

## New Care Connection Status & Error Messages

There are two Status Messages that indicate an error in Care Connection – **Hold\_PA & Fail\_Auth**. *These will show up in the Services Requested table right above the CAR assessment area.* When you see one of these status messages, scroll to the top of your request and you will find an error message in red to direct you on what you need to correct to get your request to submit.

Getting the **Hold\_PA** status means there is no current CDC on file for the client with your agency. Your request will submit, but a PA number will not be generated until you complete the appropriate type CDC.

The **Fail\_Auth** status means there is an error in the information provided in the request that is preventing it from meeting the minimum criteria for submission. The following table outlines some of the most current error messages related to this status, what the message means, and ways to correct the issue.

<b><i>If the error message says:</i></b>	<b><i>It means</i></b>	<b><i>This can be corrected by</i></b>
<p><b>“Request start date cannot be prior to the submit date. Please modify the start date and resubmit.”</b> or for EDI users: <b>Request start date cannot be prior to the create date in header record.”</b></p>	<p>The start date entered at the top of the request is prior to the date you are actually trying to submit the request. This date cannot precede the submit date.</p>	<ul style="list-style-type: none"> <li>• Delete the services requested from the Services Requested table above the CAR assessment area.</li> <li>• Change the date to the current or a later date (depending on whether you will be submitting the same day or later).</li> <li>• Re-enter your service (don't forget to click the “Add Service” button).</li> <li>• You can then save &amp; submit.</li> </ul>
<p><b>“Treating provider must be same as requesting provider.”</b></p>	<p>The question “Is this requester the treating facility/provider?” in the Provider Information section has been answered “No.” This should always be answered “Yes”</p>	<p>Change the answer to “Yes.” <i>If you want to indicate that another specific clinician will be seeing the client you can include that information in the Current or Interpretive Summary section of the request.</i></p>
<p><b>“At least one psychostressor must have value other than None.”</b></p>	<p>All psychosocial stressors on Axis IV have been left with the default setting of “None.”</p>	<p>Change the appropriate psychosocial stressor(s) in the Axis IV area to “Mild,” “Moderate” or “Severe” depending on your assessment of functioning</p>
<p><b>“Psychosocial stressor values are not appropriate for this level of service. Please re-evaluate and resubmit.”</b></p>	<p>The psychosocial stressors severity level(s) selected in Axis IV are not congruent with the Level of Care/CAR/ASI information. These should match.</p>	<p>Change the psychosocial stressor severity levels to match the Level of Care for the client:  <b>Level 1</b> - At least one stressor should be mild or moderate. Does not allow severe  <b>Level 2</b> - At least one stressor should be moderate. Does not allow severe  <b>Level 3</b> - At least one stressor should be moderate or severe  <b>Level 4</b> - At least one stressor should be severe</p>

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<p><b>“No service can be auto authorized for over 6 months. Please re-evaluate and correct.”</b></p>	<p>Length of Service in the Services Requested area is incorrect</p>	<p>Change the Length of Service to 6 or less, depending on how many months you are requesting. <i>If you have already added your service you will need to click the “Edit” link in the Services Requested table to move the information to the drop down boxes, make the appropriate change(s), and then click “Save Service”</i></p>
<p><b>“The service requested must report CAR or ASI scores. Please reconcile and re-submit.”</b></p>	<p>All Mental Health –OP requests require CAR scores. Integrated-OP &amp; Substance Abuse-OP requests require <i>either</i> CAR or ASI/T-ASI scores. Receiving this error means these scores are blank.</p>	<p>Enter your CAR and/or ASI/T-ASI scores in the appropriate area.  <b>NOTE:</b> <i>For clients ages 18-20 CAR scores will have to be entered, as OHCA criteria still covers these members under children’s criteria, but the T-ASI is not appropriate. CAR scores can be determined using information gathered during the ASI assessment for these clients.</i></p>
<p><b>“The service requested does not match the level of care selected. Please reconcile and re-submit.”</b></p>	<p>The Level of Care drop down selection at the top of the Service Request area does not match the PG code selection (i.e. – Level of Care selected is 2 but PG code is congruent with Level 3 – PG004)</p>	<p>Change the Level of Care or PG code selection so they match appropriately.  <b>NOTE:</b> <i>The requested Level of Care and Service may be equal to <u>or less than</u> what is supported by CAR/ASI/T-ASI scores. Ex: CAR scores support Level 3 but Level 2 &amp; PG003 may be selected in the Services Requested area if that more accurately reflects the level of service the client will be receiving.</i></p>
<p><b>“CAR (or ASI) scores are not appropriate for this level of service. Please re-evaluate and resubmit.”</b></p>	<p>Scores entered support a lower Level of Care and Service than selected in the Services Requested area</p>	<p>Either</p> <ol style="list-style-type: none"> <li>1. Decrease the Level of Care &amp; Service selections to match the level supported by scores, or</li> <li>2. Change the scores entered, if they were entered incorrectly, to make sure they support the Level of Care &amp; Service requested</li> </ol>

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<p><b>“Diagnosis codes entered are not appropriate. Please re-evaluate and resubmit.”</b></p>	<ul style="list-style-type: none"> <li>• A code for Deferred or No Diagnosis (799.9, v71.09, or v65.5) has been entered on the Primary Axis I line</li> <li>• A code that should be entered on Axis I has been entered on one of the Axis II lines (Ex: 311 – Depressive D/O NOS)</li> <li>• If the request is a Substance Abuse-OP or Integrated-OP type a substance use related disorder must be coded on Axis I; if no substance use disorder code is present this error will be generated</li> </ul>	<p>Change diagnosis codes as needed and click “Save” prior to trying to resubmit</p>
<p><b>“Level of care not allowed for service(s) requested. Please correct and resubmit.”</b></p>	<p>A “specialty” Level of Care (such as RBMS or ICF/MR) has been selected with a service code for another specialty level or a service code for OP level 1-4. These specialty Levels of Care have specific services (PG codes) that must be used with them.</p>	<p>Change either the Level of Care <b>or</b> the service code to accurately reflect what is being requested.</p>