# Service Authorization Requests: Review Guidelines

## Service Authorization Requests: Review Guidelines

The service authorization request and review process ensure IRIS participants receive necessary supports and services, while also confirming use of eligible service providers and appropriate service codes. This process will assist participants and their IRIS consultant agencies (ICAs) in submitting requests for services that require prior review and verification by the Wisconsin Department of Health Services (DHS). The request process promotes participant self-direction and program-wide consistency by outlining service and documentation requirements. Service categories that require review and verification through this process are listed below.

As it relates to these service categories, participants can request services that are not specifically defined or listed, but which may also assist the participant in supporting their long-term care needs. With verification, these requested services can become a part of the participant's IRIS Service Plan. **If the request requires additional funds outside of the participant's individual budget allocation, this request process is not applicable; a budget amendment or one-time expense request needs to be completed instead.**

Request, review, and verification is required for the following:

- Services beyond what is specifically listed in the service definition manual, but may be covered with prior verification, within the following service categories:
  - Relocation – community transition services
  - Counseling and therapeutic services
  - Home modifications
  - Vehicle modifications
- Services within the individual directed goods and services category. Any service, equipment, or supply included within this service definition is subject to review by DHS prior to service authorization and utilization.

All other covered services and supports identified in the IRIS Service Definition Manual, but not included in the list above, are not subject to review through this process.

## Request and Review Process

### Initial Request Submission

The participant will work with their ICA to identify the applicable service category, as well as the associated service code and long-term care outcome. They will also help identify the qualified provider that the participant wants to hire and determine the provider's payment rate. Requests for services with insufficient long-term care outcomes, inaccurate or inappropriate service codes, or unqualified or ineligible providers will be returned to the ICA for further evaluation and discussion with the participant.

Any applicable service authorizations on plans that existed prior to this policy's implementation date are required to go through the initial review process at the participant's next annual plan renewal.

To submit a request for review, the ICA will submit the request through the designated SharePoint site, including a narrative detailing the requested support, service, or good. The ICA will need to include the following information when submitting a request:

- Identify the long-term care outcome that the requested support, service, or good will help the participant achieve.
- Identify the service code associated with the requested service.
- Identify the approved service provider that is being selected to provide the requested service.

When a request is marked as "Pending Review," it is ready for DHS review. DHS's quality assurance staff review requests that are "Pending Review." The reviewer analyzes the request and recommends one of the following: verification or request for further information.

Once a request is verified, the ICA will proceed with the creation of the authorization in the DHS enterprise care management system. When creating the authorization, the ICA will include the SharePoint "Issue ID" number from the verified request. If a participant requests a service, support, or good, but the ICA is unable to complete the request because it does not meet request criteria, a Notice of Action (NOA) must be issued by the ICA. If the request is not able to be completed, the ICA should also retract the request in SharePoint.

## Revised Request Submission

If the participant would like to modify the requested service or service code, change service providers, or alter the long-term care outcome it is associated with, a new request must be submitted to DHS for verification.

## Review Process

Once DHS staff receive the required information and documentation, they complete their initial review within five business days. If DHS requests further information, DHS staff will issue a verification within five business days of receiving all the additional information requested.

When the review results in a verification, DHS will indicate the verified service, provider, and authorization period.

All requests submitted through this process may be monitored by DHS for ongoing compliance.

## Re-Request Process

If a participant re-requests the same service within 120 calendar days of the original review decision, a second review request will not be considered by DHS unless there has been a change in the participant's condition or circumstances. When a re-request is received within 120 days of the original review decision, the ICA staff must:

- Ask the participant what circumstances prompted the re-request. If a change in circumstance has occurred, the ICA will assist with the submission of an updated request.
- Ask the participant to identify a change in condition.
    - If a change in condition has occurred, the ICA will complete a new long-term care functional screen and will assist with the submission of an updated request. Changes in condition are generally significant and sudden.
    - If the ICA determines that no change has occurred since the original review, the ICA will document this in the participant's record. Then, the initial decision will be upheld, no additional request is submitted, and a NOA will be issued.