



## REVISION REQUEST

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](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 exceeding the capacity to process them, 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 providers 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 providers understand the basics of MSS Cost Projection Tool (CPT) (<https://doddportal.dodd.ohio.gov/PRV/tools/mss/Pages/default.aspx>) so that the provider can monitor which type(s) and amount(s) of services have been authorized and make sure it matches their understanding. Otherwise, the provider may not be paid for services rendered that are not authorized in CPT. In order to access the CPT, providers need to complete a Security Affidavit Wizard, available on the DoDD website, under FORMS.

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](http://www.ohiodd.com) for local dollar authorizations.