

Transitioning to new waiver services and codes

In order to facilitate as smooth a transition as possible to the new waiver, the following allowances for the Utilization Review (UR) process will be made for the 18 month transition period.

- 1) Providers are responsible for meeting the new criteria of the service definitions.
- 2) Support Coordinators will ensure individuals and providers transitioning to a new or reclassified service meet the requirements of the service definition.
- 3) Regional UR Chairs and Provider Relations (PR) staff will be available for questions and consultation.
- 4) Providers using Day Habilitation (DH) Medical or Behavioral Exceptions will be prioritized by PR for review.

Situation	Amendment & UR Review?	Notes/Standard for approval
<u>General</u>		
Same service; new code due to Waiver changes. Example: DH off-site group to DH	No	
Same service; higher cost for service due to rate increases	No	
Same service; additional units requested	Yes	
Same service; reduction in units	No	

<p>New or different service. Example: DH to Employment Service</p>	<p>Yes</p>	
<p>Transition of existing service to counterpart under new name IF the individual meets the new service definition. Example: DH 1:1 to DH Medical or Behavioral Exception.</p>	<p>No</p>	
<p><u>Other Examples</u></p>		
<p>Individual was receiving Medical or Behavioral PA before July 1 and wants to continue under standard PA at the previous rate.</p>	<p>No</p>	<p>Change was made in CIMOR by Central Office. Provider receives same rate as before as long as the individual continues to receive the PA service. If the individual needs additional units those requests go through URC but if approved are funded at preexisting rate. If individual discontinues service with the same provider for any reason any future PA needs are subject to new definitions, rates, and standard review process. If the ISP planning team evaluates the individual's existing needs and determines that the current services meet those needs, there is no need to change the service, and the individual will continue with the previous provider at the previous rate. If the ISP planning team evaluates the needs and determines that a higher level of service, including nursing delegation, then they should request the new Medical PA service.</p>
<p>Individual receiving Medical PA before July 1 and now wants to access new Med PA services per new definition</p>	<p>No</p>	

8/15/16

<p>Individual who, prior to July 1 did not received Behavioral PA but wants to add this to their ISP.</p>	<p>Yes</p>	<p>This request would be denied because this service is not available for use for new or amended plans after July 1.</p>
<p>Individual was receiving Individual Day Habilitation due to behavioral needs and wants to continue those services.</p>	<p>No</p>	<p>Until the individual's plan expires or a new amendment is presented, the individual may continue to receive that service.</p>
<p>Individual not previously receiving Individual Day Habilitation is now acting out and needs more individual care, but there is no current Behavior Support Plan in place. Provider wants to initiate Behavior Exception for Day Hab.</p>	<p>Yes</p>	<p>Behavior Exception Day Habilitation could be put into place prior to full implementation of a Behavior Support Plan IF: There is documentation of a current good faith effort to initiate behavior analysis and develop the BSP.</p> <p>The formal BSP must be initiated within 90 days. Any further approval of Day Hab Behavioral Exception without the presence of the BSP would require approval of state Assistant Director.</p>
<p>Individual not previously receiving Individual DH now wants to use the Medical Exception DH</p>	<p>Yes</p>	<p>All new service definitions apply.</p>
<p>ISD to increase for equal number of hours to ISL budget</p>	<p>No</p>	
<p>Individual requests a Behavior Analysis (FBA) and some behavioral intervention service, but no service provider is available</p>	<p>Yes</p>	<p>A new service request would go through URC regardless of provider capacity. After approval, the planning team and PR would work together to locate or develop a provider</p>