

# Release 85.00 Communications



## HCSIS Release 85.00 Announcement

HCSIS Release 85.00 goes live on December 11, 2021. This release incorporates 11 maintenance items, WO3058 Automate NL/NG Service Updates on the ISP and WO3064 EVV Home Health Compliance. This release newsletter provides a review of these system changes.

The enhancements and changes in this release are a direct result of requests and recommendations from the field. These enhancements allow HCSIS to support your business processes more effectively. Thank you for your valuable input!

**NOTE:** The "Program Office(s) Impacted" that has Office of Developmental Programs, without the tag Bureau of Supports for Autism and Special Populations listed is referring to the ODP-ID/A waivers and Base program.

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## Maintenance Updates

### Users Will No Longer Experience Unexpected Behavior with Projected Annual Review Date (PARD) and Tracking Plans

Program Office(s) Impacted
Office of Child Development and Early Learning – Bureau of Early Intervention Services & Family Supports

Work Item
Bug 2412541

#### Description of Change

With Release 85.00, the Service Coordination service segment end date will default to one day prior to the child’s third birthday instead of a PARD. Also, users will no longer receive a validation message when attempting to add a progress update to an Outcome/Goal with a date past the PARD.

#### Menu Path

Plan > Manage Plan

#### Reason for Change

Prior to 85.00 Release, users were experiencing unexpected behavior with Tracking Plans when attempting to add a Progress Update of an Outcome/Goal when adding another Service Coordination segment to a Plan.

#### Learning Management System Updates



Program Office	Document Name
Office of Child Development and Early Learning – Bureau of Early Intervention Services & Family Supports	There are no impacts to LMS documentation.

## Unit Costs Will Display Accurately on the Provider Service Details Report

Program Office(s) Impacted
Office of Child Development and Early Learning – Bureau of Early Intervention Services & Family Supports

Work Item
Bug 2495565

### Description of Change

With Release 85.00, the Provider Service Details Report will display unit costs accurately.

### Menu Path

Provider > Service Management > Add Service

### Reason for Change

Prior to Release 85.00, unit costs on the Provider Service Details Report were only displaying zeros after the decimal point. (Ex: 32.00 versus 32.50)

### Learning Management System Updates



Program Office	Document Name
Office of Child Development and Early Learning – Bureau of Early Intervention Services & Family Supports	There are no impacts to LMS documentation.

## Provider User Will be Able to Remove End-Date from Service Offering

Program Office(s) Impacted
Office of Developmental Programs – Intellectual Disabilities/Autism

Work Item
Bug 2295997

### Description of Change

With Release 85.00, Provider users will be able to submit the Service Offering without a Service End Date on the Modify Service screen and will be able to modify the service.

### Menu Path

Provider > Service Management > Modify Service

### Reason for Change

Prior to Release 85.00, Provider users were not able to submit the Service Offering without a Service End Date on the Modify Service screen.

### Learning Management System Updates



Program Office	Document Name
Office of Developmental Programs – Intellectual Disabilities/Autism	There are no impacts to LMS documentation.

## Projected Plan Budget Amount Validation Will No Longer Incorrectly Calculate on the Mass Rate Change Screen

Program Office(s) Impacted
Office of Developmental Programs – Intellectual Disabilities/Autism

Work Item
Bug 2463448

### Description of Change

With Release 85.00, changes were made so that the validation message will display when there is a discrepancy with Projected Plan Budget Amount against the Total of Service Authorized against Base in the plan.

### Menu Path

Financial > Mass Rate Change > View/Update Plan Service Details

### Reason for Change

Prior to Release 85.00, users trying to save a Service Unit from the Mass Rate Change screens were receiving the "Service changes have caused the Plan Budget Total to exceed the Projected Plan Budget Amount" message, which should not have been displayed.

### Learning Management System Updates



Program Office	Document Name
Office of Developmental Programs – Intellectual Disabilities/Autism	There are no impacts to LMS documentation.

## Mass Rate Change Requests Will Complete Correctly

Program Office(s) Impacted
Office of Developmental Programs – Intellectual Disabilities/Autism

Work Item
2496876 Change Request

### Description of Change

With Release 85.00, changes have been made to the Mass Rate Change (MRC) screen. Rates from PROMISE were not processing correctly, and this was triggering a validation message. The validation message being triggered stated “Service changes have caused the Plan Budget Total to exceed the Projected Plan Budget Amount.” The MRC now correctly processes the PROMISE rates for all Waiver Plans, and the validation message no longer triggers. The user is now successfully able to save a service unit from MRC screen.

### Menu Path

Financial > Mass Rate Change

### Reason for Change

Prior to Release 85.00, when a user was trying to save a service unit from the MRC (Mass Rate Change) screen, they were receiving a validation message incorrectly. The validation message that displayed stated “Service changes have caused the Plan Budget Total to exceed the Projected Plan Budget Amount.”

### Learning Management System Updates



Program Office	Document Name
Office of Developmental Programs – Intellectual Disabilities/Autism	There are no impacts to LMS documentation.

## Individual Monitoring Reports Will Only Display Individuals Funded through their own County for AE and SC Entities

Program Office(s) Impacted
Office of Developmental Programs – Intellectual Disabilities/Autism

Work Item
2523391 Change Request

### Description of Change

With Release 85.00, Administrative Entities and SC Entities users who request Individual Monitoring Reports will only be able to see individuals funded through their own County.

### Menu Path

Tools > Reports > Reports Request > Individual Monitoring Report

### Reason for Change

Prior to Release 85.00, when a County/AE user requested the Individual Monitoring Report without selecting a County/Joinder, the user could view records for Individuals across their own Region.

### Learning Management System Updates

Program Office	Document Name
Office of Developmental Programs – Intellectual Disabilities/Autism	There are no impacts to LMS documentation.





## HCSIS Common Error on the Alt ID History Screen has been Resolved

Program Office(s) Impacted	Work Item
Office of Child Development and Early Learning – Bureau of Early Intervention Services & Family Supports Office of Developmental Programs – Intellectual Disabilities/Autism Office of Long-Term Living Office of Mental Health and Substance Abuse Services	Bug 2289678

### Description of Change

With the 85.00 release, users will no longer receive a HCSIS Common Error when viewing the Alt ID history screen in which the first record is a recipient ID (EIX/MHX/MRX/ACX).

### Menu Path

Individual > Demographics > Alt ID > Alternate Identifiers

### Reason for Change

Prior to the 85.00 release, users were receiving a HCSIS Common Error when viewing the Alt ID history screen when the first record is a recipient ID (EIX/MHX/MRX/ACX).

### Learning Management System Updates



Program Office	Document Name
Office of Child Development and Early Learning – Bureau of Early Intervention Services & Family Supports Office of Developmental Programs – Intellectual Disabilities/Autism Office of Long-Term Living Office of Mental Health and Substance Abuse Services	There are no impacts to LMS documentation.

## User will be Able to Search for an Individual on the Plan History Summary Screen without Receiving the HCSIS Common Error

Program Office(s) Impacted	Work Item
Office of Developmental Programs – Intellectual Disabilities/Autism Office of Long-Term Living	Bug 2319753

### Description of Change

With Release 85.00, users utilizing the Plan History Summary screen to search for an individual with multiple single revision draft plans will no longer receive a HCSIS Common Error.

### Menu Path

Plan > History > Summary

### Reason for Change

Prior to Release 85.00, users received a HCSIS Common Error when searching for an MCI from the Plan - History Screen. The HCSIS Common Error occurred when searching for an individual/consumer having multiple, single, revision draft plans as the first plans listed on the screen.

### Learning Management System Updates



Program Office	Document Name
Office of Developmental Programs – Intellectual Disabilities/Autism Office of Long-Term Living	There are no impacts to LMS documentation.

## EIM: ODP-ID/A & ODP-BSASP Management Review Report no Longer Displays Wrong Value in “Document Requiring Attention” Field

Program Office(s) Impacted	Work Item
Office of Developmental Programs – Bureau of Support for Autism and Special Populations Office of Developmental Programs- Intellectual Disabilities/Autism	Bug 2514423

### Description of Change

With Release 85.00, a user will see the correct document in the “Document Requiring Attention” column on the Incident Management Review Report. The bug was impacting incidents where an Incident Final Section was “Not Approved” and a second Final Section was submitted.

### Menu Path

EIM > Reports > Incident Management Review Report Request Screen > Incident Management Review Report Output

### Reason for Change

Prior to Release 85.00, when viewing the Incident Management Review Report as an ODP-ID/A or ODP-BSASP user, for certain incidents, the “Document Requiring Attention” column displayed the incorrect document that needed reviewed. For these incidents, at least one Final Section Document was marked Not Approved. The second final section document was submitted; however, the Incident Final Section appeared as the “Document Requiring Attention”, not the Management Review.

### Learning Management System Updates



Program Office	Document Name
Office of Developmental Programs – Bureau of Support for Autism and Special Populations Office of Developmental Programs- Intellectual Disabilities/Autism	There are no impacts to LMS documentation.

## EIM: OMHSAS: Users with Multiple Scopes Will See the Cleared Consumer in HCSIS & EIM

Program Office(s) Impacted
Office of Mental Health and Substance Abuse Services

Work Item
Bug 2348479

### Description of Change

With Release 85.00, a user with both an OMHSAS and OCDEL scope on their ID will be able to clear a consumer in HCIS and see the individual's newly created MCI appear in EIM. This will allow the incident to continue on with the life cycle. The change has allowed for the EIM Case Transfer to be based on the Case Program rather than the scope of the logged in user.

### Menu Path

EIM > Incident Detail Screen

HCSIS > Individual > Clearance > Other Program > Perform Clearance

### Reason for Change

Prior to Release 85.00, a user with an Office of Mental Health and Substance Abuse Services (OMHSAS) and Office of Child Development and Early Learning (OCDEL) scope on their user ID was experiencing problems clearing a temporary consumer. The creation of the individual began in EIM. When the user attempted to clear the individual in HCSIS and had a tab open with an OCDEL scope, the individual was cleared, and given an MCI in HCSIS. However, that MCI did not transfer into EIM.

### Learning Management System Updates



Program Office	Document Name
Office of Mental Health and Substance Abuse Services	There are no impacts to LMS documentation.

## EIM: ODP/OLTL Shared Individual Prevents Users from Selecting the Correct Provider Location

Program Office(s) Impacted
Office of Developmental Programs- Intellectual Disabilities/Autism

Work Item
Bug 2396766

### Description of Change

With Release 85.00, a user who is filing an incident where the consumer is shared between ODP-ID/A and OLTL can see the available service locations where an incident can be created. The available service locations are now based off of the consumer provider relationship.

### Menu Path

EIM > Incident First Section > Provider Search

### Reason for Change

Prior to Release 85.00, a user creating an incident for a consumer shared between the Office of Developmental Programs- Intellectual Disabilities/Autism (ODP-ID/A) and the Office of Long-Term Living (OLTL) only saw Providers where the consumer had an approved OLTL plan. The ODP-ID/A service location did not display for the user to create an incident.

### Learning Management System Updates

Program Office	Document Name
Office of Developmental Programs- Intellectual Disabilities/Autism	There are no impacts to LMS documentation.



## EIM: OLTL EIM Enhancements

With Release 85.00 the Office of Long-Term Living (OLTL) has requested several enhancements be made to EIM to benefit the end user experience and make reporting easier for the Management Care Organizations (MCO). These updates are described below.

### Report Extension Updates:

The Report Extension screen allows for a user to extend the due date of an Incident Document. The following enhancements have been made to this functionality:

- The Incident Final Section Document cannot be extended for more than 30 days. If a Service Coordination Entity (SCE), MCO or provider attempts to extend it beyond 30 days the following message will display: **“Error: Expected Completion Date cannot be after XX/XX/XXXX. Contact OLTL for assistance if an extension past this date is needed.”**
- Limitations on extensions will be enforced for the following users: Providers, SCEs and MCOs
- Limitations have been placed on the number of extensions that can be filed for each Primary Category. Once that limit has been reached the user should contact OLTL if additional extensions are required. The maximum number of extensions, by Primary Category, are displayed in the tables below.
- Providers who need to file extensions for a Community Health Choices (CHC) consumer will need to contact the MCO in order to have the Incident Final Sections due date extended.
- Providers who are filing extensions for a Fee-for-Service consumer are able to enter extensions on the Incident Final Section.
- MCOs are able to enter extensions on the Incident Final Section for incidents that they have created or for incidents that they are responsible for reviewing.

### Community Health Choices (CHC) Extension Limitations by Primary Category:

CHC				
Primary Category	Provider		MCO	
	Maximum Number of Extensions - Provider	Maximum Days per Extension - Provider	Maximum Number of Extensions - MCO	Maximum Days per Extension - MCO
Abuse	0	n/a	3	30
Death	0	n/a	3	30
Emergency Room Visit	0	n/a	1	30
Exploitation (Participant)	0	n/a	3	30

Hospitalization	0	n/a	2	30
Neglect	0	n/a	3	30
Provider and Staff Misconduct	0	n/a	1	30
Reportable Disease	0	n/a	1	30
Serious Injury	0	n/a	1	30
Service Interruption	0	n/a	2	30

**Fee for Service (FFS) Extension Limitation by Primary Category:**

FFS		
Primary Category	Provider/SCO	
	Maximum Number of Extensions - Provider/SCO	Maximum Days per Extension - Provider/SCO
Abuse	3	30
Death	3	30
Emergency Room Visit	1	30
Exploitation (Participant)	3	30
Hospitalization	2	30
Neglect	3	30
Provider and Staff Misconduct	1	30
Reportable Disease	1	30
Serious Injury	1	30
Service Interruption	2	30

Users who wish to view the **Reason for Extension**, after the Report Extension was filed, will be able to do so by clicking the **View Button**, as shown in the screenshot below. The details of the extension will display in a read-only view, allowing the user to view the Reason for Extension.

Document Name	Prior Due Date	Updated Due Date	Requested User	Date Requested	Action
Incident Final Section	11/14/2021	11/19/2021	PCG, MCO	10/15/2021	<b>VIEW</b>

**ADD**

**Document Name:** Incident Final Section      **Due Date:** 11/14/2021

**Expected Completion Date:** 11/19/2021

**Requesting User:** PCG, MCO      **Request Date:** 10/15/2021

**Reason for Extension:**   
reason for extension

4000 characters remaining

### Report Extensions on the Print Summary:

The Print Summary will now display the number of extensions filed and/or requested for any incident. The current Due Date for that incident will also display for each Incident Final Section.

<b>Primary Category:</b> Exploitation (Participant)	<b>Incident ID:</b> 94758
<b>Individual Name:</b> MCDOWELL-PCG, LISA	<b>Discovery Date:</b> 10/15/2021 11:07 AM

  

### Incident Final Section

Status: In Progress  
Created Date: 10/15/2021 11:10:05 AM (PCG, MCO)  
Last Edit Date: 10/15/2021 11:10:30 AM (PCG, MCO)  
Due Date: 11/19/2021  
Report Extensions: 1



**Document Upload Updates:**

OLTL has expanded the Document Upload functionality and allowed for *all* OLTL user groups to upload documents to incidents. Documents may be uploaded to the incident at *any* point in the incident life cycle, including after the incident is closed.

The choices for the **Document Type** have also been expanded. Below is the listing of all the options now available to select when describing the type of document, a user is uploading.

**Document Type Selections:**

- Autopsy Report
- Coroner's Report
- Corrective Action Documentation
- Death Certificate
- Discharge Death Summary
- Discharge Information
- Do Not Resuscitate (DNR) Order
- Lifetime Medical History
- Medical Director Review
- Medical/Health Assessment(s)
- Medication List
- Other
- Physical Exam
- Protective Services Plan
- SC/Provider Case Notes
- Service Authorization Form (SAF)
- Training Documentation
- Treatment Summary
- Trend Analysis

**Incident and Custom Complaint Report Update:**

The Office of Long-Term Living has requested modifications be made to the Incident and Custom Complaint Report. This will allow MCOs to complete trend analysis for participants with more than three incidents within the last 12 months, based on the reporting month, regardless of the primary category.

When a minimum incident count is entered, the results of the report will group incidents by individual, regardless of primary category, as shown below.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
ID	Program Office	Version	Status	Incident/Complaint	Type	Primary Category (Name and Date)	Occurrence Date	Secondary Categories (Name and Date)	Discovery Date	MCI	Last Name	First Name	Waiver/Program
94653	OLTL	27	Open	Incident	Individual Incident (CHC)	Emergency Room Visit	10/01/2021	Accidental(10/01/2021)	10/01/2021	740371949	DTT	CHC-COMAK	CHC-HCBS
94661	OLTL	27	Open	Incident	Individual Incident (CHC)	Abuse	10/01/2021	Physical Abuse(10/01/2021)	10/01/2021	740371949	DTT	CHC-COMAK	CHC-HCBS
94684	OLTL	27	Open	Incident	Individual Incident (CHC)	Emergency Room Visit	10/05/2021	Accidental(10/05/2021)	10/05/2021	740371949	DTT	CHC-COMAK	CHC-HCBS
94695	OLTL	27	Open	Incident	Individual Incident (CHC)	Emergency Room Visit	10/06/2021	Accidental(10/06/2021)	10/06/2021	740371949	DTT	CHC-COMAK	CHC-HCBS
94706	OLTL	27	Open	Incident	Individual Incident (CHC)	Emergency Room Visit	10/07/2021	Accidental(10/07/2021)	10/07/2021	740371949	DTT	CHC-COMAK	CHC-HCBS
94718	OLTL	27	Open	Incident	Individual Incident (CHC)	Emergency Room Visit	10/08/2021	Accidental(10/08/2021)	10/08/2021	740371949	DTT	CHC-COMAK	CHC-HCBS
94728	OLTL	27	Closed	Incident	Individual Incident (CHC)	Abuse	10/12/2021	Physical Abuse(10/12/2021)	10/12/2021	740371949	DTT	CHC-COMAK	CHC-HCBS

## Learning Management System Updates



Program Office	Document Name
Office of Long-Term Living	<a href="#"><u>Entering Incident Report Extensions- Reference Guide</u></a> <a href="#"><u>Print Documents Summaries and Abstracts – Reference Guide</u></a> <a href="#"><u>Using Document Upload – Reference Guide</u></a> <a href="#"><u>Running Reports – Reference Guide</u></a>

## Comprehensive Maintenance Work Item List

TFS#	Title	Program Office(s)
<b>2289678</b>	All: Common Error When Attempting to Edit Alt Id History Record When First Record in History is Inactive Recipient ID (EIX/MHX/MRX/ACX)	ODP-ID/A OLTL BEIS/FS OMHSAS
<b>2295997</b>	Provider User Unable to Remove End-Date from Service Offering	ODP-ID/A
<b>2319753</b>	ODP: HCSIS Common Error when Searching for MCI from Plan - History Screen in Rare Data Scenario	ODP-ID/A OLTL
<b>2348479</b>	EIM: OMHSAS Consumer Linked into HCSIS without Updating EIM	OMHSAS
<b>2396766</b>	EIM: ODP/OLTL Shared Individual Preventing the Correct Provider Location Being Chosen for EIM Incidents	ODP-IDA
<b>2412541</b>	BEIS I/T: Unexpected system behavior related to Tracking Plan due to PARD populated for subsequent Tracking Plans	BEIS/FS
<b>2463448</b>	HCSIS: ODP: Projected Plan Budget Amount Validation Calculating Incorrectly on Mass Rate Change Screen	ODP-ID/A
<b>2495565</b>	OCDEL: Incorrect unit costs in the Provider Service Details Report	BEIS/FS
<b>2496876</b>	Investigate methods for preventing MRC issues	ODP-ID/A
<b>2514423</b>	EIM: ODP-BSASP & ODP-ID/A: Document Requiring Attention field in Incident Management Review Report displaying incorrectly for incidents with Not Approved Final Section	ODP-ID/A ODP-BSASP
<b>2523391</b>	HCSIS Monitoring Report change to AE view	ODP-ID/A

## Work Orders

### WO3058 Automate Needs Level/Needs Group Services Updates on the ISP

Prior to WO3058, when updates were made to the Needs Level/Needs Group (NL/NG) screen in HCSIS, an alert was generated. The alert notified the Administrative Entity (AE) the Supports Coordinator (SC), and the provider that a change had occurred. However, the alert did not identify if the current service authorized on the plan would need to be updated as a result of the NL/NG change. Consequently, timely action failed to be taken. As a result, the wrong service remained authorized on the ISP and the provider rendered and billed for the wrong service.

With the implementation of WO3058, alerts have been enhanced, so that users can act when needed. Users are now informed if a service change is needed to the ISP. Users are alerted only when the Needs Groups (NG) has been updated **or** a NL/NG is added to an individual for the first time. Users also receive an email push notification based on the NL/NG alert triggers. The reduction of the alert trigger functionality and the creation of the email push notification ensures appropriate actions are performed in a timely manner.

A new report titled Needs-Based Service Misalignment has been created to allow analysis and identification of individuals with misaligned needs-based services. This report provides users with details about an individual's demographics, Needs Level/Needs Group information, and service details for authorized and pre-authorized Needs-Based services that exist on Approved plans which do not align with the individual's most current Needs Group. This report will ensure appropriate actions are performed in a timely manner.

Updates to the ISP process screens, including validation messages and hard stop rules, have been implemented as part of WO3058. Users will now receive a service detail warning, "Operation successful. The selected service does not align with the individual's Needs Group. Verify the service is correct before submitting the Plan.", for an individual with a misaligned needs-based service when selecting "Save" on the Service Details screen. This message will also set when Users submit the created/updated ISP draft. The implementation of these warnings will prompt users to ensure appropriate services are authorized on the individual's ISP.

The SC user will have the ability to add a misaligned needs-based service but a new Plan Approval Hard Stop validation message, "Plan cannot be Approved as a Needs-Based service exists on the Plan that does not align with the individual's Needs Group. Return Plan for revision or contact the Regional SIS lead.", will prevent the approval of misaligned plans until the misalignment is corrected. Misaligned plans in draft, pre-approved, and pending revision status will display on the SC and SE Plan dashboard using the new Priority filter titled Misaligned Needs-Based Service.

The following list comprises the WO3058 Automate NL/NG service Updates on the ISP updates at a high level.

## Dashboards

### AE Plan Dashboard

- The New Priority filter has been created to identify ODP-ID/A individuals with a pre-approved ISP plan with a misaligned Needs-Based Service.

### SC Plan Dashboard

- The New Priority filter has been created to identify ODP-ID/A individuals with a Draft ISP plan with a misaligned Needs-Based Service.

## Reports

### Need Level/ Needs Group Report

- The Needs Level/Needs Group report has been updated to include the individual's enrolled Waiver/Program.
- The report parameters were updated to include only ODP-ID/A individuals with a Needs-based service present on the ISP.

### Needs-Based Service Misalignment Report

- This new report has been created to support detailed analysis of misaligned Needs-Based services for ODP-ID/A individuals. The report provides users the ability to identify individuals with a Need-Based service misalignment so corrections can be completed in a timely manner. Users have the flexibility to generate the report by selecting an array of parameters.

Parameters include:

- Region
- County/Joinder
- SC Entity
- Fiscal Year

## Alert

### Needs Group Information Updated Alert

- The Needs group information alert has been updated to include detailed NL/NG information for the ODP-ID/A individual including:
  - Prior NL/NG Effective Date
  - Prior NL/NG
  - Current NL/NG Effective Date
  - Current NL/NG

### Needs Group Misaligned with Needs-Based Service Alert

- This new alert has been created to notify AEs and SCs of a misaligned needs-based service for ODP-ID/A individuals. The Alert includes:
  - Individual's Name
  - MCI Number
  - Prior Effective Begin Date
  - Prior NL/NG

- Current Effective Begin Date
- Current NL/NG
- Plan Begin Date
- Plan End Date

## New Email Notifications

### Needs Group Information Updated Email

- This new email has been created to notify AEs and SCs of a new Needs Groups for ODP-ID/A individuals.
- The email has been created to notify AEs and SCs of an updated Needs Group for ODP-ID/A individuals with a Needs-Based service.
- The email includes an embedded hyperlink to log into the HCSIS application to view the individual's Needs Level/Needs Group information
- 

### Needs Group Misaligned with Needs-Based Service Email

- This new email has been created to notify AEs and SCs of a misaligned needs-based service for ODP-ID/A individuals. The email includes:
  - Plan Begin Date
  - Plan End Date
  - Hyperlink to log into the HCSIS application to view the individual's Needs Level/Needs Group information
- The email will be generated once every seven (7) days until the misalignment has been corrected in the HCSIS system.

## New Service Detail Warning on the Service Details screen

*Operation successful.*

*The selected service does not align with the individual's Needs Group. Verify the service is correct before submitting the Plan.*

- This new Service Detail Warning has been created to notify users when selecting a needs-based service that does not align with the ODP-ID/A individual's needs group.
- The Service Detail Warning is active for the following plan types:
  - Fiscal Year Renewal
  - Critical Revision
  - Bi-annual Review
  - Plan Creation
  - Quarterly Review
  - Annual review Update
    - Exception
      - General Update

## New Plan Submission for Approval Warning

*A Needs-Based service exists on the Plan that does not align with the individual's Needs Group.*

*Do you want to submit the Plan?*

- This new Plan Submission for Approval Warning has been created to notify users when clicking 'submit' on the Draft Plans screen for an ODP-ID/A individual with a needs-based service that does not align with the ODP-ID/A individual's needs group.
- The Service Detail Warning is active for the following plan types:
  - Fiscal Year Renewal
  - Critical Revision
  - Plan Creation
  - Annual Review Update
    - Exception
      - General Update
      - Bi-annual Review
      - Quarterly Review

## **New Plan Approval Hard Stop Validation message**

*Plan cannot be Approved as a Needs-Based service exists on the Plan that does not align with the individual's Needs Group.*

*Return Plan for revision or contact the Regional SIS lead.*

- This new Plan Approval Hard Stop Validation Warning has been created to suspend the approval of Draft ISP plans when a user selects "Approved" on the Pending Approval screen for ODP-ID/A individuals with a needs-based service that does not align with the ODP-ID/A individual's needs group.
- The Plan Approval Hard Stop Validation Warning is active for the following plan types:
  - Fiscal Year Renewal
  - Critical Revision
  - Plan Creation
  - Annual Review Update
    - Exception
      - General Update
      - Bi-annual Review
      - Quarterly Review

### **LMS Documentation:**

- HCSIS ODP Reports Guide
- Needs Level/Needs Group Screen Tip Sheet
- Alerts Tip Sheet
- Supports Coordination Manual: Chapter 11: Submitting the ISP for Approval
- Supports Coordination Manual: Chapter 18: Creating Reports
- SC Plan Dashboard – Training and Use Guide
- AE Plan Dashboard - Training and Use Guide
- SC Supervision Manual
- Chapter 9: Creating SC Supervision Reports

## Work Orders

### WO3064 EVV Home Health Compliance

A Federal mandate requires all States to implement Electronic Visit Verification (EVV) for selected Waiver Services effective January 1, 2023. According to Section 12006(a) of the 21<sup>st</sup> Century Cures Act (Cures Act), signed into law on December 13, 2016, added section 1903(l) to the Social Security Act, 42 U.S.C. §1396(b)(l), it is mandated that states require Electronic Visit Verification (EVV) use for Medicaid-funded home health care services (HHCS) for in-home and community visits, considered a place of service other than a beneficiary's residence, practitioner's office, or other healthcare facility, by a provider. States must implement EVV for HHCS by January 1, 2023. This work order is intended to support compliance with the Cures Act by including HHCS in the EVV process. Portions of this work order will be implemented in the spring of 2022 when the Medicaid Management Information System, currently known as PROMISe™, and the Sandata EVV system are ready for end-to-end testing.

This mandate impacts services funded by the Person/Family Directed Support (PFDS) Waiver, Community Living Waiver, Consolidated Waiver, Adult Autism Waiver (AAW), ODP Base Program, and the Omnibus Budget and Reconciliation Act (OBRA) Waiver.

- A new validation will be introduced with WO-3064 EVV Home Health Compliance when a user attempts to submit a draft plan for approval for an individual who does not have Program Diagnosis information recorded in HCSIS. Prior to the creation of this validation, providers rendering personal care or home health care services to individuals subject to EVV with a missing Program Diagnosis in HCSIS, received claim denials because the service authorization was not included in the authorization feed to the EVV aggregator. The authorization feed to the EVV aggregator tells the system a service is authorized in HCSIS and allows the claim to pass EVV validation and continue through the claims adjudication process. This new validation will force users to enter a Program Diagnosis which allows the service authorization to pass to the EVV aggregator. This is being added to ensure that EVV records are not rejected when sent to the DHS Aggregator and are available for claims validation against the aggregator. If the program diagnosis is missing, the following message will set and alert the user:

” Plan cannot be submitted as Program Diagnosis information has not been recorded.”

- Modifications to the HCSIS-EVV Authorization File generation process for the following:
  - Include ICD-10 Additional Diagnosis, where available, for individuals without Program Diagnosis in HCSIS, until a Program Diagnosis can be added.
  - Include end-dated ICD-10 Program Diagnosis, for individuals whose case records are closed in HCSIS

#### LMS Documentation:

- Supports Coordination Manual: Chapter 11: Submitting the ISP for Approval for ODP-ID/A
- Individual Plan Guidebook for OLTL



## Additional Resources

HCSIS Help Desk

Call: 1-866-444-1264

E-mail: [c-hhcsishd@pa.gov](mailto:c-hhcsishd@pa.gov)

Fax: 717-540-0960

Hours: Monday – Friday: 7:45 AM – 5:00 PM

### Learning Management System

In order to access the Learning Management System (LMS), paste the URL below into your Internet Explorer address window, hit Enter on your keyboard and log in:

<https://www.hcsis.state.pa.us/HCSISLMS/pgm/asp/login/login.asp?refpage=/HCSISLMS/default.asp>

If you do not have an LMS Login ID and Password, or simply cannot remember it, contact your Business Partner Administrator (also known as your “BP Admin”). Contact your BP Admin if you need additional LMS roles as well.

Release communications are located under the [HCSIS Information](#) link on the LMS Homepage. Click the [My Curriculum](#) link to navigate to specific module trainings.

Never forget that LMS is a comprehensive storehouse of background information and instructional material on all things HCSIS!

### Online Help

HCSIS Online Help is updated with each release and is a valuable HCSIS tool. The Help link is located in the upper-right corner of each screen.

### HCSIS Link

Quickly access HCSIS by adding the link below to your favorites/bookmarks in your web browser:

<https://www.hcsis.state.pa.us>