

**ALABAMA DEPARTMENT OF MENTAL HEALTH**  
**DIVISION OF DEVELOPMENTAL DISABILITIES (ADMH/DDD)**

**REQUEST FOR ACTION POLICY**

Following a team meeting where all appropriate persons attend, ADMH/DDD requires the support coordinator to submit the **REQUEST FOR ACTION (RFA)** form to the Regional Office Community Service Director or Designee for any addition to a Plan of Care for the following services. The Regional Office should make the determination within no more than **seven (7) working days** to expedite service delivery:

- 1) Specialized Medical Equipment (SME)
- 2) Environmental Accessibility Adaptations (EAA)
- 3) Specialized Staffing(SS)\*
- 4) Positive Behavior Supports (PBS)
- 5) Support Services not included in the most recent Person-Centered Plan
- 6) Changes in staffing levels for participant in Residential Services
- 7) Increases in the original units authorized for any service
- 8) Increases over 8 hours per day for personal care
- 9) Any service not included on the Person Centered Plan or on the Plan of Care ( Day Hab, Community Experience, OT, PT, ST, Employment Support, etc)

**PROCEDURES FOR SUPPORT COORDINATOR**

- 1) Hold a team meeting of appropriate persons; obtain signatures on revised plan of care.
- 2) Check Medicaid State Plan Services (SPS) and other insurance to ensure an item is not covered
- 3) Obtain required supporting documentation as necessary (prescriptions, medical documentation, quote, ICAP, etc.)
- 4) Complete the RFA Form
- 5) Submit the RFA Form to the Regional Office electronically through ADIDIS
  - a. Include medical documentation
  - b. Quote for service
- 6) Add service to the plan of care using the following format:
  - a. Provider Name
  - b. Service Code
  - c. Service Name
  - d. Unit
  - e. Unit Type
  - f. Cost
  - g. Start Date (start date empty for all services except for hospital/nursing home discharges. Start date will be written as the date of discharge. For all other services, the blank fields indicate the date is pending)
  - h. End Date (start date empty for all services, until approved by the CSD)

- 7) Submit RFA form to the Regional Office through ADIDIS

## PROCEDURES FOR REGIONAL OFFICE

- 1) Verify all information is included on the RFA. If not, return to support coordinator with a note in the **NEEDED INFORMATION** section of the form. Include the date returned to the support coordinator.
- 2) Verify the documentation supports the need for service
- 3) Approved; generate letter to the participant with a copy to the Support coordinator
- 4) Denied; generate letter to the participant accompanied by appeal rights with a copy to the Support coordinator
- 5) Sign and date the form
- 6) Mail original letter to participant and copy support coordinator (upload in ADIDIS) and copy the Executive Director of the case management agency
- 7) Copy to Fiscal Officer in the Regional Office to authorize service through ADIDIS

Once returned to the support coordinator, the support coordinator will:

- 1) Add the dates of service to the Plan of Care (\*the start date for all services except Specialized Staffing is the date the RFA is approved by the regional office. The start date for Specialized Staffing is the date the participant is discharged from the hospital or nursing home and medical updates document the need) Unless documented, Specialized staffing **should be dated** through the end of the fiscal year. **Provider documentation must support the need for ongoing services at the same level.**
- 2) Notify the provider to begin service

***\*The provider must submit to the regional office CSD information that all staff providing Specialized Staffing, either medical and/or behavior, has met the training requirements as outlined in the waiver document. When changes in staff occur, the provider must submit to the Regional Office that the new employee has been trained and is qualified to provide the service as outlined in the waiver documents.***

An RFA ***is not*** required for in the following situations. A team meeting ***is not*** required in these instances. The process should be ***completed*** in no less than five (5) days to ensure timely delivery of services:

- 1) Unit currently authorized and on the Plan of Care that require a change.
- 2) Service documented as an anticipated service in the participant's Person-Centered Plan.
- 3) All address changes in residential providers or provider sites. The provider is required to submit a new IRBI to the support coordinator who will forward to the Regional Office.
- 4) Change in providers.
- 5) Conversions to self-directed services.

## PROCEDURES FOR SUPPORT COORDINATOR

Ensure documentation is evident in the Person-Centered Plan or is **on the Plan of Care and authorized**.

- 1) Make changes to the participant's Plan of Care
  - a. include the End Date for the previous units and begin date for the new services
  - b. place new service on the participant's plan of care including start and end date using the same format as above
- 2) Submit note into ADIDIS with copy to the Waiver Coordinator marked **Alert**.
- 3) Waiver Coordinator will verify the Plan of Care has been updated; if not, return to support coordinator to correct.
- 4) Once approved by Waiver Coordinator, mark the note as **Complete** copying the support coordinator and the Fiscal Officer.
- 5) The Fiscal Officer authorizes the service.
- 6) Support coordinator will notify the provider of the start date of service.