


DDSD-DDW Numbered Memo 2017-1

Date: January 11, 2017

To: DD Waiver Provider and Case Management Agencies

From: Scott Doan, Bureau Chief 
Regional Office Bureau, DDSD

Subject: Change to Prior Authorization Approval Timeframe for Supported Living Awake and Outlier Services

In an effort to decrease the amount of time spent gathering information and submitting Supported Living Awake and Outlier packets; DDSD is changing the timeframe for which Supported Living Awake and Outlier services can be approved. Effective immediately, Supported Living Awake and all Outlier services may be approved for up to an entire ISP year.

This is a change from the previously allowed approval timeframe of six (6)-months. The change allowing approval for an entire ISP year applies to all initial and renewal (ongoing) requests for Supported Living Awake and Outlier services. The Medicaid Third-Party Assessor (Qualis Health) has authority to approve Supported Living Awake services and the respective DDSD Regional Office has authority to approve Outlier services; each entity maintains their authority to approve services for less than an ISP year based on the review of documentation submitted.

This process applies to Jackson Class Members only. Outlier services may apply to Supported Living Awake, Supported Living Asleep, and/or Adult Habilitation.

Providers of the actual service must continue to follow the current process outlined below for Supported Living Awake and Outlier service requests:

1. The requesting Provider for Supported Living Awake services, must complete and submit the MAD046 (budget) and supporting clinical justification directly to the Third-Party Assessor (Qualis Health). This applies to all requests for initial and renewing Supported Living Awake services regardless of whether the team is also requesting Outlier Supported Living Awake services.

Note: Do not email Jackson Class Member budgets to the Third-Party Assessor. Please continue to submit Jackson Class Member budgets to the designated fax line at 1-877-850-7269.

2. Upon receipt of approval or denial of the Supported Living Awake service from the Third-Party Assessor, the Provider must send a copy of the determination to the assigned Case Management agency.
3. If the team is also requesting Outlier Supported Living Awake services, the Provider for Supported Living services must proceed as follows:

- a. For initial requests for Outlier Supported Living Awake services, the Supported Living Awake Provider must first receive the approval for the core service of Supported Living Awake prior to requesting Outlier Supported Living Awake services.
 - b. Upon receipt of the Supported Living Awake approval from the Third-Party Assessor, the Provider must submit the notice of approval with the Outlier Supported Living Awake packet to the respective DDS Regional Office for review. If DDS makes the determination to approve the Outlier request, DDS may honor the effective date of the Supported Living Awake service as the effective date for the Outlier Supported Living Awake service.
 - c. Upon approval of the Outlier request, the DDS Regional Office will send the approval (DDS Prior Authorization Form and MAD046) directly to the Third-Party Assessor, the submitting Provider, and a copy to the assigned Case Management Agency.
 - d. The Third-Party Assessor will use the DDS Prior Authorization approval of Outlier Supported Living Awake services as the basis for data entry into the Omnicaid system.
 - e. For each renewal request for Outlier Supported Living Awake services, the Provider must submit the previous approval for Supported Living Awake services with the Outlier Supported Living Awake request.
4. All requests for Outlier Adult Habilitation and Outlier Supported Living Asleep services must continue to be submitted to the Regional Office by the service Provider. The Provider must submit the DDS Prior Authorization Form, the MAD046 (budget), and supporting clinical justification directly to the respective DDS Regional Office.
 5. Upon approval of the Outlier Adult Habilitation and/or Outlier Supported Living Asleep services, the DDS Regional Office will send the approval (DDS Prior Authorization Form and MAD046) directly to the Third-Party Assessor, the submitting Provider, and a copy to the assigned Case Management Agency.
 6. The Third-Party Assessor will use the DDS Prior Authorization approval of Outlier services as the basis for data entry into the Omnicaid system.
 7. Individuals and/or their Guardians continue to maintain all Fair Hearing Rights as required by Medicaid regulation.

Please contact your respective Regional Office Director or Scott Doan at (575) 528-5187 if you have questions regarding this correspondence.