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The Online Handbook has not yet been revised to include information in this Update.

ForwardHealth UPDATE
Wisconsin serving you

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PRIOR AUTHORIZATION PROCESS IMPROVEMENTS: BEHAVIORAL HEALTH FORM UPDATES

This ForwardHealth Update is the seventh in a series about prior authorization (PA) process changes related to the Centers for Medicare & Medicaid Services Interoperability and Prior Authorization Rule (CMS-0057-F).

Starting November 16, 2026, ForwardHealth providers must use the revised PA forms for behavioral health PA requests. Affected provider types include:

- Adult mental health day treatment.
- Child and adolescent day treatment.
- Intensive in-home mental health and substance abuse treatment services for children.

PA Requirements for Behavioral Health

The Attachment to this Update reflects the simplified PA requirements for behavioral health, including required clinical documentation.

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
Adult Mental Health Day Treatment Providers, Child/Adolescent Day Treatment Providers, HealthCheck Other Services Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).

WISCONSIN DEPARTMENT of HEALTH SERVICES

All policy changes related to these form revisions are in the ForwardHealth Online Handbook.

Updated Behavioral Health PA Forms

Starting November 16, 2026, the PA forms used by behavioral health providers will be simplified.

Note: When submitting PA requests on the ForwardHealth Portal, all forms are automatically generated and don't need to be printed and uploaded separately.

Updated Attachments

Providers must use these revised PA attachments beginning November 16, 2026:

- Prior Authorization/Adult Mental Health Day Treatment Attachment (PA/AMHDTA) form, F-11038 (11/2026)
- Prior Authorization/Child/Adolescent Day Treatment Attachment (PA/CADTA) form, F-11040 (11/2026)
- Prior Authorization/Intensive In-Home Treatment Attachment (PA/ITA) form, F-11036 (11/2026)

Archived Attachments

ForwardHealth no longer requires these attachments for PA submissions beginning November 16, 2026:

- Outpatient Mental Health Assessment and Treatment/Recovery Plan form, F-11103
- Prior Authorization Intensive In-Home Mental Health/Substance Abuse Services Assessment and Recovery/Treatment Plan Attachment form, F-00212
- Prior Authorization/Psychotherapy Attachment (PA/PSYA) form, F-11031
- Prior Authorization/Substance Abuse Attachment (PA/SAA) form, F-11032
- Prior Authorization/Mental Health and/or Substance Abuse Evaluation Attachment (PA/EA) form, F-11033
- Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA) form, F-11088

QUICK LINKS

- Services Requiring Prior Authorization topic #3755
- Prior Authorization Process Improvements page

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Documentation Retention

As a reminder, providers must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to behavioral health services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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ATTACHMENT
Required Attachments for Prior Authorization Submissions

Per Wis. Admin. Code § DHS 107.02(2m)(a), most of these services require a detailed, signed, and dated prescription for reimbursement. The provider listed on the prescription must match the prescribing provider on the Prior Authorization Request Form (PA/RF), F-11018 (04/2026). All out-of-state PA requests must include documentation from the rendering and/or prescribing provider that verifies this service cannot be provided in Wisconsin as outlined in the ForwardHealth Online Handbook Referrals to Out-of-State Providers topic #437. Providers must complete these PA forms on their secure ForwardHealth Provider Portal account. Supplemental forms are on the Forms page of the ForwardHealth Portal.

PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
126—Intensive In-Home Treatment Services, HealthCheck Other Services	Prior Authorization/Intensive In-Home Treatment Attachment (PA/ITA), F-11036 (11/2026)	All intensive in-home treatment PAs require: • The provider's prescription or order. • The Child and Adolescent Needs and Strengths (CANS) assessment, Achenbach Child Behavior Checklist, or Child or Adolescent Functional Assessment Scale (CAFAS) assessment summaries. • Assessments. • A multi-agency treatment plan. • An in-home recovery treatment plan. • A continuing care plan.
129—Adult Mental Health Day Treatment	Prior Authorization/Adult Mental Health Day Treatment Attachment (PA/AMHDTA), F-11038 (11/2026)	All adult mental health day treatment PAs require: • A biopsychosocial/mental health assessment. • A functional assessment with a level of care determination. • A treatment plan. • A continuing care plan.

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PROCESS TYPE	FORMS	SUPPORTING CLINICAL DOCUMENTATION
129—Child/ Adolescent Day Treatment	Prior Authorization/Child/ Adolescent Day Treatment Attachment (PA/CADTA), F-11040 (11/2026)	All child/adolescent day treatment PAs require: • The provider's prescription or order. • An assessment. • A multidisciplinary child/adolescent day treatment plan. • A continuing care plan.

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