

PRIOR SERVICES AUTHORIZATION (PSA) REVIEW OPERATIONAL GUIDELINES

Purpose The purpose of the Operational Guidelines is to provide staff of the Agency for Persons with Disabilities (APD) and Waiver Support Coordinators with information concerning the Prior Service Authorization Request (“PSA Request”) process.

Prior Service Authorization Request Content

Requirements All services provided to recipients enrolled in the Developmental Disabilities (DD) Home and Community-Based Services Waiver require approval prior to delivery. Services (or entire cost plans when appropriate) that meet criteria specified by the APD (the selection criteria) will be reviewed by the PSA contractor, and authorized, reduced, terminated or denied based on the review of a Prior Service Authorization Request (PSA Request).

All PSA Requests submitted to the PSA contractor (for any service or cost plan that meet the selection criteria), must include a copy of the recipient’s current support plan and subsequent updates. The support plan must contain sufficient justification and information to substantiate the recipient’s need for the service(s). The support plan should also address the availability of natural supports and other sources of coverage, including service(s) or funding provided by other programs such as educational programs, Medicaid state plan services, Medicare, private insurance and other resources. In addition, the Waiver Support Coordinator (WSC) should ensure that the cost plan maintained in the Allocation, Budget and Contract Control (ABC) data system is current and reflects the entire cost plan, including services contained in the PSA Request.

Reference material regarding other sources of coverage includes, but is not limited to, the Florida Medicaid Coverage and Limitations Handbooks. These publications can be downloaded from <http://floridamedicaid.acs-inc.com/index.jsp?display=handbooks> or from the AHCA website as follows: Go to <http://www.myflorida.com/>, locate the sidebar “**Find an Agency**”, and from the pull down menu select “**Health Care Admin.**”. At the Agency’s Internet site, locate the sidebar and select “**Medicaid**”. On the new Internet site page select “**Medicaid Fiscal Agent**” from the top bar of selections and then select the link entitled “**Provider Handbook Library**” at the bottom of the page or call the local Medicaid Area Office for a printed copy.

Prior Service Authorization Request Content, continued

Requirements

(continued)

For requests to **continue** providing services, nursing care plans, behavior analysis service plans, and other professional plans of care must be submitted. If a prescription, assessment, and/or bid is required, a copy must be attached to the Prior Service Authorization Request (Form #1). Requirements regarding prescriptions, assessments and bids are specified in the **Developmental Disabilities Waiver Services Medicaid Coverage and Limitations Handbook (the Handbook)**. Refer to the Prior Service Authorization Form # 1, Attachment A (revised August 2007) for the specific additional documentation for each service to be included with the PSA Request.

The Prior Services Authorization (PSA) contractor makes determinations based on the contents of the support plan and accompanying information submitted with the PSA Request. Therefore, this support plan and any accompanying information must clearly substantiate the need for service(s).

NOTE: In accordance with Section 59G – 1.010(166)(c), Florida Administrative Code, a statement of justification from a service provider, prescription, assessment or bid alone is not adequate to establish medical necessity for the requested service(s).

Submission of Requests for Review – Procedures and Responsibilities

Communication Procedures

- All official communications from the Waiver Support Coordinator (WSC) or Area Office to the PSA contractor concerning the review process will be in writing by e-mail, facsimile transmission (fax), or Agency mail. (Telephone communication may be used for the purpose of obtaining technical assistance or general information.) The WSC will also be able to submit PSA requests in electronic form, view the PSA history for the individuals in their caseload, check the status of any open review and view all relevant forms via the Web Application.
- The PSA contractor will issue e-mail alerts directly to the APD Central Office (Central Office), Area Offices and Waiver Support Coordinators each time an action has been taken on any given PSA review. All *Notices of Intent to Deny, Reduce, or Terminate Services* and *Final Notices of Denial, Termination, or Reduction in Services* will be provided to the individual or legal guardian in writing.
- The Area Office will be copied on all direct communications with a Waiver Support Coordinator from their corresponding area.

Submission of Requests for Review – Procedures and Responsibilities, continued

Communication Procedures,
(continued)

- Automated forms, when available, should be included in all electronic submissions via the MAXIMUS PSA Web Application.
- Upon receipt of a final order following an Administrative Hearing, the PSA program will e-mail notification to that effect to the Waiver Support Coordinator of Record.

Standardized Forms

- Prior Service Authorization Request (the PSA Request) (Form #1).
- Determination of Prior Authorization Review (Form #3a).
- Notice of Intent Determination of Prior Service Authorization (Notice of Intent Form #3a).
- Final Notice of Determination of Prior Service Authorization (Final Form #3a)
- Notice of Intent Rationale and Recommendations for Denial, Termination, or Reduction in Services (Notice of Intent Form #3b).
- Final Rationale and Recommendations for Denial, Termination or Reduction in Services (Final Form #3b)
- Reviewer Notes (Form #3c)
- Request for Reconsideration (Form #4).
- Final Notice Determination of Reconsideration (Form #5a).
- Final Notice Rationale and Recommendations for Reconsiderations (Form #5b).
- Notification of Closed PSA Request (Form #6).
- Notice of Intent to Deny, Reduce, or Terminate Services Letter.
- Final Notice of Denial, Termination, or Reduction in Services Letter.
- Request for Continuation of Cost Annual Plan
- Amendment Request Form

Submission of Requests for Review – Procedures and Responsibilities, continued

**Responsibilities
of PSA
Contractor**

- Conduct 14 annual on-site training sessions; one in each APD Area.
- Conduct reviews of PSA requests, submitted directly by the WSC.
- Make determinations (approval, denial or termination) regarding the PSA Request review based on waiver coverage limitations and medical necessity conditions, and include rationale for denials and alternative service recommendations (when appropriate).
- Provide E-Mail alerts to WSC and APD Area Office designated staff informing them of each action taken in the MAXIMUS PSA Web Application regarding a specific PSA electronic review.
- Provide written notice to the recipients/ legal guardian (copied to the Area office) regarding intent to Deny, Reduce, or Terminate Services and procedures for requesting reconsideration.
- Provide written notice to the recipients/ legal guardian (copied to the Area Office) regarding final notice of Denial, Reduction or Termination in Services, and the right to request an Administrative Hearing.
- Update the Allocation, Budget, and Contract Control (ABC) system to reflect all PSA determinations.
- Obtain demographic data transfers from the ABC database system to update and maintain the MAXIMUS Web Application data current.

**Responsibilities
of Waiver
Support
Coordinators**

- Attend all training related to the Prior Service Authorization Procedures.
- Review all service requests for compliance with the Handbook requirements, limitations and all other applicable policies and procedures prior to submission of the PSA Request.
- Identify services or costs plans that meet the selection criteria and for these services or cost plans, complete and assemble the PSA Request (along with any supplemental information) required for review.
- Work with providers to obtain documentation for the PSA request, as appropriate.
- Update the Allocation, Budget and Contract Control (ABC) database system to reflect requested new service(s) or service increase(s) prior to any PSA submission.

Submission of Requests for Review – Procedures and Responsibilities, continued

**Responsibilities
of Waiver
Support
Coordinators,
continued**

- Notify and collaborate with the recipients and/or legal guardian as appropriate, on all matters regarding the PSA Request review process.
- Submit the PSA Request to the PSA contractor in compliance with the time frames specified in the Handbook. This should include all necessary documentation, including current support plan information and correct addresses for the recipients and legal guardians.
- Maintain all demographic information current in the ABC database system for all individuals on their caseload to ensure that all electronic PSA submissions via the MAXIMUS Web Application contain correct demographic information.
- Provide service authorizations to providers in accordance with PSA service determinations and Handbook timeframes.
- Assist the recipient/ legal guardian with the completion of a Request for Reconsideration or a request for an Administrative Hearing when requested by the recipient/ legal guardian.

**Responsibilities
of Area APD
Office Staff**

- Provide training to new Area Office staff and Waiver Support Coordinators regarding selection criteria, operational guidelines, policies and procedures.
- Act as liaison between the WSC and PSA Unit to resolve issues related to PSA review.

Process and Timelines for Submission of Prior Service Authorization Request

Step 1

When preparing a recipient's cost plan for either annual or initial review the WSC shall identify whether any of the requested services or the entire cost plan meets the established selection criteria for MAXIMUS PSA review. Refer to the most recent PSA Selection Criteria posted on the Agency for Persons with Disabilities website, Policies and Procedures Section at: <http://apd.myflorida.com/>. PSA information is also posted at: <http://www.maximus.com/flpsap/>.

The WSC must ensure that the demographic information in the MAXIMUS PSA electronic submittal sheet (or electronic Form #1) is complete and accurate. The information will be pre-populated from demographic information kept by the WSC in the ABC database system. If ABC is incorrect, the MAXIMUS PSA electronic information will also be incorrect. Information must be fixed in ABC to ensure that the information in the MAXIMUS Web Application is fixed the next time data is extracted from ABC.

The Waiver Support Coordinator must gather all required information for the PSA Request and ensure the support plan provides sufficient justification to support the need for the requested service(s). All supporting documentation and support plan information available in electronic form should be attached at the time of electronic submission. Information not available in electronic form should be sent by US Mail, facsimile or courier accompanied by the MAXIMUS PSA Submittal Sheet generated at the time of electronic submission.

The WSC must Ensure that the cost plan in ABC is current and reflects all services requested with correct end and start dates.

Process and Timelines for Submission of Prior Service Authorization Request

Step 2 The WSC must submit the PSA Request and accompanying documentation to the PSA contractor via the MAXIMUS PSA Web Application by logging on to: <https://psa.maxrms.com>. Supporting documentation not available in electronic form should be sent by US Mail to: PO Box 14300, Tallahassee, FL 32317 and must be accompanied by the corresponding electronic submittal form obtained at the time of PSA submittal.

NOTE: Additional information may be obtained by logging onto the PSA website at: <http://www.maximus.com/flpsap/>.

Step 3 Once all information has been received and reviewed, the PSA contractor will issue an E-Mail alert notifying the WSC and Area Office designated staff to log on to the MAXIMUS PSA Web Application to view all relevant forms.

Step 4 If medical necessity cannot be established for any requested service, within *ten (10) business days of receipt the PSA contractor will issue a *Notice of Intent to Deny, Reduce, or Terminate Services* Letter. This *Notice* will include information regarding the procedure for requesting a reconsideration and notice of up to 30 calendar days for the support coordinator to submit new documentation so that a reconsideration review can be completed. In addition, the following attachments will be included:

- *Notice of Intent to Issue Determination of Prior Service Authorization* (Notice of Intent Form#3a). This will show all services that are approved, as well as those that are proposed to be approved with changes, terminated, or denied.
- *Notice of Intent Rationale and Recommendations for Approvals with Changes, Terminations, and Denials* (Notice of Intent Form #3b.) This will provide an explanation of the reason for the proposed action, including a listing of any missing information or documentation that is required for service approval.

* In accordance with the Procedures for Implementing Fiscal Year Cost Plans, the timeframes for PSA Contractor reviews will be extended to fourteen (14) business days for a complete review and three (3) business days for ABC updates between April 23, 2007 and June 30, 2008.

Process and Timelines for Submission of Prior Service Authorization Request, continued

Step 4,
(continued) Whenever a review for an annual cost plan with requested services of \$100,000 results in a *Notice of Intent to Deny, Terminate, or Reduce Services*, the Central APD Office will review the determination before issuance of the *Final Notice*.

Step 5 If no reconsideration request or new information is submitted within 30 calendar days in response to the *Notice of Intent to Deny, Reduce, or Terminate Services*, the PSA contractor will issue a *Final Notice of Denial, Termination, or Reduction in Services*. This *Notice* will include information regarding the individual's rights to request an Administrative Hearing.

Step 6 If a request for reconsideration and new information is received within 30 calendar days of the *Notice of Intent to Deny, Reduce, or Terminate Services*, the PSA Contractor will complete the review and issue a decision on the service(s) in question within *ten (10) business days of receipt of the reconsideration information. When the Reconsideration results in approval of all services in question, the decision will be issued by means of a *Final Notice Determination of Reconsideration* (Form #5a).

- If any of the services still cannot be approved following Reconsideration, a *Final Notice of Denial, Termination, or Reduction in Services* letter will be sent, and will include as attachments the *Final Notice Determination of Reconsideration* (Form #5a) and a *Final Notice Rationale and Recommendations for Reconsiderations* (Form #5b).

Please note: **Only services that were included in the current PSA Request may be included in the Request for Reconsideration.** New services or changes to services from what were included in the current PSA Request must be submitted as a new PSA Request.

* In accordance with the Procedures for Implementing Fiscal Year Cost Plans, the timeframes for PSA Contractor reviews will be extended to fourteen (14) business days for a complete review and three (3) business days for ABC updates between April 23, 2007 and June 30, 2008.

Process and Timelines for Submission of Prior Service Authorization Request, continued

Step 7

In accordance with APD policy, the Area APD Office staff will receive an e-mail alert to log on to the web application and view each *Final Notice of Denial, Termination, or Reduction in Services*, along with all accompanying PSA forms for preliminary review prior to being officially issued and mailed to the recipient/legal guardian.

The Area APD office shall verify the following:

- a. The accuracy of the recipient's and/or legal guardian's name and address.
- b. The correctness and continued appropriateness of the service or services denied, terminated, or reduced.
- c. The correctness of all information contained in the notification packet.

If the Area APD Office has questions or concerns regarding the PSA determination, it shall notify the PSA contractor via e-mail within three business days. The PSA contractor will not issue a *Final Notice of Denial, Termination, or Reduction in Services* until the questions or concerns are addressed.

If the Area APD Office does not respond within three business days to the preliminary notification regarding a *Final Notice of Denial, Termination, or Reduction*, the PSA contractor will mail the Final Notice to the recipient or legal guardian and issue an e-mail alert notifying the WSC of an action taken with regards to the corresponding PSA number.

Required Documentation

Basic documentation requirements for all requests

All PSA Requests for review of medical necessity must include the following documents in the following order:

- A **completed electronic Form #1 (or Submittal Sheet)** and the items specified on Form #1, Attachment A (revised August 2007) for the service(s) being reviewed. If a prescription, assessment, and/or bid is required, a legible copy must be attached (if available in electronic form). The Amendment Request Form must be submitted with all amendment requests. Requirements regarding prescriptions, assessments and bids are specified in the Handbook and are listed in the Attachment A of the current Form #1.

Required Documentation, continued

Basic documentation requirements for all requests
(continuation)

- Information not available in electronic form must be sent in by US Mail and must be accompanied by the corresponding PSA electronic Form #1 (or submittal sheet) obtained at the time of PSA submittal.
- A **copy of the current support plan** which contains sufficient documentation to justify the recipient's need for each service or assessment on the recipient's cost plan with the exception of support coordination. When the submission includes the annual support plan for the upcoming year, an annual summary should be included in the support plan that describes the progress for each goal included in the support plan, what has been accomplished, and what still needs to be accomplished.
 - A complete picture of the recipient's strengths and needs, progress made with services and the continued need for the service(s);
 - How each requested service supports the recipient's desired outcomes;
 - The justification for each requested service sufficient to **establish the recipient's need** for the service;
 - How DD Waiver and other services (i.e., school-funded services) are coordinated to avoid duplication;
 - The availability of unpaid supports and other sources of coverage. **Documentation addressing the availability of other sources of coverage**, includes but is not limited to, service(s) or funding provided by other programs such as the Vocational Rehabilitation Program, public school and other educational programs, Social Security Administration programs, military dependent benefits, and health insurance (including Medicaid state plan services and Medicare).
 - Reference material regarding Medicaid State Plan benefits are contained in the Florida Medicaid Coverage and Limitations Handbooks. These publications can be downloaded from <http://floridamedicaid.acs-inc.com/index.jsp?display=handbooks> or from the AHCA website as follows: Go to <http://www.myflorida.com/>, locate the tab near the top of the page "Find an Agency", and from the pull down menu select "Health Care Admin.". At the Agency's Internet site, locate the sidebar and select "Medicaid". On the new Internet site page select the link entitled "Medicaid Fiscal Agent" at the bottom of the page.

Required Documentation, continued

Basic documentation requirements for all requests

(continued)

On the new Internet site page locate and select the link entitled “**Provider Handbook Library**” or call the local Medicaid Area Office for a printed copy.

In accordance with current procedure, requests for continuation of service only need to include the Request for Continuation of Cost Annual Plan Form.

Effective July 9, 2007, requests for continuation of annual cost plan may be submitted to the PSA Unit only if there is no change in services used, or in the intensity, frequency and cost of services. A PSA review for medical necessity will not be required **unless** the cost plan includes one of the following services:

- Adult Day Training for 1:1 staffing ratio
- Behavior Analysis
- Behavioral Assistance
- Intensive Behavior Residential Habilitation
- Behavior Focus Residential Habilitation
- Dental Services of more than \$500
- Private Duty Nursing
- Skilled Nursing
- Residential Nursing
- Special Medical Home Care

Cost plans that contain any of the services listed above require an annual review of all services on the cost plan by the PSA Contractor in accordance with procedures established for a PSA review.

Other considerations

When a recipient receives multiple services that require coordination, such as adult day training, residential habilitation and other meaningful day activities, the WSC should provide a written description (which may be included in the support plan) or a schedule of a representative week to demonstrate that services (waiver and non-waiver) are not overlapping. The WSC should work with the provider to obtain information for the description or schedule.

Required Documentation, continued

Other considerations,
(continued)

When a recipient receives such services as personal care assistance (PCA) or In-Home Support Services (IHSS), the WSC should provide a written description or schedule of a representative week to demonstrate that services (waiver and non-waiver) are not overlapping. This information should identify when services are delivered and show that the services provided are related to the requested service.

Initial requests to **begin** providing services including an assessment (such as a behavior assessment or physical therapy assessment) should include relevant information in the support plan. Service proposals from the provider should be provided, if available.

The PSA Request must include documentation specifying the anticipated benefits of providing each requested service, and explain how each requested service will meet the recipient's support plan outcome(s).

For requests to **continue** providing services, the most recent nursing care plans, behavior analysis services plans, and other professional plans of care, with annual reports, must be submitted as specified in the PSA Form #1, Attachment A (revised August 2007). The PSA Request must include documentation specifying how the recipient benefits from each requested service and identify how each requested service will meet the recipient's support plan outcome(s).

The Prior Services Authorization (PSA) contractor makes determinations based on the contents of the submitted documentation. The documentation must clearly substantiate the need for the initiation or continuation of the requested service(s).

NOTE: In accordance with Section 59G – 1.010(166)(c), Florida Administrative Code, a statement from a service provider, prescription, assessment or bid alone is not adequate to establish medical necessity for the requested service(s).

Service-specific documentation requirements

Some services require additional documentation. Examples of additional documentation requirements include prescriptions, assessments and/or bids, annual reports, care plans and other professional plans of care. PSA Requests to **continue** providing services that require the development of care plans or other medical treatment plans, must include a copy of the most recent annual report, care plan or treatment plan. A summary of the progress towards

Required Documentation, continued

**Service-specific
documentation
requirements,
(continued)**

meeting the support plan/care plan/treatment plan goal(s) and the continued benefits of providing this service should be included in the support plan. For amendment requests, the WSC will submit the Amendment Request Form along with currently required PSA documentation. When requesting a continuation of services on the annual cost plan, the WSC must submit the Request for Continuation of Cost Annual Plan.

WSCs are responsible for ensuring all documentation requirements specific to PSA Requests are met and that the electronic Form #1 identifies all services requested. (Please refer to Attachment A of the Form#1 for a complete list of required documentation.)