

# Authorization Check-List

Below you will find a list items that are doc requested. Please use this information as a check-list when reviewing IPPs to ensure authorizations are obtained without a doc request. Each item will also indicate whether or not an addendum is required to correct the error. \*\*\*Any addendum requirements are subject to situational information, and an addendum may be requested at any time via the doc request if more information is needed\*\*\*

## → IPP Demographics Page

	Addendum Required?
<input type="checkbox"/> Correct member name and ID in header	No
<input type="checkbox"/> Date in header is date meeting occurred	No
<input type="checkbox"/> IPP service year correct	No
<input type="checkbox"/> Type of IDT meeting is indicated; may be more than one type	No
<input type="checkbox"/> Demographics correct - Legal Representative's <b>mailing</b> address <b>MUST</b> match what is listed in CareConnection©	No
<input type="checkbox"/> Attachments are selected correctly <ul style="list-style-type: none"> <li>- Crisis Plan attached to 6M and Annual IPPs</li> <li>- Behavior Support Plan attached to 6M and Annual IPPs (as applicable)</li> <li>- Behavior Protocol and/or Guideline attached to 6M and Annual IPPs (as applicable)</li> <li>- Task Analysis attached to <b>all</b> IPPs (as applicable)</li> <li>- If attachments are selected, the corresponding document must be attached or you will be doc requested</li> </ul>	No

## → Service Evaluation

	Addendum Required?
<input type="checkbox"/> Initial purchase request must be under budget. Doc request will indicate to agree to an array of services under-budget.	Yes
<input type="checkbox"/> All services in excess of the budget should be outlined in the over-budget service evaluation table (as applicable)	Yes
<input type="checkbox"/> Service code must be correct for each service description	Yes
<input type="checkbox"/> Direct-care services must not exceed caps in under-budget table. <ul style="list-style-type: none"> <li>- 35,040 for group-home/ISS</li> <li>- 7,320 for NF under 18</li> <li>- 11,680 for NF over 18</li> <li>- 17,520 for NF over 18 with day-services</li> </ul>	Yes

<input type="checkbox"/> Services must be purchased in the correct order <ul style="list-style-type: none"> <li>- CM (max of 240, unless direct-care services can be maxed under-budget)</li> <li>- Direct Care (PCS services, day services, electronic monitoring, LPN direct-care, and respite services) <ul style="list-style-type: none"> <li>• Respite services do not count towards the direct-care cap, but are prioritized in the purchase order before professional services</li> </ul> </li> <li>- Professional Services (RN, BSP, Indirect-LPN, any specialty therapies (ST, PT, OT, DT), and transportation)</li> </ul>	Yes
<input type="checkbox"/> Any service codes/units that are listed in meeting minutes or other areas of the IPP (including attached docs like DD8 and DD9) <b>must</b> match units/codes outlined in the Service Evaluation section. If they do not match, you will be doc requested <ul style="list-style-type: none"> <li>- Best practice would be to only list service codes/units in the Service Evaluation section to limit possibility of numbers/codes not matching.</li> </ul>	Yes
<input type="checkbox"/> Under and Over-budget service evaluation tables must be present even if services are not being requested above the budget.	No

→ **IPP Meeting Minutes**

	Addendum Required?
<input type="checkbox"/> A representative from <b>all</b> agencies must attend IPP meetings	Yes - if <u>did not</u> sign signature sheet  No - if signed signature sheet
<input type="checkbox"/> Healthcare Surrogates are required to attend <b>all</b> IPP meetings	Yes - if <u>did not</u> sign signature sheet  No - if signed signature sheet
<input type="checkbox"/> Medley Class Advocates are required to attend Annual and 6M IPP meetings <ul style="list-style-type: none"> <li>- Will need Medley Class Advocate signature and agreement for <i>any</i> meeting they attend</li> </ul>	Yes - if <u>did not</u> sign signature sheet  No - if signed signature sheet
<input type="checkbox"/> If units/codes are outlined in meeting minutes, they <b>must</b> match all other locations where units/codes are listed <ul style="list-style-type: none"> <li>- Best practice would be to only list service codes/units in the Service Evaluation section to limit possibility of numbers/codes not matching.</li> </ul>	Yes

## → IPP Individual Service Plan (ISP)

	Addendum Required?
<input type="checkbox"/> Service name	No
<input type="checkbox"/> Name of provider agency	No
<input type="checkbox"/> Staff providing service must be indicated <ul style="list-style-type: none"> <li>- Specific names <b>must</b> be listed for Home-Based PCS, Family PCS, In-Home Respite, and Out-of-Home Respite (unless out-of-home respite is accessed through a facility based day hab)</li> <li>- For services that do not have one consistent provider (URPCS/LGH, professional staff, day hab, etc), you may indicate Provider Agency Name – RN/BSP/Direct-Care, etc.</li> </ul>	No
<input type="checkbox"/> Start/Stop date of service must be indicated <ul style="list-style-type: none"> <li>- Most will correspond with anchor dates</li> <li>- Services purchased mid-year should begin with date of team agreement</li> <li>- Services discontinued mid-year should end on date of team agreement and/or date of transfer/final access</li> </ul>	Yes – if related to transfer/final access date  No – if related to regular annual purchase
<input type="checkbox"/> If units/codes are outlined in ISP boxes, they <b>must</b> match all other locations where units/codes are listed <ul style="list-style-type: none"> <li>- Best practice would be to only list service codes/units in the Service Evaluation section to limit possibility of numbers/codes not matching.</li> </ul>	Yes

## → IPP Signature Sheet

	Addendum Required?
<input type="checkbox"/> Required attendees signed <ul style="list-style-type: none"> <li>- Member and/or legal representative (guardian, Health Care Surrogate)</li> <li>- Representative from each provider agency</li> <li>- Case Manager</li> <li>- Medley Advocate</li> <li>- If member cannot/will not sign, indicate why</li> </ul>	Yes – if required reps name is <u>not</u> in the meeting minutes  No – if required reps name <u>is</u> in the meeting minutes
<input type="checkbox"/> Any non-required attendees (listed above) signed	No
<input type="checkbox"/> Each signature reflects agree/disagree	Yes – if member and/or legal representative  No – if any other signature

→ **Additional Information**

	Addendum Required?
<input type="checkbox"/> Tentative schedules <b>must</b> be attached to <b>all</b> IPP's regardless of type	No
<input type="checkbox"/> If the member lives in a NF setting with roommates on the Waiver program, there cannot be an overlap of services provided on the tentative schedule	No
<input type="checkbox"/> If LPN is being requested, a matching DD9 <b>must</b> be uploaded to CareConnection© and be completed correctly. <b>**See DD9 check-list**</b>	No
<input type="checkbox"/> If EAA/Goods and Services is being requested, a matching DD8 <b>must</b> be uploaded to CareConnection© and be completed correctly	No
<input type="checkbox"/> If multiple IPPs are uploaded to CareConnection© and units have been changed throughout the IPP – you will be doc requested for clarification.	Yes – to clarify which IPP/units are correct and should be reviewed for auths
<input type="checkbox"/> DSSLAs and DD12s are <b>not</b> substitutes for team agreement. Having an approved DSSLA or DD12 only allows for (with regards to authorization): <ul style="list-style-type: none"> <li>- Purchasing codes for a different setting (i.e. URPCS when member was previously classified as Natural Family)</li> <li>- Purchase/modification up to the amount of services specified in recommendations</li> <li>- Meetings to be held without member/guardian</li> <li>- Meeting to be considered valid outside of timelines</li> </ul> <p><b>If you attempt to make purchases/modifications in CareConnection© based upon a DSSLA or DD12 decision without also having team agreement, the request will be closed and/or doc requested. Services will not be pro-rated and/or authorized retrospective to the date of team agreement, except for in circumstances prior authorized by BMS.</b></p>	<p>Will require either:</p> <p>Face-to-face meeting (for new services)</p> <p>Or</p> <p>Addendum (for existing services)</p>