

Medicaid Services System (MSS) Frequently Asked Questions

Cost Projection Tool (CPT) Questions

❖ Creating Cost Projection Tools General

- 1. When are county boards required to use CPT?**
 - After December 31, 2011, CPT will be the only validated cost projection tool.
 - All individuals on an IO or Level One waiver must have authorized costs in CPT by December 31, 2011. IO and Level One Individuals shall be transitioned upon waiver enrollment or redetermination. Individuals who share services must be transitioned together.

- 2. Can county boards continue to use the validated cost projection tools (i.e. 20/20) before December 31, 2011?**
 - Yes. County boards may find it useful to use their existing tools to make changes to costs as needed before the site is transitioned to CPT.

- 3. How does the county board determine the site effective date?**
 - We recommend transitioning individuals at redetermination. In that case, the site effective date should coincide with the begin date of the individual's new waiver span.
 - In cases where there are multiple individuals with different waiver spans who share services, the county board may choose an effective date that makes sense to them. Individuals sharing services must be transitioned together. It is important to make sure that the site effective date and the DRA provider span effective date match. This will ensure a smooth transition from legacy DRA to the enhanced DRA. (See the DRA FAQ's for more info).
 - The earliest possible site effective date is July 1, 2009.

- 4. When I search for sites in my county (e.g. Franklin), why do I see sites from another county (e.g. Delaware)?**
 - Either the Delaware County sites have an individual with Franklin County set as their reporting county in IDS or Franklin County was listed as an "Associated County" in the Delaware site management screen.

❖ Manage Individuals

- 5. Who should be included in a site?**
 - Individuals with an IO or Level 1 waiver who live alone
 - Individuals with an IO or Level 1 waiver who live together and share services.
 - Individuals with an Level 1 waiver who share services with another individual with a Level 1 waiver

- Individuals with a SELF waiver who live alone or with another SELF waiver individual
 - Locally funded or private pay individuals who live with and share HPC services with individuals on a waiver
- 6. There is an individual who is living with two other individuals, but she does not share services with them. Do they belong in the same site?**
- No. If individuals live together, but do not share services of the same provider, they belong in separate sites.
- 7. What is a temporary span?**
- The application will automatically assign an individual on an IO, Level One, or SELF Waiver a “temporary” waiver span for that individual’s upcoming waiver year (i.e. Individual’s Waiver Span is 01/01/2012-12/31/2012, CPT will assign a “temporary” waiver span of 01/01/2013-12/31/2013)
 - This temporary waiver span allows the county board to cost project for an individual’s upcoming waiver year.
- 8. What do I do if a waiver span in MSS is missing or incorrect?**
- Check WMS and call or e-mail your DODD waiver unit contact. All waiver enrollment data including waiver spans comes from WMS. There may be a missing or incorrect waiver span that will need to be resolved.
- 9. Can CPT be used to project costs for individuals who are not enrolled on a waiver?**
- Yes, this is appropriate in a couple different scenarios*:
 - The non-waiver individual is sharing services with an individual on an IO or Level One waiver. Only individuals who do not currently have an “enrolled” status (from WMS) can be given a non-waiver span.
 - The non-waiver individual has a pending IO waiver. Use the non-waiver area to enter faux waiver dates based on the expected waiver span. Non-waiver spans will stay with an individual if they move to another site.
 - You may use CPT to project costs for any non-waiver individual based on Medicaid maximum rates and services.
 - *Please note:
 - Only individuals listed in IDS may be added to CPT.
 - CPT will only project costs based on Medicaid waiver services and rates.
 - The business rules used to project costs for the IO waiver are used to project costs for non-waiver individuals. CPT will not accommodate non-waiver spans for individuals who need Level One services (i.e. Emergency HPC).
 - CPT will not project costs for adult foster care services for non-waiver individuals.

❖ **Manage HPC Calendar**

10. How far out can I schedule HPC services on the HPC calendar?

- They can be scheduled as long as everyone in the staffing pattern has a waiver span or temporary waiver span. A temporary waiver span allows users to project costs for up to a year past the individual's current, enrolled span.

❖ **Manage ADS/NMT Patterns**

11. Is there a limit to the number of staffing patterns and ADS patterns that I can add to a site?

- No.

❖ **Manage Unscheduled Services**

12. Why can't unscheduled services cross the fiscal year boundary?

- Unscheduled services can cross the fiscal year boundary unless the user chooses a frequency type of "Span." In that case, the user must indicate on which side of the fiscal year the costs are projected to be expended. CPT will automatically distribute costs if the user chooses a frequency span of Day, Week or Month.

13. What do I do if an individual receiving adult foster care services does not have an adult foster care tab when I create the site?

- Check IDS. The individual must have a living arrangement of adult foster care in IDS before the foster care tab will appear in CPT. After IDS is correct, the user must associate the individual with an adult foster care provider on the foster care tab, which exists under the manage provider area of CPT. Once the provider is designated under the Manage Providers the Adult Foster Care tab will appear under the Unscheduled Services area.

❖ **Manage Cost Projections**

14. How does CPT handle units of Adult Day Services for PAWS purposes?

- CPT will project cost for Adult Day Services using the daily rates where appropriate (when between 5 and 7 hours is projected per day). For PAWS purposes and to allow providers to bill appropriately for services actually delivered, CPT will then convert the units for Adult Day Services that have costs projected based on daily rates to 15 minute units for authorization purposes. The cost limitations, which continue to be based on daily rates, will prevent over-utilization of the service, but the unit calculation will allow providers to bill for days that do not qualify to be billed as a daily rate (less than 5 hours or more than 7 hours) without running out of units.
- For example, if an individual has 6 hours per day of Adult Day Support projected, CPT will convert the 6 hours to 24 units. The cost projection details will show 24 units. 24 units should be entered into PAWS.

15. I scheduled ADS and NMT services, but it shows \$0 on the cost projection, why?

- The individual is likely missing an AAI score which means that CPT is unable to calculate rates. Look at the View Info section on the Manage Individuals tab to confirm if AAI information is available for the dates of service being projected. If not, check to make sure that there is an AAI score in IDS for the span of time in question.

16. How should county boards handle cost projection when the provider has a usual customary rate (UCR) that is below the Medicaid maximum reimbursement rate?

- Remember that a provider's UCR means that they agree to deliver the same or similar service at the same rate to every individual in a particular cost of doing business county (CODB).
- CPT will only project costs based on the Medicaid maximum reimbursement rates. It does not account for a UCR that is less than the Medicaid maximum rate.
- For DRA Sites: Project costs using CPT, as required by rule. Indicate which provider has a UCR in the site's note box. The county board should use the UCR rate times the total units projected through CPT to determine the total costs, and then enter that number in PAWS. The county board will enter the total dollars and total hours into the Legacy DRA. The DRA provider will calculate the daily billing unit based on their UCR through the Legacy DRA and submit those charges on their claims.
- For Non-DRA Sites: Project costs using CPT, as required by rule. Indicate which provider has a UCR in the site's note box. The county board should use the UCR rate times the total units projected through CPT to determine the total costs, and then enter that number in PAWS. The provider should submit their UCR as charges on their claims.

Handling Changes to Cost Projections

17. How do I transition a site from one Cost of Doing Business (CODB) County to another?

- End date the current site and start a new site. A site's CODB cannot be changed.

18. How does CPT handle cost projections for periods of time prior to an individual's date of death?

- Costs may be projected, finalized and authorized for dates of service prior to the date of death. It is important to make sure that IDS has the correct date of death and that the waiver has been dis-enrolled in WMS prior to the date of death.

Service Payment Authorization (SPA)

19. How do I authorize costs in SPA for those individuals for whom my county board (i.e. Delaware) manages the waiver but are in another county board's (i.e. Franklin) CPT?

- The county board who creates the CPT will need to add the county board that is responsible for the waiver as an Associated County to the CPT.
- The county board that created the CPT would need to change the Management County under Edit Site portion of the CPT to the county board responsible for waiver. This will allow the county board responsible for the waiver to go to SPA and then authorize those waiver costs.

Enhanced DRA Questions

20. When I am in the county board portion of the (enhanced) DRA, why do I see the date 01/01/2021?

- This is how the infinity date is rendered in the (enhanced) DRA. Under the Manage Provider portion of MSS the date would have been entered by the county board as 12/31/9999.

21. Can CPT be used to project costs for the legacy DRA?

- No, CPT should only be used in conjunction with the enhanced DRA. DRA sites shall be transitioned based on the effective date of the site and the DRA provider beginning date, which should match.
- Site cost updates and provider actuals for dates of service on or after the transition date will be entered in the enhanced DRA. Site cost updates and provider actuals for dates of service prior to the transition date will be entered in the legacy DRA.

22. How do I transition a DRA site?

- DRA Transition Date = Begin date of the DRA provider span in CPT.
- **DRA Transition Instructions for County Boards:**
Send an e-mail to DODD ahead of time.
Include the following:
 - CPT site name
 - Legacy DRA site #
 - DRA provider contract #
 - The DRA transition dateCopy the provider agency and notify them of the transition date. Make sure they understand how to use the enhanced DRA.

23. How do I break DRA spans?

- DRA automatically creates breaks in site cost spans by the following factors:
 - DRA provider span dates

- Individual move-in and move-out dates
- Waiver year dates

- DRA breaks can be manually created by the county board when necessary. When changes are made to HPC costs, the county board will be required to update DRA site costs as well. You can manually change the begin date of the revised site costs in DRA by using the Manage Providers area in CPT to end the current DRA provider span one day before the effective date of the change and create a new DRA provider span that starts on the effective date of the change. This will allow providers to avoid unnecessary claims adjustments.
- Note: If you do not manually create the begin date of the revised site costs, DRA will automatically use the begin date of the most recent DRA provider span in CPT as the effective date of the revised site costs.
- Reasons to break the DRA provider spans
 - When individuals in the home have different waiver spans
 - When a change in an individual's status requires a change in the level of service
 - For planned absences of one or more of the housemates lasting longer than fourteen (14) days
 - For periods of time in which the level of support of one or more individuals is planned to change (i.e. summer, activity leagues, etc.)
 - When there is an anticipated move in/out date for a housemate
 - Scheduled (quarterly) breaks are also beneficial for homes in which one or more of the housemates have frequent, unanticipated schedule changes (i.e. hospitalizations, ending day services, etc.).

24. Why can't I associate Legacy DRA sites in the MSS training environment?

- Because the data in the training environment is redacted.

25. Why are my DRA percentages for each individual not an exactly divided?

For example: Each individual should be 25%, but I see 25.1% and 24.9% for two of the individuals and the other two individual are 25.0% each?

- This will happen if the individuals' waiver spans do not match exactly. The percentages do not match because of proration across waiver spans and ADL/ADP spans.

Prior Authorization (PA) Questions

26. How do I use CPT to support a prior authorization request?

- CPT will produce the cost projection for PA requests. After sites have been transitioned to CPT, the county board can create a version which can be used as the PA budget. To do this, create a "Prior Auth" version of a cost projection and name it accordingly.
- At Finalization under the Manage Cost Projection portion of MSS, the county board will receive a message that provides them the option to begin the PA

process. The county board can either click on the “Begin PA” link that populates at Finalization or

- The county board can click on the Manage Individual PA link under the PA portion of the MSS application to begin the PA process

Payment Authorization Questions

27. Can county boards continue to “short span” or authorize a portion of costs at a time?

- Yes. OAC rule 5123:2-9-06 requires county boards to project costs for an individual’s entire waiver span. However, county boards can continue to authorize a portion of costs at a time through PAWS, which will not interface with CPT at “go live”. The Department recommends using utilization reporting (new COGNOS reports) instead of “short spanning” to monitor utilization.
- When the Department begins the work to phase-out PAWS, we will analyze and discuss the need for short spanning in greater detail.

28. How does MSS handle authorization for an individual who lives in two different sites during their waiver span?

- Services must be finalized in the first site before services are finalized in the second site. This helps prevent the costs in the second site from exceeding the individual's budget limit.

29. Why does SPA show "Approve DRA" instead of "Authorize Costs" for an individual?

- SPA will only give users the option to authorize for individuals with a valid (i.e. enrolled) WMS waiver span. The "Approve DRA" button will be displayed for non-waiver individuals because they are sharing services with waiver individuals and their costs are necessary to calculate the daily billing unit.

Versioning

30. How do I “create” a version?

- A “Saved” version can be created by the user going under the Manage Version portion of the application and clicking on the “Save New Version” link in the upper left hand corner of the page, right above the actual list of versions currently associated with the CPT.
- A “Finalized” version is created when the user clicks on the “Click to Finalize Cost Projection” button under the Manage Cost Projection portion of the CPT.
- A “Authorized” version is created when the user clicks on the “Approved” button in the Service Payment Authorization (SPA) portion of the application.

31. How is a provider able to edit a version?

- A provider may edit a version if all of the following apply:*
- The provider has an “edit” role (security affidavit).
- The provider is associated with the site.
- The county board has given the provider access to edit the site under the “manage providers” area of CPT.

- *Please Note: The provider access only applies to the active version. If the county board chooses to activate and edit a different version, they will have to grant the provider access to that version.

32. Why is it that when I "Activate & Edit" a previous version that DRA is not synchronized?

- It is necessary to re-finalize and re-authorize the services for each individual based on the services in the newly activated version. You will then be prompted to generate or update site costs in the DRA.