

MR/ID WAIVER or DS WAIVER: "When To Submit What"

Situation	Minimum Required Elements On or Prior to Requested Start Date PA Consultants will request additional information if needed to determine appropriate action. See instructions for individual forms.	Where to Send / Contact Person
WAITING LIST		
Adding individual to the Statewide Waiting List	<ul style="list-style-type: none"> ▪ Waiting List FAX cover DMH 885E 1213 (11/4/10) Note: urgent or non-urgent status ▪ Enrollment Request DMAS 437 (10/2010) ▪ Signed Individual Choice form DMAS 459C (11/2010) 	ODS – Central Office 804-786-8626 FAX <i>WL confirmation returned to CSB.</i>
Removing individual from Statewide Waiting List or changing status	<ul style="list-style-type: none"> ▪ Waiting List FAX cover DMH 885E 1213 (10/2010) Note: reason and date of new status 	ODS-Central Office 804-786-8626 FAX <i>WL confirmation returned to CSB.</i>
Quarterly CSB review of individuals on Statewide Waiting List	<ul style="list-style-type: none"> ▪ CSB returns list sent by DBHDS with corrections and updates. If adding someone at this time, submit documentation as explained above. <i>Do not change Date Service First Needed.</i> 	ODS-Central Office 804-786-8626 FAX <i>WL confirmations returned to CSB</i>
ENROLLMENT		
Enrolling individual when CSB has a DS or MR/ID Waiver slot	<ul style="list-style-type: none"> ▪ Slot Change/New Assignment FAX cover DMH 885E 1202 (10/10). Note urgent criteria met if MR/ID Waiver. ▪ DMAS-225 for individual who vacated slot (after appeal rights exhausted) <i>or</i> indicate use of newly allocated slot if MR/ID Waiver. ▪ Enrollment Request DMAS 437 (10/2010) ▪ Signed Individual Choice form DMAS 459-C (10/2010), if not previously submitted for adding to the Waiting List. 	ODS-Central Office 804-786-8626 FAX 804-786-9853 PHONE <i>Level of Care Eligibility form returned for SC/CM to submit, with DMAS-225, to local DSS.</i>
Services not initiated within 60 days of enrollment.	<ul style="list-style-type: none"> ▪ Retain or Reassign Slot form DMH 885E 1197 R (11/01/10)* *Resubmit every 30 days if slot is still being held. Slot may be held no more than 6 months total. 	ODS–Assigned Resource Consultant & individual/family <i>Authorization of slot action returned.</i>
PREAUTHORIZATION – Requires an ISAR (Individual Service Authorization Request). Most services are preauthorized for the life of the ISP and beyond (if service levels & providers remain constant), but will be preauthorized for shorter periods if the PA Consultant deems a future review is warranted. Note services that require annual reauthorization (i.e., another ISAR).++		
Initial request for authorization of Waiver services for individual enrolled or re-enrolled.	<ul style="list-style-type: none"> ▪ MR/ID-DSW ISAR Fax Submission Form DMH 885E 1205 (11/04/10) ▪ Plan of Care Summary DMAS 438 (11/2010) 2-page summary ▪ ISAR(s)** 	ODS-Assigned Preauthorization Consultant <i>ISAR returned upon VAMMIS entry. "Status of Request" form is sent when additional case management/provider action needed</i>
Decreasing a service or ending a service or provider.	<ul style="list-style-type: none"> ▪ MR/ID-DSW ISAR Fax Submission Form DMH 885E 1205 (11/04/10) ▪ Ending or decreasing ISAR with explanation ▶ <i>If ALL Waiver services end temporarily or permanently, follow 'Interruption/Extension' or 'Discharge from Waiver' as applicable</i> 	ODS-Assigned PA Consultant
Changing a service and/or provider.	<ul style="list-style-type: none"> ▪ MR/ID-DSW ISAR Fax Submission Form DMH 885E 1205 (11/04/10) ▪ Ending ISAR with explanation ▪ ISAR for new service and/or provider. 	ODS-Assigned PA Consultant
Adding a service or increasing hours or units of services	<ul style="list-style-type: none"> ▪ MR/ID-DSW ISAR Fax Submission Form DMH 885E 1205 (11/04/10) ▪ Concise narrative of individual's assessed need for the service and justification for requested units. ▪ ISAR 	ODS-Assigned PA Consultant
**Review all ISARs &/or Status of Request forms for any stipulations requiring further prior authorization or action to continue services. Re: 60 Day assessments, if no end date is specified by ODS, there is no need to request reauthorization (i.e., with another ISAR), when the full, annual plan is developed.		
++No preauthorization is necessary for initiating Targeted Case Management (TCM), ending TCM, or for annual renewals of MR/ID Waiver services for which there are no modifications, although providers must assure SCs/CMs receive new PFSs prior to the end of the PC ISP year. Exceptions to automatic annual reauthorization are Assistive Technology, Environmental Modifications, Skilled Nursing, Therapeutic Consultation, PERS, Crisis Stabilization and Crisis Supervision. These require new ISARs every year utilized.		

INTERRUPTION / EXTENSION		
Individual does not receive any DS/MR Waiver services for 30 uninterrupted days.	<ul style="list-style-type: none"> ▪ DMAS-225 with date & reason for interruption noted. If DSS determines individual remains financially eligible and services resume within 60 days, services will remain authorized and no communication with ODS is needed. 	Local DSS <i>DSS determines continued financial eligibility and returns DMAS 225 to SC/CM</i>
Temporary loss of Medicaid eligibility	<ul style="list-style-type: none"> ▪ Slot Change/New Assignment FAX cover DMH 885E 1202 (10/1/10) ▪ DMAS-225 from DSS noting temporary loss of financial eligibility. 	ODS – Central Office 804-786-8626 FAX <i>Temporarily closed in system.</i>
Temporary stay in ICF-MR, Nursing Facility, Psychiatric Hospital or Rehab Hospital.	<ul style="list-style-type: none"> ▪ DMAS-225 with date and reason for interruption noted 	Local DSS
	<ul style="list-style-type: none"> ▪ Slot Change/New Assignment FAX cover DMH 885E 1202 (10/1/10) ▪ DMAS-225 date and reason for interruption clearly noted 	ODS – Central Office 804-786-8626 FAX <i>Temporarily closed in system.</i>
Services not restarted within 60 days of interruption.	<ul style="list-style-type: none"> ▪ DMAS-225 with date & reason for interruption noted (if not previously forwarded) ▪ Slot Change/New Assignment FAX cover DMH 885E 1202 (10/1/10) 	ODS – Central Office 804-786-8626 FAX <i>Temporarily closed in system</i>
	<ul style="list-style-type: none"> ▪ Retain or Reassign Slot form DMH 885E 1197 R (11/1/10)* *Resubmit every 30 days if slot is still being held. 	ODS–Resource Consultant & individual/family <i>Authorization of slot action returned</i>
Restart services following interruption *If restarting following previous loss of slot, implement “Preauthorization, Initial request” section on pg. 1	<ul style="list-style-type: none"> ▪ DMAS-225 with date and status clearly noted 	Local DSS
	<ul style="list-style-type: none"> ▪ Slot Change/New Assignment FAX cover DMH 885E 1202 (10/1/10) ▪ DMAS-225 with date and status clearly noted 	ODS-Central Office 804225-2260 FAX <i>Reopened in system</i>
	If services or providers change: <ul style="list-style-type: none"> ▪ MR/ID-DSW ISAR Fax Submission Form DMH 885E 1205 (11/4/10) ▪ ISARs 	ODS-Assigned PA Consultant
DISCHARGE FROM WAIVER		
Termination of <u>all</u> MR/ID or DS Waiver services	<ul style="list-style-type: none"> ▪ DMAS-225 with date and reason for discharge noted 	Local DSS
	<ul style="list-style-type: none"> ▪ Slot Change FAX cover DMH 885E 1202 (10/1/10) ▪ DMAS-225 with date of discharge noted (If a result of termination of Medicaid eligibility by DSS, send the DMAS-225 that is returned to the Support Coordinator/Case Manager from DSS clearly indicating loss of Medicaid eligibility) 	ODS-Central Office 804-225-2260 FAX <i>Closed in the system.</i>
TRANSFER OF CASE MANAGEMENT		
Transfer of SPO case management from another CSB for an individual on MR/ID or DS Waiver	<i>The accepting (new) CSB sends:</i> <ul style="list-style-type: none"> ▪ Copy of the referring CSB’s letter indicating intent to transfer case ▪ Plan of Care Summary DMAS 438 (11/4/2010) ▪ ISARs, if there are service amounts or provider changes 	ODS-Central Office 804-225- 2260 FAX
	<ul style="list-style-type: none"> ▪ DMAS-225s with address & SC/CM change 	Each CSB to local DSS
ANNUAL PLAN OF CARE SUMMARY		
Annual LOC Review for MR/ID & DS Waiver	<ul style="list-style-type: none"> ▪ Plan of Care Summary DMAS 438 (11/4/2010) 	Attn: Cheri Stierer 804-692-0077 FAX For multiple forms at one time, MAIL: Cheri Stierer DMHMRSAS PO Box 1797 Richmond VA 23218-1797