

Outside Review Streamlining Plan: Clinical Review Frequency Schedule
March 1, 2018

SERVICE	FREQUENCY OF CLINICAL REVIEWS	SERVICE LIMITATIONS
1. ASSISTIVE TECHNOLOGY	<ul style="list-style-type: none"> • Initial • Every three years • Every request *Validation of units only (no clinical review) 	\$250.00 inclusive of up to 10% of administrative fees for AT Purchasing agency per ISP year
2. BEHAVIOR SUPPORT CONSULTATION	<ul style="list-style-type: none"> • Initial • Every three years • Request exceeds 60 hours (240 units) per year for initial requests and new allocations • Request exceeds 50 hours (200 units) per year for on-going supports 	
3. CASE MANAGEMENT	Clinical review is NOT required	<p>No more than 12 units can be authorized in an ISP year</p> <p>No more than 1 monthly unit in a 30-day span can be authorized</p>
4. COMMUNITY INTEGRATED EMPLOYMENT SERVICES		
A. Job Development	<ul style="list-style-type: none"> • Initial • Annually 	No more than 12 units can be authorized in an ISP year
B. Job Maintenance	<ul style="list-style-type: none"> • Initial • Annually 	No more than 1 monthly unit in a 30-day span can be authorized
C. Individual Self-Employment	<ul style="list-style-type: none"> • Initial • Every 3 years 	
D. Job Aide	Clinical review is NOT required	
E. Intensive	<ul style="list-style-type: none"> • Initial • Annually • Requests that exceed 10 hours per week 	
F. Group Category 1	<ul style="list-style-type: none"> • Initial • Every three years • If request is for an increase in total units previously 	

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	approved or from the previous ISP year	
G. Group Category 2 (Extensive)	<ul style="list-style-type: none"> • Initial • Annually • If there is a request to increase the category from the previous approval or the previous ISP year • If request is for an increase in total units previously approved or from the previous ISP year 	
5. CUSTOMIZED COMMUNITY SUPPORTS		
A. Individual	<ul style="list-style-type: none"> • Initial • Every three years • If request is for an increase in total units previously approved or from the previous ISP year 	When the combination of all CCS services (Individual, Small Group, Group Category 1 and Group Category 2) exceeds 25 hours per week, a clinical review would be triggered.
B. Small Group	<ul style="list-style-type: none"> • Initial • Every three years • If request is for an increase in total units previously approved or from the previous ISP year 	When the combination of all CCS services (Individual, Small Group, Group Category 1 and Group Category 2) exceeds 25 hours per week, a clinical review would be triggered.
C. Group Category 1	<ul style="list-style-type: none"> • Initial • Every three years • If request is for an increase in total units previously approved or from the previous ISP year 	When the combination of all CCS services (Individual, Small Group, Group Category 1 and Group Category 2) exceeds 25 hours per week, a clinical review would be triggered.
D. Group Category 2	<ul style="list-style-type: none"> • Initial • Annually • If request is for an increase in total units previously approved or from the previous ISP year • If there is a request to increase the category from 	When the combination of all CCS services (Individual, Small Group, Group Category 1 and Group Category 2) exceeds 25 hours per week, a clinical review would be triggered.

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	the previous approval or the previous ISP year	
E. Individual Intensive Behavioral	<ul style="list-style-type: none"> • Initial • Annually • If request is for an increase in total units previously approved or from the previous ISP year 	
F. Aide	Clinical review is NOT required	
G. Fiscal Management for Adult Education	<ul style="list-style-type: none"> • Initially • Every three years • Every request *Validation of units only (no clinical review)	\$550 per ISP inclusive of 10% administrative fee
6. CUSTOMIZED IN-HOME SUPPORTS	<ul style="list-style-type: none"> • Initial • Every three years • Requests for over 30 hours per week 	
7. CRISIS SUPPORTS	Clinical review is NOT required	Crisis Supports must be prior authorized by the Developmental Disabilities Supports Division (DDSD) Bureau of Behavioral Supports (BBS). Crisis Supports may be authorized in fourteen (14) to thirty (30) calendar day increments, typically not to exceed ninety (90) calendar days. In situations requiring crisis supports in excess of ninety (90) calendar days, the DDSD Director must approve such authorization upon submittal of a written plan to transition the individual from crisis supports to typical menu of DD Waiver services.

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8. ENVIRONMENTAL MODIFICATIONS	<ul style="list-style-type: none"> • Initial • Every three years • Every request *Validation of units only (no clinical review)	\$5,000.00 every 5 years inclusive of 15% administrative fees
9. INDEPENDENT LIVING TRANSITION	<ul style="list-style-type: none"> • Initial • Every three years • Every request *Validation of units only (no clinical review)	One time only \$1,500.00 inclusive of 15% administrative fees
10. FAMILY LIVING	<ul style="list-style-type: none"> • Initial • Every three years 	340 daily units to cover 365 calendar days of service
11. SUPPORTED LIVING		
A. Category 1 Basic Support	<ul style="list-style-type: none"> • Initial • Every three years 	340 daily units to cover 365 calendar days of service
B. Category 2 Moderate Support	<ul style="list-style-type: none"> • Initial • Every three years • If there is a request to increase the category from the previous approval or the previous ISP year 	340 daily units to cover 365 calendar days of service
C. Category 3 Extensive Support	<ul style="list-style-type: none"> • Initial • Annually • If there is a request to increase the category from the previous approval or previous ISP year 	340 daily units to cover 365 calendar days of service
D. Category 4 Extraordinary Support	<ul style="list-style-type: none"> • Initial • Annually • If there is a request to increase the category from the previous approval or previous ISP year 	340 daily units to cover 365 calendar days of service
E. Non-Ambulatory Stipend	<ul style="list-style-type: none"> • Initial • Every three years 	340 daily units to cover 365 calendar days of service Cannot be used with SL Category 4
12. INTENSIVE MEDICAL LIVING	<ul style="list-style-type: none"> • Initial • Every three years 	Long Term: 340 daily units to cover 365 calendar days of service

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		Short Term: Allowable for 90 calendar days
13. NON-MEDICAL TRANSPORTAION	<ul style="list-style-type: none"> • Initial • Every three years • Every request 	<p>\$0.41 per mile not to exceed \$750 per ISP year</p> <p>Pass/Ticket is \$1.00 per item not to exceed \$460.00 per ISP year</p> <p>For people who receive Family Living, Supported Living, or IMLS, Non-Medical Transportation services may only be provided:</p> <ul style="list-style-type: none"> a. Under situations where extensive travel (more than one hundred (100) miles round trip) is required to meet Desired Outcomes in the ISP; or <p>For the purchase of a public transportation pass.</p>
14. ADULT NURSING	<ul style="list-style-type: none"> • Initial • Increase in units • Annually • Request exceeds 12 hours (48 units) per year requires clinical review 	
15. NUTRITIONAL COUNSELING	<ul style="list-style-type: none"> • Initial • Every three years 	Cannot be included with SL, FL and IMLS
16. PERSONAL SUPPORT TECHNOLOGY	<ul style="list-style-type: none"> • Initial • Every three years • Every request • *validation of units only (no clinical review) 	\$5000 per ISP year inclusive of 15% administrative fees
17. PRSC	<ul style="list-style-type: none"> • Initial • Every three years • Every request 	The initial preliminary risk screening shall not exceed twenty-five (25) hours per Individual Service Plan (ISP)

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	<ul style="list-style-type: none"> • *Validation of units only (no clinical review) 	<p>year. An additional screening, if needed, in a subsequent ISP shall not exceed fifteen (15) hours per ISP year. If periodic consultation is needed beyond the screening, additional units to provide technical assistance shall not exceed fifteen (15) hours per ISP year.</p>
18. RESPITE	<ul style="list-style-type: none"> • Initial • Every three years 	<p>Cannot be included with FL, SL, IMLS and CIHS (living independently or living with paid family members)</p>
19. SOCIALIZATION AND SEXUALITY EDUCATION	<ul style="list-style-type: none"> • Initial • Every three years • Every request • *Validation of units only (no clinical review) 	<p>2 full series or 48 total classes per ISP year</p>
20. SUPPLEMENTAL DENTAL CARE	<ul style="list-style-type: none"> • Initial • Every three years 	<p>1 visit per ISP year</p>
21. THERAPY SERVICES	<ul style="list-style-type: none"> • Initial • Request exceeds 45 hours (180 units) per year, per discipline, for initial requests and new allocations • Request exceeds 35 hours (140 units) per year, per discipline, for on-going supports • If request is for an increase in total units previously approved or from the previous ISP year • Every three years 	