiver)	90-day authorization	Pended	POC returned to FCC for correction. Upon resubmission, authorization is backdated to the original guardian signature date.
Primary Care Provider (PCP) identified in the Plan of Care	Initial & Reauthorization: 90-day authorization	Provider notification issued	Provider must identify a PCP or document “No PCP” in Fidelity EHR. A “No” triggers an email to the provider requesting completion of the addition of PCP within 45 days.
Crisis Plan included in the Plan of Care	Initial & Reauthorization: 90-day authorization	Pended	POC returned to FCC to complete the Crisis Plan. Upon resubmission, authorization is backdated to the original guardian signature date.
Crisis Plan addresses the identification, mitigation, and prevention of dangerous behaviors or health issues	Rating 3 or 5: Initial & Reauthorization 90-day authorization	Rating 1: Initial & Reauthorization 90-day authorization	Rating guidance: 1 = no clear plan; 3 = partial/incomplete plan; 5 = comprehensive plan. Feedback provided in review decision. Updates should be documented in the Brief History of the Crisis Plan. Providers may contact their HFWA Coach for assistance.