




Provider Requested Service Authorization Revision Procedure

The following procedure is intended to ensure a consistent method for processing revision requests from providers. The steps to request a revision for any authorized service are:

1. The provider must complete a Medina County Board of Development Disabilities (MCBDD) revision request form for all funded services when the revision is requested outside of the team process (with the exception of an emergency as defined as an unanticipated and sudden absence of an individual's provider or natural supports due to an illness, incapacity, or other cause, a significant change in the individual's physical health and/or emotional well being, or if emergency support is requested by the county board).
 - Authorization must be obtained from the assigned SSA or SSA on call (if request is outside normal business hours) prior to emergency supports being provided.

These forms can be found on the MCBDD Internet page. <https://www.mcbdd.org/resource/category-bd315e6d-1596-4a29-88f2-04fe253f7ac9.aspx>

2. Completed revision request forms are to be emailed to revisionrequest@mcbdd.org 30 days prior to the effective service date to ensure payment.
 - A. MCBDD tracks all revisions; the received date is the date that the *complete and accurate* request is received.
 - B. All revisions should be requested **prior to any change in services**.
 - In circumstances where this is not possible, MCBDD may approve revision requests effective **up to 30 days** prior to the request. MCBDD will NOT approve revision requests that are made more than 30 days after the change in service was implemented. (**ex. 1.** Services were changed on 12/15/2017 and the provider alerted the SSA and made the revision request on 12/20/17. MCBDD will approve this revision request effective 12/15/2017). (**ex. 2.** Services were changed on 12/15/2017 but the provider did not alert the SSA and request a change in the individual schedule until 1/30/2018. MCBDD will not approve the revision request effective 12/15/2017.)
 - For I/O Waivers: If the individual's Individual Service Plan (ISP) is already in Prior Authorization or the revision will result in the individual's ISP being in Prior Authorization, the request **MUST** be made at a minimum 30 days prior to the end of the individual's span.
 - C. Once the form is received, revision requests are sent to the assigned Service and Support Administrator (SSA) for review. 
- All requests must be authorized by the SSA.
- If there are changes to the individual's schedule, the SSA Manager reviews these for accuracy as well. If additional information or corrections are needed, the SSA Manager will review with the SSA to resolve any issues. When revised schedules are 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 (processing of changes needed can be delayed if billing is



process incorrectly at the state site, and cause delays in the provider receiving payments from the state as well.

- If the revision results in a cost increase, the Service and Support Administrator then follows the cost increase process outlined in the ISP/waiver process guide.
 - Once the revision request form is approved by the SSA and manager the manger will save a copy of the completed form in the shared business-SSA folder so that fiscal can access it to review unit allocations.
- D. Once the revision is processed the completed ISP will be distributed to the team.
- Payment Authorization of Services (PAS), units can be transferred from one half of a fiscal split to the other but units can NEVER be transferred between span years.

Tips for Successful Service Authorization and Payment

MCBDD 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 (either via written or verbal communication from SSA/SSA on call) PRIOR to providing the service.
- Worksheets and revision request forms must be completely accurate as these are used to create service authorizations.
- Once services are authorized, providers must monitor utilization.
- All changes in individual schedules should be communicated promptly to the SSA and team.

