

Instructions for Use of the Residential Services Tool (RS Tool), Version 9.6.3

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PURPOSE

This document contains instructions for completing a recipient's service plan for EW customized living (CL) services, adult foster care (AFC), and residential care (RC) using the Residential Services Tool (RS Tool), an Excel workbook. The RS Tool has two major functions:

1. Development of an individualized service plan based on assessed need.
2. Calculation of an amount to be authorized for the individual based on planned component services, component rates, and service rate limits.

WORKSHEETS CONTAINED IN THE RS TOOL

There are a number of worksheets contained in the RS Tool. Each worksheet is labeled with a tab at the bottom of the page. They are listed here in the order in which they appear in the RS Tool from far left to right. Worksheets that require data entry are also referred to as *forms*.

1. **Screening Document Input (Scr Doc Input):** This form captures recipient demographic data, health plan or lead agency responsible for the recipient, assessment information about an individual recipient, the lead agency staff servicing the recipient and optional data for reporting. Data from this form is used throughout the RS Tool as needed.
2. **Individual RS Plan:** This form outlines the types and amounts of component services to be delivered by the CL, AFC, or CL provider. It also captures information on the housing with services establishment as well as the provider delivering the recipient services.
3. **EW Services Authorized:** This form is used to compute all other EW services besides CL, AFC, and RC to be authorized for an individual.
4. **Conversion Rate:** A rate for recipients moving from a nursing facility (NF) where they resided more than 30 days may qualify for a higher community budget limit which must exceed the EW case-mix budget cap to be approved. Once established, this budget may be used for any combination of services, including CL, AFC, and RC.
5. **Error Report:** This form processes errors before the RS Tool is loaded to DHS. If a lead agency staff submits a RS Tool with errors still unresolved on the Error Report, or if data mismatches for the ID fields (PMI, NPI, HFID, etc.) are found, the RS Tool will be returned for correction to the lead agency staff listed in the tool. *Until these errors are fixed, the RS Tool will not be accepted and the rate will not be valid.*
6. **Audit Report:** This report identifies services exceeding the 65th percentile, services where time has been entered but for which there is no service description, and service lines requiring justification for being over the 75th percentile in fee-for-service conversion limit requests. Space is provided to detail any needed justification.
7. **Print Rate Guide:** This worksheet provides all information to properly enter CL, AFC, and RC rates into MMIS or other authorization systems. Valid rates are shown by time period and dynamically change based on any known rate changes, e.g., COLAs. This page should be printed and given to the recipient and provider.
8. **Print CSP:** When this worksheet is printed in combination with the Print RS Plan and Print Rate Guide, it comprises the Coordinated Services and Supports Plan (CSSP) required under HCBS programs if all elements are completed. In order to use this as the CSSP, all other informal and/or quasi-formal supports must be included on the Individual RS Plan worksheet and signatures must be obtained. The recipient receives a copy of the three worksheets.
9. **Print Residential Services Plan (Print RS Plan):** This worksheet is used to print the individualized CL, AFC, or RC service plan to give to the recipient and provider.
10. **Nursing Home Geographical Group (NH Geog Group):** This reference worksheet identifies and enforces the service rate limits for CL and RC based on the county in which the housing establishment is located.
11. **CL Rate Limits.** This reference worksheet populates fields within the tool need to set CL, AFC, and RC service limits; and case mix budget caps. The appropriate rate limits will populate based on the service start date indicated on the Individual RS Plan worksheet.

12. **Component Rates:** This reference worksheet lists the component services rates used to compute component service average monthly totals. Component rates change based on the service start date to reflect legally valid component rates in effect at that time. The RS Tool will automatically adjust monthly service rates to reflect the correct component rates in effect for the specific month listed on the Print Rate Guide.
13. **EW Service Menu Information (EW Service Menu Info):** This reference worksheet lists the service rates and procedure codes for other EW services besides CL, AFC, and RC. Rates are used to compute an average monthly rate when these services are planned for within the tool.
14. **Hours per Month:** This worksheet totals all estimated component service units from the Individual RS Plan and populates the summary page of the Individual RS Plan and Print RS Plan worksheets.

SOME RS TOOL FUNDAMENTALS THAT APPLY THROUGHOUT THE RS TOOL

Table 1: Terms and Abbreviations

Term	Abbreviation
Adult Foster Care	AFC
Customized living or 24-hour customized living	CL/24CL
Individual for whom the RS Tool is being completed	Recipient
Residential Services Tool	RS Tool
Excel Cells	Cells or Fields
Excel Worksheet	Sheet or Page
Health plan or managed care organization	HP/MCO
Housing with services	HwS
Residential Care	RC
Screening Document Input worksheet	Scr Doc Input
Service plan developed on the Individual RS Plan worksheet	RS Plan
Sheet or page where data is entered	Form
Sheet or page displaying reference information	Reference
Sheet or page to display or print information	Report

Software Requirements: Microsoft Excel, 2010 or above.

Supported Versions: RS Tools should be submitted on version 9.6.1 or higher. If you need to submit a tool that was completed on an older version of the tool, import it into the latest version first, and then submit it.

Data Entry: The RS Tool is comprised of multiple worksheets (pages) selectable by clicking the tabs along the bottom of the RS Tool. Occasionally you will find Excel does not display the tabs. In order to correct this to display the tabs, follow these steps:

1. Select the View menu option at the very top of the Excel spreadsheet.
2. Just below and to the right you will see a menu option Arrange All. Click this option.
3. An option box will appear where you can select the option Horizontal. Click OK and the tabs will display properly.

You enter data into green fields. All other fields are calculated amounts or informational items. On the keyboard use either the Tab key or Shift and Tab keys in combination to move forward or backwards through fields. You may also use the mouse to click in any field to move directly to that location.

If the label in front of the green field is also green, this denotes a field that is new, or significantly changed, from the previous major version of the RS Tool. This allows you to quickly identify fields requiring special attention and to look up detailed explanation of the field in the Release Notes¹. For many fields, you will see pop-up instructions informing you about the field and stating rules for completion. For most fields, if you enter a value out of range or of the wrong type, an error message will be displayed and your entry will be rejected. Enter a valid value or delete the value to move off the field.

You may use the right click menu functions or keyboard shortcuts such as Ctrl C or Ctrl V to copy and paste values throughout the RS Tool. However, you must never cut a cell. Cutting and right click menu functions are disabled from the keyboard to prevent accidental cutting of cells. However, in some versions of the tool, it is still possible to find a cut option in the Ribbon area of the menus. Do not use this option. You may clear multiple fields in any order by holding down the Ctrl key while clicking each field. Once selected, you may clear them all at once by pressing the Del key or choosing Clear Contents from the right click pop-up menu.

In most cases, when you click a button on a sheet, such as the Clear Cells by Group or the Over-Ride Limits, a special form will open for you to specify and complete the operation. You must exit out of the pop-up form to complete the operation and continue data entry. If you find yourself unable to enter data into a green entry field, make certain these special forms have been closed.

Wherever possible, use the drop-downs to enter data. A down arrow next to the entry box indicates a drop-down is available. These will save time and prevent data entry errors.

Pay close attention to warning messages. These can be pop-up messages or notes imbedded in the workbook pages which will help you avoid errors and make a successful submission.

When entering dates, you may enter one or two digit days and months, e.g., 6/2/12 or 06/02/12, and two or four digit years in any combination. If you find that when you enter a two digit year the century is wrong, e.g., entering the year as 05 produces the year 2005 and you wanted 1905, enter the full four digit year you desire. You need to separate days, months and years with either a forward slash or hyphen. Using no separator or a period or backward slash will result in a very strange date value or invalid date error.

Changing row heights: There will be times when the information you wish to type into a service description or other field is too long to display on the input form or on a report. You can get all the information to display by changing the row height of the row containing the over-flowing field. For Excel 2007 and 2010:

1. Click on the View tab at the top of the Excel application window.

¹ Release notes are a listing of changes and enhancements made in each new version of the RS Tool released. They may be found at [EW Residential Services Tools Release Notes \(PDF\)](#)

2. In the Show/Hide area of the ribbon, make sure the check box next to Headings is checked. This will display row and column labels.
3. Place your mouse on the line under the row number you wish to expand and click the left mouse button. The cursor will change showing up/down arrows.
4. Drag the row to the desired height.

It is not necessary to change row heights on printed reports in order to get all data to display. This is now done automatically before the report is printed.

Help feature: Several fields in the tool have pop-up prompts providing instruction on how to complete the field. These prompts may prove useful as lead agency staff learns to use the RS Tool. An example of help for a recipient's PMI is displayed below.

		EW RS Rates	
SD#			
4	PMI	00413112	Client PMI Enter a whole number that is 8 digits long. You do not need to enter leading Zeros. These will be automatically added. Please double check to be SURE this number is correct.
	Assigned SD#	123454321	
	Assessment Change Date	12/25/2013	
76	Assess. Effective Date	1/1/2014	

If a particular prompt is getting in the way, you can hide it by hitting 'Esc' on the keyboard. This is a temporary solution. The next field you click on that offers this pop-up help will display help. If you go back to the field you used Esc on, the help will again display. To turn the help on or off for all fields, click the Turn All Help on/off button shown below. This state is remembered across sessions and RS Tools. The Help buttons can be found on the Screening Document Input (Scr Doc Input), Individual RS Plan, EW Services Authorized and Print Rate Guide worksheets. You can alternatively, click the RS Tool tab next to the Home tab and click Toggle Help.



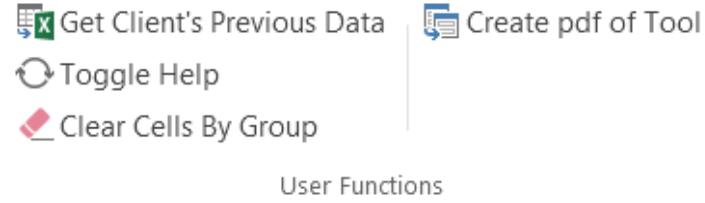
You may also turn the input help prompts on and off on a cell by cell basis. Help for individual cells may be toggled by selecting the desired cell and right clicking. A small menu will pop-up. Choose the Toggle Help option near the bottom of the menu to turn help for the field on and off. If you click a Turn All Help on/off button all these individual settings will be set to the global value selected.

Getting a printed version of a blank RS Tool form: If you want a printout of a worksheet to assist with service planning on a recipient visit to begin working on manually, follow these steps:

1. Click the 'RS Tool' tab next to the Home tab.



Once you click the RS Tool tab, you can access the following options:



2. Click 'Create pdf of Tool'
3. Choose the pages you wish to print.
4. Print.

OPENING THE RS TOOL

When starting or modifying a RS Tool, please remember to always start with the latest version. This is particularly important when submitting/re-submitting a missing RS Tool. You can download the latest RS Tool version and find instructions for uploading your completed RS Tool; instructions to finding the Provider HFID#; and document providing tips, alerts and guidance and other helpful references on the [EW Customized Living, Foster Care and Residential Care website](#). This same link is also found at the bottom left of the Error Report on the RS Tool where there is a link that reads 'Latest Tool Version and documents may be found here.' These are updated frequently so please refer to the Release Notes and Tips, Alerts, and Guidance documents found on the website for the latest instructions and advice.

Whenever you get a RS Tool, always begin by downloading and saving it. Never start by opening the RS Tool and beginning data entry as this can cause a variety of problems with the way the RS Tool functions. This applies to both the DHS website and to RS Tools returned to you in load error secure emails.

When you first open the RS Tool, you will see the *Welcome Screen* shown below. Macros must be enabled for the RS Tool to function, so until macros are enabled, the Welcome Screen is the only worksheet you will be able to see or access. Follow the instructions in the Welcome Screen to enable macros to access the RS Tool worksheets.



Minnesota Department of **Human Services**

Ver. 9.6.1

Welcome To The Residential Services and Rate Development Tool

This system has special features to import your data, speed data entry, check for completeness and accuracy, and to provide reporting alternatives. To use these features,

You Must Enable Macros.

If you are using Excel 2010 you may see a line just above the form on the left that says: "Security Warning Macros have been disabled" followed by an <<Options...>> button. Click the button and choose the option: 'Enable this content' or 'Enable Editing'.

If you do not see the option for your version of Excel, contact your IT department to have them assist you in enabling the Macros. Your IT department may have set security policy to prevent you from doing so yourself.

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Macros must be enabled to use this tool! See Above.

USE THE 'GET CLIENT'S PREVIOUS DATA' AND 'CLEAR CELLS BY GROUP' FUNCTIONS TO SAVE DATA ENTRY TIME

You should always begin with a blank copy of the most recent version of the RS Tool. If you do not already have a blank copy saved to your computer, you may always download and save a copy from the EW Customized Living, Foster Care and Residential Care website. *Never just open the RS Tool on the website and begin working with it. Always down-load and save the RS Tool first.* Open the saved RS Tool to begin working.

Import data from an existing RS Tool: If a RS Tool has previously been completed for a recipient, you can import the data from the recipient's previous RS Tool into the latest version to start a new RS Tool. There are several instances when you may wish to import recipient data:

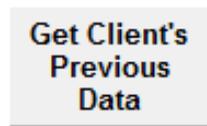
1. You are doing a new assessment on the recipient and are developing a new service plan consistent with this new assessment. A new assessment will typically be done annually for establishing a new waiver span or during the waiver span if the case mix changes.
2. You have visited the recipient during the waiver span and have noted a change in condition and/or need for services that do not result in a case mix change. In these instances, you do not need to complete a new MnCHOICES or LTCC assessment. You will simply be editing the values in the new plan created with a new RS Tool.

Note: In the above two circumstances, you shouldn't edit the recipient's most recently submitted RS Tool directly. Always import the data to a new RS Tool and save the new RS Tool under a different file name for submission to DHS. You should consider any RS Tool, i.e., the Excel file, as a formal document to be retained consistent with recipient data retention policies. In no case should you delete the Excel workbook before two years.

- DHS may release a version to correct a bug or modify policy and it may be possible the recipient's rate will be affected. When such a release is made, the Release Notes will detail the issue and recipients likely to be affected. If it appears your recipient might be affected, or if you just want to be sure, import the most recent RS Tool to the new version and see if the rate changes. If it does, you will save the new RS Tool and then submit it to DHS through MN-ITS.

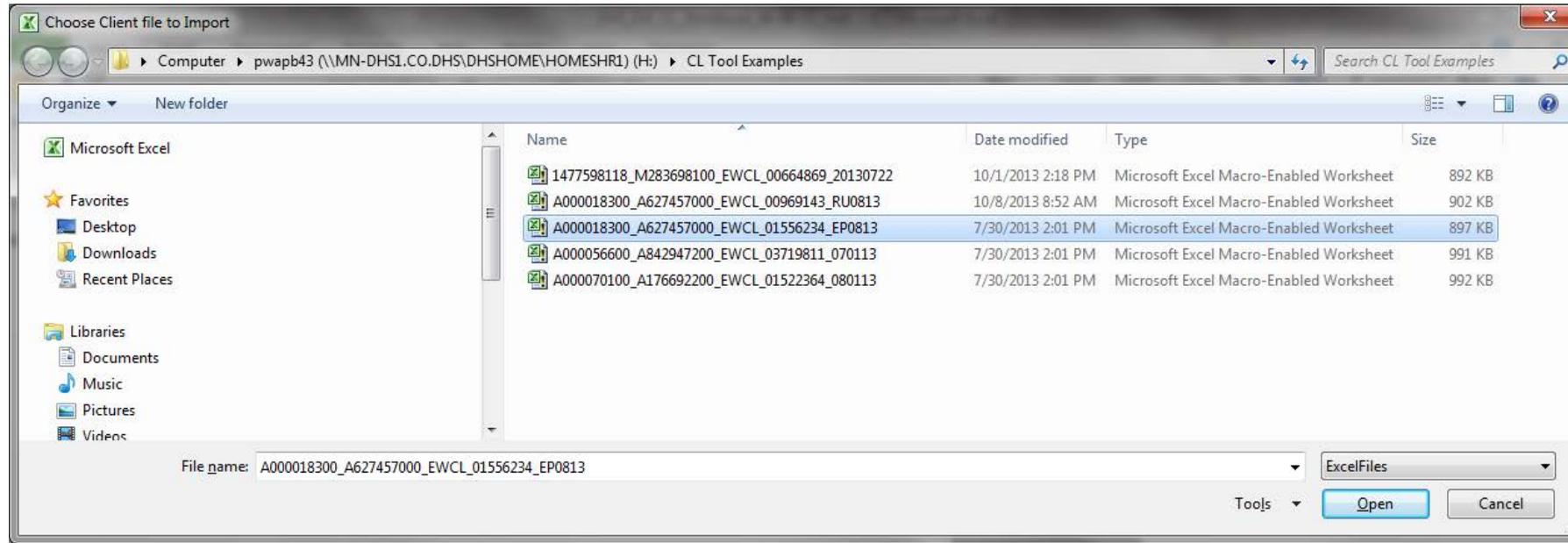
To perform the data import:

1. Open a blank copy of the most recent version of the RS Tool.
2. Click on the following 'Get Recipient's Previous Data' button near the top on the right side of the 'Scr Doc Input' form.

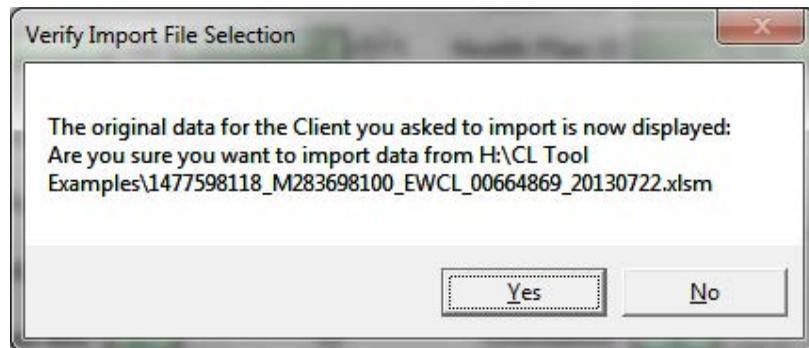


3. The following Windows Explorer screen will open so you may browse to the recipient RS Tool whose data you wish to import.

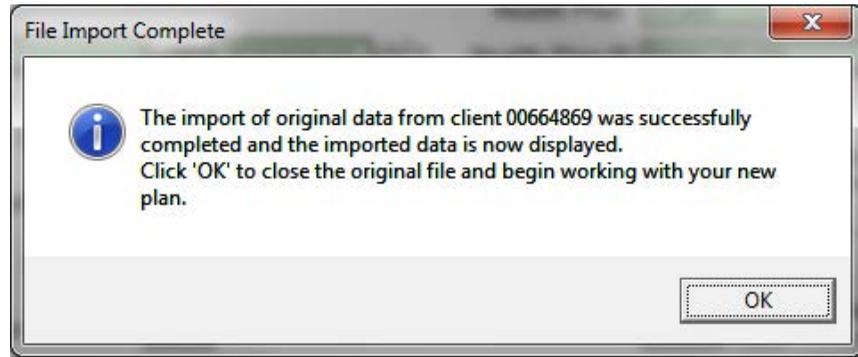
You can alternatively import by clicking the RS Tool tab next to the Home tab and choosing Get Client's Previous Data.



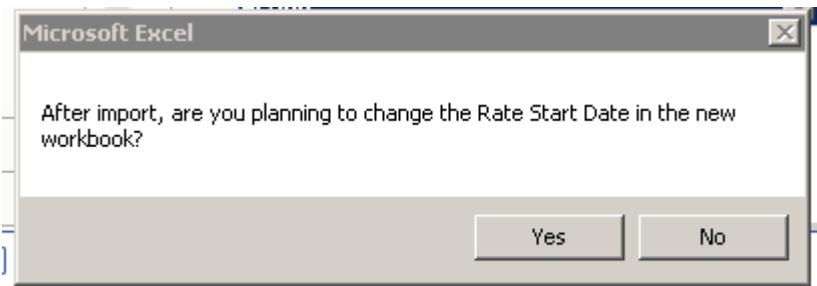
4. Click on the file you want to import.
5. Click the Open button to select the file.
6. You will then see the following pop-up: The Scr Doc Input form for the recipient you have selected to import will be shown in the background so you may verify you have selected the correct recipient to import and you are importing the correct version of the recipient's RS Tool. Note that the appearance of this pop-up, and others, may vary slightly due to the Microsoft Office and Windows version you are running as well as the appearance settings you have selected.



7. If you select 'Yes,' the import begins. If you select 'No' the import will abort. Once you select 'Yes,' the following popup will appear after a few seconds:



8. Click 'OK' to continue.
9. The RS Tool automatically enters the prior period rate (PPR) when importing the recipient's previous tool. After clicking OK to continue, you will see the following prompt. If you will be changing the rate start date, click Yes, and the full monthly rate from the old tool will be imported to the new tool. When you change the rate start date, the PPR will be automatically adjusted for all rate changes, e.g., COLAs, based on the new date. This will occur any time you change the rate start date. If you will not be changing the rate start date, choose No, and the PPR from the old tool will be imported to the new tool. If the rate start date is changed after importing, the PPR will be set to the previous monthly rate, adjusted for any COLAs. Any time the rate start date is changed you will get a message indicating the PPR has been adjusted. You should verify the calculated value makes sense since you could have imported the wrong tool or answered the above prompt incorrectly. In all cases, you may over-ride any calculated value and enter a correct value for the PPR.



After choosing Yes or No, you are ready to begin work on the new RS Tool containing the imported data. Edit and modify the RS Tool as needed, but make sure all errors have been corrected and both the Error Report and Audit Report tabs are white before submitting it. When you wish to close the RS Tool, use the 'Save As' option under the File menu option. Give your new plan a unique name.

Note: When data is imported, any validated load error is also imported as validated so you should not get another load error email on a validated recipient. In addition, several fields are automatically set to prevent unintended consequences:

- 'Prior Rate Use' is set to 'Apply for the Provider'
- The second line of the lead agency staff email address is blanked
- The Prior Period Rate field is blanked
- 'Authorize Type Valid' field is blanked if importing a tool where the rate was authorized as either AFC or RC.
- Conversion limit information is reset

- 'Are you making a correction?' is set to 'no.' If you are importing a RS Tool where the 'Are you making a correction?' was 'yes,' the import operation will set the new value to 'no' but display the following warning message so you may change it back if you wish.



Clear Cells by Group: Now that you have the recipient's old data imported, you will find most data applicable and accurate for use in the new RS Tool. You may find however, large sections have changed significantly. This is particularly true of the dates, but may apply to the screening doc scores if case mix changed significantly, the provider or the recipient moved, or if the plan needs changed substantially. You may selectively clear an area where such large changes occur so you may enter new data cleanly rather than perform the slower process of editing the data. To clear selected groups of cells, do the following:

1. On the Scr Doc Input worksheet, click the following Clear Cells by Group button. Or alternatively, click on the RS Tool tab next to the Home tab and click Clear Cells By Group.



The following form will then appear:

Selective Data Clearing Screen

Select The Area You Wish to Clear

Clear Dates

Clear Client Personal Info

Clear Assessment

Clear HWS Info

Clear Individual CL Plan

Clear EW Service Authorized

Clear All

Scr Doc Input Sheet

Individual CL Plan Sheet

Ew Services

Perform Clear

Cancel

2. Select the area to clear by clicking the option. The black dot will move to your selection.
3. The default is to clear the dates. You will want to perform this clear operation if you are doing the annual assessment or if the imported recipient data is about one year old. Such old dates conflict with the new dates you will be entering and will cause data input errors you will find difficult to work around. Clearing the old dates will prevent these input errors and make data entry easier.
4. Click the Perform Clear button to clear the data.
5. If needed, select another area to clear and again click Perform Clear.
6. When you are done clearing areas, click Cancel or the red 'X' close icon at the top of the form.

Note: You must exit out of the pop-up form to complete the operation and continue data entry. If you find yourself unable to enter data into a green entry field, make certain the 'Clear Cells by Group' popup is closed.

Completing the RS Tool Manually: If recipient data, either from a recipient's previous plan or from another very similar recipient, cannot be imported; you must enter data manually. This can occur when the recipient's previous plan is deleted, lost, or not transferred to the new lead agency staff. If you have a printout of the recipient's previous Print RS Plan, that is the best place to start; otherwise, most data will be found on the recipient's most recent Long Term Care Consultation (LTCC) or MnCHOICES assessment.

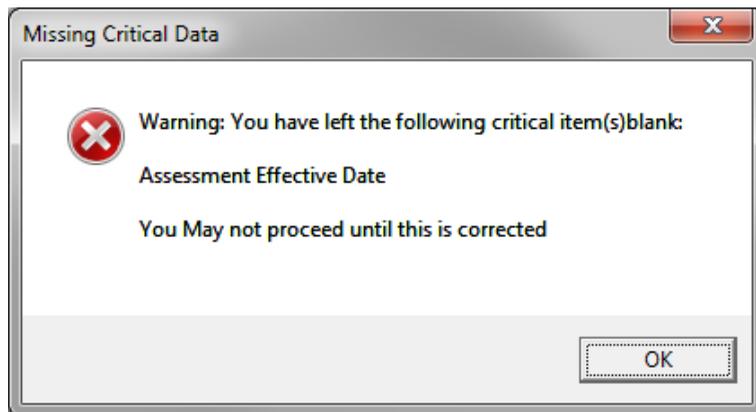
Note: If you do not have the RS Tool for a recipient for whom you know one exists, follow the 'Tool Request Protocol' as found in the ['EW Residential Services Tips, Alerts and Guidance \(PDF\)'](#).

Each RS Tool represents a custom service plan for a given recipient. The Individual Screening Document Input worksheet (Scr Doc Input) collects the following critical information to make this possible:

1. Data to properly identify the recipient
2. The county, tribe, or health plan responsible for servicing the recipient along with the health plan ID #
3. Identifying information, including contact information of the lead agency staff completing the RS Tool
4. Dates to specify the waiver span and the rate start and end dates
5. Need scores for activities of daily living (ADLs) like bathing, and instrumental activities of daily living (IADLs) like shopping

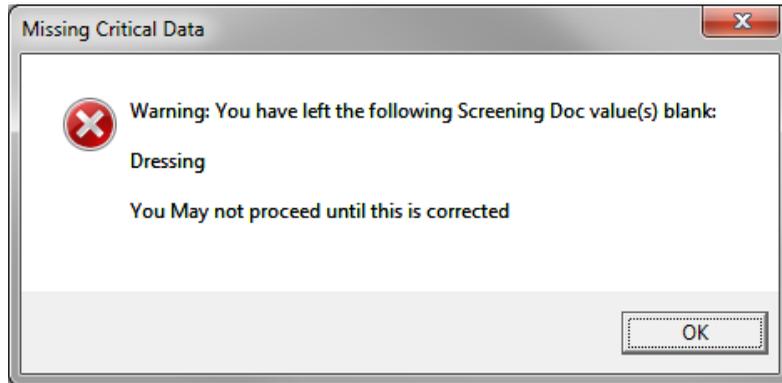
In addition, certain optional information is collected to customize the reports for the recipient, lead agency staff, and provider preferences.

Without the critical information on this first worksheet, no rate calculations can be made. Thus, all critical information on the Scr Doc Input must be completed before either the Individual RS Plan or the EW Services Authorized worksheets may be accessed. The RS Tool first checks for critical information to identify the recipient, relevant dates, HP/MCO, and lead agency staff. An error message will display showing all missing information in this category if you try to access either the Individual RS Plan or EW Services Authorized worksheets. The error will look like the following and will reflect the particular piece of information that is missing.

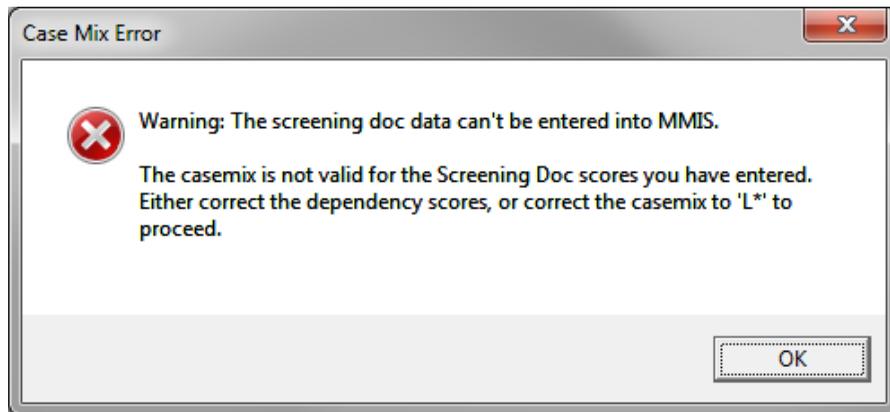


Click 'OK' and complete the required information.

Next, the screening doc scores are checked. All items must have a score entered. An error message for data missing in this category or critical information might look like the following and will reflect the particular piece of information that is missing.



Finally, the current case mix is calculated from the supplied screening doc scores and compared to the value you entered for current case mix. If there is a mismatch, you must either change the case mix to the one suggested or change the screening doc scores to produce the case mix you supplied. A case mix error might appear as follows and will reflect the particular case mix in question.



Click 'OK' and make your correction. When this last error is addressed you will be able to proceed to the Individual RS or EW Services Authorized worksheets.

You may find you would like to quickly see all missing critical data at one time rather than in stages. All missing items and any case mix error, if all screening doc scores have been entered, are displayed together in the Error Report's Screening Doc Input Errors section which is accessible at all times.

Store and Recall your CM information: For versions 8 and newer of the RS Tool, you may store three versions of your lead agency staff information on each computer you work on. The information you store and recall will be specific to that computer. To create a new lead agency staff information set, do the following:

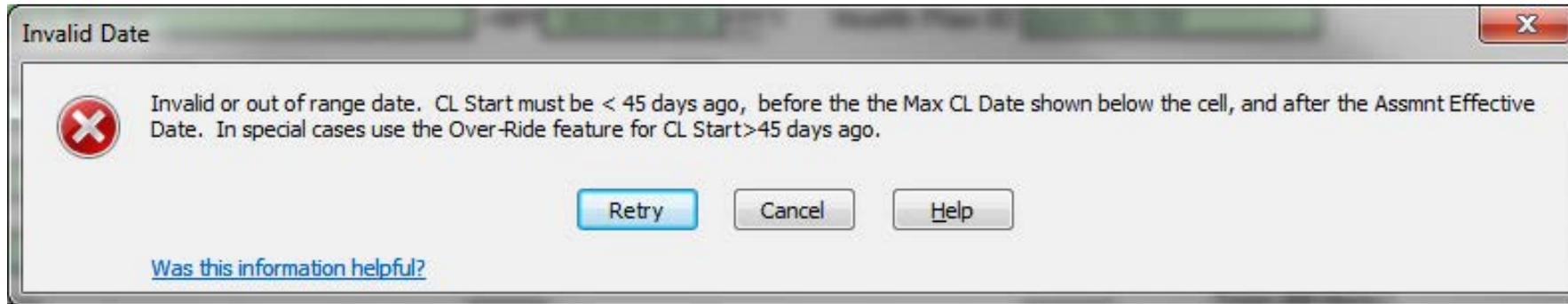
1. Use the spinner (up and down arrow control to the right of the NPI) to move forward and back through the three options to store values until you come to one of the options that does not have any saved information. Note: You can also choose 0 and the information entered will be saved to the empty slot.
2. Enter your NPI, name, phone number, and email.
3. Save your information by either pressing Enter on your keyboard, double clicking in either your name or email field, or moving off of the cell.

To edit your name, phone number, or email with an associated NPI:

1. Make the needed edits.
2. Save the edits in the same way noted above.

To delete an entry, type 'Delete' in the NPI field. This is not case sensitive so 'delete' works just as well. This may be abbreviated to 'Del.' You will be prompted to confirm the delete before the deletion.

Invalid Value Errors: If you enter an invalid value in any field, you will see a pop-up error message stating the reason the value is in error and how to fix it. Such an error message is shown below for an invalid CL start date.



INDIVIDUAL SCREENING DOCUMENT INPUT

Below is a screen shot of the Scr Doc Input worksheet with sample data entered for a fictional recipient.

You will note the cells with the green backgrounds. These are fields where you are able to enter data. You may only enter data in a field with a green background. To the left of each field is a prompt or field name to let you know what information is to be entered in the field. Most prompts are black, but some are displayed in green. When a major new version of the RS Tool is released, prompts for fields that are new or have significantly changed function or interpretation, are displayed in green. All previously existing prompts are set to black. Pay particular attention to fields with green prompts.

Some fields correspond with data items on the LTCC assessment. Each field on the LTCC is numbered and that number is displayed to the left of the field prompt in the SD# column. If there is no number, the information does not appear on the LTCC and must be sought elsewhere.

DHS
08/31/15

Information from Individual's Screening Document

EW RS
Rates Version 9.6.1



SD#		SD#		PMI	<input type="text" value="00413112"/>
1	Client Last Name	<input type="text" value="Sam"/>	4	Assigned SD#	<input type="text" value="123454321"/>
	Client First Name	<input type="text" value="Iam"/>		Assessment Change Date	<input type="text" value="12/25/2013"/>
	Street Address	<input type="text" value="1819 N. Nicholas"/>	76	Assess. Effective Date	<input type="text" value="1/1/2014"/>
	City	<input type="text" value="AnyTown"/>	FC Start Date	<input type="text" value="1/1/2014"/>	FC End Date <input type="text" value="12/31/2014"/>
13	County of Residence	<input type="text" value="Hennepin"/>	Prior Rate Use	<input type="text" value="None or doesn't apply"/>	Has Prior Tool <input type="text" value="no"/>
	State	<input type="text" value="MN"/>	Zip	<input type="text" value="55409"/>	DOB <input type="text" value="6/8/1951"/>
22	Case Manager's Name	<input type="text" value="joe blow"/>	+NPI	<input type="text" value="M123456700"/>	2 Health Plan ID <input type="text" value="00078947900"/>

SD#		SD#		SD#	
38	Dressing	<input type="text" value="2"/>	39	Grooming	<input type="text" value="3"/>
41	Eating	<input type="text" value="0"/>	42	Bed Mobility	<input type="text" value="3"/>
44	Walking	<input type="text" value="0"/>	45	Behavior	<input type="text" value="2"/> ...
48	Clinical Monitoring	<input type="text" value="0"/> ...	50	Current Case Mix	<input type="text" value="E"/>
52	Self Preservation	<input type="text" value="4"/>	55	Hearing	<input type="text" value="1"/>
57	Vision	<input type="text" value="1"/>	58	Mental Status	<input type="text" value="30"/>
61	Shopping	<input type="text" value="4"/>	62	Meal Preparation	<input type="text" value="4"/>
64	Heavy Housekeeping	<input type="text" value="4"/>	65	Laundry	<input type="text" value="4"/>
68	Money Management	<input type="text" value="4"/>	69	Transportation	<input type="text" value="4"/>
	Wheeling	<input type="text" value="1"/> ...	47	Special Treatment	<input type="text" value="0"/> ...
	Case Mix Last Assessment	<input type="text" value="E"/>	74	Vent Dependent	<input type="text" value="0"/>
	Last Case Mix value is from the PREVIOUS, not the current assessment			Are you making a correction?	<input type="text" value="no"/>

Exited/Failed to Enter	FC Date	<input type="text"/>	Authorize Rate As	<input type="text" value="Corp Foster Care: S5141"/>	Authorize Type Valid	<input type="text" value="yes"/>	Waiver Type	<input type="text" value="EW"/>
	Reason	<input type="text"/>	Dwelling License/Registration	<input type="text" value="Foster Care"/>			Waiver Type Valid	<input type="text" value="no"/>

Get Client's Previous Data

Turn All Help on/off

Clear Cells by Group

Note changes to medication scoring

Additional Required Information

Case Manager's Phone# (651) 266-3593

Delegate Agency None

Use this to enter Agency ...

Case Manager's E-Mail joe_blow@yahoo.com

Re-Type E-Mail joe_blow@yahoo.com

Optional Information

Client's Legal Name:

Legal Guardian: Michael

Print Client Name As: Sam the root'n Toot'n Rasberry

Print Case Mngr Name As: Cindy Gilleland, RN, BSN, PHN the magnificent

Print Provider Name As: HI HO Silver Dude Ranch

Print Provider Address As:

Printed Notes:
1. Diagnosis on Screen Doc
2. DOB On Screen
3. Client notes on Screening Doc
4. Track tool start date and last save date
5. Require Validation of Tool Start Date

Documentary Notes:

Individual Field Details

The following is a detailed explanation of the fields on the form and special rules and considerations for completion. Discussions of the fields are listed in tab order starting with the PMI.

PMI-SD# 4: Enter exactly 8 digits. This value is critical and should be checked carefully to assure it is correct. When the RS Tool is submitted this value will be looked up in MMIS. If the value is not found, or if the recipient information in the RS Tool does not match the data in MMIS, a load error will occur resulting in a load error email being sent to the CM.

Recipient Last Name-SD#1: Enter the recipient's last name. This field is compared to MMIS to validate the PMI, so *enter it as shown in MMIS to avoid a load error* (See Print Recipient Name As field below to see how to print a different value on the reports). If the value in MMIS is wrong, correct it and use the corrected value in the future. Be careful not to enter the recipient's first name here.

Assigned SD#: Enter the screening document number which is the document control number at the top of the LTCC. This will be available once the LTC Screening Document is entered in MMIS. If this is not available at the time you are completing the RS Tool, leave it blank. If you modify the RS Tool mid waiver span, enter it then as it will then be available.

Recipient First Name-SD#2: Enter the recipient's first name. This field is compared to MMIS to validate the PMI. *Enter it as shown in MMIS to avoid a load error.* (See Print Recipient Name As: field below to see how to print a different value on the reports). If the value in MMIS is wrong, correct it and use the corrected value in the future. Be careful not to enter the recipient's last name here.

Assessment Change Date: This is the date the lead agency staff had contact with the recipient or determined a change in need or services were required. If this is the date the recipient was visited to do the annual assessment, it is the Assessment Activity date and should match SD#12 of the LTC Screening Document. Otherwise it is the date, mid-waiver span, that the lead agency staff determined a change in condition not rising to a case mix change occurred. In this case, the date will not match a date on the LTC Screening Document. If a case mix change does occur, then a totally new LTC Screening Document is required in which the case assessment change date is the new assessment activity date and it will once again match SD#12.

Street Address-SD#1: Enter the recipient's address. This field is compared to MMIS to validate the PMI so *enter it as shown in MMIS*. As long as the recipient's first name, last name and DOB match MMIS data exactly, mismatches here will not generate a load error.

Assess. Effective Date-SD#76: This is the date the LTC Screening Document is effective and in all cases must match SD#76 of the LTC Screening Document. It is the waiver span effective date and you may also know it as the assessment result date. This will only change if a new LTC Screening Document is entered into MMIS.

City: Enter the recipient's city. This field is compared to MMIS to validate the PMI, so *enter it as shown in MMIS*. As long as the recipient's first name, last name and DOB match MMIS data exactly, mismatches here will not generate a load error.

CI Start Date: This is the date the monthly CL rate being planned will be effective. It should be on or after both the assessment date and the assessment effective date. Note that maximum service start date that can be authorized are enforced in each version of the tool. These dates increase as needed in future versions. Since the RS Tool is supposed to be completed and submitted within 30 days, entering a service start date more than 30 days ago should not occur. The RS Tool enforces a limit of 45 days and will not let you enter a date more than 45 days before the current date. There can be unusual circumstances such as when there are delays in making financial eligibility determination. If you find you must enter a date more than 45 days before today's date, use the Over-Ride-Limits buttons on the bottom right of the Error Report to enter the desired date. Use of this feature is discussed with the Error Report.

CI End Date: Enter the date this rate will no longer be valid. Unless you are certain the rate will end sooner, enter the date the waiver span ends. If the recipient's rate changes mid-span, the new RS Tool will automatic terminate the old rate the day before the new service start date.

County of Residence-SD#13: Use the drop-down to pick the recipient's county of residence. You may not enter the county code shown on the LTC Screening Document.

Prior Rate Use: Choose from the dropdown box if the prior rate applies, or does not apply, for the provider.

Please follow these instructions to answer this item:

1. Is the rate for the provider in the current RS Tool the provider's first rate for the recipient? If so, 'Prior Rate Use' is 'None or doesn't apply.'
2. Is the provider staying the same, but a new rate is being established after the recipient was dropped from the waiver due to an extended hospital or nursing home stay? If so, 'Prior Rate Use' is 'None or doesn't apply.'
3. Did the recipient move back home and is now returning to CL, AFC, or RC? If so, 'Prior Rate Use' is 'None or doesn't apply.'
4. Is a new rate being determined for the current provider with no break in monthly service? If so, 'Prior Rate Use' is 'Apply for the Provider.'

Another way to think of this is to ask yourself if the current provider had a valid prior period rate (PPR) on the date being requested. If they do, the 'Prior Rate Use' should be 'Apply for this Provider.' If the recipient is new to this provider, or their prior rate is no longer valid, the 'Prior Rate Use' should be 'None or doesn't apply.'

Has Prior Tool: Choose either 'yes' or 'no' from the dropdown box to indicate if a prior tool has ever been completed for the recipient. This field will help identify recipients receiving adult foster care or residential care services whose prior period rate was not determined by the RS Tool so that prior period rate emails will be prevented.

DOB-SD#7: Enter the recipient's actual date of birth. This field is compared to MMIS to validate the PMI, so enter it as shown in MMIS if the MMIS value is correct. If the value in MMIS is wrong, correct it, but always enter the recipient's real DOB here.

State: Enter MN which is the default.

Zip: Enter the recipient's zip code. This field is compared to MMIS to validate the PMI, so enter it as shown in MMIS. As long as the recipient's first name, last name and DOB match MMIS data exactly, mismatches here will not generate a load error.

Primary Diagnosis-SD#16: Enter the recipient's primary diagnosis' ICD-10 code. This will assist the provider in billing. [See Bulletin 14-25-05](#) for more information regarding this transition.

Health Plan: Use the drop-down to enter the HP/MCO currently responsible for managing the recipient. If the lead agency is the county who is responsible for the recipient, select 'None' (equivalent to Fee-For-Service).

Case Manager's Name-SD#22: This field is compared to MMIS to validate the lead agency staff's NPI, so enter it as shown in MMIS, e.g., Jane Doe. Do not add titles or name prefixes or suffixes. As long as the lead agency staff's first and last names match MMIS data exactly, other mismatches here will not generate a load error. If the value in MMIS is wrong, correct it and use the corrected value in the future (Remember, this value may be stored and recalled for quick entry. See the section 'Save time and reduce errors by storing and recalling your CM information' above for details).

NPI-SD#23: Enter exactly 10 characters with the last nine being digits. The first character may be a letter. You may have multiple NPI's if you work for more than one entity. Enter the NPI you use when working for the lead agency or HP/MCO responsible for providing case management on the current recipient. This value is critical and should be checked carefully to assure it is correct. When the RS Tool is submitted, this value will be looked up in MMIS. If the value is not found, or if your information in the RS Tool does not match the data in MMIS, a load error will occur resulting in a load error email being sent (Remember, this value may be stored and recalled for quick entry. See the section 'Save time and reduce errors by storing and recalling your CM information' above for details).

Health Plan ID: Recipients being managed by a HP/MCO will have an identifying number which may or may not be the PMI. Enter the value here. There is no validation checking on this field, so enter it carefully.

Scores for the Screening Document ADLs, e.g., bathing and IADL, e.g., shopping come next: Only special consideration of specific cases are listed and discussed below. The general rules for these fields are:

1. Every field must contain a value
2. You may type the value or use the dropdown selection accessed by click the little down arrow to the right of the field to pick a valid value
3. All screening document scores are numbers unless otherwise discussed below

Eating-SD#42: Enter the eating score. The recipient must have a score of 3 to be dependent.

Bed Mobility-SD#42: Also referred to as positioning in the RS Tool

Behavior-SD#42: Also referred to as active behavioral support in the RS Tool. When entering a value other than 0 or when clicking the button with the ellipses, the following form will appear:

The screenshot shows a software window titled "Behavior Authorization Form" with a close button in the top right corner. The main heading is "Information Related to Identified Behavioral Needs". Below this, a sub-heading reads: "Lead Agency Assessor relied on information from the following sources in determining client's behavioral condition and needs: (check all that apply)".

There are two columns of checkboxes:

- Source of Information:** Lead Agency Assessor, Case Manager, Client, Physician, Psychiatrist, Psychologist, CL Provider RN, RN Other, Physician Assistant, Family, Other.
- Type of Information:** Client self report, Informant, Assessor Observation, Medical Record, Existing Plan, Other.

Below these columns, a section titled "The following are present/addressed in the CL Service plan related to the identified behavioral needs:" contains a list of checkboxes:

- Client goals specified
- Regular staff interventions described
- Baseline data recorded
- Daily documentation of Client behavior
- Re-evaluation of plan
- Staff training related to behavioral needs
- Assessor asserts non-checked items are not required to meet Client's needs or to provide appropriate staff interventions

To the right of this list is a text area labeled "Reasons/explanation" with a note: "(Use Ctrl + Enter for new line)".

At the bottom, there are two status indicators:

- "Verified for Time" with a "no" button below it.
- "Meets Criteria for Case Mix/24 hr CL" with a "no" button below it.

Finally, there are "Done" and "Help" buttons at the bottom of the window.

For help while completing the form, click the Help button at the bottom right.

This form is assessor oriented and recognizes the assessor is making the determination of behavior scoring and case mix from a number of possible sources and types of information. In addition, recipients with behavior issues are expected to have a detailed service plan addressing their need and care. These plans may be in several forms-including details contained in the RS

Plan in the RS Tool or other formal service plan documents. If another service plan exist and addresses all needed areas of a plan, you may rely on that plan and simply reference it. If items are missing, you can detail them in the RS Plan through details provided in appropriate areas of the RS Tool. If, due to special circumstances of the recipient, an area does not apply, you may indicate this and detail why this is the case. Note that it should be rare for this to occur.

In order to enter time for any service lines under the 'Active Cognitive or Behavioral Support' section of the RS Plan, or for behavior to count for case mix (and resulting case mix rate limits), this form must be completed. As the assessor completing this plan, you are verifying you have determined the recipient's behavioral needs and required services. This may be based on information you obtain from several sources, using various types of information. In all cases, a written plan to address the recipient's behavioral needs must be in place as an integral part of the overall RS Plan contained in this RS Tool and/or a supplemental plan developed elsewhere. The overall plan must address the goals, regular staff interventions, required training, documentation, and reevaluation needed to address the identified orientation needs.

To complete this form:

1. Select the sources and types of information you relied on to determine the recipient's behavioral needs. You should check all sources and types of information used. If you pick 'Other' in either list, provide some detail in the 'Reason/explanation' box. Remember, you are considered the assessor, so checking case manager as a source indicates you are relying on another or previous case manager's documentation or information.
2. Check off items present/addressed in the plan. Although all of the items do not need to be currently in place at the time the RS Tool is completed, they must be in active development and are expected to be in place within a month (except in **rare** circumstances). Documentation of the checked elements could be:
 - Referenced to be found in a separate plan
 - Part of your service description in the overall Individual RS Plan service description lines
 - Contained in Audit Report explanations
 - Included in the Summary of Supervisory Support section
3. On **rare** occasion, certain items may not apply or are addressed in other ways. In these circumstances, check the box indicating that non-checked items are not required to meet the recipient's needs or to provide appropriate staff interventions. If this is checked, an explanation of why the non-checked elements are not applicable is required. Use the 'Reasons/explanation' box to explain why any of elements are not needed. Note: The Reason/explanation box is **not** meant to describe the recipient's behavioral needs, goals, staff interventions, or training.
4. Describe the type of staff intervention, frequency, and other service details relating to behavior issues in the service description area of the appropriate service line in the RS Plan. For example, this could include how added time in an ADL is related to the behavioral need or intervention, or staff intervention is described related to anxiety or verbal aggression as part of Active Cognitive/Behavioral Support. The RS Plan could also reference a separate plan developed as applicable. These descriptions should be in addition to the actual services being performed, such a bath twice per week.
5. Describe why additional time for behavioral needs is required in the Justification column of the Audit Report.
6. You will be able to enter time and any behavior score once at least one source and type of information is checked **AND** either all the plan elements are checked or the 'Assessor asserts non-checked items are not required to meet recipient's needs or to provide appropriate staff interventions' check box is checked and the Reason/explanation is provided.

Clinical Monitoring-SD#49: If you mark 1 or greater for clinical monitoring, or when clicking the button with the ellipses, the following required form will appear:

Clinical Monitoring and Special Treatment Authorization Form

Clinical Monitoring & Special Treatment Authorization Check-List

Check to Verify

Required verifications: The medical record establishes the following:

<input type="checkbox"/> Physician identified a medically unstable condition requiring clinical monitoring	Verified for Time	Meets Criteria for Case Mix/24 hr CL
<input type="checkbox"/> RN assessed client and identified a high risk condition requiring clinical	no	no
<input type="checkbox"/> Written plan for clinical monitoring has been developed		
<input type="checkbox"/> Measurements/condition changes will be systematically taken and recorded		
<input type="checkbox"/> Monitored information will be interpreted by RN and reported to physician		
<input type="checkbox"/> Physician will document periodic reassessments of client status and need for continued monitoring		

Condition Description	Monitoring Freq	Monitoring Period	Treatment being modified based on listed monitored changes or treatment alone
	0		
	0		
	0		

Done Help

For added help, click the Help button at the bottom right of the form. To complete the form, check all statements under 'Check to Verify' for which you can attest. In the lower section, complete at least one line. Start with the most intensely monitored condition for which there is a treatment being adjusted or controlled by the monitoring. Complete up to two more in descending order of significance and intensity. You will notice that salmon colored boxes (Verified for Time and Meets Criteria for Case Mix/24 hr CL) will change as you complete the form to indicate if time may be entered and if clinical monitoring affects case mix. You must move to another box or checkbox for the form to update. Clicking Done will also update the form and provide a message so you can see the final verification status. If the result is not what you desired, reopen the form, and it will automatically update the scores for clinical monitoring and special treatment. In order to qualify for time, all of the checkboxes must be marked and a condition description, monitoring frequency, and monitoring period entered. In order to qualify for the 24-hour CL, all of the before mentioned must be true and the monitoring period must be at least once every 8 hours or shift and there must be a treatment being modified based on the monitored changes.

Toileting-SD#42: If the recipient has continence issues, but manages this need themselves, they are independent. If they don't need assistance to manage this need, whether it is frequent or for bowel or bladder, they are not dependent.

Orientation-SD#52: When entering a value other than 0 for orientation, or when clicking the button with the ellipses, the following form will appear:

Orientation Authorization Form

Information Related to Identified Orientation Needs

Lead Agency Assessor relied on information from the following sources in determining client's orientation condition and needs: (check all that apply)

Source of Information	Type of Information
<input type="checkbox"/> Lead Agency Assessor	<input type="checkbox"/> Client self report
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Informant
<input type="checkbox"/> Client	<input type="checkbox"/> Assessor Observation
<input type="checkbox"/> Physician	<input type="checkbox"/> Medical Record
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Existing Plan
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Other
<input type="checkbox"/> CL Provider RN	
<input type="checkbox"/> RN Other	
<input type="checkbox"/> Physician Assistant	
<input type="checkbox"/> Family	
<input type="checkbox"/> Other	

The following are present/addressed in the CL Service plan related to the identified orientation needs:

Reasons/explanation
<input type="checkbox"/> Client goals specified
<input type="checkbox"/> Regular staff interventions described
<input type="checkbox"/> Re-evaluation of Plan
<input type="checkbox"/> Staff training related to orientation needs
<input type="checkbox"/> Assessor asserts non-checked items are not required to meet Client's needs or to provide appropriate staff interventions

(Use Ctrl + Enter for new line)

Verified for Time: Meets Criteria for Case Mix/24 hr CL:

For added help click the Help button at the bottom right. This form is assessor oriented and recognizes the assessor is making the determination of orientation scoring and case mix from a number of possible sources and types of information. In addition, *recipients with orientation issues are expected to have a detailed service plan addressing their need and care.* These plans may be in several forms-including details contained in the RS Plan in the RS Tool or other formal service plan documents. If other service plans exist and address all needed areas of a plan,

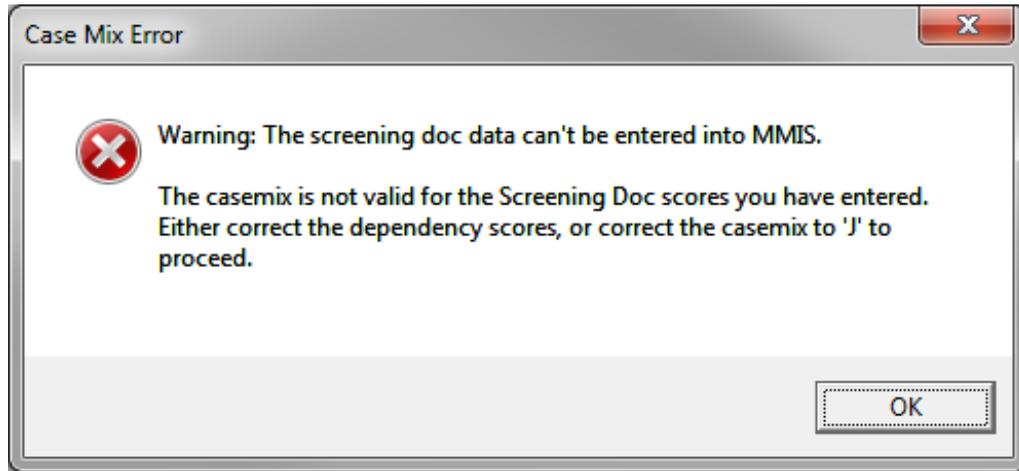
you may rely on that plan and simply reference to it. If items are missing, you can detail them in through details provided in appropriate areas of the RS Tool. If, due to special circumstances of the recipient, an area does not apply, the assessor may indicate this and detail why this is the case. Note that it should be **rare** that this would occur.

In order to enter time for any service lines under the Active Cognitive or Behavioral Support section of the RS Plan, or for orientation to count for 24-hour CL, this form must be completed. As the assessor completing this plan, you are verifying you have determined the recipient's orientation needs and required services. This may be based on information you obtain from several sources, using various types of information. In all cases, a written plan to address the recipient's orientation needs must be in place, as an integral part of the overall RS Plan contained in this tool and/or a supplemental plan developed elsewhere. The overall plan must address the goals, regular staff interventions, required training, documentation, and re-evaluation needed to address the identified orientation needs.

To complete this form:

1. Select the sources of information you relied on to determine the recipient's orientation needs and the type of information used. You should check all sources and types of information used. If you pick 'Other' in either list, provide some detail in the Reason/explanation box. Remember, you are considered the assessor, so checking case manger as a source indicates you are relying on another or previous case manager's documentation or as an informant, etc.
2. Check off items present/addressed in the plan. Although all of the items do not need to be currently in place at the time the tool is completed, they must be in active development and are expected to be in place within a month (except in **rare** circumstances). This documentation could be:
 - Found in a separate plan
 - Part of your service description in the overall Individual RS Plan service description lines
 - Contained in Audit Report explanations
 - Included in the Summary of Supervisory Support section
3. On rare occasion, certain items may not apply or are addressed in other ways. In these circumstances, check the box indicating that non-checked items are not required to meet the recipient's needs or provide appropriate staff interventions. If this item is checked, an explanation of why these elements are not applicable is required. Use the Reasons/explanation box in the form to document any items of answers on the form.
4. Describe the type of staff intervention, frequency, and other service details relating to orientation issues in the service description area of the appropriate service line in the RS Plan. For example, this could include how added time in an ADL is related to the orientation or intervention, or staff intervention is described related to anxiety, verbal aggression, etc. as part of Active Cognitive/Behavioral Support. The RS Plan could also reference a separate plan developed as applicable. These descriptions should be in addition to the actual services being performed, such a tub bath twice per week.
5. Describe why additional time for orientation needs is required in the Justification column of the Audit Report.
6. You will be able to enter time and any orientation score once at least one source and type of information is checked **AND** either all the plan elements are checked or the 'Assessor asserts non-checked items are not required to meet recipient's needs or to provide appropriate staff interventions' check box is checked and the Reason/explanation is provided.

Current Case Mix-SD#51: Enter the recipient's current case mix. If the case mix and screening document scores are inconsistent and you attempt to go to another tab, the following error will display notifying you that you must correct any errors before proceeding.



Wheeling- SD#42: Wheeling is not captured in MMIS at present, but the following dependency scores may be entered:

- 0 = Does not use wheelchair, or receives no personal help wheeling
- 1 = Needs help negotiating doorways, elevators, ramps, locking or unlocking brakes
- 2 = Needs and receives total help with wheeling

You can either type the number in directly into the field, or alternately, you can click the button with the ellipses and chose from the dropdown box.

Special Treatment-SD#48: Clinical monitoring and special treatment work together so the form is used for both or either. To have a special treatment score greater than 0 you must at minimum list the special treatment in a treatment cell in the fourth column. If there is no clinical monitoring but you need to document the special treatment you can leave all other items on the form blank, but it is better if you answer other sections appropriately. For example, if the recipient is on oxygen for sleep apnea but no monitoring occurs, check the questions that apply, list the Condition as Sleep Apnea, Frequency as 0, Period as blank, and Treatment as Nightly Oxygen with CPAP. This more fully and accurately documents the situation and puts the desired score of 2 in the Special Treatment.

Vent Dependent-SD#75: 2013 legislation allows for a new case mix V for Elderly Waiver (EW) to support individuals with ventilator dependency. To reflect this change, Vent Dependent was added to the Screening Document Input page in version 8.3.1 of the RS Tool. For scoring: 00 = not applicable; 01 = intermittent, less than 6 hours per day; 02 = intermittent, at least 6 hours per day; and 03 = continuous. Scores of 02 and 03 “count” to establish case mix.

Neurological Diag-SD#42: Enter either ‘yes’ or ‘no’ using the drop-down. Note this is not a number as is the case with all other screening document scores.

This completes the screening document scores section.

Case Mix Last Assessment: Enter the recipient’s case mix from their last assessment.

Are you making a correction? This is field is automatically set to ‘no’ when importing previous data. Setting this field to ‘yes’ will cause the previously submitted RS Tool to be deleted. You should only set this ‘yes’ if the dates on the previously submitted tool were in error and you are correcting those dates. If the error was in fields other than the dates, you are changing services to correct the previously submitted rate, or computing a new rate, simply make the corrections/changes, do NOT mark this field to ‘yes’ and resubmit the RS Tool.

Exited/Failed to Enter CL Date: Complete this field and submit the RS Tool to indicate the recipient is exiting residential services or an assessment was completed but the recipient never started receiving residential services. Enter the date of the exit or the date it was determined the recipient would not be receiving residential services. If the recipient exits EW and is properly exited in MMIS, you need not complete this field nor submit the RS Tool. If properly exited from EW in MMIS, this fact will be automatically determined by the processing system. A common instance when this field and RS Tool submission is required is when the recipient is moving home from the residential facility, but will still be receiving other EW services. In this case, you will not have entered an EW exit in MMIS, so will need to submit an exit RS Tool to let the system know this is the case. This action is necessary whenever the recipient exits residential services but is not exited from EW in MMIS. **Note, an exit tool does not support rate authorization.**

Reason: If submitting a RS exit tool as detailed above, use the drop-down to select a reason the recipient has been exited or failed to enter CL, RC, or AFC.

Authorize Rats As: Beginning with Version 9, the RS Tool can be set to various modes to set rates and plan for customized living (CL) services, adult foster care (AFC), or residential care (RC) by choosing from the dropdown box. Depending on the authorized rate type, the RS Tool changes prompts and available component services on the Individual RS Plan, Audit Report, Print CSP, and Print RS Plan; and enforces the corresponding rate limits.

Authorize Rate Valid: Chose 'yes' from the dropdown box to verify you have properly set the rate type you will be calculating and will authorize in your payment system.

Dwelling License/Registration: This field is used to describe the license or registration of the physical structure where the recipient resides and receives services. Choose from the dropdown box one of the available options that most closely describes the license or registrations: Foster Care, Board & Lodge, Board & Lodge with Special Services. If the dwelling does not have one of these registrations or licenses, you may choose Apartment-Unlicensed or Other Unit-Unlicensed.

- If authorizing residential care, the typical dwelling choice will be Board & Lodge with Special Services
- If authorizing foster care, the dwelling choice should be Foster Care
- If authorizing customized living services, the typical dwelling choice will be Apartment-Unlicensed

The easiest way to know the license or registration status of the dwelling is to ask the provider.

Waiver Type: This field is locked to EW.

Waiver Type Valid: This field allows you to pre-validate the 'Waiver Type' to avoid a load error on this field. There are certain instances in MMIS where the 'Waiver Type' will be changing to match the value on the RS Tool but has not yet done so. This can produce a load error email. Setting this field to 'yes' can avoid this error.

Additional Required Information

Case Manager's Phone#: Enter your direct phone number in 999-555-2222 format. This field is compared to MMIS to validate the lead agency staff's NPI, so enter it as shown in MMIS. As long as the first and last names match MMIS data exactly, mismatches here will not generate a load error. If the value in MMIS is wrong, correct it and use the corrected value in the future. Some counties or agencies enter the central phone number in MMIS and not individual lead agency staff's phone number. In this case, enter this central phone number to avoid load errors. Remember, this value may be stored and recalled for quick entry. See the section 'Save time and reduce errors by storing and recalling your CM information' above for details.

Delegate Agency: This field assists health plans to send information from the management reports to the proper delegated agency to ensure quality. To enter a delegate agency, click the 'Use this to enter Agency...' button, and the following form will appear.

Select Delegate Lead Agency

If the client is with a Health Plan, and you work for a contracted delegate agency, please pick your Delegate Agency from the list below. If you work directly for the Health Plan, pick 'None'. If you are a County Delegate, pick County from the Top list and then the County from the second list. Click 'OK' to set the value and close this form.

Delegate Agencies List: Pick County to enable the County List

[Dropdown menu]

Delegate Counties List

[Dropdown menu]

OK

If the recipient is with a health plan and you work for a contracted delegate agency, pick your delegate agency from the dropdown box. If you work directly for the health plan, pick 'none'. If you are a county delegate, pick 'County' from the top dropdown and then choose the county you work for from the second dropdown. If your agency is not in the list, pick *Other*, and contact DHS so we may add it with the next version of the tool.

Case Manager's E-mail: Enter your email address and carefully verify it is correct (Remember, this value may be stored and recalled for quick entry. See the section 'Save time and reduce errors by storing and recalling your CM information' above for details).

Re-Type E-Mail: Validate the e-mail address you just entered by typing it a second time. You will know you have entered matching e-mail addresses when your e-mail address appears in light gray between the two e-mail fields (Remember, this value may be stored and recalled for quick entry. See the section 'Save time and reduce errors by storing and recalling your CM information' above for details).

Optional information is discussed next. Entry of data in this section is at the lead agency staff's discretion.

Client's Legal Name: Enter the recipient's legal name if different from the name entered at the top of the Scr Doc Input form. This will print on the recipient signature line. Leave blank to print the names at the top.

Legal Guardian/Health Care Agent: You may enter the name of either the legal guardian or health care agent. Use the drop down in the prompt for this field to specify the type of legal representative being printed. The legal representative type, legal guardian or health care agent, and their name will be printed on the report. If you leave the field blank, none of this information will print. Never type 'none' in this field as that is what will print.

Print Client Name As: A recipient may prefer to be called a name different from their legal name or the name as entered in MMIS and the lead agency staff may wish to have this name printed at the top of the reports. For example, the recipient may want to have the name print as 'Bill Bailey' instead of 'William Bailey' which may be the name entered in MMIS. If this field is blank, the standard Client First Name and Client Last Name at the top of the Scr Doc Input form will be used. Keep the standard name fields consistent with MMIS for error checking and validation and use this field to specify what to print.

Print Case Mngr Name As: You may prefer to have your name print differently than the name entered at the top of the Scr Doc Input form. For example, you may want to add a prefix, suffix, or title to your name when printing the report. For example, you may want to have your name print as 'Mary Smith, RN, MS' rather than Mary Smith which may be the name entered in MMIS and specified at the top of the Scr Doc Input form. If this field is blank, your standard name at the top of the Scr Doc Input form will be used. Keep the standard name fields consistent with MMIS for error checking and validation and use this field to specify what to print.

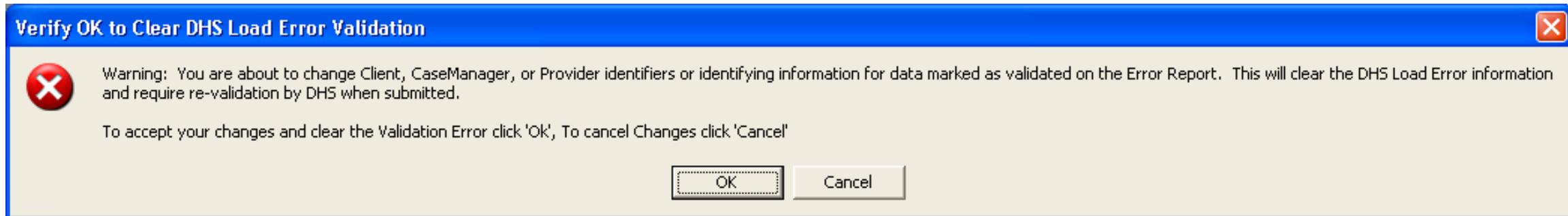
Print Provider Name As: This field works in the same way as the two Print Name As fields discussed just above, but it applies to the provider's name.

Print Provider Address As: This field works in the same way as the other Print Name As fields discussed, but it applies to the provider's address.

Printed Notes: This field is used to enter any notes or documentation about the recipient, provider, service plan, or any other topic. These notes are printed at the end of the Print RS Plan.

Documentary Notes: Enter any notes or documentation about the recipient, provider, service plan, or any other topic. These are notes are for the lead agency staff and are not printed or loaded into the DHS database. Although these notes are not routinely accessed by DHS, are generally considered confidential, and are not studied; realize the notes will be visible if DHS staff opens the RS Tool.

Final Special Note: If you are working with a RS Tool which required load error validation, the error message and verification status is preserved if you import the data to a new RS Tool. This tells DHS that while load validation inconsistencies were found on the previous RS Tool, these were sent back to you to verify and you indicated they could be ignored. We wish to allow this validation to remain for the current RS Tool. However, if any of the previously verified data is changed, DHS will need to revalidate the new data. If the changes you make totally fix all the load errors, this is not a problem as you will not get a new error mail. However, if new errors are found, a load error will occur. To prevent any accidental change to validated data (Recipient, CM, or provider) the following confirmation will be displayed:



If you made the change by accident, simply indicate 'No' and the original data and validation state will be retained. Choose 'Yes' to accept your change.

INDIVIDUAL RESIDENTIAL SERVICES PLAN

The Individual RS Plan is a data entry form where you provide information on the provider servicing the recipient, the specific types of services the provider will deliver the amount of each service, a detailed description of the recipient's needs, and how the service will meet these needs. In addition, various information is needed to determine the final monthly service rate to reimburse the provider.

You may access the Individual RS Plan worksheet once all critical data has been entered into the Scr Doc Input form by clicking on the Individual RS Plan tab (second olive colored tab) at the bottom of your screen. In general, the same rules for entering data apply in this form as was the case in the Scr Doc Input form. In particular, data may only be entered in the fields with green backgrounds (white in these printable instructions).

If you imported the recipient's previous data when completing the Scr Doc Input form, the Individual RS Plan will have the data from the imported RS Tool already displayed. Remember, you can use the Clear Cells by Group function on the Scr Doc Input form to selectively clear the provider or RS Plan information for a clean start if the provider is new or the plan changed significantly. Otherwise, begin making edit changes to RS Plan to reflect the recipient's current needs. If you are entering data manually, simply begin completing the form.

Do NOT print from the Individual RS Plan worksheet in which component services and units of services were planned. Rather, print the Print RS Plan, Print Guide, and Print CSP to give to the recipient. Give the provider a copy of the Print RS Plan and Print Guide.

How The Instructions Will Be Presented:

The Individual RS Plan form is considerably longer than the Scr Doc Input. In addition, we have altered the screen shot instruction colors from the downloadable RS Tool so that the salmon/un-fillable cells will display as light-grey and the green/fillable data input fields cells will display as off-white in order to make the instructions accessible. To illustrate, see the below example. Data input fields will be in off-white and descriptions and information fields will be light grey.

Completion instructions will then proceed by form section. A screen-shot of a portion of the form will be shown and discussion of that section will follow.

Sample section in true colors and then the grey/off white:

Food Preparation				Service Description			Min/ Day	Min/ Week	Hrs/ Mo	Total Hours/ Month	
Individual Assistance w Meal Prep in Own Apartment	63	4	Needs total assistance	yes	yes	Assistance with making coffee and toast in the morning.	10			5.07	\$ 79.65

Food Preparation				Service Description			Min/ Day	Min/ Week	Hrs/ Mo	Total Hours/ Month	
Individual Assistance w Meal Prep in Own Apartment	63	4	Needs total assistance	yes	yes	Assistance with making coffe and toast in the morning.	10			5.07	\$ 79.65

The salmon (grey) colored fields do not accept data and may not be edited. Data may be entered or edited in the light green (off-white) fields. The sample also shows an example of a drop-down entry field; it is the field containing 'yes' with the little gray square with the down arrow to the right. Click the down arrow to pick from a list of valid responses.

PROVIDER INFORMATION AND RECIPIENT SCREENING DOCUMENT RE-CAP



Individualized EW - Foster Care Plan

Client Last Name Client First Name

PMI

Case Mix

County/Tribe

Case Manager

Health Plan

Recipient Health Plan ID

Start Date for FC Service Assessment Date

Mental Status Evaluation Assess. Effective Date

Self Preservation

Foster Care Provider Name

NPI/UMPI Bring in Client's Address

Foster Care - Street Address

Foster Care - City

Foster Care - ZIP Code

Foster Care - County

Housing with Services - HF ID # [MDH Provider HFID Web Site](#)

Community Budget Cap	\$ 3,420.00	Foster Care Rate Limit	\$ 3,420.00
Individual Eligible for 24 Hr CL	yes	Provider Meets Standards for EW 24 hr CL.	<input type="text" value="yes"/>
CL/RC Service Rate Limit	\$ 1,679.00		
24 Hr CL Service Rate Limit	\$ 2,963.00		

RECIPIENT AND PLAN DATES SUMMARY

Information about the recipient and RS Plan dates is shown on the left. This information automatically populates from the Scr Doc Input and may not be changed here. Go back to the Scr Doc Input to correct any errors you notice. To the top-right is information on the provider.

PROVIDER INFORMATION

Identifying information on the provider is shown here.

Housing with Services Provider Name: Enter the provider's name. For customized living services, this field is compared to Minnesota Department of Health (MDH) data to validate the HFID, so enter it as shown by MDH. As long as the provider's name, address, city, or zip code matches MDH data exactly, mismatches here will not generate a load error. The field name changes to reflect AFC and RC when planning for those services as do the rest of the provider fields below.

NPI/UMPI: Enter the provider's NPI or UMPI. If the length is only 9 digits, precede the number with the letter 'A.'

Housing with Services - Street Address, City, and Zipcode: Enter the provider's street address. For CL, this field is compared to MDH data to validate the HFID so enter it as shown by MDH. As long as the provider's name, address, city, or zip code matches MDH data exactly, mismatches here will not generate a load error.

Housing with Services – County: Enter the county where the facility is located. Use the drop-down to pick from the list.

Housing with Services - HF ID #: Enter the provider's HwS HFID for the facility. This is a 5 digit number and may be found on the MDH website. For convenience, a hyper link to MDH's HFID lookup website can be found to the right of the HFID field. When you click the link you will be taken to an MDH web page containing the following search specification form. In Step 1, **always select 'Housing with Services' as the provider type**. Next, pick how you would like to search and enter a search value. Here we are searching by county and the facility is located in Blue Earth County.

3 Steps to locating Minnesota's licensed, registered or certified health care providers.

Step 1) Select a provider type:

Step 2) Complete one of the 4 selection criteria listed below:

1) By County Which County:

2) By City Which City:

3) By Provider Name Which Provider:

4) Select All

May produce a large output list.

Step 3) Submit your selection:

You will get a results screen similar to the following:

Your selection of Housing With Services found 19 providers in BLUE EARTH county.

ID	Provider Information
23858	<p>Name: AUTUMN GRACE II Address: 110 RAVEN COURT MANKATO MN 56001 Phone: 507-388-3660 Fax: 507-388-5412 Administrator: MRS. HEATHER BASS Minnesota Classifications: (Housing With Services) (Assisted Living Services) (*See Note Below)</p>
20375	<p>Name: COUNTRY NEIGHBORS Address: 511 WEST BLUE EARTH STREET LAKE CRYSTAL MN 56055 Phone: 507-726-6537 Fax: 507-726-2402 Administrator: MS. JULIE WOOD Minnesota Classifications: (Housing With Services) (Class F Home Care Provider) (Assisted Living Services)</p>

The HFID is the number in the ID column. Search through the list until you locate the facility. When you find it, you may copy the relevant data and paste it into the RS Tool. This will save time and ensure the data in the RS Tool will match the MDH data. If you find the data here is not what you wish to have print in the reports, use the 'Print Provider Name As:' and the 'Print Provider Address As:' optional fields on the Scr Doc Input form to specify how these items should print.

If you are unable to find the facility's HFID, ask the provider if they have one and what it is. You may find the provider is not in compliance and does not have a HFID. If this is the case, use the Over-Ride-Limits button at the bottom of the Error Report to request an Auto-Generated (AutoGen) temporary HFID. Use of the Over-Ride-Limits feature is discussed further with the Error Report.

When you submit a RS Tool with an AutoGen HFID, DHS will create a number in the X1234 format and put that number in the HFID field. The RS Tool will be returned to you in a load error email. Simply write down the new number provided, validate the load error and resubmit the RS Tool through MN-ITS. Encourage the provider to get the proper HFID and use the ID provided for all recipients in the facility until the provider obtains a valid HFID. Switch to the valid one once it is available. You should share this temporary HFID with other lead agency staff so you all use the same value until the permanent value is obtained.

Using the Recipient's Address to Complete the Provider's Address: If the provider's address is the same as the recipient, you can save some typing by bringing in the recipient's address from the Scr Doc Input page by checking the dark green check-box option, seen below, to the right of the NPI/UMPI field.

NPI/UMPI Bring in Client's Address

This will automatically copy the recipient's street address, city, zip code, and county to the corresponding provider fields. If you do this by accident, you may clear these same fields by unchecking the box.

Validation information for NPI/UMPI button: The NPI validation button is used to validate the provider's fee-for-service NPI/UMPI. Since foster care and residential care providers do not require an HFID, but do require a NPI, this is where we will get the information to validate NPIs. This form is only required for adult foster care and residential care; it is not required for customized living services. Always check that this information matches data in MMIS to avoid load errors. Taxonomy information can be found in the PTAX screen in MMIS. If you do not have MMIS access, ask the provider for the information they use when billing fee-for-service.

The following will be used to validate the NPI/UMPI:

Validation
information
for NPI/UMPI

Name: The Wellstead of Rogers AL
Address: The Wellstead of Rogers AL
City: Rogers
ZipCode: 55428
Taxonomy Code(if Applicable):

When you click the button, the following form will display. Complete all form fields.

The screenshot shows a window titled "Verification Information for NPI/UMPI" with a close button (X) in the top right corner. The main heading is "Edit Provider NPI/UMPI Validation Information if Different From HFID:". Below this is a sub-heading: "Verify this information with provider and enter values found in MMIS". The form contains the following fields:

- Provider NPI/UMPI Mnits Mailbox #: 0000000000
- Provider Name: [Redacted]
- Provider Address: [Redacted]
- Provider City: [Redacted]
- Provider Zip: [Redacted]
- Provider Taxonomy Code: [Redacted]

At the bottom of the window are two buttons: "Close" and "Help".

LIMITS SUMMARY INFORMATION

These values are based on county of residence, case mix classification, and documented need for 24-hour customized living rate. These cells will populate based on the recipient information entered on the Scr Doc Input form and the documented need for 24-hour CL rate. Dollar amounts are pulled from reference worksheets contained in the RS Tool. The information indicates the recipient meets criteria for 24-hour CL. The budget cap and CL, 24-Hr CL, and foster care service rate limits are displayed.

Community Budget Cap <input style="width: 80%;" type="text" value="\$ 3,420.00"/>	Foster Care Rate Limit <input style="width: 80%;" type="text" value="\$ 3,420.00"/>
Individual Eligible for 24 Hr CL <input style="width: 80%;" type="text" value="yes"/>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Provider Meets Standards for EW 24 hr CL. </div>
CL/RC Service Rate Limit <input style="width: 80%;" type="text" value="\$ 1,679.00"/>	<input style="width: 80%;" type="text" value="yes"/>
24 Hr CL Service Rate Limit <input style="width: 80%;" type="text" value="\$ 2,963.00"/>	

Provider Meets Standards for EW 24 Hr CL: In order for the provider to be reimbursed for service up to the 24-hour CL limit, the provider must be able to deliver the planned services 24 hours per day. If the provider meets this standard, choose 'yes' from the drop-down; otherwise pick 'no'. This field is not required for AFC or RC, but if the provider is able to provide 24-hour supervision, you may choose 'yes.'

DOCUMENTATION OF NEED FOR 24 HOUR CL RATE LIMITS

The next section shows if the recipient has met any one of several statutory criteria for eligibility for 24-hour CL rate limits. Information is transferred from the Screen Doc Input form to make this determination. The Dependency Description column contains text taken from the LTCC assessment to describe the need indicated by the score.

24 Hour Support Needed for:	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?
Toileting Dependency	47	3	Incontinence only at night	yes	yes	yes
Transferring Dependency	44	1	Needs some one to guide, but can move in and out of a bed or chair	no	no	no
Positioning Dependency	43	1	Sometimes needs help to sit up	no	no	no
Active Behavioral Support Dependency	46	1	Needs occasional staff intervention in the form of redirection , responds to cues	no	no	no
Orientation Dependency	52	1	Minor forgetfulness	no	no	no
Clinical Monitoring Dependency	49	0	Less than once a day	no	no	no
Med Admin + 50 hrs/mo of CL service + 3 ADLS (Eating Score = 3)	67	6	Needs medication set up only	yes	yes	yes

Select Housing Type Studio/Efficiency Apartment

Enter the number of individuals sharing the space 1

Select food prep facilities location In own unit

Please enter the Month and Year the Client moved in, or will move in, to the residence.

Month: 8 Year: 2013

Turn All Help on/off

Need Documented? For purposes of establishing eligibility for the 24-hour customized living rate, this column populates automatically with ‘yes’ or ‘no’ based on the dependency score for those ADLs and other items related to the criteria for 24-hour customized living rate. The dependency score is the recipient’s level of need in the ADL for purposes of case mix classification. In this example, while Mr. Bailey has some need for assistance in transferring, the level of need does not meet the case mix definition of dependency, which for this ADL is a score of 2 or higher. In this case, the Need Documented column indicates ‘no.’ On the other hand, Mr. Bailey does meet the criteria for a dependency related to toileting since he has some incontinence he cannot self-manage, and because the score on toileting is sufficiently high, the Need Documented column indicates ‘yes’.

In CL to meet need? The lead agency staff, in consultation with the recipient, will decide whether the need will be met through the Residential Services Plan and by this provider. Select ‘yes’ or ‘no’ in the green (off-white) column, using the dropdown box.

In CL Plan? Values in this column populate automatically based on the two columns to the left. You will note that only when ‘yes’ is indicated in both the *Need Documented* and *In CL Plan to meet need* columns will ‘yes’ populate in the last column, *In CL Plan*. This combination of an indication of need and a choice in how the need will be met is used throughout the RS Tool to support the creation of an Individual Residential Services Plan.

Special considerations for ADL needs:

- Toileting - SD#42: If the recipient has continence issues and uses incontinence products to manage this need themselves, they are independent. If they don’t need assistance to manage this need, whether it is frequent or bowel or bladder, they are not dependent and should have a score of 0.
- Clinical Monitoring - SD#49: In order to qualify for 24-hour CL, a recipient must have a score of 2 on the screening document (Monitoring required every shift), have all checkboxes marked in the ‘Clinical Monitoring & Special Treatment Authorization Check-List,’ have a condition listed, have monitoring noted to be at least once a shift, and a treatment that is being modified based on the monitoring must be listed. In addition to the score of 2 in Clinical Monitoring, recipients must also have a score of at least 1 in Special Treatment.

- Med Admin + 50 hrs/mo of CL service + 3 ADL's: When this worksheet is initially opened after completing the Screening Document Input form, the row related to medication administration combined with at least 50 hours of CL service per month will remain 'no' in the 'Need Documented' column until the other sections of the Individual RS Plan are completed. This criterion can be met only if at some point the worksheet calculates that 50 hours of CL services have been planned, the individual has a need for medication assistance, and a dependency in at least three of the following ADL's: bathing; dressing; grooming; walking; or eating (when eating is 3 or greater).

DWELLING

Select Housing Type: Select the housing type from the dropdown box to indicate the type of living unit the recipient occupies. Pick from the list. If the living situation is not listed, pick the most expansive type that applies, e.g., for a three bedroom you would pick '1+ Bedroom Apartment.'

Enter the number of individuals sharing the space: Enter the number of individuals sharing the living unit listed in the Housing Type dropdown. The range is 1 to 3. If more than three people occupy the room, contact DHS on how to proceed.

Select food prep facilities location: Choose from the list to indicate the recipient's access to food prep facilities. Choose the location of the closest facilities that include at minimum: refrigerator, sink, cutting surface and microwave, hot-plate, or range (Note: this does **not** include congregate meal settings. If the recipient relies on congregate meals, select 'None.')

Enter the Month and Year the Recipient moved in, or will move in, to the residence: There are fields for the month and the year the recipient first moved in or will move in to a facility. The purpose of this information is to begin to determine how long an individual takes to spend-down and become eligible for Medicaid waiver services after moving into the facility. Therefore, enter the month and year the individual entered their first facility and not the date they moved to their current facility if they have moved from another facility.

SENSORY AND COMMUNICATION STATUS

Information entered here provides a summary of any sensory and communication needs. It provides documentation and context for the recipient's needs. While no time or dollar values are captured in this section, this information should be considered when planning services.

Sensory and Communication Status

Hearing	56	2	Hears only very loud sounds	Staff need to remind Billy to wear his hearing aide when coming to group socialization
Vision	58	1	Has difficulty seeing at level of print	Provide materials in larger print when possible
Communication	57	1	Communicates needs with difficulty but can be understood	When communication is more difficult for Billy, it's a good sign he's very frustrated with something. Has speech therapy play in place.

ENTERING RECIPIENT SERVICE FOR THE PLAN

In the next sections of the Individual RS Plan, indicate which services the recipient will receive and the number of hours per month of the service to be provided. Services are broken into logical groups of related services. In most cases, entry of this information follows a consistent pattern illustrated by the first services section, Homemaking. For guidance with planning for each component service, see [eDoc DHS-6790, Customized Living Component Service Definitions Guide for Computing Time](#).

HOMEMAKING

Homemaking	SD Ref	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component	
Light housekeeping	64	Needs total assistance	yes	yes	yes	Assist Billy with taking out the garbage, making his bed, and generally picking up the apartment	15			7.60	\$ 119.47	Show % of CL Limit
Heavy housekeeping	65	Needs total assistance	yes	yes	yes	Assist Billy with sweeping, vacuuming, and mopping weekly. Dusting and cleaning the		60		4.33	\$ 68.07	
Laundry - personal	66	Needs total assistance	yes	yes	yes	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding,				0.00	\$ -	Sub-total home-
Laundry-linens	66	Needs total assistance	yes	yes	yes	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding,		10		0.72	\$ 11.34	
Shopping	62	Needs total assistance	yes	no	no	Billy's Sister will shop for him once a week.		60		0.00	\$ -	

The component tasks of each service area are listed on the far left. For Homemaking, the tasks that are allowable component tasks include light housekeeping, heavy housekeeping, laundry-personal, laundry-linens, and shopping. ‘SD Ref’ refers to the number of the field on the LTC Screening Document. ‘Dependency Description’ is a brief definition of the level of the person’s need, limitation, or dependency indicated by the score. ‘Need Documented?’ indicates whether or not the person needs any level of assistance based on their assessment score. This value is set automatically, and if it shows ‘yes,’ you may enter time for the task. Use the drop down box to choose ‘yes’ or ‘no’ in the ‘In CL to meet need?’ column to indicate whether the service will be planned for, i.e., time will be allocated for service provision. The next column, ‘In CL Plan?’ indicates whether this task and the time you enter will be allowed to be included in the plan’s total time. Note that ‘In CL Plan?’ cells automatically populate to ‘yes’ only if both the ‘Need documented’ and ‘In CL to meet need?’ are ‘yes.’ Use the next column, ‘Service Description,’ to describe the services/tasks to be provided and how they should be performed. As you can see in the example, services can be documented even if the service will not be in the plan. You may document a need and who will provide it or why it is not needed. In the next three columns, enter the number of minutes per day, minutes per week, and/or hours per month of staff time needed to perform the service, tasks, or activities described. Note that all of these increments of time are multiplied and added into Total Hours/Month. Do not duplicate time. Hours per week are distinct from hours per day and similarly, hours per month are distinct from hours per day and per week. When time is entered, the monthly dollar amount for each component service is automatically populated by the worksheet (the formula multiplies the Total Hours/Month times the applicable rate for each component service). The RS Tool will calculate time and dollars for component services only when ‘In CL Plan’ is ‘yes.’

In Mr. Bailey’s plan, both daily and weekly time is entered to differentiate what should be done daily and what should be done weekly. In this example, homemaking needs will be met by the provider staff as well as an informal caregiver, Billy’s daughter.

The daily and weekly time has been calculated as monthly hours and multiplied by the home management component rate. There is also a monthly subtotal amount calculated for Homemaking component services overall. Note that assistance with determining the reasonableness of hours entered is provided with the use of highlighted bars found next to the numerical notation of time allocated in the ‘Total Hours/Month’ column. When you enter hours for most service lines in the plan, if the number of hours entered is significantly above the median value for all recipients with the same case-mix, a visual cue is provided in the form of a bar chart. This feature will only function with a version of Excel that is Office 2007 or higher. If the shortest bar is colored blue (darkened), the hours entered are at the 65th percentile. This means that 65% of recipients have less than or equal to the time entered. If two bars are colored, this indicates the 75th percentile is exceeded. The next bars represent the 85th and 95th percentiles respectively. Use this feedback to evaluate the appropriateness of the budgeted time. In the above homemaking example, Mr. Bailey has time allocated in the 75th percentile for both light housekeeping and heavy housekeeping. Ask yourself if Mr. Bailey has special circumstances that require more than 75% of other recipients with the same case mix.

Service Description Guideline: Light and heavy housekeeping have separate tasks, so do not copy and paste what is entered in light housekeeping into heavy housekeeping. The same is true for laundry-personal and laundry-linens. Provide more than the number of loads washed, e.g., gathering, sorting, washing, drying, folding, delivering, putting away. Be careful to not allocate *time* here if already accounted for in continence care. Describe how staff assists the recipient with shopping, e.g., assisting with orientation, carrying, suggestions, staff shop for recipient. Be careful that transportation for shopping is allocated in transportation and not shopping.

Red Error Bar: The red error bar with the grid pattern (shaded in black when printed) that appears to the right of the 'Laundry-personal' line indicates there is a potential error to be addressed. In Mr. Bailey's case, both the 'need documented' and 'In CL to meet need?' for 'Laundry-personal' has been documented and appears as 'yes,' but no hours allocated. The red bar will also appear if the opposite occurs, i.e., there is time allocated, but the need has not been documented or 'no' is chosen for the 'In CL to meet plan.' If the line is wrong, fix the issue. If the plan is the way you wish it display, you may over-ride the error on the error report to clear the error, but the "lit" bar chart remains here for reference. You would want to do this when showing in the RS Plan that the need is being met by someone other than the provider as is exemplified above with Billy's sister shopping for him. Note that although Shopping is allocated 60 minutes/week for time, a dollar amount was not calculated because 'In CL to meet need?' was marked to 'no.'

Show % of CL: Use this button to see the recipient's service rate as a percent of their monthly service rate Limit. This value updates each time changes are made to the plan. You may move the displayed value around the screen to keep it visible. Click the button red X in the upper right corner to close the display.

FOOD PREPARATION

Food Preparation							Service Description	Min/ Day	Min/ Week	Hrs/ Mo	Total Hours/ Month	
Individual Assistance w Meal Prep in Own Apartment	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Assistance with making continental breakfast q AM and snacks as requested.	10			5.07	\$ 79.65
Food Preparation and Service		Score	Service Description				Meal per Month	Total Monthly				
Breakfast prep and serve	63	3	Needs a lot of help or constant supervision	yes	no	no	Billy eats continental breakfast in his own apartment		0.00	\$ -		
Lunch prep and serve	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Billy is unable to make meals for himself. He also needs reminders to come meals.	30.40	30.40	\$ 122.51		
Supper prep and serve	63	3	Needs a lot of help or constant supervision	yes	yes	yes	Billy is unable to make meals for himself. He also needs reminders to come meals.	30.40	30.40	\$ 122.51		
Snack prep and serve	63	3	Needs a lot of help or constant supervision	yes	no	no	Billy eats snacks in his own apartment		0.00	\$ -	Meal Preparation \$ 324.67	

This section requires estimation of the number of meals and snacks the person will eat per month. Enter the total number of congregate meals or snacks per month anticipated for the recipient. If a recipient will eat a meal every day, that equals 30.4 meals per month. In the example above, Billy prefers to make his own continental breakfast and snacks with the assistance of a staff in his own apartment. Be careful to avoid duplication of services between congregate meals and individual assistance with meal preparation in the recipient's own apartment. Also, since congregate meals may be the only type of meals available in some settings, they are the only service that can be authorized when the person's assessment indicates no need. DHS has established a per-meal rate that can be found in the Component Rates worksheet in the RS Tool. These rates are used to calculate the monthly amount for congregate meals based on the information contained in this tab. Meal rates do not include raw food cost, which is not to be funded with waiver services dollars. Note that specialized diets, e.g., puree, ground, soft, thickened liquids and the cutting of food is considered part of food preparation and should not be billed extra in other areas of the RS Plan, e.g., Eating. This is also true for the delivery of meals to an individual who is ill or incapacitated for a short time and is unable to get to a congregate dining room.

SUPPORTIVE SERVICES

Supportive Services	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Making appts	61	1	Needs no help or supervision	no	no	no					0.00	\$ -
Arrange Non-medical Transport	61	1	Needs no help or supervision	no	no	no					0.00	\$ -
Money Mgt	69	1	Needs no help or supervision	no	no	no					0.00	\$ -
Socialization with given Ratio of Staff/Resident												
Socialization - Individual					no	no	n/a				0.00	\$ -
Group Socialization: 1 Staff to 2-5 Residents			unable to schedule own social outings due to BI	yes	yes	yes	goes on outings with New Beginnings staff and other participants average 2x/month			2.00	2.00	\$ 8.98
Group Socialization: 1 Staff to 6 - 12 Residents					no	no	n/a				0.00	\$ -
Group Socialization: 1 Staff to 13 - 20 Residents					no	no	n/a				0.00	\$ -
Group Socialization: 1 Staff to over 20 Residents					no	no	n/a				0.00	\$ -
Standardized Total Monthly Hours											0.57	
												Sub-total Supportive Services
												\$ 8.98

Supportive Services includes assistance with making appointments, arranging for non-medical transportation, money management, and socialization. In the example above, there are documented needs for some, but not all, supportive services. While the LTCC assessment includes many items related to social roles and relationships of the person, there are no socialization needs that are captured as scores on the LTCC in MMIS. Because of this, a brief description of need for socialization and staff assistance to meet these needs should be completed. An individual may choose one-to-one or various staff/recipient ratios of group socialization. In the above example, Mr. Bailey has a weekly outing with 2-5 residents twice monthly. When an individual receives shared services, the worksheet will use a component rate to calculate dollars that reflects shared staff resource. The component rates associated with the varying group sizes are found in the Component Rates worksheet in the RS Tool as well as in the corresponding section in these instructions.

NON-MEDICAL TRANSPORTATION

Non-Medical Transportation	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Driver 1:1 Non-medical Transportation	70	4	Needs total assistance	yes	no	no	n/a				0.00	\$ -
Group Transportation: 2 riders	70	4	Needs total assistance	yes	no	no	n/a				0.00	\$ -
Group Transportation: 3 - 5 riders	70	4	Needs total assistance	yes	yes	yes	Billy goes to ABC Mart on the weekly bus for persoanl items and snacks.		120		8.66	\$ 34.03
Group Transportation: 6 - 10 riders	70	4	Needs total assistance	yes	no	no	n/a				0.00	\$ -
Group Transportation: Over 10 riders	70	4	Needs total assistance	yes	no	no	n/a				0.00	\$ -
								Miles Per		Total		
Mileage								Day	Week	Mo	Miles/Mo	
1:1 mileage	70	4	N/A	N/A	no	no	n/a				0.00	\$ -
Group Mileage 2 riders	70	4	N/A	N/A	no	no	n/a				0.00	\$ -
Group Mileage 3 - 5 riders	70	4	N/A	N/A	yes	yes	Weekly trips to ABC Mart		6		25.98	\$ 3.12
Group Mileage 6 - 10 riders	70	4	N/A	N/A	no	no	n/a				0.00	\$ -
Group Mileage over 10 riders	70	4	N/A	N/A	no	no	n/a				0.00	\$ -
												Sub-total Non-medical Transportation
												\$ 37.15

Note: This is for non-medical transportation versus medical transportation which is covered directly by the MA State Plan for all EW recipients and should not be part of the RS Plan or delivered as a waiver service. Transportation in the RS Plan is differentiated based on whether it is provided for an individual or for a group of riders. In addition to estimated time per day, week, or month, also fill in the estimated miles traveled for both individual and shared trips. In the example above, Mr. Bailey has time allocated for time for weekly trips with 3-5 recipients to ABC Mart.

PERSONAL CARE

Personal Care	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Dressing	39	2	Need some help from another person	yes	yes	yes	needs daily cues/supv/reminders to put on clean clothing appropriate to the season and reminders for daily oral hygiene					
Grooming	40	2	Need some help from another person	yes	yes	yes		30			15.20	\$ 326.65
Bathing	41	4	Needs and get help washing and drying	yes	yes	yes	washing his back and legs. Needs assistance with drying back, hair, and legs.		90		6.50	\$ 139.58
Eating	42	2	Needs help with cutting up food	no	no	no					0.00	\$ -
Continence Care	47	3	Incontinence only at night	yes	yes	yes	Staff to remind and make sure he wears his depends at night	5			2.53	\$ 62.14
Walking	45	1	Walks with help of a cane, walker, crutch	no	no	no					0.00	\$ -
Wheeling	None	1	doorways, elevators, ramps, locking or unlocking brakes	yes	yes	yes	propel the chair but does need some assistance with negotiating doorways,etc.	10			5.07	\$ 108.88
Transferring	44	1	but can move in and out of a bed or chair	yes	yes	yes	Billy needs assistance of one with a transfer belt. Billy's legs may buckle.	15			7.60	\$ 186.43
Positioning	43	1	Sometimes needs help to sit up	yes	yes	yes	Billy needs assistance sitting up in the morning in bed	5			2.53	\$ 62.14
Sub-total Personal Care												\$ 885.82

Because dressing and grooming tend to occur together, time can only be planned in these need areas together to avoid duplication. In the above example, 30 minutes per day accounts for the assistance in dressing and grooming. Mark 'In CL to meet need?' 'yes' for only or the sub-tasks being provided.

Note: Although information on wheeling is not included in MMIS, it can be found in the LTCC assessment form and is included here as an integral area of personal care.

Description Guidelines: More than staff ratio with eating should be noted. Specialized food preparation, e.g., cutting of food, liquids thickened, soft/ground/dysphasia diet are included in Food Preparation and Service and should **not** have time allocated for in Eating. For transferring, more than the number of times per day the recipient needs assistance should be given, e.g., with one/two assist, gait belt; hooyer lift, remind cx daily to ask for assistance with transfers due to history of falls.

DELEGATED HEALTH SERVICES

Other Delegated Health Services	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Med Administration or assistance with self-administration	67	6	Needs medication set up only	no	no	no					0.00	\$ -
Verbal or Visual Medication Reminders	67	6	Needs medication set up only	no	no	no					0.00	\$ -
Insulin Injections	68	1	Not diabetic	no	no	no					0.00	\$ -
Therapeutic Exercises	N/A	N/A			no	no					0.00	\$ -
Delegated clinical monitoring	49	0	Less than once a day	no	no	no					0.00	\$ -
Delegated nursing tasks	49	0		no	no	no					0.00	\$ -
						no					0.00	\$ -
						no					0.00	\$ -
						no					0.00	\$ -
						no					0.00	\$ -
						no					0.00	\$ -
						no					0.00	\$ -
Other Delegated Total Monthly Hrs												0.00
												Sub-total Other Delegated Health Services
												\$ -

Note that the dependency description and 'need documented?' for therapeutic exercises must be entered manually.

Delegated clinical monitoring: In order to enter time for clinical monitoring, all check boxes in the 'Clinical Monitoring & Special Treatment Authorization Check-List' must be marked, a condition must be listed, and monitoring needs to be at least once a month.

'Delegated nursing tasks' are tasks that can be delegated or assigned by a licensed health care professional under state law to persons who are qualified under Minnesota statute to complete home health aide tasks and who possess the knowledge and skills consistent with the complexity of the nursing task being delegated. See Minnesota Rules [4668.0100](#), [4668.0130](#), [4668.0825](#) for further clarification. Delegated tasks may be entered that meet these qualifications and which are **not** able to be planned for in other areas of the RS Plan. If you are completing a second delegated nursing task related to clinical monitoring, manually enter the 'Dependency Description,' 'Need Documented,' and 'In CL to meet need' on the row that has the 'SD Ref' as 49 and 'Score' pre-filled (the first clinical monitoring task should go on the specific 'Delegated clinical monitoring' line). There are five more rows to enter other delegated nursing tasks which may be related to other needs. In this case, manually enter the 'SD Ref' that most closely relates to the task as well as all the other related columns. Be specific in identifying the dependency and the service description.

MEDICATION MGT BY LICENSED NURSE

Medication Mgt by Licensed Nurse	Score	Dependency Description	Need Documented?	In CL to meet need?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component	Sub-total Med Management	
Med Set Ups and Monitoring	67	6	Needs medication set up only	yes	yes	yes	weekly med set ups, maintenance of records and dr orders		30		2.17	\$ 64.19
Insulin Draws	68	1	Not diabetic	no	no	no				0.00	\$ -	\$ 64.19

Time may be allocated for a licensed nurse to setup, document, and consult as necessary with prescribing physicians. It does not include supervision and training of unlicensed staff doing medication administration or providing medication reminders as this is included as an expense on the medication administration service itself. It also does not include medication administration itself as this task is to be delegated to unlicensed staff and should be accounted for in 'Med Administration or assistance with self-administration.'

PERSONAL SECURITY

Personal Security

Awareness of need for assistance

Will the person summon assistance when necessary?

If yes, how will they summon help? What mechanism will they use?

Has as pull cord in bathroom and bedroom, but staff don't think he would be able to process how to use and think he would yell until someone heard him

Summoning Device

Is the mechanism included in the CL Rate?

\$ 27.08

\$ 27.08

If no, how will staff know when the person needs assistance?

staff does bed checks q2h during the night and checks in apt if he doesn't come to meals - think he would call out until someone heard him if he needed help

Self-Preservation

Self-Preservation Score

Minimal supervision

Can the person evacuate in an emergency?

If no, what is the emergency plan?

Staff will assist Billing to navigate his wheelchair through doorways and other areas as needed to evacuate safely.

Personal Security is divided into two sections: Awareness of need for assistance and self-preservation. This section addresses whether the person is able to summon assistance if needed, how they are able to respond to an emergency, and how staff should assist. In the above example, it is noted that Billy will likely not use the pull cord in the bathroom but that he would yell if in need of help. Staff are noted to be responsible for assisting Billy with navigating doorways and other areas as needed to ensure evacuation. This is also the section where the means for summoning assistance and the monthly charge for that means is captured. There is a drop down box to either choose 'yes' or 'no' to indicate if there is a mechanism to summon help included in the rate or not.

EMERGENCY BACKUP PLANNING

Emergency Backup Planning

Hospital Name	Regions
Physician Name	Dr. Floyd Knight
Emergency Contact Name	Nancy Bailey
Emergency Contact Relationship	Daughter

Hospital Phone	651-254-3456
Physician Phone	952-967-7875
ER Contact Phone	612-875-1234

ER Backup Plan Details

If Client needs emergency medical or psychiatric services, call 911, admit to the Hospital listed, notify the emergency contact listed, and if necessary, the listed physician.
In addition:

The Emergency Backup Planning section ensures best practices are met for planning in case of emergency. The section includes the hospital name and phone number; physician name and phone number; emergency contact name, phone number, and relationship to recipient; and ER backup plan details. The Backup Plan field is prefilled with minimal plan details with space for the lead agency staff to add recipient specific details. You may want to consider a plan in the event of a natural disaster, e.g., tornado, flood, loss of electricity, when completing this. In addition, details for backup if key staffing is not available should be considered and noted here.

ACTIVE COGNITIVE AND/OR BEHAVIORAL SUPPORT

Active Cognitive or Behavioral Support

Does the recipient need service at additional times over and above those specified above to address needs specified in the table below? If yes, please specify the amount and type of service needed below.

Allowable Component Service	SD Ref	Score	Dependency Description	Need Documented?	In CL to meet need?	In CL Plan?	Service Description	Min/Day	Min/Week	Hrs/Mo	Total Hours/Month	Monthly Rate per Component
Implementation of written individual plan to address:												
Wandering	52	1		yes	no	no	some history of getting lost in community but nothing in past 6 months				0.00	\$ -
Orientation issues	52	1		yes	no	no						
Anxiety	46	1		yes	yes	yes	Client is verbally aggressive towards staff on a regular basis, e.g., yelling, swearing, name calling, and threatening. When client is verbally aggressive, staff will first ignore it. If the aggression continues, staff to redirect Billy by asking how his wife is doing. See file for full behavior plan.					
Verbal aggression	46	1		yes	yes	yes						
Physical aggression	46	1		yes	no	no						
Repetitive behavior	46	1		yes	no	no						
Agitation	46	1		yes	yes	yes						
Self-injurious behavior	46	1		yes	no	no						
Property destruction	46	1		yes	no	no			30			15.20
Other need related to mental health or cognitive challenge												
		1		yes	no	no					0.00	\$ -
		1		yes	no	no					0.00	\$ -
		1		yes	no	no					0.00	\$ -
Other Cognitive Total Monthly Hrs												0.00

Sub-total Active Cognitive or Behavioral Support
\$ 326.65

This section captures staff time needed to deliver active behavioral or cognitive support services. In order to be included, a determination of a behavioral need based from at least one of the possible sources listed in the 'Information Related to Identified Behavioral Needs' pop-up found on the Screening Document Input sheet is required. A formal written plan for intervention to address the behavioral need should be put into place within 30 days from the date of assessment. This can be created either in the RS Plan itself or it can be a separate plan that is referenced to in the RS Plan. The plan should specify detailed recipient centered goals and staff interventions on which all staff are trained. Goals should be based on baseline data, behavior should be documented at least once daily, and the plan should be re-evaluated at least annually. If no baseline data is available, either because the recipient is new or because it has never been monitored and recorded, the provider should secure baseline data from which to develop the plan. In the example above, there is a need for additional staff time spent for verbal aggression. A short description of the staff intervention is noted along with a reference to the recipient's full behavioral plan found in his file.

SUMMARY OF SUPERVISORY SUPPORT

Summary of Supervisory Support

Frequency of contact. Indicate expected minimum as well as frequency at different times during the day/night.

Billy needs 24 hour supervision. If Billy does not come to meals, staff will check in with him and encourage him to attend. At night, staff will check in with Billy every two hours to make sure he is in his room sleeping.

Mode of contact. Include description of how resident will request assistance or how staff will know when assistance is required.

Billy will request assistance face to face or via his PERS as needed. Staff will check in with Billy if he does not show up at meal times and encourage him to attend.

Competencies of Staff Providing Supervisory Support

Staff will be able to work effectively with clients with maladaptive behaviors and those who have experienced BI. Staff will be trained on and be knowledgeable of Billy's specific behavior plan.

Training and Supervision of Staff Supervisory Support

All staff will be trained to work effectively with clients with maladaptive behaviors and those who have experienced BI. Staff will be trained on Billy's specific behavior plan. A site supervisor and nurse will be available at all times either in person or through an on call system.

Scheduled Total CL Services (not final valid rate) \$ 1,896.12

Frequency of Contact: Provide a narrative of the frequency of contact. In the above example, Billy is noted to need 24-hour supervision, check-ins with him if he misses meals, and that he will be checked in with every two hours at night to help him with sleeping regular hours.

Mode of Contact: Provide a narrative regarding mode of contact, e.g., face-to-face, as well as how the recipient will request assistance, e.g., PERS.

Competencies of Staff: Provide a narrative regarding staff competencies. In the above example, it is noted that staff will be knowledgeable about working with maladaptive behaviors, those that have brain injuries, and Billy's specific behavior plan.

Training and Supervision of Staff: Provide a narrative regarding the training and supervision of staff. In the above example, it is noted that a supervisor will be available at all times for supervision.

TIME AND MONEY

Scheduled Total FC Services (not final valid rate) \$ 2,934.04

Anticipated Days Absent Per Year? 12

What was the full monthly FC Rate on 12/31/2013? Max Prior Rate is: \$3,420.00

Provider's equivalent non-public pay rate for these services if less than FC Rate ---> You Must Select an Option ---> 2. Can't Determine Private Rate > or = Public

Projected Hours of FC Service by Component Type

	Per	Month	Week	Day
Home Management/Homemaking and Support Services:	79.50	18.49	2.62	
Home Care Aide Services:	44.87	10.44	1.48	
Home Health Aide Services:	28.37	6.60	0.93	
Medication Setups by Licensed Nurse:	0.00	0.00	0	
Total hours:	152.74	35.5213	5.02	

Total Hours For All Audited Services



This final section of the Individual RS Plan worksheet accumulates both units of time and dollar amounts from the various previous service component sections. It recaps the funding available to the recipient, other EW services planned for, and service rate limits in order to compare to the proposed service rate as calculated within the RS Tool.

Scheduled Total CL Services: This is the total of all subtotals for component services included in the Individual RS Plan. This is not the amount that will be authorized as it may need to be adjusted to account for planned leave days or if the allocated amounts exceed the service rate limits.

Anticipated Days Absent Per Year? Anticipate planned leave days per year to accommodate absences such as planned vacation with family or friends or holiday stays, for example, can be planned for here (not to be used for nursing facility or hospital admissions). The field allows entry of up to 100 anticipated day's absence, but only up to 12 days are used to calculate the recipient's rate. Indicating leave days will result in a higher per month rate to allow the provider to capture some fixed costs over time to account for non-billable days of service when the person is absent from the setting.

What was the full monthly CL or 24 Hr. CL Rate on (the date of one day prior to CL Start Date will automatically be generated here, e.g., 09/30/2013): Entering the prior period rate (PPR) allows the printing of an accurate Print Rate Guide for the provider. The PPR is the full monthly rate for a standard month, i.e., not a month that is blend of two rates, that was authorized last for the current provider. This amount is shown in both the 'Monthly CL Rate Authorized' of the Individual RS Plan as well as in the 'Remainder of CL Span' of the Print Rate Guide.

- Enter a prior rate if the provider staying the same, and a new rate is being established.
- The PPR must be \$25 or greater, or else an error will be generated.

Provider's equivalent non-public pay rate: Enter the private pay rate for the value of services, not rent plus services. If you are unable to determine the private pay rate, ask the provider to provide it. If they cannot provide an accurate rate, leave this blank. Providers are required to separate these amounts and provide component rates. Note that the private rate for services must be less than or equal to the public pay rate for equivalent services, and this limitation is enforced for EW recipients. The private pay rate cannot be entered without an error unless option 3 to the right is selected. This prevents entering a private rate and setting the service rate to a lower value by mistake

You Must Select an Option: Choose from the dropdown option box to clarify the value in the nonpublic pay rate box. If you are unable to ascertain that the private rate is greater than or equal to the public rate, select option 1. If you cannot determine if the private rate is above or below the public rate, choose option 2. If you have determined the private rate is less than or equal to the public rate, select option 3 from the drop-down. If you do not choose one of the options, an error will be created and no budget recap information will be displayed. Note that the value indicated here must logically follow what is indicated as the provider's equivalent nonpublic pay rate, e.g., if you do not know the provider's equivalent nonpublic pay rate, then the only option you will be able to choose without causing an error is #2 (Can't Determine Private Rate > or = Public).

Projected Hours of CL Service by Component Type: This section summarizes the hours per month, week, and day planned for each component service category as well as providing the total monthly hours for all audited services.

Total Hours For All Audited Services: The total time that is allocated for audited services, i.e., services in which a bar chart is displayed.

EW Budget Recap at CL Start Date of 08/01/2013

CL Budget Recap at CL Start Date of 08/01/2013		Temporary Rate *	Full Rate *	
Monthly EW CL/24 CL Service Rate Limit	\$2,663.00	EW Community Budget Cap	\$3,100.00	\$3,100.00
Rate Proportion of EW Limit and Difference % & \$\$\$	99.80% (\$5.53)	Monthly Cost of Proposed Non-CL EW Services	\$368.21	\$368.21
Proposed Customized Living Rate with Adjustment for Days Absent	\$2,657.47	Amount of Proposed Monthly EW Budget including CL Rate	\$2,639.80	\$3,025.68
Individual Customized Living Rate	\$2,657.47			
Does temporary rate apply?	yes			
		Monthly CL Rate Authorized	\$2,271.59	\$2,657.47
		Comparable Daily CL Rate (For Information only)	\$74.63	\$87.31
Application of 50% difference to computed CL rate.	\$ 2,271.59	Temporary Rate - If applicable	\$2,271.59	Percent Transition Adjustment is of Final Rate -14.52%

The titles/descriptions in the above form will automatically change to reflect CL, AFC, or RC depending on what is chosen to authorize the rate as on the Scr Doc Input worksheet.

All of the cells in this section are automatically calculated and do not allow manual entering of budget information.

Regarding Temporary/Transition Rates

Temporary/Transition Rates calculations are kept in the RS Tool for backwards compatibility to compute rates, and can nearly always be ignored except where all of the following are true:

1. The service start date falls between 1/1/2010 and 9/30/2010
2. There was no change in case mix.
3. There was a prior period rate that was different from the proposed service rate.

Temporary/Transition rate cells calculations include the 'Does temporary rate apply,' 'Application of 50% difference to computed CL rate,' all cells below the 'Temporary Rate' heading, and the 'Percent Transition Adjustment is of Final Rate' cell in the lower right hand side of the page.

The following is an explanation of the other areas of the 'EW Budget Recap at CL Start Date'

1. Monthly CL/24CL Service Rate Limit: This is based on the recipient's county of residence (NF Geographic Group) and their case mix classification.
2. Rate Proportion of EW Limit and Difference % & \$\$\$: The amount, and respective percentages of proposed residential services, in comparison their respective rate limit.
3. Proposed Customized Living Rate with Adjustment for Days Absent: This is the proposed rate of residential services that takes into consideration planned days absence.
4. Individual Customized Living Rate: This is the proposed rate of residential services that takes into consideration planned days absence. If the proposed rate exceeds the service rate limit, 'Conversion Limit' and 'Over EW Community Budget Limit' errors will result and the plan will need to be adjusted to under the rate limit or a benefit exception or conversion limit will need approval before any further calculations can occur. Note, if you do not allocate at least \$25 in services, a warning will be generated next to the rate which states "Warning! Prior Authorized rate and prior rate questions are not consistent or either the Full Rate or the Prior Authorized rate is less than \$25. Please Verify."
5. EW Community Budget Cap: Amount based on the individual's case mix. Residential services and EW services combined may not exceed this limit unless a benefit exception or conversion rate is approved.
6. Monthly Cost of Proposed Non-CL EW Services: Cost of other EW planned services planned for on the 'EW Services Authorized' worksheet within the RS Tool.
7. Amount of Proposed Monthly EW Budget including CL Rate: The total of proposed residential and nonresidential services.
8. Monthly CL Rate Authorized: The monthly rate that is authorized for services. Refer to the Print Rate Guide for a breakdown of the monthly authorized amounts.
9. Comparable Daily CL Rate (For Information only): A daily rate, for informational purposes only, based on the monthly residential service rate authorized.

EW SERVICES AUTHORIZED

 DHS 10/30/13

EW and State Plan Home Care Services Authorized

Ver. 8.3.7

EW Service Name	Unit	Provider Name and Number	# of Units/ Month	Unit Rate	Totals	Start Date	End Date	Up To Rate Limit as of 10/01/2013
Adult Day Care	15 minutes				\$ -			\$3.15
Adult Day Care FADS	15 minutes				\$ -			\$3.15
Adult Day Care	Daily				\$ -			\$42.16
Adult Day Care FADS	Daily				\$ -			\$42.16
Adult Day Care Bath	15 minutes				\$ -			\$7.05
Caregiver Training and Ed	15 minutes				\$ -			\$16.91
Case Management	15 minutes	Crow Wing County	8	\$23.77	\$ 190.16	10/01/13	09/30/14	\$23.77
Case Management	15 minutes				\$ -			\$23.77
Case Mgt - Paraprofessional	15 minutes				\$ -			\$8.77
CDCS Background Checks	One print				\$ -			\$25.00
CDCS Mandatory Case Mgt	15 minutes				\$ -			Up to Required Case MGT Cap Amount
Chore Services	15 minutes				\$ -			\$3.50
Companion Services	15 minutes	XYZ Agency	35	\$2.03	\$ 71.05	10/01/13	09/30/14	\$2.03
CDCS	Per Service				\$ -			Up to CDCS Cap Case Mix Cap
Home Delivered Meal	1Meal/Day				\$ -			\$6.10
Home Health Aide	Visit				\$ -			\$53.74
Home Health Aide Extended	15 minutes				\$ -			\$7.48
Home Health - Skilled Nursing	Visit				\$ -			\$70.04
Home Health Telehomecare					\$ -			\$70.04
Homemaker	15 minutes				\$ -			\$4.30
Homemaker	per diem				\$ -			\$41.57
Modifications/Adaptations	Total/Year/12				\$ -			\$10,000. annually
Personal Care Assistant - RN Supervision	15 minutes				\$ -			\$6.86
Personal Care Assistant 1:1	15 minutes				\$ -			\$3.92
Personal Care Assistant - Shared 1:2	15 minutes				\$ -			\$2.94
Personal Care Assistant - Shared 1:3	15 minutes				\$ -			\$2.58

Turn All Help on/off

LPN Complex Extended	15 minutes				\$ -			\$7.32
LPN Regular Extended	15 minutes				\$ -			\$6.24
LPN shared 1:2 Extended	15 minutes				\$ -			\$4.68
RN Complex Extended	15 minutes				\$ -			\$9.75
RN Regular Extended	15 minutes				\$ -			\$8.13
RN shared 1:2 Extended	15 minutes				\$ -			\$6.10
Respite Certified Facility	per diem				\$ -			NF's Per diem for the Recipient's case mix
Respite, Hospital	Per diem (24 hours)				\$ -			\$138.04
Respite, In-home	15 minutes				\$ -			\$5.06
Respite, In-home	Per Diem				\$ -			\$91.15
Respite, out of home	15 minutes				\$ -			\$5.06
Respite, out of home	Per Diem				\$ -			\$91.15
Supplies and Equipment	Total/Month	Mobility device	1		\$ -	10/01/13	09/30/14	
Supplies and Equipment	Total/Month				\$ -			
Supplies and Equipment	Total/Month				\$ -			
Supplies and Equipment	Total/Month				\$ -			
Supplies and Equipment	Total/Month				\$ -			
Transportation	1-way trip				\$ -			\$18.87
Transportation, Non-commercial	Per Mile				\$ -			\$0.57

From
10/01/2013
Total All EW Excluding CL Services \$ 261.21

CL Services Rate Summary by Effective Date

					From 10/01/2013	CL End Date	
24 Hr Customized Living	Monthly	ABC Provider of Pequot L			\$ -	\$2,051.07	09/30/14

Total of All Proposed EW Services Including CL Services \$ - \$2,312.28

Client: William Bailey
PMI: 00123456

This worksheet is optional except in conversion budget limit requests or if you are using the RS Tool for the CSP/CSSP (DHS 6791 C-ENG). This worksheet is used to plan other EW services such as case management. In the example included here, the individual has Case Management, Companion Services, and Supplies and Equipment (Mobility device) are planned for. As you can see, CL services are authorized for \$2051.07, non-CL EW services are budgeted at \$261.21, and the total of both of these is \$2312.28. When planning services, be aware that the rates are accurate for the month of the service start date, and you need to take into consideration rate changes, e.g., COLAs for months that occur after the service start date when authorizing services. Allowed units need to be specified on all supplies and equipment lines. The recipient's name and PMI is printed at the bottom of the worksheet.

CONVERSION LIMIT

Request Approval to Exceed the CL Service Limit and/or the EW Case-mix Budget Cap Applies to All Residential Services Clients

Clients leaving a Nursing Facility (NF) where they resided more than 30 days may qualify for a higher Community Case-mix EW Budget Cap (Conversion Budget Cap). Once established, this budget may be used for any combination of Residential Services. This means the client may exceed the standard RS Service Case-mix Rate Limits (CL or RC Limit). Once established, the Conversion Budget Cap may only increase by COLAs or legislative mandated. The Conversion Budget Cap coincides with the Waiver Span and must be reviewed each time the client is re-assessed. If the Conversion Budget Cap is reduced at re-assessment, this reduced value becomes the new Conversion Budget Cap to be increased only by COLAs or legislative mandate. Complete this page for all clients exceeding the Community Case-mix EW Budget Cap.

A Conversion Budget Cap may never exceed the discharge NF Medicaid equivalent monthly rate, less the Maintenance Needs Allowance (MNA); or a lower amount approved at time of discharge. Any Conversion Budget Cap must be approved prior to authorization for payment. You may optionally set a Budget RS Limit for service planning which will be enforced. This Budget RS Limit may be changed at any time, but the total of all services may never exceed the Conversion Budget Cap.

If the Conversion Budget Cap is new, begin by providing the NF daily rate. Next complete the CL Plan with necessary services and times. If the Error Report indicates the RS service limit or the EW Community Budget Cap is exceeded, return here to complete this form and request a Conversion Budget Cap. If the application is for a renewal and last year's Conversion Budget Cap is blank, enter the largest Conversion Budget Cap approved in the past. Use last year's value if that is all that is known. (This is imported from version 8.1.1 or later CL Tools.)

If services will be paid by a Health Plan, follow their process for getting or reauthorizing the higher limits. Except for South County, use the 'Validate Plan Approval' button to approve the CL Tool for submission to DHS. Provide the Health Plan approved Conversion Budget Cap and the Budget CL Limit if given. If the entered limits are exceeded, you will need to adjust the RS Tool to stay within limits. Submit the RS Plan as usual. Once any submission errors have been corrected, the higher rate may be authorized.

If the limits are to be approved by DHS, complete this page. You must complete the EW Services Authorized page in the Tool. You should provide justification for all RS services on the Audit Report, especially those indicating a warning. Once complete, submit the RS Tool it in the standard way. There may be other documentation required beyond this RS Tool. Submit that as you have in the past. The approved limits will be entered into the RS Tool and the Tool returned to you. If the approved limits are less than the rates developed, you will need to adjust the RS Tool to get the rates below the limits. Finally, verify the approved rate on the Error Report and re-submit the RS Plan for final acceptance.

[Enter the NE Daily Rate at discharge](#)

Date of Discharge

Conversion Limit is Authorized

New Nursing Facility Stay

Current maximum combined CL and EW Services authorized Conversion Budget Cap	-\$971.00
Maximum Non- CL EW Services to Authorize	-\$4,676.37
Actual Non- CL Services Authorized	\$131.48
Maximum CL Services to Authorize	-\$1,102.48
Actual CL Services Authorized	\$3,705.37
Total of all Authorized Services	\$3,836.85
CL Services or Non- CL Services Over Maximum	\$4,807.85

Community Case-mix EW Budget Cap (Conversion Budget Cap) Request Section

Is Client making a new request to exceed the Case-mix Budget Cap?

Cancel Conversion Application

Planned CL Rate is OVER the normal CL Limits for this Case Mix
CL Rate + EW Services are OVER the normal Budget Cap for this

Is Client requesting an annual review to renew a previously approved Conversion Limit that exceeds the Case-mix Budget Cap?



Original approved Conversion EW Services Case-Mix Budget Cap limit

Do Not Approve

Validate Plan Approval

Note, if this conversion limit is being requested from DHS, the worksheet will reference DHS versus a health plan which can be seen in the following screen shot.

DHS Approval Required?

DHS Approved?

DHS Approved CL Rate

DHS Approved EW Cap

Submit to DHS along with other
documentation for approval

Do Not Approve

**Validate Plan
Approval**

Recipients moving from a nursing facility (NF) where they resided more than 30 days may qualify for a conversion budget limit, a higher budget limit than the EW case mix budget caps. Once established, this budget limit may be used for any combination of services, including CL. This means the recipient may exceed the EW CL service rate limit. Once established, the conversion budget limit may only increase by COLAs or legislative mandate. The conversion budget limit coincides with the waiver span and must be reviewed each time the recipient is reassessed. If the conversion budget limit is reduced at reassessment, this reduced value becomes the new conversion budget limit to be increased only by COLAs or legislative mandate. Complete this page for all recipients exceeding EW case mix budget caps. [See Bulletin #14-25-08](#) for further details and policy regarding conversion rate limits.

To be considered for a conversion rate limit, the monthly total services may never exceed the discharge Medicaid equivalent monthly rate, less the Maintenance Needs Allowance (MNA); or a lower amount approved at time of discharge. Any conversion budget limit must be approved prior to authorization for payment. You may set a lower CL service limit for service which may be changed at any time, but the total of all services may never exceed the conversion budget limit.

Conversion budget limits are either new or are being reapproved (renewed). Each time the recipient enters a NF, stays more than 30 days, and then is discharged, any existing conversion budget limit is lost and a new one must be established. Once established, the conversion budget limit must be renewed at least annually. At any point, the conversion budget limit cannot exceed the documented needs of the recipient.

If services will be paid by a health plan, follow their process for getting, or reauthorizing, the higher conversion rate limits. Except for South County, use the Validate Plan Approval button to approve the RS Tool for submission to DHS. When entering the approved limits, enter values provided by the health plan. This should include the approved conversion budget limit, and if provided, the CL service limit. If the CL service limit is not provided, enter a value at least as great as the planned CL amount on the Conversion Limit page. If the entered limits are exceeded, you must adjust the RS Tool to stay within limits. Submit the RS Tool as usual. Once any submission errors have been corrected, the conversion rate limit may be authorized.

If the limits are to be approved by DHS, complete the Conversion Limit, Individual RS Plan, and EW Services Authorized worksheets in the RS Tool. You should provide justification for all CL services on the Audit Report, especially those indicating a warning. Once complete, submit the RS Tool in the standard way. There may be other documentation required beyond this RS Tool. Submit that added documentation as you have in the past and in accordance with [Bulletin #14-25-08](#). The approved limit will be entered into the RS Tool and then returned to you. If the approved limits are less than the rates developed, you must adjust the RS Tool to get the rates below the limits. Finally, verify the approved rate on the Error Report and resubmit the RS Tool for final acceptance.

Planned services must exceed the EW case mix budget cap for all managed care organizations and fee-for-service (FFS) recipient to access the Conversion Limit sheet. Although completion of the Other EW Services sheet is typically not required by MCOs, if planned CL services do not exceed the budget cap, completion of this sheet is required to show that planned services exceed the budget cap. The Conversion Limit worksheet has several items to be completed and others items display relevant information. As always, green cells expect user input, and salmon cells are locked and display information only. You will notice cells change color based on information provided. This prevents logical errors. If a box becomes locked by mistake, you can often unlock it by changing the value of the newly unlocked cell. Details on each cell follow:

1. **Enter the NF Daily Rate at discharge:** Enter the NF daily rate at discharge from the nursing facility whether you are requesting a new conversion rate or are requesting a renewal.
2. **Date of Discharge:** Enter the date the recipient was discharged from the NF.
3. **Conversion Limit is Authorized:** This is an informational field and indicates the conversion budget limit approval status. You will not be able to authorize payment until this is 'TRUE' and the RS Tool is properly submitted.
4. **New Nursing Facility Stay Button:** If the recipient is readmitted to a NF and stays more than 30 days, any existing conversion budget limit is no longer valid. You must apply for a new conversion budget limit based on the current stay discharge daily rate. Use this button to clear all related data. You will get a warning message to confirm your desire to proceed. All information will be cleared so you must reenter the information and resubmit to DHS or get health plan approval.
5. **Current maximum combined CL and EW Services authorized (Conversion Budget Cap):** This is an informational field and is automatically calculated. It is based on the last years approved value if there is one, or the NF daily rate if not. The amount is automatically adjusted for COLA increases from the previous year and the current Medicaid Needs Allowance (MNA).
6. **Maximum Non-CL EW Services Authorized:** This is an informational field and is automatically calculated. It is represent the maximum other non-residential services that can be authorized bases on the current conversion budget limit and the residential services already planned.
7. **Actual Non-CL Services Authorized:** This is an informational field and is automatically calculated. It represents the services entered on the EW Services Authorized page. Completing the EW Services Authorized page is required if DHS is approving the conversion budget limits. Although completion of the Other EW Services sheet is typically not required by MCOs, if planned CL services do not exceed the budget cap, completion of this sheet is required to show that planned services exceed the budget cap.
8. **Maximum CL Services to Authorize:** This is an informational field and is automatically calculated. It represents the maximum residential service level that can be authorized based on the current conversion budget cap and the non-residential services already planned.
9. **Actual CL Services Authorized:** This is an informational field and is automatically calculated. It represents the budgeted CL services.
10. **Total of all Authorized Services:** This is an informational field and is automatically calculated. It is a total of all waiver services combined.
11. **CL Services or Non-CL Services Over/Under Maximum:** This is an informational field and is automatically calculated. It represents the total residential and non-residential services amount that is either over or under the service or conversion limit.
12. **Cancel Conversion Application:** Use this button if you started completing the Conversion Limit worksheet in error.
13. **Is Recipient making a new request to exceed the Case-mix Budget Cap?** Choose 'yes' if you are applying for a new conversion budget limit and 'no' if you are requesting approval for a renewal.
14. **Is Recipient requesting an annual review to renew a previously approved Conversion Limit that exceeds the Case-mix Budget Cap?** Indicates if this will be a renewed conversion budget limit. If you are renewing the conversion budget limit, choose 'yes,' otherwise choose 'no.'
15. **Original approved Conversion EW Services Case-Mix Budget Cap limit:** If you are requesting a renewal of the recipient's conversion budget cap, enter the recipient's last approved conversion budget cap.
16. **Health Plan Approval Required?** This is for your information and lets you know if health plan approval is required. It displays 'yes.'
17. **Health Plan Approval Status:** This is for your information and will display 'no' until the conversion rate is authorized at which time it will display 'yes.'

- 18. **Health Plan Approved CL Rate:** This is for your information, and the cell will display 'N/A' until the conversion rate is validated at which time the approved service rate will display.
- 19. **Most Recent Health Plan Approved EW Cap:** This is for your information, and the cell will display 'N/A' if no conversion budget limit has ever been approved. Otherwise, it will display the last approved conversion rate limit.
- 20. **Validate Plan Approval:** To validate the health plans' approval of the conversion budget limit, click the Validate Plan Approval button. The following form will appear:

Verify Authorization Health Plan Authorized Conversion Rates

Health Plan Authorized Conversion Rate Limits

Approved CL Rate Limit	Approved Conversion EW Case mix Budget Cap
4656.82	4656.82
Max CL Rate Limit	Max EW Case mix budget Limit
4656.82	4656.82
Currently Planned CL Rate	Both Limits Have Been Authorized
4656.82	TRUE

Documentation for CL Rate

HP approved rate on 9/15/13

Explanation (Use Ctrl + Enter for new line)

I verify that Health Plan approved CL Conversion Rate

Documentation for EW Case mix Limit

HP approved rate on 9/15/13.

Explanation

I verify that Health Plan approved EW Budget Cap Conversion Rate

Verify Authorized Help

Use the 'Help' button for more information. Begin completion of the form by entering the values the health plan has provided for the CL limit and the conversion budget limit. Once approved, these will be the new values, and they may only increase in the future with yearly COLA adjustment and as approved by the health plan.

To authorize the conversion rate limits, you must provide documentation for each limit. There should be explanations entered for each limit entered. Finally, each limit must be verified by checking the boxes under the documentation.

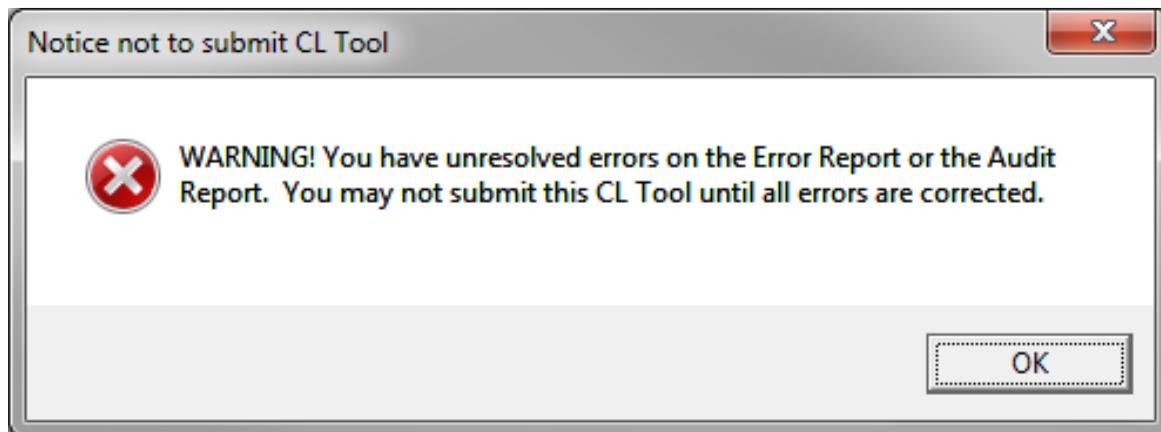
NOTE: If the health plan must approve the limits, you must have health plan approval of the limits and this form complete before you submit the RS Tool. Once submitted, you may authorize the rates.

If DHS is to approve the limits, complete the RS Tool with both the Individual RS Plan and EW Services Authorized complete and any needed justification on the Audit Report provided. Submit the RS Tool as usual through MN-ITS. Submit any other documents as needed either via fax to 651-431-7416 or email at customized.living.project@state.mn.us. The approved limits will be entered into the RS Tool and returned to you. Adjust the plan as needed to keep the rates below the newly approved limits. Validate the changes on the Error Report and resubmit as usual through MN-ITS. Once resubmitted, the rate may be authorized.

ERROR REPORT

The Error Report is used to detect and handle errors before the RS Tool is loaded to MN-ITS. If errors exist, the tab will display red in order to bring your attention to them, otherwise, the tab will display white. Some errors must be corrected, while others may be verified as OK and over-ridden. Examples of these are explained below in the Serious Errors and DHS Load Errors subsections of the instructions. Correcting errors should be done before data submitted to DHS. If you submit a RS Tool with errors still unresolved on the Error Report, data mismatches on the ID fields (PMI, NPI, HFID, etc.) are found, or other inconsistencies such as the wrong waiver type or incorrect prior period rate are found, the RS Tool will be returned for correction. You must have supplied a valid email address on the RS Tool for this to occur. Until these errors are fixed, the RS Tool will not be accepted and the rate will not be valid. There are certain errors that the RS Tool may not detect. These are detected during processing after the RS Tool is submitted to DHS. The errors in the returned RS Tool are listed in the DHS Data Load Errors section of the Error Report. The Error Report also provides some suggestions and advice and a link to download the latest RS Tool.

It is generally good practice to always open the Error Report before saving or closing as there are rare cases when there is an error and the tab is not red and you are not warned upon closing. As an additional precaution to prevent errors, if you attempt to close a RS Tool with unresolved error, the following pop up will display to prompt you to resolve them.



Errors: You must have '0' errors in the Total Errors cell at the top right of the worksheet in order access the Print Rate Guide tab or other reports. As you can see in the example below, there are currently 3 errors. The Error Report is divided in to Critical Errors, Serious Errors, and DHS Load Errors sections with critical errors found towards the top of the Error Report and serious errors and DHS load errors found below. Note: The error descriptors noted in the far left column are hyperlinked, so if you click on them, you will be brought directly to the specific area needing correction. In errors such as the 'Rate Over CL Limit' where the problem may be attributed to a variety of different fields, you will be brought to the worksheet needing correction.

Critical Errors:			
Will Prevent Plan From Being Accepted at DHS.			
Error	Notes	Verified and OK to Ignore	Ver. 8.3.6 Total Errors
			3
Rate Did Not Calculate	Ok: No Error to Report for this line	yes	0
Rate Over CL Limit	CL Rate must be less than or equal to \$3948. Adjust the hours in the plan to bring the rate under the limit. If you are less than 3 percent over the limit the button below may be used to adjust the rate to exactly the CL Limit.	no	1
<input type="button" value="Auto Adjust Rate Down to Limit"/>	This is the percent the rate is over the limit. You may use the auto-adjust button when the value shown is between 0 and 3.00%	18.00%	<input type="button" value="Clear Verifications"/>

Critical Errors: Critical errors, e.g., Rate over CL Limit, can be seen in the above example. These errors are noted by the red bar with a grid pattern directly to the right of the Verified and OK to Ignore column. Such errors will prevent the RS Tool from being accepted by DHS.

Serious Errors: Serious errors are found below the critical errors in the Serious Errors section. Generally, these errors can be overridden which may be done by choosing 'yes' from the drop down box in the Verified and OK to Ignore column (shown in the below example for 'Shopping'). In this example, the error displays because there is time allocated to meet a need when 'In CL to meet need?' is set to 'no.' This situation would arise if you would want to show in the RS Plan that the need is being met by someone other than the provider and time is allocated. This would be an appropriate use of the Verified and OK to Ignore feature.

Homemaking			
Light housekeeping	Ok: No Error to Report for this line	[Green Box]	0
Heavy housekeeping	Ok: No Error to Report for this line	[Green Box]	0
Laundry - personal	Ok: No Error to Report for this line	[Green Box]	0
Laundry-linens	Ok: No Error to Report for this line	[Green Box]	0
Shopping	Error: If 'yes' is checked , provide hrs. If 'no' is checked don't provide hours.	[Green Box] <input type="button" value="no"/> [Green Box] <input type="button" value="yes"/>	1
Meal Preparation			
Individual Assistance w Meal Prep in Own Apartment	Ok: No Error to Report for this line	[Green Box]	0

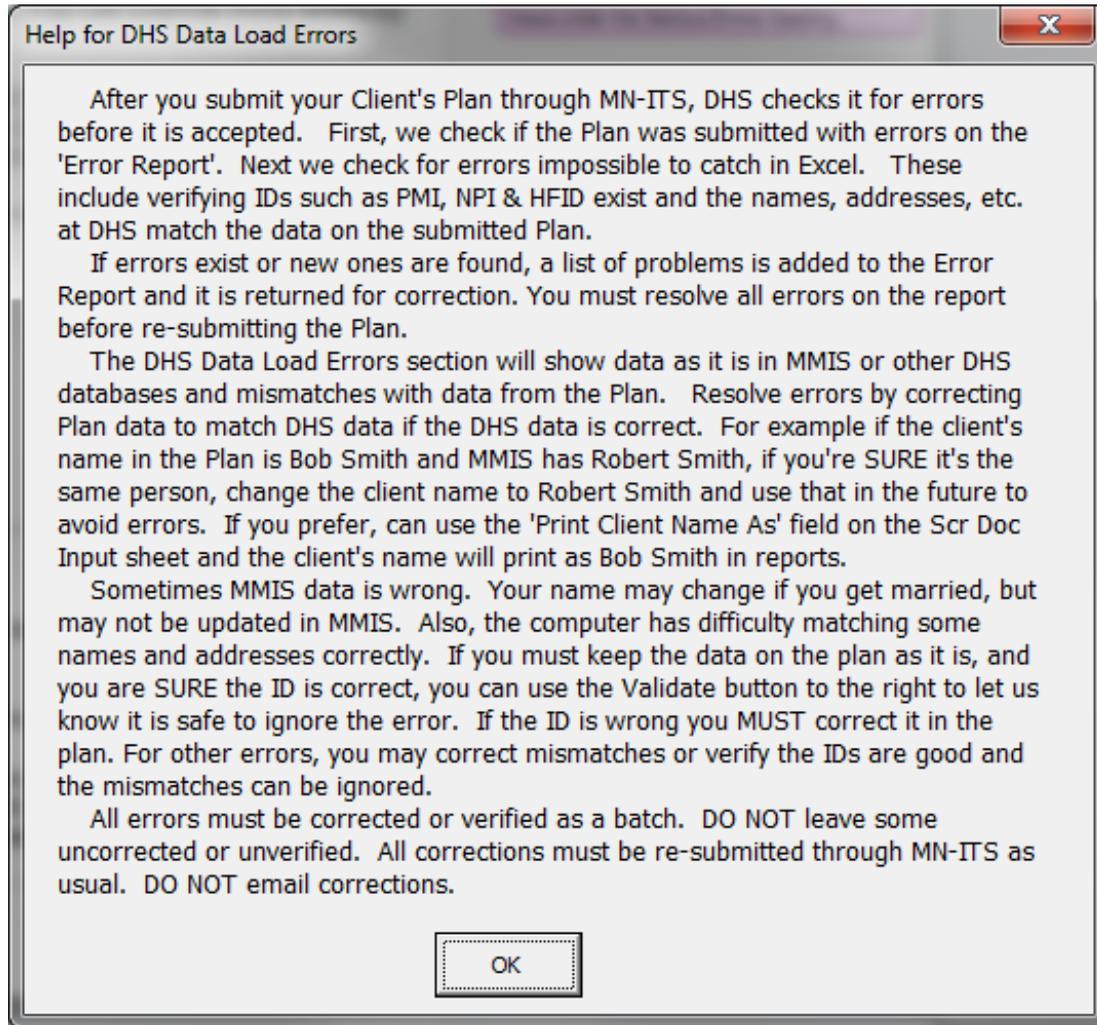
DHS Data Load Errors: These errors are noted toward the bottom of the Error Report. They will only be displayed if RS Tool with errors and it's returned by email for correction. Carefully verify the associated ID value (PMI, NPI, HFID) are correct and indicate to DHS that the load errors can be ignored by clicking on the 'Validate OK to Ignore Data Load Errors' button. Once you have made any necessary corrections or validated the data load errors, you should save the RS Tool using a slightly different name (perhaps changing the date, or adding a 'B' at the end of the name). Leave the .xism extension intact and resubmit the RS Tool through MN-ITS in the usual manner. To prevent future error emails, use the same data that was verified for future submissions. If not, the RS Tool will be emailed back for corrections.

DHS Data Load Errors: These will display if you submitted the Tool and it was returned by email for correction. These Errors, if any, will not display until after you have uploaded the Plan and errors are found and the workbook is returned for corrections. These errors generally concern problems with ID values such as PMIs or NPIs

Ok: No Errors Reported

Ok: No Errors Reported	yes	0	<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: auto;">Validate OK to Ignore Data Load Errors</div>
Copyright © 2009, 2010,2011,2012,2013 Minnesota Department of Human Services All Rights Reserved			
Latest Tool Version and documents may be found here...	<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: auto;">Help for DHS Load Errors</div>		<div style="border: 1px solid gray; padding: 5px; width: fit-content; margin: auto;">Over-Ride Limits (Same as NH Geog Group Tab)</div>

Help for DHS Load Errors: By clicking this button found at the bottom of the Error Report, the following pop up with helpful tips for avoiding DHS load errors will be displayed.



You may also find help in the [EW Residential Services Tips, Alerts and Guidance \(PDF\)](#).

Over Ride Limits

There are four Over Ride Limit buttons that will appear only if their respective limit is exceeded. Otherwise the buttons are not visible.

Rate Over FC Limit	Billing as Foster Care, services are over the FC Service Limit. Reduce EW services authorized or bring FC rate under \$3288.52. Adjust the hours in the plan to bring the rate under this limit.	no	Over Ride Limit
Auto Adjust Rate Down to Limit	This is the percent the rate is over the limit. You may use the auto-adjust button when the value shown is between 0 and 3.00%	32.96%	Clear Verifications
Serious Errors			
Generate Errors on DHS Error Reports Requiring Correction			
Error	Notes		
Prior Period Rate out of Range	Prior rate entered is \$9000. Prior rate must be greater than \$25 and Less than \$3420.	no	Over Ride Limit
Prior Period Rate, Last Case Mix, and Prior Rate Use Answers Are Inconsistent	Make these items logically consistent. If a prior rate applies it should be valid, there should be a last case mix, and Prior Rate Use on the Scn Doc Input should be 'Applies to this Provider'. If a prior rate isn't applicable, Prior Rate Use should be 'None or doesn't apply'. For all clients with a prior rate, enter the most recent valid rate adjusted for any COLAs.	no	1
Verify Authorize Type is Valid	Ok: No Error to Report for this line	yes	0
Conversion Limit Error	You have Conversion Limit errors: You must request a new limit or renew a existing limit.	no	Over Ride Limit
Over EW Community Budget Limit	The plan exceeds the EW Budget Cap. If the client is Fee for Service, or with a plan that bills thru MMIS, you will not be able to authorize this amount. If the client is with a MCO you may verify with the MCO that it is ok to exceed this limit. By Verifying this may be ingored, you are indicating you have worked through the procedures necessary to have the MCO approve the over-limit rate. If this is not the case rework the plan to come in below the limit.	no	Over Ride Limit

Service Limit Override: The option to override service limits for foster care and residential care for recipients in managed care, other than South Country Health Alliance, for whom a benefit exception is needed. When you click the Over Ride Limit button, the following form to complete will display. Provide an explanation for why the service limit needs to be exceeded, check the box to verify the health plan has approved the benefit exception, click the Set Value button, then click the Done button.

Value Over-Ride Form

If the 'Item to Over-Ride' is not dimmed, pick an item to Over-Ride from the drop-down list. Likewise, if the Value box is not dimmed, edit or provide a value. Next provide the reason for having to over-ride the item. Give sufficient detail to explain the unusual situation. Finally, validate the need to over-ride by checking the verify box and click 'Set Value' to accept. Click 'Cancel' to discard the over-ride edits. If boxes are dimmed, they are fixed and you may not change them

Residential CL Limit **Item to Over-Ride**

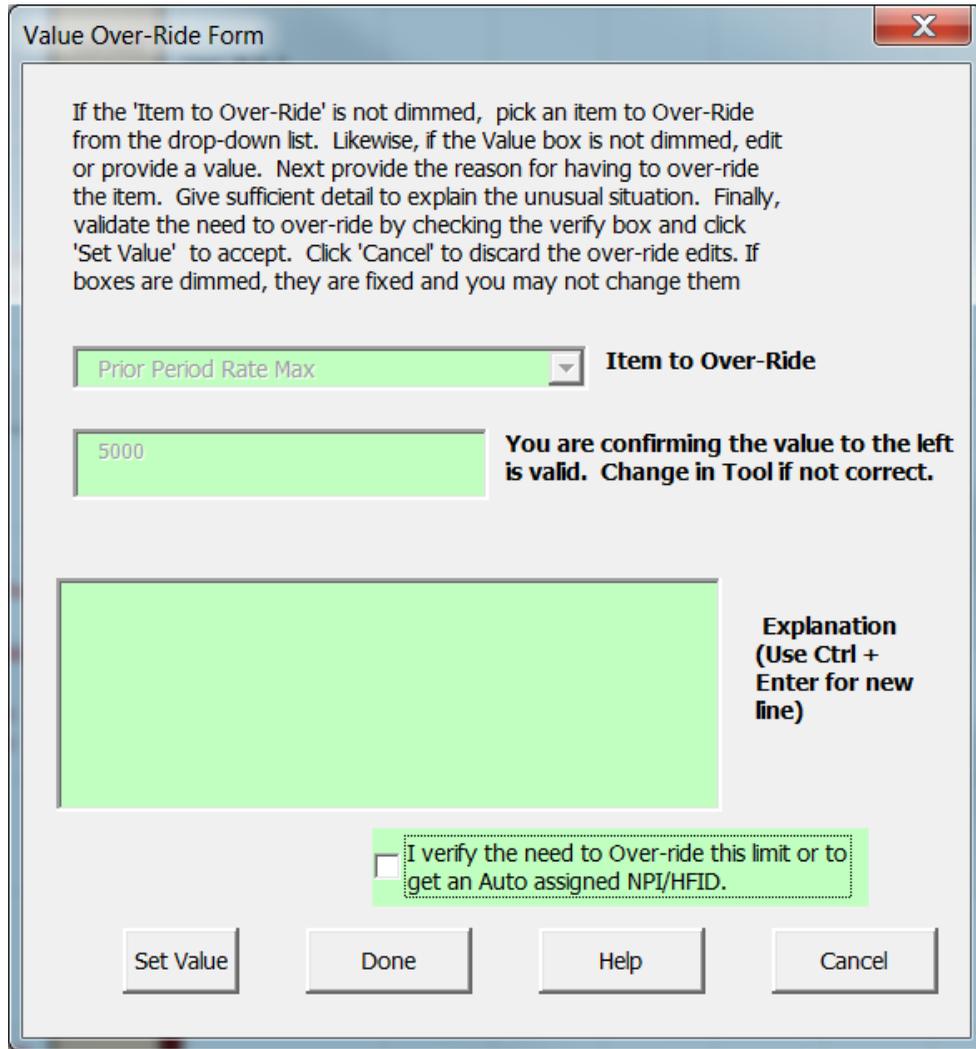
2017.05 **You are confirming the value to the left is valid. Change in Tool if not correct.**

**Explanation
(Use Ctrl + Enter for new line)**

I verify the MCO has approved the need and value of this requested Benefits Exception

Set Value Done Help Cancel

Prior Period Rate Override: This over ride is applicable in instances of renewing a benefit exception or conversion limit. When you click the Over Ride Limit button, the following pop-up to complete will display. Provide an explanation of why the prior period rate limit needs to be exceeded, check the box verifying the need to exceed the limit, click the Set Value button, and click the Done button.



The image shows a software dialog box titled "Value Over-Ride Form". At the top right is a red close button with a white 'X'. Below the title bar is a paragraph of instructions: "If the 'Item to Over-Ride' is not dimmed, pick an item to Over-Ride from the drop-down list. Likewise, if the Value box is not dimmed, edit or provide a value. Next provide the reason for having to over-ride the item. Give sufficient detail to explain the unusual situation. Finally, validate the need to over-ride by checking the verify box and click 'Set Value' to accept. Click 'Cancel' to discard the over-ride edits. If boxes are dimmed, they are fixed and you may not change them".

The form contains the following elements:

- A drop-down menu labeled "Item to Over-Ride" with "Prior Period Rate Max" selected.
- A text input field containing the value "5000".
- A confirmation message: "You are confirming the value to the left is valid. Change in Tool if not correct."
- A large text area for an explanation, currently empty.
- A label for the explanation: "Explanation (Use Ctrl + Enter for new line)".
- A checkbox with the text: "I verify the need to Over-ride this limit or to get an Auto assigned NPI/HFID." The checkbox is currently unchecked.
- Four buttons at the bottom: "Set Value", "Done", "Help", and "Cancel".

Conversion Limit Override: Provide an explanation of why a conversion limit would not apply but a need to over-ride the other limits is warranted. Check the box confirming the need to override. By completing the form, you are verifying the recipient does not qualify for a conversion limit.

Value Over-Ride Form [X]

If the 'Item to Over-Ride' is not dimmed, pick an item to Over-Ride from the drop-down list. Likewise, if the Value box is not dimmed, edit or provide a value. Next provide the reason for having to over-ride the item. Give sufficient detail to explain the unusual situation. Finally, validate the need to over-ride by checking the verify box and click 'Set Value' to accept. Click 'Cancel' to discard the over-ride edits. If boxes are dimmed, they are fixed and you may not change them

Conversion Limit [v] **Item to Over-Ride**

Conversion Rate Doesn't Apply **You are confirming you are validating a benefit exception and the Client does not qualify for a conversion rate.**

[Text Area] **Explanation (Use Ctrl + Enter for new line)**

I verify the need to Over-ride this limit or to get an Auto assigned NPI/HFID.

[Set Value] [Done] [Help] [Cancel]

Budget Cap Override: Used when the EW case mix budget cap is exceeded. If you click the Over Ride Limit button, the following form display. Complete the form in the same way the Service Limit Over-Ride form was completed.

Value Over-Ride Form

If the 'Item to Over-Ride' is not dimmed, pick an item to Over-Ride from the drop-down list. Likewise, if the Value box is not dimmed, edit or provide a value. Next provide the reason for having to over-ride the item. Give sufficient detail to explain the unusual situation. Finally, validate the need to over-ride by checking the verify box and click 'Set Value' to accept. Click 'Cancel' to discard the over-ride edits. If boxes are dimmed, they are fixed and you may not change them

FC Budget Cap **Item to Over-Ride**

3700.24 **You are confirming the value to the left is valid. Change in Tool if not correct.**

**Explanation
(Use Ctrl + Enter for new line)**

I verify the MCO has approved the need and value of this requested Benefits Exception

Set Value Done Help Cancel

The Over-Ride Limits: Used to override the service start date, provider NPI or UMPI, and to auto generate a HFID. This button is always visible.

You can choose to override the following three items:

- **CL Start Date:** When the service start date is more than 45 days in the past, it may be entered with this override. Note, the service start date must still be on or after both the assessment change date and the assessment effective date, and before the end date.
- **No Provider Number/UMPI:** If there is no provider number/UMPI, they may be set to AutoGen. This will indicate the value is unavailable currently and DHS will provide a temporary value for when the RS Tool is submitted. An explanation for the override and verifying the need to override is required. When DHS processes the RS Tool, the temporary number will be generated and provided to you via a load error email. You can alternately call DHS to request the temporary number.
- **No HFID:** The HFID may also be AutoGen which will indicate the value is unavailable currently and DHS will provide a temporary value for when the RS Tool is submitted. An explanation for the override and verifying the need to override is required. Use the DHS provided value and share the value with other lead agency staff you know are working with recipients in the same facility. When the facility gets a proper HFID, begin using that value. There is no need to submit corrections for the AutoGen numbers. When DHS process the RS Tool, the temporary number will be generated and provided to you via a load error email. You call alternately call DHS to request the temporary number.

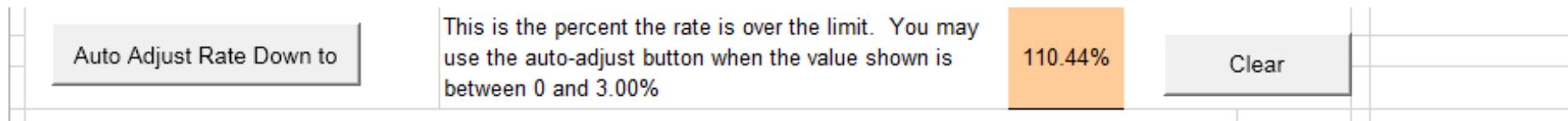
Special notes regarding the over-ride limit buttons and validations:

- Clicking *Cancel* in any of the over-ride limit buttons will restore all previous values. If the service start date is restored, it will act as a change and the prior period rate will be recalculated. If the user entered a prior period rate, the rate will be over-ridden.
- If a previously validated value is changed, the validation will be cleared.
- If the *Authorize Rate As* field on the *Screening Document Input* worksheet is changed, any validations will be cleared.

Other features of the Error Report

Auto Adjust Rate Down to Limit button: This button is located at the top of the Error Report and is used to auto-adjust rates that are no more than 3 percent over the service limit to be exactly at the limit. This feature should only be used when the services required by the recipient exceed the limit by a significant amount and all attempts to reasonably adjust the plan to below the limit have been made. This feature should be used to save time when you are certain the recipient's needs exceed the limit and you wish set the rate exactly to the limit.

Clear button: The Clear button will clear, i.e., reverse, any/all overrides validations as well as the previously cleared green boxes on the Error Report



Clear time on all invalid lines button: This button is found towards the top of the Error Report. It clears the verification status entered by the user on the Error Report in the 'Verified and OK to Ignore' column. If you began planning for customized living services and then switched for foster care or residential care, you may have entered time in a component service that is not allowed. If this occurs, errors will occur. If you want to clear all of the errors, you can do so by clicking the "Clear time on all invalid lines" button which is found directly above the Homemaking section of the report. Otherwise, you can validate OK to ignore for each line error.

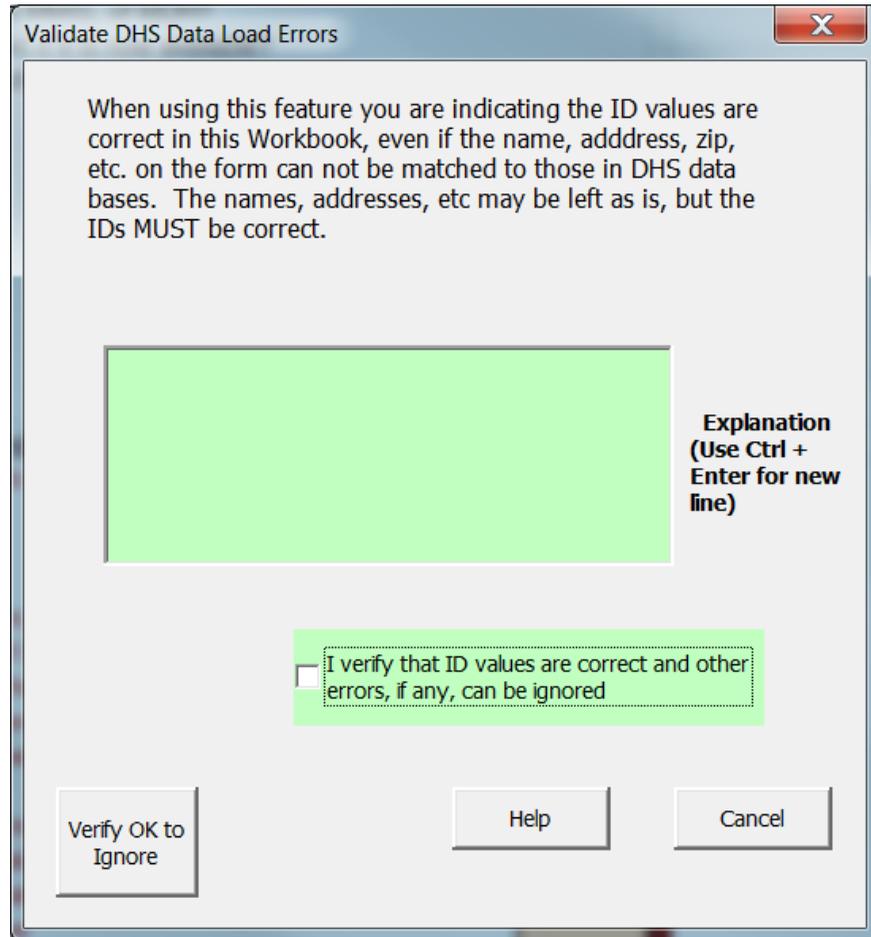
<p>Note: If you started the RS Tool as authorizing CL and then switched to FC or RC you may have entered hours on service lines that are no longer valid. These lines may show errors in the section below. You may clear these errors by verifying it is OK to ignore the error, or you may use the button to the right to clear all hours from invalid lines.</p>				<input type="button" value="Clear time on all invalid liines"/>
Homemaking				
Light housekeeping	Ok: No Error to Report for this line			0
Heavy housekeeping	Ok: No Error to Report for this line			0
Laundry - personal	Ok: No Error to Report for this line			0
Laundry-linens	Ok: No Error to Report for this line			0
Shopping	Ok: No Error to Report for this line			0

Validate OK to Ignore Data Load Errors: If DHS is unable to load a submitted RS Tool, you will receive a load error email explaining DHS had problems loading the attached RS Tool, the RS Tool was not accepted, and the client's rate is not valid. The RS Tool will need to be corrected and/or the load errors can be validated and then the tool will need to be resubmitted through MN-ITS.

<p>DHS Data Load Errors: These will display if you submitted the Tool and it was returned by</p>				<input type="button" value="Validate OK to Ignore Data Load Errors"/>
Ok: No Errors Reported				
	yes		0	
Copyright © 2009, 2010,2011,2012,2013,2014, 2015 Minnesota Department of Human Services All Rights Reserved				
Latest Tool Version and documents may be found here...				<input type="button" value="Over-Ride Limits"/>
				<input type="button" value="Help for DHS Load Errors"/>

To validate a load error is okay to ignore:

1. Click the Validate OK to Ignore Data Load Errors button. The following form will display.



2. Provide an explanation for why the data load error can be ignored
3. Check the box to verify the values are correct and can be ignored
4. Click the Verify OK to Ignore button in the form

The Error Report tab will turn from red to white, indicating the tool can now be reloaded to MN-ITS.

For a full explanation of handling load errors, click the Help for DHS Load Errors button or reference the corresponding section in the [Tips, Alerts, and Guidance document](#) found on the EW Customized Living, Foster Care, and Residential Care website.

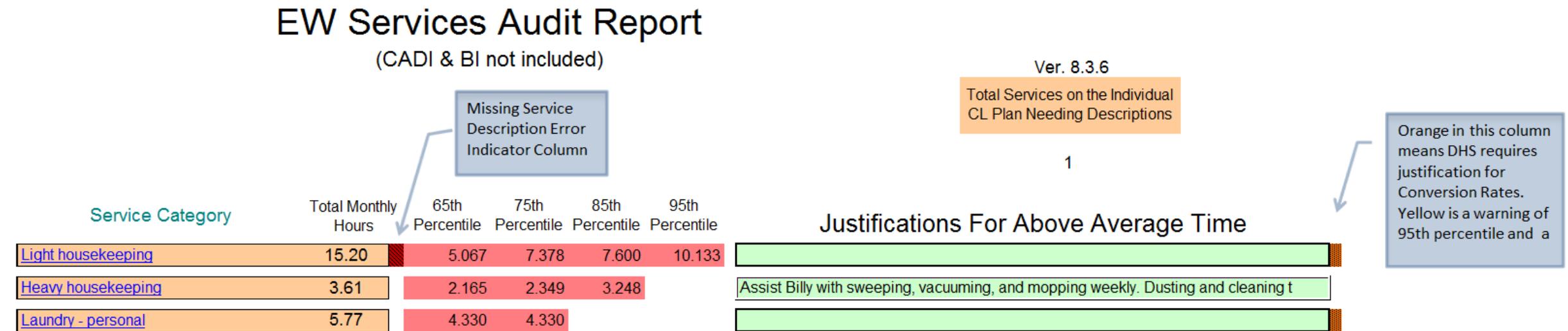
Suggestion and Advice: This area is found at the bottom of the Error Report, right above the DHS Data Load Errors section, and it provides some suggestions and advice to prevent potential errors. The suggestions and advice include the following:

- Are you using the most recent version of the RS Tool? If not, down-load the latest and import this plan.
- Have you verified the provider meets standards for EW 24-hr CL?
- If the provider has a lower private rate have you entered that rate?
- Have you verified the health plan listed is correct?
- If you are using Auto-Gen HFID or NPI have you checked if a new valid one is now available?
- Have you double checked all ID values?
- Are you using recipient, provider, and case manager names that will match in MMIS, of MDH?
- If you were unable to provide the assigned SD# before, have you checked if it is now available?
- If you're making corrections to the plan, as opposed to modifying the authorized rate, have you marked it as a correction on the first sheet?

Latest Tool Version and documents: Please note that at the bottom left of the Error Report there is a link to the DHS website where you can download the latest RS Tool and find the Tips Alerts and Guidance document and Release Notes.

AUDIT REPORT

Audit Report example for a recipient with a conversion rate:



This report has three major purposes:

1. To identify services exceeding the 65th percentile and to provide detail numbers on the percentile the service represents. These values are based on state wide data and apply to the recipient's case mix.
2. To identify services where time has been entered but for which there is no service description. Missing descriptions cause errors and must be corrected before the RS Tool may be submitted.

3. To identify service lines requiring justification for being over even higher percentiles (75th for conversion budget cap and 95th for services in general) and to provide space to detail this justification. While failing to provide this justification does not produce errors, DHS will expect justifications for conversion budget cap approvals, and failure to provide adequate justification may delay approval. Details follow:
 - The first column shows the service category from the Individual RS Plan. The name is a hyperlinked to the service description for that line.
 - The second column shows the total monthly hours budgeted for the component service.
 - The next column, pointed to by the box directly above the 75th percentile, indicates missing description errors. The errors are indicated with a red hatched box. As you can see from the above example taken from a RS Tool utilizing a conversion rate, light housekeeping is missing a service description on the Individual RS Plan.
 - The next four columns show red lines out to the percentile level the total hours represent and the values of those percentiles in hours per month. Looking down the column is a quick way to identify services where budgeted hours significantly exceed the median. For example, if the recipient is case mix A and the line for shopping is red out to the 75th percentile, this means that 75% of all case mix A recipients had shopping hours less than or equal to the value shown in the red bar under the 75th percentile column.
 - The next column is a box to provide justification for the hours being budgeted. This should not be a list of tasks, but rather recipient needs or circumstances requiring unusual lengths of time or frequency of service. Tasks, hours, and frequency should be detailed in the component service line description. To enter a new line within a cell, use the Alt and Enter key combination.
 - The last column, pointed to by the blue box on the right, indicates warnings. Yellow striped boxes indicate service lines at the 95th percentile and should have justifications (an example of this is found below). **NOTE:** If the RS Tool utilizes a conversion rate, all services without a description will be marked with an orange dotted bar, even for services in the 95th percentile.
 - Note: Health plans may require certain services be justified, so follow their policies and procedures when applicable. An orange shaded box indicates a required justification by DHS for a service when a conversion budget cap is being requested or renewed. Enter the justification before submission if DHS will be doing the approval. Follow the health plan policies and procedures if the budget rate limit will be approved by a health plan.
 - The salmon box directly above the Justifications column indicates how many service descriptions areas are missing a description. If there are any errors, the number of errors will be displayed. These must be '0' to submit the RS Tool. If there are any errors, the Audit Report will display red until they are corrected at which time the tab will revert to white.

Audit Report example for a non-conversion rate recipient:

Laundry-lines	5.07	2.165	2.526	3.800	4.330	
---------------	------	-------	-------	-------	-------	--

PRINT RATE GUIDE

The Print Rate Guide provides all information to properly enter service rates into MMIS or other systems. Valid rates are shown by time period and dynamically change based on the service start and end dates. The Rate Guide also displays the rate to enter for partial first and partial last months in the rate period. Use the rates displayed for authorizations. All rates are calculated to properly handle transition rate periods, rate reduction, limit changes, and 24-hour CL rate criteria. This page should be printed and given to the recipient and the provider. It may not be viewed or printed if an error exists in the Error Report. The Rate Guide will show up to 12 months of rates for the year.

Note that the 'Recipient' field at the bottom of the Print Rate Guide prints the information provided in the 'Print Recipient Name As' field of the Scr Doc Input worksheet. If left empty, the recipient's name is printed. This optional field is used if the recipient prefers to be called a name that is different from their legal name. This will mitigate the risk of mismatching the recipient's name with data on MMIS.

The Rate Guide allows the entry of the prior period start date. This is used when handling multiple rate changes in a single month, so leave this blank if the current rate being developed is the first or only rate change occurring in the month of the service start date. The following is a detailed explanation when a prior period rate would be utilized.



DHS 06/06/14

Rate Guide Printed February 26, 2015

Ver. 9.3.1

EW CL Services Rate Summary by Effective Date

Monthly Rate Daily Rate

Full monthly CL / 24 Hr CL Rate on: 2/7/2014 **\$2,000.00** \$ 65.71

Prior Period Rate Start Date **2/3/2014** Max Prior Rate is \$2963

Turn All Help on/off

First month Current Rates

	From Date	To Date	Monthly Rate	Daily Rate
Prior Period Portion	2/3/2014	2/7/2014	\$328.55	\$65.71
Current Period Portion	2/8/2014	2/28/2014	\$1,954.47	\$ 93.07
Total Rate For First Month	2/3/2014	2/28/2014	\$ 2,283.02	\$ 87.81

Remainder of CL Span	From Date	To Date	Monthly Rate	Daily Rate
	3/1/2014	3/31/2014	\$ 2,832.80	\$93.07
	4/1/2014	4/30/2014	\$ 2,861.13	\$94.00
	5/1/2014	5/31/2014	\$ 2,861.13	\$94.00
	6/1/2014	6/30/2014	\$ 2,861.13	\$94.00
	7/1/2014	7/31/2014	\$ 3,004.18	\$98.70
	8/1/2014	8/31/2014	\$ 3,004.18	\$98.70
	9/1/2014	9/30/2014	\$ 3,004.18	\$98.70
	10/1/2014	10/31/2014	\$ 3,004.18	\$98.70
	11/1/2014	11/30/2014	\$ 3,004.18	\$98.70
	12/1/2014	12/31/2014	\$ 3,004.18	\$98.70
Final Period as CL End	1/1/2015	1/31/2015	\$ 3,004.18	\$98.70

These are the CL Service Rates valid for payment during the authorization period. Use the rate that corresponds to the time period during which services will be provided and paid. In all cases, Providers are required to bill ONLY for the days of actual service.
 Notice: Any Partial First Month Rate is subject to change once this CL Tool is submitted if the Prior Rate on file does not match the Prior Rate provided in this CL Tool.

Full monthly CL/24 Hr CL Rate on: Enter the prior period rate. This amount can also be entered on the Individual RS Plan worksheet and is required if you had indicated a prior rate applies in the 'Prior Rate Use' field in the Ind Screen Doc worksheet, and is required in order to be allowed to view the Print Rate Guide. Note: You must make 'Prior Rate Use' field on the Screening Document Input worksheet and the prior period rate logically consistent or otherwise an error will generate that you must correct.

Prior Period Rate Start Date: Enter the date that the prior period rate (PPR) started. This field is used when handling multiple rate changes in a single month. Leave this field blank if the current rate being developed is the first or only rate change occurring in the month of the service start date. In most cases, the PPR would be the full monthly rate in effect at the end of the month prior to the new rate being submitted. But in cases like this, when another rate change is being accounted for, the prior period rate change will fall somewhere besides the last day of the month, in this example the prior period rate started on 2/3/14.

To properly print Rate Guides for both the old rate and the new rate, change the end date on the old RS Tool to the last day that rate was valid (In our example, 2/2/14) and print that Rate Guide. For the new RS Tool, enter the full monthly rate from the previous RS Tool as the prior period rate and enter the prior period start date as the date the old rate tool was in effect (In this example, 2/3/14). Print the new Rate Guide. The two rate guides together will reflect the full rate picture for the first month.

Prior Period Portion: This line shows the rate to allocate for the period during which the prior rate is applicable, which in this example is \$65.71/day from 2/3/14 to 2/2/14.

Current Period Portion: This line shows the rate to allocate for the period during which the new rate is applicable, which in this example is \$93.07/day from 2/3/14 to 2/28/14.

Total Rate for First Month This line shows a blended monthly rate, which for this example is \$87.81/day from 2/3/14 to 2/28/14.

NOTE: When authorizing services, you may enter separate line items for each period or the single blended amount for the entire period. Follow the requirements of the authorization system you are using. If allocating a full month, days absent should be applied using the blended daily rate for any day during the month. If separate allocation is made to prior and new rates, absent days should be calculated using the daily rate for the period during which the absence occurred.

Remainder of CL Span: This provided a breakdown of monthly and daily allocations for the waiver span. Starting with version 9 of the RS Tool, the Rate Guide automatically calculates the rates for future months, incorporating all known rate changes, without manually changing the service start date on the Screening Document worksheet.

Final Period as CL End: This shows the allocation for the final month of the waiver span, which in this example is full month from 1/1/15 to 1/31/14.

PRINT CSP

The Print CSP provides a breakdown of residential and non-residential services by provider name, start day, units, unit rate, and cost per month. Under the 'Service' column, you can choose to show the billing codes by clicking the 'Budget WS With Proc Codes' button which will show the billing codes next to the service names. The worksheet tab name will change to 'Print CSP+'. If you would like to print the Print CSP without the procedure codes, click the same button which will now display at 'Budget WS Without Proc Codes.' The 'Print CSP,' including the questions at the bottom, should be reviewed with the recipient. Review each on the questions on the bottom half of the form and have the recipient sign and date it. Be sure that you sign and date the plan and noted at the bottom of the Print CSP the date it was given to the recipient. A copy of the Print RS Plan should also be provided to the recipient. There is space at the bottom of the plan to note when it is mailed/given to the recipient.

VII. Budget Worksheet

Client: Billy Bailey

PMI: 123456

Service	Unit	Provider Name and Number	Start Date	End Date	# of Units/ Month	Unit Rate	Cost Per Month
Adult Day Care	15 min					\$ 3.15	\$ -
Adult Day Care FADS	15 min					\$ 3.15	\$ -
Adult Day Care	Daily					\$ -	\$ -
Adult Day Care FADS	Daily					\$ -	\$ -
Adult Day Care Bath	15 min					\$ -	\$ -
Caregiver Training and Ed	Session					\$ -	\$ -
Case Management	15 min						\$ -
Case Management	15 min						\$ -
Case Mgt - Paraprofessional	15 min					\$ -	\$ -
Companion Services	15 min					\$ -	\$ -
24 Hr Customized Living (Rate for CIService Start Month)	Monthly	ABC Provider	10/01/13	10/01/13	1	\$ 3,114.32	\$ 3,114.32
Home Delivered Meal	1Meal					\$ -	\$ -
Home Health Aide	Visit					\$ -	\$ -
Home Health Aide Extended	15 min					\$ -	\$ -
Home Health - Skilled Nursing	Visit					\$ -	\$ -
Home Health Telehomecare	Visit					\$ -	\$ -
Modifications/Adaptations						\$ -	\$ -
PCA - RN Supervision	15 min					\$ -	\$ -
Personal Care Assistant 1:1	15 min					\$ -	\$ -
PCA Shared 1:2	15 min					\$ -	\$ -
PCA - Shared 1:3	15 min					\$ -	\$ -
LPN Complex Extended	15 min					\$ -	\$ -
LPN Regular Extended	15 min					\$ -	\$ -
LPN shared 1:2 Extended	15 min					\$ -	\$ -
RN Complex Extended	15 min					\$ -	\$ -
RN Regular Extended	15 min					\$ -	\$ -
RN shared 1:2 Extended	15 min					\$ -	\$ -
Supplies and Equipment	Tot/Mon					\$ -	\$ -
Supplies and Equipment	Tot/Mon					\$ -	\$ -
Supplies and Equipment	Tot/Mon					\$ -	\$ -

Budget WS
With Proc
Codes

0

Total Cost Per Month From July 10, 2013 \$3,114.32

IX. Choosing Community Long Term Care

In all cases, Providers are required to bill ONLY for the days of actual service

You can choose to receive services in the community (your home) or in a nursing facility. Were you offered this choice?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

You can choose the provider you prefer for services. Did the person who helped you with this plan give you a list of providers, or tell you about different providers that you could choose for services in the plan?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Did you have the chance to help develop this plan, including the kinds of services you want to receive?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

After reading the plan, do you agree with the services, and providers, as written?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

You have the right to apply for Minnesota Health Care Programs (MHCP) that may help pay for services planned here, including programs such as the Elderly Waiver Program, and the Alternative Care Program. Do you wish to apply for Minnesota Health Care Programs?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Client signature: **Billy Bailey**

Date

--	--

Signature of Person Completing this Plan

Date

--	--

Printed: October 24, 2013

Date

Support Plan was Mailed/Given On:

Application for MHCP Submitted?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Note: A copy of the CL Plan must be attached to the CSP and must be provided to the Client for this to constitute a complete plan.

[PRINT RS PLAN](#)

The 'Print RS Plan' worksheet copies the information entered in the 'Individual RS Plan' worksheet about those service needs that will be met by the residential services provider. This worksheet also contains a summary of hours, organized by component service, and reported as a monthly total as well as average weekly and average daily time. The default view is as follows:


DHS 10/07/13

Individualized EW Customized Living Plan

Ver 8.3.6

Client Bill

PMI 00123456

County/Tribe Crow Wing

Case Manager Joe Blow

Start Date for CL 10/1/2013

Home Care Provider Name Abc Provider Of Pequot Lakes

Provider NPI A124365800

Housing with Services Address 1234 Country Care Lane
Pequot Lakes, MN 56472

Health Plan Medica

Primary Diagnosis 295.3

Recipient 596800096914300

HWS Consultation Verif. Code _____

Estimation of Time for Purposes of Rate Computation _____

Homemaking	In CI Plan?	Score	Service Description	Total Hours/ Month
Light housekeeping	yes	4	Assist Billy with taking out the garbage, making his bed, and generally picking up the apartment	15.20
Heavy housekeeping	yes	4	Assist Billy with sweeping, vacuuming, and mopping weekly. Dusting and cleaning the bathroom (cleaning the toilet, sink, and tub) weekly	3.61
Laundry - personal	yes	4	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding, and putting away. Two loads done weekly.	5.77
Laundry-linens	yes	4	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding, and putting away. One load done weekly.	2.17
Shopping	yes	4	Staff to shop for billy for personal needs items	3.61

Print CM Phone#

Print CM Email

Hours / Week

CL Plan With Time Detail

CL Plan With Rate Detail

Print CM Phone # (checkbox): If this box is checked; the lead agency staff's phone number, imported from the 'Scr Doc Input' worksheet, will display below the lead agency staff's name.

Print CM Email (checkbox): If this box is checked; the lead agency staff's email, imported from the 'Scr Doc Input' worksheet, will display below where the lead agency staff's phone number should display (even when not visible).

Hours/Week (checkbox): If this box is checked, the 'Total Hours' column will display total time by the week instead of by the month.

CL Plan With Time Detail (button): This button allows time to be delineated into minutes per day, minutes per week, and hours per month to be displayed (as shown below).

Homemaking	In CI Plan?	Score	Service Description	Min/ Day	Min/ Week	Hrs/ Mo	Total Hours/ Month
Light housekeeping	yes	4	Assist Billy with taking out the garbage, making his bed, and generally picking up the apartment	30.000			15.20
Heavy housekeeping	yes	4	Assist Billy with sweeping, vacuuming, and mopping weekly. Dusting and cleaning the bathroom (cleaning the toilet, sink, and tub) weekly		50.000		3.61
Laundry - personal	yes	4	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding, and putting away. Two loads done weekly.		80.000		5.77
Laundry-linens	yes	4	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding, and putting away. One load done weekly.		30.000		2.17
Shopping	yes	4	Staff to shop for Billy for personal needs items		50.000		3.61

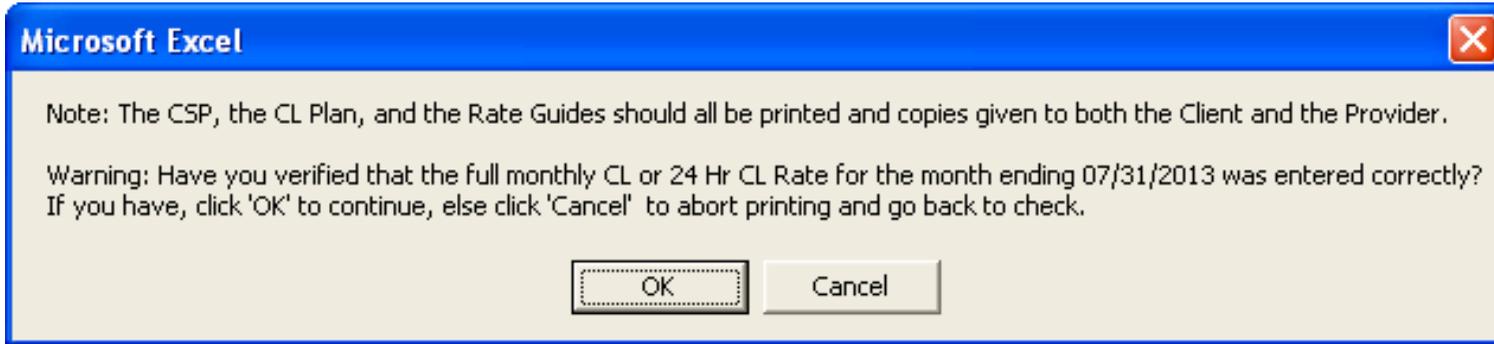
CL Plan With Rate Detail (button): This button will allow the rate of each service as well as the dollars per month to be displayed (as shown below).

Homemaking	In CI Plan?	Score	Service Description	Total Hours/ Month	Rate	Dollars/ Month
Light housekeeping	yes	4	Assist Billy with taking out the garbage, making his bed, and generally picking up the apartment	15.20	15.72	238.94
Heavy housekeeping	yes	4	Assist Billy with sweeping, vacuuming, and mopping weekly. Dusting and cleaning the bathroom (cleaning the toilet, sink, and tub) weekly	3.61	15.72	56.72
Laundry - personal	yes	4	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding, and putting away. Two loads done weekly.	5.77	15.72	90.76
Laundry-linens	yes	4	Billy needs full assistance with his laundry, including: gathering, washing, drying, folding, and putting away. One load done weekly.	2.17	15.72	34.03
Shopping	yes	4	Staff to shop for Billy for personal needs items	3.61	15.72	56.72

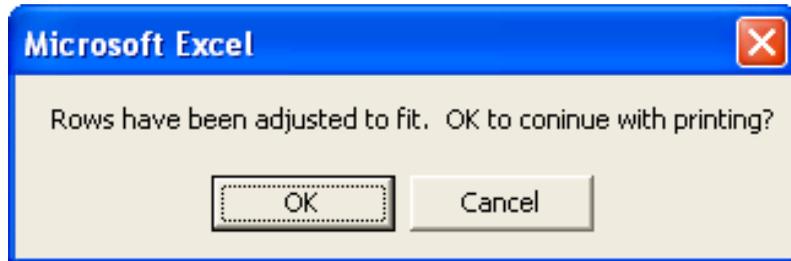
CL Plan With Time Detail Added: Time detail to the 'Print RS Plan' report. If you wish to see this information, click the 'CL Plan with Time Detail' button at the upper right of the report. You will see the new data next to the Service Description area of the report. The sheet tab name will change to 'Print RS Plan+Time'. To change back, click the button again.

Community Support Plan: The 'Print CSP' worksheet provides details about other services and also contains the signatures page. When combined, the 'Print RS Plan' and 'Print CSP' worksheets constitute the required Coordinated Service and Support Plan (CSSP). This CSSP summarizes all services; including those to be provided by informal caregivers and any personal risk management plans the person has adopted to meet needs for which the recipient prefers no service. The recipient receives a copy of both the 'Print RS Plan' and the 'Print CSP' worksheets, whereas the residential services provider only receives a copy of the 'Print RS Plan' worksheet. **Note:** If a guardian is entered in the 'Scr Doc Input' worksheet, it will print above the signature line on the 'Print CSP' worksheet. If the Guardian field is left blank, the recipient name will print above the signature line on the 'Print CSP' worksheet.

Printing: When printing, if a service description is entered in the Individual RS Plan that is longer than the default size allowed, row height will automatically adjust so that the entire description will be seen once printed. The automatic adjustment occurs after you click Print at which time the following popup will appear:



If you click “OK” to proceed, the following popup will appear:



If you click OK, the report will print with the adjusted heights. If you wish to view the layout or change the page breaks before printing click 'Cancel'. After the report is to your liking, reprint the report and select OK for the above prompt.

Dating: At the bottom of the 'Print RS Plan,' write in the date that it was given to the recipient. Give it, along with the 'Print CSP.' These items together constitute the complete CSP/CSSP (DHS-6791 C-ENG).

NH GEOG GROUP



County Geographical Groups
DHS 10/07/13 Ver. 8.3.6

County	Group
Aitkin	3
Anoka	3
Becker	2
Beltrami	1
Benton	2
Big Stone	1
Blue Earth	2
Brown	2
Carlton	3
Carver	3
Cass	1
Chippewa	1
Chisago	2
Clay	2
Clearwater	1
Cook	3
Cottonwood	1
Crow Wing	1
Dakota	3
Dodge	2
Douglas	2
Faribault	2
Fillmore	2
Fond du Lac	1
Freeborn	2
Goodhue	2
Grant	2
Hennepin	3
Houston	2
Hubbard	1
Isanti	2
Itasca	3
Jackson	1
Kanabec	2
Kandiyohi	1
Kittson	2
Koochiching	3
Lac qui Parle	1
Lake	3
Lake of the Woods	1
Leech Lake	1
LeSueur	2
Lincoln	1

Lyon	1
Mahnomen	1
Marshall	2
Martin	2
McLeod	2
Meeker	1
Mille Lacs	2
Morrison	1
Mower	2
Murray	1
Nicollet	2
Nobles	1
Norman	2
Olmsted	2
Otter Tail	2
Pennington	2
Pine	2
Pipestone	1
Polk	2
Pope	2
Ramsey	3
Red Lake	2
Redwood	1
Renville	1
Rice	2
Rock	1
Roseau	2
Scott	3
Sherburne	2
Sibley	2
St. Louis	3
Stearns	2
Steele	2
Stevens	2
Swift	1
Todd	1
Traverse	2
Wabasha	2
Wadena	1
Waseca	2
Washington	3
Watonwan	2
White Earth	1
Wilkin	2
Winona	2
Wright	2
Yellow Medicine	1

Over-Ride Limits
Moved to Bottom
of Error Report

EW Residential Services Rate Limits

Service Limit Effective Dates: Wednesday, July 01, 2015

Case Mix	Budget Cap	24 Hr CL Rate Limit	Customized Living (Not 24 Hr) Rate Limits				
	as of 11/03/2015		Statewide	Group 1	Group 2	Group 3	
A	\$2,422	\$2,013	\$1,082	\$989	\$1,013	\$1,180	
B	\$2,754	\$2,323	\$1,230	\$1,096	\$1,130	\$1,297	
C	\$3,232	\$2,732	\$1,443	\$1,248	\$1,307	\$1,557	
D	\$3,337	\$2,853	\$1,585	\$1,345	\$1,378	\$1,645	
E	\$3,682	\$3,174	\$1,645	\$1,460	\$1,487	\$1,799	
F	\$3,794	\$3,292	\$1,696	\$1,520	\$1,520	\$1,827	
G	\$3,914	\$3,423	\$1,750	\$1,577	\$1,616	\$1,924	
H	\$4,415	\$3,846	\$1,973	\$1,769	\$1,802	\$2,173	
I	\$4,532	\$3,954	\$2,035	\$1,819	\$1,867	\$2,232	
J	\$4,832	\$4,228	\$2,158	\$1,916	\$1,966	\$2,391	
K	\$5,630	\$4,938	\$2,518	\$2,219	\$2,242	\$2,726	
L	\$2,422	\$2,013	\$1,082	\$989	\$1,013	\$1,180	
L*	\$1,865	N/A	\$812	\$741	\$761	\$885	New/Re-assessed after 08/31/2011
V	\$20,482	\$17,961	\$9,723	\$8,364	\$8,572	\$10,136	New/Re-assessed after 06/30/2013
	Based on Assessment Change Date		Based on CL Start Date				

COMPONENT RATES



CL Component Rates

DHS 10/07/13

Effective Date Ver. 8.3.6

Service Category

Hourly Unit

Home Management/Homemaking and Support Services	\$15.72	
Home Care Aide Services including Active Behavioral Support.	\$21.49	
Home Health Care Aide Services/Delegated Nursing Services	\$24.53	
Medication Setups by Licensed Nurse	\$29.65	
	Per Mile	
Mileage rate	\$0.49	
Summoning Device	\$27.08	/Month
Breakfast	\$3.23	
Lunch	\$4.03	
Supper	\$4.03	
Snack	\$0.40	

Shared Services

Socialization Hourly Rate

Socialization 1 Staff to 2-5 Residents	\$4.49
Socialization 1 Staff to 6 - 12 Residents	\$1.75
Socialization 1 Staff to 13 - 20 Residents	\$0.96
Socialization 1 Staff to over 20 Residents	\$0.52

	Driver Hourly Rate	Group Mileage Rate
Group Transportation # of Riders 2	\$7.86	\$0.25
Group Transportation # of Riders 3 - 5	\$3.93	\$0.12
Group Transportation # of Riders 6 - 10	\$1.97	\$0.07
Group Transportation # of Riders - More than 10	\$1.05	\$0.04

EW SERVICE MENU INFO



DHS 10/07/13

EW Service Information

Ver. 8.3.6

EW Service Name	Unit	Proc Code	Mod 1	Mod 2	Up To Rate Limit as of 08/01/2013
Adult Day Care	15 minutes	S5100			\$ 3.15
Adult Day Care FADS	15 minutes	S5100	U7		\$ 3.15
Adult Day Care	Daily	S5102			\$ 42.16
Adult Day Care FADS	Daily	S5102	U7		\$ 42.16
Adult Day Care Bath	15 minutes	S5100	TF		\$ 7.05
Caregiver Training and Ed	15 minutes	S5116			\$ 16.91
Case Management	15 minutes	T1016	UC		\$ 23.77
Case Mgt - Paraprofessional	15 minutes	T1016	TF	UC	\$ 8.77
CDCS Background Checks	One print	T2040			\$ 25.00
CDCS Mandatory Case Mgt	15 minutes	T2041			Case MGT Cap Amount
Chore Services	15 minutes	S5120			\$ 3.50
Companion Services	15 minutes	S5135			\$ 2.03
CDCS	Per Service	T2028			Up to CDCS Cap Case Mix Cap
Customized Living Services	Monthly	T2030			See CL Service Limits
24 Hr Customized Living	Monthly	T2030	TG		See CL 24 Hr. Service Limits
Home Delivered Meal	1Meal/Day	S5170			\$ 6.10
Home Health Aide	Visit	T1021			\$ 53.74
Home Health Aide Extended	15 minutes	T1004			\$ 7.48
Home Health - Skilled Nursing	Visit	T1030			\$ 70.04
Home Health Telehomecare		T1030	GT		\$ 70.04
Homemaker	15 minutes	S5130			\$ 4.30
Homemaker	per diem	S5131			\$ 41.57
Modifications/Adaptations	Total/Year/12	S5165			\$10,000. annually
Personal Care Assistant - RN Supervision	15 minutes	T1019	UA		\$ 6.86
Personal Care Assistant 1:1	15 minutes	T1019	UC		\$ 3.92

Personal Care Assistant - Shared 1:2	15 minutes	T1019*	TT	UC	\$	2.94
Personal Care Assistant - Shared 1:3	15 minutes	T1019*	HQ	UC	\$	2.58
LPN Complex Extended	15 minutes	T1003**	TG	UC	\$	7.32
LPN Regular Extended	15 minutes	T1003	UC		\$	6.24
LPN shared 1:2 Extended	15 minutes	T1003**	TT	UC	\$	4.68
RN Complex Extended	15 minutes	T1002***	TG	UC	\$	9.75
RN Regular Extended	15 minutes	T1002	UC		\$	8.13
RN shared 1:2 Extended	15 minutes	T1002***	TT	UC	\$	6.10
Respite Certified Facility	per diem	H0045			NF's Per diem for the Recipient's case mix	
Respite, Hospital	Per diem (24 hours)	H0045			\$	138.04
Respite, In-home	15 minutes	S5150			\$	5.06
Respite, In-home	Per Diem	S5151			\$	91.15
Respite, out of home	15 minutes	S5150	UB		\$	5.06
Respite, out of home	Per Diem	H0045			\$	91.15
Supplies and Equipment	Total/Month	T2029				
Transportation	1-way trip	T2003	UC		\$	18.87
Transportation, Non-commercial	Per Mile	S0215	UC		\$	0.57

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HOURS PER MONTH



DHS 10/07/13

Estimated Hours of CL Services per Month

Ver. 8.3.6

Client **Billey Bailey**

PMI 00123456

HM/SS Tasks	CL Plan Form Ref	Hours/Mo
housekeeping	40	18.81
laundry	43	7.94
shopping	44	3.61
indiv meal prep	47	0.00
making appointments	55	0.50
arranging transportation	56	0.00
money management	57	1.00
congregate breakfast	49	6.08
congregate lunch	50	7.90
congregate supper	51	7.90
congregate snack	52	1.82
socialization	59-63	1.69
transportation	67-71	0.00

Home management hours/month: 57.26

Home Health Aide-Like Tasks		
eating	84	30.40
continence care	85	40.53
walking	86	10.13
transferring	88	5.07
positioning	89	5.07
medication administration	92	10.13
insulin injections	94	0.00
therapeutic exercises	95	0.00
delegated clinical monitoring	96	0.00
other delegated tasks	97	0.00
other delegated tasks	98	0.00
other delegated tasks	99	0.00
other delegated tasks	100	0.00
other delegated tasks	101	0.00
other delegated tasks	102	0.00

	Total Hours	Rate
HM/SS	57.26	\$15.72
HCA	59.33	\$21.49
HHA	101.33	\$24.53
Med Setup	1.08	\$29.65

Total Hrs 219.00

Home Care Tasks	CI Plan Form Ref	Hours/Mo
dressing, bathing and grooming	81-83	33.99
wheeling	87	5.07
medication reminders	93	0.00
Active Behavioral or Cognitive Support		
Wandering	129	5.07
Orientation issues	130	0.00
Anxiety	131	15.20
Verbal aggression	132	0.00
Physical aggression	133	0.00
Repetitive behavior	134	0.00
Agitation	135	0.00
Self-injurious behavior	136	0.00
Property destruction	137	0.00
Other	139	0.00
Other	140	0.00
Other	141	0.00

Home care aide-like hours/month: 59.33

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Home health aide-like hours/month: 101.33

Med setups by licensed nurse

Med set ups	105	1.08
Insulin draws	106	0.00

Med setup hours/month: 1.08

UPLOADING THE RS TOOL

Now that the RS Tool is complete, you will want to save and upload it to MN-ITS for it to be processed. To upload the RS Tool to MN-ITS, you will want to:

1. Save each spreadsheet file as an individual Excel file.
2. Use the naming convention found in detail in the [‘Uploading your EW Residential Services Tools instructions.’](#) This link provides a detailed explanation of all the steps described here to upload the RS Tool to MN-ITS.
3. Login to [MN-ITS](#).
4. Select MN-ITS
5. Select Submit Transactions
6. Select the Browse button
7. The Choose file pop-up window will appear. Select your Excel file.
8. Select Open
9. Choose Miscellaneous from the menu under Type.
10. Add any optional description text to further identify the file, if you wish, in Description.
11. To specify the next file for upload, click the blue ‘Add Another File’ link below the File box and repeat the steps above for each file you wish to include in this upload.
12. When you are satisfied with your selection, select ‘Upload & Submit’ to send your files.

Refer to the Up-Loading RS Tools to MN-ITS section of the [EW Residential Services Tips, Alerts and Guidance \(PDF\)](#) document found on the EW Customized Living, Foster Care and Residential Care website if you have technical problems uploading the RS Tool through MN-ITS.