

# Provider Requested Service Authorization Revision

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

# Provider Requested Service Authorization Revision

- Steps to request a revision for any authorized service.
  - Completion of a Medina County Board of Development Disabilities ( MCBDD) revision request.
  - Time requirements for the submission of the request.
  - Review of revision request.
  - Tips for Successful Service Authorization and Payment.

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- The provider must complete a MCBDD request form for all funded services when the revision is requested outside of the team process- with the exception of an emergency.
  - An emergency is defined as:
    - a. An unanticipated and sudden absence of an individual's provider or natural support due to illness, incapacity, or other cause.
    - b. A significant change in the individual's health and/or emotional well being.
    - c. An emergency support is requested by the county board.

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- Authorization-
  - Authorization must be obtained from the assigned Service and Support Administrator (SSA) or SSA on call ( if request is outside normal business hours) prior to emergency supports being provided.
  - Request Forms can be located on the MCBDD Internet page.

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- Time Requirement-
  - Completed revision request forms are to be e-mailed to [revisionrequest@mcbdd.org](mailto:revisionrequest@mcbdd.org) 30 days prior to the effective service date to ensure payment.
    - a. MCBDD will track all revisions and the received date.
    - b. All revisions should be requested prior to any change in service.
  - ❖ In some circumstances, MCBDD may approve revision requests up to 30 days prior to the request. Requests will not be approved if made more than 30 days after the change in service was implemented.
  - Example (1)- Services were changed on 12/15/17 and the provider alerted the SSA and made the revision request on 12/20/17. The revision request will be approved effective 12/15/17.
  - Example (2)- Services were changed on 12/15/17 but the provider did not alert the SSA and did not request a change in individuals' schedule until 1/30/18- The revision request will not be approved.
  - ❖ For I/O Waivers: If the Individual's Service Plan ( ISP) is already in Prior Authorization, the request must be made at a minimum 30 days prior to the end of the individual's span.

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- Review of Revision Request-
  - Once the form is received, revision requests are sent to the assigned SSA for review.
  - All requests must be authorized by the SSA.
  - If changes are identified in the individual's schedule, the SSA Manager will review with the SSA to resolve any issues.
  - When revised schedules has been made for a congregate site, no billing for these dates shall occur until after the revised schedule has been authorized in the ISP and updated in MSS. This includes when roommates move in or out of a setting.
  - If the revision causes a cost increase, the SSA will follow the cost increase process.
- Payment Authorization of Services ( PAS), units can be transferred from one half of the fiscal year to another- units cannot be transferred between spans.

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- Tips for Service Authorization and Payment
  - Providers shall ensure that services are authorized, either via written/verbal communication from SSA/ SSA on-call, prior to providing services.
  - Worksheets and revision request forms must be completely accurate as these are used to create service authorization.
  - Once services are authorized, providers must monitor utilization.
  - All changes in individual schedules should be communicated promptly to the SSA and team.

Provider Requested Service  
Authorization Revision

Questions?