



TO: I/DD Waiver Providers

FROM: APS Healthcare

RE: CareConnection© IPP Attachment Requirements

DATE: May 11, 2016

Please see below for requirements pertaining to the type of IPP and information that Service Coordinators (SC) must attach in order for APS to review a request for prior authorization.

- For **Annual** requests, the SC must attach the entire IPP document (including the signature page) into CareConnection©.
- For **Critical Juncture or Quarterly** meeting requests, (only when the annual IPP is already attached) meeting minutes and the signature page will suffice for (+ or -) modifications of existing services; however, if the team requests any new services (those not previously identified in the IPP), the entire IPP with signature sheet is required. As has been previously communicated, it will also be acceptable for the SC to attach an addendum with a statement citing all team members' agreement via telephone. In this scenario, the SC should attach the signature page when available.
- For **6-month** requests, the SC must attach the entire IPP with signature sheet if the team is requesting new services or any modifications of existing services. It is not necessary to attach the 6-month IPP if no changes are requested (since no modifications or authorizations will be requested, and the existing IPP still stands as current).

APS will place incomplete requests that do not include required information into "documentation requested" status for up to 10 days. If APS does not receive the information within 10 days, APS will close the request, and the SC must resubmit to request authorization.

Take note that the requesting Registration Coordinator must be notified by phone or email when documentation has been attached to the system—CareConnection© does not provide a notification to APS when this occurs.

Please contact any of the Registration Coordinators or your assigned Provider Educator with questions.