

Treatment Foster Care – Case Management: Q&A

1. Can you please give examples of what you may be looking for?

Within the Acentra Health Organization, our clinical reviewers are looking for immediate behavioral/ emotional conditions to meet medical necessity. These are behaviors that have occurred within the past 90 days that substantiate the CANS scoring and meet 1 of the three needs levels. In addition, when submitting request, please provide the FAPT recommendations, the treatment plan, answer the questionnaire thoroughly, as well as attaching the Child and Adolescent Needs and Strengths (CANS) Assessment

2. About how long does it take for a submission to be reviewed? Are we emailed a decision, or do we have to periodically check the portal?

Acentra has up to 3 business days to review the submission request. At this time, if additional information is needed, the clinical reviewer will pend the case, and allow 3 additional days for the facility to provide the requested (additional) information. If the request is sent to the Medical Director for review, that will also require a three- day turnaround time.

3. If we have FAPT documentation stating the need for case management but the CANS doesn't support, is that enough?

No, the facility should provide clinical information within the Questionnaire Section of the Submission via the Atrezzo Portal. This will aid the reviewer in making a decision based on the clinical information that is provided and allow the provider to provide the severity of the behavioral and emotional symptoms of the child/ youth.

4. What are the required documents for continued stay requests (Cans/FAPT/etc.)?

Providers are required to submit the Child and Adolescent Needs and Strengths (CANS) assessment completed within 90 days prior to the requested start date. This will also include FAPT recommendations, (including 3 signatures), treatment plan, and any additional documents would assist the providing the provider with presenting clinical necessity for the youth.

5. When you say clinical documentation, do you mean just the diagnosis code, or do we need to submit something from their BH/clinical provider?

Clinical Documentation will include completing the questionnaire field within the Atrezzo portal. Within this section, providers can communicate the IMMEDIATE behavioral/ emotional conditions to meet medical necessity (behaviors within the past 90 days that substantiate the CANS scoring and meeting 1 of the three needs levels). In addition, recommendation notes made by the FAPT or CPMT, treatment plan, questionnaire, and the CANS area considered in the clinical review.

6. How do we view youth in the portal who were transferred over from Magellan?

If the authorization was created prior to 11/1/23 when Acentra Health began reviewing services, then previous authorizations can only be accessed through the Virginia Medicaid System (VAMMIS, MMIS, etc..) <https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>

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7. I had an auth approved and then it was withdrawn because the previous provider didn't discharge them. How will I know when they can be resubmitted? They have completely disappeared from my portal; do I start all over?

If an authorization is voided due to the member having an active overlapping dates authorization, the current requesting provider will need to confirm the questioned authorization dates through the Virginia Medicaid System VAMMIS, MMIS, etc.) <https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>. If the previous authorization has been ended dated, then the provider can submit a new service request case. If the case was previously voided due to the overlapping of authorization dates, the provider can create a task of "Authorization Revision" and message the reviewer that the dates requested are now available.

8. We have always been told by DMAS that we can submit up to 14 calendar days or 10 working days after admission, Is that correct?

The provider must send any request for Treatment Foster Care Case Management within 10 days of when you receive services and no greater than 30 days prior to the requested start date.

9. Do you have a contact person name or number for Conduent?

Yes, Conduent can be reached by phone at 888-827-2884 or via email at Virginia.EDISupport@conduent.com

10. If the case is pended and you need more information...after I add more info, do I need to do anything else to alert that it has been added?

If a case is pended for additional information, the provider can add a task of "Additional Information Received" which will alert the clinical reviewer that the information requested has been obtained.

11. For the FIPS code, is it the code of the DSS that has custody of the child? Or the locality our office is based out of?

The FIPS code is a 3- digit code that is CSA Locality Specific.

12. When using the admission date, does it still need to be to a 365day/unit Example 03/15/4 - 02/28/25?

Yes, when the submission has been approved, it will always be approved for 1 unit. This will represent 1 unit per month for the duration of the servicing authorization. T1016, which is associated with TFC- Case Management services, has a maximum approval of 12 units per request. Example 01/01/2024-12/31/2025 = 12 Units.

13. How can you tell if the authorization is approved or denied?

You will receive a letter which will announce the status of the request. You can also review the status of the request by entering a case number and reviewing the notes and messages. Ultimately, you can check the status via the Atrezzo Portal, the provider will receive a faxed decision, or a letter via the mail.