

2019-2020 Fiscal Year (FY) Renewal Guidance

ODP Announcement 19-030

AUDIENCE:

Administrative Entities (AEs), Supports Coordination Organizations (SCOs), Supports Coordinators (SCs) All Direct Service Providers (Waiver and Base Providers), and Other Interested Parties

PURPOSE:

This Office of Developmental Program (ODP) communication is intended to provide guidance to AEs, SCOs, SCs and direct service providers for creating 2019-2020 FY Renewal Plans.

The following topical areas are included in this communication:

- Service Changes for FY 2019-2020
 - Community Participation Supports (CPS)
 - Transportation Trip
 - Homemaker
 - Update to specialties for Supported Employment, Advanced Supported Employment and Benefits Counseling Services
- P/FDS Remaining Individual Cap Exceptions
- Variance Approvals
- Consolidated Waiver Fee Schedule Residential Rate Exceptions
- Transportation Mile
- Leap Year
- System Issues Impacting FY Renewal Activities
- FY 2019-2020 Waiver Rate Load
- Reserve to Encumbrance (R2E)

DISCUSSION:

SERVICE CHANGES THAT IMPACT 2019-2020 FISCAL YEAR RENEWALS

The chart below summarizes the service related changes that are effective July 1, 2019.

SERVICE NAME	DESCRIPTION OF CHANGE AND GUIDANCE
Community Participation Supports (CPS)	<ul style="list-style-type: none"> • See Attachment 1, that accompanies this communication, for the new CPS service iterations and a mapping of old to new CPS services. Many of the new CPS services <u>do not</u> map/are not compatible with the current CPS codes and; therefore, received new procedure codes. • SCOs/AEs should ensure plans are adjusted accordingly based on the assessed need of the individual per the Individual Support Plan (ISP) Team review and discussion. • The week of 3/11/2019, ODP will be adding all the new CPS services to HCSIS and end-dating all existing CPS services in HCSIS for 6/30/2019.
Transportation Trip	<ul style="list-style-type: none"> • Transportation Trip will be available as a Participant Directed Service (PDS) service through an Agency with Choice (AWC) or Vendor Fiscal (VF) Agency, effective 7/1/2019. • The new mileage ranges associated with each zone apply to the Provider Agency, AWC and VF service delivery models. • SCO ACTION: When adding this service as a PDS to the 2019-2020 FY Renewal Plan, ensure both the service and appropriate monthly administrative fee is attached to the plan. Transportation Trip as a PDS service is anticipated to be available to select in HCSIS the second week of March 2019.
Homemaker (permanent and temporary)	<ul style="list-style-type: none"> • The 21st Century Cures Act (the Act) was enacted on December 13, 2016. The Act directs States to use an Electronic Visit Verification (EVV) system for Medicaid-financed Personal Care Services and Home Health Care Services. Since Homemaker services (not Chore services) are subject to EVV, a decision was made to make Homemaker a discrete service from Chore services effective 7/1/2019. • Homemaker services will use the same procedure code that is currently assigned to Homemaker/Chore services (W7283 or W7283 UA) and will continue to use an hour as the unit of service. • SCO/AE ACTION: The week of 3/11/2019, ODP will be adding Homemaker services as a discrete service to HCSIS and end-dating Homemaker/Chore services for 6/30/2019. Adjust FY Renewal plans accordingly to meet the anticipated need of the individual as per ISP Team review and discussion.
Chore (permanent and temporary)	<ul style="list-style-type: none"> • Chore services will become a discrete service effective 7/1/2019. The new procedure code for Chore services will be W7282 or W7282 UA and will continue to use an hour as the unit of service. • SCO/AE ACTION: Adjust plans accordingly to meet the anticipated need of the individual as per the ISP Team review and discussion.
Supported Employment	<ul style="list-style-type: none"> • Effective 7/1/2019, this service will only be assigned to specialty 531 (job support).

SERVICE NAME	DESCRIPTION OF CHANGE AND GUIDANCE
	<ul style="list-style-type: none"> • If a currently enrolled provider does not already have specialty 531 (job support) enrolled on their applicable MPI and service location, ODP will add the specialty without any action from the provider. ODP will review all applicable service locations and update specialties, if needed, by the end of March 2019. • ODP Regional Office Representatives will be working with the AEs to ensure the appropriate specialty on the provider’s enrollment record is aligned with Supported Employment. • FY 2019-2020 service offerings may be impacted by this activity. If the current service offering was created based on specialty 530 (job finding), then a new contract will need to be created in order to add a new service offering. A service offering must be available in order to add this service to 2019-2020 FY Renewal Plans.
Advanced Supported Employment	<ul style="list-style-type: none"> • This service will be assigned a new specialty, 534, which represents “Supported Employment”. • If an enrolled provider who currently renders Advanced Supported Employment does not already have specialty 534 (Supported Employment) enrolled on their applicable MPI and service location, ODP will add the specialty without any action from the provider. ODP will review all applicable service locations and update specialties, if needed, by the end of March 2019. • ODP Regional Office Representatives will be working with the AEs to ensure the appropriate specialty on the provider’s enrollment record is aligned with Advanced Supported Employment. • Existing valid specialties, 530 (job finding) and 531 (job support) will be given an end-date of 6/30/2019 for this service.
Benefits Counseling	<ul style="list-style-type: none"> • Effective 7/1/2019, the only specialty that will be qualified to render this service will be specialty 530 (job finding). • If a currently enrolled provider does not already have specialty 530 (Job Finding) enrolled on their applicable MPI and service location, ODP will add the specialty without any action from the provider. ODP will review all applicable service locations and update specialties, if needed, by the end of March 2019. • ODP Regional Office Representatives will be working with the AEs to ensure the appropriate specialty on the provider’s enrollment record is aligned with Benefits Counseling. • Specialty 534 (Supported Employment) will be given an end-date of 6/30/2019 for this service.
Respite, Non-Waiver Setting/Private	<ul style="list-style-type: none"> • Provider type 52 and specialty 513 (Respite Care Out-Of-Home) will be added to this service effective 7/1/2019.

SERVICE NAME	DESCRIPTION OF CHANGE AND GUIDANCE
Licensed Facility (Needs Group Based)	<ul style="list-style-type: none"> • This service will continue to be available to provider type 52 with either specialty 520 (Child Residential Services-3800), 521 (Adult Residential-6400) or 456 (CRR-Adult). • The procedure code associated with this service is H0045 modifier “HE” plus a Needs Group modifier (U5, U6, U7 or U8).

P/FDS INDIVIDUAL CAP EXCEPTIONS

Approved Individual Cap Exceptions Will Continue: Individuals who are currently approved for a P/FDS cap exception and are still enrolled in the P/FDS waiver will continue to be exempt from the P/FDS cap for FY 2019-2020. ODP will be performing reconciliation reviews for each individual currently approved for a P/FDS cap exception.

Annualized Amounts: The approved individual cap exception annualized amount should not be exceeded for FY 2019/2020.

VARIANCE PROCESS FOR COMMUNITY PARTICIPATION SUPPORT SERVICES FOR FY 2019-2020

A variance request/approval will continue to be required for Community Participation Support services where less than 25% of the participant’s time is in the community. Per ODP Bulletin 00-18-06, “the DP 1086 form must be completed by the SC when the ISP team determines that an individual cannot or chooses not to engage in community activities at least 25% of his or her support time on average per month. The ISP team should discuss whether it is anticipated that there will be one or more months in the year where the individual will not engage in community activities at least 25% of his or her support time on average per month. If it is anticipated that this will occur, the ISP team should complete the DP 1086 form and provide an explanation as to why they anticipate this will occur. This determination will be documented on the DP 1086 form and maintained in the individual's and provider's record effective **July 1, 2019.**”

VARIANCE PROCESS FOR ESTABLISHED SERVICE REQUIREMENTS

For approved variances for services with service limits tied to a fiscal year, (i.e. respite), a new variance request will need to be submitted and approved before the associated service/service units are authorized on the individual’s 2019-2020 FY Renewal plan. For variance approvals that overlap into FY 2019-2020 (i.e. Intensive Staff Support), a new approval is required when the current approval expires. Service, service units and service date segments on the FY Renewal plans should accurately reflect approved units and approved variance timeframes.

Note: A provider should not render services beyond the applicable waiver requirement for services without receiving ODP approval.

For more information regarding the Variance process and form, see ODP Bulletin 00-18-06, titled “Process to Request a Variance in Waiver Programs.”

CONSOLIDATED WAIVER FEE SCHEDULE RESIDENTIAL RATE EXCEPTION

ODP will provide AEs with a list of individuals whose Waiver Fee Schedule Residential Rate Exception (Needs Exception Allowance) will extend to FY 2019-2020. This activity is anticipated to occur in the May 2019 timeframe. Unless an individual is on the approved Waiver Fee Schedule Residential Rate Exception continuation list, SCOs/AEs should adjust FY 2019-2020 Renewal plans accordingly. If SCOs already created a FY 2019-2020 FY Renewal plan without confirming an individual was approved to receive a residential rate exception in FY 2019-2020, the service should be removed and replaced with the applicable residential service that meets the assessed need of the individual per the ISP Team review and discussion.

Refer to ODP Announcement 19-014 for the criteria, process and procedures for residential fee schedule rate exceptions in the Consolidated Waiver.

TRANSPORTATION MILE

SCO ACTION: When a FY Renewal is created, all current services for the current fiscal year are copied over to the FY Renewal plan. As a result of the United States General Services Administration increasing the rate of Transportation Mile reimbursement rate, beginning January 1, 2019, two service segments for Transportation Mile are likely present on 2018-2019 plans. HCSIS is designed to copy both service segments over to the 2019-2020 FY Renewal plan. SCs and SCOs should ensure the individual’s 2019-2020 FY Renewal plan is adjusted to reflect only one service segment before submitting for approval. Per ODP Announcement 19-016, the rate is \$.58 per mile.

LEAP YEAR

Leap year impacts the Annual Review Update Date found on the Annual Review ISP. The Annual Review Update Date is the end date of the current plan year. The Annual Review begin date and Annual Review Update Date should always reflect 365 days. Remember to correct ISPs if the Annual Review Update Date does not reflect the end date of the current plan year.

ONGOING SYSTEM ISSUES THAT MAY IMPACT 2019-2020 FY RENEWAL ACTIVITIES

- 1. *Plan screens not saving information entered or system appears to be deleting information entered or information vanishing from plan:***

PROBLEM: A root cause analysis was performed and it was discovered that when users are in a draft plan and press the Delete button in the *Educational/Vocational*

Information or Employment/Volunteer Information pages (Functional Info – Functional Level), **ALL** information in the pages below are deleted.

- Plan > Individual Preference > Know & Do
- Plan > Individual Preference > Desired Activities
- Plan > Individual Preference > Like & Admire
- Plan > Medical > Medical History > Current Health Status
- Plan > Medical > Medical History > Developmental Information
- Plan > Medical > Medical History > Psychosocial Information
- Plan > Health and Safety > Focus Area > General Health and Safety Risks
- Plan > Health and Safety > Focus Area > Traffic
- Plan > Health and Safety > Focus Area > Cooking/Appliance Use
- Plan > Health and Safety > Focus Area > Outdoor Appliances
- Plan > Health and Safety > Focus Area > Water Safety
- Plan > Health and Safety > Focus Area > Safety Precautions
- Plan > Health and Safety > Focus Area > Knowledge of Self-Identifying Information
- Plan > Health and Safety > Focus Area > Stranger Awareness
- Plan > Health and Safety > Focus Area > Sensory Concerns
- Plan > Health and Safety > Focus Area > Meals/Eating
- Plan > Health and Safety > Crisis Support Plan
- Plan > Health and Safety > Health Care

SOLUTION: This issue will be corrected in the March 30, 2019 release. In the interim, it is strongly advised not to delete any records from the *Educational/Vocational Information or Employment/Volunteer Information* pages. If information does need to be deleted, it is recommended that all other plan response values found in the list of pages/screens above, are copied into a separate location to make it easier to re-enter the information after it has been inadvertently deleted.

2. Risk Based Authentication (RBA) Issues for B-Users (log-in issues)

PROBLEM: ODP is aware that B-users are experiencing a number of access issues that range from frequent time-outs, issues with activation/security codes/one-time passwords when logging in/out of HCSIS, shut down issues and the inability to clear browsing history/opening a new session etc. Apparently, these issues are associated with the Risk Based Authentication (RBA) security feature.

SOLUTION: A fix will be made before the end of March 2019 which should eliminate most, if not all, of the issues b-User IDs are experiencing. If RBA issues continue in

April 2019, please email RA-PWDHSMFAHELPDESK@pa.gov or call **1-800-296-5335** for additional support.

FY 2019-2020 WAIVER RATE LOAD

It is anticipated that the waiver rate load for FY 2019-2020 will take place April 26, 2019. Incremental rate loads will occur as necessary. AEs are responsible for entering rates for base-funded service codes.

Providers should review their current service locations, provider types, and specialties in PROMISe™ and HCSIS to ensure that both systems have the same enrollment information. If the provider types and specialty codes do not match exactly in both systems, a rate cannot be loaded for the procedure code (service).

Providers who have added new specialties for FY 2019-2020 are required to qualify using the ODP Qualification Process. If a provider fails to perform the ODP Qualification Process, provisional on-hold contracts **WILL NOT** be converted to real contracts in HCSIS, which will prevent the FY 2019-2020 rate from being loaded. If the rate is not loaded, then the service and service location cannot be added and authorized in an ISP.



Note: Attention should be taken to ensure the P/FDS and Community Living waiver caps are not exceeded if applicable FY 2019-2020 plans are completed before the rate load. The SCOs/AEs should plan accordingly for these caps.

The estimated FY 2019-2020 waiver rates are subject to the final amounts appropriated by the General Assembly.

RESERVE 2 ENCUMBRANCE (R2E)

ODP will send a message via the AE list serv to announce when counties can begin running their R2Es. **NOTE:** The R2E process may be run many times, however it must be run at least once AFTER 6/30 and BEFORE providers submit claims. ODP will reach out to larger counties (i.e. Allegheny and Philadelphia) to communicate when their R2E should be run.

AE/COUNTY ACTION: *Please note that the following actions are contingent upon ODP's entry of the projected county allocations, which is anticipated to occur no later than May 30, 2019.* ODP will communicate the R2E schedule and date County allocations will be entered into HCSIS via the AE Listserv. ODP regional staff will also notify applicable stakeholders using the same communication method employed during previous fiscal years.

A. Preparation tasks before running the year end R2E process¹

1. Run the Provider Service Status Report (contract types) for FY 2019-2020 and Provisional On-Hold Contracts: **Tools --> Reports --> Reports Request**
2. Run the Provider Service Status Report for FY 2018-2019, Real Contracts: **Tools --> Reports --> Reports Request.**
3. Review the base allocation amount by accessing the **Funding Level** screen. To make changes, navigate to the **Non-Service Encumbrance, Overbooking and Revenue Adjustment** screens.
4. Run the County Funding Level Report for the upcoming FY and all Funding Streams: **Tools --> Reports --> Reports Request**
5. Run R2E after:
 - ODP communicates the R2E batch has been released
 - There are no incorrect rates for real contracts in the upcoming FY
 - Providers have service authorizations and can begin providing services

B. Enter the Projected Plan Budget (PPB) for Base ISPs

1. Use last fiscal year's (FY 2018-2019) PPB amounts to populate the PPB amounts for FY 2019-2020. This task can be accomplished by doing one of the following:
 - a. The county user can use the **View / Update Budget Amount By Individual** option from the **Budget Management Menu** screen to enter the PPB amount for one individual at a time - or -
 - b. The county user can use the **Populate Future Fiscal Year Projected Plan Budget Amounts** option to auto-populate future fiscal year (target fiscal year) PPB amounts for all the individuals within their scope using existing data from the previous fiscal year (source fiscal year).
2. If the user entered the PPB amounts by copying over the prior year's funding **before ODP entered the FY 2019-2020 funding streams**, the FY 2018-2019 funding stream(s) would have been selected. Once the AE runs the Reserves to Encumbrance (R2E), the funding stream(s) will automatically be replaced by the corresponding funding stream applicable for FY 2019-2020. The request to copy over the PPB amounts is processed overnight. The next day, the **Populate Future Fiscal Year Projected Plan Budget Amounts Report** is made available on the **Reports Inbox** screen.
3. If manually entering the PPB amounts **after ODP entered the FY 2019-2020 funding streams**, select the "HUMAN SERVICE DEVELOPMENT FUND - Waiver Ineligible" funding stream.
4. Run the **Projected Plan Budget Amount Exceeded Report** for FY 2019-2020: **Tools --> Reports --> Reports Request**

¹ Resource located in HCSIS > LMS > FM Guidebook and Supporting Materials > "Year End R2E Process Checklist v2.0 06/17/10"

For inquiries regarding this communication, contact the appropriate person at your ODP Regional Office.

RULES/RULE DESCRIPTIONS THAT PREVENT AUTO APPROVAL AND REQUIRES AE MANUAL REVIEW

This section is included in this communication because the auto approval/auto authorization rules apply to FY Renewals.

The table, found on pages 11 and 12 of this communication, identify the Plan Category and waiver(s) subject to the “Rules” listed under the “Rule Name” column. When a rule is met, the plan will go to the AE Dashboard and the AE will be required to manual review and approve it. Any plan category/waiver combination not listed below or where there is a blank space in the table **will not** be subject to the rules in the “Rule Name” column and will auto approve/auto authorize. For example, if the units for a service are either increased or decreased on a FY Renewal and the funding associated with those services is either the Community Living waiver or the P/FDS waiver, the unit change will auto approve and auto authorize.

Supports Coordinators will be able to override the auto plan approval by clicking the override automatic approval checkbox which is the last checkbox on the Submit Draft Plan Screen. When the field is checked for a plan, the plan will require manual approval by the County AE. This checkbox only appears for plans/programs eligible to receive auto approval.

NOTE: If the draft is a Critical Revision without any changes to the services, the Plan will automatically approve, even if the manual approval checkbox is selected.

Plan category/waiver combinations not represented in the table below are not eligible for automatic approval and will require manual review/approval by the AE (e.g. an individual enrolled in the Base Program with any plan revision type or enrolled in Consolidated Waiver whose plan is undergoing a Critical Revision).

		Requires AE Manual Review Plan Category							
		FY Renewal			Annual Review Update			Critical Revision	
Rule Name	Rule Description	Consl.	CLW	P/FDS	Consl.	CLW	P/FDS	CLW	P/FDS
Service Addition Rule	A service is added to the current plan that was not on the previous plan and it does not satisfy an Old to New Service Definition Mapping.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Service Removal Rule	A service is removed from the current plan that was on the previous plan.	Yes	Yes	Yes	Yes	Yes	Yes		
Unit Increase Rule	The service units have increased by more than 0% as compared to the previous plan.	Yes			Yes				
Unit Decrease Rule	The service units have decreased by more than 0% as compared to the previous plan.	Yes			Yes				
Base Services Rule	Services mapped to only Base funding streams exist on the current plan and service information has changed.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prior Plan Pending Rule	Future FY plan being submitted when there is a non-approved Critical Revision of the current FY plan.	Yes	Yes	Yes					
Missing Annual Review Rule	The Annual Review Update date has passed and no Annual Review Update	Yes	Yes	Yes				Yes	Yes

		Requires AE Manual Review Plan Category							
		FY Renewal			Annual Review Update			Critical Revision	
Rule Name	Rule Description	Conslid.	CLW	P/FDS	Conslid.	CLW	P/FDS	CLW	P/FDS
	was performed in the current FY.								
Waiver/Program Transfer Rule	The Waiver/Program of the individual has changed since the last approved plan.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Service Combination Rule	Certain combination(s) of services exist concurrently on the plan and service information has changed.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Multiple Funding Stream Rule	Services are mapped to more than one funding stream and an authorization decision has not yet been made.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Requested for Manual Approval Rule	SC selected Request for Manual Approval checkbox on Draft Plan screen.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Needs Level/Needs Group Changed Rule	The Needs Level/Needs Group information for the individual has changed since the last approved Plan.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
System Exception Rule*	Plan meets the error condition(s) of an existing Plan Approval or Service Authorization screen validation.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes