



Family Centered Treatment (FCT) Prior Authorization Form

Provider Information			
Provider Name:			
Provider NPI:		Provider Tax ID:	
Contact Name:		Email:	
Phone:		Fax:	
Member Information			
Member Name:			
Member ID:		Member DOB:	
Member Age:		Date of FCT Referral:	
Care Coordinator:			
Request Type:	<input type="checkbox"/> Initial <input type="checkbox"/> Concurrent		
Treatment Phase:	<input type="checkbox"/> Joining <input type="checkbox"/> Restructuring <input type="checkbox"/> Valuing Change <input type="checkbox"/> Generalization		
Diagnosis and Description:			
Service(s) Request			
<input type="checkbox"/> Routine <input type="checkbox"/> Retrospective <input type="checkbox"/> Urgent			
If marked urgent, please provide justification: _____ _____ _____			
Code and Description	Authorization Period	Number of Units	

- 1) All services should be reflected on the Person-Centered Service Plan (PCSP) and developed in collaboration between members, family/guardian, service providers and Care Coordination. Care Coordination assignment can be found in the Provider Portal or by emailing CareCoordination@CareSourcePASSE.com.
- 2) Below are current methods for submitting an authorization. A complete form is required.
 - a. Provider Portal
 - b. Fax: <1-844-542-2605>
- 3) A medical necessity review is completed with every authorization request. Authorization related questions can be directed to ServiceDeterminations@CareSourcePASSE.com.

Authorization Guidance

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Initial		Concurrent	
<ul style="list-style-type: none"> 90 Day authorizations (3 units = 3 months) 45 days for per diem units for individuals discharging from RTC. MHA + FCT Plan Preferred Method for Authorization Submission: Provider Portal, then Fax 		<ul style="list-style-type: none"> Concurrent 30 days rolling month (1 unit) 30 days Per diem units for members discharging from FCT Monthly FCT Tracking Report completed in entirety, aligns with CC notes, and other clinical records 	
Monthly: H0037 U4, V1		Per Diem: H0037 U4, V2	
Has the member received home- and community-based services (HCBS) in the last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the member is stepping down from Residential Treatment, please list such information:			
Provider	Service(s)		Frequency
Individual therapy sessions in the last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Last Session: _____ Frequency: _____			
Is the member in DCFS custody? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Services are subject to change: Please refer to CareSource PASSE Prior Authorization page.

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

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Initial Request:

- The Mental Health Assessment should clearly document:
 - History of Treatment, Compliance and Barriers (within the last 90 days): Includes community based treatment, therapy, medication management and crisis events.
 - Support System(s): Evaluate the strength and nature of the member's support system(s).
 - Custody and Legal Issues: Mention if the member is in DCFS custody and provide caseworker contact details if available. Note any legal charges.
 - Current Symptoms/Behaviors: List specific symptoms or behaviors that pose challenges to safe management through HCBS and counseling, detailing any resulting harm or injury.
 - Barriers to Treatment: If the member has not engaged in outpatient treatment in the last 90 days, explain barriers to family-centered treatment and risks for out-of-home placement.

Concurrent Request:

- Monthly FCT Tracking form completed in detail.
 - * 30-day progress notes are not required but may be requested on an individual basis for medical necessity determinations.
- 10 hours per month is the minimum number of hours to bill the case rate. Fidelity to the FCT model is higher.

Additional information not included in MHA/or Monthly Tracking:

Virtual sessions require approval from the FCT Foundation.

FCT Foundation sends requests to <ServiceDeterminations@CareSourcePASSE.com> for approval; CareSource PASSE sends notification of approvals to the provider.

CareSource PASSE notification **is required** when more than two consecutive sessions are related to staffing barriers and member barriers.

CareSource PASSE notification **is not required** if virtual sessions are due to illness or weather. The Monthly FCT Tracking form captures these circumstances.

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AR-PAS-P-5098000

DHS Approved: <xx/xx/xxxx>

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