

Provider Intensity of Service Dispute Form Checklist

IOS disputes may only be submitted to the CSA by a management level staff person, also referred to as a *Level II* or *Level III* CYBER user¹ after they have reviewed the CYBER record to ensure that all relevant clinical information is clearly document in the correct area of CYBER.

Providers should familiarize themselves with the CSOC clinical criteria (which is posted on the PerformCare website) to ensure that their recommendations meet the criteria for the requested level of service. Providers should also ensure that the IOS dispute is discussed amongst the members of the Child Family Team (CFT), especially the parent(s)/legal guardian.

The following information is required in order to initiate the IOS dispute process. First, please complete the following checklist in order to ensure that this is indeed a dispute. If all answers are checked “yes”, please proceed to complete the attached document and fax directly to (877) 736-9166 Attn: PerformCare/IOS Disputes. The CSA will review the request within five (5) business days of receipt (unless otherwise indicated). Please refer to the Provider Intensity of Service Dispute Process document for further process clarification.

Please note that all IOS dispute submissions are reported to CSOC.

IOS Dispute Checklist		
		If any options are checked “no”, do not submit
Was the legal guardian informed of the plan to submit an IOS dispute and are they in agreement? Date of Child Family Team (CFT) meeting: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the requestor a management level staff person (if applicable)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the requestor confirm that the IOS dispute is <u>not</u> based on new information (rather IOS dispute is based on original information submitted in the original IOS request)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did the requestor ensure that all information is clearly documented with in the correct area of CYBER (i.e. OOH Referral Request, TISP, etc.)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(For OOH, CMO, Community, SU) Is dispute submitted within 30 days of the original IOS determination?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

¹ The requirement for management level staff person review may not be applicable for certain service lines, including IIC, PHP, or CCIS. In these cases, the clinical staff person (also referred to as a Level I CYBER user) is responsible for the documentation review prior to forwarding a dispute.

Provider Intensity of Service Dispute Form
Fax to (877) 736-9166

DATE OF IOS DISPUTE REQUEST:	
REQUESTOR'S NAME:	
REQUESTOR'S AGENCY:	
REQUESTOR'S AGENCY TITLE:	
YOUTH CYBER ID#:	
CURRENT IOS DETERMINATION:	
DATE OF IOS DETERMINATION:	
RECOMMENDED IOS:	
WAS PARENT/LEGAL GUARDIAN INFORMED OF AND IS IN AGREEMENT WITH DISPUTE REQUEST?	<p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><u>Date of guardian notification:</u></p>
<p><u>Please provide clinically relevant information that supports the IOS change. Also, please verify where this information is located within the youth's CYBER record.</u></p>	
<p><i>(CSA USE ONLY)</i></p> <p>DATE OF REVIEW:</p> <p>CSA REVIEWER:</p> <p>DISPOSTION:</p>	