



Summary of Waiver and Community Utilization Review Process of Community Entitlement and Waiver Programs

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

- A document review is conducted.
- The Waiver and Community Services (W/CS) Utilization Review (UR) Regional Administrative Assistant and/or Field Reviewer submits a request for documentation by secure email, fax, or certified mail to the person's provider agencies and case management entities (LIDDAs or CMAs).
- The provider agencies or case management entities have a total 10 business days from the date of the initial request to submit required documentation. This is typically broken down in document requests as follows:
 - ▶ Initial document request has **five business days** from request date.
 - ▶ The provider agencies or case management entities may contact W/CS UR and request an additional **three business days** if needed.
 - ▶ Based on the review of the documentation, the Field Reviewer may request additional information. The person's provider agencies or case management entities have **two business days** to submit requested documents or clarification.
- If there is no response within the time frame, W/CS UR may make an on-site visit to the appropriate offices to obtain the required documentation.

Note: If documentation needed to support a service is not submitted by the provider agencies or case management entities, W/CS UR may reduce the authorized service.

Face-to-Face Visit

Upon receipt and review of the documentation, the W/CS UR Field Reviewer contacts the person receiving services or their legally authorized Representative; if unable to make contact, then W/CS UR Field Reviewer will contact provider to assist in scheduling the FTF visit. Interviews are conducted with the person, legally

authorized representative (LAR) (as applicable), providers, intervener (as applicable), certified translator / interpreter (as applicable), and other appropriate persons as needed.

Post Face-to-Face Visit

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

If the Field Reviewer or UR Regional Manager determines additional or clarifying information is required, the Field Reviewer requests the information from the provider agencies or case management entities. The agencies have **two business days** from the date of the request to submit the information. Additional time may be granted if extenuating circumstances are communicated.

Contacting the Program Provider with the Review Results

The W/CS UR Field Reviewer calls the provider agencies with the results of the review followed by a confirmation secure email or fax.

Findings fall into two categories:

- The IPC is accepted as written. This finding requires no additional action upon the part of the provider agencies. or;
- Proposed changes to the current IPC that:
 - ▶ adds a service not currently authorized;
 - ▶ increases a service; or
 - ▶ reduces a service.

The provider agencies and case management entities have **14 calendar days** from the date of the secure email or fax notification to respond to review results recommending changes to the current IPC. The **14 calendar days** allows time to hold a service planning team (SPT) meeting as needed and to provide additional information.

The W/CS Field Reviewer and Regional Manager will review all additional information submitted and determine the final UR review results. The UR field reviewer calls the provider agencies and case management entities with the results followed by a confirmation secure email or fax.

UR Findings Resulting in Changes to the Current IPC

The provider agencies and case management entities may agree to make the recommended changes to the current IPC and respond with a revised and signed IPC, or they may choose not to agree to the findings. If they choose not to agree to the findings, W/CS UR may take adverse action and implement the findings, notifying the person receiving services and / or their agencies depending on the program.

Right to Appeal

The person has the right to appeal the changes made based on W/CS UR findings. W/CS UR notifies the person receiving services and / their agencies of the UR findings by mail, secure email or fax. The provider agencies notify the person or LAR of the UR findings, as applicable. The letter, email or fax outlines the procedures and timelines for requesting a Fair Hearing. If the person appeals the UR finding prior to UR taking the proposed action (within **ten business days of the notice**), service continuation applies to reduced services, until the Fair Hearing decision is made. Details about service continuation can be found in the Reduction / Denial letter that is sent with the proposed reduction amounts.

Please send inquiries to fieldUR@hhs.texas.gov.