

Authorization Checklist

This checklist will assist with completing the DD5 IPP to obtain authorizations in the UMC Portal. The checklist is separated into DD5 IPP Sections. Each section outlines items which are required in the IPP and may be doc requested if incorrect and/or not present. Each item will also indicate whether an addendum is required to correct the error. While all parts of the IPP are to be completed, not all are reviewed to provide authorizations.

* The UMC portal currently refers to CareConnection®; however CareConnection® will eventually be replaced by Atrezzo as the new UMC portal.

** Any addendum requirements are subject to situational information, and an addendum may be requested if more information is needed**

Cover/Demographics:

	Addendum Required?
<input type="checkbox"/> Correct member name and ID in header	No
<input type="checkbox"/> Date in header is date meeting occurred	No
<input type="checkbox"/> IPP service year is correct	No
<input type="checkbox"/> Type of IDT meeting is indicated; may be more than one type	No
<input type="checkbox"/> Demographics are correct (Guardian's mailing address MUST match what is in the UMC Portal)	No

Meeting Minutes:

	Addendum Required?
<input type="checkbox"/> A representative from all agencies must attend IPP meetings and must be identified in the attendee section	Yes
<input type="checkbox"/> Guardians and/or Healthcare Surrogates are required to attend all IPP meetings and must be identified in the attendee section	Yes
<input type="checkbox"/> Medley Class Advocates are required to attend Annual and 6M IPP meetings and must be identified in attendee section - Will need Medley Class Advocate signature and agreement for <i>any</i> meeting they attend	Yes
<input type="checkbox"/> Attendance Details/Action Items must be completed	No
<input type="checkbox"/> Summary, Conflict Resolution, Utilization Review, and Action Items must be completed	Yes
<input type="checkbox"/> Minutes completed by section must be completed	No

Service Evaluation Needs/Individual Service Plan/Scope of Service:

When an addendum is necessary, both the under and over-budget service evaluation section must be included	Addendum Required?
<input type="checkbox"/> Assigned budget, cost of services, dollar amount over budget must be completed	No
<input type="checkbox"/> Fill out Under Budget Services section completely with services/units to be purchased under budget (will correspond with purchase in the UMC Portal)	Yes
<input type="checkbox"/> Over Budget Services section is only filled out if pursuing Exceptions, it will include all services/total units, it will match the Exceptions Request, and must be filled out completely	Yes
<input type="checkbox"/> Service code and Service name must correspond	Yes
<input type="checkbox"/> Provider Agency must be completed	Yes
<input type="checkbox"/> Name of staff must be completed per instructions in that section	No
<input type="checkbox"/> Duration of Service (start/end date) - Most will correspond with anchor dates - Services purchased mid-year should begin with date agreed upon by IDT, but cannot be earlier than date of meeting - Services discontinued mid-year should end on date agreed upon by IDT	Yes
<input type="checkbox"/> Direct-care services must not exceed caps - 35,040 for group-home/ISS for non-leap year; 35,136 for leap year - 7,320 for NF under 18 - 11,680 for NF over 18 (all LPN counts towards cap) - 17,520 for NF over 18 with day-services (direct LPN for day service counts towards day service cap)	Yes
<input type="checkbox"/> Services must be purchased in the correct order - Case Management - Direct Care (PCS services, day services, electronic monitoring, direct LPN, and respite services) - Respite services do not count towards the direct-care cap, but are prioritized in the purchase order before professional services - Professional Services (RN, BSP, indirect LPN, any specialty therapies (ST, PT, OT, DT), and transportation) Any budgets not supporting 24/7: Purchase all CM and utilize the remaining dollars for direct-care services in order above. All other services/ratios will be requested via Exceptions.	Yes
<input type="checkbox"/> Under and Over-budget service evaluation sections must be present even if not pursuing Exceptions	No
<input type="checkbox"/> Scope of Service must be completed and include every service purchased/to be requested at Exceptions *For ISS/group home purchases: if the member does not require 24/7 direct care overall, a reason why must be included in the Scope of Service section for direct care services	No

Accessibility Adaptations, Goods and Services:

	Addendum Required?
<input type="checkbox"/> Complete if purchasing/attempting to purchase EAA and/or PDGS	No

IPP IDT Signature Sheet:

	Addendum Required?
<input type="checkbox"/> Required attendees signed <ul style="list-style-type: none"> - Member and/or legal representative (Guardian, Healthcare Surrogate) - Representative from each provider agency - Case Manager - Medley Advocate - If member cannot/will not sign, indicate that and why 	Yes
<input type="checkbox"/> Any non-required attendees signed	No
<input type="checkbox"/> Correct member name and ID in header	No
<input type="checkbox"/> Date in header is date meeting occurred and will match date in rest of IPP	No
<input type="checkbox"/> Each signature reflects agree/disagree *If the member has a legal rep and there is a reason for the member not signing and marking agree/disagree, the agree/disagree boxes may remain blank for the member	Yes
<input type="checkbox"/> Relationship, attendee name printed, signature and credentials, agency represented must be filled out for those that attended/signed	No
<input type="checkbox"/> Rationale for Disagreement is only filled out if attendee/signee marks disagree AND disagrees with the IPP *If disagreement was noted in error, error must be corrected with a line through the disagree check section and initialed by the person correcting	Yes

Additional Information:

	Addendum Required?
<input type="checkbox"/> If there are multiple mistakes on an IPP, and some corrections require an Addendum and some do not, put all corrections on Addendum	Yes
<input type="checkbox"/> Tentative schedules must be attached to all IPPs regardless of type	No
<input type="checkbox"/> If the member lives in a NF setting with siblings/roommates on the Waiver program, there cannot be an overlap of services provided	No
<input type="checkbox"/> If LPN is being requested, a matching DD9 must be uploaded to the UMC Portal on the DD9 tab and be completed correctly **See DD9 checklist**	No
<input type="checkbox"/> If EAA/Goods and Services is being requested, a matching DD8 must be uploaded to the UMC Portal on the DD8 tab and be completed correctly	No
<input type="checkbox"/> If Electronic Monitoring is being requested, the DD17 must be uploaded to the UMC Portal	No
<input type="checkbox"/> If multiple IPPs are uploaded to the UMC Portal and units have been changed throughout the IPP – you will be doc requested for clarification	Yes – to clarify which IPP/units are correct
<input type="checkbox"/> DSSLAs and DD12s (for late meetings/end of year modifications) are not substitutes for team agreement If you make purchases/modifications in the UMC Portal based on a DSSLA decision or DD12 decision for late meetings/end of year modifications without also having IDT agreement, the request will be closed and/or doc requested. Services will not be pro-rated and/or authorized retrospective to the date of IDT agreement except in circumstances prior authorized by BMS.	Will require either: Face-to-face meeting (for new services) Or Addendum (for existing services)

When Completing Addendums:

Items to remember when completing addendums are below. Note that doc requests will contain additional information needed per auth checklist above
<input type="checkbox"/> Member and/or legal representative contact and agreement required
<input type="checkbox"/> Contact and agreement from a representative from all provider agencies required (this includes the CM if the only representative from an agency is the CM)
<input type="checkbox"/> Contact name/relationship/method of contact/date of contact/agreement (top part of Addendum) must be complete
<input type="checkbox"/> Services Requiring Modifications Chart is only filled out when making unit modifications via Addendum and correct service name/code/agency must be indicated
<input type="checkbox"/> Request on Addendum matches unit requests in the UMC Portal
<input type="checkbox"/> Reason for Addendum section must be specific, should not have a copy/paste of doc request (put specifically what changes have been made to the IPP if doing an Addendum to correct the IPP), should not have unit mods from Services Requiring Modifications chart repeated, and should include IPP service year
<input type="checkbox"/> For ISS/group homes: if less than 24/7 direct care unit mods are requested, reason member does not require 24/7 must be included in the Reason for Addendum section