FORWARDHEALTH
COMPREHENSIVE COMMUNITY SERVICES / NON-TRADITIONAL SERVICES APPROVAL

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

The use of this form is mandatory when requesting approval for Comprehensive Community Services (CCS) non-traditional services.

Non-traditional psychosocial rehabilitative services fall under the definition of CCS Service Array category #14, titled "Non-Traditional or Other Approved Services." Non-traditional psychosocial rehabilitative services or other approved services are identified for specific members and are expected to accomplish treatment ends that traditional behavioral health services have not.

This form must be completed and e-mailed to *VEDSCCSSupport@wisconsin.gov* and approved by ForwardHealth before submitting claims for these services. A response indicating approval or denial will be provided within 30 calendar days after receipt of all required information. The form must be completed for each member every calendar year in order to continue receiving approval for the services requested. This form must be e-mailed in a secure manner.

CCS County / Tribe Region	
Name — CCS Program Contact Person	
Telephone Number — CCS Program Contact Person	E-mail Address — CCS Program Contact Person
Calendar Year for Implementation of Non-traditional Service	
Name — CCS Member	CCS Member ID

1. Describe the proposed non-traditional services. Provide links to Web sites or other supporting documentation describing the service.

2. Verify that the non-traditional psychosocial rehabilitative service is medically necessary and documented as defined in DHS 101.03 (96m), Wis. Admin. Code.

3. Describe the psychosocial rehabilitative purpose of the non-traditional service and verify that it is not merely a recreational activity.

4. Describe the professional level and credentials of the county/tribal staff or contractor who will deliver the non-traditional service.

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5. Verify that the service is not otherwise available to the member through available, traditional services on the CCS service array and explain why the traditional services will not meet the needs of the member.

6. Describe the goals and outcomes of the service and the timeframe within which these outcomes are to be achieved.

SIGNATURE — CCS Program Representative	Date Signed
Name — CCS Program Representative (Printed)	

SIGNATURE — Medicaid Behavioral Health Analyst	Approved / Not Approved
Name — Medicaid Behavioral Health Analyst (Printed)	Decision Date

Reason for Denial