GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

STANDARD OPERATING PROTOCOL	
Subject: Protocol for the HCBS Plan of Care and Service Authorizations Protocol	SOP Number:
Responsible Program or Office: DDA-Medicaid Waiver Unit DDA- Service Coordinators DDA- HCBS Waiver Providers	Effective Date: Month Day, 2014 Number of Pages: 8
Cross References and Related Policies and Procedures, and Related Documents: The authorities for this SOP are in compliance with the approved HCBS wavier application by the US Department of Health and Human Services Centers for Medicare and Medicaid Services. In accordance with Chapter 19 HCBS for individuals with IDD of Title 29 of the District of Columbia Municipal Regulations (DCMR) final rules established.	

I. Purpose

The purpose of this standard operating procedure (SOP) is to establish the guidelines by which the Department on Disability Services ("DDS"), Developmental Disabilities Administration ("DDA"), Medicaid Waiver Unit will set forth the procedures regarding the process for the approval of services requested in the Individual Service Plans (ISP)/Plan of Care (POC) when service request are made.

II. Scope

This SOP applies to all DDA Day and Residential service providers who provide services and supports to persons with Intellectual and or Developmental Disabilities (I/DD) through the HCBS Waiver funding, contract or Human Care provider agreement, DDA Intake and Eligibility Unit and Continuing Services Service Coordinators, and DDA Medicaid Waiver Unit.

General

In order for a service to be authorized, the ISP and all supporting documentation must be present at the time the request is made (i.e. Individual Service Plan, Individual Financial Plan, Staffing Patterns Behavior Support Plans, Diagnostic Assessment Report, Restrictive Control Review Committee approvals, Human Rights Advisory Committee approval, Psychological Evaluations, Medical Evaluations, etc.)

Procedure Steps
The following protocol should be implemented for service authorization of waiver services

Processing Service Authorizations for Initial, Annual or Amended ISPs Protocol

I. Development of the ISP
II. Limitation on Coverage
III. Service Funding Authorization
IV. Service Authorization

I. Development of the ISP

Person Centered Planning

Person-centered planning is a process of determining real-life outcomes with individuals and developing strategies and goals to achieve those outcomes. The participant, the legally responsible person, or both direct the process and share authority and responsibility with system professionals about decisions made. It is important to include people who are important in the participant's life, such as family, legal guardians, professionals, friends, and others identified by the participant (such as employers, teachers, and faith leaders). These individuals can be essential to the planning process and can help drive the accomplishment of identified goals. Person-centered planning uses a blend of paid and unpaid, natural and public specialty resources uniquely tailored to the participant's and family's needs and desires.

It is important for the person-centered planning process to explore and utilize all such resources and create an Individualized Service Plan (ISP)/Plan of Care (POC. Amounts and duration of services provided are identified and requested through the person-centered planning process with the individual's planning team. Services are based on the needs and preferences of the individual, the availability of other formal and informal supports, and rules of the funding source

Individualized Service Plans (ISP's)/Plan of Care (POC)

The person-centered planning team shall focus on the habilitation needs of the individual. Services that is habilitative in nature that is not covered under the State Plan except in an ICF-MR; may be covered as a distinct waiver service. The Individualized Service Plan (ISP)/Plan of Care (POC) is the written document that specifies the services or support required by the individual, the quantity and frequency of the services required and the cost for providing these services and supports. The Plan of Care must detail all Waiver, Medicaid State Plan, other health care, generic social services and natural supports outlined as needed in the ISP for the delivery of services is in place. The Service Coordinator shall complete the ISP annually and amend services anytime a need is identified.

In reviewing the ISP, the Service Coordinator shall include a review of the individual's progress toward meeting goals identified on the existing plan and document adjustments made as necessary.

II. Limitations on Coverage

All services under this waiver are secondary to services available under the Medicaid State Plan.

Waiver funding may not be used to pay for special education and related services that are included in a child's Individualized Educational Plan (IEP) under the provisions of Individuals with Disabilities Education Improvement Act of 2004 (IDEA). The funding of such services is the responsibility of state and local education agencies. Section 1903(c)(3) of the Act provides that Federal financial participation (FFP) is available for services included in an IEP when such services are furnished as basic Medicaid benefits.

Waiver services are not considered to be basic Medicaid services; therefore, FFP is not available for IEP special education and related services that may only be funded through an HCBS waiver.

a. Waiver services cannot be provided in the school setting while a child is in school.
b. Waiver services that are habilitative in nature cannot be provided during the normal course of the school day.

All habilitation services require service authorization, and approval is based on the ISP in accordance with established service definitions. Refer to each service definition for specific criteria and limitations relevant to that definition.

HCBS waiver services may be provided to individuals by family members and legal guardians of the person only within the guidelines set forth in the specific service definition

III. Service Authorization

Service Authorization is required for all initial, annual and amended ISP's which require approval of service authorization from the DDS/DDA Waiver Unit before services are delivered. Medicaid shall not reimburse for services provided without written service authorization. During a pending hearing procedure, Medicaid shall authorize services based on the last approved ISP and shall reimburse them under Maintenance of Service authorizations.

The Service Funding Authorization (SFA) serves as the link between the service planning process for the individual and the fiscal responsibilities for the administration.
The SFA functions as the alert to identify the funding source for requested services in the ISP/Plan of Car and an electronic process to track funding for residential and day placement for individuals who receive services from DDA. The Medicaid Waiver Unit

reviews the approved SFA for the proposed date of move or start of services for to ensure all required information about the location and initiation of services is accurate.

Individual Services
All waiver services are considered individual services unless a group service is identified in final approved service definition.

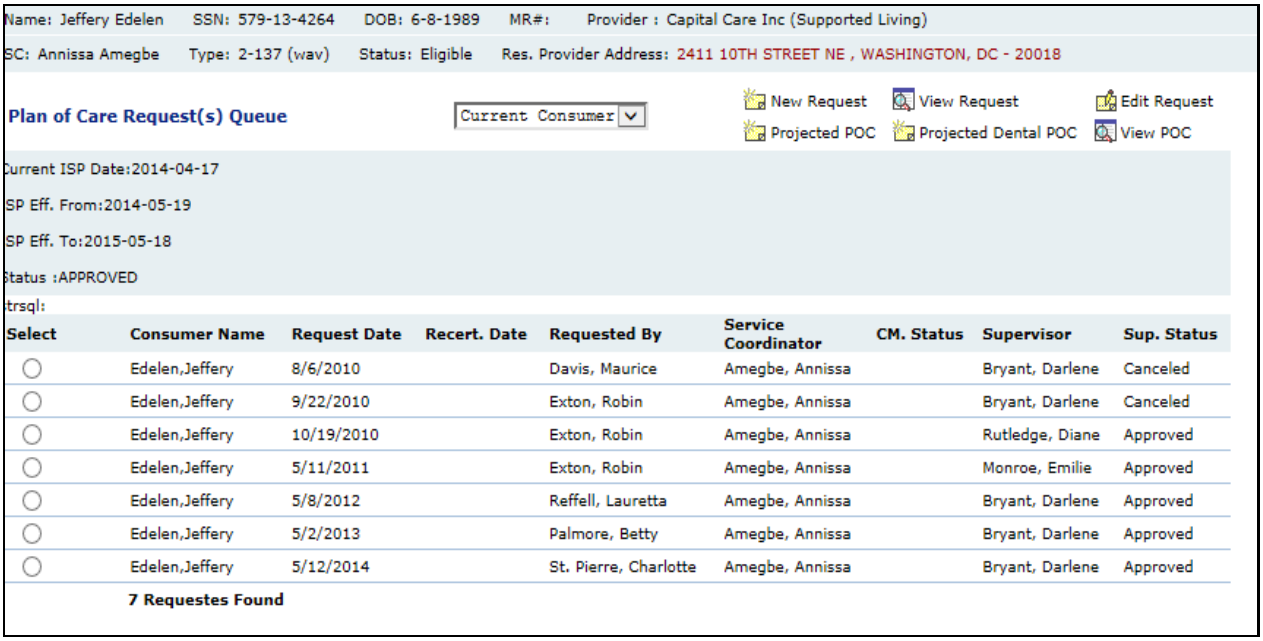
Group Services
Group services, when specified in the final approved service definition and a group rate is billable, may be a valid component of the ISP.

When a waiver service is requested for approval within the ISP, the request is generated on the waiver specialist dashboard. The waiver specialist has to review the service to first determine appropriateness and completeness of services based on waiver rules, evaluate the frequency to make sure units are correct according to each individual waiver service.

Approval of Services
Once the wavier specialist determines that the service can be approved the waiver specialist will follow these steps to authorize services:

Step 1. In MCIS under the Consumer Tab/POC/SFA Heading/ select POC Request

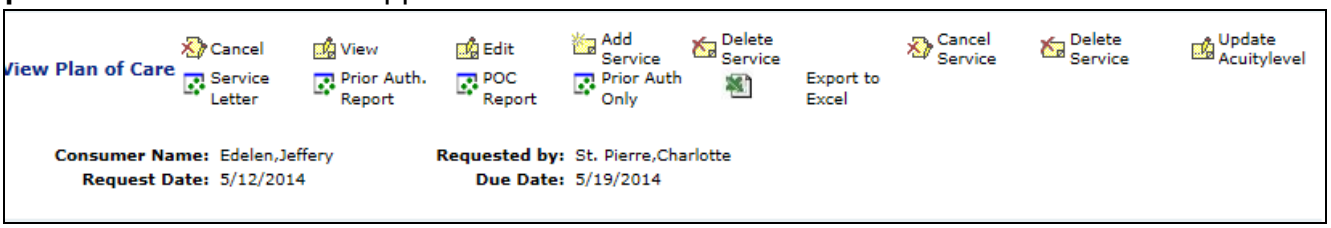
Step 2. Select line the last line and click “View POC”



Select	Consumer Name	Request Date	Recert. Date	Requested By	Service Coordinator	CM. Status	Supervisor	Sup. Status
○	Edelen,Jeffery	8/6/2010		Davis, Maurice	Amegbe, Annissa		Bryant, Darlene	Canceled
○	Edelen,Jeffery	9/22/2010		Exton, Robin	Amegbe, Annissa		Bryant, Darlene	Canceled
○	Edelen,Jeffery	10/19/2010		Exton, Robin	Amegbe, Annissa		Rutledge, Diane	Approved
○	Edelen,Jeffery	5/11/2011		Exton, Robin	Amegbe, Annissa		Monroe, Emilie	Approved
○	Edelen,Jeffery	5/8/2012		Reffell, Lauretta	Amegbe, Annissa		Bryant, Darlene	Approved
○	Edelen,Jeffery	5/2/2013		Palmore, Betty	Amegbe, Annissa		Bryant, Darlene	Approved
○	Edelen,Jeffery	5/12/2014		St. Pierre, Charlotte	Amegbe, Annissa		Bryant, Darlene	Approved

7 Requestes Found

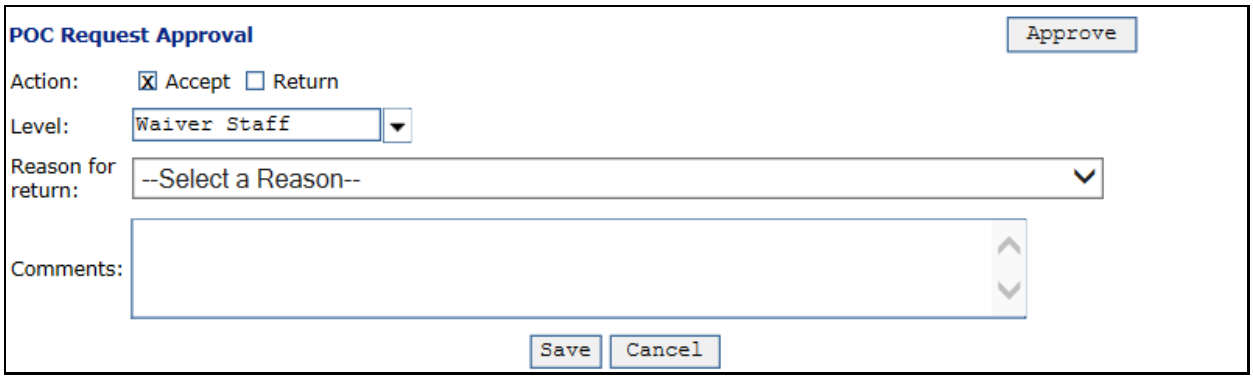
Step 3. Select service for approval and click “Edit”



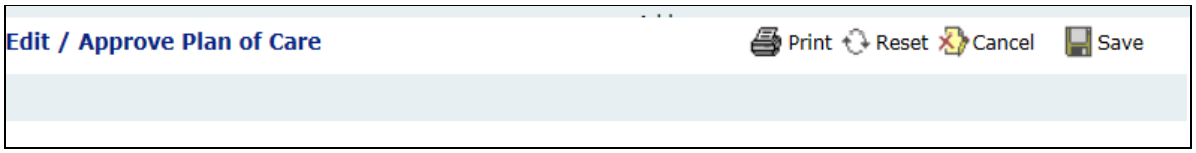
Step 4. Review all items to ensure they comply with the service that are being request :

- Goal
- Service
- Service Type
- Frequency
- Frequency Comments
- Cost
- Request No of Units
- Allocated No of Units
- Justification
- Projected Start Date
- Projected End Date
- Budget Start Date (should be the same as Projected Start Date)
- Budget End Date (should ne the same as Projected End Date)
- Provider

Step 5. Under POC Request Approval: Select Action, Level (Waiver Staff), click “Approve” and click “Save”



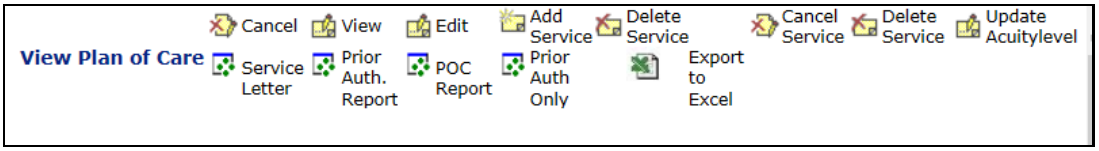
Step 6. Under Edit/Approve Plan of Care at the top of page click “Save”



Step 7. Once the service is approved click on the approved service

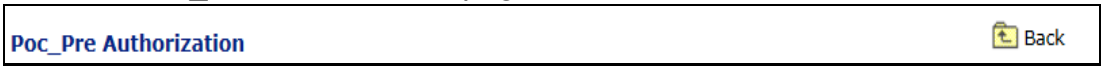
Step 8. The following is the process to save and upload a service authorization

- On top of page locate “View Plan of Care” and click on “Prior Auth Report”



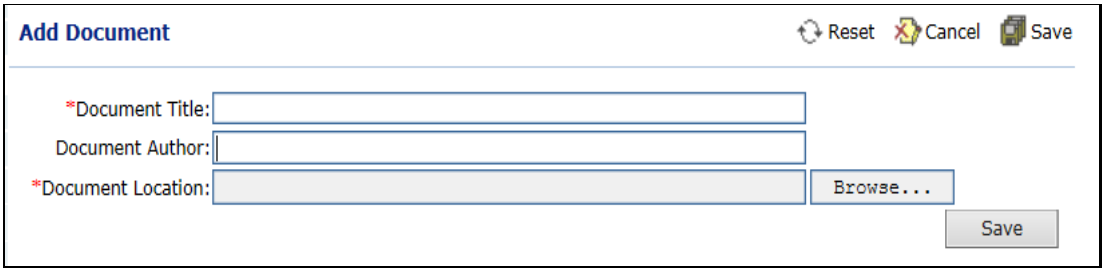
- Click on Upload icon

- Dialogue window will open and follow steps to
  1. Select P Drive Folder
  2. DDA Folder
  3. DDA Operations Division Folder
  4. Medicaid Wavier Unit Folder
  5. Waiver Unit Folder
  6. 2. Prior Authorizations Folder
  7. Create File Name: “LastName_FirstName_x_annual_StartDate_EndDate_waiver”
  8. Save as type: Adobe Acrobat
  9. Click “Save”
  10. A window will open asking: “This report has been exported. Would you like to open it? Click “NO”
  11. In Poc_Pre Authorization page click “Back” button



  12. Under Profile Tab/Supporting Docs/Waiver
  13. Click “New”
  14. Upload document under the Add Document on top of page
      - Click Browse
      - Locate document that was saved in #7 above
      - Highlight name of file, left click mouse and copy name of file

- Copy file name in “Document Title”
- and click “Save”



Return of Services

Once the waiver specialist determines the reason for a return the process for returning a service to the service coordinator the waiver specialist has to:

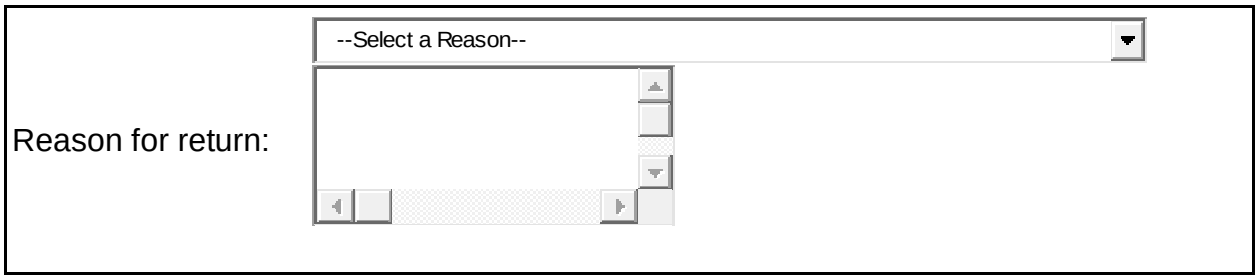
Step 1. Select the ISP

Step 2. Select the option “Authorizing Services”

Step 3. Go to the line item for that specific service and select “Return”

Step 4. After selecting “Return” select the “Returned Service(ISP)” option

Step 5. When selecting “Returned Service(ISP)” option a drop down box will be available to “Select a Reason” (see drop down box with comments)



Step 6. Select the option “Select a Reason” and the following reason will be available:

a. Assessment doesn’t support the hours requested
b. Assessment doesn’t support the need for the service
c. Documentation – Missing a assessment
d. Documentation – Missing BSP
e. Documentation – Missing DAR
f. Documentation – Missing physician order
g. Documentation – Missing quarterly updates

h. Documentation – Missing RSA referral
i. Documentation – Missing signed & dated choice of provider form
j. Documentation – Missing staffing ratio
k. Duplicated service request
l. Duplicate service request; service is already approved
m. Hours/days requested exceed maximum limit
n. Incorrect services requested
o. Needs justification
p. Operations/ Waiver Director approval needed
q. RCRC approval needed
r. Service is not applicable in current residential setting
s. SFA is needed for approval
t. SIS score needed
u. Updated assessment needed
v. Other (write in comment)

Step 7. After selecting one of the options listed above

Step 8. Select the “Submit” option

Step 9. Once the submit option has been processed successfully, the return comment and service is generated on the service coordinators dashboard as a returned service.

Step 10. The service coordinator is responsible to amend the ISP to request a correct service once the reason for the returned service is resolved.

Step 11. Upon the ISP amendment the wavier specialist will follow the steps specified above to approve the services.