

BED·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities

June 30, 2021



Today's Topic

ISP Service Summary & Prior Authorization Connection

➤ Adjusting and/or Removing Existing Service Lines

ISP Service Summary & Prior Authorization Connection

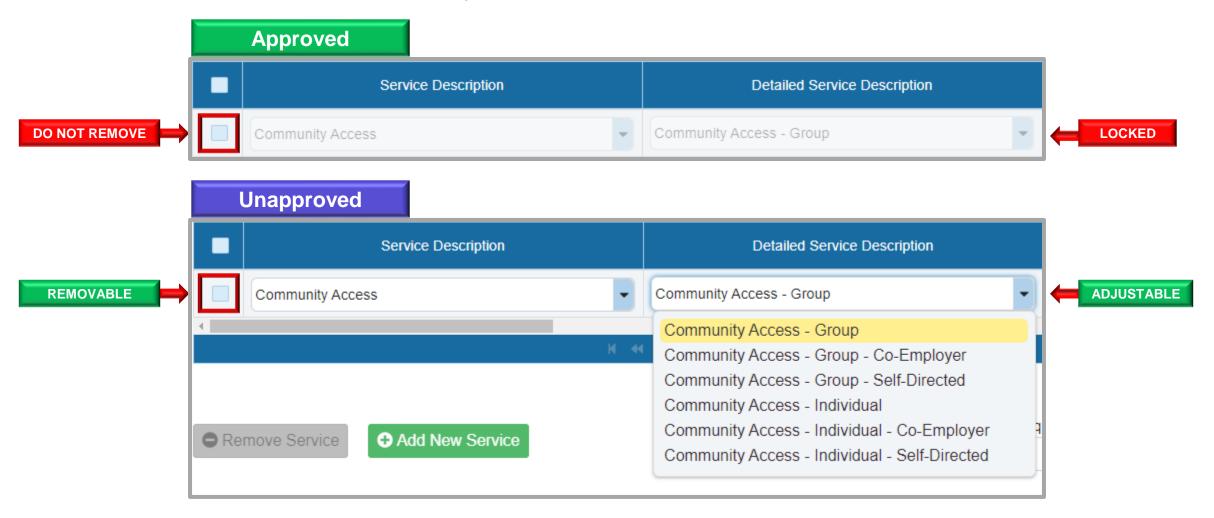
6 Common Reasons for ISP Service Summary Lines Adjustments/Removal

- > A recommendation from an evaluation
- > Moving funding from one service to another service
- ➤ Mid-year provider changes
- ➤ An incorrect service approval
- ➤ A service no longer wanted by the participant/individual
- > Moving from traditional service delivery to participant direction (PD) or vice versa

Key Tip: Services approved in the Service Summary should not be removed while processing a Version Change (ISP Amendment/Update).

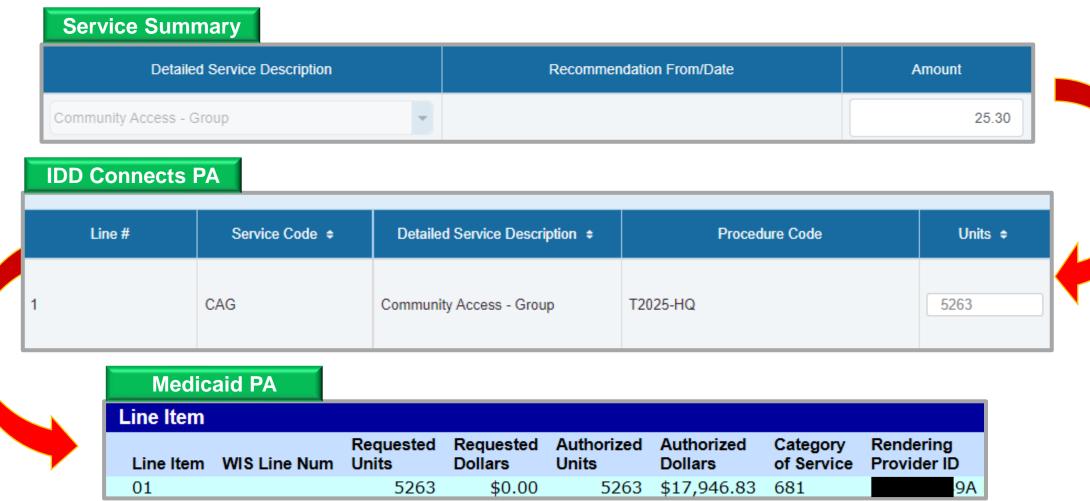
ISP Service Summary & Prior Authorization Connection

Service Summary Lines: Approved and Unapproved



ISP Service Summary & Prior Authorization Connection

"The Connection"

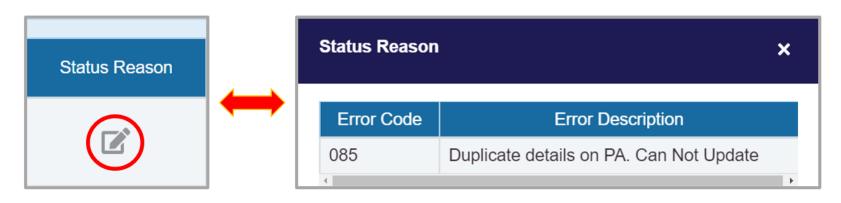


"The Connection": Common PA Errors

Duplicate Line

General Description: A Medicaid system error notification that targets two or more service lines containing the *same procedure code/modifier*, *same provider Medicaid ID* and the *same or overlapping date(s) of service*.

Line #	Procedure Code	Start Date	End Date	Provider Medicaid ID
1	T2025-HQ	01/01/2021	12/31/2021	123456789AA
2	T2025-HQ	01/01/2021	12/31/2021	123456789AA



"The Connection": Common PA Errors

Overlapping PA

General Description: A Medicaid system driven error notification that targets an incoming PA for a member with **existing waiver PA** currently in the system with the **same or overlapping date(s) of service**.

IDD PA Number	PA Status	Funding Source	Effective Date	Expiration Date
<u>11111</u>	Rejected	COMP	05/01/2021	12/31/2021
22222	Approved	NOW	01/01/2021	12/31/2021



"The Connection": Common PA Errors

Overlapping PA Continued

General Description: A Medicaid system driven error notification that targets an incoming PA for a member with **existing waiver PA** currently in the system with the **same or overlapping date(s) of service**.

IDD PA Number	PA Status	Funding Source	Effective Date	Expiration Date
<u>11111</u>	Rejected	COMP	05/01/2021	12/31/2021
<u>22222</u>	Approved	NOW	01/01/2021	04/30/2021

Medicaid PA Service Line								
Line Status	Funding Source	Effective Date	Expiration Date					
Removed from IDD Connects	NOW	01/01/2021	12/31/2021					

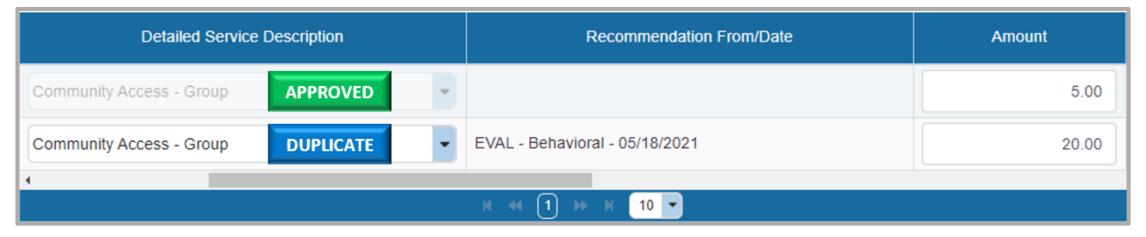
Recommendations from Evaluations

Recommendations from evaluations can often result in a version change or appear in the Service Summary while a version change is being completed for reasons outside of a clinical recommendation. The recommendations can also target an approved services that is currently in the Service Summary. The original, approved service(s) should not be removed in case of a service duplication. The original, approved service can be adjustment, 'Amount', 'Frequency' and/or 'Duration of Service' to capture the elements of the recommendation.

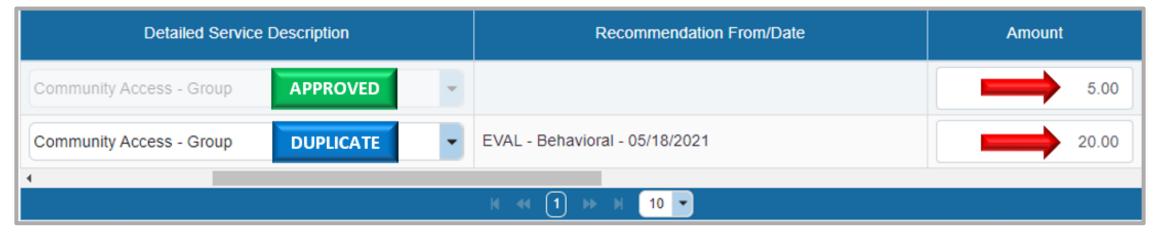
Detailed Service Description			Recommendation From/Date	Amount		
Community Access - Group	APPROVED	-		5.00		
Community Access - Group	DUPLICATE	-	EVAL - Behavioral - 05/18/2021	20.00		
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Recommendations from Evaluations Continued

Step 1: Identify the duplicate service line.

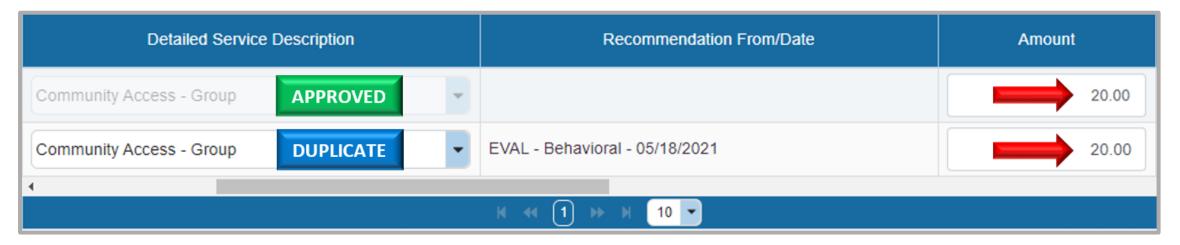


Step 2: Review and compare the 'Amount' for both lines.

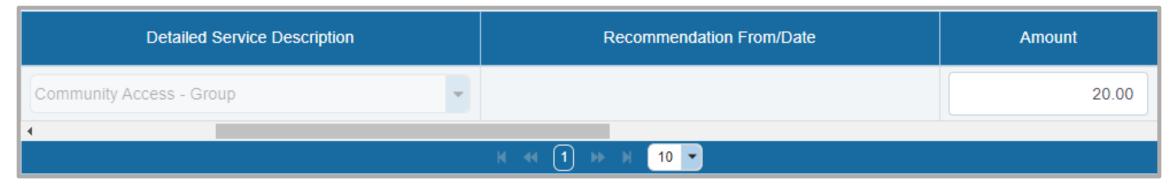


Recommendations from Evaluations Continued

Step 3: Increase the amount on the approved line.

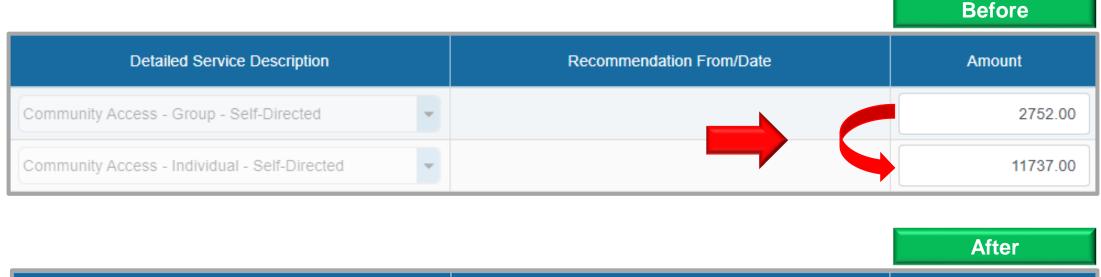


Step 4: Remove the duplicate line.



Moving Funding from One Service to Another Service

Adjust units accordingly without removing and re-adding service lines. In the example below, \$2,000 was moved from Community Access – Group – Self Directed and added to Community Access – Individual – Self Directed.



Detailed Service Description		Recommendation From/Date	Amount
Community Access - Group - Self-Directed	¥		752.00
Community Access - Individual - Self-Directed	¥		13737.00

Mid-Year Provider Changes

No change is needed to the Service Summary. The provider change will be reflected on the prior authorization.

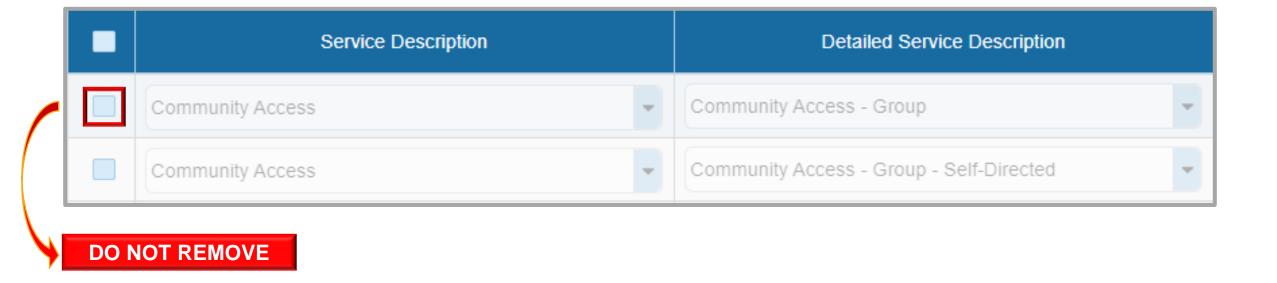
Detailed Service Description		Recommendation From/Date	Amount
Community Access - Group	-		25.30

Prior Authorization

Line #	Procedure Code	Start Date	End Date	Provider	Provider Medicaid ID
1	T2025-HQ	01/01/2021	6/30/2021	PROVIDER A	123456789AA
2	T2025-HQ	07/01/2021	12/31/2021	PROVIDER B	987654321BB

Incorrect Service Approval

In the example below, 'Community Access Group' or 'CAG' was approved in the original ISP. The intended service was 'Community Access – Group – Self-Directed' or 'CAG-SD'. The original, approved service, 'CAG' should remain in the service summary. The service, 'CAG-SD' will be added.



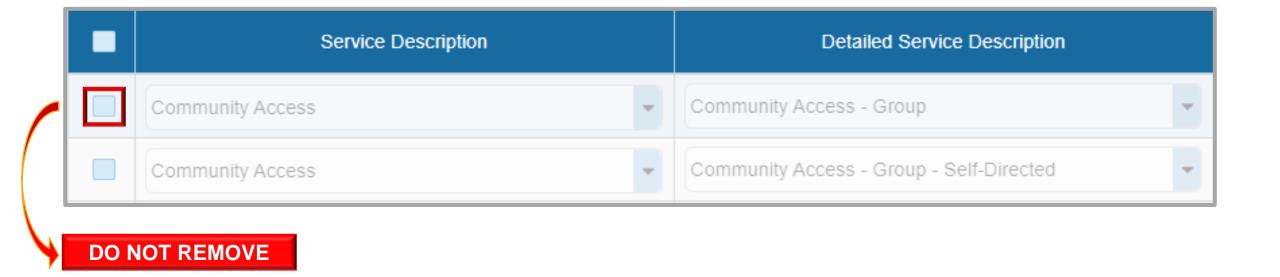
A Service No Longer Wanted by the Participant/Individual

In the example below, 'Community Access Group' or 'CAG' was approved in the original ISP. The participant/individual no longer has desire to have 'CAG' and now wishes to receive 'Community Access – Individual'. The original, approved service, 'CAG' should remain in the service summary. The service, 'Community Access – Individual' will be added.



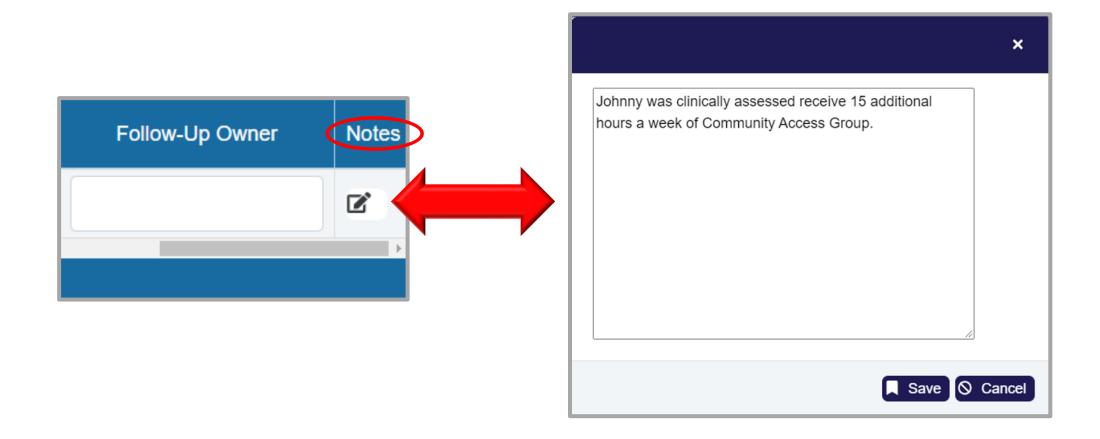
Moving from Traditional Service Delivery to Participant Direction

In the example below, 'Community Access Group' or 'CAG' was approved in the original ISP. The individual no longer desires to receive 'CAG' with a traditional provider and has expressed interest in self-directing this service. The original, approved service, 'CAG' should remain in the service summary. The service, 'Community Access – Group – Self-Directed' or 'CAG-SD' will be added.

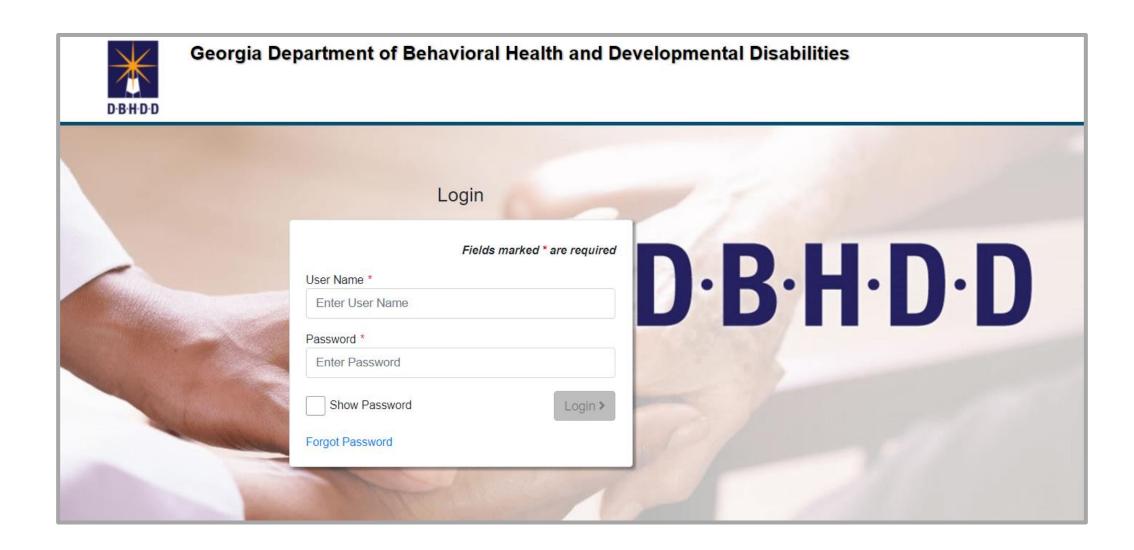


Service Summary: Service Line Notes (Optional)

Adding notes to each service line in the Service Summary to address adjustments and/or track changes is recommended but not mandatory.



IDD Connects Live Demonstration



Questions

