



**CHILDREN
COME FIRST**

COMMUNITY PARTNERSHIPS, INC



*A program of Community Partnerships, Inc.
and the APTT 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 Codes:
 - * 5100-Individual Therapy
 - * 5101-Individual AODA Therapy
 - * 5110-Family Therapy
 - * 5120-Group Therapy
 - * 5121-Group AODA Therapy
 - * 5130-Special Therapy
 - * 5135-Specialized Offender Treatment
 - * 5160-In-Home Treatment
 - * 5165-Family Preservation
 - * 5170-Day Treatment
 - * 5171-Day Treatment-AODA
 - * 5172-Transitional Day Treatment
 - * 5240-Behavior Modification Services
2. **Requests for initial authorization:** The Provider is responsible for completing and sending the Initial PA/PR request to CCF/Community Partnerships within 30 days of the initial appointment and prior to services being provided beyond 30 days.
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, and for all approved authorizations to be included in the monthly authorization report sent to the provider, it is recommended that these forms be received by CCF/Community Partnerships at least 10 days prior to the requested reauthorization date range.
4. A separate PA/PR form needs to be completed for each Service Code listed above, with the exception of service codes 5100, 5101, 5110 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 included in the monthly Authorization Report described under #11 below.
10. An Authorization Report, to include the monthly authorization number and the number of units authorized per month will be sent to providers at the end of each month. This report will include authorizations for a 4 month period of time. It will 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. The PA/PR form should be mailed to 1334 Dewey Court Madison, WI 53703, faxed to 608-250-6637 or e-mailed to pa@commpart.org **only**. Please do not send these directly to the CCF Coordinator as this will delay the process of authorization.

* **In order to prevent any unnecessary gap 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.**