CAC, CADI, TBI
Waiver Management System
Guidebook

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Chapter One-Introduction
CAC, CADI, TBI Waiver Management System Overview

Purpose of Waiver Management System

The CAC/CADI/TBI (CCT) Waiver Management System is a resource developed by DHS for counties to manage CAC, CADI and TBI Waiver authorizations within their budget. The WMS is also used to monitor and make decisions in their administration of these waivers.

The program is accessed via the internet and has features that assist in the administration of these waivers. Being on the internet presents flexibility options where new features can be added and current features can be modified as needed. In addition, DHS staff (ex. RRS's) can view the same screen/page in the program as the county when providing technical assistance to county staff.

Information Source and Update Frequency

This system downloads information from MMIS so it is very important that MMIS functions (service agreements, screening documents, etc) are completed accurately and timely by county staff.

The information in this system is updated one time per month (usually the first few days of the month) so any MMIS actions will be reflected in each update if completed by the update date. If the needed MMIS action is not completed by the date of the next download, it will not be reflected in this system until the next scheduled monthly update.

County Budget (Allowable $)

The Waiver Management System does determine a county's allowable dollars and a resource amount for new recipients using new resource allocations through a formula process. While authorized and paid dollars are reflective of information in MMIS (service agreements, paid claims, etc), the allowable dollars amount and individual resource amount is determined by this system.

County Decision to Use New Allocation

The majority of information in this system is automated, but the one manual function the county must do is the "pend enter" function when a new person enters

waiver services (see the "How To" section on how to do the "pend enter" function). The county completes this function to choose a new allocation or reuse allocation (based on availability) for a person who will be opening to the waiver.

There are other optional manual functions a county can do in their efforts to manage these waivers (simulations, pend exits, e.g.). It is important for county authorized users to become familiar with all features of the Waiver Management System. Please see the "How To" section for instructions in completing the different functions of this system.

Updates, Enhancements and Changes

When any changes or additions occur on the Waiver Management System, DHS staff will send informational and/or instructional e-mails to county authorized users. The authorized user will also find an announcement in the What's New section of the Home Page. The new information will be added to this guidebook located in the Help section of the Waiver Management System.

Waiver Management System Security

Security and protection of private data is a vital component and has been a major factor in determining the reality of making this program available via the internet. This program is designed to meet federal HIPPA requirements. Please read "About WMS" in the help section, which summarizes security precautions. Only county and DHS authorized users will have access to this program. SecurID tokens (key fobs) are issued to a county or DHS authorized user for accessing the website.

Can telecommuters access this program from their home office**?**

Yes, through the issuance of SecurID tokens (key fobs), access is not limited to their computer at work. In addition, the program can be accessed on any computer at work that has internet access and has Internet Explorer 5 or above.

When I print out the pages, the side margins are cut off. How is this fixed**?**

For this program, set the right and left margins at .25 (.5 is probably the default setting for the left and right margins). Once set, it should stay that way when you use the Waiver Management System, but return to your default settings for other programs (Word, etc).

Authorized Users

Security of Data

This planned Waiver Management System (WMS) will have the needed security procedures and precautions in place in order for county staff to access private data. Data in the Waiver Management System will include individual waiver and potential waiver recipient information as well as county waiver authorized, allowable and paid dollar information.

Infrastructure Decisions

Each county needs to establish an infrastructure for using this Waiver Management System. In many counties, social services and public health are involved in the administration of the waivers. As part of this infrastructure, the county will need to decide who will be the authorized users for the Waiver Management System.

Each county will need to designate at least two authorized users for this system (3 for larger counties). The number of users needs to be limited due to the expense of the SecurID token (key fob) used for security purposes. The county authorized users will be the only staff able to enter the information into the system. Other staff, such as those needing reports and updates, can receive this information from the authorized users.

County Discussion Items

The Waiver Management System will download the information entered in MMIS into the Waiver Management System. For some functions, there is also a need for manual entry to be completed. To determine who the authorized users should be, the following areas should be discussed:

- Who is going to have the responsibility o manually entering and exiting people and other manual functions in the Waiver Management System?
- Who is going to have the responsibility of manually entering and exiting people and other manual functions in the Waiver Management System?
- Who is readily available to give needed information to service coordinators, e.g., the resource amount for a new waiver recipient determined by the allocation formula?

- Who needs to see the summaries and reports? Do they need to be an authorized user or can that information be given to them on a regular basis by the authorized user?

- Who are the person(s) in the county who have responsibility to review and approve requests for service changes? This person may not necessarily need to access the program but may need the information from the program in making a decision. For example, if additional dollars are being requested for a waiver recipient, the person deciding whether to approve or deny may need access to the county's current available waiver resources.

DD Waiver Management System

All counties currently use a similar program, "DD Waiver Management System," for the DD Waiver. The key fobs already issued for the DD system can be programmed to include both Waiver Management Systems if those people will also have responsibility for the CAC, CADI and TBIW management system.

Changing Authorized Users

Each authorized user in each county is issued a SecurID token (key fob) that is used for access to the on-line Waiver Management System. This SecurID token is programmed for use by that authorized user and meets all security needs when accessing this program on the internet. When the need arises to change an authorized user (example: resignation of a staff who has a SecurID token and is an authorized user) it is necessary for DHS to re-program the SecurID token for use by a new user. For this to be done, the following information has to be forwarded to the Regional Resource Specialist for your county:

- Name
- Job Title
- Phone Number
- XID# - this is the number used for accessing MMIS. If the new user does not need to access MMIS, then a pseudo number is assigned.
- Mother's maiden name (this is for security purposes)

Each user is also added to a group e-mail listing as periodic e-mails are sent out to users regarding updates, new features of the program, etc. In addition, Regional Resource Specialists from the Disability Services Division in DHS are available to do training in this system.

Privacy, Commitment and Terms of Use

All information available in the CCT Waiver Management System is considered "private" or "sensitive" information and cannot be shared in any form or under any circumstance with individuals or agencies without a legal right for access to this information.

In order to access the CCT Tacking System, all users are required to agree to a "User Agreement" which clearly explains the parameters of this private or sensitive information as established by the contracted agency for secure use of this program. In their agreement to the terms of use for this program, users are considered compliant with HIPAA requirements and recommendations.

Aggregate Policy

All DHS Disability policies are located in the County Link web site. To get to Aggregate Policy, follow the steps below.

1. Go to DHS Home Page at www.dhs.state.mn.us,
2. Click on *County and Tribal Workers* in the blue box at the top of the page.
3. Click on *Disabilities* in the column at the left side of the page.
4. Select *Disability Services Program Manual* from the left column.
5. Select *Financial Management* from the left column
6. Scroll down the content of the page to the last box, titled **Waiver Only Financial Management Information**.
7. Click on *1. Waiver Aggregate Financial Management*

County Allocation Policy

Each county is responsible to have a county allocation policy. To find the DHS guidelines for the county's policies, go to the Waiver Aggregate Financial Management section of the Disability Services Program Manual following the steps above. Scroll down to the box titled Required County Waiver Policy.

Chapter Two – "How To"
Simulations of Person's Entering

Complete this action if you want to…

- See the effect on the county' allowable and authorized averages, and
- Decide if the county has the resource capacity for this person to enter the waiver program.

How To Get There

- Highlight "Recipients" in the listing of programs sections at the top of the home page.
- From the drop-down menu, click on "Potential". You will go to the "Recipients – Potential" page.
- Identify the potential recipient for who you wish to complete a simulation – enter action. If the potential recipient is not listed, you may add that person after an LTCC is completed. For further information, please see "How to Add a Potential Recipient".
- In the "Action" column on the far right-hand side of the page, click on "Sim Enter".
- You should now be at the "Simulations – Persons Entering – Add" page.

How To Complete the "Simulations – Persons Entering" Page

- Complete the Simulated In Date field with the mm/dd/yyyy that you anticipate this person will be entering the waiver.
- In the Waiver Code field, select the waiver program this person is anticipated to enter by using the drop-down menu on the right-hand side of the field. You will need to choose the CAC, CADI, TBINF, or the TBINB Waiver program.
- Using the drop-down menu on the right side of the Allocation Type field, choose the type of allocation this person would use to enter a waiver

program. If the conversion allocation type is chosen, and the Waiver Management System does not have a record of paid claims for the appropriate institution the potential recipient will be discharged from, a message will appear on your screen asking the county to verify the person meets conversion criteria.

- The New Resource field needs to be completed using a "Y" for yes or an "N" for no. If this person will be using an allocation from the county or statewide pools that will add resource dollars to the county's allowable dollar amount, select "Y" for yes. If the person will be entering the waiver program using a "reuse" allocation that does not add new dollar resources to the county's budget, select "N" for no. NOTE: In order for the county to use a "new resource" allocation, the allocation must be indicated as available in the C1, or S1 sections under Allocation Information on this page.

- Complete the Simulated **Authorized** Average field with the daily average amount expected to be authorized for this person.

- The Simulated **Allowable** Average field will be completed automatically (a system default). The amount listed in this field is the number of dollars that will be added daily to the county's allowable dollars when this person enters a waiver program.

- Review the information to make sure it is correct.

- Click on "Submit" if you have entered the correct information for this simulation.

- If you did not enter the correct information, return the field(s) and revise the information as needed.

- Click on "reset" if you want the fields to return to the previous information.

- If you do not want this simulation to be included in the program, click on "Back to Previous Page WITHOUT Adding".

When you complete this action…

- You will receive a confirmation of the simulated enter action.

- No changes will occur in MMIS
- If/when the county decides to allocate a slot to open the person to the waiver, the county must "pend enter" the person to choose a new resource or reuse.
- If the county decides not to allocate a slot to open the person to the waiver at this time, the county should delete the simulation. After the effective date indicated in the simulation has expired, the simulation will automatically be deleted at the next monthly update of the CCT system.
- If the entry is not deleted, this person will be included in the "Simulations – Persons Entering" listing/page.
- The simulated authorized and simulated allowable dollar amounts will be included in the data on the summary page, "Total Projected, Pending & Simulated Table", using the simulated in-date.
- "SE" (Simulated Entry) will appear for this person in the "Sim/Pend Ind" column on the Potential Recipients page.
- On the Allocation Page, the allocation used for this simulation will move from the respective available field to the appropriate simulated field.

Simulations of Person's Exiting

Complete this action if you wish to…

- See the effect on the county's allowable and authorized dollars, and
- Determine the effect of having another reuse allocation available for use by another person requesting waiver services.

How To Get There

- Highlight "Recipients" in the listing of options at the top of the home page.
- From the drop-down menu, click on "Current" to get to "Recipients – Current" page.
- Find the current recipient for whom you wish to complete a simulation – exit action.
- In the "Action" column on the far right-hand side of the page, click on "Sim Exit".
- You should now be at the "Simulations – Persons Exiting – Add" page.

How To Complete the "Simulations – Persons Exiting" Page

- Complete the Simulated Out Date field by entering the mm/dd/yyyy that you anticipate this person will exit the waiver.
- Review the information to make sure it is correct.
- Click on "Submit" if you have entered the correct information for this simulation.
- If you need to make changes in the information you entered, return to the field and make the needed revisions.
- If you wish to have the original information (if any) appear again, click on "Reset".
- If you do not want this simulation to be included in the program, click on "Back to Previous Page WITHOUT adding".

When you complete this action…

- You will receive notice of confirmation that you completed a simulation exit action.
- No changes occur in MMIS
- This person will be included in the "Simulations – Persons Exiting" listing/page.

- "SX" (Simulated Exit) will appear for this person in the "Sim/Pend Ind" column on the Current Recipients Listing.
- The simulated authorized dollar amount will be included in the data on the summary page, "Projected, Pending & Simulated" table, beginning with the simulated out date. No changes will occur with the county's allowable dollars with one exception. A simulated exit will not show the reduction of the person-specific additional funding approved by DHS for a new CAC or TBI-NB recipient. When the CCT system picks up the exit-screening document the CCT will reduce the county's budget for the person-specific additional funding.

Simulations for Service Changes

Complete this action if you want to…

- See the effect on the county's authorized dollars, and
- Decide if the county has the resource capacity for this change in service (if the simulated authorized average is greater than the MMIS authorized average).
- Determine the effect on the county's authorized dollars if a simulated authorized average is lower than the MMIS authorized average.

How To Get There

- Highlight "Recipients" in the listing of program sections at the top of the home page.
- From the drop-down menu, click on "Current". You will go to the "Recipients – Current" page.
- Identify the current recipient for whom you wish to complete a simulation – service change action.
- In the "Action" column on the far right-hand side of the page, click on "Sim Change".
- You should now be at the "Simulations – Service Change" page.

How To Complete the "Simulations – Service Changes" Page

- Complete the Simulated Change Date field by entering the mm/dd/yyyy that you expect the simulated service changes to begin.

- Complete the Simulated Change in Auth Average field by entering the simulated daily average amount.

    - If the simulated change in services results in an increase in the cost, you will need to enter the <u>average daily amount</u> that will be *added to* the amount currently authorized for the current recipient.

    - If the simulated change results in a decrease in the average daily amount, you will need to enter a minus sign and then the <u>average daily amount</u> that will be *subtracted from* the amount currently authorized for the current recipient. For example, if the average daily authorized amount will be $25 less, enter "-25". For additional information see "How to Calculate a Daily Authorized Average".

- Click on "Submit" if you have entered the correct information for this simulation.

- If you need to make changes in any of the fields, return to that field and enter the revised information.

- If you need to have the original information appear in the field, click on "Reset".

- If you do not want this simulation to be included in the program, click on "Back To Previous Page WITHOUT" Adding.

When you complete this action…

- You will receive a confirmation that you completed a simulation for a service change. The county may find it helpful to print a copy for your file.

- No changes will occur in MMIS as a result of this simulation.

- If the service change will occur, the county must enter the service agreement changes into MMIS before the effective date of the changes so the monthly CCT update coincides with the effective date.

- This person will be included in the "Simulations – Service Changes – Change" listing/page.

- The simulated authorized dollar amounts will be included in the data on the summary page starting with the simulated change date.

- "SC" will appear in the "Sim/Pend Ind" column for this person on the Current Recipients listing.

- This service change will automatically be deleted at the monthly update of CCT when the effective date has expired.

Simulations - How to Edit or Delete a Simulation

How To Get There

- From the program listings at the top of the home page, highlight "Simulations". From the drop-down menu, choose the category of simulations that you will need to change or delete (persons entering, persons exiting, service changes).

- You should now be on the page that lists all of the simulations completed in the CCT program for that action.

How to Edit or Delete

- Find the name of the person for whom you need to edit or delete the simulation. In the action column at the far right hand side of the page, click on "change" or "delete".

- On the next page, you are able to change the information in the simulation or delete the simulation. Changes that are made for completed simulations will be indicated immediately on the page listing those simulations. In addition, dollar amounts listed on the summary page will be immediately recalculated in the appropriate fields.

- If you choose to delete a simulation previously entered by the county, you will receive a message asking if you wish to "delete this record". By selecting "Yes", you will delete only the simulation entered. All other information regarding this person will remain in the system.

Automatic Deletions of Simulations - Important Information

- Any simulation that has an effective date that has passed will be deleted automatically by the CCT system at the time of the next update from MMIS. For instance, if a simulation was entered by the county to take effect on July 13, 2004, this simulation will be deleted during the next update occurring in August 2004 because the effective date has passed.

Pending for Person's Entering

NOTE: In order the complete a Pending – Persons Entering action, you must have an allocation available for use by the person entering.

Counties must Pend-Enter to choose a new slot

IMPORTANT: If a county *does not* complete a "pend-enter" action for a potential recipient the system will automatically assign a reuse allocation for this person and no additional dollars will be added to the county's allowable dollars. *The pend entry must occur before the person's service agreement is downloaded from MMIS, at the time of the next system update.* Should there be no reuse allocation available, the system will automatically assign a new resource allocation. Counties will be unable to change these assignments made by the CCT program.

Complete the "Pending – Persons Entering" page to

- Enter a potential recipient in a waiver program.

How To Get There

- Highlight "Recipients" in the listing of program sections at the top of the home page.
- From the drop-down menu, click on "Potential". You will go to the "Recipients – Potential" page.

NOTE: If a person is not listed on the Potential Recipients page but will enter a waiver program, you may add the recipient to the listing. See "How to Add a Recipient" for further instruction.

- Highlight, search or scroll to the name of the potential recipient who will be entering a waiver program.
- In the "action" column on the far right-hand side of the page, click on "Pend Enter".
- You are now on the "Pending – Persons Entering – Add" page.
- Look at the allocations information on the right side of the page to determine whether a slot is available.

How to Complete the "Pending – Persons Entering" Page

- Complete the Projected In Date field with the mm/dd/yyyy that will be the date this person will enter a waiver program.

- Enter the waiver code for the appropriate waiver program this person will be entering. Use the drop-down menu at the right side of this field.

- Select the allocation type in the next field by using the drop-down menu on the right side of the Allocation Type field. If you choose a conversion allocation and the CCT system does not have a record of paid claims for the appropriate institution (Nursing facility or hospital) a message will appear asking the county to verify this person's eligibility for a conversion.

- Complete the New Resource field by selecting "Y" for yes and "N" for no. If this person will be using an allocation from the C1, S1, or S2 Allocation Pools listed on the right side of the page, new resource dollars will be added to the county's allowable dollars. If the person will be using a reuse allocation from the C2 Allocation Pool, no new resource dollars will be added to the county's allowable average.

  NOTE: If a person exited and is now reentering a waiver program during the same fiscal year, a reuse slot will be assigned by the CCT program unless the county has none available.

- In the Projected Authorized Average field, enter the <u>average daily authorized</u> amount (using 365 days for the year) that is anticipated will be authorized for this person. For more information on calculating daily averages, see "How to Calculate Daily Averages".

- The Projected Allowable Average field will be completed by the system for those persons who will use a New Resource allocation upon entering a waiver program. This amount is the number of dollars that will be added to the county's allowable budget when the person begins to receive waiver services. If the person enters a waiver program using a reuse allocation, "0" will appear in this field.

- Click on "Submit" if you have entered the correct information for this waiver entry.

- If you need to make changes in the information entered, click on "Reset" and the fields will revert to the original information (if any).
- If you do not want this "pending enter" action to be included in the program, click on "Back to Previous Page WITHOUT Adding".

When you complete this action…

- You will receive a notice of confirmation.

- No changes will occur in MMIS

- The projected authorized dollars for this person will be included in the pending section on the summary page, "Projected Pending & Simulated" table, until the next system update.

- "PE" (Pend Entry) will appear in the Sim/Pend Ind column after this person's name on the potential recipient's page.

- On the Allocations page, the allocation used by this person will move from "available" to "reserved".

When you have entered the service agreement into MMIS and the next CCT update has occurred…

- The person who entered will be included in the current recipients listing

- The actual authorized dollars will be included from MMIS (service agreements)

- The allowable dollars will be reflected on the summary page from the new resource allocation used by this person. If the person used a reuse allocation to access a waiver program, the summary will reflect no change in the allowable dollars.

Pending – How to Edit or Delete a Pending Action

How To Get There

- From the program listings at the top of the home page, highlight "Pending". From the drop-down menu, choose the category of pending actions that you will need to change or delete (persons entering, persons exiting).

- You should now be on the page that lists all of the pending actions completed in the CCT program for persons entering or exiting.

How to Edit or Delete a Pending Action

- Find the name of the person for whom you need to edit or delete the pending action. In the action column at the far right hand side of the page, click on "change" or "delete".

- On the next page, you are able to change the information in the pending action or delete the pending action. Changes that are made for completed pending actions will be indicated immediately on the summary page. In addition, dollar amounts listed on the summary page will be immediately recalculated in the appropriate fields.

- If you are deleting a pending action, you will receive a message asking if you wish to "delete this record". By selecting "Yes", you will delete only the pending action that was entered by the county. All other information in the system will remain.

- All pending actions will be completed in the system at the time of the next scheduled update if the service agreement has been entered into MMIS. *Pending actions for persons entering or exiting MAY NOT be changed once this next update has occurred.* Counties are encouraged to enter accurate information for these actions regarding the effective dates and to make any deletions or changes prior to the next scheduled update of the system.

How to Manually Add a Potential Recipient

NOTE: In order for a person's name to be included in the potential recipients listing in the CCT program, that person must have a face-to-face LTCC document in MMIS prior to the most recent update. On occasion, it may be necessary to complete a simulation or pending action for a person who is not included in the potential recipients listing. The following are instructions for counties to manually add a person to the potential recipients list in the CCT program.

When a potential recipient is added by the county, no changes can be made in the recipient or assessment information after the fields have been completed and the page submitted. You will be unable to return to the "Add Recipient" page for the purpose of revising the information.

- Highlight "Recipients" in the listing of program sections at the top of the home page.

- From the drop-down menu, click on "Potential". You will go to the "Recipients – Potential" page.

- On the right side of the page under the "Go" button, you will see Add Recipient. Click on that phrase.

- On the "Add Recipient" page, complete the fields as they correspond to the LTCC that will open the person to the waiver.

- The CCT program will check the PMIN entered for duplication and will provide a message indicating that you may continue.

- If the person is already listed as a Potential Recipient, but the current LTCC on the CCT system doesn't reflect the person's needs, the county may decide to complete a manual entry. In this situation, the system will replace the first number of the PMIN with a "9". This will help you identify this record from the other screening document on the system when you select it to complete a "simulate entry".

- Complete <u>all</u> of the fields accurately from the information on the LTCC screening document. *At the time of the next program update, the screening document information entered in MMIS will download and the actual "waiver*

opening" LTCC will be the one used for the formula if a new resource allocation will be used.

- Verify that all information is correct.

- When all of the fields have been completed, click on "Submit" to add this person to the Potential Recipients list. If you wish to clear all of the fields on this page, click on "Reset". If you do not wish to add this person, go "back to the previous page WITHOUT adding.

When you complete this action…

- You will receive a notice of confirmation that this person has been added to the Potential Recipients list.

- You will be provided with a choice of action – a pending persons entering action or a simulation persons entering action. The allowable daily average (aka daily resource amount) will be automatically calculated and will be available on both of these action pages. For more information on these actions, please refer to the respective "How To" section.

- No changes will occur in MMIS. The waiver opening LTCC must be entered in MMIS.

- At the next monthly update, the manual entry will be deleted.

Chapter Three – WMS Pages
Allocations Page

How are allocations awarded to counties?

For some waivers the legislature limits growth for the biennial budget. The department is then responsible to distributes allocations to counties consistent with the legislated limits. DHS typically provides new allocations to counties in July and January of each year.

If a waiver does not have a legislative limit for growth, the county can draw down a slot as needed from the state pool of slots. Click on the Allocations page on the Waiver Management System and scroll down to the "Key" to find which waiver slots can be drawn from the state pool.

For the biennium that ends June 30, 2007, CADI and TBIW waivers have legislated limits on growth, while the CAC waiver does not have a limit.

How do I know if there is an allocation available for use?

Allocations are listed on the allocation page. This page reflects available new resource allocations (C1) and reuse allocations (C2) for a fiscal year. The county decides which allocation to use. New resource allocations are used interchangeably for CADI & TBI-NF.

The Allocation Detail page tracks allocations as they are added to the county's system. To access this page, click on "allocations" and then click on "new resource allocations detail".

Statewide conversion allocations, available and used, are listed under S1 on the Allocations Page. The WMS also reflects reserved and used allocations for the fiscal year. All current Simulated Entries and Pend Entries will be counted as "reserved".

Please see the "How To" section on completing a "pend enter" action and indicating the choice to use an available new resource or available reuse allocation.

How do reuse allocations become available and how is the money determined for those allocations?

When a waiver recipient exits a waiver for any reason:

- The county will have one reuse allocation available and
- The funding from the allocation remains in the county's budget
- If a person leaves the waiver temporarily during the fiscal year and reenters at the same level of care (ex. NF level of care) they will use a reuse allocation as their allowable dollars are already in the county budget.

Example: A daily resource amount of $100/day is added to the county's budget when Joe enters the waiver using a new resource allocation on August 1. Joe's average authorizations are $80/day. Joe leaves the waiver on December 30. That $100/day continues to accumulate in the county's budget. If Joe reopens to the waiver within the fiscal year (before June 30), the Waiver Management System will require the county to use a reuse allocation for Joe.

If Joe will not reopen within the same fiscal year, that allocation can be used for someone else (as a reuse allocation). The specific original resource amount will not appear with the allocation or in the new persons recipient detail page. On the recipient detail page, it will show an "N" (reuse-no new resource). On the summary detail page, it will show $0 for the new person using the reuse allocation as the original resource dollars are already in the county budget.

How do we make the decision to use a reuse or new resource allocation?

It is important to complete the "pend enter" function before someone starts the waiver in addition to completing all the needed MMIS actions. There are factors the county should consider when making the decision to use an available new resource allocation or an available re-use allocation.

- A new resource allocation adds funding (a daily resource amount) into the county's allowable budget while a reuse allocation does not because funding was previously added to the county's budget when the allocation was initially put into use.

- Another factor is that status of the county budget and whether the budget can afford the planned services for this person with no additional funding (reuse allocation) or if additional funding will be needed for the services (new resource allocation).

It is very important that the "pend enter" function for a new recipient be completed in the WMS prior to the next update. If the county does not complete the "pend

enter" function in the WMS on a person before they start the waiver, the Waiver Management System will assign a reuse allocation. If no reuse allocation is available, the system will assign an available new resource (C1) allocation.

How do we find a list of recipients that exited the waivers and produced reuse slots?

While in the Allocations page, click on New Resource Detail page.

CDCS Budgets

Counties are able to access CDCS Budgets for both current and potential waiver recipients on the DD and CAC, CADI, TBIW (CCT) Waiver Management Systems.

The CDCS budget is calculated using screening document information. The most recent screening document meeting the criteria in the table below will be used to calculate a CDCS budget for an individual. **Counties must assure that screenings reflect the person's current assessed needs in order to assign accurate CDCS budgets.**

	DD Waiver	CAC, CADI, TBIW
Current Waiver Recipients	The DD screening must: 1. Have an action date within the past • 6 years for ages 18 and older, and • 3 years for under 18. 2. Have an action type "01" indicating a full team screening. 3. Have all necessary fields completed. * For current waiver recipients not yet receiving CDCS, it is strongly recommended that a new screening is used to determine the CDCS budget.	The LTCC screening must: 1. Have an activity date within one year. 2. Have an activity type of: 02, 04, 06 or 08 (in person screening). 3. Have all necessary fields completed. *(Remember to complete case mix for CAC recipients)*
Potential Waiver Recipients	The DD screening must: 1. Have an action date within one year. 2. Have an action type "01" indicating a full team screening. 3. Have all necessary fields completed.	The LTCC screening must: 1. Have an activity date within one year. 2. Have an activity type indicating of: 02, 04, 06 or 08 (in person screening). 3. Have all necessary fields completed. *(Complete case mix for all recipients)*

The DD and CCT Waiver Management Systems will provide the CDCS budget on the Recipient Detail page for Current Recipients and the projected CDCS budget for Potential Recipients. **For CCT potential recipients, the county will simulate or pend enter the person before the projected CDCS budget appears on the Recipient Detail page**.

If a manual entry of the person's LTCC is used, complete the Simulate Enter function and multiply the **(daily allowable $ amount minus $2.90) times .70** to get the projected CDCS Budget Amount.

Corporate Adult Foster Care (AFC)

The Corp AFC page on the Waiver Management Systems (WMS) provides specific information regarding the count of adult recipients residing in corporate adult foster care (AFC). The recipients counted are the financial responsibility of the county.

Corporate AFC Summary Page

- The page titled "Corp AFC Summary" provides each county the number of adults living in corporate AFC for each month.

- This page provides information on the increase in the count of individuals with U9 modifiers from the previous month' count to the new month. When the # *Added to Budget* column includes a number, that number reflects growth that will result in additional funding for the county's budget – see *Budget Detail* page for funding increase..

- Each month listed will provide the county with information regarding the number of recipients *new* to Corporate AFC and the number of recipients who *exited* Corporate AFC. (See example A).

To view these pages click on "Summary" page, next click on the link titled "Corp AFC Summary" that is located just below the "Budget Detail" link.

Example A - Corp AFC Summary

Summary of Adult Recipients Living in Corporate Adult Foster Care (AFC)

Co FR	Month /Year	# of Recipients	# New to Corp AFC	# Who Exited Corp AFC	Greatest # to Date	# Added to Budget	Listing of Recipients		
00	11/04	6			6		Base		
00	12/04	7	2	1	7	1	All	New	Exits
00	1/05	8			8	1	All	New	Exits
00	2/05	6		2	8		All	New	Exits
00	3/05	6			8		All	New	Exits

The base list is intended to include the names of all adult waiver recipients living in Corporate AFC in November 2004 regardless as to whether or not the recipient had a GRH rate 3. So, it is correct that some names will have not received a GRH Rate 3 in November 2004. These names will appear on the list with a "Y" under the column "No November Base Amount" and a "$0.00" under the column "November Base Monthly Amount".

Search Feature: The county may choose to use the drop down boxes at the top of this WMS page to find the names of recipients that do not have a U9 Modifier. Click on the downward arrow in one of the two "Order" boxes and select "U9 Modifier", then click on the corresponding "Search" box and type in "N". Finally, click "Go" to view the names of the recipients that do not have a U9 modifier.

EXAMPLE C - Corp AFC Recipients

Listing of All Adult Recipients Living in Corporate Adult Foster Care (AFC)

Effective 3/05

Name	PMIN	Base	U9 Modifier	Provider Number	Provider Name
John Grey	xxxxxxxx	Y	**N**	xxxxxx	ABC Homes
Sally White	xxxxxxxx	Y	Y	xxxxxx	XYZ Homes

Review New Recipients

Counties may choose to review the list of new adult living in corporate AFC to assure that it reflects new adult recipients that recently moved to a corporate AFC site. Below are the procedures to find, review and make corrections.

- Click on Corp AFC Summary link (you will now be back to the page that appears in Example 1). Click on New and a list of names of new adults living in corporate AFC will appear for whichever month/year (Group) is selected. This list provides counties with the names, PMINs, provider number and provider name of each recipient new to Corp AFC.

- Clicking on each recipient's name will provide you with the recipient's "detail page" including services authorized in the current service agreement.

- If an adult living in corporate AFC is missing from the New list, it is the county's responsibility to take steps to add the U9 modifier to the appropriate procedure code in the MMIS service agreement. After this step has occurred look for the name to appear after the next WMS monthly update.

Review Exited Recipients

Counties may choose to review the list of exited recipients living in corporate AFC to assure that it accurately reflects recipients who left corporate adult foster care

during the month indicated. Below are the procedures to find, review and make corrections.

- On the "Corp AFC Summary" page, click on Exit and a list of recipients who exited adult corporate foster care will appear for the month the county would selects. This list provides counties with the names, PMINs, provider number and provider name of each recipient.

- Clicking on each recipient's name will provide you with the recipient's "detail page" including services authorized in the current service agreement.

If a recipient is listed on the Exit list, but did not exit for the month indicated, it is the county's responsibility to correct the MMIS service agreement. After the correction has occurred the name should be removed

Corporate AFC and U9 Modifier

The U9 Modifier has been added for use in the MMIS waiver service agreement with the HCPCs indicated below when a person is residing in corporate adult foster care (AFC). The U9 modifier is available for MR/RC, CAC, CADI, TBI waivers only.

Counties use the U9 modifier for all recipients who meet **all** of the following criteria:

* Are 18 years or older,
* Live in a corporate adult foster care site (must have AFC license),
* Receive one of the following CAC, CADI, TBIW or DD Waiver services:
  Adult Foster Care, Adult SLS or Assisted Living Plus

The U9 modifier is restricted for use only during the months the person is residing in <u>corporate</u> adult foster care. The county must close the line item (AFC, SLS, AL+) with the U9 modifier when the person is no longer residing in corporate AFC.

Corporate Adult Foster Care Definition: The home has an adult foster care license issued by the Commissioner of Human Services, the home is not the primary residence of the license holder and the license holder is not the primary caregiver.

ADULT FOSTER CARE SERVICES

Waivers	HCPC	Current Text	With U9 Modifier
CADI, CAC, TBI	S5140	Adult Foster Care – 1 day	Corporate AFC, Daily
CADI, CAC, TBI	S5141	Adult Foster Care – 1 month	Corporate AFC, Monthly
Elderly Waiver – the U9 modifier is not available			

SUPPORTED LIVING SERVICES – ADULT

Waiver	HCPC	Current Text	With U9 Modifier
DD Waiver	X5398	Adult SLS – 1 month	Adult SLS in Corp AFC, Month
DD Waiver	X5415	Adult SLS – 30 minutes	Adult SLS in Corp AFC, 30 min
DD Waiver	X5416	Adult SLS – 1 Day	Adult SLS in Corp AFC, Day

ASSISTED LIVING PLUS

Waiver	HCPC	Current Text	With U9 Modifier
CADI, TBI	X5362	Assisted Living Plus – 1 month	Asst Liv Plus in Corp AFC, Mo
Elderly Waiver – the U9 modifier is not available			

County Transfer of Slot and/or Funding to Another County

The Pending Allocation Transfer function provides counties with the option of transferring a slot (new or reuse) and/or funding to another county.

Note: Do not use this feature for CFR Transfers, see additional explanation below.

When the Function Is Used the Following Will Happen Immediately:

- If a slot is being transferred, it will be transferred immediately to the selected County of financial responsibility.
- The receiving County will have access to the slot immediately.
- The *Allocation* page will reflect the results if any transferred slots.
- The *Allocation Detail* page will list additions or subtractions to County's slots if any were transferred.
- On the *Summary Page,* any additions or subtractions to the County's budget will be reflected in the *Projected and Pending Summary* table.

How To Use the Function

Click on *Pending* and select *Allocation Transfers*.

Listing of Allocation Transfers

- This is a table listing the Pending Transfers that have been submitted since the last *WMS* update.

To add a new transfer click on *Add New Transfer* immediately above the upper right corner of the *Pending Transfers* table.

Pending – Allocation Transfers - Add

Complete the following steps in each box:

1. Select the *Transfer In Co FR* from the dropdown box, to indicate the receiving county for the allocation and/or allowable $.

2. Select one of the Transfer Options listed below from the drop down boxes (There are 4 choices.)

    a. C1 (New) Allocation (w/out Allowable $)
    b. C2 (Reuse) Allocation w/ Allowable $
    c. C2 (Reuse) Allocation w/out Allowable $
    d. Allowable $ Only

3. Enter a *Funding Transfer Date* if the *Transfer Option* selected includes transferring allowable $. This is the effective date the funds are to be deducted from the county budget and added to the *TransferIn* County's budget. **This effective date must be within the current aggregate year**.

4. Enter *Allowable $Per Day to Transfer* only if *Transfer Option* includes transferring allowable $. This is the amount per day to be deducted from your county budget. The total deducted will equal the daily amount multiplied times the number of days remaining in the aggregate year based on the *Funding Transfer Date*.

5. Click the *Submit* button if you are satisfied with the entry. Note the slot will transfer immediately and the funding will be reflected in the *Projected & Pending Summary* table. However, the funding will not be reflected in the *Authorized, Allowable & Paid Summary* table and the *Budget Detail* page until after the next monthly update. It is important that all information is entered accurately because after the monthly update this entry will not be able to be corrected.

6. Once the *Submit* button is clicked, a *Confirmation* page will appear. It will show the information that was entered into the *Pending – Allocation Transfers – Add* page. It is very important to print the Confirmation page for the county's record each time a slot and/or funding is transferred.

Change or *Delete* Entry **Before** Monthly Update

If there is an error on the entry, a county can make adjustments only until the monthly update occurs. To do this, return to the *Pending – Allocation Transfers* page. On the first table, called *Listing of Allocation Tran*sfers, under *Action*, it provides a *Change* or *Delete* option.

1. When *Change* is selected, a *Pending – Allocation Transfers- Change* page will appear. Repeat any steps needed for correction.

2. When *Delete* is selected, a *Pending – Allocation Transfers – Delete* option appears. If you want to delete the entry select *Yes* at the bottom of the page.

After the Monthly Update

1. *Budget Detail* page: A new line will be added to the *Budget Detail* page to reflect any additions or subtractions to the County's budget based upon the use of this function.

2. *Summary* page: The WMS will show any additions or subtraction to the County's budget based upon the use of this function on the *Authorized, Allowable & Paid Summary*.

Click on *Allocation Transfer Log* to view a record of all allocation transfer submissions.

County Adult Mental Health Collaboratives

Please review the memo regarding the use of this function in Chapter Three, " AMH Initiative Memo for County Collaboratives.

Why Not Use this Function for CFR Transfers?

Counties asked why this function could not be used when a waiver recipient will change to a different county of financial responsibility. The following explains that using this function for a CFR transfer will result in duplication of the transfer of a slot and funding.

When a waiver recipient changes county of financial responsibility (CFR) the *CCT Waiver Management System* is set to automatically transfer the slot and funding at the monthly update when the county completes the following steps:

Steps for Change in CFR

The current MMIS Service Agreement for the recipient must be closed the date before the County of Financial Responsibility changes. This date must be consistent with the information in the MAXIS recipient file.

A new MMIS Service Agreement is opened and approved. The new service agreement must indicate the new CFR. The CFR field is derived from the MAXIS Recipient File that is entered by the county financial worker. If the

new service agreement indicates the old CFR, contact the financial worker about updating the MAXIS Recipient File. After the MAXIS Recipient File has been corrected, open the Service Agreement in the change mode and press F9 to update the CFR.

At the time of the monthly update, the CCT system calculates a daily amount to transfer to the new CFR by averaging the authorizations from the old MMIS Service Agreement.

If the county uses the new function to transfer a slot and funding when a waiver recipient transfers to a new county of financial responsibility, the CCT system will also complete the automated transfer. The result will be the county losing two slots as well as double the funding. **Therefore, it is important the county NOT use the County Allocation Transfer function when a waiver recipient changes their county of financial responsibility.**

Discrepancies

Purpose of Discrepancies

The discrepancy feature is included in the Waiver Management System so that this system can be as accurate and useful as possible. The purpose of this feature is to list discrepancies that show up in each download. This feature lists discrepancies for each monthly update and also includes instructions on how to fix each discrepancy. Discrepancies vary, but it is important to fix each discrepancy after each monthly update. Discrepancies may affect current recipient listings due to inaccurate information in MMIS or affect authorized or allowable dollars due to information in MMIS.

Below are the list of discrepancies, actions required and consequences of no action.

1. **Screening present in MMIS but Pending missing in WMS**
   Action Required: Add person to Pending, Persons Entering in WMS. Verify MMIS.

   Consequence of No Action: If no pend enter when the CCT picks up the MMIS Service Agreement, the CCT will assign a reuse slot that will bring in NO additional funding to the county's budget.

2. **SA and/or Screening is missing in MMIS but Pending present in WMS**
   Action Required: Complete a Waiver Open Screening and/or complete a SA in MMIS. Verify Pending.

   Consequence of No Action: The Waiver Management System will not treat the person as a current recipient until the service agreement has been entered in to MMIS and picked up at the monthly update.

3. **This person has died but the SA has not been closed and/or waiver exit screening is missing**
   Action Required: Prorate and reduce line items (to the new end date) on SA and Close the SA. Also complete waiver exit screening in MMIS.

   Consequence of No Action: The person will continue to show up as a "Current Recipient" and the service authorizations for the months the person is deceased will count into the county's total authorizations – creating incorrect data.

4. **There is a waiver exit screening but the SA continues**.
Action Required: Close the SA in MMIS

Consequence of No Action: The person will continue to show up as a "Current Recipient" and the service authorizations will continue for the months the person is not actually on the waiver and will count into the county's total authorizations – creating incorrect data.

5. **The SA has ended but the Waiver Exit Screening is missing**
Action Required: Complete a SA in MMIS or complete a Waiver Exit Screening in MMIS.

Consequence of No Action: The person will show up for 60 days after the closing of the SA and the CCT will project authorizations forward to the end of the fiscal year using the closed SA.

6. **CFR indicated in the Recipient File is different than the CFR indicated on SA.**
Action Required: Find out if Financial Worker was correct in changing CFR, if so, work with new county for changing the CFR. If not, have the financial worker correct the recipient file.

Consequence of No Action: If the recipient file is incorrect, when the county updates the SA, the CFR will change to the CFR indicated on the Recipient File. The county will then show up in the other county's Waiver Management System, thereby skewing the total allowable and total authorizations for both counties.

7. **No billings for services for this recipient for +90 days.**
Action Required: Find out if person requires an exit screening and SA closed.

Consequence of No Action: Possibly the provider is having difficulty billing, or the person is not receiving services for one of many reasons – maybe they decided they no longer wanted or needed waiver services and wish to exit the waiver. Or maybe the person is deceased and the SA needs to be closed with an exit LTCC entered into MMIS.

8. **Pend entry effective date expired +60 days**.
Action Required: Enter new effective date, or delete the pend entry

Consequence of No Action: The person may no longer be planning to use a waiver allocation and the allocation can be assigned to a new person. Or the pend entry needs a new effective date.

9. SA has line items that are suspended and not counted in total authorizations.
Action Required: Fix suspended line items on the SA in MMIS.

Consequence of No Action: If suspended line items are not fixed on the SA, the line items will continue to not be included in the "Total Authorizations" on the Summary Page. Because the "Total Authorizations" will not be accurate, the county will be managing using incorrect data regarding available resources.

Historical Recipient List

The historical recipient listing includes anyone who is the financial responsibility of the county and who was a CAC, CADI or TBI waiver recipient and exited the waiver. A person may show up more than once on this listing as each exit is listed. A person may show up in this listing in addition to the current or potential recipient listing if they now meet the current or potential list criteria.

Potential Recipient List

The potential recipient list is for the purpose of allowing the county to simulate and pend entries of potential waiver recipients. The potential recipient listing includes only people with Long Term Care Consultations that meet the following criteria:

- Individual is under age 65
- Individual is currently not on a waiver
- Individual is not deceased (according to MMIS data)
- LTCC activity date for the individual is within 1 year
- LTCC Field # 10, Activity Type is either "02" (face to face) or "04" (relocation/transition assessment)
- LTCC Field # 71, Level of Care is "02" (NF) "04" (Acute Hospital), or "05" (Extended Stay Hospital).

All the people listed in the potential recipient listing are not considered as a waiting list for CAC/CADI/TBI, although many of them likely are. Counties are required to assess a person for the waiver upon request, regardless of whether the county has an allocation for the person and to indicate "27" (person placed on waiting list) on the LTCC in section D – assessment results).

Why would a listing be incorrect? For example, a person should be on our potential recipient listing but is not there or a person is listed that is not our county of financial responsibility.

Listings and information contained in the WMS are reflected by information in MMIS and are updated during each monthly update. If a listing is incorrect, please check the service agreement, screening document and recipient information in MMIS to check for accuracy.

A key contact may be a county financial worker to ensure the right county of financial responsibility is listed in MMIS data. In addition, fields in the Waiver Management System are color coded (see key) to indicate the source of the information in that file (ex. MMIS, WMS, etc). Checking where the information came from is the first step in correcting it. Your regional resource specialist can offer technical assistance in this area, but MMIS data should be reviewed first.

Summary Page

Note: *Counties are responsible to manage their total authorizations within their total aggregate budget (aka total allowable) for each aggregate year. The aggregate year for CAC, CADI, TBIW aggregate is the state fiscal year, July 1 to June 30. The summary page provides information from MMIS that assists counties in managing their budgets.*

The summary page consists of the following two tables the county will use for managing their CAC, CADI, TBIW aggregate budgets:

A. Authorized, Allowable & Paid Summary – According to MMIS
B. *Projected, Pending & Simulated Summary – Current and Future FYs

* *This table will be used by counties during the current aggregate year for management of budgets, while the other table will be used to determine if authorizations were within the allowable budget for past aggregate years.*

A. Authorized, Allowable & Paid Summary – According to MMIS

The "Authorized, Allowable & Paid Summary – According to MMIS" table shows the authorizations from all waiver recipients' service agreements in comparison to the county's allowable funding and paid claims as of the last MMIS update (date is in the top left corner).

When to Use this Table

This table is primarily used by the county to look at the previous year (good idea to wait 3 – 6 months after the end of that fiscal year) to evaluate the county's performance on managing their total authorizations within their total allowable budget. Note the column titled "$ Differ Allow – Auth" to find the dollar difference between total allowable funding and total authorizations.

- If the number is in parentheses the amount is a negative amount, and the county authorized more than their budget allowed.

- If the number is not in parentheses, the amount is what could have been authorized, if needed.

B. Authorized, Allowable & Paid Summary – According to MMIS (as of last MMIS update)
Total Authorizations The total authorizations for services that are within the indicated state fiscal year from MMIS service agreements. Important!!! If you view the "Total Authorizations" for the current fiscal year, it is important to understand it does not reflect the entire state fiscal year. This is because service agreements end and begin at various times during the state fiscal year, and those that end earlier are not projected to the end of the state fiscal year. But for past state fiscal years the "Total Authorizations" should reflect an entire state fiscal year.
Total Paid Claims Represents actual paid claims up to the date of the last MMIS update. The amount may increase for up to one year past June 30 of that fiscal year because providers are allowed to bill for up to one year past the service date.
Total Allowable This is the county's budget for the entire aggregate year. For the current year, this amount may change when situations like new allocations are used or a waiver recipient's financial responsibility changes and either becomes or loses the county's financial responsibility.

B. Projected, Pending & Simulated Summary Table	
Total Projected & Pending	Use Table to….
<u>Total $ Projected Authorizations includes:</u> MMIS Service Agreements for authorizations of current recipients that CCT projects to the end of the fiscal year **plus** Pending Entries for projected authorizations to the end of the fiscal year <u>Total $ Allowable includes:</u> The county's allowable funding through for the state fiscal year based on current and historical waiver recipients **plus** Projected allowable funding based on Pending Entries for individuals who will use a new resource.	View the $ Difference between Allowable Funds and Authorizations. The difference represents the available funds to authorize for the current fiscal year, based on projections through the end of the state fiscal year for both current recipients and pending entries of new recipients.
Total Projected, Pending **& Simulated**	Use Table to….
<u>Total $ Projected Authorizations includes:</u> MMIS Service Agreements for authorizations of current recipients that CCT projects to the end of the fiscal year **plus** Pending Entries and Exits for authorizations projected to the end of the fiscal year **plus** Simulated Entries and Exits for authorizations projected to the end of the fiscal year **plus** Simulated Service Changes for current recipients that will increase or reduce projected authorizations. <u>Total $ Allowable includes:</u> The county's allowable funding through for the state fiscal year based on current and historical waiver recipients **plus** Projected allowable funding based on Pending Entries for individuals who will use a new resource **plus** Simulated Entries where the county has indicated the choice of a new resource allocation.	View the $ Difference between Allowable Funds and Authorizations. The difference represents the available funds to authorize for the current fiscal year, based on current recipients, pending actions and all simulations.

Chapter Four – WMS Topics
Adult Mental Health (AMH) Initiative

Counties may propose to create a new CADI or TBI-NF allocation for individuals with mental illness to restructure:

- Current Rule 36 capacity or
- Current RTC capacity.

The proposal must be approved by the Adult Mental Health Initiative and the DHS Adult MH division. The county may propose a resource amount for the new allocation, which is different from the usual waiver formula.

Funds will be transferred to the county's CAC, CADI, TBIW Aggregate Budget to cover 50% (the non-federal share) of the costs of the new allocation from:

- The county's or region's Mental Health initiative fund for the restructuring of Rule 36 capacity or

- The state operated services budget for the restructuring of RTCs.

If the person exits the waiver, the funding will remain in the county's waiver budget and will be handled the same as other CADI/TBI Waiver allocations and funding.

The CAC, CADI, TBIW Waiver Management System will indicate the individual is a new slot created from the Adult Mental Health Initiative on the Recipient Detail page under the column titled "Initiative Code" with a "R" for Rule 36 or a "S" for "State Operated Services" aka RTC.

Individuals leaving Rule 36 Facilities or RTCs qualify as diversions, **not conversions.**

CCT Waiver Management System

When the individual is listed on the Current Recipient page of the CCT system, the county will notice that the Adult MH Initiative column has an indicator that the individual's slot was created from either the Rule 36 or RTC restructuring efforts.

MEMO

DATE: April 29, 2005

TO: County Directors and Adult Mental Health Initiative Contacts

FROM: Laura Doyle, Section Manager, Disability Services Division
Sharon Autio, Director, Adult Mental Health Division

SUBJECT: CADI Slots and Adult Mental Health Initiative

As part of the Adult Mental Health Restructuring initiative, counties requested the ability for regional planning and utilization of the resulting CADI slots. This memo is to inform counties of the mechanism the Disability Services Division (DSD) is developing in the CAC, CADI, TBIW (CCT) Waiver Management System to facilitate county management of their slots and financial resources.

DSD is creating a new function in the CCT Waiver Management System that will allow a county to move a slot and resources to another county. This function will allow regional planning for the utilization of CADI allocations. The responsibility for making decisions and resolving disputes regarding the transfer of waiver slots and resources will rest with the counties.

Counties and/or regional county groups utilizing this function will be responsible to plan for the use of the allocations within all state and federal requirements on CAC, CADI or TBIW. Recipients' rights under the waiver must be assured and recipients may not be terminated from the waiver unless by choice or if they are determined to no longer meet state and federal eligibility requirements for the waiver. The county is responsible to assure the health and safety needs of all waiver recipients and regional planning must not restrict this responsibility.

If a county plans to participate in regional planning and utilization of CADI slots, they must add descriptive language to their allocation policies and procedures. We suggest the following language or something similar: "The county is participating in a regional approach to managing a waiting list of individuals with mental health needs at risk of institutional placement. CADI slots and resources that originated from the Adult Mental Health Initiative will be reallocated under the county regional planning guidelines." Individuals at risk of institutional placement are one of the top priorities for allocations. Changes to the policies and procedures must be sent to the Regional Resource Specialist for approval.

The new function allowing counties to transfer a waiver slot and funding to another county is not limited to the adult mental health population. The function will allow a county to move an available new or reuse CADI or TBIW waiver slot to another county. If the slot is a "reuse" slot, the county transferring the slot will be responsible to reach agreement with the receiving county regarding the amount of resource to be transferred.

Questions regarding the Adult Mental Health Initiative (AMHI) and regional planning should be directed to the AMDH Mental Health Program Consultant for your specific area. Questions regarding the new function should be directed to your Regional Resource Specialist.

Aggregate Budgets

The county's CCT waiver budget is an annual budget that begins July 1st of each year and ends June 30th of the following year. Each July 1st, the county is given a new budget as described below.

Begins with June 30th budget amount and is adjusted by the following activities that occurred during the previous year:

- Annualize the daily allowable average amounts from new allocations used
- Annualize the County of Financial Responsibility Transfers
- Annualize the increase amount for NF to Hospital level of care changes
- Annualize additional funding for new CAC or TBI-NB recipients approved by DHS (if person continues on the waiver)
- Annualize the new monthly Corporate Adult Foster Care Funding
- Annualize county transfers of funding
- Legislated Provider COLAs

Conversions and Diversions

CADI Conversion

A person eligible for CADI enrolls in a CADI Waiver

- Immediately upon discharge from a nursing facility and
- The person was a resident of the nursing facility and receiving medical assistance for the NF services for at least 30 days prior to accessing the waiver.

TBI NF Conversion

A person eligible for TBI-NF enrolls in a TBI-NF Waiver

- Immediately upon discharge from a nursing facility and
- The person was a resident of the nursing facility and receiving medical assistance for the NF services for at least 30 days prior to accessing the waiver.

TBI NB Conversion

A person eligible for TBI-NB enrolls in a TBI-NB Waiver

- Immediately upon discharge from a long term care (LTC) hospital having received neurobehavioral services and
- The person was a resident of the long term care hospital receiving neurobehavioral services and receiving medical assistance for the long term care hospital neurobehavioral services for at least 30 days prior to accessing the waiver.

There are currently two LTC hospitals offering neurobehavioral services in MN for persons with severe behaviors:

1. Bethesda Rehabilitation Hospital's, St. Paul
2. MN Neurorehabilitation Hospital on the BRHSC campus, Brainerd

CAC Conversion

A person eligible for CAC enrolls in a CAC waiver

- Immediately upon discharge from a hospital and
- The person was a resident of the hospital and receiving medical assistance for the hospital services for at least 30 days prior to accessing the waiver.

Diversions

All people eligible for the waiver who do not meet the criteria for conversion.

This includes people who meet waiver eligibility criteria and who are discharged from all other types of institutions or treatment facilities, such as Regional Treatment Centers (RTCs), Rule 36 Facilities, Rule 5 Facilities, etc

If a person was a conversion, but exited the waiver and now will be reopened to the waiver, do we open them again as a conversion?

Each time a person reopens to a waiver the county must determine if they meet the conversion or diversion criteria.

Can a county access CAC, CADI or TBI conversions from the state pool for people who are moving out of an ICF/MR?

No, conversions are for people moving out of institutions that are the level of care for that waiver (ex. NF level of care for people coming out of nursing homes for CADI or TBI-NF). For a person moving out of an ICF/MR, the county can assess the person to see if they meet eligibility criteria for the CADI or TBI-NF waiver and if so, indicate diversion on the LTCC, service agreement and Waiver Management System and use the county new resource (C1) or reuse allocations (C2) for this purpose.

County of Financial Responsibility (CFR) Transfer

When a change in county of financial responsibility will occur the counties must complete the following MMIS changes:

- Close the current service agreement (*reducing line items if appropriate) for the day before the CFR changes and
- Open the new service agreement beginning the next day indicating the new CFR.

It is important the financial worker has changed the recipient file in MAXIS before the new service agreement is entered.

* Please Note: If a service agreement is closed early to accommodate a change in county of financial responsibility, the first county needs to prorate and reduce any line items for services that are no longer to be authorized within the new service agreement time period. If line items are not reduced appropriately, a larger amount of funding will transfer from the previous CFR to the new CFR. However, the line items should not be reduced for the period of time the service agreement continues to cover.

At the monthly update after the above steps have occurred, the Waiver Management System will automatically:

- Transfer the person and the waiver slot from the previous CFR to the new CFR and
- Transfer funding from the previous CFR to the new CFR effective the date of the new service agreement. The system calculates a daily amount to be transferred using the current service agreement authorizations (from the first county).

After the monthly Waiver Management System update, the county can check the following to assure the change in CFR occurred:

- The new CFR should check the "Current Recipient" page for the person's name.
- Both the new CFR and the old CFR should click on the Summary page, then click on the Budget Detail Page to find the name, PMIN and amount of funding transferred in or out of the county's budget.

If the change did not occur, the county needs to check that the necessary MMIS changes occurred and that the date of the MMIS changes was prior to the first day of the month of the update. For example, if the changes occurred by September 30th, the October update would reflect the CFR changes.

It is very important that the CFR change functions in MMIS happen in a timely basis as it does affect authorized and allowable budget dollars for both counties.

Disputes

If there is a dispute between two counties on the amount of dollars to be transferred, policy staff from the Disability Services Division will make the final decision. If there is a dispute between two counties on who should be the county of financial responsibility, please follow applicable bulletins and procedures for resolution. It should be noted that the Unitary Residency Act, which has applicability for determination of county of financial responsibility, is county initiated legislation.

Funding for New Allocations

Note: The term daily resource amount is also referred to as "change average" on the Budget Detail page.

How are daily resource amounts determined?

When a county decides to use a new resource allocation for a new waiver recipient, a formula is applied to the information from the "waiver opening" LTCC to determine a daily resource amount to be contributed to the county's budget the day the person begins services. Since the resource amount is determined by the information on the screening document, it is important that the screening document information be very accurate and up to date.

It is important that the LTCC be filled out completely. Field 45 is the case mix field and this is used in the formula for the daily resource amount, including CAC recipients. This field is also used for the formula for determination of a Consumer Directed Community Support (CDCS) budget amount, which is available on the recipient detail page.

Can authorizations for an individual be limited to that amount?

The resource amount is not an individual limit, nor is it an entitlement. Service authorization for an individual cannot be limited to their daily resource amount but must be based on overall assessments of needs and the person's Community Support Plan.

Why doesn't a daily resource amount change if a person's needs change?

The daily resource amount contributed to the county's budget when a new allocation is used is merely one methodology to create an aggregate budget. The purpose of aggregate funding is to combine funding to create a stable budget from which to manage waiver services. Aggregate funding is a "pool" of dollars in which some recipients will use more and some will use less amounts of money than their individual resource amounts.

Service authorizations are based on a person's needs and are not limited by individual caps. The county must manage the waiver budget to allow for service changes as needed by individual recipients. If a person changes from nursing facility to hospital level of care the daily resource amount will change. Historically, aggregate funding has been a system that has worked for counties in meeting individual service needs even when people's needs do change.

Host County Case Management and MMIS

Explain the MMIS process if another county is the CFR for someone living in our county

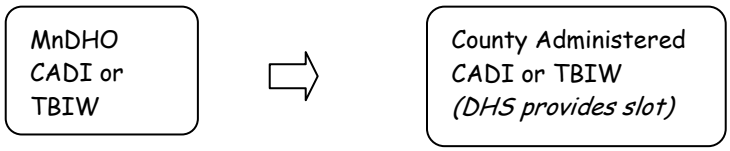
The county of financial responsibility (CFR) is responsible to determine when a person can access waiver services and for the authorization of services, even if the person lives in a different county and that host county is providing case management.

The CFR must approve all "waiver opening" LTCC screening documents and MMIS Waiver Service Agreements. The CFR must enter changes or approve additions to the MMIS Waiver Service Agreement. The county providing case management must contact the CFR to request approvals.

MnDHO CADI or TBI Waivers

MnDHO, a managed health care program for people with physical disabilities, ages 18 – 64. Individuals must be Medicaid-eligible, with or without Medicare, and live in Anoka, Dakota, Hennepin or Ramsey Counties (expansion in metro occurring in 2005 – 2006). MnDHO provides specialized services and coordination of care across acute and long term care, including nursing home and home and community-based waiver services (CADI/TBIW).

1. When a person receiving CADI or TBI Waiver services under MnDHO chooses to exit MnDHO but continue CADI or TBIW through the county, the county will receive an allocation through DHS to be able to serve the person.



After the monthly update that picks up the person's MMIS Service Agreement, the county should find the person listed on the Current Recipient page and scroll across to find an 'M' (for MnDHO) indicated under the "Initiative Code" column. This verifies that DHS provided a new allocation for this person.

2. When a person on MnDHO, but not receiving CADI or TBIW, decides to exit MnDHO and would like CADI or TBIW services, the county will use one of the following allocations:

- A county diversion allocation (new or reuse) to open them to CADI or TBI-NF waiver

- An allocation from the statewide pool to open them for TBI-NB

3. When a person moves from a county administered CADI/TBI Waiver to MnDHO, a reuse allocation will be provided to the county. The county will see an increase in reuse (C2) allocations awarded on the *Allocation* page. The person's name will be listed on the *New Resource Allocation Detail* page indicating an exit resulting in a reuse slot.