



C U Y A H O G A C O U N T Y
Board of Developmental Disabilities

April 26th, 2012

Dear Provider,

The CCBDD Community and Medicaid Services Department has developed a Revision Request Form and process for changes to services authorized by a Support Administrator in an ISP or ISP addendum. A copy of the form is attached and you may also obtain a copy on the Provider Search Tool

(https://providers.cuyahogabdd.org/Provider_Information.aspx) or from the Support Administrator (SA). Please email a completed form, requesting a plan revision, to the SA, as this will also provide you with an electronic receipt. If it is not possible to submit via email, fax will be accepted.

The number of revisions received is beginning to exceed the capacity to process these, and working retroactively has become more complicated; guidelines and time limits must be established. Therefore, as of **July 1, 2012**, there will be a 15 calendar day limit on the time during which time you may request a change.

As always, requests for changes to authorizations should be submitted prior to the change whenever possible. This includes changes to services discussed by the ISP team and authorized by the Support Administrator prior to the start of a waiver span.

After a plan has begun, if there is a change in services, the provider will have 15 calendar days to complete and submit the Revision Request Form to the CCBDD Support Administrator in order for the change to be considered. The request form should include clear explanation of what has happened with the individual, how their needs have changed and why this warrants a change in service. It should include clear information on the type of change being requested (service type, units, ratios, etc.) Failure to submit a completed request with all required information may result in a denial of the request. Approvals are not guaranteed.

Requests received more than 15 days after the change will not be approved back to the date of the change. In such an instance, and upon SA approval, the change will be made effective from the date of the notification forward.

It is strongly recommended you understand the basics of MSS Cost Projection Tool (<https://dodportal.dodd.ohio.gov/PRV/tools/mss/Pages/default.aspx>) so that you can monitor which type(s) and amount(s) of services have been authorized and make sure it matches your understanding, otherwise you may not be paid for services you provide that are not authorized in CPT. If you have not already done so, you will need to sign a security affidavit for MSS through the Security Affidavit Wizard on the DoDD website.

Also effective July 1, 2012, CCBDD will no longer mail copies of PAS/PAWS to providers. Providers must access this information via the State system (<https://doddportal.dodd.ohio.gov/Pages/default.aspx>) for waiver authorizations and www.ohiodd.com for local dollar authorizations.

This new procedure will be reviewed in more detail at the Quarterly Provider Meeting on May 9, 2012. If you have questions, I encourage you to attend that meeting.

Thank you for the support you provide each day.

Sincerely,

John A. Parkowski
Interim General Manager
Community and Medicaid Services Department

Plan Revision Requests

Consumer Name: _____ Consumer Span Dates: _____

Provider Name (please print): _____

Effective Requested Start Date for this Revision: _____

End Date for this Revision (specific date/ongoing): _____

What is currently authorized? _____

Change in Service Type/Levels that is being requested: _____

Why is this change needed for the health and safety of the individual? What has occurred in his/her life to require this change? How have the individual's needs changed? (Please include documentation as necessary):

Provider signature: _____ Date: _____

Phone number: _____ Email address: _____

CCBDD Use Only:

Action Taken: _____

SA Name (print): _____

SA Signature: _____ Date: _____