

AGENDA

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TOPICS

Participant direction dates and wages

In order to avoid billing issues, service plan modifications related to participant-directed personal support services must have a first of the month effective date. If case managers are adding this service, please ensure the start date for this service is the first day of the following month so that billing problems do not occur.

With the upcoming rate changes that will be effective July 1, 2021, employers of record (EORs) will have the option to change wages for their employees. EORs do not have to increase wages, but if they do, the EOR must complete the wage change form and submit it to ACES\$. Wage increase requests will not become effective until the 1st of the month after the wage change form is processed by ACES\$.

ACES\$ and other providers have 48 hours to respond to service requests in the online Provider Portal. Please allow for the allotted time before sending requests for providers to acknowledgement services in the Provider Portal.

Case manager selection

Occasionally, applicants for Community Choices Waiver services are already in the Electronic Medicaid Waiver System (EMWS), and have a case manager associated with an outdated case. When the Division is processing a new application for an applicant who is already in EMWS, Division personnel may need to assign a case manager from the newly selected case management agency in order to avoid having the previous case manager or case management agency receive tasks for the applicant. If this occurs, the newly selected case management agency may assign a different case manager once the application is processed.

Billing the Service Plan Development/Annual Update unit

The Division continues to receive questions related to the new Service Plan Development/Annual Update case management unit that will be in effect on July 1, 2021. This unit may be billed in the last month of an old plan or first month of a new plan as long as only one unit is billed per plan year for each participant. The case manager may determine what works best for them and bill the unit accordingly.

Participant signature required on service plan modifications

When a case manager modifies a service plan, they must obtain the participant's signature, which indicates that the participant understands and agrees to the changes in their service plan, and was part of the decision-making process. The process flow in EMWS prompts the case manager to print the service plan summary. This page should be signed by the case manager and the participant. Beginning July 1, 2021, all service plans and modifications must include the participant's signature.

Case manager transitions

Effective July 1, 2021, if the participant changes case management agencies, the outgoing case manager will be responsible for completing the modification to the service plan, and the new case manager will start at the beginning of the following month. With the shift to monthly billing units, this is the only way to ensure that both case managers are able to bill for the services they provide. The current and incoming case managers should coordinate the transition together and ensure that the modification is submitted before the transition takes place.

It is extremely important that the outgoing case manager complete all monthly reviews, including the review for the final month of service, by the fifth calendar day of the following month. After that time the case manager will not have access to the case in EMWS and will not be able to complete the monthly review, which is necessary for them to bill for case management services.

Rate and unit changes effective July 1, 2021

The Division has been referring to rate and unit changes that will go into effect on July 1, 2021 for several months, and July is now right around the corner. Please read the frequently asked questions document (FAQs) that is posted on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Public Notice on Changes to Statewide Methods and Standards For Setting Provider Payment Rates for the Community Choices Waiver* toggle, to ensure understanding of the process and timelines.

All service plan modifications must be submitted by June 21, 2021 to allow the Division time to complete reviews. Incomplete modifications that are in EMWS will be deleted if they are not finalized by June 21st. EMWS will be unavailable for modifications and plan work from June 22nd through July 1st, so please plan accordingly. The Division will send out notification once EMWS is fully available again.

Billing codes and units will also change effective July 1st. As an example, the skilled nursing billing code will change from S9123 to T1002, and the billing unit will change from an hourly unit to a 15-minute unit. Case managers should review the FAQs to ensure they are aware of the services codes and billing units that will change effective July 1st.

Case manager completing work on their own caseload

Although the Division recognizes that case management agencies may utilize another case manager from within their agency to complete tasks or other activities on a participant's service plan, this is not considered a best practice. When a participant works with a case manager, they expect that their services will be completed by that case manager, except in extenuating circumstances. To ensure that the case manager of record has all information regarding a case, if a Benefits and Eligibility Specialist (BES) receives a question regarding a participant or their service plan, the BES' response will be directed to the case manager of record. Accordingly, the BES may ask to work directly with the case manager of record in order to resolve the issue.

Please ensure that the case manager's phone number and email address listed in the *Contact* section of EMWS is accurate.

WRAP UP

Next call scheduled for August 12, 2021