



Therapeutic Communities Prior Authorization Request Form

Provider Information			
Provider Name:		<input type="checkbox"/> Initial Request	<input type="checkbox"/> Concurrent
Date Submitted:		Contracted	<input type="checkbox"/> Yes <input type="checkbox"/> No
NPI:		Tax ID (TIN):	
Medicaid ID:			
Contact Name:		Provider Email Address:	
Phone:		Provider Fax Number:	
Address:			
Member Information			
Member Name:		Date of Birth:	
CareSource PASSE ID#:		Medicaid ID:	
Care Coordinator Name:			
ICD-10 Diagnosis Code:		Diagnosis Description:	
Is member AR 911:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of 911 Monitor:	
Do you have a copy of the Person-Centered Service Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, CareSource PASSE can provide you with a copy.			
Authorization Request (up to 6 months)			
Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Retrospective <input type="checkbox"/>			
H0019 TC Level 1 <input type="checkbox"/>		Start Date:	End Date:
H0019, U4 TC Level 2 <input type="checkbox"/>			
Admission Date to Therapeutic Communities: (1 st day member admitted to program; admission date may not align with the dates of service being requested)			

INSTRUCTIONS:

- 1.) Therapeutic Community providers must be certified as an Enhanced Community Support System Provider (CSSP) or a Behavioral Health Agency with certification from DPSQA.
- 2.) All services should be reflected in the Person-Centered Service Plan (PCSP) and developed in collaboration between member, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing carecoordination@caresourcePASSE.com.
- 3.) The following are the current methods for submitting an authorization. Completed form is required.
 - a. Email: Servicedeterminations@caresourcePASSE.com
 - b. Fax: 1-844-542-2605
- 4.) The CareSource Provider Portal is not available for submission of these services; however, you can use the portal for viewing the status of an authorization.

Disclaimer: An authorization is not a guarantee of payment; Member must be eligible at time of services are rendered.

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This Prior Authorization form is intended to provide a complete summary of members need for Therapeutic Communities, reducing requests for additional information and expediting authorization decisions.

Recommended Clinical	<input type="checkbox"/> Admission Assessment (Initial Admissions Only) <input type="checkbox"/> Court orders <input type="checkbox"/> Psychiatric Assessment <input type="checkbox"/> Medication List and encounter notes <input type="checkbox"/> Plan of Care (current) <input type="checkbox"/> Progress Notes (progress notes may not be needed if Plan of Care Treatment Goals are updated prior to authorization submission. Please limit notes to last 14-30 days.)
Direct admission from State Hospital:	Yes <input type="checkbox"/> or No <input type="checkbox"/> If admitting direct from inpatient level of care pls include hospital records or evaluation documenting treatment history.
Court Ordered to TC	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Attach most recent court order.
Next Court date/hearing	Can include discussion/meeting details with any legal representative.
Treatment Plan	Attach provider treatment plan/ individual support plan with goals; this is not the PCSP. The CC is responsible for ensuring a valid PCSP is on file.
Current medications, dosing, recent changes	Attach most recent two medication management notes. This section can also provide more context to medication compliance, interventions aimed at increasing compliance, medication list.
Discharge Planning	Include plan to transition lower levels of care, anticipated dates, court involvement, family support, residential accessibility. Lower levels of care include: TC2 to TC1; Assertive Community Treatment, and other Outpatient and/or community-based services.
Overall Need/Progress	This should be short summary of progress to include participation in therapeutic programming, medication compliance, mental health/substance use symptoms, barriers to progress. The summary should be written by a team member who knows the members overall treatment in TC.

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