

## **Medicaid Services System (MSS) Frequently Asked Questions**

### **Cost Projection Questions:**

**1. When are county boards required to use CPT?**

After December 31, 2011, CPT will be the only validated cost projection tool. All individuals on an IO or Level One waiver must have authorized costs in CPT by December 31, 2011. IO and Level One Individuals shall be transitioned upon waiver enrollment or redetermination. Individuals who share services must be transitioned together.

**2. Can county boards continue to use the validated cost projection tools (i.e. 20/20) before December 31, 2011?**

Yes. County boards may find it useful to use their existing tools to make changes to costs as needed before the site is transitioned to CPT.

**3. How does the county board determine the site effective date?**

We recommend transitioning individuals at redetermination. In that case, the site effective date should coincide with the begin date of the individual's new waiver span.

In cases where there are multiple individuals with different waiver spans who share services, the county board may choose an effective date that makes sense to them. Individuals sharing services must be transitioned together. It is important to make sure that the site effective date and the DRA provider span effective date match. This will ensure a smooth transition from legacy DRA to the enhanced DRA. See the DRA FAQ's for more info.

The earliest possible site effective date is July 1, 2009.

**4. Who should be included in a site?**

- Individuals with an IO or Level 1 waiver who live alone.
- Individuals with an IO or Level 1 waiver who live together and share services.
- Locally funded or private pay individuals who live with and share HPC services with individuals on a waiver.

**5. There is an individual who is living with two other individuals, but she does not share services with them. Do they belong in the same site?**

No. If individuals live together, but do not share services, they belong in separate sites.

**6. When I search for sites in my county (e.g. Franklin), why do I see sites from another county (e.g. Delaware)?**

Either the Delaware County sites have an individual with Franklin County set as their residence county in IDS or Franklin County was listed as an "Associated County" in the Delaware site's management screen.

**7. How far out can I schedule HPC services on the HPC calendar?**

They can be scheduled as long as everyone in the staffing pattern has a waiver span or temporary waiver span. A temporary waiver span allows users to project costs for up to a year past the individual's current, enrolled span.

**8. Is there a limit to the number of staffing patterns and ADS patterns that I can add to a site?**

No.

**9. Why can't unscheduled services cross the fiscal year boundary?**

Unscheduled services cannot cross the fiscal year boundary unless the user chooses a frequency type of "Span." In that case, the user must indicate on which side of the fiscal year the costs are projected to be expended. CPT will automatically distribute costs if the user chooses a frequency span of Day, Week or Month.

**10. What do I do if an individual receiving adult foster care services does not have an adult foster care tab when I create the site?**

Check IDS. The individual must have a living arrangement of adult foster care in IDS before the foster care tab will appear in CPT. After IDS is correct, the user must associate the individual with an adult foster care provider on the foster care tab, which resides under the manage provider area of CPT.

**11. What do I do if a waiver span in MSS is missing or incorrect?**

Check WMS and call or e-mail your DODD waiver unit contact. All waiver enrollment data including waiver spans comes from WMS. There may be a missing or incorrect waiver span that will need to be resolved.

**12. How does CPT handle units of Adult Day Services for PAWS purposes?**

CPT will calculate cost using the daily rates where appropriate (when between 5 and 7 hours is projected per day). It will then, however, convert Adult Day services to 15 minute units for authorization purposes. For example, if an individual has 6 hours of Adult Day Support projected, the cost projection details

will show 24 units. 24 units should be entered into PAWS. The cost limitations will prevent over-utilization of the service, but the unit calculation will allow providers to bill for partial days (less than 5 hours) without running out of units.

**13. I scheduled ADS and NMT services, but it shows \$0 on the cost projection, why?**

The individual is likely missing an AAI score which means that CPT is unable to calculate rates. Check to make sure that there is an AAI score in IDS for the span of time in question.

**14. Can CPT be used to project costs for individuals who are not enrolled on a waiver?**

Yes, this is appropriate in a couple different scenarios\*:

- a. The non-waiver individual is sharing services with an individual on an IO or Level One waiver. Only individuals who do not currently have an “enrolled” status (from WMS) can be given a non-waiver span.
- b. The non-waiver individual has a pending IO waiver. Use the non-waiver area to enter faux waiver dates based on the expected waiver span. Non-waiver spans will stay with an individual if they move to another site.
- c. You may use CPT to project costs for any non-waiver individual based on Medicaid maximum rates and services.

\*Please note:

- Only individuals listed in IDS may be added to CPT.
- CPT will only project costs based on Medicaid waiver services and rates.
- The business rules used to project costs for the IO waiver are used to project costs for non-waiver individuals. CPT will not accommodate non-waiver spans for individuals who need Level One services (i.e. Emergency HPC).
- CPT will not project costs for adult foster care services for non-waiver individuals.

**15. How should county boards handle cost projection when the provider has a usual customary rate (UCR) that is below the Medicaid maximum reimbursement rate?**

Remember that a provider’s UCR means that they agree to deliver the same or similar service at the same rate to every individual in a particular cost of doing business county (CODB).

CPT will only project costs based on the Medicaid maximum reimbursement rates. It does not account for a UCR that is less than the Medicaid maximum rate.

For DRA Sites:

Project costs using CPT, as required by rule. Indicate which provider has a UCR in the site's note box. The county board should enter the costs projected through CPT in PAWS. Any unused funds will be handled through the reconciliation process currently in place. The DRA provider should calculate the daily billing unit based on their UCR and submit those charges on their claims.

For Non-DRA Sites:

Project costs using CPT, as required by rule. Indicate which provider has a UCR in the site's note box. The county board should enter the costs projected through CPT in PAWS. Any unused funds will be handled through the reconciliation process currently in place. The provider should submit their UCR as charges on their claims.

### **Handling Changes to Cost Projections:**

**16. How do I transition a site from one Cost of Doing Business (CODB) County to another?**

End date the current site and start a new site. A site's CODB cannot be changed.

**17. How does CPT handle cost projections for periods of time prior to an individual's date of death?**

Costs may be projected, finalized and authorized for dates of service prior to the date of death. It is important to make sure that IDS has the correct date of death and that the waiver has been disenrolled in WMS prior to the date of death.

### **DRA Questions:**

**18. Can CPT be used to project costs for the legacy DRA?**

No, CPT should only be used in conjunction with the enhanced DRA. DRA sites shall be transitioned based on the effective date of the site and the DRA provider begin date, which should match.

Site cost updates and provider actuals for dates of service on or after the transition date will be entered in the enhanced DRA. Site cost updates and provider actuals for dates of service prior to the transition date will be entered in the legacy DRA.

**19. How do I transition a DRA site?**

DRA Transition Date = Begin date of the DRA provider span in CPT.

**DRA Transition Instructions for County Boards:**

Send an e-mail to DODD ahead of time.

Include the following:

- CPT site name
- Legacy DRA site #
- DRA provider contract #
- The DRA transition date

Copy the provider agency and notify them of the transition date. Make sure they understand how to use the enhanced DRA.

**20. How do I break DRA spans?**

DRA breaks site cost spans by the following factors:

- DRA provider span dates
- Individual move-in and move-out out dates
- Waiver year dates

When changes are made to HPC costs, the county board will be required to update DRA site costs as well. The effective date of the revised site cost will be the most begin date of the most recent DRA provider span. You can manipulate the begin date of the revised site costs in DRA by ending the current DRA provider span and creating a new DRA provider span. This will allow providers to avoid unnecessary adjustments.

**21. Why can't I associate Legacy DRA sites in the MSS training environment?**

Because the data in the training environment is redacted.

**22. Why are my DRA percentages for each individual not an exactly divided? For example: Each individual should be 25%, but I see 25.1% and 24.9% for two of the individuals and the other two individual are 25.0% each?**

This will happen if the individuals' waiver spans do not match exactly. The percentages do not match because of proration across waiver spans and ADL/ADP spans.

**Prior Authorization Questions**

**23. How do I use CPT to support a prior authorization request?**

CPT will produce the cost projection for PA requests. After sites have been transitioned to CPT, the cost projection detail report can be submitted as the PA budget. To do this, create a "Prior Auth" version of a cost projection and name it accordingly. Eventually, the PA application will facilitate this process in MSS.

## **Payment Authorization Questions**

### **24. Can county boards continue to “short span” or authorize a portion of costs at a time?**

Yes. OAC rule 5123:2-9-06 requires county boards to project costs for an individual’s entire waiver span. However, county boards can continue to authorize a portion of costs at a time through PAWS, which will not interface with CPT at “go live”. The Department recommends using utilization reporting (new Cognos reports) instead of “short spanning” to monitor utilization.

When the Department begins the work to phase-out PAWS, we will analyze and discuss the need for short spanning in greater detail.

### **25. How does MSS handle authorization for an individual who lives in two different sites during their waiver span?**

Services must be finalized in the first site before services are finalized in the second site. This helps prevent the costs in the second site from exceeding the individual's budget limit.

### **26. Why does SPA show "Approve DRA" instead of "Authorize Costs" for an individual?**

SPA will only give users the option to authorize for individuals with a valid (i.e. enrolled) WMS waiver span. The "Approve DRA" button will be displayed for non-waiver individuals because they are sharing services with waiver individuals and their costs are necessary to calculate the daily billing unit.

## **Versioning**

### **27. How is a provider able to edit a version?**

A provider may edit a version if all of the following apply:

- The provider has an “edit” role (security affidavit).
- The provider is associated with the site.
- The county board has given the provider access to edit the site under the “manage providers” area of CPT.

\*Please Note: The provider access only applies to the active version. If the county board chooses to activate and edit a different version, they will have to grant the provider access to that version.

**28. Why is it that when I "Activate & Edit" a previous version that DRA is not synchronized?**

It is necessary to re-finalize and re-authorize the services for each individual based on the services in the newly activated version. You will then be prompted to generate or update site costs in the DRA.