

Billing Procedures

Section: Special Tier

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Title: Special Tier Committee Protocol

Procedure No: 1

Effective Date: 3/2003

Purpose: The purpose of the Special Tier Committee is to provide prior authorization for the DBHS/CSS Medicaid Fiscal Intermediary. This committee meets as needed to review Special Tier Funding Requests (MR 2's) for Special or Super Tier Rate Requests. The Special Tier Committee is comprised of the Chief Executive Officer of Cottonwood, Inc., the Chief Financial Officer, the Director of CDDO Administration, the HCBS Finance Clerk, and the CDDO Specialist who completed the EF Review.

Protocol:

1. The request is received by the Director of CDDO Administration
2. The cover page is date stamped.
3. An agenda is written prior to the meeting.
4. The annual renewals are reviewed by the committee. Annual Special Tier requests are comprised of, the Blue Cover Sheet (Routing Form) HCBS/MR Plan of Care (MR2), the Summary Page which includes the justification regarding staffing needs, Behavioral Issues, Medical Needs and Equipment and Supplies, Quality Life Plan or Person Centered Support Plan, Annual BASIS Assessment Threshold Calculation Sheet. The EF packet is reviewed by a CDDO Specialist for accuracy and an interview of direct care staff for the individual is also conducted by the CDDO Specialist. The CDDO Specialist writes a summary of his/her findings.
5. If more information is needed, the Targeted Case Manager is contacted and the information is requested.
6. If a new request for a Special Tier is requested, then the required information is reviewed. (See #4.)
7. The file of information and summary report is presented by the CDDO Specialist and 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.
8. If the Plan of Care (MR 2) and EF request is a renewal and approved at the local level, then an Extraordinary Funding Notification Form (found on the SRS/DBHS Website) is uploaded to the MR/DD Waiver Manager for DBHS/CSS approval.

9. After the Extraordinary Funding Notification Form has been uploaded to DBHS/CSS, the Plan of Care is entered into the BASIS system by the Director of CDDO Administration.
10. 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.
11. The Plan of Care is given to the HCBS Finance Clerk for entry into the Electronic Data System (EDS).
12. If the request is denied, then the Targeted Case Manager is informed in writing with the reason why it was denied and notice of the right to appeal in writing to the CDDO within 10 working days. If an appeal is requested, then the EF packet is sent to another CDDO for a re-determination. If an appeal is not requested, then the Plan of Care and EF packet is returned to the Targeted Case Manager.
13. After approval from DBHS/CSS, the original is 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.