

# High Fidelity Wraparound Request for Prior Authorization

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 High Fidelity Wraparound as the model for targeted case management and not simply an insurance benefit. Our process connects Family Care Coordinators with the family as the first point of contact in the eligibility process.

## High Fidelity Wraparound 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 1-855-883-8740 or 1-307-459-6162 for our Care Worker, or email [WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com)
  - Complete the referral form either
    - 1) in the electronic health record and email to [wyclinical@magellanhealth.com](mailto:wyclinical@magellanhealth.com) via Fidelity EHR or
    - 2) online (<https://www.magellanofwyoming.com/youth-families/referral/>).
    - Please note, submission of referral through [www.MagellanofWyoming.com](http://www.MagellanofWyoming.com) results in a time delay, and response is not immediate (for provider-driven referrals)
  - Family Care Coordinators should complete a Choice of Provider Custom Assessment in Fidelity EHR with the guardian including guardian signature, ensure that the youth Social Security Number has been entered into the Intake Form and notify WYClinical of the Custom Assessment completion via email to [WYClinical@MagellanHealth.com](mailto:WYClinical@MagellanHealth.com)
2. Magellan outreaches family to get a verbal choice of provider if the Choice of Provider Custom Assessment is not already in the member record
  - Magellan notifies Family Care Coordinator/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 High Fidelity Wraparound. The email must include the following:

- A confirmation of their acceptance (or decline)
  - The name of the Family Care Coordinator and his/her contact information
  - In the event the chosen Family Care Coordinator/Agency does not respond to Magellan within a 48-hour period, the family will be encouraged to choose a different Family Care Coordinator/Agency.
4. Magellan authorizes seven days for High Fidelity Wraparound application period from the date of the Family Care Coordinator's confirmation
  5. Family Care Coordinator contacts the family **within 72 hours** of Magellan's notification to confirm Medicaid eligibility. The first meeting is scheduled during this first contact. Family Care Coordinator will document this first contact in a Contact/Service note.
    - Note: If there is a problem with Medicaid eligibility, the Family Care Coordinator 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 Family Care Coordination 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 High Fidelity Wraparound, will need to be approved by the state through the C waiver application process, once Magellan has verified documents have been filled out completely. **Please submit all High Fidelity Wraparound applications to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com) via Fidelity EHR. Ensure all supplemental documentation has been uploaded to the Documents tab of the member record.**
    - For C waiver applications, please include the Wyoming Medicaid Financial Application with other application documents. It should be uploaded to the Documents tab of the member record in Fidelity EHR. Please do not submit the Wyoming Medicaid Financial Application directly to Wyoming Medicaid.
    - Family Care Coordinator should call Magellan's Care Worker at 1-855-883-8740 or 307-459-6162 when assistance is needed to select an Independent Assessor (IA), in order to complete the CASII/ECSII (<http://www.magellanofwyoming.com/youth-families/find-a-provider/>)
  6. Family Care Coordinator will assist the family with the [Level of Care](#). This must be completed by a Qualified Mental Health Professional – anyone licensed who can attest to or provide a valid mental health diagnosis.
  7. Family Care Coordinator will initiate the High Fidelity Wraparound application in Fidelity EHR
    - Complete all application Custom Assessments and guardian signatures within Fidelity EHR. Confirm all application documents are complete by accessing the Family Care Coordinator Workflow in Fidelity EHR. Required documents include the following:
      1. Intake form tab of the member record
      2. Choice of Provider Custom Assessment
        - If a family wants to add a Family Support Partner to the team at enrollment, that provider name must be included on the Choice of Provider Custom Assessment.
        - For all C waiver referrals, the Youth and Family Training service provider must be included on the Choice of Provider Custom Assessment.

3. Freedom of Choice Custom Assessment
4. Family Rights and Responsibilities Custom Assessment
5. CASII/ESCII Custom Assessment
6. Release of Information

Application Reminders:.

- The CASII instrument is a Custom Assessment that must be completed by the Independent Assessor (IA). You will need to talk with the family about their choice of Independent Assessor and document this choice on the Choice of Provider Custom Assessment initially submitted with the referral. Magellan will grant the selected IA time-limited access to the record for completion of the CASII/ESCII assessment.
- Paper copies of Release of Information forms are supplied by each provider and should be uploaded in the Documents tab of the member record. Providers also have the electronic option of either using the “Has Authorization to Release Information” radial button within the “Edit Team Member Details” feature within Fidelity EHR or the [Consent to Release](#) on [MagellanoWyoming.com](#)

\*\*\*Please complete each required document of the application in its entirety and ensure proper signatures as appropriate. Failure to do this will result in no Prior Authorization.

8. Family Care Coordinator will submit a fully completed application and evaluations within the first seven days of the application authorization (see note in step 5) to Magellan as stated above. **As a reminder, invoice submissions for the seven-day application authorization {CPT code H0032} do not require a Prior Authorization. These invoices should be submitted directly to Magellan at [WYProvider@magellanhealth.com](mailto:WYProvider@magellanhealth.com)**
9. Begin an initial CANS Licensed Assessment and ACE survey Custom Assessment with the youth and family.

\*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.

10. Upon approval of a High Fidelity Wraparound application, Magellan will notify referral source, guardian and Family Care Coordinator of enrollment into High Fidelity Wraparound and initiate a Prior Authorization for 46 days. In that time period, the following needs to occur:
  - Meet to start team building. Work with the family to complete assessments and documentation needed for prior authorization.

- Complete Strengths Needs & Culture Discovery (SNCD) located under the Family Timeline tab in Fidelity EHR. If this is your first time, get High Fidelity Wraparound coach approval before sending to Magellan.
- Complete Adverse Childhood Experiences Survey (ACES) Custom Assessment.
- Complete Child and Adolescent Needs and Strengths (CANS) Licensed Assessment.
- Complete a crisis plan with the family. Document the Crisis Plan within the Current version of the Plan of Care in Fidelity EHR and save
- Plan for the first Child and Family Team meeting. Please note, the CANS Licensed Assessment, ACES survey, and SNCD MUST be completed prior to the first Child and Family Team meeting and initial Plan of Care development.
- Complete Contact/Service notes in the member record. Ensure there is a minimum of two required Family Care Coordinator contacts documented with the youth and their caregiver, per month, via the family's preferred means of contact.
- For C waiver youth, submit an Activity Approval Form documenting the approved curriculum for the waiver-required, quarterly Youth and Family Team service
- Complete the initial Plan of Care and submit to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com) via Fidelity EHR. \*Ensure all assessments and documentation listed above is complete in the Fidelity EHR record prior to submitting the Plan of Care for Prior Authorization review.

### Important notes

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

When no evidence of engagement occurs in the first 30 days of referral submission and Magellan does not receive an application and accompanying documents, the application process for the referred youth will be closed at Magellan's discretion.

### Enrollment notification guidelines

1. Respond in a timely manner to any communication from Magellan about High Fidelity Wraparound application submissions so the process does not stall.
2. The Family Care Coordinator will receive a Prior Authorization notification email after processing a submitted application. Magellan will issue this notification within 14 days of application submission. The enrolled family will receive an enrollment letter with a link for the

Member Handbook via U.S. Mail. A copy of the enrollment letter will be saved in the Documents tab of the member's record in Fidelity EHR.

3. Family Care Coordinators who have completed all application documents and made sure the CASII score (20-26) and Level of Care 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. As a reminder, Magellan defers to the state for all C waiver clinical and financial eligibility determinations.
4. Follow the guidelines in the provider requirements document, see the [Provider Handbook](#) (page 77) for further guidance on facilitation of High Fidelity Wraparound. 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 Family Care Coordinator should complete the Plan of Care in the electronic health record. Then submit an update routine Plan of Care to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com) using the FEHR email function.
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. It is the provider's responsibility to ensure all required documentation is fully completed, as this 14 day time period begins with a complete request.
3. Magellan will confirm the service authorization request is for a youth with active Medicaid. If Medicaid has lapsed, Magellan will notify the Family Care Coordinator and ask the Family Care Coordinator to support the youth's guardian in contacting the Medicaid Customer Service Center for more information. If all required documentation for a service authorization request has not been submitted **prior** to the last covered date of the current Prior Authorization timeframe, Magellan will issue a Non-Authorization. **This could potentially result in a gap between Prior Authorization timeframes, until all required documentation has been submitted to Magellan for review. It is the responsibility of the provider, not Magellan or Wyoming Medicaid, to submit complete and timely Prior Authorization requests.**
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.**

## 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.
- You may make a one-time request per Prior Authorization, for administrative authorization extension in writing to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com). This request MUST be submitted prior to the last covered day of the existing Prior Authorization. Please document the rationale for your request within the email.
- You may request additional units before the last covered day of the existing Prior Authorization by emailing a Magellan Case Review form to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com) and ensuring all supplemental documentation is in the member record in Fidelity EHR, e.g. updated Plan of Care, Contact/Service notes, etc. Should Magellan require additional information, a case review with the requesting provider will be scheduled.
- Late submission of documentation may result in a gap between Prior Authorization spans.

### Preparation for Plan of Care submission checklist:

- Verify the youth has active Medicaid eligibility through Wyoming Medicaid
- Confirm a valid Level of Care assessment is saved to the Documents tab of the member record in Fidelity EHR
- Confirm a valid CASII/ESCII Custom Assessment is in the member record in Fidelity EHR
- Confirm Family Interview (SNCD) has been completed, to include a signature page uploaded to the Documents tab of the member record in Fidelity EHR
- Confirm CANS Licensed Assessment has been completed within the last 30 days
- Confirm Team Meeting Minutes have been updated within the last 30 days
- Confirm a new Transition Assets Custom Assessment has been completed within the last 90 days
- Confirm Core Assessments have been completed within the last 90 days
- Confirm Contact/Service notes document a minimum of 2 contacts per month between the Family Care Coordinator and the youth and/or caregiver
- Confirm a Crisis Plan has been fully completed and includes all 4 phases of a crisis event (Prevention, Early Intervention, Crisis, Follow Through) and Action Steps for each phase.
- Confirm Custody information has been completed within the Fidelity EHR record. Ensure all signatures are completed by the legal guardian documented under Custody.
- Confirm that the Clinical Evaluator, Primary Care Physician, and Level of Engagement have been completed and are reflected on the Crisis Plan.
- Confirm the Plan of Care has been signed by the guardian and Family Care Coordinator. Other HFWA service providers, such as a Family Support Partner, etc. may also provide signatures. If

signatures are not captured electronically, confirm a Plan of Care Signature Page has been uploaded to the Documents tab of the member record. Confirm the signature page includes a current date.

- Confirm Youth and Family Training is included for all C-Waiver youth and documented within the Plan of Care, Choice of Provider form, and Activity Form.
- If requesting Group Family Support Partner or Group Youth Support Partner, confirm the following has been completed: updated Choice of Provider, Group Activity Form submitted to [WYClinical@magellanhealth.com](mailto:WYClinical@magellanhealth.com), Plan of Care Task includes group curriculum and units.