CORE Outside Review Cover Sheet Instructions for v1.4 b

Four new check boxes have been added to the top of the coversheet-

1) 3 - day Imminent  2) 5 - day Imminent  3) Crisis Supports  4) Retro- Must be sent through DDSD

Check the appropriate box(s) to support the submission. Additional justification may need to be submitted

(see below- End of Coversheet instructions)

Individual's Information-

• If there were no revisions related to an LCA change in the prior submitted ISP year, provide the prior year/current billable PA#.
• If there was a revision related to an LCA change in the prior ISP year, please provide the close PA# and open PA#.
• Provide the mailing address for the individual where they can receive mail.
• Ensure all information is current.
• Use the individual’s “LEGAL” name as listed in Omnicaid, not a nickname.

Guardian’s Information-

• If there are multiple “LEGAL” guardians, please utilize the “Additional Notes” section under the Annual or Revisions sections below.

Case Manager Information-

• Please ensure all contact information is validated to ensure the CORE has current contact information.

Annual Section-

• ISP Begin and ISP End dates.
• Check box to notify the CORE if this is an initial allocation so the OR does not request a PCA erroneously.
• Check box to notify the CORE if CCS and/or CIE is a new service so the OR does not request a PCA erroneously.
• Additional Notes section- Please type any information you feel will be useful for the OR to know when completing their review.
  o This box will expand as you type.
• Previous recipient of Supported Living category H and 55 or older-This is a check box for those individuals grandfathered into Supported Living services as detailed in Clinical Service Criteria v5.

Revision Section-

• Revision number
  o Please notate the revision you are submitting, i.e., Rev#1, Rev# 4
• Check boxes added to notify the OR of the reason for the revision.
  o I.E.:
    ▪ End/Close a Service
    ▪ Increasing Units
    ▪ LCA Change
• Multiple reasons can be checked, please check whatever applies to the revision request.
• Reasons with an asterisk *- Please provide the correct PA Begin and End dates.

02/01/19 RML
• Explain Revision section- Please type any information you feel will be useful for the OR to know when completing their review.
  
  o This box will expand as you type.

RFI Response Section-

• Copy and paste the reference number from the RFI email, i.e., 12.01.18.ISP.290.DW.
• This information is vital for the OR to apply the RFI documents to the correct file.
• Additional Notes section- Please type any information you feel will be useful for the OR to know when completing their review.
  
  o This box will expand as you type.

End of coversheet- Annual and Revision *see note at end of coversheet

• Use this section to include justification for imminent requests.
• The boxes will expand as you type.
• You no longer need to type in the documents submitted, please note the examples for how to properly name attachments.
• XX refers to the DD Waiver recipient's initials, IE: 02.01.19.ISP.2960 DD