

Upcoming Changes – April 2015

- Review 598B Voucher Replacement
- Communication Strategy
- Training Strategy and Timeline
- Gather Input and Feedback



What's the Same?

Provider Mailing Address

- Provider address information will continue to be populated by the system prior to mailing.

Task Definitions:

- The definitions of each task will remain the same.

Reporting & Signatures:

- Clients and providers will still have to sign voucher to validate services provided prior to submission.

Voucher Count:

- Providers will continue to receive two vouchers for record keeping purposes

Service Delivery Payment Form	
Provider Name	Provider #
Provider Address Line One	
Provider Address Line Two	
Provider City, State Zip Code	



Tasks are defined as follows:

Activities of Daily Living (ADL): Bath/Personal Hygiene, Cognition/Behaviors, Dressing/Grooming, Eating, Elimination (toileting, bowel and bladder care) and Mobility (ambulation and transferring)

Instrumental Activities of Daily Living (IADL): Housekeeping including laundry, Medication and Oxygen Management, Meal Preparation, Shopping, and Transportation

24-Hour Availability: Availability and responsibility of a homecare worker to meet a client-employer's unscheduled ADL and IADL needs as they arise over a 24-hour period. Only live-in homecare workers are authorized for this type of service, which must be provided in the client employer's home.

What's New?

Provider Statement of Understanding:

- Completion instructions
- Suggestion to follow up with legal representation

Provider Statement of Understanding:

Payments will be made based on time in & time out reporting. Vouchers submitted without time in and time out fields completed will not be processed. The hours worked column is intended to assist in this calculation, but is not entered into the system. Payment will not be made for any services provided over the maximum authorized unless approved by a case manager. No additional charges shall be imposed to either the employer (recipient), the Department, Area Agency on Aging or any CDDP/Brokerage under this agreement. Any falsification or concealment of a material fact may be prosecuted under federal and state laws.

*If for any reason you do not understand this information contact your legal representation

Header:

- Client -> Recipient
- Field for Authorized Rep
- Authorized hours / ADL segment

Recipient Name:		Recipient #:	
Provider Name:		Provider #:	
Representative Name:		Case Worker:	
Service Period Authorized: MM/DD/YYYY - MM/DD/YYYY		Service Period Worked:	
ADL Hrs. Auth:	IADL Hrs. Auth:	24hr Support Auth:	Mileage Auth:

Time Tracking:

- Date, Start Time, End Time, Activity (Service type), + Service Mileage
- Hours Worked column (optional)
- Activity type totals
- Additional page (front & back) for reporting purposes

Date	Start Time	End Time	Hours Worked	Activity	Service Mileage
	AM/PM	AM/PM			
	AM/PM	AM/PM			
	AM/PM	AM/PM			
	AM/PM	AM/PM			
	AM/PM	AM/PM			
	AM/PM	AM/PM			
ADL Hrs. Provided:		IADL Hrs. Provided:		24hr Support Provided:	
				Mileage Provided:	

Office ID:
Voucher #:

What's New?

(Cont'd)

Note to case workers:

Field that will allow providers to communicate with case workers

Updated validation language:

- Focus on dates and times worked
- Similar to verbiage on 598B
- Added emphasis on signature line

Additional text for ODDS in effort to align programs:

Not happening at this time, but will support future program alignment efforts

Recipient #:	
Provider #:	



Notes to Case Worker (attach additional pages as needed):

I affirm that the services reported on this form are for actual dates/times I worked by delivering the service/supports listed to the recipient. The hours I am claiming do not exceed the total hours authorized and were delivered according to the recipient's service plan. I understand that these time sheets will be audited periodically and that the information reported is true, accurate and complete.

➡ Employee Signature: _____ Date: _____

I no longer work for the employer as of _____ (Last day worked)

By signing this invoice, I affirm that the hours reported on this form are for actual dates and times worked by the provider delivering the authorized services/supports and do not exceed the total amount of hours authorized in the service plan.

FOR APD & AMH EMPLOYERS ONLY: I designate the Department an agent for the purpose of doing all that is required by myself pursuant to Section 3504 of the Internal Revenue Code (This designation is not applicable if the payee is a private firm or agency employee).

➡ Employer/Rep Signature: _____ Date: _____

For DD Only: CDDP/Brokerage Review: This service delivery report has been reviewed and is consistent with the recipient's service plan and authorized service limits.

➡ CDDP/Brokerage Rep Signature: _____ Date: _____

New Time Entry Screen (STIM)

- CEP specialist will be able to pull screen using the voucher # or ICN
 - Information on replacement voucher will populate top portion
- Day will be entered by CEP Specialist in DD format
- Time in/out will be entered in MMHH
- AM/PM will be entered as a digit (TBD) or A/P
- Service Type field will be entered using a digit (TBD) or A/I/M etc.
 - When Mileage Service Type is entered CEP specialist will be able to enter service related mileage in column
- All fields will be fillable using 'Ten-Key' entry
 - Including AM/PM and service type

Service Plan Hourly Cap Highlights

- Transmittal to be distributed 5/1/2015
- Effects service plans with start dates 7/1/2015 or later
- Effects plan renewals with effective dates of 7/1/2015 or later
- Effects new providers on existing plans when the plan changes after 7/1/2015
 - Current providers will not be held to the 50 hr. / wk. cap until the associated service plan is renewed
- This change will effect HCWs and PSWs in AMH, APD & DD
- The 50 hour per week cap is per provider per individual served
 - A provider may work more than 50 hours per week, but is limited to 50 hours per individual served.
- For monthly authorizations the cap is 220 hours
 - $4.4 \text{ wks.} \times 50 \text{ hrs. /wk.} = 220 \text{ hrs.}$
- This change does not impact live-in plans, spousal pay, or ICP
- Exception process to be outlined in transmittal