UM TIPS FOR SUBMISSION OF AUTHORIZATION REQUESTS

- Plans should be uploaded directly in to the Provider Direct system from the client home page into the clinical documents section. These should not be password protected so that UM staff is able to open. Plans uploaded with passwords will be consider unable to process.
- Please be sure to include the name and direct contact number for UM follow-up.
- PCPs/Update PCPs should be submitted in Word format or as a PDF. On the signature page names and dates of those who signed the plan can be typed in if using a Word document. Provider must have the original signatures on file and could produce upon request. If sending in PDF format, signatures should be present. For the original documents, dates should never be pre-typed these should be dated by the individual at the time of signature.
- Do not submit information to a Care Manager's personal email in the event that this staff is currently out of the office. Submit any questions related to authorizations to the UM mailbox email identified below.
- A Treatment Authorization Request (TAR) should only be marked as expedited, if there is an immediate health and safety issue for the member that is clearly explained in the notes.

Tips When Completing Your TAR:

- Mark the correct population: MH, SA (SUD), DD
- Check that service and code are correct. Link to a diagnosis that is the focus of the service being requested. It is only necessary to link to one diagnosis even if provider will be addressing multiple areas.
- TAR should only have services and dates currently being requested.
- Follow the service specific UM authorization guidelines when requesting a start and end date.
- Complete all sections fully, including all diagnoses. For IDD services, list those diagnoses as primary and any MH/SUD diagnosis as additional. For MHSUD services, list those diagnoses as primary and any IDD diagnosis as additional.
- Review the content of TAR when using the "copy TAR" and update all information as needed, ex. changes to medications/dosages, updated substance use information and ensure that the services being request are still clinically appropriate.
- All information must match the PCP/ISP exactly (if plan lists per month, then TAR should be per month).
- Ensure that all required documents such as PCP/ISP, CCA, financial documentation, etc. are uploaded at the same time as TAR submission.
- Comment on progress toward goals in the clinical comments of the TAR, provide clinical justification for the service and frequency being requested, and comment on active discharge planning.
- Provide specific information such as frequency of behaviors, descriptions of incidents and when these occurred.
- Upload any additional clinical information that would assist in the review of the request. However, this does not replace completion of all sections on the TAR.

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- Units being requested should be supported by the clinical information, and based on current service usage for reauthorization.
- When requesting more units than member has actively been using provide detailed explanation to support the request.
- For services where titration of services is expected, if titration is not occurring please provide supporting clinical information including changes to strategies and interventions.

After Submitting TAR:

- Please do not call Care Managers to check on "status," the status of review can be viewed from the Provider Direct portal.
- Do not assume a TAR submitted to UM has been approved. Check the system for status. Providers will see the following: NR= Not Reviewed (TAR has not been reviewed by UM or has been returned to provider for more information) or COMPL= action has been finalized (TAR services have been approved or denied)
- Please review TAR comments from UM. This may indicate information needed prior to requesting a new authorization.
- If an authorization is received for less time than requested, please review TAR comments to see explanation for this.
- All correspondence to providers related to either an individual request, or spreadsheets of information can be accessed through Provider Direct using the File transfers--download file option.
- For TARs marked as "unable to process" (due to missing required elements for review), providers will need to create a new TAR for UM review of the request as no review could occur on the original submission

Timely Submission of PCP/TAR:

- Please be aware that a request is considered complete upon receipt of the PCP/Service Plan and TAR. For example, if UM receives a TAR with no PCP/Service Plan, this will be marked as unable to process, as UM is unable to review without all required elements.
- In the Provider Manual for Reauthorization of Services it states that, "The request for additional services must be made no earlier than 30 days and **no later than 15 days** before the current service authorization expires." Please ensure TARs are submitted at least 15 days in advance of the authorization expiration date to avoid a lapse in service.
- UM has 14 days from submission date to review a request, and can extend for an additional 14 days if more information is needed from the provider to make the decision.
- Requests are not backdated by UM staff. The only exception is in cases where Medicaid was made retroactive. Transition Plans - For PCP updates for new services please ensure that both the current services (indicating that this will be discontinued upon start of new service, two weeks after new service, etc.) and new service are included in the update in the event start dates changes. Ex. Level III 1 unit per day, to be discontinued upon admission to Level II. Level II 1 unit per day

Discharge Instructions:

- Document Discharge Plan in Clinical Comments (to include the step-down/aftercare plan). This should include linkage to any new providers, to include date of follow up appointment. If no aftercare plan is in place, specify why.
- Reflect member/guardian agreement or disagreement with Discharge from services (ex: obtained written signatures of agreement) Specify which services are ending with exact end date for each of the services listed.
- Document what attempts were made to contact the member, and if no attempts, specify why (dates of contacts and last actual date of contact with member/family).
- For MHSUD enhanced service providers, if recommending a higher level of care provider is responsible for continuing existing services until new services are established.

Provider Changes for Same Services:

- If the plan has specific provider name listed and the service will be transferring to another provider, a PCP/service plan update is required to change provider.
- The update should reflect the frequency moving forward based on units that have already been provider
- Updates should contain all goals and services that will continue from date of update
- Target dates cannot exceed original annual plan end date

Unable to Process

If a TAR is marked as "unable to process", this indicates that UM was unable to complete a review of the request due to missing required elements. Providers will need to submit a new TAR with the required elements for UM review. The timeline on the request starts at the point a TAR with complete information is received.

**** For any authorization questions you may email questions to addresses below:**

For MHSA send to: Utilizationm@cardinalinnovations.org
For I/DD sent to: DD-UM@cardinalinnovations.org

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