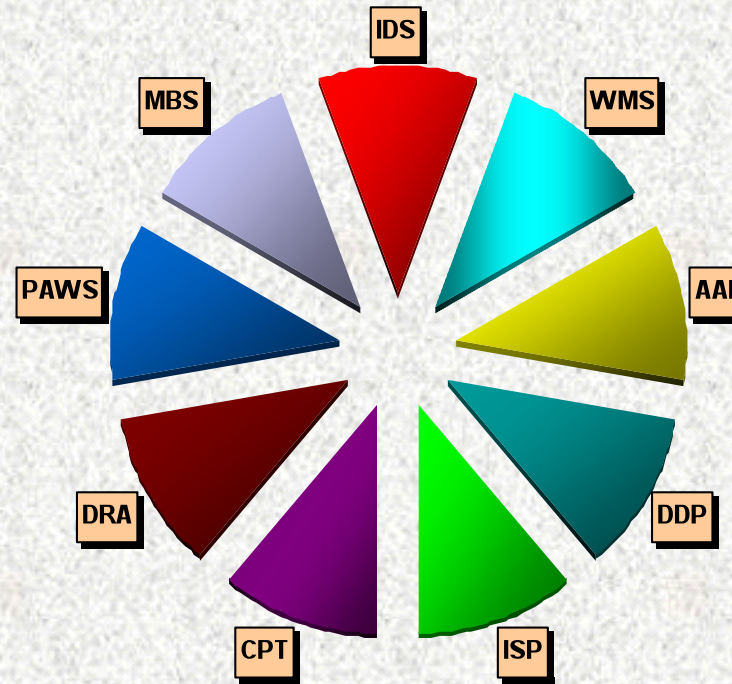


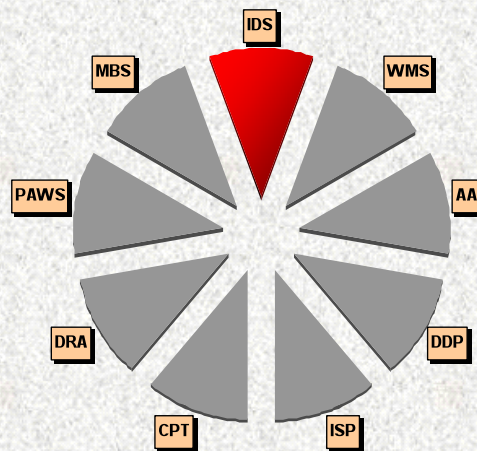
Wheel of Fortune



March 23, 2010

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Developmental Disabilities

(Individual Data System) IDS

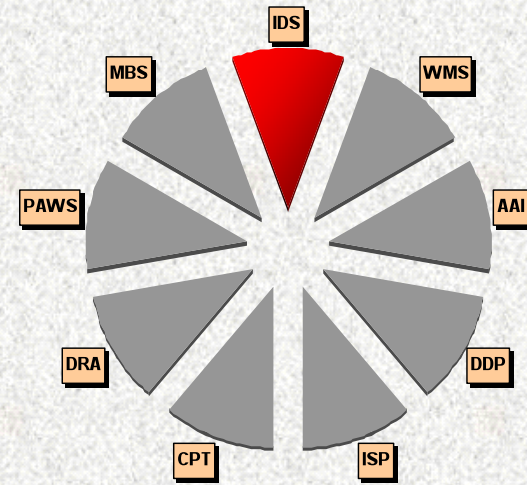


March 23, 2010

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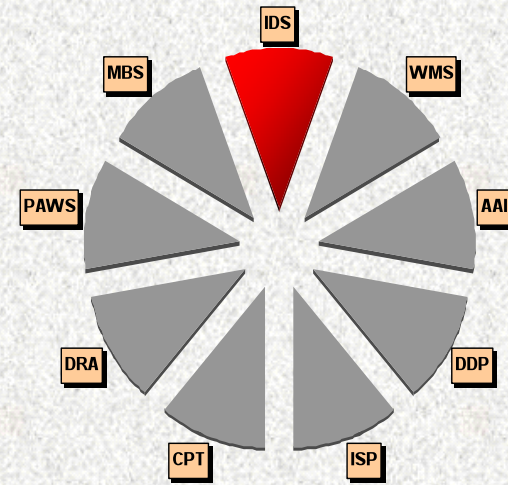
2

Individual Data System



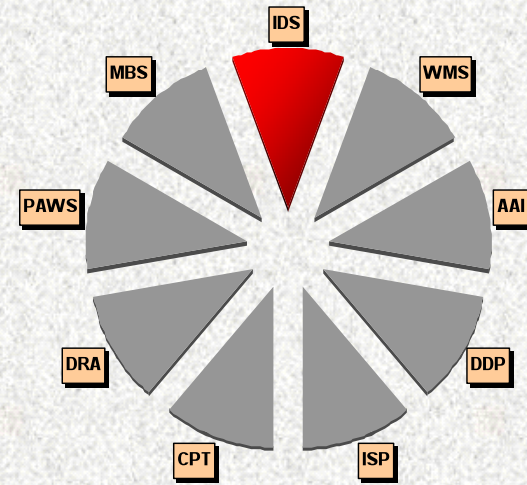
- IDS replaces the old Individual Information Form system (IIF)
- IDS is a system that houses applications such as: AAI, DDP, and the Waiting List..
- Field data in IDS is more up to date.

How IDS Works!!



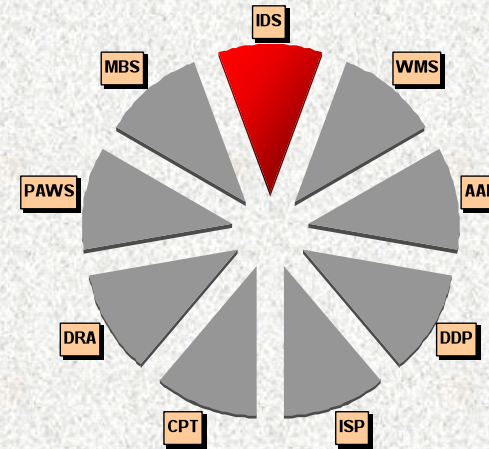
- IDS houses several previously stand alone applications:
 1. IIF – both Individual and Eligibility data
 2. DDP
 3. AAI
 4. Waiting List

How IDS Works



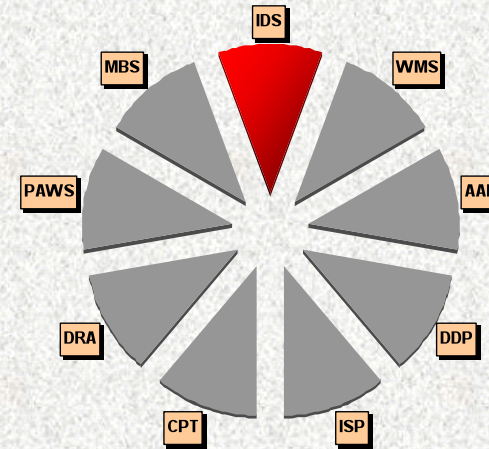
- ALL systems that need individual specific data, such as Date of Birth, will draw that information from IDS, and IDS is the **ONLY** place that will keep that information.

What does this mean to you?



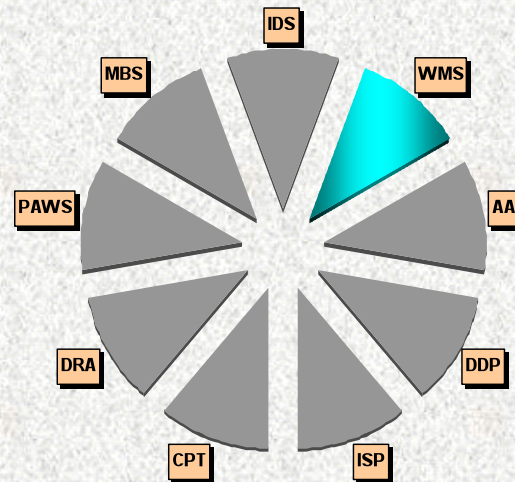
- Can you say **TRANSMITTAL?**
- Address, address, address!!!!!!!!!!!!
- It is highly important to complete transmittals when there is a change of address!!!
- Information needed for Gatekeeper and state system (IDS)

What changes trigger a transmittal?

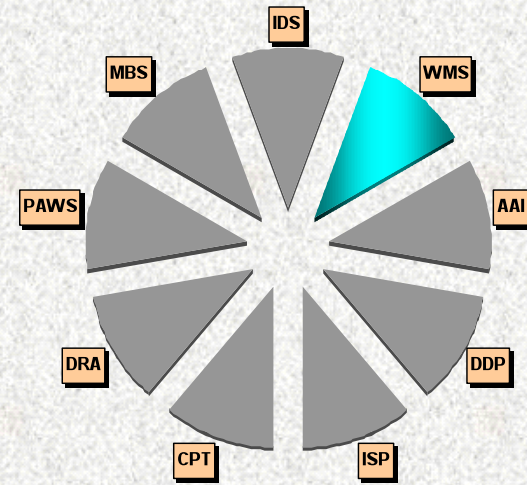


1. Change of address
2. Medicaid number
3. Phone number
4. Non-board relationship i.e., doctor, guardian
5. Board relationship, i.e., SaSS to SaSS, Spec. & Tech
6. Transportation update, i.e., CB to Commercial

Waiver Management System (WMS)

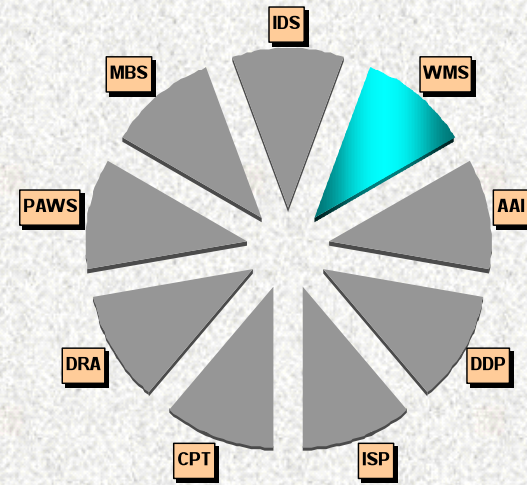


What is it?



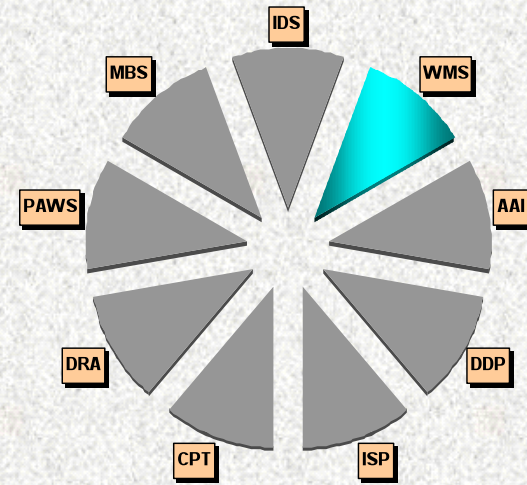
- Tracks Level of Care progress
 - Rene reviews initial packets and forwards to Brenda
 - Redetermination packets given to Brenda
 - Brenda scans and emails to DODD
 - DODD logs as “received” on WMS
 - DODD reviews packet and forwards for approval
 - Logs as “in process” on WMS
 - Once approval given, DODD logs as “enrolled” on WMS

Redetermination Timeline



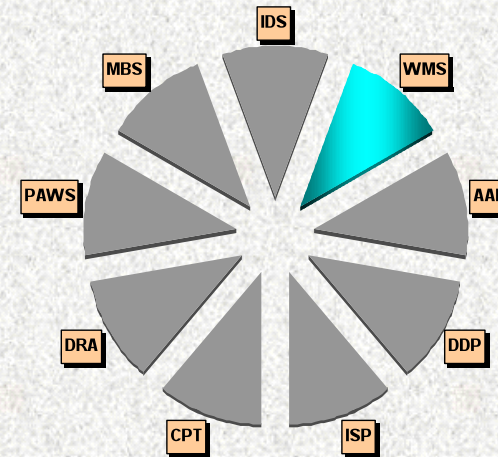
- Prior to span
 - Complete LOC 45-60 days prior to span
 - Submit to Brenda

NICS



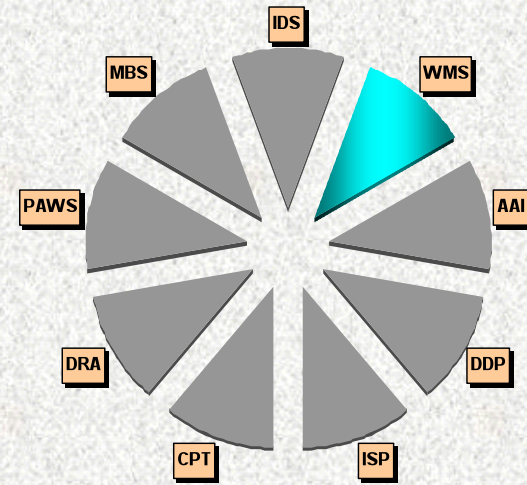
- NICS (Notification of individual change in status)
 - Suspension of service (hospital, NF, incarceration)
 - Disenrollment
 - Change of waiver type
 - Address change
 - All logged on WMS (address on IDS)

NICS Timeline



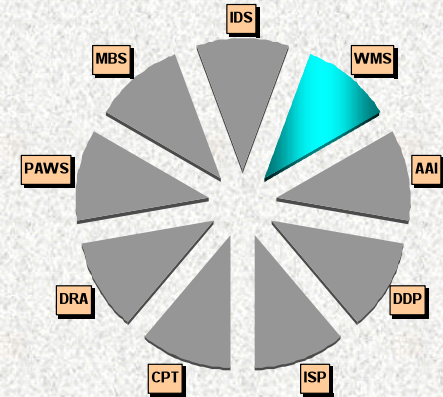
- As soon as possible after the event
- Short suspensions after return to service
 - 2-day hospital stay can be on same form
- Potential long-term suspension, i.e., Nursing home or NODC on two forms - one to suspend service, one to restart service
- When a NICS form is completed, the SaSS sends an electronic copy to DODD and cc'd to waiver contact (Rene)

Why is this so important?



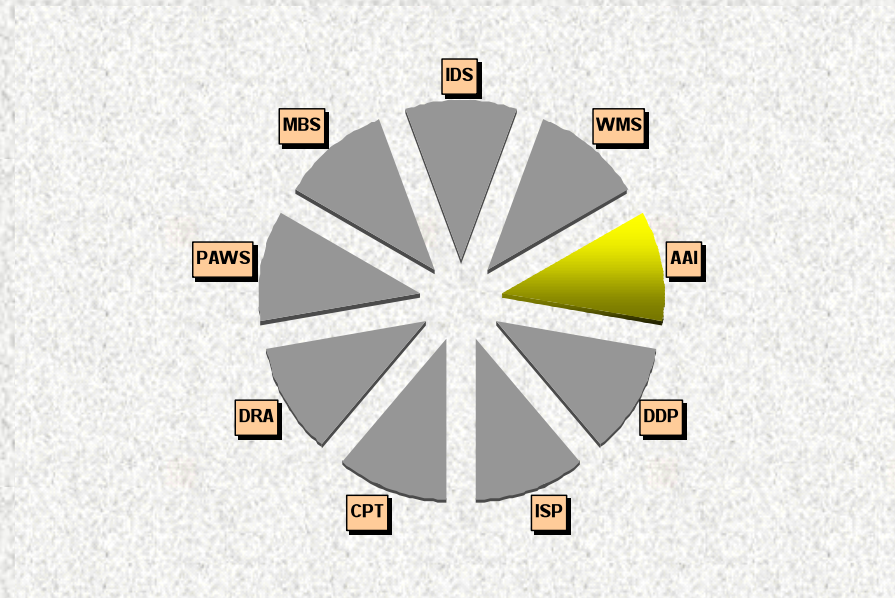
- Connection to billing by providers
- Starts/stops billing by HPC providers
- Allows other Medicaid providers to bill, i.e., nursing homes, hospitals, NODC

Medicaid Department's Involvement

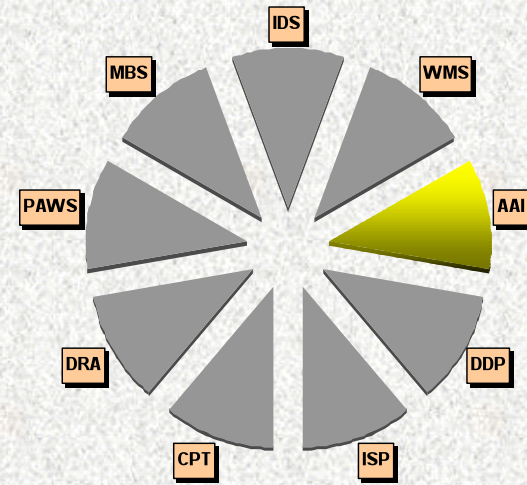


- Redeterminations
 - Collect cost worksheets
 - Check WMS for LOC enrollment
 - Do PAWS once WMS says “enrolled” with correct dates (and provider payment can begin)
- NICS
 - Suspend and reactivate PAWS

Adult Acuity Instrument (AAI)

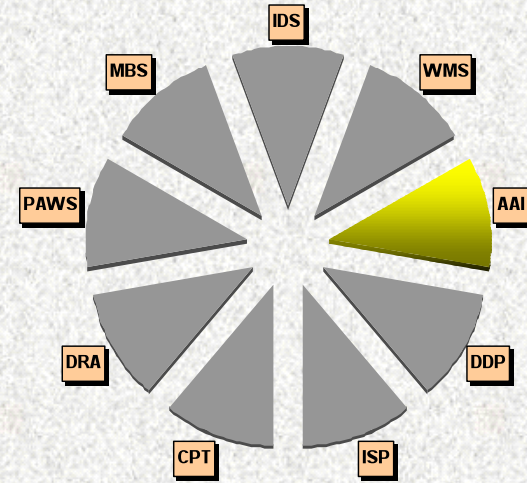


Adult Acuity Instrument



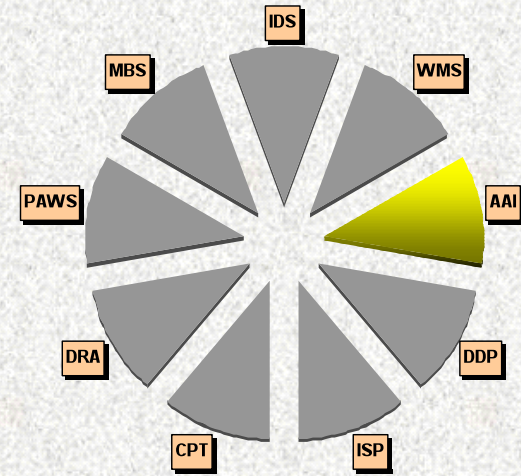
- The purpose of the AAI is to establish the correct supervision and budget limitations for the person receiving day services through a waiver (Level 1 or I/O).
- While each assigned AAI group (A, B, or C) has different supervision levels, they also have different rates.
- AAI can now be found in the IDS system of the DODD website.

Submitting the AAI



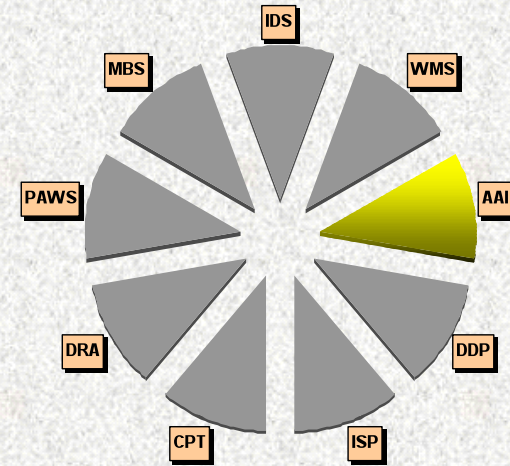
- To enter / submit the AAI need to use the IDS system of the DODD (Department of Developmental Disabilities) website.
- **Timing is crucial!!!**
Cannot create a Payment Authorization for Waiver Services (PAWS) until the AAI is submitted. Provider cannot be paid if no PAWS.
- If a person's group (A, B, or C) changes, the cost of the day services also changes and needs to be reflected correctly. This needs to be done as soon as possible to ensure correct payment to the provider.

Changes in the AAI



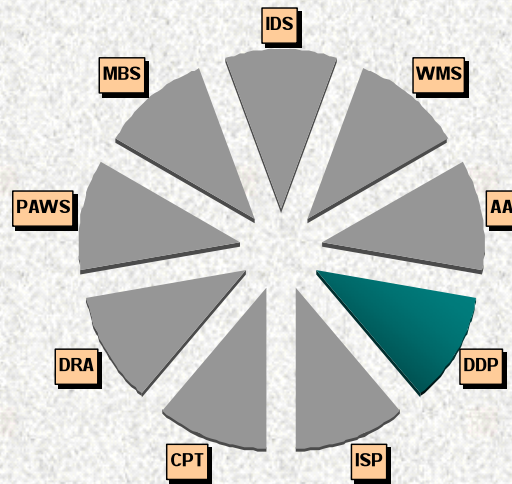
- When an AAI changes, the Medicaid Dept. needs to know as soon as possible so they can change the PAWS to ensure correct payment to the day program provider.
- Procedure for notifying the Medicaid Dept. of changes:
 - Ending services - Day Program – use day program cost worksheet with appropriate boxes checked.
 - Residential Services – use cost worksheet and mark on it to end services.
 - ODDP / AAI - print off the summary page with the new funding listed and send to Medicaid Dept.
 - NICS - e-mail an electronic copy to the waiver contact (Rene).

AAI Administrative Review

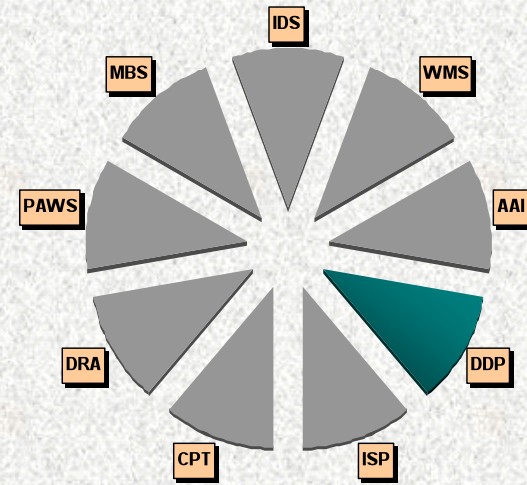


- The AAI Administrative review is the process for obtaining increased funding for a person in day services who cannot be served in their designated budget limitation.
- Administrative review is similar to Prior Authorization for the ODDP and residential services.
- Rarely done in Lucas County or statewide

Developmental Disabilities Profile (DDP)

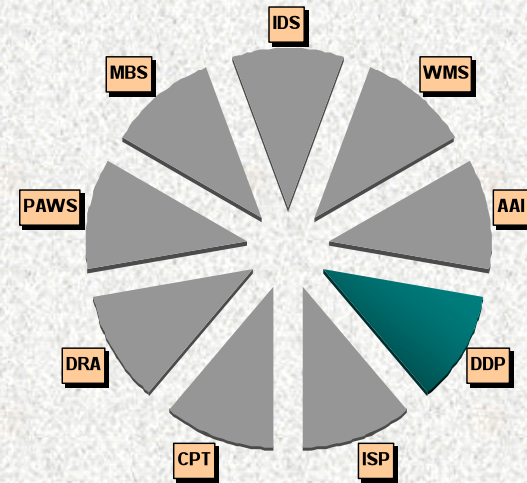


What is it?



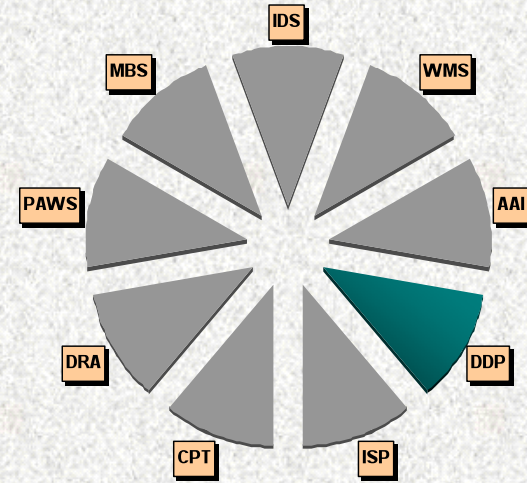
- Statewide assessment tool used to determine individual funding ranges for the IO Waiver
- There are nine different funding ranges, from \$5,001 and up.
- Completed at initial enrollment and reviewed annually or upon any major changes in the person's life, i.e., change of residence, health concerns, behavior, loss of caregiver

DDP



- The purpose of the DDP is to establish a funding range for persons on the Individual Options Waiver (I/O) which pays for waiver services outside of day services.
- DDP system can now be found in the IDS system.
- Timing of submission is critical. Completion and submission for the initial and any changes.
- A Payment Authorization for Waiver Services (PAWS) cannot be completed for a person on an I/O waiver if there is not a DDP in the state system. A PAWS is needed so the provider can get paid.

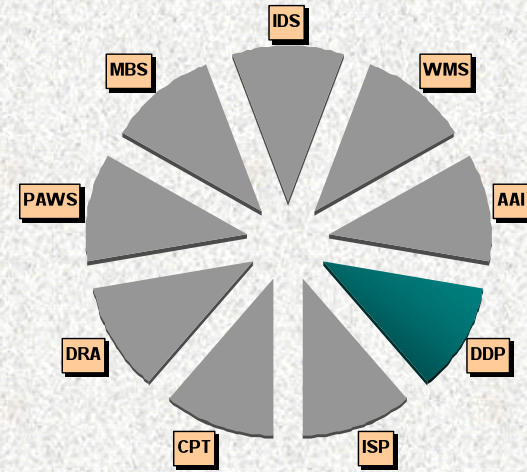
Changes in the DDP



- Any changes in the DDP need to be reported to the Medicaid dept. as soon as possible. Medicaid needs to be aware of the increase or the decrease in the funding ranges.
- Changes in the DDP - print off the new summary page (with the new funding range listed) and submit the copy to the Medicaid Dept.

Prior Authorization

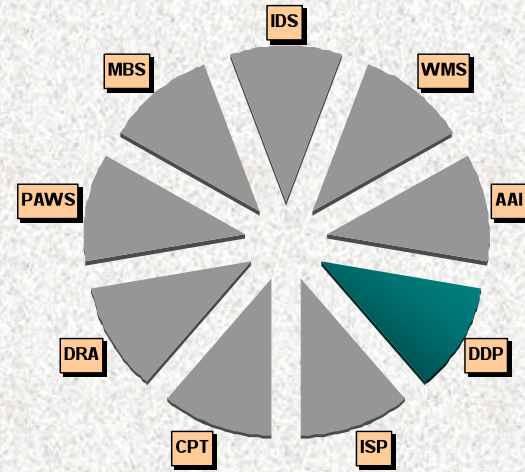
What is it?



- Prior Authorization is a method to request an increase in a funding range for a person with an I/O Waiver, in specific circumstances. Prior Authorization is used when a person cannot be served safely in their current funding range, given specific circumstances.
- Prior Authorization means: **PRIOR** Prior Authorization needs to be requested before the end of the span and as soon as the issue is identified.
- Inform the Medicaid Dept. upon an approved Prior Authorization so they can make any necessary changes to the PAWS.

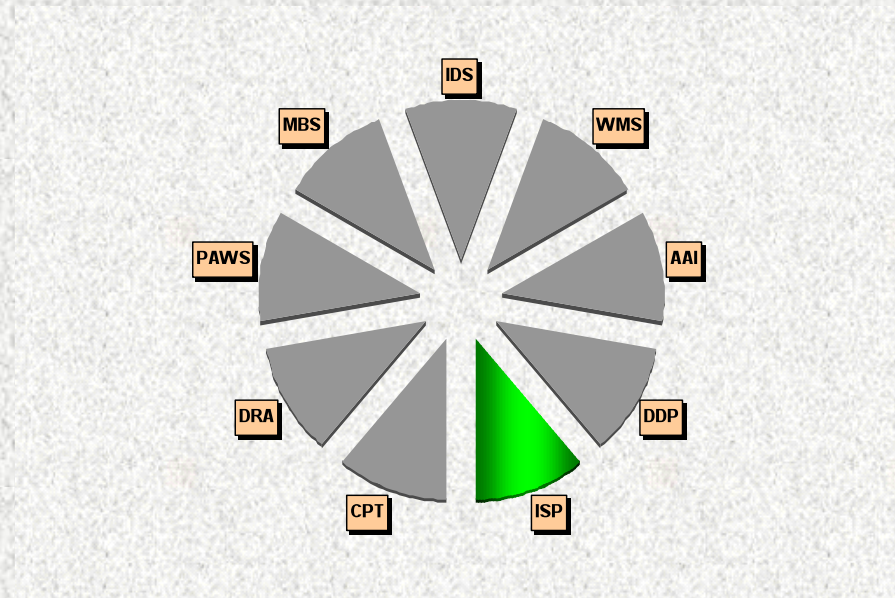
Prior Authorization

When do I need it?

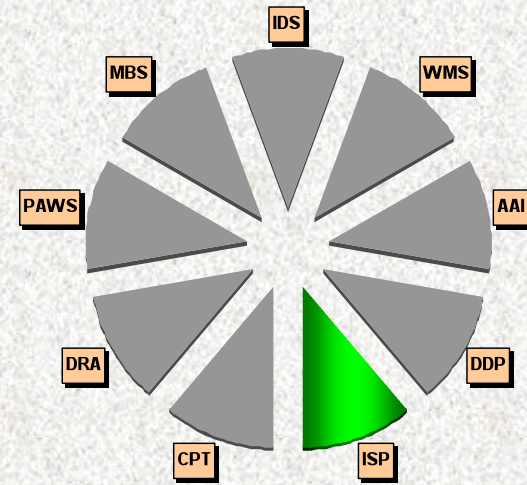


- During the ISP planning process, it is determined that the individual's service needs and costs exceed their funding range.
- Anytime during the waiver span that a change occurs that increases their service costs, i.e., loss of roommate, loss of caregiver, need for equipment, etc.
- Anytime services are added in the span, check to ensure within the range

Individual Service Plan (ISP)

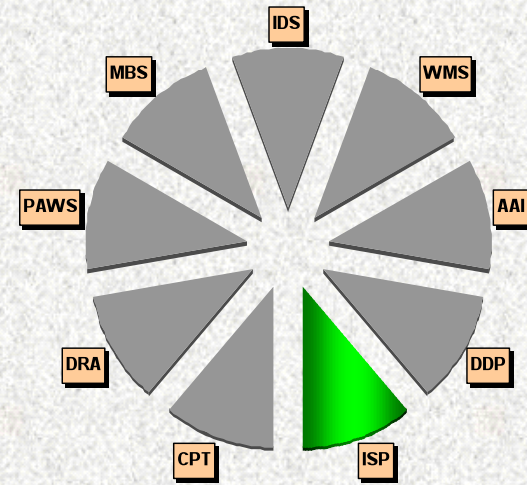


ISP



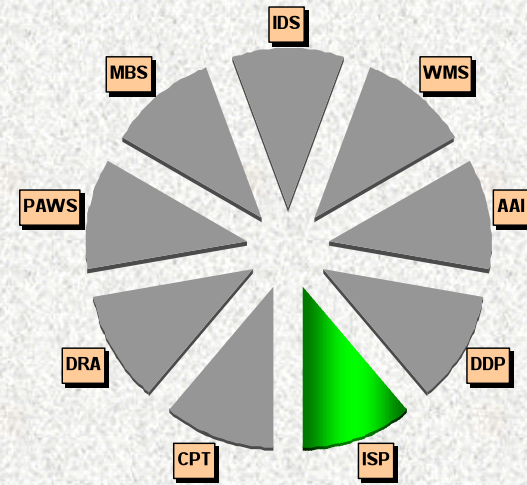
- Translates the vision into reality
- What the person needs **and** what the person wants
- Is the single document that brings services to life
- Is the contract for services with all providers

ISP



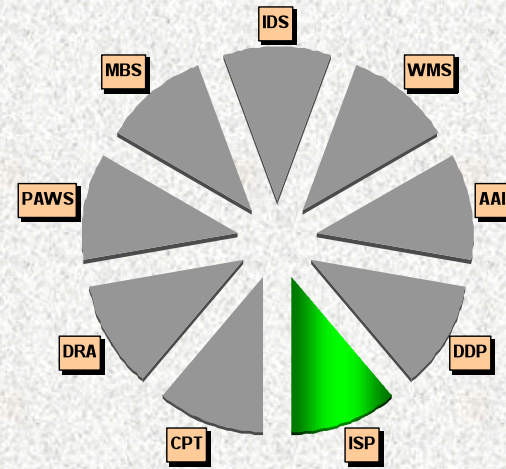
- Timing is critical
- 60-90 days prior to span – hold meeting
- 30-60 days prior – negotiate with provider for units/costs
- 30-45 days prior – drafts submitted for review
- 14-21 days prior – final copy submitted to all providers

ISP



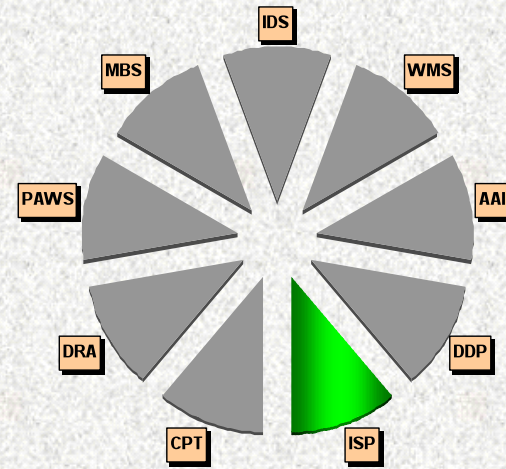
- Develop a system to track your case load
- Prescriptive calendars
- Use the cover sheet for routing/timelines

ISP



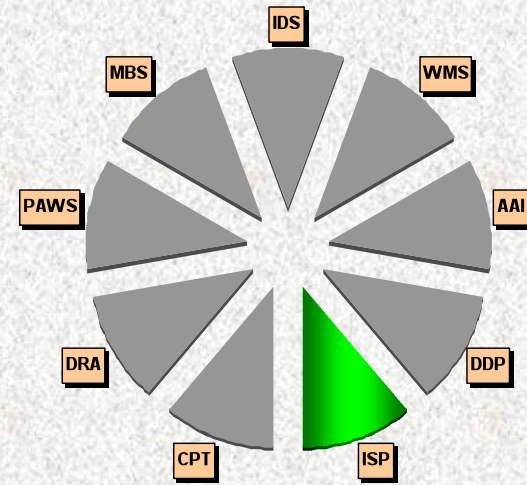
- Balance between Developing Services & Doing the Technical Work
- Try to keep the technical “stuff” invisible to the family
- Negotiating with providers

ISP



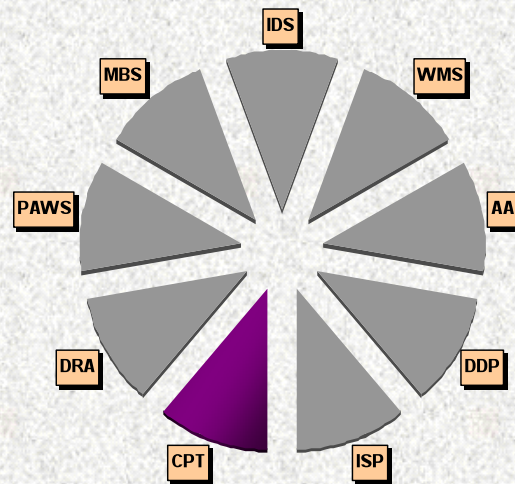
- When developing the ISP:
 - Focus on services & supports that are based on the vision
 - What is important to the individual
 - What is important for the individual
 - Maintain health and safety while balancing self determination

ISP

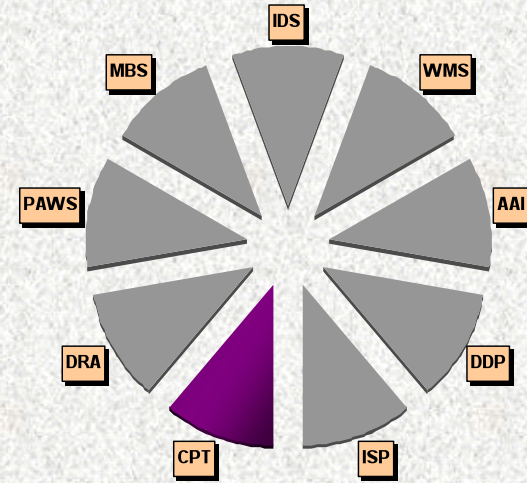


- Behind the scenes:
 - Assessments
 - Cost negotiations
 - Cost worksheets: costs, ratios, schedules, units
 - Forms

Cost Projection Tool (CPT)

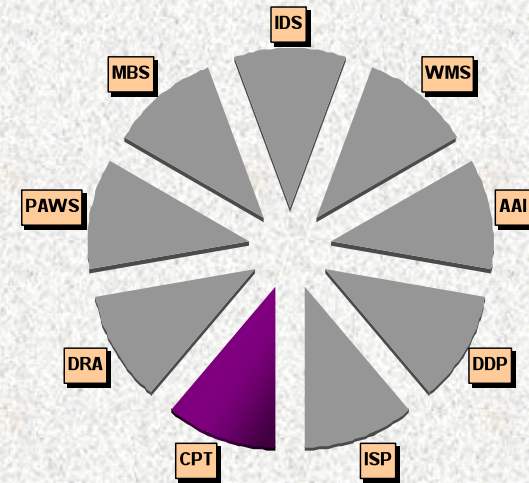


CPT Presentation Topics



1. CPT Overview
2. Business Transformation
3. Workplan
4. Current Status

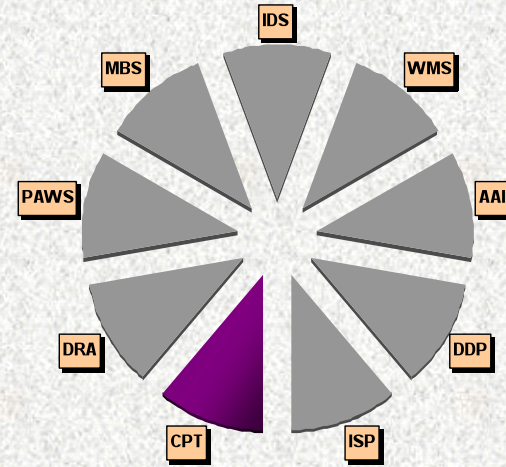
CPT - What is it?



The CPT will:

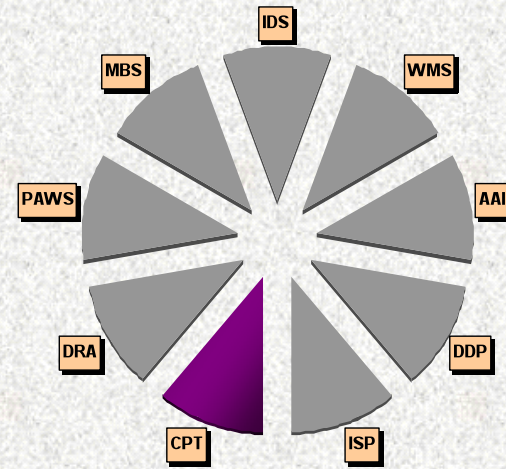
1. REPLACE the 20/20.
2. Project costs for ALL waiver services.
3. Project costs for people sharing HPC and OSOC services in a “setting” and for those who do not share services.
4. Project costs for locally funded individuals who share services with individuals on a waiver.

CPT Objectives per DODD



1. Single common system for cost projection to be used by all County Boards and providers!
2. Provide a system for DODD to integrate other applications and improve data flow.
3. Support only approved DODD business rules.
4. Shift support and maintenance of the CPT tool to DODD.

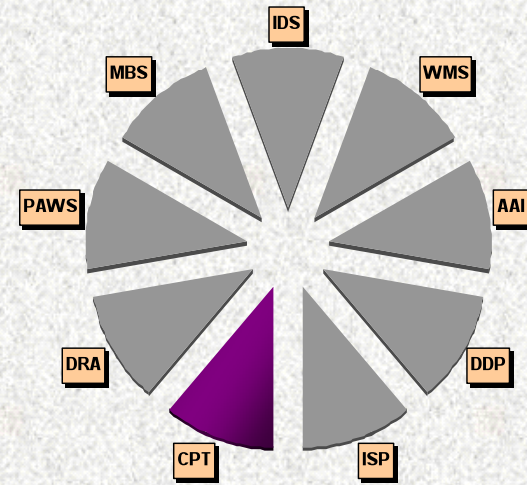
CPT Integration



The CPT will integrate other systems:

- ✓ WMS (Waiver Management System)
- ✓ AAI
- ✓ DDP
- ✓ Prior Authorization
- ✓ IDS
- ✓ DRA (Daily Rate Application)
- ✓ Services Payment Authorization (SPA)
- ✓ PAWS

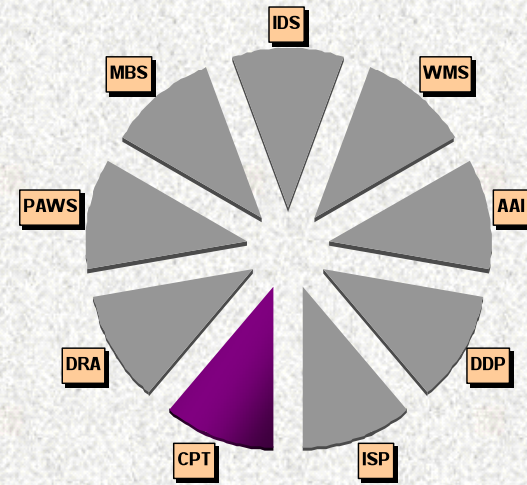
7 Major Business Transformation Issues



1. The April 1, 2010 roll out has been delayed. DODD will communicate the system release date in the near future.

- All IO and Level One Waivers will need to be transitioned.
- Ideally transition on redetermination dates.
- Effective October 1, 2010 initials and redeterminations should be completed in the CPT.

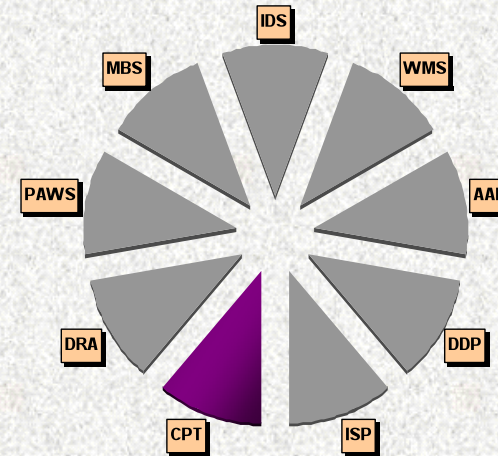
Transformation Issues (cont)



2. CPT will be a component of the Medicaid Services System (MSS)

- MSS includes CPT, Service Payment Authorization (SPA), Service Codes and Rates, Prior Auth, DRA, and PAWS.

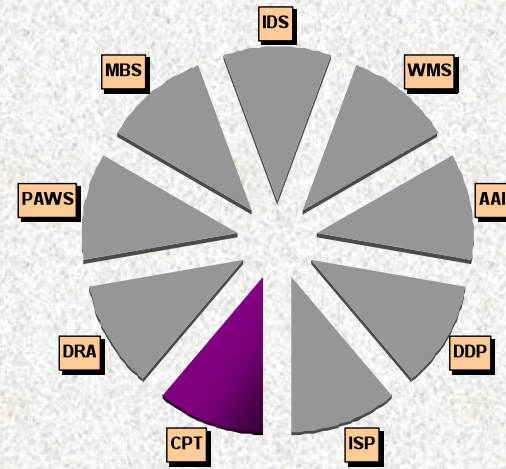
Transformation Issues (cont)



3. Making Regular updates to the Individual Data System (IDS) will become **CRITICAL!**

- When people are added to the CPT site, CPT will retrieve the person's name, client ID, living arrangement, DDP range, AAI score and other data from IDS.
- IF the person is NOT in IDS or their information is NOT accurate, the user will NOT be able to produce a cost projection!!! (Hence, the necessity to complete transmittals)

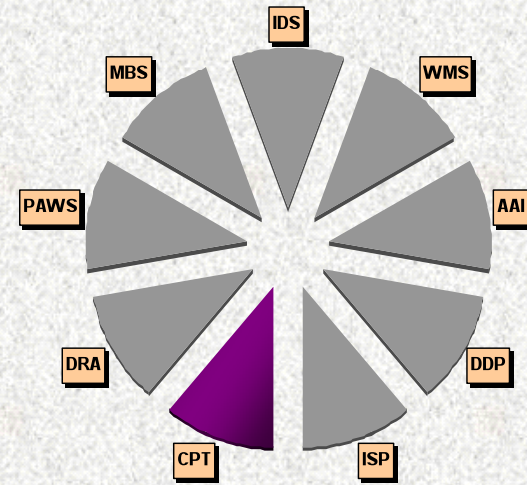
Transformation Issues (cont)



4. Prior Authorization requests submitted as part of the cost projection process.

- CPT will create an electronic PA request and budget using the costs generated in CPT which must be electronically submitted to DODD.
- You will be able to view the status of PA requests that have been submitted.

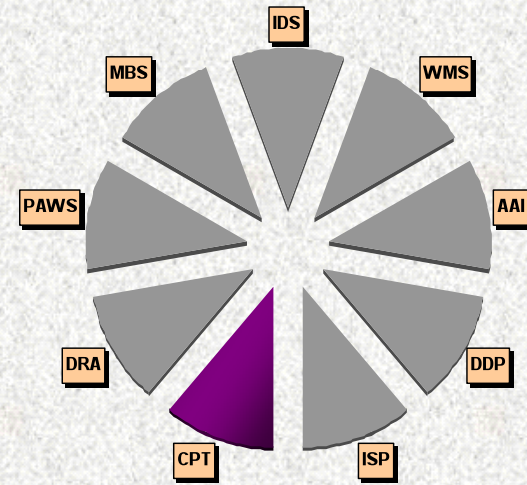
Transformation Issues (cont)



5. County Boards will no longer enter site costs or hours into the DRA.

- DRA will interface directly with CPT... (Laurie Witt will explain this later in the presentation)

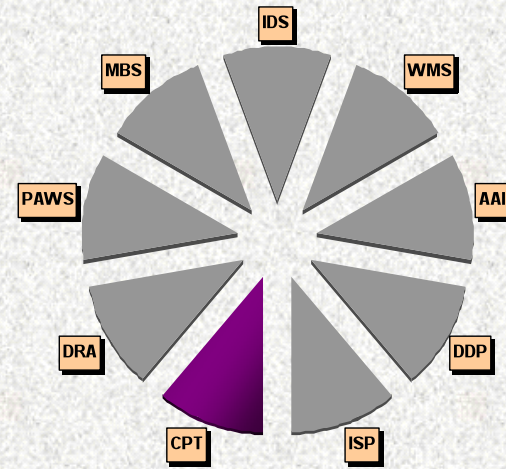
Transformation Issues (cont)



6. Service Payment Authorization will change.....**SOMEDAY!!! ;-)**

- DODD is currently working on a system that would auto generate a PAWS when the CPT is completed.
- Services would be authorized through the SPA.
- Stay Tuned.....

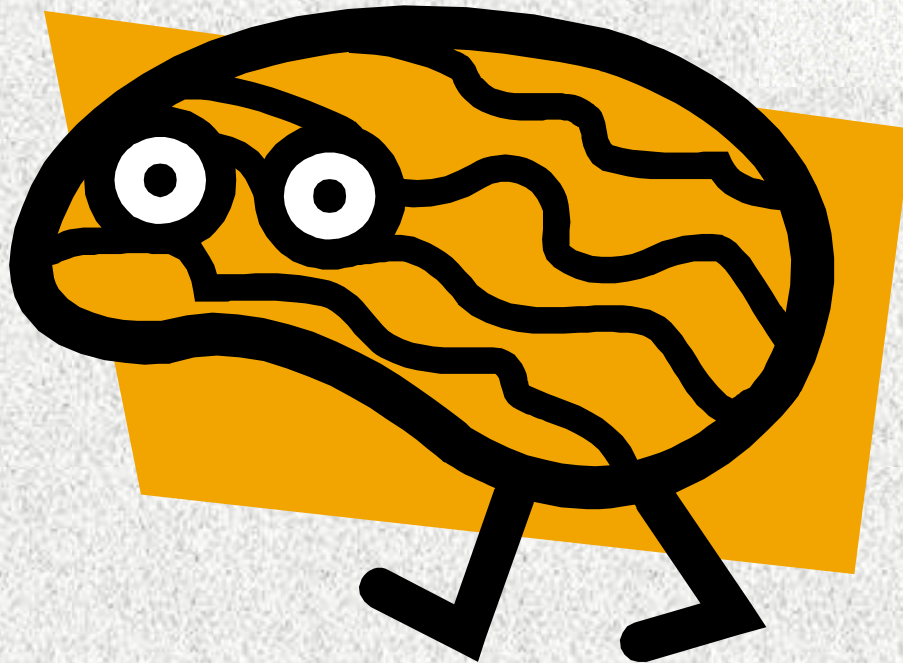
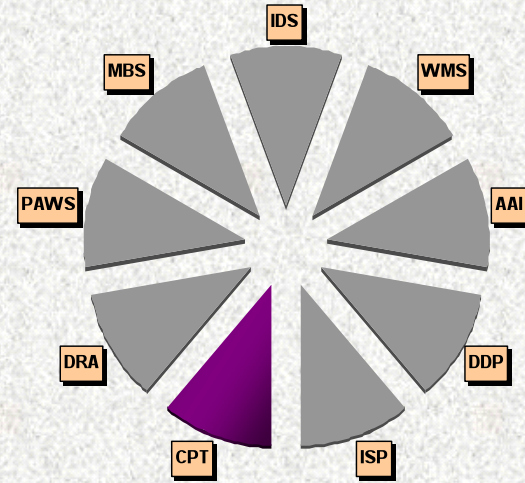
Transformation Issues (cont)



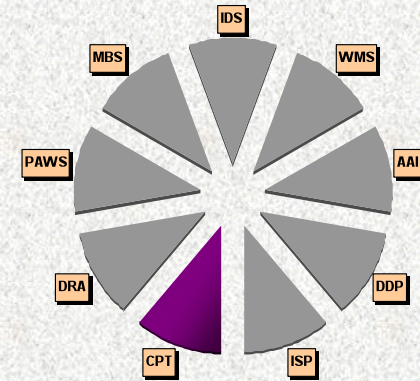
7. CPT will change the way County Boards and providers work together.

- Providers who are associated with a CPT site will have limited “edit” access in the site.
- We will establish a site by naming it, adding individuals and providers along with effective dates.
- Providers can add services, create staffing patterns and adult day schedules and the ability to save a version of their site for county review.
- ONLY a county board may submit a PA or finalize a cost projection...(Medicaid department)

BRAIN-FRIED YET????!!

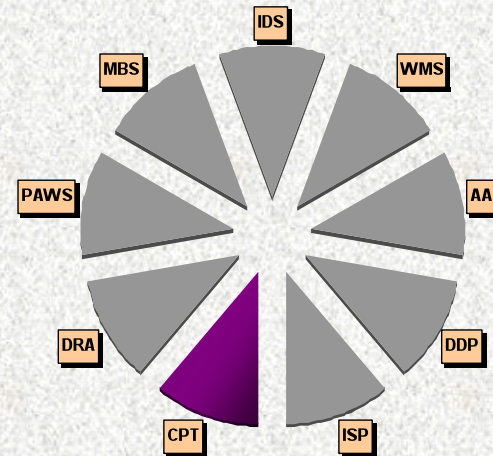


This is what the change looks like:



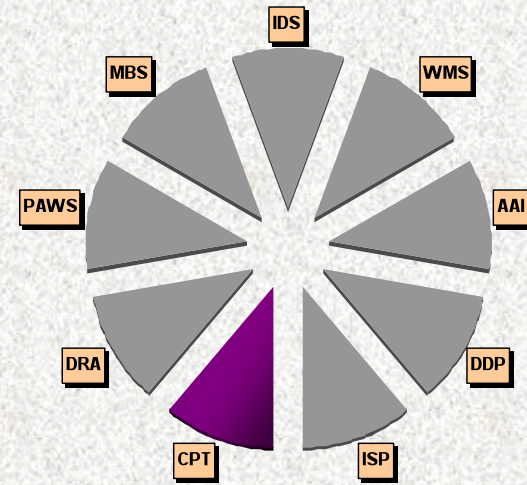
Present	Future
ISP	ISP
20/20	CPT
PAWS	SPA

Workplan



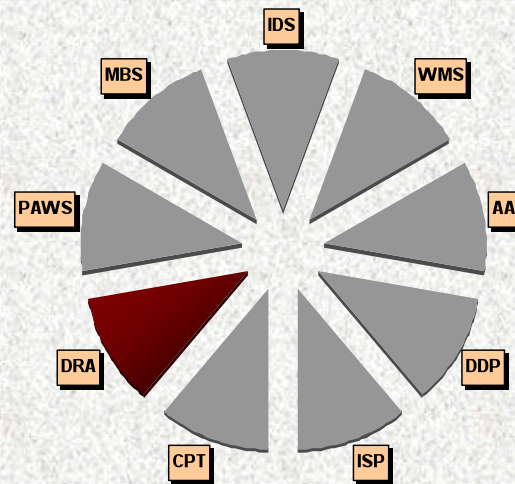
- Transition team consists of FCG, Medicaid, MBS and Lori Stanfa.
- Training is set to begin late May.
- DODD will contact counties and providers to identify appropriate venues for regional training sessions and coordinate registration.
- We will train the staff and providers on the CPT and the internal processes involved – Give us a chance to train in June, July and August.

Current Status



Lori will present the state of the state status of the CPT.

Daily Rate Application (DRA)

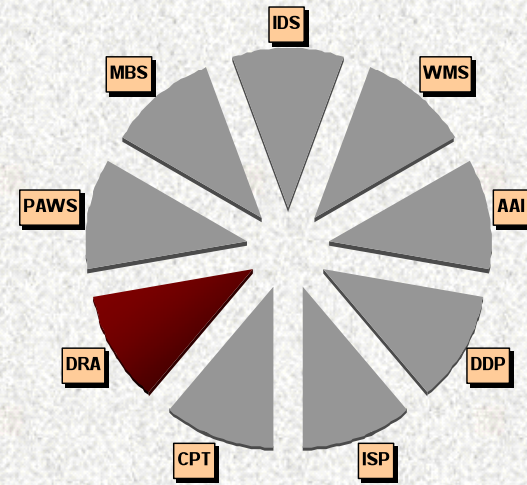


March 23, 2010

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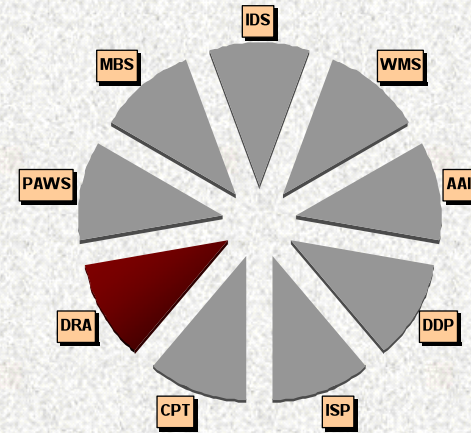
49

DRA - What is it?



- Calculator to determine daily rates charged for residents of shared living sites
- Reconciles hours provided vs. 20/20 schedules

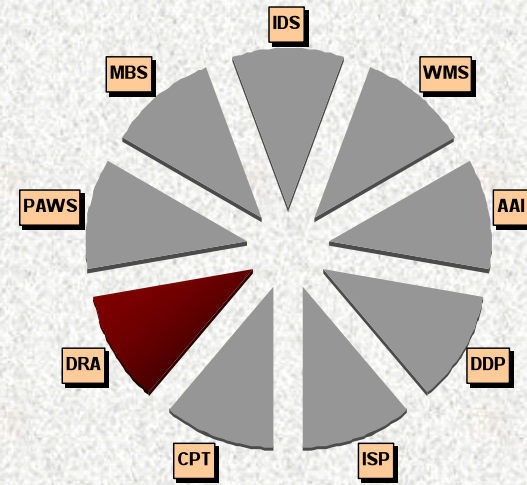
What goes into it?



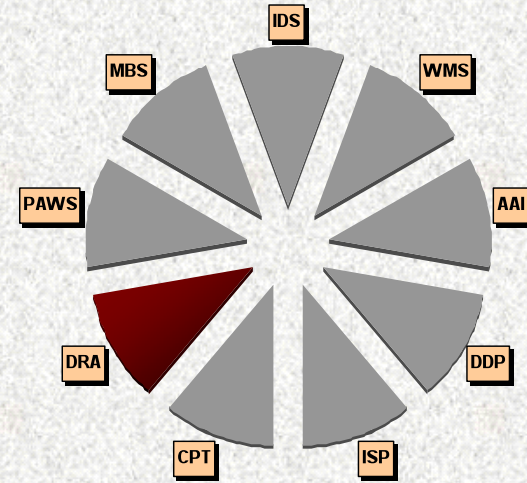
- Medicaid department sets up sites
 - Address & provider
 - Residents
 - Move in /out dates
- From 20/20
 - Period of time
 - Total cost, total hours
 - Cost attributable to each resident

How is rate determined?

- Provider enters
 - Dates for the week
 - Staff hours provided
 - Residents' attendance
- DRA calculates the daily rate for each resident for that week

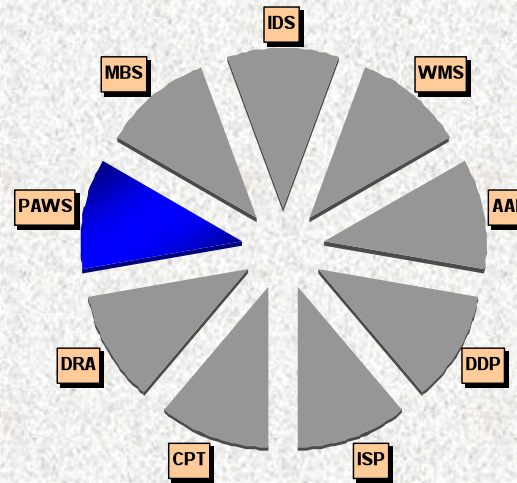


Changes?

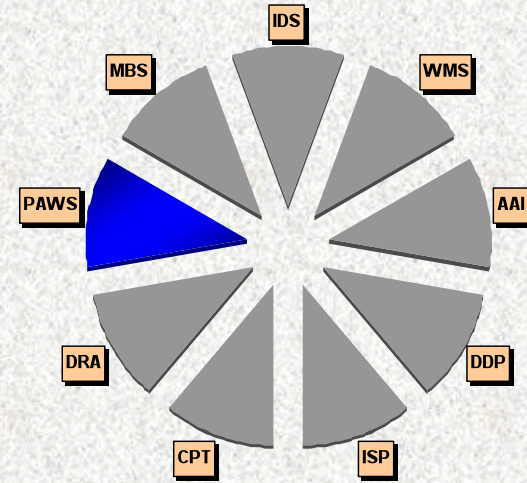


- Changes in projected
- Changes in resident attendance/schedule
- Changes in residents of site
- Changes to 20/20
 - Affects total cost (ratios)/hours = hourly rate
 - Affects residents' costs
 - DDP implications

Payment Authorization for Waiver Services (PAWS)

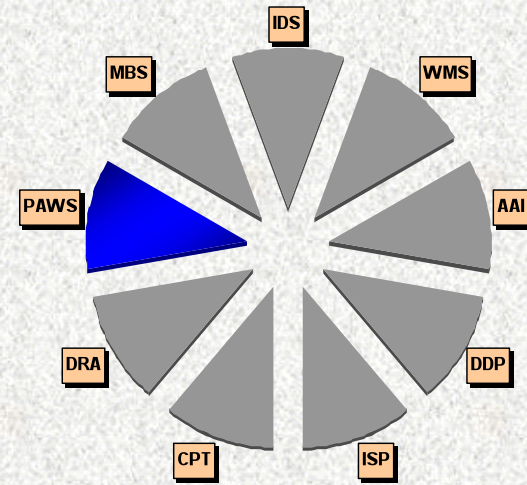


PAWS - What is it?



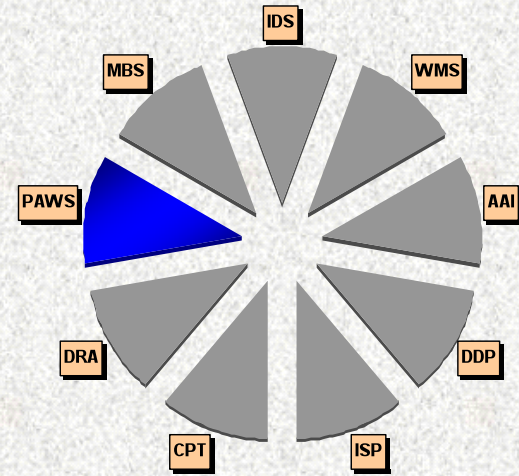
- PAWS is the mechanism that tells the State the amount of funds authorized to each provider
- By completing the PAWS, Medicaid department authorizes the number of units, miles, etc., and dollar amount to each provider for each individual

How is the PAWS created?



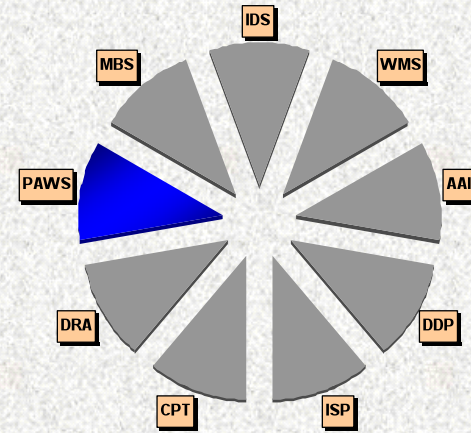
- Initiated by the cost worksheet, 20/20
- Cost worksheets are the financial interpretation of the ISP
- Medicaid department enter PAWS information into Gatekeeper
- Gatekeeper speaks to the State system and is uploaded daily

What influences the PAWS?



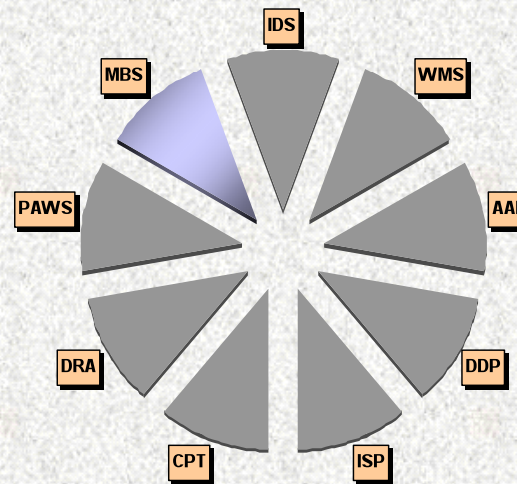
- AAI score changes
- DDP score changes
- Medicaid number
- Social Security number
- Gatekeeper Information

Why would a PAWS be delayed?

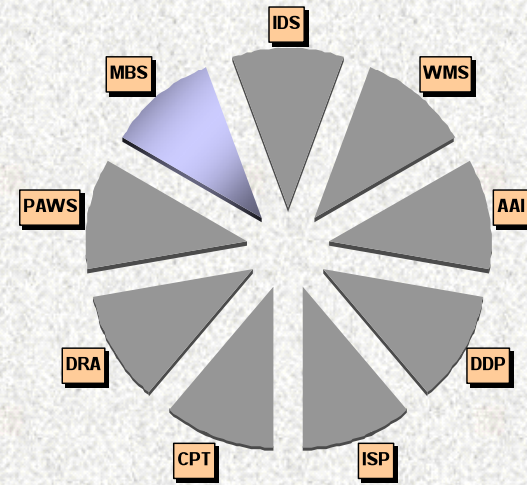


- Incorrect cost worksheet
- No AAI/DDP score in State system (IDS)
- Incorrect billing by the provider
- Waiver not enrolled
- Provider Certification

Medicaid Billing System (MBS)

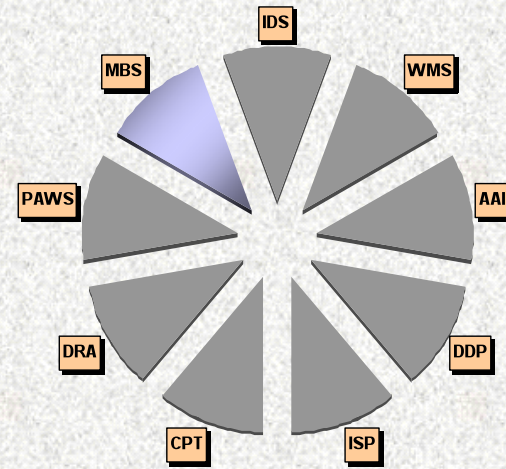


MBS - What is it?



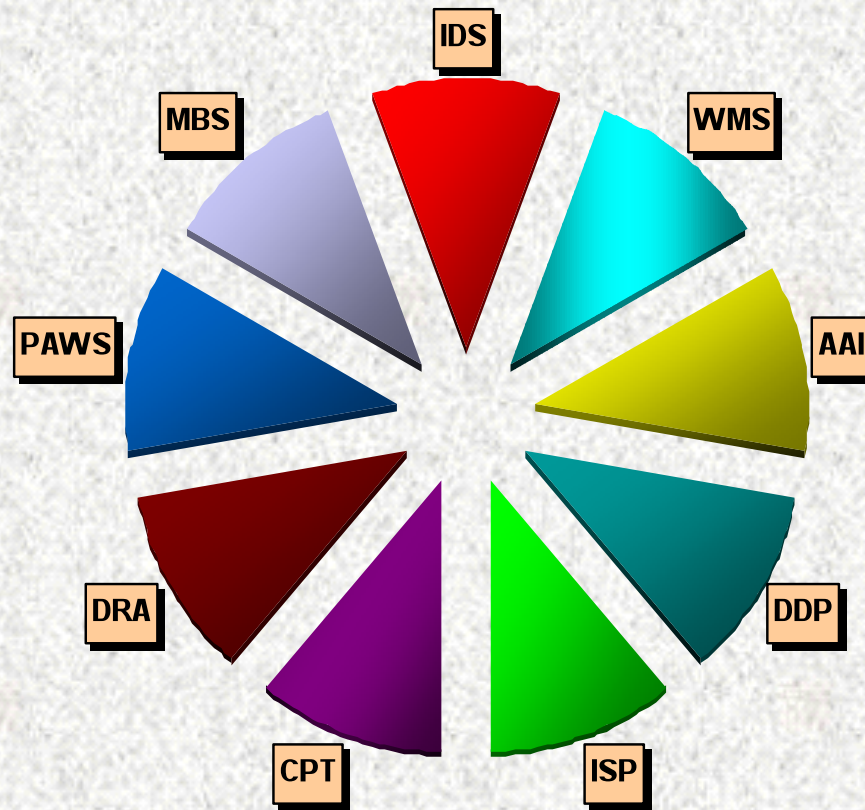
- The State system that allows providers to bill Medicaid and be reimbursed for all waiver services
- Providers utilize the State website portal to bill for each individual they serve

How does it work?



- State uploads billing information every Wednesday and pays out approximately 2 weeks later via direct deposit
- Providers will receive an error report if billing is incorrect
- Medicaid Department assists providers with billing issues

Scenarios



Scenarios

- Chad wants to change providers in the middle of their span year. What systems are impacted?

Scenarios

- Mary's health declines and she requires additional supports. The hours of service are increased putting her over her previous DDP range. What do you need to do?

Scenarios

- Zak lives at home with his parents. His ODDP range is 2 and his AAI score places him in group A. He decides to move into a 3- bedroom apartment with two of his friends. His ODDP score changes to level 6. What systems are impacted?

Scenarios

- Due to declining health, Regina's ODDP is re-evaluated and goes from range 3 to range 5. In addition, her AAI also changes from group A to group B. She lives in a home with one other person. What systems are impacted for her? What is impacted for her roommate?

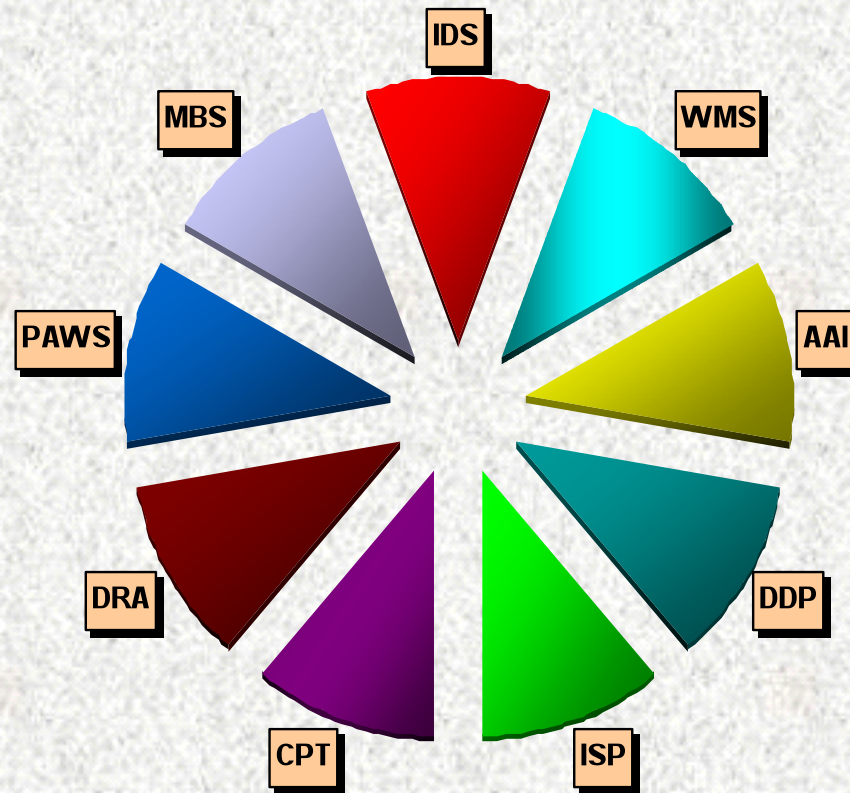
Scenarios

- Joe's acuity score puts him in the A group. He has broken his leg and the AAI was rescored and for his recovery he can return to day program as a "B." What systems are impacted?

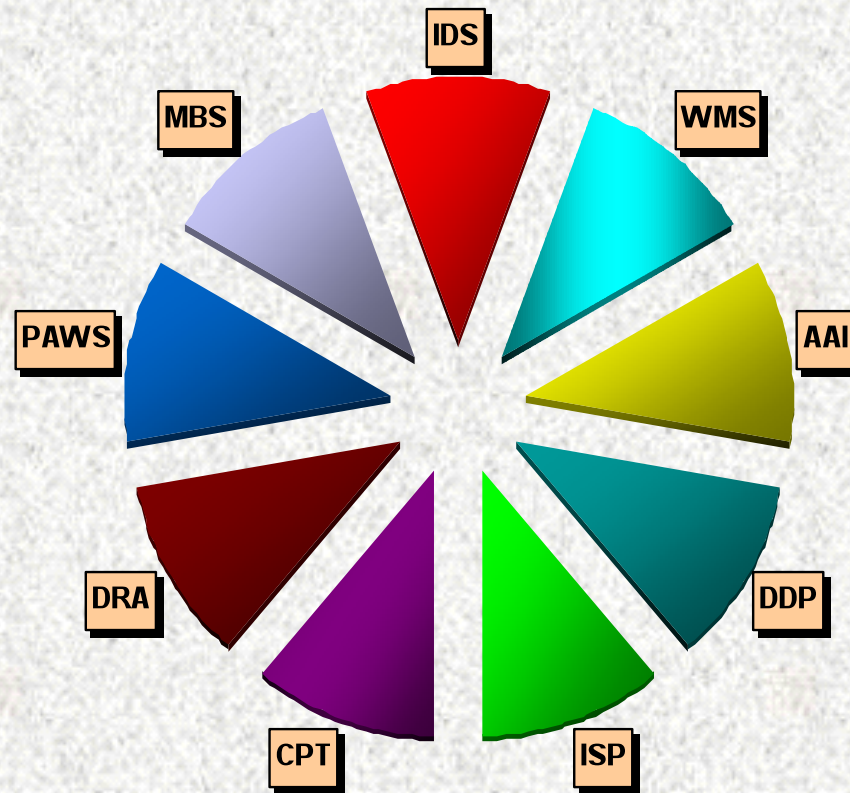
Scenarios

- Emma lives in a licensed group home. She receives supervision 24 hours a day and goes to day services. Emma suffers a bad fall and has to recuperate in a nursing facility. She is allowed to return to day program but with added supervision, causing her AAI to go from an A to a C. What systems are impacted for her? What systems are impacted for her roommates?

Last Words



Wheel of Fortune



March 23, 2010

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