



Cuyahoga DD Business Rules for ISP Revision Requests (March 2020)

Individual Service Plans (ISP) include the services an individual needs and that providers are authorized to deliver and bill. There may be times when service authorizations must change after the ISP is written because of a change in the individual's needs. If a provider identifies that there may be a need for a change in services it should be communicated to the SA in advance. The SA will determine if and when a revision to the ISP and if any related CPT work is needed. Some changes may require CPT work, while others only require information in the ISP be revised. The chart below can help you identify what type of work is needed for the situation.

For situations where the team could not plan in advance, provider will have 30 calendar days to contact the Support Administrator to request a change in order for it to be considered. The provider should clearly communicate in writing to the Support Administrator what has happened with the individual, how his or her needs have changed, and why this warrants a change in authorization. This communication must be made in writing in email directly to the Support Administrator. Requests received more than 30 days after the change will **NOT** be approved back to the date of the change. In these cases, with SA approval, the change will be effective beginning on the date the provider notified the SA.

Additional information regarding congregate sites using the Monthly Rate Calculator (MRC)

- For MRC settings, the provider has 30 calendar days from the end of the month of service when the change occurred to notify the Support Administrator **in an email**. If the change is approved, the Support Administrator must update the authorization within 30 calendar days.
- As always, changes should be communicated to the Support Administrator when they occur. Although the provider may not know until after the month ends whether the CPT will be updated, the SA should be made aware of any change as soon as possible.
- For further information on the Monthly Rate Calculator rule, please refer to:
<https://dodd.ohio.gov/wps/portal/gov/dodd/forms-and-rules/rules-in-effect/5123-9-31>

ISP/Information Only Revisions That DO NOT Require CPT/Authorization Changes	ISP Revisions That DO Require CPT/Authorization Changes	
	MRC settings	Non-MRC settings
Change in demographic information (i.e. Name, guardian, address).	If someone moves in/out of the setting Individual starts/stops a day program or job long term that causes HPC to be needed when it was not needed before, or ends HPC that was in place After provider enters actuals, if they are over by 3% of current authorization <u>and</u> the provider requests the change within 30 days after the end of the month of service	Increase or decrease in HPC staffing hours that affects provider billing Change in ratio (ie – does some community activities with another person receiving supports from a single provider).
Updated outcomes and related actions steps	Change in type of services (HPC to Shared Living, HPC to OSOC, Voc Hab to Group Employment, etc)	
Clarification of assessment or supports info that is critical for the team and provider to effectively meet needs of individual	Adding a new service or ending a service	
New risk and related supports that do not require a change in staffing pattern	Change in authorized provider	
Clarification of wording of how paid supports are provided. Includes slight adjustments to staffing patterns that are critical to reflect.	Change in Waiver status such as enrollment, change in waiver type, or disenrollment from a waiver, span date change, etc	
Path to Employment change	Change to add-ons, AAI score, DDP range, etc	