

# Billing Procedures

**Section: Plan of Care**

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**Title: Initial, Changes, and Annual Plans of Care**

**Procedure No: 1**

**Effective Date: 3/2003**

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**Purpose:** The purpose of the Initial, any Changes to a Plan of Care outside of the Annual Plan of Care, and Annual Plans of Care are necessary for Prior Authorization. The CDDO allocation is determined by the number of individuals in our catchment area. Then at a minimum on an annual basis, the plan of care for each individual needs to be reviewed and submitted for prior authorization for funding purposes. The CDDO requires affiliate providers to keep a signed copy of the Plan of Care on file. All TCM affiliate providers should keep the signed original Plan of Care on file.

**Protocol:**

1. The CDDO Specialist completes the initial BASIS and enters it into Cottonwood's BASIS database. The BASIS Assessment is transmitted to DBHS and a tier score is returned.
2. After the case manager has been chosen by the individual and needed services have been determined, the information is turned over to the case manager.
3. The case manager will submit to the Director of CDDO Administration the Initial Plan of Care (MR-2), (with the start date of when the service is to begin), the Blue Cover Sheet, and the Needs Assessment for individuals receiving Supportive Home Care or Personal Assistant Services.
4. The Director of CDDO Administration date stamps the Blue Cover Sheet with the date received and reviews the Plan of Care for accuracy of the tier rates and hours. If there are questions with the plan of care, the case manager is notified and problems are corrected.
5. The Plan of Care is taken to the Prior Authorization Committee and reviewed. (See Prior Authorization Committee Protocol.)

**For Changes in Plan of Care:**

- The CDDO Specialist completes the Annual BASIS in the individual's birth month. After receiving and reviewing the Tier and Scores Report the case manager is responsible to send to the Director of CDDO Administration a Plan of Care (MR-2) which includes the Blue Cover Sheet, and Needs Assessment for persons receiving Supportive Home Care or Personal Assistant Services. For a consumer who receives licensed services, (Day

and Residential Services); the case manager should submit the blue cover sheet with an explanation regarding the change in the Plan of Care and the Plan of Care (MR-2).

For Annual Plans of Care:

- The CDDO Specialist completes the Annual BASIS in the individual's birth month. After receiving and reviewing the Tier and Scores Report the case manager is responsible to send to the Director of CDDO Administration a Plan of Care (MR-2) which includes the Blue Cover Sheet and the Plan of Care, (MR-2) and Needs Assessment for persons receiving Supportive Home Care or Personal Assistant Services. The case manager needs to check on the blue cover sheet that this is an annual plan of care. Ideally these should be turned in to the Director of CDDO Administration by the first of the month following the individual's birth month.