



When you have a new FBH Medicaid consumer:

- 1) Call FBH and give the Medicaid number and DOB of the consumer to check the Medicaid eligibility and to receive a prior service authorization.
- 2) Identify the date of the first appointment and what three (3) sessions you would like to have authorized in the first 30 days (ex: intake, individual, and a family session with client present).
- 3) After verifying the Medicaid consumer's eligibility via the State Web Portal within the month of the initial start date of the authorization, FBH will send (fax or mail) the initial authorization to you.
- 4) It is the provider's responsibility to deliver to ALL incoming FBH Medicaid consumers a Member Handbook (provided by FBH). A provider must also discuss with each ADULT Medicaid consumer about Advance Directives. Each provider must confirm that these requirements are performed by making a check mark at the top of page one (1) of the IPN Service Authorization Request form.
- 5) Complete a PCP Coordination of Care letter: For ALL Medicaid consumers, mail a copy to the PCP (or check box at bottom of page indicating referral for PCP). Keep a copy of the PCP Coordination of Care letter in the client's chart.

If an initial 30-day authorization needs to be extended due to consumer no-show or incomplete documentation and first three (3) sessions have not been utilized:

- 1) Inform the FBH IPN Clinical Manager to what date you would like the initial authorization extended. This can be done through voice message, email or fax.

If more than three (3) sessions are medically necessary in the first 30 days (initial authorization period):

- 1) Write a short paragraph identifying the medical necessity for additional sessions within the first 30 days and submit the documentation to FBH for a prior service authorization.
- 2) For example, "the client is actively depressed with a history of suicidal ideations and a medication evaluation is needed in addition to the therapeutic sessions. Furthermore, contact with the school or PCP is necessary to gather important information regarding the client's medical issues and/or behaviors in the classroom or IEP meeting."

If you see a consumer for three (3) or less sessions:

- 1) Send FBH an “Evaluation Only” CCAR. This is done by marking “evaluation only” in the action-type box on page one of the CCAR. Proceed to complete the entire CCAR as you normally would for a discharge.

Requesting a six-month service authorization:

- 1) Send FBH the IPN Service Authorization Request form including a completed page one (1) and page four (4). Page two (2) is the treatment plan (you may submit your own treatment plan, just write “see attached” on page 2.) The treatment plan must include the consumer/parent/guardian signature. Page three (3) is a progress section and is required after your second six-month reauthorization of services.
- 2) Send FBH a completed Colorado Client Assessment Record (CCAR) – or complete and submit an electronic CCAR. Make sure you have signed and dated the 2nd page of the CCAR, made a selection for all necessary scale items, and identified the level of education. If you have been trained to complete an electronic-CCAR, then identify on the documentation or fax cover sheet that an E-CCAR is completed.
- 3) Send FBH a completed clinical assessment (you may submit your own clinical assessment). The clinical assessment must include the chief complaint of the consumer, presenting problem and duration, the consumer’s strengths, history of mental illness and treatment, medical history and issues, and an assessment of the consumer’s substance use, suicidal/homicidal ideations or actions, psychosocial history, any cultural/spiritual factors, and mental status exam. For minors, a developmental history needs to be included (may be completed by the parent/guardian). For consumer 60 years of age or older, the assessment needs to include issues specific to older adults such as sensory loss, strength and mobility.

If a medication evaluation referral to Jefferson Center for Mental Health (JCMH) or Boulder Mental Health Center serving Boulder and Broomfield Counties (MHCBBC) is needed:

- 1) Complete the IPN Medication Evaluation Referral Form (MERF) and a Release of Information (ROI) with a consumer/parent/guardian signature that allows you to send your records to the appropriate mental health center (MHC). A ROI to FBH is not needed under TPO (HIPAA).
- 2) Send FBH a copy of the MERF – including information about custody and consent to treat, ROI to MHC, IPN Service Authorization Request Form, CCAR, and Clinical Assessment.
- 3) FBH will review submitted documentation and forward to the identified MHC.
- 4) The MHC will contact the consumer/parent/guardian to schedule an appointment for a medication evaluation with a prescriber.

If you have a current six-month authorization and it is medically necessary to have additional sessions within the current authorization period:

- 1) Send FBH an IPN Service Authorization Request form stating “MODIFICATION” at the top of page one (1).
- 2) Complete page one (1) in full.
- 3) If the additional sessions are not identified on the current treatment plan, then a revised treatment plan with signatures must be included.
- 4) Page three (3) should include the reasons why the additional sessions are medically necessary.
- 5) Page four (4) should include the requested changes being made to the current authorization of services. For example:
 - The current authorization is for 12 individual sessions, 6 family sessions with client present and 6 case management sessions.
 - You want to modify the authorization to have 12 individual sessions, 3 family sessions with client present, 3 group sessions, and 6 case management sessions.
 - The modification request should only identify “DECREASE family sessions to 3, ADD 3 group sessions.”

Foothills Behavioral Health
Member Eligibility Verification

The Provider is responsible for determining a Member’s eligibility for services by obtaining the Member’s birth date and State Medicaid Identification Number or Social Security Number (SSN) and accessing one (1) of the following verification methods:

- Colorado Medical Assistance Program Eligibility Response System (CMERS): (303) 534-3500 or 1 (800) 237-0044,
- FaxBack: 1 (800) 493-0920, or
- State Medicaid Provider Web Portal: www.chcpf.state.co.us.

For more detailed information on these verification methods, please refer to the HCPF website at www.chcpf.state.co.us/ACS/FAQ/Faq.asp. If a Provider is unable to access one (1) of these verification methods, the FBH IPN Clinical Manager is available to assist with Member eligibility verification at (303) 432-5958.

Providers are encouraged to re-confirm a Member's eligibility **at least monthly**, and to maintain copies of all eligibility and coverage information in the Consumer's file for billing purposes. Should FBH subsequently determine that the individual was not eligible for coverage on the date(s) of services, FBH will not be liable for payment to the IPN Provider, who would then directly bill the Consumer for the non-covered services. (Refer to the FBH Provider Manual in the "Non-Covered Services" Section.)

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FBH will send you an authorization as requested, a modification of the prior service authorization request, or a denial of services requested. It is important to remember the number and type of services authorized as well as the beginning and ending dates of the authorization. The FBH IPN clinical paperwork for a service reauthorization request is due prior to the end of the current authorization period.

Interns or non-licensed clinicians must have a supervisor signature of the treatment plan and clinical assessment.

If a consumer has current &/or historical SI/HI or substance abuse, these issues must be assessed at least monthly in the contact/session notes (each contact for actively suicidal/homicidal or substance users).

Medicare/Medicaid consumers: Medicare will provide payment for all mental health services with the exception of case management. If case management is medically necessary then follow the above instructions to obtain a prior service authorization.

Please contact the FBH IPN Department with any questions.

FBH IPN Department

Ph 303-432-5958

Fax 303-432-5980