


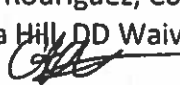
DDSD-DDW Numbered Memo 2018-03

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February 14, 2018

To: DD Waiver Case Management Agencies Directors and DD Waiver Case Managers

Cc: DD Waiver Providers and Outside Review (OR) C.O.R.E. Team

From: Jennifer Rodriguez, Community Programs Bureau Chief   
Christina Hill, DD Waiver Program Manager 

Subject: Roll Out of Clinical Criteria V4, the OR Streamlining Plan: Clinical Review Frequency Schedule, Three Year Clinical Review Schedule by ISP Month and Budget Worksheet (V OR 2018 03-01)

Clinical Criteria V4, the OR Streamlining Plan: Clinical Review Frequency Schedule, the Clinical Review Schedule by ISP Month, and Budget Worksheet (BWS) V OR 2018 03-01 are in effect March 1, 2018. It will take a full year to transition to the new BWS V. OR 2018 03-01, the OR Streamlining Plan, and the Clinical Review Schedule by Individual Service Plan (ISP) month. Teams must plan accordingly so that the appropriate documentation to demonstrate clinical criteria and the correct version of the BWS are submitted to the C.O.R.E. team.

The roll out plan is as follows:

1. For any submission (annual, waiver transfer, child transition to BWS, or revision) received by the C.O.R.E. Team prior to 03/01/2018, a full clinical review of the entire budget will be completed using Clinical Criteria V3.
2. When Clinical Criteria V4 is applied, the following are immediately effective:
  - a. Supported Living Individual Intensive Behavior Supports (SL-IIBS) will not be approved.
    - i. Supported Living Category 4 can be requested instead and must be requested using the BWS V OR 2018 03-01.
    - ii. Revisions to existing budgets adding SL-IIBS or in increasing the SL-IIBS units will not be allowed.
    - iii. SL-IIBS units approved prior to 03/01/2018 can remain on an individual's budget until the expiration of the current ISP.
  - b. For all categories of Supported Living, the staffing grid is no longer required.
  - c. IMLS short term can be requested for up to 90 days.
  - d. Therapy, Behavior Support Consultation, and Nursing Evaluation units do not have to be requested separately from requests for ongoing services in these disciplines. TSPARs, BSCPARs, and ANSPARs are no longer required.

- e. Funding from Division of Vocational Rehabilitation (DVR) must be accessed as described in the DD waiver Standards before requests for Job Development/ Short Term Job Coaching and Self Employment are made.
- 3. Annuals for ISPs with start dates between 3/1/2018 and 5/31/2018 will receive a full clinical review of the entire budget using Clinical Criteria V4. BWS V OR 2017 08-11 or V OR 2018 03-01 may be used.
- 4. The Clinical Review Schedule by ISP month is a three-year annual review cycle. The Clinical Review Schedule by ISP month follows:

	Jan.	Feb.	Mar.	April	May	June	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Batch #1			x			x			x			x
Batch #2		x			x			x			x	
Batch #3	x			x			x			x		

- 5. The new Clinical Review Schedule by ISP month begins 03/01/2018 for ISPs in June 2018. The first three years are reviewed as follows:
  - a. **Year #1 Reviews:** Clinical reviews for the full budget are required for ISP's in Batch #1, with start dates effective in: **June 2018, September 2018, December 2018, and March 2019.** Subsequent clinical reviews for the full budget are required beginning June 2021, September 2021, December 2021 and March 2022 and every three years thereafter.
  - b. **Year #2 Reviews:** Clinical reviews for the full budget are required for ISP's in Batch #2 with start dates effective in: **May 2020, August 2019, November 2019, and February 2020.** Subsequent clinical reviews for the full budget are required beginning May 2023, August 2022, November 2022 and February 2023 and every three years thereafter.
  - c. **Year #3 Reviews:** Clinical reviews for the full budget are required for ISP's in Batch #3 with start dates effective in: **April 2021, July 2020, October 2020, and January 2021.** Subsequent clinical reviews for the full budget are required beginning April 2024, July 2023, October 2023 and January 2024 and every three years thereafter.
- 6. Revisions which are submitted after 03/01/2018, will receive a clinical review of the revised service(s) using Clinical Criteria V 4.
  - a. For revisions accommodated by the current approved BWS, the revision is made on the same BWS.
  - b. For revisions that require a newer version of the BWS, the entire budget must be transferred to the newest version as follows:
    - i. Two BWS are submitted: (1) the original approved BWS with the PA# and prior OR approvals and (2) the newest issued version of the BWS with all prior approved services whether current or closed, transferred onto it, as well as the revision added as described above.

- ii. If the revision is approved, the OR transfers the PA# and prior OR approvals onto the newest version of the BWS.
7. For any late annual submissions or late revisions, which are submitted after 3/1/2018, regardless of effective date of the ISP or the revision, the Clinical Criteria V4 will be applied.

The grid below provides detailed transition instructions.

Clinical Criteria			Clinical Review		BWS- V-OR				
	V 3	V 4	All Services	OR Stream line Plan	3-Yr Clinical Review Schedule by ISP Month	2015 10-01	2017 07-01	2017 08-11	2018 03-01
<b>Annual Submissions</b>									
Submissions prior to 3/1/18 regardless of ISP start date	X		X					X	
Submissions for ISP start dates 4/1/18 - 5/31/18		X	X					X <sup>1</sup>	X <sup>1</sup>
Submissions for ISP start dates 6/1/18 and after		X		X	X				X
Late submissions on or after 3/1/2018		X	X <sup>2</sup>	X <sup>2</sup>	X <sup>2</sup>				X
<b>Revisions</b>									
Submission prior to 3/1/18	X					X <sup>3</sup>	X <sup>3</sup>	X	
Submission on or after 3/1/18		X		X		X <sup>4</sup>	X <sup>4</sup>	X <sup>4</sup>	X
<b>Mi Via Transfers &amp; Children turning 18</b>									
Submission prior to 3/1/18	X		X					X	
Submission on or after 3/1/18		X			X				X

<sup>1</sup> Either BWS V OR 2017 08-11 or V OR 2018 03-01 will be accepted

<sup>2</sup> As applicable to ISP start date

<sup>3</sup> Use prior approved BWS or transfer to V OR 08-11 as needed

<sup>4</sup> Use prior approved BWS or transfer to V OR 2018 03-01 as needed