Title: **SD-CFC/PAS 719**
Section: **SERVICE REQUIREMENTS**
Subject: **Amendments**
Reference: **ARM 37.40.1005 and 37.40.1111**
Supersedes: **SD-CFC/PAS 719 (July 2015, policy memo January 4, 2018)**

PURPOSE

➢This policy outlines the process a Community First Choice/Personal Assistance Services (CFC/PAS) provider agency must use to request a change to the Mountain Pacific Quality Health (MPQH) Service Profile (SLTC-155). This process is known as an amendment request.

The provider agency must initiate an amendment request to MPQH when a change occurs that results in the need to update the member's Service Profile and the update will last longer than 28 days.

NOTE: Changes that require an update to the member's Service Profile lasting 28 days or less require a temporary authorization (Refer to SD-CFC/PAS 417). The temporary authorization does not need to be sent to MPQH.

AMENDMENT CRITERIA

The following is a list of changes that require an amendment request.

1. Change in the tasks authorized by MPQH. The following is considered a change to the authorized tasks:
   a. Addition or deletion of an Activity of Daily Living (ADL) task;
   b. Addition or deletion of a Health Maintenance Activity (HMA) task or a change in the description of a HMA on the Service Profile; or
   c. Addition or deletion of an Instrumental Activity of Daily Living (IADL).

2. Change in the authorized time. The following is considered a change to the authorized task time:
   a. Increase or decrease in authorized time of an ADL task;
   b. Increase or decrease in authorized time for an HMA task;
   c. Increase or decrease in total authorized time for IADL tasks;
3. ➢Change in the authorized frequency that exceeds the limits of the flexibility parameters (Refer to SD-CFC/PAS 717); which includes an increase or decrease in frequency of an ADL task; and
4. Change in member's PERS provider.

AMENDMENT PRE-REVIEW

1. Provider agency identifies a care need that is not met through the current MPQH Service Profile.
2. ➢Provider agency implements a temporary authorization, when needed, to address the change in need. The provider agency may utilize the temporary authorization for up to 28 days (refer to CFC/PAS 417).
3. ➢Prior to issuing an amendment request, the provider agency program oversight staff must ensure the following:
   a. The request falls within the rules and policies of the program and is medically necessary;
   b. The member must agree with and understand the request. This should be documented in the case notes; and
   c. Utilization levels for the past month have been evaluated in comparison to the authorized time and utilization supports the amendment request. Amendment requests should not be submitted if the total authorized time is not already being utilized.

AMENDMENT PROCEDURE

Once the provider agency determines that the criteria for an amendment request has been met, the provider agency completes the following steps:

1. On or before the day the temporary authorization expires, the provider agency must fax an amendment request to MPQH or return member services back to the original MPQH Service Profile.
2. Once the provider agency submits an amendment request to MPQH, the provider agency may continue serving the member with the temporary authorization until MPQH approves or denies the amendment request.
3. ➢There are three types of amendment requests: Change in condition, medical necessity request to exceed caps, and request to change PERS provider. The instructions for each type of amendment request is indicated below:
    a. ➢**Change in Condition**: If the member's condition has changed requiring a change in what is authorized on the MPQH Service Profile for ADL, HMA, or IADL time, task or task frequency. In this case, the following sections on the Service Plan (SLTC-175) must be completed:
        i. Temporary Authorization/Amendment: Mark the appropriate box indicating whether the amendment request is the result of a change in condition, change in task, change in task frequency, and/or addition of skills acquisition.

            NOTE: The appropriate box might already be marked if the provider agency completed the temporary authorization.

ii. Short Term and Permanent: If the change is 29 days to 90 days, mark the short-term box. If it is longer than 90 days, mark the permanent box.

iii. ➢Describe ADL/HMA/IADL Change: Provide information that gives specific details about the member's change in condition or circumstance and why a change to the Service Profile is necessary. If the request is for additional time, the description must include information from the amendment pre-review of utilization levels, to substantiate the request.

NOTE: The appropriate description may already have been provided when the provider agency completed the temporary authorization. If the member's situation has not changed since the completion of the temporary authorization, submit this as part of the amendment request. If the temporary authorization is being used to submit the amendment request, the "temporary authorization" box on the top of the Service Plan form should be marked to indicate to MPQH that the change has already been implemented.

iv. ➢Temporary Authorization: If the provider agency implemented a temporary authorization, the start date should indicate the date the change in service authorization began. The

provider agency should leave the end date blank when an amendment request is submitted to MPQH. If the service change will be for less than 28 days the provider agency should enter the end date. The total time is the total authorized bi-weekly units the member is utilizing during the temporary authorization. The provider agency must put the date the amendment is faxed to MPQH.

v. Member Signature: The member signature is not necessary on an amendment request. Case notes should document communication with member.

vi. Provider Signature: The provider agency program oversight staff must sign and date the amendment request. If the provider agency supports the amendment request, they should mark the box “I concur with the Amendment request”. If they do not support the request, they should leave the box blank and mark “do not concur” on the signature line. If the staff member does not concur with the request, they should use the “Describe ADL/HMA/IADL change” field to provide explanation of why the provider agency does not concur with the amendment request.

NOTE: ➢If a provider agency does not concur with the amendment request, they cannot implement a temporary authorization prior to MPQH processing the amendment.

b. ➢**Medical Necessity Request to Exceed Caps:** If a member needs time authorized that exceeds the established limits of time for meal

preparation, exercise, or IADLs, the provider agency must complete the following steps:

i. ➢Determine whether the member is at the maximum authorization. For meal preparation and exercise, a member's Service Profile will indicate in the comments that "member service authorization is at max" for the task.

ii. ➢If the member is at the maximum authorized time, and the provider agency believes there is a situation where medical necessity would justify exceeding the maximum cap, the provider agency must submit the following information to MPQH for review:

1. ➢Relevant medical records to demonstrate a compelling medical need for the member to exceed the cap; and
2. ➢Amendment documentation on the Service Plan that includes the following:
    a. ➢Temporary Authorization/Amendment: Make a note in this section that the request is to: "exceed the cap".
    b. ➢Short Term and Permanent: If the change is 29 days to 90 days, mark the short-term box. If it is longer than 90 days, mark the permanent box.

iii. ➢Describe ADL/HMA/IADL Change: Provide a summary of the medical record documentation that is attached,

which justifies the medical reason for exceeding the cap. The description must include information from the amendment pre-review of utilization levels, to substantiate the request.

iv. ➢Member Signature: The member signature is not necessary on amendment requests. However, case notes should document communication with member.

v. ➢Provider Signature: The provider agency program oversight staff must sign and date the amendment request. If the provider agency supports the amendment request they should mark the box “I concur with the Amendment request”.

vi. ➢MPQH will review the medical records and make a determination of medical necessity. If medical necessity is demonstrated, MPQH will authorize time beyond the maximum cap.

vii. ➢The provider agency may not complete a temporary authorization to exceed the exercise, meal preparation or IADL caps.

c. **Request to change the PERS provider**: In order to change the PERS provider the provider agency must complete the following sections of the Service Plan:

i. Describe ADL/HMA/IADL Change: The provider agency states that the member is requesting a change in PERS provider agency. The provider agency must include the current PERS provider and the new PERS provider. The description must include the member’s ICD 10 diagnosis code.

ii. Member Signature: The member signature is not necessary on amendment requests. However, case

notes should document communication with the member.

iii. Provider Signature: The provider agency representative, must provide a signature and date required on the amendment request.

4. Once the amendment request has been completed, the provider agency must fax it to MPQH.

5. MPQH staff reviews the request to determine appropriate handling of the request.

   a. If sufficient information is available on the amendment request, it will be entered into the database by MPQH central office staff.

      i. If the amendment request does not contain the required information, it will be denied and returned to the provider agency for additional information.

6. ➢If the request is for a change on the Service Profile for either ADL, HMA or IADL activities (scenario a. and b. above) the amendment will be forwarded to the MPQH nurse coordinator for review.

7. MPQH reviews the amendment request to determine if an onsite review is necessary. MPQH has ten working days to complete the amendment request and fax the amended Service Profile to the agency or notify the agency that an onsite is necessary.

   a. If no onsite is necessary, the nurse coordinator contacts the member over the phone to complete the amendment request.

   b. If the nurse coordinator determines that an onsite visit is necessary, the provider agency is given notification to continue with the temporary authorization until the onsite visit is completed.

8. MPQH nurse verifies the need for the amendment and makes a determination. The outcome of the determination will be either an amended Service Profile or a denial of the amendment.

9. Provider agency receives the amended MPQH Service Profile. Refer to CFC/PAS 421 for instructions on how to implement a change in service authorization.

    a. If the MPQH Service Profile authorizes an increase in ADL, HMA or IADL services, the provider agency has 10 days from the date on the MPQH Service Profile amendment to implement the amended Service Profile.

    b. If the MPQH Service Profile authorizes a decrease in ADL, HMA or IADL services, the provider agency may not implement the decrease until 10 days from the date on the amended Service Profile. The provider agency must implement the service decrease anywhere between 10-20 days from the date on the amended Service Profile.

10. If the provider agency has not received the amendment request determination from MPQH within 10 working days of submitting the amendment request, the provider agency must contact MPQH to ensure the amendment fax has been received.

11. If MPQH determines that the amendment request is short-term, (i.e., less than 90 days), MPQH will send the provider agency a short-term Service Profile, along with the original Service Profile authorization. If MPQH sends the provider agency a short-term Service Profile, the provider agency must revert to the previous Service Profile once the short-term authorization has expired.

    a. If the provider agency determines that the need for the short-term authorization will continue beyond the date span identified by MPQH on the amended Service Profile, the provider agency must submit an amendment request to MPQH to extend the short-term authorization. In this circumstance, the provider agency must implement a temporary authorization and submit an amendment request to MPQH to extend the short-term amended Service Profile

authorization. If the provider agency fails to complete a temporary authorization and submit an amendment request and continues to deliver and bill services authorized during the short-term span, a repayment must occur.

12. ➢If the request is for a change in PERS provider (option c above) the amendment will be forwarded to the MPQH PERS prior authorization specialist. Refer to CFC/PAS 1111 for more information on PERS prior authorization.