

# Information Memorandum Transmittal Aging and People with Disabilities



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**Number:** APD-IM-17-075

**Issue date:** 10/10/2017

**CORRECTED**

**Topic:** Long Term Care

**Due date:**

**Subject:** MMIS POC Billing Updates for In-Home Care Agencies

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> ODDS Children's Residential Services          | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Message:** The "[MMIS Plan of Care \(POC\) Reference Guide and Tips](#)" document will be updated to reflect the changes outlined in [APD-PT-17-033](#). The updated document is also at the end of this IM. It is important to review the entire document prior to completing new or revised POC authorizations. The changes that were made to the reference guide section are underlined.

Please be aware that In-Home Care Agency POC authorizations are on a weekly basis (once it has been updated). When a 546N is sent under the two week format, the In-Home Care Agency must be aware of the amount of hours authorized for a week. For example, if the 546N indicates 20 ADL hours per service period, the In-Home Care Agency is authorized 10 ADL hours per week. Please consider putting in the remarks section of the 546N the amount of hours authorized per week.

Please note that POC authorizations for In-Home Care Agencies do not have to be updated until there is a change in the service plan, such as when a new assessment occurs or there is a change in the number of hours being authorized.

*If you have any questions about this information, contact:*

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## MMIS POC Reference Guide

### Base Information

(Enter only if a POC APD benefit hasn't been created.)

Field	Data
<b>Case Manager ID</b>	MMIS User ID (User Name)
<b>Client ID</b>	Prime Number
<b>Division</b>	SPD
<b>POC Development Date</b>	Auto-fill NO ACTION NEEDED
<b>POC Review Date</b>	Leave blank NO ACTION NEEDED
<b>POC Start Date</b>	Date the POC starts (once saved, do not change)
<b>POC End Date</b>	12/31/2299 under all circumstances.

(Click on "Add" after completing the Base Information.)

### Line Item

(Click on "Save" after completing each Line Item.)

Description	Nursing Facility	Agency Provider	Agency Mileage
<b>Rendering Provider ID</b>	Provider #	Provider #	Provider #
<b>Service Code</b>	100	HK – S5125, PC – T1019	Mileage – A0090
<b>Service Code</b>	Revenue code	Procedure Code	Procedure Code
<b>Effective Date</b>	Service Plan Start	Service Plan Start	Service Plan Start
<b>End Date</b>	Service Plan End	Service Plan End	Service Plan End
<b>Units</b>	1	* <u>Hours X 2</u>	** <u>Miles / 2</u>
<b>Unit Qualifier</b>	SPD Residential Stay	15-minutes	Mile
<b>Frequency</b>	Daily	<u>Weekly</u>	<u>Weekly</u>
<b>Payment Method</b>	Pay System Price	Pay System Price	Pay System Price
<b>Status</b>	Active	Active	Active
<b>Authorizing Entity</b>	Branch #	Branch #	Branch #
<b>Benefit Plan</b>	Nursing Home	APD, KPS, or CMS State Plan	APD or KPS

## MMIS POC Tips

**\*For agency provider units, it is the number of hours multiplied by two. So, if you have 30 PC hours per service period, you would enter “60” for this section.**

**\*\*For agency mileage, it is the number of miles divided by 2. So, if you are authorizing 20 miles per service period, you would enter “10” for this section.**

- ✓ The POC line item must perfectly match the service plan in the CA/PS service plan.

This includes:

- Creating a new POC line item when a new assessment and service plan has been completed.
  - Matching the dates and units in the POC line item to what the service plan authorizes.
  - Ending a POC line item whenever the authorized amount of units changes, then creating a new POC line item with the new authorization.
  - Not invalidating a benefit, hours, or service plan segment in CA/PS if any services were provided during that time frame (unless you plan to recreate the segments).
- ✓ Update the service plan and the POC line item as soon as possible when changes occur. It is preferable to start In-Home Care Agency POCs at the beginning of the week if possible for billing purposes. However, if it needs to update in the middle of the week, please inform the agency right away of this change (please keep in mind that MMIS will not prorate hours for In-Home Care Agencies for partial weeks).
  - ✓ The provider must be notified as soon as possible when any changes occur.
  - ✓ Hours are authorized on a weekly basis for In-Home Care Agencies. Hours authorized in one week do not carry over into the following week.
  - ✓ Do not attempt to bypass any error messages.
  - ✓ Do not end the benefit line in CA/PS unless the consumer actually moves to another living situation (i.e. in-home to AFH). Benefit lines should not end if the individual is in the hospital or receiving skilled NH care.