Frequently Asked Questions

Community Support Prior Authorization Process – Phase 1

Updated October 24, 2025

Beginning **October 6, 2025**, MHRS certified providers will begin to submit prior authorization requests for community support services for consumers via the Comagine Health portal. Providers | Comagine Health

For dates of service beginning **November 1, 2025**, providers must include a prior authorization on claims for community support services for the claim to be considered for reimbursement.

Providers will be required to upload the following documents:

1. A consumer choice form, signed and dated by the consumer and the Supervising Clinician with their NPI number **OR** the Consent for Treatment signed and dated by the consumer.
2. A DLA-20/CAFAS/PECFAS dated within 90 days.
3. A treatment plan signed by a qualified practitioner and the consumer dated within 180 days.
   **A complete DLA-20/CAFAS/PECFAS and treatment plan must be upload, summaries will not be accepted.*

Providers must submit the most recent consumer choice form and/or consent for treatment form for consumers. This will assist in the review process to identify shared consumers and multiple transfer requests received for consumers.

Q. Can the consent for treatment form be signed and dated for more than one year?

A. Yes, for the initial PA request process, Comagine Health will accept consents for treatment for older than 1 year

Q. Is the consumer signature required on the treatment plan?

A. Yes, a consumer signature is required.

Q. Is a virtual signature acceptable?

A. No, this is not acceptable. The signature should be a wet signature or an electronic signature for the treatment plan to be valid. If the consumer cannot sign the plan when it is presented, the reason the consumer is unable to sign should be detailed in the consumer's clinical record, including each date the signature was attempted; however continued attempts must be made by the provider to obtain a consumer's signature. In addition, the documentation must be submitted with the PA request for review.

Q. Will providers have to submit a new Consumer Choice Form when renewing the PA?

A. Yes, only a consumer choice form signed by the consumers within 90 days will be accepted with a PA renewal.

Q. What dates should providers enter for community support service PAs?

A. PA requests should align with the consumer's treatment plan.

Q. How many CSS units can a provider request?

A. Requested units should be based on the plan of care, but the PA will not be approved for more than 200 units within 180-day treatment plan period.

Q. If a consumer transfers to a new agency, does the prior authorization transfer?

A. No, the accepting provider will need to request a new PA that includes all of the required documents indicated above.

Q. Who is the admitting, requesting and treating provider on a CSS PA request?

A. The admitting and requesting provider is the CSA. The treating provider is a qualified practitioner; In most instances, this individual oversees the team of CSWs.

Q. Who can submit CSS PA requests in the portal?

A. Agencies can utilize administrative/clerical staff to submit requests in the portal; however, the staff person will be responsible for adding the QP and their NPI number, and the legally binding attestation on behalf of the agency before submitting the document into the portal.

UPDATED Q. What if one of my agencies' QP is not listed in the Comagine Portal?

A. QPs must be an active and enrolled Medicaid Provider. Agencies and rendering providers must use their agencies' QH code issued by Comagine Health and MHRS Provider ID issued by DHCF Provider Enrollment for requesting CSS prior authorizations. Contact Conduent from enrollment verification (202) 906-8319 or providerinquiry@conduent.com. Once verified Providers can email list of active QP's to dcmedicaid@comagine.org or call 800-251-8890.

Q. How does a provider make corrections to a PA?

A. Provider agencies must contact Comagine Health to make all corrections to a prior authorization request. DO NOT bill against a PA with errors until corrections are made by Comagine Health, doing so will cause denials with DC Medicaid and DBH/local.

Q. Where can agencies view approved and denied PAs?

A. Prior authorization status is available in the Comagine portal under each user's Dashboard. Providers can also search for an individual consumer's PA approvals and denials in the DHCF Portal under PA Inquiry. Department of Health Care Finance - User Logon.

UPDATED Q. How can I request prior authorization for uninsured consumers?

A. Providers must first submit a local dollar request through DBH's SharePoint: Local Dollar Eligibility - New Item

- Providers only need to submit requests for consumers who do not have an active Medicaid ID. For Alliance members, the Medicaid ID can be used to request CSS PAs.

- If local coverage is approved for an uninsured consumer, Providers will receive an IPC number assigned to the consumer for a ***90-day*** eligibility coverage span.

- Providers will enter IPC number for Insurance ID in the Comagine Portal.

Q. What if the consumers Medicaid status is inactive in the Comagine portal, but their coverage remains active on the DHCF portal/IVR?

A. Please contact Comagine. The beneficiary may have a terminated program code in Comagine' s system but remains eligible for coverage under a new program code that is not visible on the web portal.

Q. How long is the PA approval process?

A. If all required documentation is uploaded, attested and required fields are completed for the consumers, PAs are received immediately.

NOTE: *The transition of prior authorizations of the community support service to Comagine Health does not supersede all governing Federal and District laws, regulations and policies.*

REMINDER – A PRIOR AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT

Q. Will the recording and training slides be available?

A. The presentation slides and recording for the session on 10/02/2025 is available here: Providers | Comagine Health

Q. Providers having questions about logging into the Comagine Portal, the dashboard, editing PA's, should contact Comagine Technical Assistance or attend the next TA session!

Comagine Technical Assistance: dcmedicaid@comagine.org

1-800-251-8890

FAX: 800-731-2314