NEW JERSEY HUMAN SERVICES
Division of Developmental Disabilities

Retroactive Change Request (RCR) Process

Purpose
To establish a process for Support Coordination Agencies (SCAs) to submit Retroactive Change Request (RCR) forms to request assistance with closing service gaps and correcting errors in service entry in Individualized Service Plans (ISPs) for service dates in the past.

General Standard
Service Providers are responsible for managing their internal billing practices, claim submissions, recordkeeping, prior authorizations and expenditure reports, and tracking units used compared to units authorized. Section 8.4 (Prior Authorization of Services) in the Community Care Program and Supports Program Policies and Procedures Manuals explains that to ensure providers can receive payment for services, "a prior authorization must be obtained BEFORE the service is delivered. Services begun or provided without prior authorization or outside the scope of the prior authorization with not be reimbursed. Medicaid must receive a prior authorization from the Division before they will remit payment for a claim. Prior authorizations are created upon approval (or modification) of the ISP and automatically generated for each week of service. A secure email containing the approved ISP and a Service Detail Report detailing the start/end dates, number of units, and procedure codes for services prior authorized for delivery is automatically generated to all identified service providers and/or the FI in circumstances when the individual is utilizing a SDE or accessing a waiver service through a business that is not a Medicaid provider. Medicaid sends a letter to providers whenever a prior authorization is created, changed, or revoked. The most recent prior authorization supersedes any previous prior authorizations. Without a prior authorization, it is possible that a claim will not be paid."

Introduction
RCRs are reviewed on a case-by-case basis. All requested changes must comport with Division business rules and fit within the individual's budget. The SCA must provide an overall summary of the request and a detailed explanation showing why services were delivered without prior authorization or outside the scope of the prior authorization. If the error is attributed to the Support Coordinator, the SCA must also describe remediation actions that have been/will be taken to prevent future errors. Requests will not be reviewed if the RCR is not completed in its entirety, not signed by the Service Provider, not submitted by the Support Coordination Supervisor (SCS) per instructions, or if the plan is not in Approved status.

RCRs that may be Submitted for Division Review *(approval not guaranteed):*

1) Requests to close a service gap for a **continuous** service (same procedure code and same Service Provider):
   - This is defined as a service that was previously prior authorized and never ended or had a break in service. If the service was discontinued or approved to stop in the ISP and rendered at a later date without new prior authorization, the service is not considered continuous.
   - **Exception:** Comparable services that were prior authorized in another waiver program may be considered. For example, if an individual was receiving Community Based Supports services under the Supports Program and transitioned to the Community Care Program and started receiving Individual Supports (15 min rate). These comparable services would be considered continuous if the service was prior authorized in the previous plan and rendered by the same Service Provider.

2) Requests to modify the rate of reimbursement entered in error for FI funded services (i.e., SDE services, Goods & Services, Service Evaluations, etc.) to an existing service line:
   - SCA must submit supporting documentation verifying the correct rate, such as confirmation of the SDE billable rate from the FI, the original Goods & Services Request, or vendor invoice.

3) Requests to modify provider information, procedure codes, service types, and unit types entered incorrectly:
   - The SCA must submit supporting documentation confirming the correct service information such as ISP Worksheets, email correspondence with the provider, etc. For example, if Prevocational Training/Group

rate was the agreed upon service, supported by the ISP Worksheet, and the SC inadvertently entered Prevocational Training/Individual rate, the request would be considered.

- If the request involves unit removal or service line deletion, the Service Provider must **also** submit a formal letter confirming the specific dates services were not rendered and affirming that they have not and will not submit any claims against the prior authorization for the specified timeframe.
- If provider claims need to be voided, the Service Provider is responsible for contacting Medicaid and voiding all applicable claims. The Division is not involved in this process.
- These types of requests cannot be resolved retroactively and require completion the Division's IT Department. If the RCR is approved, Division staff will submit the request via a JIRA ticket for processing.

Note: RCRs to revise service locations are **not necessary,** as it will not cause billing problems for the Service Provider. When submitting claims, the provider will enter two different National Provider Identifier (NPI) numbers. The first will be the provider's NPI number. The second will be the NPI number associated with the location where the service was actually rendered. SCs are responsible for ending the service line containing the incorrect location and adding a new service line with the correct information.

RCRs that do not Comport with Division Business Rules

1) Requests to remove/reduce units that are in the past and have not been used.
2) Requests for unit modifications for service types **not** agreed upon at the time of plan development.
3) Requests to revise service entry for classes funded through Goods & Services entered as a bundle.
4) Requests for services that began without prior authorization or outside the scope of the prior authorization.
5) Requests to backdate the rate of reimbursement to the date of the NJCAT reassessment or the date when a new plan was due.
   - NJCAT Reassessments that result in a tier change will generate a new annual plan with a new budget and reimbursement rates. Service Providers can begin claiming at the new rate **only after** the ISP is approved.

Exceptions that may be considered

1) Requests to remove/reduce unused units, thereby reallocating money back into the budget, to help secure the health and safety of the individual.
2) Requests to add services to the ISP rendered without prior authorization in the event of an emergency or to secure the individual's health and safety.
3) Requests to add units to a continuous service rendered outside the scope of the prior authorization in the event of an emergency or to secure the individual's health and safety.

Instructions for SCAs

- The SCA should initiate the RCR process as soon as a service gap or plan error is identified. The RCR should reflect the units **actually rendered**, not what would have been prior authorized if the plan had been accurate initially. For example, if an individual typically receives 120 units of Day Habilitation per week (24 units per day), but missed a day during one of the weeks that contains the service gap, the RCR should list 96 units for that week.
- If the plan contains an error or service gap for more than one Service Provider, separate RCRs must be submitted. All forms should be uploaded in iRecord prior to requesting a review.

1) SC completes the RCR accurately and in its entirety.
2) SC reviews the completed RCR with the individual/legal guardian and Service Provider (or SDE) to ensure accuracy and agreement with all requested changes.
3) Service Provider (or SDE) signs the RCR. Live or electronic signatures are required. Names that are only typed onto the form will not be accepted.
4) SC submits the RCR and supporting documentation (if applicable) to the SC Supervisor (SCS) for review. Preventive measures should be discussed and implemented to avoid future occurrences.
5) SCS uploads the RCR and supporting documentation (if applicable) in iRecord and ensures that the plan is in Approved status.
6) SCS sends an email, **without** attachments, to Ddd.Ispretroactivechanges@dhs.nj.gov with the subject line, (SCA Name, DDD ID#) to request a review.

Division Process for Reviewing RCRs

1) Division staff will review the RCR and supporting documentation for each request to ensure accuracy and validity, as well as to determine if the request is consistent with Division business rules and fits within the individual's budget. Division staff will reach out to the SCA for clarification as needed.
2) If approved, Division staff will determine if the change can be completed retroactively or requires completion by the Division's IT Department.
   - If the change can be completed retroactively, Division staff will:
     a. change the plan status to Revision
     b. document the plan changes in notes
     c. complete the requested plan changes
     d. notify the SCA that the request has been completed
   - If the change requires processing by DDD-IT:
     a. Division staff will submit the request directly to DDD-IT via a JIRA ticket.
     b. Division staff will provide the SCA with the ticket number (DHD-XXXXX) for tracking purposes.
     c. Once completed, Division staff will initiate an email to the SCA with instructions to send the revised ISP to the individual/legal guardian for signature.
     d. SC will upload the signed revised ISP in iRecord, using "Other" as the document type, and inform Division staff.
     e. Division staff will complete the Document Overlay and close the JIRA ticket.
3) If it is determined that the RCR is not consistent with DDD business rules or does not fit within the individual's budget, Division staff will notify the SCA and provide an explanation.
4) Division staff will document the request internally for quality assurance and training purposes.

SCA Process after the RCR is Completed

Note: The ISP must be approved within seven business days.

1) SC reviews the plan changes for accuracy. If any errors are identified the SC should notify the Division **PRIOR** to plan approval.
2) SC sends the draft ISP and SDRs to the Service Provider (or SDE) and individual/legal guardian for review. If all are in agreement, the SC obtains the individual/legal guardian signature on the revised ISP and submits it to the SCS for review.
3) SCS reviews the ISP and:
   a. changes the plan status to Approved, if the SCA is released to approve their own plans, or
   b. submits to Service Review if the plan/service requires Division service review, or
   c. submits to State Review, if the SCA is not released to approve their own plans.
4) SC sends the approved ISP and SDR's to the Service Provider (or SDE) and the individual/legal guardian.

Voucher Requests for Plan Term Gaps - for Service Provider Reimbursement

A plan term gap is a gap between plan terms. This is different than a gap in services. Plan term dates cannot be edited retroactively or through a DDD IT change. In the event of a plan term gap:

1) SCA will follow the RCR process.
2) Division staff will review the RCR and supporting documentation for each request to ensure accuracy and validity, and to determine if the request is consistent with DDD business rules. Division staff will reach out to the SCA for clarification as needed.
3) Division staff will forward the request to the Division's Special Projects Unit for voucher payment consideration. Confirmation will be provided to the SCA following submission.
4) A representative from the Division's Contracting Unit will notify the Service Provider directly when a determination has been made.

Note: This voucher process differs from the voucher process when an individual's Medicaid is terminated.