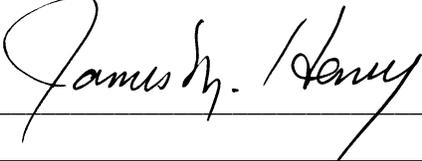


	POLICIES AND PROCEDURES State of Tennessee Department of Intellectual and Developmental Disabilities	Policy #: 80.3.6	Page 1 of 2
Policy Type: Community/Waiver		Effective Date: August 3, 2012	
Approved by:  <hr/> Commissioner		Supersedes: P-020	
		Last Review or Revision: July 27, 2012	
Subject: Amending the Initial Plan of Care Before Development of the ISP			

- I. **AUTHORITY:** Tennessee Code Annotated Section 4-3-2708 and Medicaid Home and Community Based Services Waiver
- II. **PURPOSE:** The purpose of this policy is to provide clarification concerning the process for handling requests for authorization of Medicaid HCBS waiver services in the interim between enrollment in the waiver and development of the comprehensive Individual Support Plan (ISP).
- III. **APPLICABILITY:** This policy applies to regional office staff responsible for authorizing requests for Medicaid HCBS waiver services and each newly enrolled person's Independent Support Coordinator (ISC) or case manager.
- IV. **DEFINITIONS:**
 - A. **Home and Community Based Services (HCBS) Waiver or Waiver** shall mean a waiver approved for Tennessee by the Centers for Medicare and Medicaid Services to provide services to a specified number of Medicaid eligible individuals who have an intellectual disability and who meet criteria for Medicaid criteria of reimbursement in an Intermediate Care Facility for People with Intellectual Disabilities. The HCBS waivers for people with Intellectual Disabilities in Tennessee are operated by the Department of Intellectual Disabilities with oversight from TennCare, the state Medicaid agency
 - B. **Individual Support Plan (ISP)** shall mean a person-centered document that provides an individualized, comprehensive description of the person-supported as well as guidance for achieving unique outcomes that are important to the person in achieving a good quality of life in the setting in which they reside.
 - C. **Pre-Admission Evaluation (PAE)** shall mean the Medicaid data collection form used to document that the service recipient meets the initial level of care criteria for reimbursement of services through an HCBS waiver, an ICF/MR, or a nursing facility.
- V. **POLICY:** This policy describes the requirements for amending a 60-day initial plan of care if the needs of the person-supported changed before the Individual Support Plan (ISP) was developed and implemented.

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VI. PROCEDURES:

- A. Prior to the development of the comprehensive Individual Support Plan (ISP), waiver services are provided in accordance with the initial plan of care submitted as part of the Pre-Admission Evaluation (PAE) approved by TennCare. The time period for development of the comprehensive Individual Support Plan (ISP) after enrollment into a Medicaid HCBS waiver is 60 calendar days. If during the 60-day interval prior to development and implementation of the ISP, the individual needs to add a waiver service that was not listed in the initial plan of care, to delete a waiver service, or to change the amount, frequency, or duration of a service listed in the initial plan of care, the change may be requested in accordance with the following:
1. To revise the initial plan of care to change a needed waiver service, the ISC or Case Manager shall complete a Request to Amend the Initial Plan of Care Form. Supporting documentation to justify the request for the service shall be submitted, where applicable, as an attachment to the completed Request to Amend the Initial Plan of Care Form.
 2. The ISC or case manager shall submit the completed Request to Amend the Initial Plan of Care Form to the Regional Office for review.
 3. The Regional Office shall process the completed form in the same manner as an amendment to the Individual Support Plan and shall review it using applicable medical necessity protocols.

VII. ATTACHMENTS:

- A. Attachment #1: Request to Amend the Initial Plan of Care Form

VIII. TENNCARE APPROVAL: March 8, 2012