

Important Notice to Case Responsible Agencies Under Contract to Western Highlands Network

The amount of incomplete and inaccurate information submitted with the Service Authorization Request (SAR) is overwhelming the WHN Services Management Department's ability to process "clean" requests on a timely basis, thereby, creating additional problems for providers. It is incumbent on a provider to have a quality control process in place to ensure that only "clean" SARs are submitted to WHN. The circumstances listed below constitute purely **mechanical** requirements that are routinely deficient in submissions:

- No Service Order (the attestation on the paper or electronic SAR)
- No PCP, IPRS, Demographics
- Outdated PCP
- Interventions on PCP do not specify frequency
- Incomplete diagnosis
- No IPRS
- Missing ASAM, GAF, SNAP, CAFAS
- Incomplete or inaccurate SAR form
- Duplicate request or overlapping date with previous authorization
- Missing, incorrect or lapsed target dates on PCP
- Service being requested is not on PCP
- No step-down plan for CBS services over 3 hours/day
- Incorrect provider
- No provider number
- Illegible SAR

Therefore, effective October 1, 2004, we will no longer "pend" incomplete/inaccurate service authorization requests; we will administratively deny the service, with an explanation code or note. The administrative denial notice will be e-mailed to the provider and faxed to the case responsible person. An administrative denial simply means that we are not accepting the request until it is complete and accurate. You will have to resubmit the SAR.

Note: If there are **substantive** issues with a service authorization request, then we will pend the request and notify the case responsible person. Examples would be an inadequate step-down plan or an insufficient justification for a particular service. If the case responsible person does not respond with the requested information and/or changes within 3 weeks, the SAR will be administratively denied and notice sent to the case responsible person. If there are extenuating circumstances, the case responsible person should request an extension of this time-frame. An example would be the need to have a PCP Team meeting to discuss the revision of the consumer's PCP in order to justify a particular service request.

The Services Management Department cannot routinely respond to provider inquiries about the status of a service authorization request. Providers should have an internal process for case responsible staff to be able to check on authorizations. If a case responsible staff does not have direct access to the WHN system, a provider can have a designed person at the agency to check on the status of authorizations. WHN is working toward expanding access to the Care Coordination Information System (CCIS). If your agency does not have this capability and wishes it, please contact your Provider Network liaison for more information.

Additionally, providers are encouraged to have a process to help each case responsible person keep track of authorized services and service durations. The Services Management Department routinely receives overlapping service requests. We will begin to administratively deny these requests. Most of the requests are errors, however, there are circumstances when a case responsible person wants to increase the number of units requested for a service that has already been authorized. In order to avoid an administrative denial, it is important that the case responsible person check off this option on the SAR.

We have received numerous complaints from non-case responsible agencies that they are not getting authorization numbers on a timely basis, and in some cases, are concerned that case responsible clinicians are not completing the services authorization request process. To eliminate this problem, Western Highlands Network (WHN) is instituting the following temporary requirement:

We ask that case responsible providers require staff to submit a copy of the Service Authorization Request (SAR) form to non-case-responsible providers before services commence.

Ideally, a SAR will have been submitted to WHN (the SAR is correct and accurate), and the SAR is processed by WHN, approved and a “notice of authorization” sent to the provider. Until this scenario is occurring on a timely basis, non-case responsible agencies must be assured that the authorization process has been initiated.

Many clinicians are now submitting SARs electronically. However, we have learned that there are clinicians with the capability to submit electronic SARs but prefer to submit paper SARs via fax. We are asking that case responsible providers require clinicians with access to the electronic SAR to use it. Electronic submissions make the services authorization process more efficient and minimize errors.

Lastly, we have been asked to clarify the use of the codes for Assertive Outreach and Case Support:

Assertive Outreach

For consumers who do not have an open case, Assertive Outreach (YP230) may be authorized for the following circumstances:

- Hospital discharge follow-up
- Follow-up for consumers on outpatient commitment
- Contacts associated with face-to-face Emergency Service evaluations
- Actual testimony in court (not for waiting)
- Management of consumers for whom Western Highlands Network's CEO is legal guardian

These services typically will be authorized by the Access Department.

YP230 can not be used for non-target populations. It is intended for more seriously impaired individuals who would fall within a target population and for whom where a case opening is simply not practical, usually because the care is being delivered in the community (i.e., not in the traditional office setting). Some examples are PATH Grant services and Perinatal Substance Abuse services. Normally, it would NOT be used for an outpatient commitment or commitment in an office setting, although occasionally a consumer may display extremely challenging behavior that would justify its use. It is absolutely not permissible to substitute YP230 for the loss of H0002.

Case Support

For consumers who do have an open case, Case Support (YP215) may be authorized for the following circumstances:

- Hospital discharge follow-up
- Follow-up for consumers on outpatient commitment
- Contacts associated with face-to-face Emergency Service evaluations
- Management of consumers for whom Western Highlands Network's CEO is legal guardian

These services typically will be authorized by the Services Management Department.

We encourage you to consult the service definitions. We will be providing more guidance on Assertive Outreach and Case Support after receiving additional input from providers.