



**CHILDREN
COME FIRST**

C O M M U N I T Y P A R T N E R S H I P S , I N C



*A program of Community Partnerships, Inc.
and the ARTT unit of the Dane County
Department of Human Services*

Children Come First/Community Partnerships

Prior Authorization/Progress Report (PA/PR) form Instructions

1. The PA/PR form is to be used for the following CCF Service Type:
 - * Individual Therapy
 - * Individual AODA Therapy
 - * Family Therapy
 - * Group Therapy
 - * Group AODA Therapy
 - * Special Therapy
 - * Specialized Offender Treatment
 - * In-Home Treatment
 - * Family Preservation
 - * Day Treatment
 - * Day Treatment-AODA
 - * Transitional Day Treatment
 - * Behavior Modification Services
 - * Occupational Therapy
2. **Requests for initial authorization:** The Provider is responsible for completing and sending the Initial PA/PR request to CCF/Community Partnerships. For services that begin prior to the fifteenth (15th) of the month, the PA/PR is due by the last day of the current month. For services that begin after the fifteenth (15th) of the month, the PA/PR is due by the last day of the following month. If PA/PRs are not submitted according to the above requirements, services will not be authorized and will not be paid.
3. **Requests for reauthorization:** The PA/PR form needs to be received by CCF/Community Partnerships prior to the requested authorization period. To ensure timely authorization it is recommended that these forms be received by CCF/Community Partnerships at least 10 days prior to the requested reauthorization date range. If PA/PRs are not submitted according to the above requirements, services will not be authorized and will not be paid.
4. A separate PA/PR form needs to be completed for each Service Type listed above, with the exception of service type Individual Therapy, Individual AODA Therapy, and Group Therapy if these services are provided by the same provider. (For example, the provider may be providing both individual and family therapy in an effort to address identified needs).
5. Complete all sections thoroughly. Use the back of the form if additional space is needed.
6. If this is an initial Prior Authorization request, please list the goals for the services to be provided and the interventions to be utilized.
7. Authorization will not be made absent a completed PA/PR form and will only be effective after the date the PA/PR form is received by CCF.
8. Services provided without prior authorization, absent a showing of justifiable circumstances determined by CCF/Community Partnerships, Inc., will not be paid.
9. Upon receipt of the PA/PR form, any service request that is not approved will be returned to the provider within 7 business days with further instructions or requesting additional information. All other PA/PR requests will be approved and, for those agencies who do not submit electronic claims, included in the monthly Authorization Report described under #10 below.
10. An Authorization Report, to include the number of units authorized per month will be sent to at the end of each month to those providers who do not submit electronic claims through the Mental Health Module. This report may include authorizations for a 4 month period of time. It may include the previous month's authorizations as well as the upcoming 3 months in order to alert the provider when the authorization period is ending and a new PA/PR form needs to be submitted.
11. For all Community Partnerships CCF enrollees, the PA/PR form should be mailed to 1334 Dewey Court Madison, WI 53703, faxed to 608-250-6637 or e-mailed to pa@commmpart.org only. For All ARTT CCF enrollees, the form should be faxed to 608-288-2405. Please do not send these directly to the CCF Coordinator as this will delay the process of authorization.

* **In order to prevent any unnecessary gaps in service authorization and delivery, it will be important for the youth, parent/guardian, provider and CCF Coordinator to discuss and determine the on-going service needs prior to the end of the prior authorization period.**