New Jersey Department of Human Services
Division of Developmental Disabilities
Support Coordination Unit

ISP Retroactive Change Request Process:
Guidance for Support Coordination Agencies

PURPOSE: To establish a process for Support Coordination Agencies (SCA) to submit an Individualized Service Plan (ISP) **Retroactive Change Request (RCR)** to adjust service gaps and correct errors in service entry that are in the past.

GENERAL STANDARDS: As per Section 8.4 (Prior Authorization of Services) in both the Community Care Program and Supports Program Policies and Procedures manuals, "In order to ensure that the service provider or SDE can receive payment for the services they are providing, a prior authorization must be obtained BEFORE the service is delivered. Services begun or provided without prior authorization or outside of the scope of the prior authorization will 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."

> **DISCLAIMER:** Requests to add in services that were rendered without prior authorization in an event of an emergency or to secure the individual's health and safety will be reviewed on a case by case basis. The SCA must provide an overall summary of the situation and a detailed justification specifying the reason why the plan was not approved prior to the service being delivered.

INTRODUCTION: The SCA will complete the RCR form once a service gap or plan error is identified. It must be reviewed with the individual/legal guardian and service provider for accuracy prior to submission. All requested changes must comport with Division business rules and fit within the individual's budget. Retroactive Change Requests will not be reviewed if the form is not completed in its entirety, is not signed by the service provider, or if the current plan is not in an approved status.

RETROACTIVE CHANGES THAT MAY BE SUBMITTED FOR DIVISION REVIEW *(Approval not guaranteed):*

- Requests to adjust a service gap for a continuous service (same procedure code and same service provider). This can be defined as a service that was previously prior authorized which never ended or had a break in service. If a service was discontinued or approved to stop in the service plan, the service is no longer considered continuous if rendered at a later date without new prior authorizations.

  > **EXCEPTION:** Similar services that were previously prior authorized between waiver transitions may be considered for retroactive changes. For example, if an individual was receiving Community Based Supports in the Supports Program and transitions into the Community Care Program to utilize Individual Supports (15 min rate). These similar services would be considered continuous if the service was rendered by the same service provider and was prior authorized in the previous plan.

  > **DISCLAIMER:** Requests to add units to a continuous service that were rendered outside the scope of the prior authorization will be reviewed on a case by case basis. The SCA must provide an overall summary of the situation and a detailed justification specifying the reason why the service was delivered outside the scope of the prior authorization.

- Requests to modify the rate of reimbursement for FI related services (Ex. SDE services, Goods & Services, Service Evaluations, etc.) to an existing service line that were entered in error. The SCA must submit supporting documentation verifying the correct rate (Ex. vendor invoice, Goods & Services request form, confirmation of SDE billable rate, etc.).

- Requests to modify provider information, procedure codes, service types, unit types, and rates at the incorrect tier that were entered in error. These requests cannot be revised retroactively so the Division staff completing the RCR review will submit the request to the Division's IT Department via JIRA for processing (formally known as a Back End Change). The SCA must submit supporting documentation confirming the error and verifying the correct service entry information (Ex. ISP Worksheets, email correspondences with the provider, etc.). For example, if Prevocational Training – Group was the agreed upon service (supported by the ISP Worksheet) and the SC inadvertently entered Prevocational Training – Individual, the request would be considered.

  NOTE: Retroactive Change Requests to revise service locations are not necessary as it will not cause claiming issues for the Service Provider. When submitting claims, the Provider will be prompted to enter two different NPI numbers. The first NPI number will be the Provider's NPI number. The second will be the Servicing Provider's NPI number which is the location where the service was actually rendered. However, SCs are still responsible for ending the service line that contains the incorrect service location and adding in a new service line that contains the correct information.

RETROACTIVE CHANGES THAT DO NOT COMPORT WITH DDD BUSINESS RULES.

- Requests to remove/reduce the number of units. The Division is not approving unit modifications for units that are in the past that have gone unused, unless the modification is needed to secure the health and safety of the individual.

- Requests for unit modifications for service types that are contrary to what was communicated and agreed upon at the time of plan development or began without prior authorization.

- Requests to back date the rate of reimbursement to the date of the NJCAT reassessment or the date that the new plan was due. NJCAT Reassessments that result in a tier change (increase or decrease) will automatically generate a new macro plan which will revise the individual's budget and reimbursement rate. Service providers can only begin claiming at the new rate after the service plan is approved.

SCA PROCEDURE FOR SUBMITTING AN RCR:

All RCR requests should be reflective of the units that were actually rendered; not what should have been prior authorized if the plan was accurate. For example, if an individual attends Day Hab 120 units a week but missed a day during one of the weeks that contained the service gap, the RCR form should list 96 units for that specific week.

1. SC completes the RCR form accurately and in its entirety.
2. SC reviews the completed RCR form with service provider (or SDE) and individual/legal guardian, as applicable.
3. SC ensures that the service provider (or SDE) is in agreement with all requested changes and signs the completed RCR form. Live or electric signatures are required. Names that are just typed into the form will not be accepted.

4. SC submits the final RCR form to their supervisor for review. Corrective action and/or preventative measures should be discussed.
5. SC Supervisor uploads the signed RCR form into iRecord and ensures that the plan is in an "approved" status prior to submission.
6. SC Supervisor notifies the Division that an RCR Request has been uploaded and is ready for review by sending an email to DDD ISP Retroactive Changes Help Desk with the subject line: SCA Name – DDD ID #. **DO NOT ATTACH THE RCR FORM TO THIS NOTIFICATION EMAIL**

DIVISION PROCESS FOR RCR CHANGES:

The designated Division staff will review the signed RCR form and all submitted supporting documentation for each request for accuracy, to ensure validity, and to determine if the request comports with DDD Business Rules and/or fits within the individual's budget. Outreach to the SC will be completed, if applicable, for clarification purposes.

If approved, the designated Division staff will determine if the request can be completed retroactively or should be sent to the Division's IT Department for processing (formally known as a Back-End Change).

❖ If the request requires a back-end change, the designated Division staff will create a JIRA ticket and submit the request directly to DDD IT. The SCA will be given a ticket number (DHD-XXXXX) for tracking purposes. Once the back-end change is complete, the SC will be required to send the revised ISP to the individual/legal guardian for signature and to upload it in iRecord under the Documents Tab using "Other" as the upload type so the Doc Overlay can be completed.
- In the event that claims need to be voided, the service provider is responsible for contacting DXC and voiding all requested claims. The Division is not involved in this process. Once claims are voided and confirmation is received, DDD IT will proceed with completing the back-end change request.

❖ If the request can be completed retroactively, the designated Division staff will:
1. Place the service plan in Revision Status
2. Document the plan changes in a case note
3. Complete requested plan changes
4. Document request internally for quality assurance and training purposes
5. Notify the SCA that the request plan changes have been completed

If it is determined that the Retroactive Change Request does not comport with DDD Business Rules or will not fit within an individual's budget, the designated Division staff will notify the SCA and provide the reason(s) why the request will not be made and will document the request internally for quality assurance and training purposes

SCA PROCESS AFTER THE RCR IS COMPLETED:

1. SCA reviews the RCR changes for accuracy and notifies the designated Division staff if any errors are identified.
2. SC sends the draft SDRs and NJISP to the service provider (or SDE) and individual/legal guardian, as applicable. If all are in agreement, the SC will proceed with getting the revised ISP signed by the individual/guardian and submitted to their SC Supervisor for review.

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3. SC Supervisor reviews plan and either places plan in Approved status (if SCA approves its own plans), Service Review (if plan requires a service review), or State Review (if SCA does not approve its own plans). **The service plan must be approved within 7 business days.**
4. SC sends the service provider (or SDE) and individual/legal guardian, as applicable, the revised NJISP and SDRs once the plan gets approved.

VOUCHER CONSIDERATION REQUESTS FOR PLAN TERM GAPS

Plan term dates cannot be edited retroactively or through a traditional back-end change. In the event that a plan term gap exists (gap between plan terms), the SCA will follow the typical RCR submission process as outlined above. The designated Division staff will review the signed RCR form and all submitted supporting documentation for each request for accuracy, to ensure validity, and to determine if the request comports with DDD Business Rules. Outreach to the SC will be completed, if applicable, for clarification purposes. The designated Division staff will then forward the request to the Division's Special Projects Unit for voucher payment consideration. Confirmation will be provided to the SCA following submission. A representative from the Division's Contracting Unit will notify the service provider directly once a determination has been made.

> **NOTE:** This voucher process differs from the voucher process when Medicaid terminates and request submissions are reviewed by separate units.

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