

Billing Procedures

Section: Billing

Page 1 of 2

Title: Assistive Services

Procedure No: 21

Effective Date: 11/13/08

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1. Consumer or their representative obtains 2 detailed estimates of all costs (incl. tax) from a licensed contractor or retailer. Estimates are then turned into Targeted Case Manager (TCM).
 2. TCM fills out the Prior Authorization form (located in the DD Handbook) and revises the Plan of Care (POC) noting the request as a one time monthly cost.
 3. The POC is then submitted to the CDDO's Prior Authorization Committee for approval with accompanying documentation (blue cover sheet, POC, selected estimate, and Prior Auth. form with justification for request).
 4. The Committee will review and authorize the expense. Director of CDDO Administration will sign POC. Prior Authorization (P.A.) form will be signed by the CDDO's Chief Executive Officer.
 5. Paperwork will be submitted to DBHS/CSS (SRS Central Office) for final approval and distributed by CDDO as follows:
 - a.) POC copy, P.A. copy, and copies of estimates mailed to DBHS/CSS.
 - b.) Coversheet original, POC original, P.A. original, and copies of estimates given to HCBS Financial Clerk.
 - c.) Coversheet original, POC original and estimate copies returned to TCM after data entry.
 6. HCBS Financial Clerk will revise the POC in the State's electronic system and later notify the TCM of State authorization by returning all paperwork having noted DBHS/CSS's approval. The State uses the standard 10 working days to approve the POC.
 7. No work shall be done until formal Prior Authorization has been provided by the State. After which, all work must be completed and inspected by the CDDO prior to billing HCBS/Medicaid.
 8. The CDDO completes inspection and inspection form and attaches a copy of the receipt identifying that the service was provided, name of the business or

contractor, name of the service provided, date of service, amount of purchase, and consumer or responsible party's signature and original estimates. CDDO keeps a copy of all documentation on file and routes originals to HCBS Finance Clerk and copy to billing agency (if other than the CDDO).

9. TCM then ensures that the revised POC, P.A. form and authorization number is given to the billing department of the billing agency (if other than the CDDO).
10. Once the work is completed and inspected, Medicaid can be billed for the pre-approved amount (no more) and typically issues payment in a few weeks. If CDDO is the billing agency, the contractor will be paid by check after Medicaid reimbursement is received. The process of inspection, billing and reimbursement may take a month or more in some instances. Therefore, contractors should be apprised of payment related details prior to or upon submission of their bid for the job.