

# Hamilton County Developmental Disabilities Services

## Office of Medicaid, Contracts & SSA

### *Provider Revision Procedure*

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#### Overview

The following procedure is intended to ensure a consistent method for processing revision requests from providers.

#### Timeline for Requesting a Revision

All revisions should be requested **prior** to any change in services or schedules being made.

- o In circumstances where this is not possible, HCDDS may make any approved revision requests effective **up to 30 days** prior to the request.
  - o *Revisions will be made effective no more than 30 days prior to receipt of **complete and accurate** paperwork. Incomplete or inaccurate paperwork will not be counted as received.*
  
- o **For I/O Waivers:** If the revision will result in the person being over their DDP funding range, the change cannot be made after the end of the span.
  
- o **For I/O Waivers with ADL billing:** At the end of the month the provider is responsible to check the monthly box to complete the entry in MRC.
  - Once this is completed and, if the staff hours for the month were over the +3% allowable margin, the provider may request an adjustment to the completed month's services.
  - Only valid requests related to changes in individuals' needs will be considered for approval.
  - The request must be submitted to the revisions mailbox, complete and accurate, within 30 days of the end of the month.
  - Documentation for the needed adjustment must be attached to the revision request. If this is to be an ongoing increase in service authorization this must be stated and a CPT meeting may be held if the SSA and funding specialist determine it is required.

- Once approved, the schedules, or unscheduled services, in CPT will be adjusted and then the provider can recalculate the month and rebill for the services.
- If the provider has not reconciled the month in which they need the adjustment (the month complete box is not checked in MSS), the revision will not be approved. Once the month is reconciled, the revision will be considered for approval. Note: HCDDS only has 60 days from the last date of the month in question to make the needed adjustments in MSS.
- If the request is made at the end of the waiver span and the month has not been reconciled, the redetermination PAWS will not be processed until this is completed.

### Revision Request Process

It is a provider's responsibility to submit a timely request for a revision of services.

The steps to request a revision for any authorized service are:

1. The provider must complete an HCDDS revision request form. These forms can be found on the HCDDS [provider page](#) (worksheets, authorization & billing tab). There are three types of revision request forms:
  - Provider revision request form—used for ADA and Residential revisions
    - Residential requests requiring household schedules must be sent with the schedules.
    - This request form is also used if the required worksheet and schedules are not received by the deadline for authorizing services at a My Plan redetermination. In these situations, providers should mark the box to indicate that the revision request is addressing redetermination paperwork that was not previously submitted
  - Provider revision request form to move units—used for moving units when there is a fiscal split.
  - NMT revision request form
2. The provider forwards the completed revision request form(s) to the HCDDS revisions inbox, [revisions@hamiltondds.org](mailto:revisions@hamiltondds.org).
  - HCDDS tracks all revisions; the received date is the date that the *complete and accurate* request is received. Because of this, *revisions sent directly to a Service and Support Administrator will not be processed.*
3. Once received, revision requests are sent to the assigned Service and Support

Administrator for review.



- All requests must be authorized by the Service and Support Administrator.
- The Service and Support Administrator approves the request, denies the request or modifies the request.
  - Denied requests are closed out and the SSA notifies the provider, the Funding Specialist and the revisions inbox ([revisions@hamiltondds.org](mailto:revisions@hamiltondds.org)).
  - Approved requests are forwarded by the SSA to the assigned Funding Specialist and the revisions inbox ([revisions@hamiltondds.org](mailto:revisions@hamiltondds.org)).



- The Funding Specialist reviews the request to ensure the approved request falls within the budget, is permitted by rule and that all required information is present.
  - If there are household schedules, the Funding Specialists reviews these for accuracy as well. If additional information or corrections are needed, the Funding Specialist coordinates with the SSA to resolve any issues: The SSA may need additional information from the provider to decide about the request.
4. If the above request is approved by the SSA and all potential span/funding issues are resolved, the revision request is processed. After a revision is processed, the provider can see the revised PAS at [www.Ohiodd.com](http://www.Ohiodd.com) or for waiver enrollees at the state billing site once the PAWS is enrolled by DODD. *Providers should only consider a revision to be approved once the PAS can be viewed.*

#### Additional guidelines for revisions:

- Some requests require a change to the My Plan, in these cases the SSA must revise the plan and secure the required signatures. This will slow down the processing of the request. Revisions that require a My Plan change include (but are not limited to):
  - Adding a new service
  - Changing providers, adding a provider
  - Adding additional days of day array
  - Change in funding source (example local funds to waiver)
- A revision request is only official when the required paperwork has been submitted to the HCDDS revisions email inbox and it is **complete** and **accurate**.
- Talking to or leaving a message for a Service and Support Administrator is NOT the

same as requesting a revision. The steps in this procedure must be followed for a request to be official.

- Changes in schedules should never be made, except in an emergency situation, prior to a revision request being submitted and approved by the Service and Support Administrator. If a change is made without prior approval, it is up to the discretion of HCDDS whether to make the change effective up to 30 days prior to the request date.
- For waiver PAWS, units can be transferred from one half of a fiscal split to the other but units can NEVER be transferred between span years.
  - For individuals with waivers, the Behavior Rate Add-on can only be authorized with the criteria established by DODD is met. The criteria can be found in the [DODD Behavior Rate Add-On Assessment Tool](#). One of the criteria is that the My Plan must include behavioral strategies/interventions.
  - The Behavior Rate Add-On can only be applied for the dates in which there are behavior strategies in the My Plan.
  - The Add-On must be authorized each span year; providers should notify the Service and Support Administrator during the My Plan development if this is needed.

### Tips for Successful Service Authorization and Payment

HCDDS is committed to supporting provider partners in successful service authorization to ensure providers are able to secure payment for services provided. By following the revision process outlined in this procedure and following the tips below, providers will decrease the chance for problems with billing.

- Providers should always ensure that services are authorized PRIOR to providing the service.
- Worksheets and revision request forms must be completely accurate as these are used to create service authorizations.
- It is important that providers closely monitor service authorizations.
- Once services are authorized, providers must monitor utilization. The sooner a problem is found, the more likely it can be successfully resolved.
- For residential services, following the approved household schedules is vital to avoiding issues with payment.

- The person signing off on household schedules for the provider must be well trained to understand what is shown on the schedules.
- The person creating staff schedules must ensure that the staffing patterns (created from the household schedules and seen in CPT for individuals with waivers) are followed. *Any staffing that does not match these approved schedules will result in billing issues at some point. This includes days, times and ratios. Additionally, providers could be required to adjust billing (payback money) if services are provided that exceed what is authorized.*
- Agencies providing residential services should be able to read authorizations in CPT.