

Magellan of Wyoming Case Review Form

As part of the tiered review process, a Family Care Coordinator/Clinical Program Director may need to request a second Plan of Care review to request additional units. In preparation for the second tier review, please answer the following questions and submit this form to WYClinical@magellanhealth.com.

- 1) Youth's name, age, guardian _____
- 2) High Fidelity Wraparound admission date _____
- 3) Phase of High Fidelity Wraparound _____
- 4) Dates of authorization and services authorized _____
- 5) How many units have been exhausted as of this date? _____
- 6) DSM5 diagnosis and current behavioral/medical symptoms (e.g. how severe? how often?), history/current suicidal or homicidal ideation? History/current substance use?

- 7) Overview of the case (review of CANS, ESCII/CASII/LOC if applicable due to recent annual assessment or return to the community), recent crisis, recent incident reports, threat of out of home placement _____

8) Number of units requested per service, as documented within the Plan of Care

9) Any time there are additional units beyond the monthly PMPM that was paid in the past - there will need to be documentation explaining the rationale for the additional unit request until new utilization patterns are established through fee for service. Example: in May 2018, a Family Care Coordinator billed \$837 for 31 days of High Fidelity Wraparound. In August 2018, after the fee for service transition, the same Care Coordination should cost a similar amount which would be 45.6 units. There will be variances depending on gains or set-backs.

10) Provider's record of average number of units utilized/per service from January 2018 through June 2018

Providers who have not been authorized all units as requested in their first Plan of Care submission must submit an **“update correction”** Plan of Care, along with any other supplemental documentation, to Magellan for a second review. Additional and/or updated information submitted to Magellan should include (but not be limited to) Magellan of Wyoming Case Review form, CANS, ECSII/CASII, Level of Care, Incident Reports, Crisis Plans, Progress Notes, Out of Home Placement forms and any other information necessary to explain the need for additional units. Clearly document how the requested service will result in meeting needs identified within the Plan of Care and help maintain the youth in a home and community-based setting.