

Provider Communication

The following information is presented to address questions from the TBI provider community related to RRDC operations:

1. Status of the TBI waiver application for renewal and the UAS-NY
The TBI waiver program continues to operate under a temporary extension of its existing waiver approval until June 24, 2014. Since the renewal application has not been approved the Level of Care (LOC) assessment continues to be the PRI/SCREEN document. The UAS-NY is not approved for implementation as the LOC assessment tool for the TBI waiver program at this time.
2. Notices of Decision (NODs)
A notice of decision is issued at the time of waiver eligibility, when waiver services are discontinued and when specific services are increased/decreased/discontinued. When a Revised Service Plan is reviewed and approved by the RRDC and there are no changes made in the frequency, duration and type of services included in the plan a Notice of Decision is not issued by the RRDC. Signature of the RRDC representative on the revised service plan is sufficient to authorize the services identified in the service plan for the period of time identified in the service plan. *As stated in the TBI Program Manual: **The Service Coordinator is responsible for ensuring that all service providers receive a copy of the approved service plan and are aware of the overall plan and goals.....The ultimate responsibility for assuring that the Service Plan is appropriately implemented rests with the Service Coordinator.***

In order to maintain consistency across the state, all RRDCs are instructed to discontinue any practices that are contrary to the above protocol.

Dates of Notices of Decision (NODs)

There are two dates on the NOD. The Notice Date is the date the RRDC is issuing the NOD. The Effective Date is the date that the service or the change in service will take place. The Effective Date provides the participant/provider sufficient time to effectuate the action identified in the NOD and to afford the participant sufficient due process notification. The action identified in the NOD cannot take place prior to the Effective Date. The Effective Date serves as the RRDCs authorization to provide or amend the services as designated in the NOD. Generally, the Effective Date is ten days prospectively from the Notice Date. However, if an emergency authorization of service is required the time frame may be less. The dates associated with the NOD do not have to be consistent with the dates of the service plan. The action can take effect at any time during the service plan period. Waiver services are only eligible for reimbursement when the services are approved by the RRDCS prior to the implementation of the service, upon the approval of a service plan and/or the issuance of a Notice of Decision.

3. Addendum to the Service Plan
An addendum to a service plan is required when there is a needed change in the frequency, duration or type of waiver service due to the changing needs of the participant. The TBI Program Manual currently addresses emergency requests for services indicating the RRDC must be notified immediately via fax or email, followed by the submission of an Addendum by the next business day. If a change in services is required due to a participant emergency (unexpected hospitalization discharge), the RRDC may grant temporary approval of a service change pending the submission of a service plan addendum. The emergency request must be submitted to the RRDC and the RRDC will respond in writing (email). The RRDC will issue the NOD indicating the change in service upon receipt of the documents. Service Coordinators will provide service providers a copy of the emergency approval, the Addendum and the NOD.

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As stated in the TBI Program Manual the *Plan of Protective Oversight (PPO)* must be included with an *Initial Service Plan, Revised Service Plan or Addendum*. PPOs must be signed and dated by the participant, the legal guardian if applicable, the Service Coordinator and the Service Coordinator's supervisor as well as service providers and any informal supports listed as providing critical supports, i.e. to be called in an emergency. It is recommended that these signatures be gathered at the Team Meeting conducted to review the need and content of the Addendum. The PPO states: *This plan for Protective Oversight (PPO) must be readily accessible to all staff and natural supports and reviewed on a routine basis. This Plan must also be submitted to the Regional Resource Development Center with all Service Plans, and reviewed by the Service Coordinator with the participant, at least every six months or when conditions change. If there are incidents or concerns that arise which are directly related to the information presented in the Plan, the Plan must be reviewed and/or amended immediately. Staff are responsible to know the contents and precautions established within the document. The PPO must be signed by at least one representative of each service agency and natural supports identified in the service plan.*

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4. Retro-active Approval

The RRDC is the prior authorization entity working under contract to NYSDOH. Services in a service plan cannot be initiated until prior approval is given by the RRDC; service changes or additions proposed in an Addendum or RSP cannot be initiated without prior approval from the RRDC. No changes in service provision may be made by the waiver service provider until receiving notification from the Service Coordinator following approval of an Addendum or RSP by the RRDC. An RRDC cannot retroactively issue a notice of decision or approval of a service. In emergency situations only, services may be approved by the RRDC and then the written addendum and PPO submitted.

If changes to services in the prior Service Plan are indicated in the RSP, the RRDC issues the appropriate NOD (e.g. Increase/Addition of waiver service(s); and/or Reduction/Discontinuance of waiver service(s)) to the participant and others as indicated on the NOD form.

Existing services identified and approved in the prior service plan remain intact with the approval of the updated service plan and no additional NOD is issued.

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5. "Float Hours"

There is no reference to "float hours" in the TBI Program Manual. The TBI Program Manual states: *When the individual requires 24 hour supervision, it is advisable to include a request for emergency PRN hours in the six month service plan. If emergency PRN hours become necessary, but none have been approved for the current service plan, the RRDS must be notified immediately, via fax or email, followed with submission of an Addendum for approval of emergency services by the next business day. The schedule provided in the service plan indicates: As a waiver provider we are obligated to remain flexible and responsive to the needs of our participants as well as ensuring the health and safety of each participant we serve in the community.* Each service plan contains an approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved hours of service. The service plan should contain an explanation/justification of the circumstances that may require a deviation of the proposed schedule and/or hours of service adjustment. A provider may not exceed the number of approved hours and then request an Addendum to the plan. The schedule dictates

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the pro-rated use of hours of service throughout the year and the approved annual units establishes the “cap” on that service provision/utilization by the participant. The TBI Program Manual states: *However, while flexibility within a Service Plan is essential, providers may not “bank” unused service units for billing purposes, for example, if a participant misses several hours of approved services one week, those hours cannot be routinely added to the next week unless the participant’s need for those services has changed. These changes must be documented in the case notes, including the anticipated duration..... Any variation in the weekly schedule must be noted by the provider in his/her case notes, including specific reason(s) why the service was not delivered as noted and the plan of action to successfully provide the service....*

The approved service plan and/or NOD reflects the total number of annual approved hours for the service.

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6. Late Service Plan Submission and Service Plan Corrections

As established in the TBI Program Manual revised service plans are to be submitted to the RRDC at least sixty days prior to the plan termination date. The TBI Program Manual explicitly indicates the required documentation with the plan submission. Late submission of a Service Plan can result in the interruption of services to a participant and penalties to a provider agency. Effective with this notification, if the Service Coordinator fails to submit a Revised Service Plan sixty calendar days prior to the end of the current approval period for each participant, the RRDC will notify all service providers approved on the current plan of the late submission. If the RRDC fails to receive a service plan sufficient for RRDC approval thirty days prior to the end of the current approval period the RRDC will remove the Service Coordination agency or the provider responsible for the delay from the region’s active list of approved service providers until such time that the RRDC feels the agency has remedied the problem.

7. The Service Plan Packet Review Sheet

Attached to every service plan reviewed by the RRDC is the Service Plan Packet Review Sheet. This document provides evidence to CMS that the plan and supporting documents were reviewed and approved by the RRDC. The document also supports requests for revision or additional documents by the RRDC. It also verifies that the RRDC has reviewed supporting documents. This document is entered into the participant file at the RRDC with the corresponding service plan and a copy is provided to the SC for action and/or follow-up. The completed form is the work product of the RRDC.

NYSDOH anticipates that additional clarification regarding these and other operational issues may be required. Participants, providers and stakeholders are encouraged to direct their questions to the TBI Program Mailbox at: tbi@health.state.ny.us.