Current Consumers/ Non-Waiver- Targeted Case Management (TCM)Only  New Non- Waiver Consumers- TCM Only	Timeline for Submission for Authorization  Submission of authorization requests for TCM begins August 15, 2006.	CAP-MR/DD/ Targeted Case Management Form (CTCM)	Service Order (SO)	Person Centered Plan (New Format)	CAP Plan of Care	MR2	Assessments
Current Consumers/ Non-Waiver- Targeted Case Management (TCM)Only  New Non- Waiver Consumers- TCM Only	Authorization  Submission of authorization requests for TCM begins August	Management Form (CTCM)	X	(New Format)	of Care		
Current Consumers/ Non-Waiver- Targeted Case Management (TCM)Only  New Non- Waiver Consumers- TCM Only	Submission of authorization requests for TCM begins August	Form (CTCM)	X				
Consumers/ Non-Waiver- Targeted Case Management (TCM)Only  New Non- Waiver Consumers- TCM Only	authorization requests for TCM begins August	,	X				
Consumers/ Non-Waiver- Targeted Case Management (TCM)Only  New Non- Waiver Consumers- TCM Only	authorization requests for TCM begins August	X	X				
Non-Waiver- Targeted Case Management (TCM)Only  New Non- Waiver Consumers- TCM Only	requests for TCM begins August	X	X	I ===			
New Non-Waiver Consumers- TCM Only	begins August			X			X
Management (TCM)Only  New Non- Waiver Consumers- TCM Only			SO signed by QP until	Current treatment plan			-Current psychological evaluation
New Non- Waiver Consumers- TCM Only	15, 2006.		TCM definition	for TCM may be			(within three years for an adult, and
New Non- Waiver Consumers- TCM Only			approved by CMS;	submitted for initial			within one year for a child). If current
Waiver Consumers- TCM Only			upon approval of TCM,	authorization on			psychological not available, TCM plan
Waiver Consumers- TCM Only			Person Centered Plan	current consumers.			must include outcome for coordinating
Waiver Consumers- TCM Only			signed by an MD, PA,				the assessment.
Waiver Consumers- TCM Only			NP or LP will serve as				-NC-SNAP (full document)
Waiver Consumers- TCM Only			order. New TCM				
Waiver Consumers- TCM Only			definition requires				
Waiver Consumers- TCM Only			signature of MD, NP,				
Waiver Consumers- TCM Only			LP, PA.				
Consumers- TCM Only	Submission of						
TCM Only	authorization	X	X	X			X
	requests for TCM		Person Centered Plan				-Diagnostic Assessment
	begins August		signed by an MD, PA,				-Current psychological evaluation
	15, 2006.		NP or LP will serve as				(within three years for an adult, and
			order.				within one year for a child). If current
							psychological not available, TCM plan
							must include outcome for coordinating
							the assessment.
							-NC-SNAP (full document)
Current	-For individuals						
Consumers-	with a birth	X	X		X	X	X
Waiver	month in Sept.,	A CTCM form	-CAP Plan of Care,			Copy of	
	Oct., Nov., Dec.,	must be	inclusive of the Cost			MR2	-Current psychological evaluation
	and Jan. 2006 all	included for	Summary, signed by				(within three years for an adult, and
	documents noted	each provider	QP acts as the SO for				within one year for a child). If current
	must be	when there are	all CAP services with				psychological not available, TCM plan
							the assessment.
	authorization	r10015.	and the second second second				
	submitted for	multiple providers.	the exception of those services such as Home				must include outcome for coordinating

the birth month		Specialized		-Other assessments to support the Plan
of the individu	ıl.	Equipment/Supplies		of Care
-For individual	8	that may require an		
with a birth		order by a physician or		
month from Fe	o.,	other professional as		
2007 through		noted in the CAP		
August, 2007 a	11	section of the Service		
documents not	ed	Records Manual.		
must be		- For TCM, SO signed		
submitted for		by QP or Plan of Care		
authorization o	f	signed by QP may		
CAP-MR/DD		serve as SO for TCM		
services by Feb		until TCM definition		
15, 2007.		approved by CMS.		
Requests for		Outcomes related to		
authorization for		TCM must be included		
these individua	ls	in the Plan of Care.		
may begin the		-Once TCM approved		
last week of		by CMS, separate SO		
Dec., 2006.		signed by MD, LP, NP,		
-Note:		or PA will be required		
Submission of		for waiver participants.		
authorization				
requests for				
individuals wi	th			
birth months				
from Februar				
August, does i	ot			
constitute a	_			
CNR, but is or	lly			
for discreet				
services. CNF	S			
should be				
completed				
within the bird				
month as usua				
Authorization				
will only be up				

		11016.	Thistate failaca set vi	ces are aumorized th	nough the	LIVILI.	1
	to the birth						
	month.						
	-All CAP						
	consumers						
	receiving TCM						
	submission of						
	authorization						
	requests for TCM						
	begins August						
	15, 2006.						
New Consumers-	Initial						
Waiver	authorization of	X	X		X	X	X
Participants	CAP services for	A CTCM form	-CAP Plan of Care,		Copy of		-Current psychological evaluation
1 ur vrespuns	new participants	must be	inclusive of the Cost		MR2		(within three years for an adult, and
	begins in Sept.,	included for	Summary, signed by		WIKZ		within one year for a child). If current
	2006.	each provider	QP acts as the SO for				psychological not available, TCM plan
	2000.						
		when there are	all CAP services with				must include outcome for coordinating
		multiple	the exception of those				the assessment.
		providers.	services such as Home				-NC-SNAP (full document)
			Modifications,				-Other assessments to support the Plan
			Specialized				of Care
			Equipment/Supplies				
			that may require an				
			order by a physician or				
			other professional as				
			noted in the CAP				
			section of the Service				
			Records Manual.				
			- For TCM, SO signed				
			by QP or Plan of Care				
			signed by QP may				
			serve as SO for TCM				
			until TCM definition				
			approved by CMS.				
			Outcomes related to				
			TCM must be included				
			in the Plan of Care.				
			-Once TCM approved				

			by CMS, separate SO signed by MD, LP, NP, or PA will be required for waiver participants.			
Reauthorizations for Targeted Case Management-Non-Waiver and Waiver Participants	-Submission for continued authorization of TCM must occur every 90 days if requesting more than 5 hours per month of TCMIf requesting 5 hours or less of TCM, submission for continued authorization of TCM must occur every 6 months.	X	Non-Waiver, TCM only: SO signed by QP until TCM definition approved by CMS; upon approval of TCM, Person Centered Plan signed by an MD, PA, NP or LP will serve as order. New TCM definition requires signature of MD, NP, LP, PA. Waiver Participants: - For TCM, SO signed by QP or Plan of Care signed by QP may serve as SO for TCM until TCM definition approved by CMS. Outcomes related to TCM must be included in the Plan of CareOnce TCM approved by CMS, separate SO signed by MD, LP, NP, or PA will be required for waiver participants.	X	X	

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Continued Need Reviews for	-Submission for Continued Need	X A CTCM form	X -CAP Plan of Care,	X	X	X - Psychological
CAP-MR/DD	Reviews must	must be	inclusive of the Cost			-NC-SNAP (full document)
	occur by the	included for	Summary, signed by			-Other assessments to support the Plan
	first day of the	each provider	QP acts as the SO for			of Care
	month of the	when there are	all CAP services with			
	birth month	multiple	the exception of those			
	beginning with	providers.	services such as Home Modifications,			
	February, 2007 CNRs.		Specialized			
	CIVINS.		Equipment/Supplies			
			that may require an			
			order by a physician or			
			other professional as			
			noted in the CAP			
			section of the Service			
			Records Manual.			
			- For TCM, SO signed by QP or Plan of Care			
			signed by QP may			
			serve as SO for TCM			
			until TCM definition			
			approved by CMS.			
			Outcomes related to			
			TCM must be included			
			in the Plan of CareOnce TCM approved			
			by CMS, separate SO			
			signed by MD, LP, NP,			
			or PA will be required			
			for waiver participants.			

	1	11010.	All state fullued set vi	tees are additionized th	ir ough the	DIVIL.	T
Reauthorizations for CAP-MR/DD Services with No Change of Provider or Service	The following discrete provider specific services require authorization every 6 months: -Respite -Personal Care -Supported Employment -Home and Community Supports -Residential Supports -Day Supports	X A CTCM form must be included for each provider when there are multiple providers.	X CAP Plan of Care, inclusive of the Cost Summary, signed by QP acts as the SO for all CAP services with the exception of those services such as Home Modifications, Specialized Equipment/Supplies that may require an order by a physician or other professional as noted in the CAP section of the Service Records Manual.				
Reauthorization for CAP-MR/DD Services when There is a Change in Provider or Service	The following discrete provider specific services require authorization when there is a change in provider or service: -Respite -Personal Care	X A CTCM form must be included for each provider when there are multiple providers.	X -CAP Plan of Care, inclusive of the Cost Summary, signed by QP acts as the SO for all CAP services with the exception of those services such as Home Modifications, Specialized		X		X Assessments as needed to support any requests for non-discrete services.

-Supported	Equipment/Supplies		
Employment	that may require an		
-Home and	order by a physician or		
Community	other professional as		
Supports	noted in the CAP		
-Residential	section of the Service		
Supports	Records Manual.		
-Day Supports			
Other services			
such as -			
Augmentative			
Communication			
Devices, Home			
Modifications,			
etc. are			
authorized as a			
component of the			
Plan of Care. If			
these items are			
added at any			
time, it will result			
in a Plan of Care			
Update and a			
request for			
authorization is			
required.			