

DIDD Provider Review Frequently Asked Questions
Updated 7/27/12

Question	Answers
<i>1. Regarding utilization review, do we report services that were not provided and services that were not billed?</i>	The Provider Review Form is designed to record services that were authorized but not provided (and the reason why) rather than services that weren't billed. At the present time there is no connection between the provider review and billing.
<i>2. Does Hospital Attendant need to be tracked on the monthly review form? Should Hospital Attendant be added to the service drop down list?</i>	No. Hospital Attendant is a state funded service. Hospital admissions should be included in #4 Health and Safety. Hospital Attendant services can also be included in #4 Health and Safety to reflect a change in supports/services required during the month.
<i>3. Do data boxes have a character limit?</i>	No. The boxes expand to fit the data entered.
<i>4. Why aren't Day Services broken out by name like Residential Services?</i>	Day services do not need to be broken out by sub category. The total approved units, no matter how Day services are combined, are the same. When you select "Day Services" you will report if any of the authorized Day service units were not utilized. Whatever the combination of Day services, if you select "no" your explanation can simply say how many units were not utilized and why. You may also chose to document which of the Day service units were not utilized. For example, if someone has a set work schedule and uses Employment services when they work and FB/CB services when they don't work and they took 3 days off of their job due to vacation you may record, <i>"While all planned FB/CB units were utilized 3 Employment units were not utilized due to Jon's vacation and approved time off from his job."</i>
<i>5. Does Respite need to be included in the service drop down list? It is authorized for people receiving Day and PA services.</i>	Outcomes and actions are not tied to Respite Services. Respite utilization does not need to be included in this form. However, provider agencies may choose to include this information with Day or PA services to explain instances when under-utilization is caused by use of Respite services.
<i>6. Why isn't Transportation included in the service drop down list? It is authorized for people receiving Respite and PA services.</i>	Outcomes, actions and reportable learning are not tied to Transportation services. Transportation utilization does not need to be included on this form. However, provider agencies may choose to include utilization information in the comment section next to PA Services.
<i>7. When Nursing services are provided in addition to Residential Services where should progress notes and/or utilization review be recorded?</i>	Residential Providers who are also approved to provide nursing units can record the nursing information in #4 Health and Safety of the Provider Review Form. However, they may also choose to use another method or separate document to record nursing progress notes and utilization review.
<i>8. Does the review form have spell check?</i>	If the user clicks the "Edit" button on the top tool bar they will get a drop down box with an option to "Check Spelling" then an option to "check spelling in comments, fields and editable text". Additionally after typing in a specific data field, if the user right clicks on the data field they will get a list of options that include "Check Spelling".
<i>9. Please clarify how clinical services should be documented on the new provider review form.</i>	Providers that are not responsible for creating a therapeutic plan of care (i.e.; residential or day providers), but have responsibility for implementing some portion of the plan should not be listed as a responsible party in the outcomes and action steps. These providers should document the implementation of clinical supports in the person's progress notes or other data collection format but not in the new provider review format.