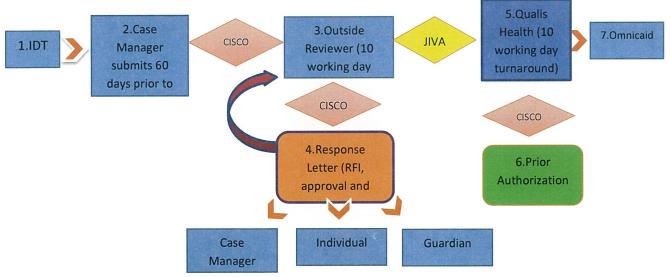


DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION OUTSIDE REVIEW PROCESS

OVERVIEW OF THE OUTSIDE REVIEW PROCESS:

- The interdisciplinary team (IDT) is responsible for compiling information to identify the needs of the
 Developmental Disabilities Waiver (DDW) participant and to clinically justify the request for services and
 corresponding budget. Required to address CMS rules, required in currently approved waiver and required
 by Waldrop Settlement Agreement.
- 2. The case manager is responsible for submitting the proposed Individual Service Plan (ISP) and budget to the Outside Reviewer (OR) approximately 60 days prior the expiration of the ISP. Required by the Waldrop Settlement Agreement.
- 3. The OR is responsible to review every proposed DDW ISP and budget within 10 business days of receipt. (The OR can only review submissions that are complete and technically correct.) Required by the Waldrop Settlement Agreement.
- 4. Submissions that are not complete with all required information/documentation and are not technically complete, are returned to the case manager by the OR as a request for additional information (RFI). Required by the Waldrop Settlement Agreement.
 - a. The case manager has 10 business days to respond to the OR on the RFI. If the requested additional information is received by the 11th day, the packet is clinically reviewed within 10 business days and the OR renders a decision. If the requested additional information is not received by the 11th day, the packet with be technically denied by the OR. Required by the Waldrop Settlement Agreement.
- 5. When the request is approved the OR sends the approved budget to the Human Services Department Third Party Assessor (TPA), Qualis Health. The TPA must enter the budget into the Medicaid Management Information System (MMIS,) Omnicaid, and issue a prior authorization to the case manager within 10 business days. Required by CMS, the Waldrop Settlement Agreement and required in currently approved waiver.
- 6. If there is a denial in part or whole, the OR's decision must be in writing, identify the materials reviewed and reason for any denial of services. The DDW participant, case manager, and guardian (if applicable) will also be provided a notice of an opportunity to request a fair hearing. Required to address CMS rules, required in currently approved waiver and required by Waldrop Settlement Agreement.



^{*}Anything included in the waiver approved by CMS allows the State to access Federal Funding.



DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION ANNUAL ELIGIBILITY PROCESS (LOC DETERMINATION)

Sent to CM

- •Individual or Guardian completes Income Support Division (ISD) recertification paperwork to establish financial eligibility-required to address CMS rules and required in currently approved waiver
- •Individual or Guardian attends annual physical to have MAD 378 (Level of Care (LOC) form) and History & Physical completed by MD to establish medical eligibility-required to address CMS rules and required in currently approved waiver

JIVA or CISCO submission to Qualis

- Case Manager receives the above paperwork from the Individual or Guardian and completes the Comprehensive Individual Assessment form (CIA)-required to address CMS rules, regulations, and required in currently approved waiver
- •CM sends above documents in an "LOC packet" to the Medicaid Third Party Assessor, Qualis Health, for review and eligibility determination-required annually to address CMS rules and required in currently approved waiver

Qualis Health determination of eligibility

- •Annual eligibility determination established by Qualis Health-required to address CMS rules and required in currently approved waiver
- •Individual is now able to submit request for services through their Waiver program (Mi Via, DD Waiver or Medically Fragile Waiver)