



COMMISSIONER
Jon Weizenbaum

May 7, 2014

To: Deaf Blind with Multiple Disabilities Program Providers
Financial Management Services Agencies

Subject: Information Letter No. 14-21
Expansion of Utilization Management and Review Activities to the Deaf Blind with Multiple Disabilities Program

To ensure consistency across programs and fiscal accountability, the Department of Aging and Disability Services (DADS) will expand utilization review (UR) activities to include the Deaf Blind with Multiple Disabilities (DBMD) program beginning May 12, 2014. DADS previously notified DBMD providers of plans for expansion on November 5, 2010, via DADS [Information Letter No. 10-142](#).

Utilization management and review activities performed by UR nurses for the DBMD program may include:

- face-to-face visits with individuals selected for review based upon a random sample;
- face-to-face visits with individuals or desk reviews, to conduct prospective (pre-authorization) reviews on plans of care, and where applicable, on plans of care that are near the individual cost ceiling; and
- reviewing, as necessary, special situations when patterns and trends are identified.

A summary of face-to-face UR processes is enclosed.

If you have any questions about UR activities in the DBMD program contact Susan Peterson, Manager Waivers/Community Services UR, by email at susan.peterson@dads.state.tx.us or by phone at (512) 438-4105.

Sincerely,

[signature on file]

Elisa J. Garza
Assistant Commissioner
Access and Intake

Summary of Face-to-Face Utilization Review Process for the Deaf Blind with Multiple Disabilities Program

Prior to the Face-to-Face (FTF) Visit

- A desk review is conducted.
- The utilization review (UR) nurse submits a request for documentation by fax to the Deaf Blind with Multiple Disabilities (DBMD) program provider.
- The DBMD provider has three business days from the date of the fax to submit the requested documents to the UR nurse.
- The DBMD provider may contact the UR nurse and request an additional two business days if warranted. The request for additional time should occur on a limited basis.
- If the DBMD provider does not respond within the time frame, the UR nurse may make an on-site visit to the appropriate offices to obtain the required documentation.
- Based on the review of the documentation, the UR nurse may request additional information. The DBMD provider has two business days to submit requested documents or clarification to the UR.

The Face-to-Face Visit

Upon receipt and review of the documentation, the UR nurse contacts the DBMD provider to arrange the FTF visit. Interviews are conducted with the individual, legally authorized representative (LAR), providers, intervener, and other appropriate persons as needed.

Post Face-to-Face Visit

Following the FTF visit, the UR nurse reviews all information obtained. Findings resulting in changes to the individual plan of care (IPC) are forwarded to the UR Regional Manager for review.

If the UR nurse or UR Regional Manager determines additional or clarifying information is required, the UR nurse requests the information from the DBMD provider. The DBMD provider has **two business days** from the date of the request to submit the information.

Summary of Face-to-Face Utilization Review Process for the Deaf Blind with Multiple Disabilities Program

Contacting the Program Provider with the Review Results

The UR nurse calls the DBMD provider with the results of the review followed by a confirmation fax.

Findings fall into two categories:

- The IPC is accepted as written. (This finding requires no additional action upon the part of the DBMD provider.) and;
- Proposed changes to the current IPC that:
 - adds a service not currently authorized;
 - increases a service;
 - reduces a service; or
 - denies/ends a service.

The DBMD provider has **ten business days** from the date of the fax to respond to review results recommending changes to the current IPC. The ten business days allows time to hold a service planning team (SPT) meeting as needed and to provide additional information.

The UR nurse and UR Regional Manager will review all additional information submitted and determine the final UR review results. The UR nurse calls the DBMD provider with the results followed by a confirmation fax.

UR Findings Resulting in Changes to the Current IPC

The DBMD provider may agree to make the changes to the current IPC or they may wait for notification of changes from DADS Program Enrollment/Utilization Review (PE/UR) staff accompanied by the right to appeal information.

Right to Appeal

The individual has the right to appeal the changes made based on UR findings. PE/UR staff notifies the DBMD provider of the UR findings by fax. The DBMD provider notifies the individual or LAR of the UR findings. The fax outlines the procedures and timelines for requesting a fair hearing. If the individual appeals the UR finding, all changes to the IPC are on hold until the fair hearing determination.