



AGENDA

- **Program Updates**
 - Service Plan Modifications
 - New Plan Format - One Year Anniversary!
 - Using Current Forms and Documents
 - Changing Case Management Agencies
 - Case Management Services Monthly Monitoring Billing Unit
 - BMS Issues Resolved
 - Secondary Task List in EMWS
- **Monthly Training Session** - Case Management Monthly Review Expectations - [Sliddeck](#)

TOPICS

Service Plan Modifications

When a case manager closes a participant case in the Electronic Medicaid Waiver System (EMWS) for any reason, a modification is not needed to end services. The act of submitting the closure will end services. When modifying a service plan to change an existing line, the case manager should not create a new referral. Instead, they should go into the old referral and modify that service line to change the frequency. A new prior authorization does not need to be created when one already exists for the same service with the same provider. A new referral is not necessary when switching case managers within the same case management agency.

Case managers must save the modification effective date before making any changes, or the changes will not be saved. Modifications must be submitted with an effective date that allows the Home and Community Based Services (HCBS) Section seven (7) calendar days to review. If a modification is submitted on the 10th day of the month, the modification should have an effective date of no sooner than the 17th of the month.

Modification dates that exceed seven (7) calendar days may cause issues with additional modifications. Additional modifications cannot be implemented until the first modification is complete, which can delay needed service changes longer than necessary. For example, if a modification to change case management is submitted on the 10th of the month and is effective on the 1st of the following month, another needed modification cannot be effective until the 2nd of the following month.

New Plan Format - 1st Anniversary!

On May 1, 2021, the HCBS Section implemented significant changes to the Community Choices Waiver (CCW) service plan template. These changes initially created some confusion and frustration, but case managers, HCBS Section staff members, and providers worked together to address concerns and get the new service plans and processes up and running. It has been a year, and the “new” service plans will be in effect for all CCW participants as of May 1, 2022. The HCBS Section would like to thank case managers for their hard work and cooperation during this time, and congratulate them on a successful transition.

The HCBS Section is working with a stakeholder group to identify and mitigate ongoing concerns. The Section is committed to continuous improvement in order to ensure that the service plan template and process results in high quality service plans for participants of the CCW program.

As a reminder, as of May 1, 2022, forms that were required for service plans that were in place prior to May 2021 will no longer be necessary and will be removed from the Document Library on the HCBS Section website.

Using Current Forms and Documents

Recently, the HCBS Section has received several outdated applications for CCW services. Since the outdated applications do not capture the necessary information, there have been delays in applicants starting the eligibility process while Section staff members track down the needed information. Case managers must ensure they are using the most up-to-date forms and documents. The most current version of the CCW Application can be found on the [CCW Participant Services and Eligibility](#) page of the HCBS Section website. Other forms and documents are located throughout the website, with most being located on the [HCBS Document Library](#) page.

Changing Case Management Agencies

If a participant changes case management agencies, the outgoing case manager is responsible for completing the modification to the service plan. The incoming case manager will start at the beginning of the following month. Since the HCBS Section has shifted 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 incoming and outgoing case managers must work together to coordinate the transition and ensure that the modification is submitted before the transition takes place.

When completing the modification, the outgoing case manager will need to modify the monthly monitoring services (T2022) and close out the annual service plan development unit (T2024U6).

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 month following the transition. After that time, the outgoing case manager will not have access to the case in EMWS and will not be able to complete the monthly review, which must be completed in order for the outgoing case manager to bill for case management services.

Case Management Services Monthly Monitoring Billing Unit

Many case managers continue to submit claims for several units of the monthly monitoring service each month. The HCBS Section would *again* like to remind case managers that, effective July 1, 2021, the case manager unit changed to a monthly unit instead of a daily unit. This means that only one monthly monitoring unit per month can be billed for a participant.

Benefit Management Services Issues Resolved

CNSI recently performed a mass adjustment of HCBS provider claims. These adjustments should have resolved any lingering CCW case management or assisted living facility rate issues, and also adjusted most of the case management claims in which more than one monthly monitoring unit was submitted. Case management agencies that were overpaid for services rendered may experience a deficit or negative balance in their waiver payments. Deficits will be balanced with future waiver payments. Case

management agencies with payment deficits will not receive a physical payment until the deficit is cleared.

Secondary Task List in EMWS

Over the past several months the HCBS Section has received requests from case managers to separate EMWS task lists into regular service plan tasks and monthly review tasks. The Section is currently working with programmers to make this change in EMWS, and anticipates having it implemented in the next couple of months.

WRAP UP

Next call is scheduled for June 9, 2022.