

Kansas Department of Social and Rehabilitation Services  
Disability and Behavioral Health Services  
Community Supports and Services -9<sup>th</sup> Floor  
Topeka, Kansas 66612

**MR/DD TCM Additional Case Management Prior Authorization Request**

**Instructions:**

- 1) Load an email by copying the requested information below in an email to [Brian.Bolen@srs.ks.gov](mailto:Brian.Bolen@srs.ks.gov)  
( Do not send the information as an attachment or as a fax)
  - 2) Put the number one (1) first in the subject line (in all requests) followed by the case managers name (for sorting/searching, if necessary)
  - 3) Complete all information accurately and fully. Do not include the persons first or last name in any of the information. (Emails without all requested information completed or with insufficient information will be returned)
  - 4) Double-check to ensure the Medicaid ID number for the beneficiary is accurate. (Beneficiary ID# consists of 11 numbers. This is very important to ensure the authorization is made for the right person and provider within the MMIS system)
  - 5) Submit the email with a cc: to the agency director or designee and wait 10 working days for a response.
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**Medicaid Number:** (Beneficiary ID consists of 11 numbers)

**Number of additional units requested:**

**Number of CM units expended during calendar year:**

**Start Date for use of additional units:**

**End date = 12/31/calendar year**

**Requesting Agency:**

**Provider Number:** (Kansas Medicaid number consists of 9 numbers and 1 alpha character. This is not your NPI number.)

**MR/DD Case Manager name:**

**Case Manager Phone #:**

*Identify in the first sentence of the email if the request is solely being made due to change of TCM provider after original authorization of additional units. (If this is the case the unit request and narrative information is not necessary) This allows a new TCM provider to access the original, additional authorized units since the services become provider specific in the MMIS after a prior-authorization is completed.*

- 1) **Explain in detail the consumers extraordinary circumstances (consistent with the criteria noted in the prior authorization criteria document on the CSS website) in the request for additional case management units.**
- 2) **What specific services / tasks will be provided by the additional units requested?**
- 3) **Program Manager reserves the right to request case logs as deemed necessary.**

*\* It is the responsibility of CM to ensure documentation(s) support the additional hours requested is necessary to meet the case management needs of the consumer.*

**January 2008**

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