

## **Technical Questions Re: PARS/POC/LTC100.2**

### **August 14, 2006**

1. There is a rumor that CCB's will become responsible for the input and maintenance of Plan of Care (POC) and PAR data instead of DDD. Any truth to this rumor?
  - *The CCB has been and is still responsible for the development of the individualized plan that identifies the services that the individual needs to live in the community. This information is then used to develop and submit the **Prior Authorization Request (PAR)** for services to DDD for review and approval. No change is anticipated to this process at this time.*
  
2. When doing a PAR for individuals in comprehensive services, these will be done on an IP year, not a fiscal year. How will this be tracked by the state and MMIS? How does this carry over between fiscal years?
  - *The PAR dates coincide with the IP and BUS certification period. Services on the PAR relate to client needs identified. Waiver services will be billed under the appropriate procedure code until the limit on the approved PAR is reached (i.e. residential = 365 days.) The fact that a certification period crosses over the fiscal year-end has no affect on the service limits approved on the PAR.*
  
3. The new ULTC 100.2 has raised the standard for Medicaid, particularly for some of our people in SLS and IRSS. Will the state be requesting more money to continue to provide services to those who are now found not eligible but have ongoing service needs?

*The ULTC 100.2 was implemented in 2003. The ULTC 100.2 is listed in the waiver contract between HCPF and the Centers for Medicare and Medicaid as the only level of care tool allowable for waiver administration. By now all individuals enrolled in the waiver programs have been assessed using the ULTC-100.2. The state is not aware of significant numbers of individuals who no longer meet the long-term care requirement.*
  
4. Has the state addressed a process for modifying PAR's throughout the year as needs change? Is there any idea how quickly these changes might be processed, i.e. if someone suddenly needs a root canal or other time sensitive service?
  - The CMA (CCBs and RCs) is responsible for monitoring the needs of the individuals enrolled in the waiver programs. If the needs of the individual change, then it is the responsibility of the case manager to

modify the Individualized Plan (IP) and submit an amended PAR to DDD for review and approval.

- Services cannot be retroactively prior authorized. However, the amount authorized during the plan period may be adjusted to cover the additional needs of the individual.
- DDD will continue to process the mail in the order that it arrives. It is date stamped and given to the Medicaid specialist for review. The timelines are the same as before. Anything received on or before the 15<sup>th</sup> of the month will be reviewed and updated in that month.
- In addition, DDD has developed an area on the amended IP cover sheets that indicates “high priority” for those cases that need rapid approval. The Medicaid specialist will sort the mail daily to pull any high priority cover sheets and process them first.

5. What type of medical professional will be required to sign the ULTC 100.2 forms?

- For Initial Enrollment into one of the HCBS Medicaid Waivers, the PMIP page must be signed by one of the following:
  - 1.) Primary Care Physician (PCP)
  - 2.) RN or LPN staff from the PCP office.
- For Continued Stay Reviews, the PMIP form can be signed any of the following:
  - 1.) Primary Care Physician (PCP)
  - 2.) RN or LPN staff from the PCP office.
  - 3.) Public Health Physician
  - 4.) Nurse affiliated with the CCB

6. What exactly is a Plan of Care and who has to complete it?

- The term Plan Of Care (POC) relates to several documents. The Individualized Plan or IP is a plan of care and is developed during the planning process with the individual. When HCPF refers to the POC they are referring to the document that is part of the BUS system. The POC on the BUS is currently being amended and reviewed. This document is very similar to the IP coversheet used by DDD. If at all possible, the Departments are trying to meld these documents together and if successful, DDD would eliminate the use of the IP coversheet. The case manager will be responsible for completing the POC on the BUS as part of the ULTC-100.2 process.

7. What is the BUS and what is it used for?

- The BUS is the Long-term care Benefit Utilization System. This statewide system houses the assessment tool that determines the level of long-term care required by the client. This assessment

determines long-term care eligibility, which is a requisite for Medicaid Waiver Services.

- HCPF, DDD and the CCBs will be working together to determine how the full functions of this system will be utilized in the administration of the HCBS Medicaid Waiver programs. Some of these functions include log (contact) notes, waitlist management, plan of care, etc.