

# Billing Procedures

**Section: Prior Authorization**

**Page 1 of 1**

**Title: Prior Authorization Committee Protocol**

**Procedure No: 1**

**Effective Date: 3/2003**

---

**Purpose:** The purpose of the Prior Authorization Committee is to provide prior authorization for the DBHS/CSS Medicaid Fiscal Intermediary for the financial allocation to the CDDO according to the guidelines of the contract. The committee meets weekly to review funding requests from Targeted Case Managers. The committee is made up of the Chief Executive Officer of Cottonwood, Inc., the Chief Financial Officer, the Director of CDDO Administration, and the HCBS Finance Clerk. The requests are for individuals on the HCBS Waiver and State General Funds. The requests are either an annual request with no changes or a change that may include but not limited to a request for Crisis funding, a request for an exception to exceed the CDDO allocation, a change in tier rate, a provider change or other changes as needed. 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 and are responsible for sending copies to all necessary affiliate providers.

**Protocol:**

1. The request is sent to the Director of CDDO Administration. The request includes at a minimum; the Plan of Care Cover Sheet (we ask that it come to us on blue paper (this is our routing form)) and the HCBS Plan of Care (MR-2) and other information needed to support the Prior Authorization request (i.e. Needs Assessment, Crisis Request Form). State General Funds funding plans are to be on purple paper.
2. The cover page is date stamped.
3. An agenda is written prior to the meeting.
4. The committee meets weekly, unless a conflict occurs, then the meeting is rescheduled. The meeting schedule is posted on the CDDO website.
5. All requests are reviewed by the committee. A Targeted Case Manager may request to attend to present / advocate for specific changes or request for consumers that they serve.
6. The Plans of Care are returned to the Director of CDDO Administration for signature, stamp Approval, and entry into the BASIS system.
7. If a Crisis Request is approved, the Director of CDDO Administration completes the SRS Notification Form (found on the SRS/DBHS website) and it is uploaded to the MR/DD Waiver Manager for tracking.
8. The Director of CDDO Administration completes a Fiscal Impact spreadsheet with all the service changes and/or additions, portability agreements, deaths, moves out of state, new consumers being added to the waiver, etc. This spreadsheet assists the committee in managing the allocation.

9. The Plans of Care are then forwarded to the HCBS Finance Clerk, for input into the Electronic Data System.
10. If the request is denied, then the Plan of Care and supporting documentation is returned to the Targeted Case Manager with an explanation why it was denied and notice of the right to appeal in writing to the CDDO within 10 working days.
11. After approval from DBHS/CSS, the HCBS Finance Clerk faxes Plans of Care for Supportive Home Care and Personal Assistant Services to the Payroll Agent and other licensed providers as applicable.
12. The originals are returned to CDDO staff for scanning into the Consumer Case Files and then sent to the Targeted Case Manager for distribution of copies to necessary providers and filing.