RS TOOL CHANGE HISTORY IN REVERSE VERSION ORDER

LAST MODIFIED 6-6-16

VERSION 10.1.2 RELEASED 6-8-16

OVERALL TOOL CHANGES

1. The current RS Tool was developed and tested for MS Office 2013. It turns out several agencies are still usng MS Office 2010. Compatibility issues prevented the RS Tool from being used with Office 2010. It was decided the RS Tool would continue to support Office 2010 and this release makes this possible.
   It is not guaranteed support will continue for versions prior to Office 2013 as we are currently attempting to make the Tool compatible with Office 2016 (to be announce in a future release). We recommend all users update to Office 2013 or Office 2016 when support for Office 2016 is out.
2. A minor cosmetic fix on the RS Plan reports was fixed.

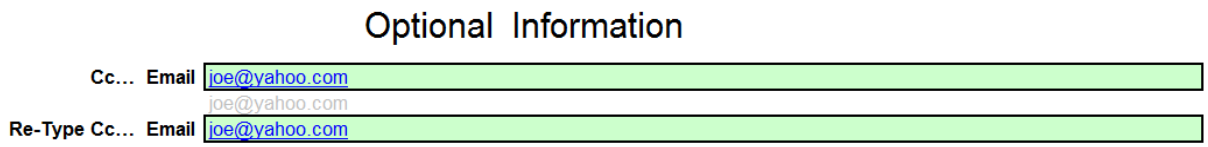
VERSION 10.1.1 RELEASED 6-6-16

OVERALL TOOL CHANGES

1. Effective 7/1/16, the case-mix budget caps and service limits for customized living services and 24-hour customized living services were increased 21.3%.
2. The percentiles for each component service were recalculated to provide feedback when you've planned at the 65th, 75th, 85th, and 95th percentiles. Feedback is given via the bar graphs found on the individual component services as well as on the Audit Report. Services were included for the three year period 5/1/13 to 5/30/16
3. If a second Excel workbook was opened in addition to a RS Tool, both workbooks flashed and diminished usability of either workbook. This issue is significantly reduced and users will notice this improvement most when using multiple tools of version 10.1.1 and later.
4. After 6/30/16, adult foster care (AFC) and customized living (CL) services must be authorized as daily rates. Residential care will continue to be authorized as monthly rates. The RS Tool has been updated to reflect this and will display proper procedure codes and labels based on the type and dates of service. CL and AFC services will still be planned for based on average monthly costs. The change from monthly to daily only affects how the service are authorized in MMIS or other authorization and billing systems. This change applies to all participants receiving services through a county, tribe, or health plan.
5. Various cosmetic and minor technical bug fixes.

SCR DOC INPUT (PAGE 1)

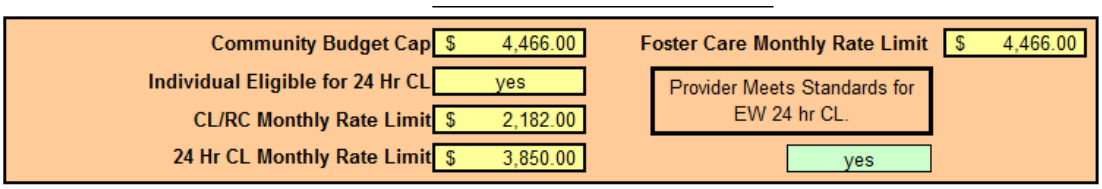
1. The procedure codes for customized living services and adult foster care are dynamic based on the service start date. The service options in the dropdown box will display:
    - T2030/T2030 TG prior to 7/1/16 and T2031/T2031TG on or after 7/1/16 for customized living services/24-hour customized living services
    - S5141 prior to 7/1/16 and S5140 on, or after, 7/1/16 for family foster care
    - S5141HQ prior to 7/1/16 and S5140 U9 on, or after, 7/1/16 for corporate foster care
2. A secondary optional email contact was added in the Optional Information section. Any processing or reporting emails that would normally be sent to the case manager will also be sent to this email account. Providing a new email will update this email address so the last Tool received will determine the email account to cc. You must enter the email twice to ensure the email is correct. When the email entries match, the email will display in light shade between the two fields.



3. The maximum service start in the CL Start Date field was extended to 12/31/16.
4. Several delegate agencies options were added to the Delegate Agency List field.

INDIVIDUAL RS PLAN (PAGE 2)

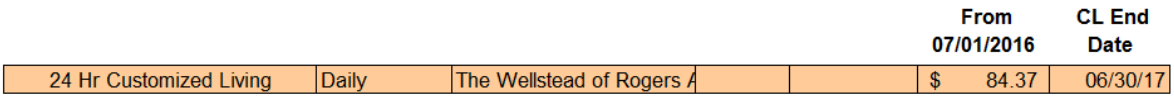
1. In the Temporary Rate column in the Budget Recap section, the following label changes were made:
    - The “Monthly - Customized Living Rate Authorized” field was relabeled “Monthly - Customized Living Rate”
    - The “Comparable Daily CL Rate (For Information only)” filed was relabeled “Daily CL Rate”
2. In the budget cap and service limits section, the following label changes were made:
    - ‘Foster Care Rate Limit’ was relabeled ‘Foster Care Monthly Rate Limit’
    - ‘CL/RC Service Rate Limit’ was relabeled ‘CL/RC Monthly Rate Limit’
    - 24 Hr. CL Service Rate Limit was relabeled ’24 Hr CL Monthly Rate Limit
    - When the planned service is other than adult foster care, the Foster Care Monthly Rate Limit field will display ‘N/A’



3. The Dependency Description field for Active Behavioral Support Dependency, when scored at 2, was corrected.

EW SERVICES AUTHORIZED (PAGE 3)

1. The Unit field for the residential service is dynamic for CL and AFC and will display ‘Monthly before 7/1/16 and ‘Daily’ on, or after, 7/1/16.



ERROR REPORT (PAGE 5)

1. Added error for incomplete cc… email address.

PRINT RATE GUIDE (PAGE 7)

1. To the right of the rate table, labels were added to display how the rate should be authorized, i.e., monthly or daily.

From Date	To Date			Authorize Rate
				Monthly
4/1/2016	4/30/2016	$ 2,568.02	$ 84.37	Monthly
5/1/2016	5/31/2016	$ 2,568.02	$84.37	Monthly
6/1/2016	6/30/2016	$ 2,568.02	$84.37	Monthly
7/1/2016	7/31/2016	$ 2,568.02	$84.37	Daily
8/1/2016	8/31/2016	$ 2,568.02	$84.37	Daily

2. When all of the following conditions are met, the Total Rate For First Month row will be removed as blended rates for the entire month should no longer be used. Rate periods should be authorized separately and on a daily basis.

   - In CL or AFC mode, and
   - There is a rate change in the middle of the month, and
   - Services are being planned for on, or after, 7/1/16

	From Date	To Date			Authorize Rate
Prior Period Portion	7/1/2016	7/14/2016	$459.90	$32.85	Daily
Current Period Portion	7/15/2016	7/31/2016	$1,434.29	$ 84.37	

3. If the residential services were planned for exactly at the service limit, the daily rate erroneously displayed a rounded daily rate. This was fixed.

PRINT CSSP (PAGE 8)

1. The worksheet tab was relabeled from ‘Print CSP’ to ‘Print CSSP’ to reflect when the Print RS Plan, Print CSP, and Print Rate Guide when printed in combination they can be used in lieu of the CSSP, not CSP. Note, the EW Services Authorized worksheet must be completed for these three worksheet in combination to act as the CSSP.
2. On the row for CL/24 Hr. CL, changes were made to show the correct service and authorization mode, i.e., monthly or daily with the correct corresponding units.

24 Hr Customized Living (planned for a month of service)	Daily	The Wellstead of Rogers AL	07/01/16	07/31/16	30.4375	$ 84.37	$ 2,568.02

PRINT RS PLAN (PAGE 9)

1. Relabeled the ‘Dollars/Month’ heading next to each service description to ‘Average Monthly Rate’. Note, this column only displays when you click the CL Plan With Time Detail button.

Total Hours/ Month	Rate	Average Monthly Rate
14.93	16.84	251.40
12.70	16.84	213.90

2. The HWS Consultation Verif. Code field towards the top of the report is now blank. This field is optional. You may write in the value if you wish to provide it.
3. The rates section at the bottom of the report was reformatted and the text was changed to reflect the daily rate changes.

Notice: Any First Month Rate is subject to change once this RS Tool is submitted if the Prior Rate on file does not match the Prior Rate provided in this RS Tool.

	From 05/01/16 To 05/31/16	From 06/01/16		End Date
Cost of 24 Hr Customized Living per mo.	$ 1,916.11	$ 1,881.40		4/30/2017
Monthly Cost of Non-CL EW Services			$ -	

In all cases, Providers are required to bill based on the amounts in the Rate Guide and ONLY for the days of actual service provided.

RS RATE LIMITS (PAGE 10)

1. A daily budget cap and service limits table was added below the monthly limits table to display corresponding daily rate limits

EW Residential Daily Services Rate Limits

Service Limit Effective Dates: Friday, July 01, 2016

Case Mix	Budget Cap as of 07/01/2016	24 Hr CL Rate Limit	Customized Living (Not 24 Hr) Rate Limits Statewide	Group 1	Group 2	Group 3	
A	$96.53	$80.23	$43.10	$39.43	$40.38	$47.01	
B	$109.77	$92.58	$49.02	$43.66	$45.04	$51.68	
C	$128.79	$108.88	$57.49	$49.74	$52.07	$62.06	
D	$132.99	$113.71	$63.18	$53.59	$54.93	$65.54	
E	$146.73	$126.49	$65.54	$58.18	$59.27	$71.69	
F	$151.20	$131.19	$67.58	$60.58	$60.58	$72.80	
G	$155.99	$136.41	$69.75	$62.85	$64.39	$76.68	
H	$175.93	$153.26	$78.62	$70.51	$71.82	$86.60	
I	$180.60	$157.57	$81.08	$72.48	$74.41	$88.94	
J	$192.56	$168.51	$86.01	$76.35	$78.36	$95.28	
K	$224.36	$196.80	$100.34	$88.44	$89.36	$108.65	
L	$96.53	$80.23	$43.10	$39.43	$40.38	$47.01	
L*	$74.32	N/A	$32.36	$29.54	$30.32	$35.29	New/Assessed > 08/31/11
V	$816.26	$715.79	$387.48	$333.34	$341.62	$403.94	New/Assessed > 06/30/13
	Based on Assessment Change Date	Based on CL Start Date					

EW SERVICE MENU (PAGE 12)

1. The units and procedure codes for customized living services and 24-hour customized living services are dynamic. If planning for services before 7/1/16, the unit will display 'monthly' and the procedure codes will display T2030 and T2030 TG. If planning for services on, or after, 7/1/16, the unit will display 'daily' the procedure codes will display T2031 and T2031 TG.

VERSION 9.6.3 RELEASED 2-10-16

SCR DOC INPUT (PAGE 1)

1. This version provides a technical fix for Foster Care and Residential Care service plans for MCO clients. In the event it is necessary to override limits for a benefits exception, it is possible there will be a need to override the FC rate limit, the Casemix Budget Cap and Conversion Limit. In this case, while doing so cleared all errors, upon saving the Tool, the Conversion Limit override was lost and an error re-appeared. This has been fixed.

VERSION 9.6.2 RELEASED 12-3-15

SCR DOC INPUT (PAGE 1)

2. The maximum service start date has been increased from 12/31/15 to 6/30/16.
3. A glitch with the Diagnosis field was fixed so that it will accept an entry by pointing and clicking off of the field in addition to clicking Enter or Tab after entering the diagnosis code.
4. When importing, the delegate agency field will be checked to ensure a valid entry. If the field does not have a valid entry, the field will be blanked. You will need to pick a valid value from the dropdown form.
5. The Orientation Authorization form has been changed to indicate orientation may not be used to establish 24hr CL for case-mix L*. This is not a change in the functioning of the RS Tool. Rather, it is a change to clarify how the tool enforces this existing rule.

VERSION 9.6.1 RELEASED 10-29-15

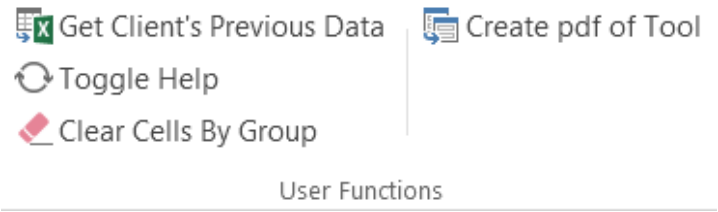
OVERALL TOOL CHANGES

1. Improved compatibility of the RS Tool with Microsoft Office 2013 so that opening the workbook, navigating between worksheets, and using other features within the workbook function much faster. Because the functionality of the RS Tool is now optimized with Microsoft Office 2013 we now support Office 2013. Because Microsoft no longer provides support for version 2010 and earlier of Microsoft Office, we recommend all lead agencies update to the latest version of Microsoft Office. The 32 bit version is recommended for compatibility with the RS Tool.
    - The 32 bit versions of Office 2010 and Office 2007 still work and are compatible with the RS Tool.

- Regardless of your version of Microsoft Office, all RS Tools should be submitted in the latest version, 9.6.1. If you started working on a tool in a previous version, **please import it into the latest version of the tool to submit.**

2. The Cut tool is disabled from the Ribbon.
3. Several cosmetic changes were made to clarify messages or correct errors
4. Several tabs in the Ribbon are no longer available as they are not needed for completion of the RS Tool.
5. A new 'RS Tool' tab next to the Home tab is now available to access several features.

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



The first three options: Get Client's Previous Data, Toggle Help, and Clear Cells By Group are additional methods to access the same functionality that is already programmed into the tool via three grey buttons to the right of the screening document scores. The fourth option, Create PDF of Tool, is new and is meant to replace the separate PDF document of the tool that had been available to you on the EW Customized Living, Foster Care, and Residential Care website. You may use this option to print out any of the worksheets in the tool besides the Print Rate Guide, Print CSP, and Print RS Plan in order to assist you with service planning. The print outs of these worksheets are not valid service plans and may not be used to set rates.

If you wish to have a blank PDF copy of the Tool, open a new blank copy of the tool. After saving your work, you may also use the Clear All option of the Clear Cells by Group function to get a blank workbook.

SCR DOC INPUT (PAGE 1)

Effective 10/1/16, ICD 10 codes are required. The Primary Diagnosis field was modified to check that a valid code is entered. Valid codes are up to eight characters long including the decimal point. The first character must be a letter. The second character must be a number.

INDIVIDUAL RS PLAN (PAGE 2)

The *Turn All Help on/off* button was removed. Use the new function on the ribbon under the RS Tool tab or the button on the Scr Doc Input worksheet.

EW SERVICES AUTHORIZED (PAGE 3)

1. Effective 7/1/15, the rate for Transportation, Mileage (Non-commercial Vehicle) was corrected from $0.56 to $0.57 per mile.

2. The *Turn All Help on/off* button was removed. Use the new function on the ribbon under the RS Tool tab or the button on the Scr Doc page.

PRINT RATE GUIDE (PAGE 7)

1. The *Turn All Help on/off* button was removed. Use the new function on the ribbon under the RS Tool tab or the button on the Scr Doc page.

EW SERVICE MENUE INFO (PAGE 13)

Effective 7/1/15, the rate for Transportation, Mileage (Non-commercial Vehicle) was corrected from $0.56 to $0.57 per mile.

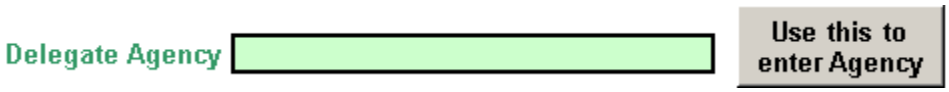
VERSION 9.5.2 RELEASED 8-31-15

OVERALL TOOL CHANGES

1. Removed references to Excel 2007 as Excel 2007 is no longer supported.
2. Technical changes, spelling corrections, and bug fixes.

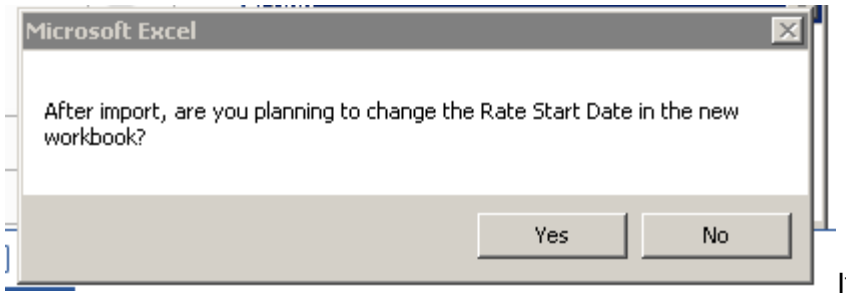
SCR DOC INPUT (PAGE 1)

1. Due to data errors in the *Delegate Agency* field, this field will be limited to values picked using the button to the right of the field. If the client is with a health plan, you must enter a value here. Pick the best match possible. If you work directly for the health plan, pick 'none'. If you are a county delegate, pick 'County' from the top dropdown and then choose the county you work for from the second dropdown. If your agency is not in the list, pick *Other,* and contact DHS so we may add it with the next version of the tool.
2. The button for the *Delegate Agency* field was expanded and the label changed to indicate the field should be completed using the pop-up form launched by clicking the button.



3. Help message for *Delegate Agency* field was changed.
4. The functionality to import a previously completed tool was enhanced. The repeated COLAs over the last two years have caused confusion with entering the prior period rate (PPR). We have been sending out numerous prior period rate load error emails. In an attempt to reduce these errors, we have enhanced the tool to automatically enter the PPR when importing the client's previous tools.

   When you use the *Get Client's Previous Data* button, you will see a new prompt after confirming you have the right tool to import. The prompt is shown below.



If you will be changing the rate start date, you would pick *Yes* here. If you pick *Yes*, the full monthly rate from the old tool will be imported to the new tool. When you change the rate start date, the PPR will be automatically adjusted for all COLAs based on the new date. This will occur any time you change the rate start date.

If you will not be changing the rate start date, choose *No*, and the PPR from the old tool will be imported to the new tool and the PPR will be correct. If after import you change the rate start date, the PPR will be set to the previous monthly rate, adjusted for any COLAs.

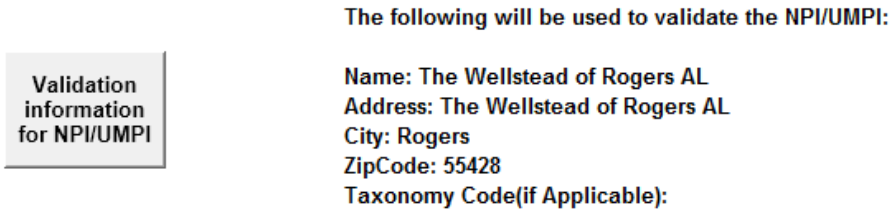
Any time the rate start date is changed you will get a message indicating the PPR has been adjusted.

As with all information in the tool, you should verify the calculated value makes sense since you could have imported the wrong tool or answered the above prompt incorrectly. In all cases, you may over-ride any calculated value and enter a correct value for the prior period rate.

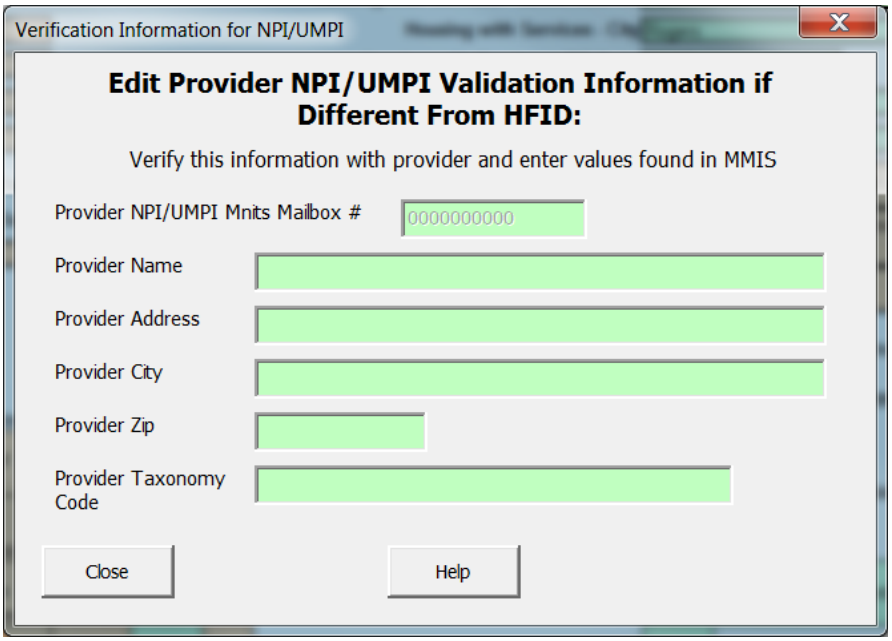
INDIVIDUAL RS PLAN (PAGE 2)

1. Changed the *Provider Number/UMPI* field name to *NPI/UMPI.* The help prompt for this field was edited to reflect this change.

2. The NPI validation area was changed to reflect that DHS will not be sending copies of the client's RS Plan and Rate Guide to the provider, but rather it will be used to validate the provider's fee-for-service NPI/UMPI. Since foster care and residential care providers do not require an HFID, but do require a NPI, this is where we will get the information to validate NPIs. This field is only required for adult foster care and residential care; it is not required for customized living services. Always check that this information matches data in MMIS to avoid load errors. Taxonomy information can be found in the PTAX screen in MMIS. Click the below *Validation information for NPI/UMPI* button to proceed. If you do not have MMIS access, ask the provider for the information they use when billing fee-for-service.



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



ERROR REPORT (PAGE 5)

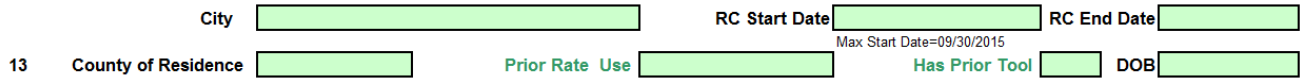
1. Fixed a bug that caused a "Prior Period Rate, Last Case Mix, and Prior Rate Use Answers Are Inconsistent" error to remain even after over-riding a prior period rate error.
2. Clicking *Cancel* in any of the over-ride limit buttons will restore all previous values. If the service start date is restored, it will act as a change and the prior period rate will be recalculated. If the user entered a prior period rate, the rate will be over-ridden.
3. If a previously validated value is changed, the validation will be cleared.
4. If the *Authorize Rate As* field on the *Screening Document Input* worksheet is changed, any validations will be cleared.

VERSION 9.5.1 RELEASED 6-24-15

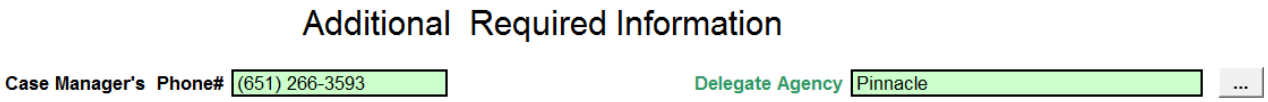
OVERALL TOOL CHANGES

3. The tool name is changed from the “Customized Living (CL) Tool” to the “Residential Services (RS) Tool” to better reflect that the tool can be used to plan for all three residential services (customized living, adult foster care, and residential care). You will see this name change reflected in prompts and titles throughout the tool.
4. The percentiles for each component service were recalculated to provide feedback via the bar graphs found on the individual component services on the RS Plan as well as on the Audit Report when you’ve planned at the 65th, 75th, 85th, and 95th percentile.
5. The tool will accept a service start date of 7/1/15 through 12/31/15.
6. A 1% increase to component service rates, service limits, and the case mix budget caps is effective for services with a start date of 7/1/15 or later. An additional 0.5% budget cap increase is effective for services with a start date of 7/1/15 or later to account for the rate increase for PCA and CDCS.
7. DHS will no longer be providing technical support for issues with the tool relating to Microsoft Office 2007, so you should upgrade to a more recent version of Microsoft Office as soon as possible, but be aware that Microsoft Office 2013 still has serious issues and is still not recommended for use.

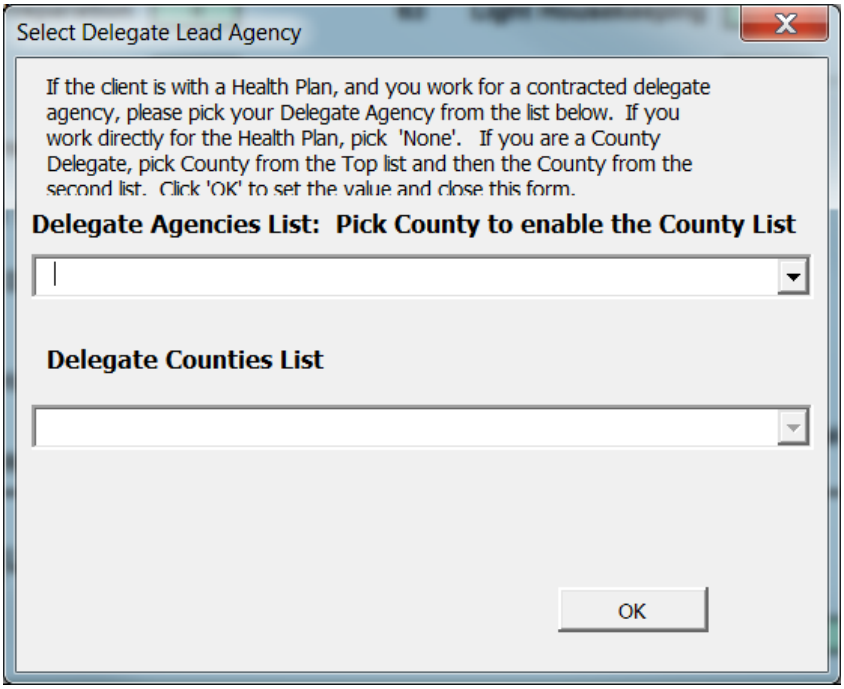
5. The ‘New to CL’ field has been replaced with the ‘Prior Rate Use’ field to better reflect the purpose of the field: Choose from the dropdown box if the prior rate applies, or does not apply, for the provider.
6. The ‘Has Prior Tool’ field is added: Choose either ‘yes’ or ‘no’ from the dropdown box to indicate if the prior tool has ever been completed for the client. This field will help identify clients receiving adult foster care or residential care services whose prior period rate was not determined by the RS Tool so that prior period rate emails will be prevented.



7. The ‘Waiver Type’ field is set to EW and no longer allows the choice of CADI or BI as these waivers do not require use of the EW RS Tool.
8. The HwS Consultation Verification Code field was removed.
9. Delegate Agency field is added to the Additional Required Information section. This field will assist health plans to send information from the management reports to the proper delegated agency to ensure quality.

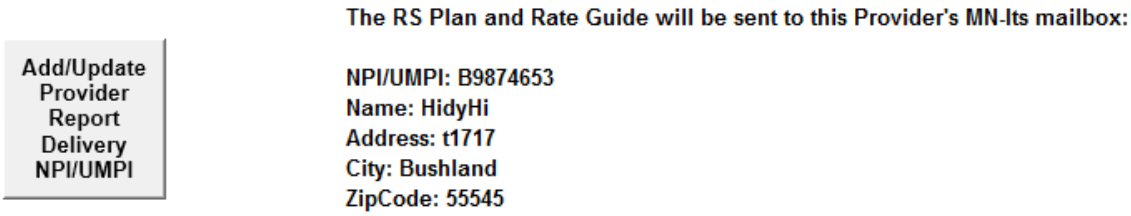


Click the ‘… button’ next to the Delegate Agency field, and the following form will appear.

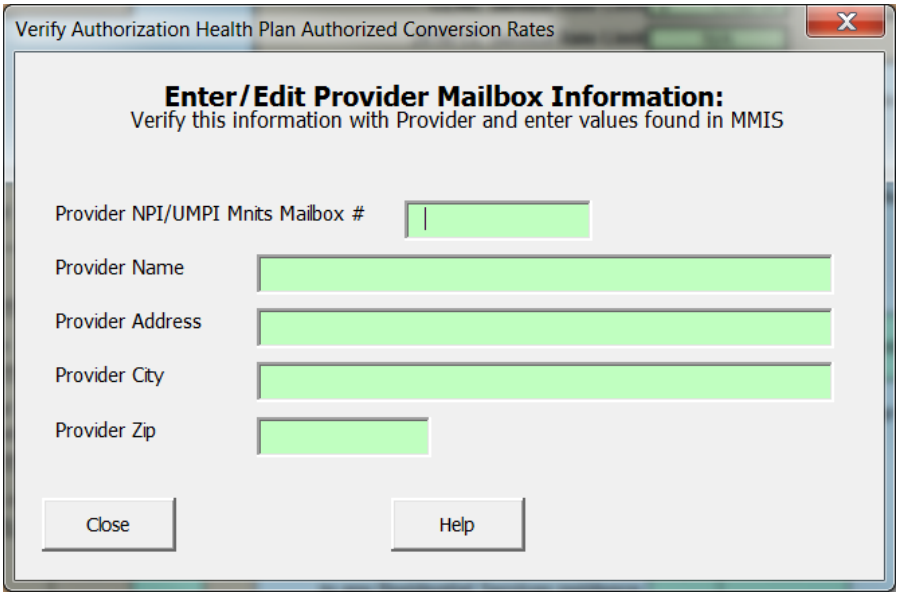


If the client is with a health plan and you work for a contracted delegate agency, pick your delegate agency from the dropdown box. If you work directly for the health plan, pick ‘none’. If you are a county delegate, pick ‘County’ from the top dropdown and then choose the county you work for from the second dropdown.

1. The worksheet tab name has changed from ‘Individual CL Plan’ to ‘Individual RS Plan’.
2. HFID help instructions were modified to clarify the HFID is not needed when planning for adult foster care or residential care. The Provider Number/UMPI field is required for adult foster care and residential care and will be verified against MMIS when the tool is processed.
3. ‘Provider Meets Standard for EW 24 Hr. CL’ field’: For adult foster care and residential care, CMs should mark ‘yes’ for adult foster care and ‘no’ for residential care.
4. In the near future, DHS may begin to send a copy of the client’s CL Plan and Rate Guide to the provider. To assure these get sent to the correct location, an ‘Add/Update Provider Report Deliver NPI/UMPI’ button was added. Use the button and complete the pop-up form if these documents should be sent to somewhere other than the provider information already listed.



When you click the button, the following pop-up will display:



ERROR REPORT (PAGE 5)

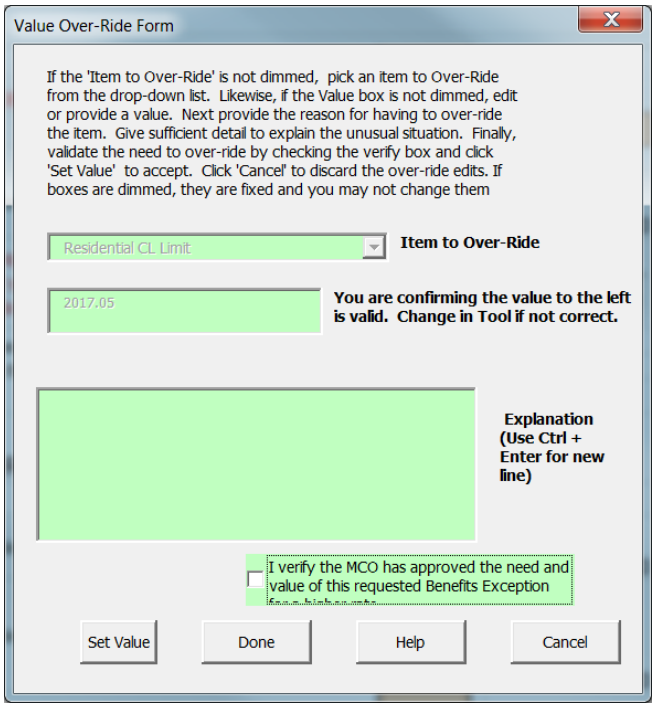
1. Added error for missing Delegate Agency

Dwelling Type	Ok: No Error to Report for this line	yes	0
Delegate Agency	Ok: No Error to Report for this line		0

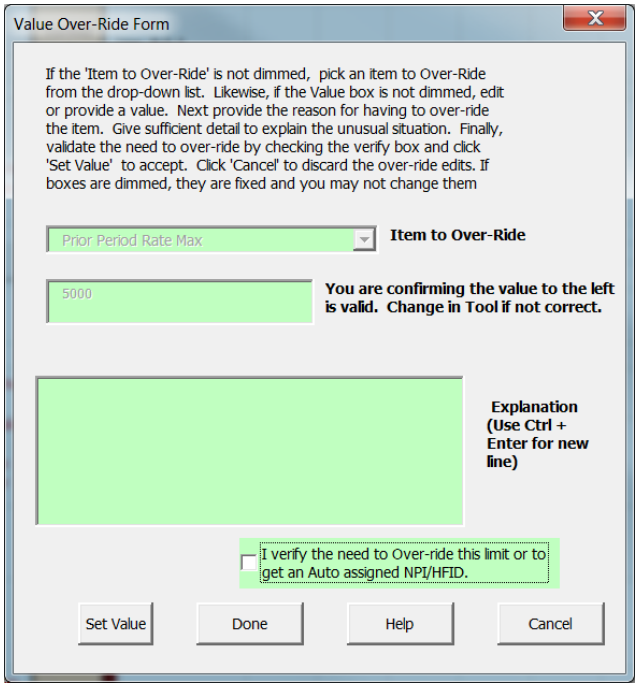
2. Four Over Ride Limit buttons have been added. They only appear if their respective limit is exceeded. Otherwise the buttons are not visible.

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

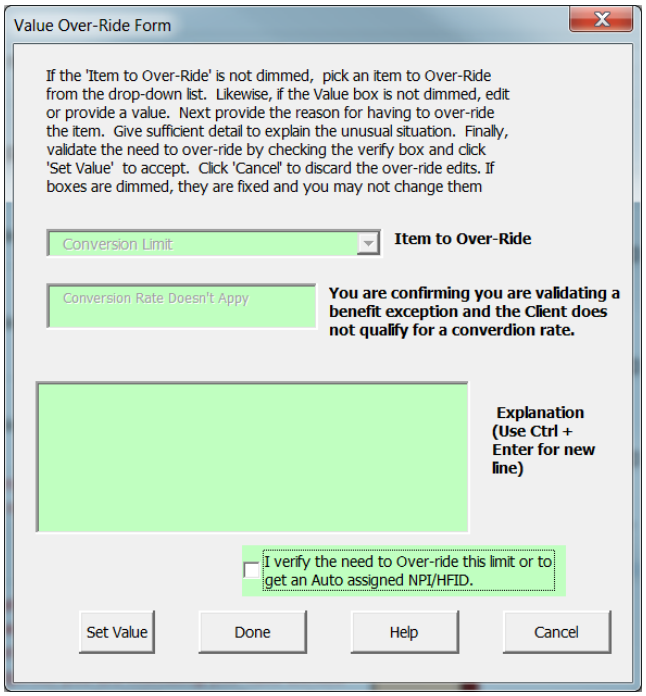
- Service Limit Override: The option to over-ride service limits for foster care and residential care have been added for clients in managed care, other than South Country Health Alliance, for whom a benefit exception is needed. When you click the Over Ride Limit button, the following form to complete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



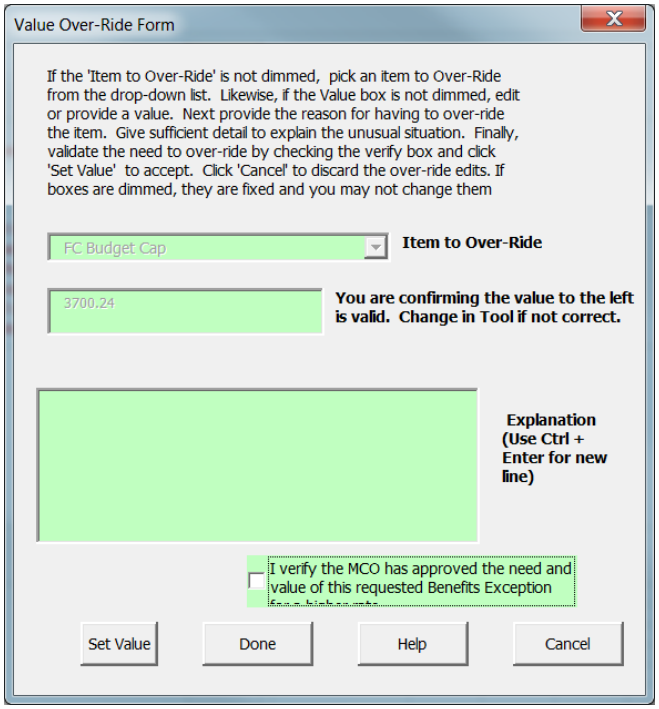
- Prior Period Rate Override: This over ride is applicable in instances of renewing a conversion limit. When you click the Over Ride Limit button, the following pop-up to complete will display. Provide an explanation of why the prior period rate limit needs to be exceeded, check the box verifying the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



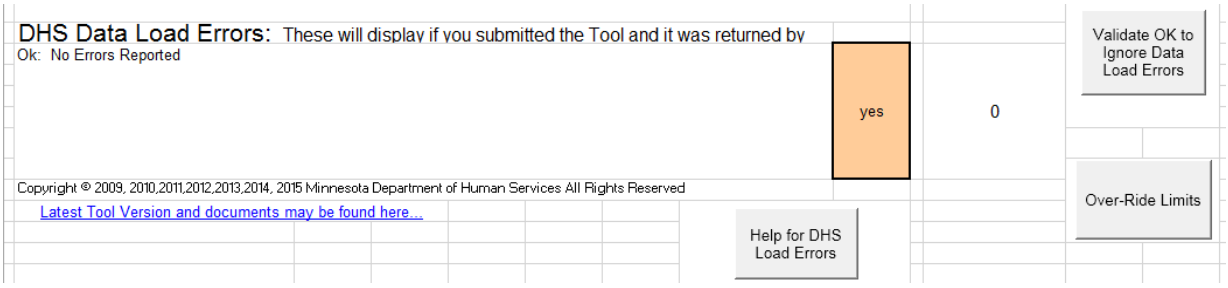
- Conversion Limit Override: Provide an explanation of why a conversion limit would not apply but a need to over-ride the other limits is warranted. Check the box confirming the need to over-ride. By completing the form, you are verifying the client does not qualify for a conversion limit.



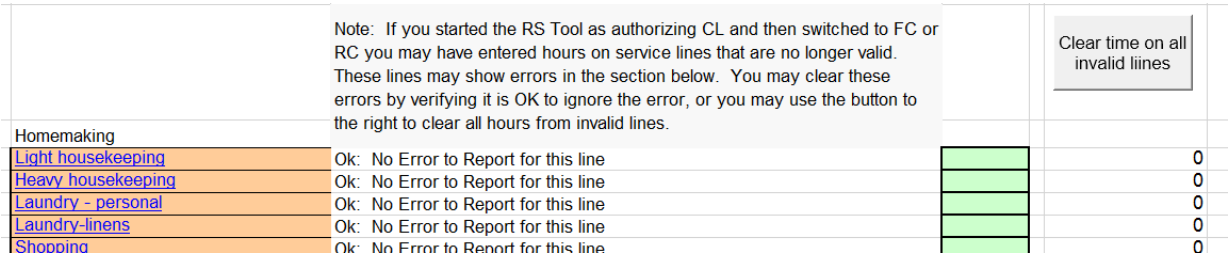
- Budget Cap Override: Removed the Green Validate Ok to Ignore box and replaced with a button if the EW case mix budget cap is exceeded. If you click the Over Ride Limit button, the following form display. Complete the form in the same way the Service Limit Over-Ride form was completed.



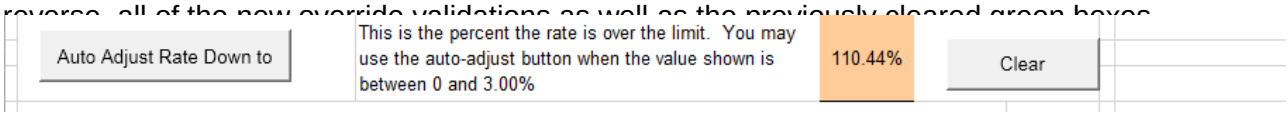
3. The Over Ride Limits (Same as NH Geog Group Tab) button at the bottom of the Error Report is relabeled to 'Over-Ride Limits.' Continue to use this button as before to override the service start date, provider NPI or UMPI, and to auto generate a HFID.



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



5. Clear Verifications: A Clear Verifications button was added that if clicked will clear, i.e., reverse, all of the new override validations as well as the previously cleared green boxes.



PRINT RS PLAN (PAGE 9)

The worksheet tab name of the Print CL Plan is changed to Print RS Plan.

NF GEOG GROUP (PAGE 10)

The Over-Ride Limits button was removed.

VERSION 9.3.3 RELEASED 4-24-2015

OVERALL TOOL CHANGES

Minor bug fix improving stability Use this version for all new submissions.

VERSION 9.3.2 RELEASED 4-14-2015

OVERALL TOOL CHANGES

Minor cosmetic and bug fixes improving stability Use this version for all new submissions.

VERSION 9.3.1RELEASED 11-20-2014

OVERALL TOOL CHANGES

The maximum CL Start Date has been increased from 12/31/2014 to 06/30/15. Use this version for all new submissions.

Wheeling pop-up has been enhanced to provide a more complete description and better instruction

When completing the Provider's NPI/UMPI field, enter the MN Provider number for the provider delivering the services to the client. If the length is only 9 digits, precede the number with the letter A.

Toggle All Help was not toggling all fields at times. This was fixed.

Under special conditions it was possible to enter a non-valid Health Plan. This was fixed.

When importing from another CL Tool, the ability to switch Rate Authorization Types (CL, Foster Care, Residential care) was turned off. This was fixed.

Values for hours and dollas on the Individual CL Plan have been formatted consistently

Other minor bug fixes.

Other minor cosmetic changes.

VERSION 9.2.1RELEASED 8-28-2014

OVERALL TOOL CHANGES

The maximum CL Start Date has been increased from 09/30/2014 to 12/31/14. Use this version for all new submissions.

Wheeling has been enhanced to provide a drop-down to pick need scores.

When completing the Provider's NPI/UMPI field, enter the MN Provider number for the provider delivering the services to the client.

SCR DOC INPUT (PAGE 1)

As the State moves to full implementation of MNChoices, it has been noted there is no specific place where the Wheeling need is specified in the same terms as on the LTCC Screening Doc. You will be using the same scoring method for Wheeling when completing the CL Tool as in the past, but will not have a clear reference point in MNChoices for the scoring criteria. To provide quick reference to the scoring criteria we have added a button to the right to provide the criteria for quick selection. For those familiar with the current scoring of Wheeling, you may simply type the number score as in the past. If you want to see the actual scoring criteria and pick from a list, click the button at the right. Your selection will enter the proper Wheeling score

INDIVIDUAL CL PLAN (PAGE 2)

The Provider UMPI/NPI entered at the top of the Individual CL Plan should that of the entity providing the Client service, not simply doing the billing. Unless the only number available is the ID for the central office or billing location, always give precedence to an ID for the entity providing services directly to the Client.

VERSION 9.1.2RELEASED 7-2-2014

OVERALL TOOL CHANGES

Important: Use this version for all new submissions

If the rate determined for the CL Start Date on the CL Tool is exactly at the CL or 24HrCL limit, rates for months after any COLA rate changes may be shown over the published limits by up to $0.50. This version fixes this problem along with making sure Private Pay limited rates and Conversion rates are not shown as increase by the COLAs. If you have a CL Tool that is displaying rates slightly over a limit, import the Tool into this version, reprint the rate guide and give this new report to the provider and client. You do *not* need to re-submit the CL Tool. See section on rate Guide for more details.

In addition to this new Rate Guide, other cosmetic changes and minor bug fixes are also included.

SCR DOC INPUT (PAGE 1)

SD#s for ADLs and IADLs as well as a few other fields were corrected to match the current layout of the LTCC Screening Doc.

INDIVIDUAL CL PLAN (PAGE 2)

The Private Pay rate can no longer be entered unless option 3 is selected. This prevents entering a Private Pay Rate and setting the CL Rate to a lower value by mistake.

CONVERSION LIMIT (PAGE 3)

With version 8.4.x of the CL Tool it was possible to start a Conversion Limit application, and if a Conversion was not needed, no error occurred. Importing a Tool with a partial Conversion application or renewal will cause an error in Ver 9 of the Tool. The Conversion Application must be cleared or the application completed to clear the error. However, if the services budgeted are less than the Case Mix Budget Cap, you are not allowed on the Conversion sheet to clear the application. With this release, if this situation should occur, you are now given the option to clear the application or start a new NF stay when selecting the Conversion Sheet.

PRINT RATE GUIDE (PAGE 7)

Important: Use this version for all new submissions

The CL Tool always computes an accurate full monthly rate as of the CL Start Date entered on the 'Scr Doc Input' sheet. This monthly rate is shown at the bottom left of the 'Individual CL Plan' sheet. The 'Print Rate Guide' uses this rate to calculate the first month's rate as a blended rate when the CL Start Date is not the first of the month. In addition, the new ver 9 rate guide calculates the rates for future months and incorporates all known COLA component rate changes.

In Version 9.1.1, if the rate determined for the CL Start Date is exactly at the CL or 24HrCL limit, rates for the second or subsequent months falling on or after any COLA rate changes, may be shown over or under the published limits by up to $0.50. Values over the limit will not be allowed in MMIS or other authorization systems. This version fixes this problem along with making sure Private Pay limited rates and Conversion rates are not shown as increased by any COLAs. If you have a Ver 9.1.1 CL Tool that is displaying rates slightly over a limit, import the Tool into this version, reprint the rate guide and give this new report to the provider and client.

You do ***not*** need to re-submit the CL Tool, just get an accurate Rate Guide for your use and for distribution. You only need to import and re-print if the CL rate on the 'Individual CL Plan' is

exactly equal to the CL Limit as shown below.

EW Budget Recap at CL Start Date of 08/16/2012

CL Budget Recap at CL Start Date of 08/16/2012				Temporary Rate*	Full Rate*
Monthly EW CL/24 CL Service Rate Limit	$2,963.00		EW Community Budget Cap	$3,403.00	$3,403.00
Rate Proportion of EW Limit and Difference % & $$$	100.00%	$0.00	Monthly Cost of Proposed Non-CL EW Services	$0.00	$0.00
Proposed Customized Living Rate with Adjustment for Days Absent	$2,963.00		Amount of Proposed Monthly EW Budget including CL Rate	$2,963.00	$2,963.00
Individual Customized Living Rate	$2,963.00		*Since Rate is withing $.50 of Limit, Rate has been Auto Rounded to exactly the Limit*		

VERSION 9.1.1RELEASED 6-6-2014

OVERALL TOOL CHANGES

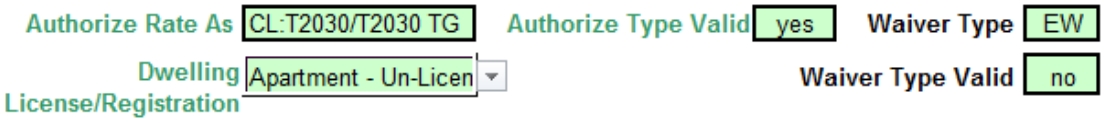
1. Fixed several cosmetic and format issues.
2. The 5% increase to Component Service Rates, CL Limits, and Budget Caps which go into effect on 7/1/14 are incorporated into the CL Tool.
3. In order to gather data for analysis and development of statewide standardized rates for adult foster care (AFC) and residential care (RC), the CL Tool was modified to have various *modes* to be used to plan and set rates for these services in addition to customized living. Submission of the Rate Tool to set rates and service planning for AFC and RC is not mandatory except for when applying for an AFC or RC conversion rates. DHS encourages lead agencies to submit the CL Tool for all AFC and RC rates so we can collect data and experience with this rate setting method. Lead agencies may use the rates determined in the Rate Tool for AFC and RC, but are not required to do so. They may continue to utilize current rate-setting methodologies until notified otherwise.

   Setting the CL Tool *mode* to customized living, adult foster care, or residential care can be done by setting the 'Authorize Rate As' field on the 'Scr Doc Input' sheet to the rate being authorized. Depending on the authorized rate type, the Tool changes prompts and available component services on the Individual CL Plan, Audit Report, Print CSP and Print CL Plan. CL and 24hr CL Service Rate Limits are removed for AFC, but the CL Service Rate Limit (Based on geographical group) is incorporated for services being authorized as residential care.

SCR DOC INPUT (PAGE 1)

1. The maximum CL Start Date was extended to 09/30/14.
2. To switch the CL Tool *mode* between Customized Living, AFC, and RC, three new fields were added to the Scr Doc Input sheet: 'Authorize Rate As,' 'Dwelling License/ Registration,' and 'Authorize Type Valid.' The field labels are printed in green to bring your

attention to new or significantly changed fields. All previously green labels have been changed to black, so pay particular attention to green labeled fields.



- Use the 'Authorize Rate As' field to choose the type of rate that will be authorized for planned services. Choose from the dropdown box one of the following four options: CL, Corporate Foster Care, Family Foster Care, or Residential Care.
    i. Because certain component services available in customized living are not available in adult foster care or residential care, it is important to choose the correct authorization type before planning for services within the Individual CL Plan to prevent possible errors that may occur due to planning for a component service that is not covered (see the Individual CL Plan section for further explanation).
- Use the 'Authorize Type Valid' field drop down box to pick 'yes' to verify you have properly set the rate type you will be calculating and will authorize in your payment system.
- The 'Dwelling License/Registration' field is used to describe the license or registration of the physical structure where the client resides and receives services. Choose from the dropdown box one of the available options: Foster Care, Board & Lodge, Board & Lodge with Special Services, Apartment-Unlicensed, and Other Unit-Unlicensed.

  Pick the license or registration the provider carries that allows the provider the widest range of permitted services. Thus, for Forster Care you would pick Foster Care if the provider actually has that license. If not, pick another option or pick Other Unit—Unlicensed.

  For residential care the typical choice would be Board & Lodge with Special Services if the provide had that registration.

  For CL, pick the appropriate license or registration if the provider carries it, or pick Apartment-Unlicensed if the client is living in an apartment. Do not consider the provider's Housing with Services registration (HFID) for purposes of this question. All CL providers will have an HFID.

3. If the 'Authorized Rate As' field' is not CL, then the 'Authorize Type Valid' field must be 'yes' or an error will occur.
4. The 'Authorize Rate As' field will default to "CL:T2030/T2030 TG' on new blank Tools or if imported from a Tool without this field. The 'Authorize rate as Adult Family Foster Care?' and 'Verify Billing as CL foster care?' values on older CL Tools are not the same as on the new version. These will have to be reset.

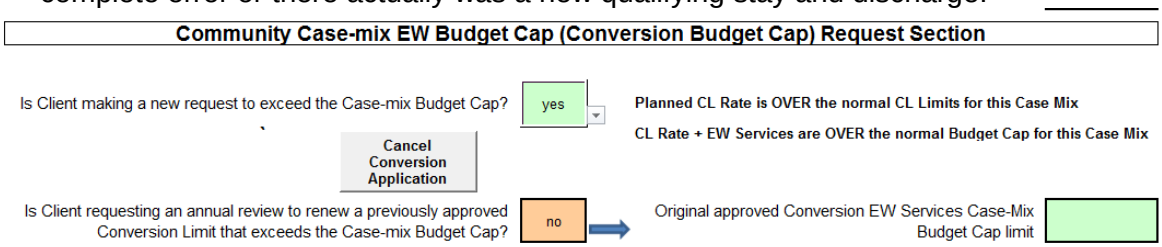
INDIVIDUAL CL PLAN (PAGE 2)

1. Removed two fields from Individual CL Plan: 'Authorize rate as Adult Family Foster Care?' and 'Verify Billing as CL foster care?' This functionality was incorporated on the Scr Doc Input sheet.
2. The Anticipated Days Absent field allows entry of up to 100 anticipated days absence, but only up to 12 days are used to calculate the client's rate.

3. When using the Tool in AFC or RC mode, certain services allowed in CL are not valid for these other services. For this reason, it is always best to start by setting the proper mode. Doing so will prevent entry of time for invalid services.
4. When using the CL Tool in adult foster care (AFC) mode:
    a. The following component services which are available for customized living are not available for AFC:
        i. Delegated nursing tasks
        ii. Delegated clinical monitoring
    b. The category of Medication Mgt by Licensed Nurse in CL was relabeled Medication Management. The component service for Med Set Ups and Monitoring in CL was relabeled 'Medication Management. The component service for 'Individual Assistance w Meal Prep in Own Apartment' in CL was relabeled 'Individual Assistance w Meal Prep.'
    c. The only limit active within the Rate Tool is the case mix Budget Cap. The CL Service Limits (CL and 24hr CL) are not enforced.
    d. The category of Medication Mgt by Licensed Nurse in CL was relabeled Medication Management. The component service for Med Set Ups and Monitoring in CL was relabeled 'Medication Management. The component service for 'Individual Assistance w Meal Prep in Own Apartment' in CL was relabeled 'Individual Assistance w Meal Prep.'
5. When using the CL Tool in residential care (RC) mode:
    a. The following component services which are available for customized living are not available for RC:
        i. Eating
        ii. Continence care
        iii. Walking
        iv. Wheeling
        v. Transferring
        vi. Positioning
        vii. Insulin draws
        viii. Therapeutic exercises
        ix. Delegated clinical monitoring
        x. Delegated nursing tasks
        xi. Insulin injections
        xii. All Active cognitive or behavioral support service
    b. The component service for 'Individual Assistance w Meal Prep in Own Apartment' was relabeled 'Individual Assistance w Meal Prep.'
    c. The category of Other Delegated Health Services in CL was relabeled Other Health Services.
    d. The category of Medication Mgt by Licensed Nurse in CL was relabeled Medication Management.
    e. The component service for Med Set Ups and Monitoring in CL was relabeled 'Medication Management.
    f. Both the case mix Budget Cap and CL Service Limit (not the 24hr CL Limit which is not available) are enforced in the Rate Tool as they are in customized living.
6. When using the CL Tool in Foster Care or Residential Care mode, the 'In Cl to meet need?' will automatically be set to 'no' for component service not covered. This may create an error on the Error Report if time is planned for in non-covered component services while in CL mode and then the plan is switched to Foster Care or Residential Care. These errors may be over-ridden, or you can change the Tool back to CL mode to fix the error(s) and then return to the other mode. To avoid possible errors, a message is displayed to warn you of services being removed if you switch to a non-CL mode.

CONVERSION LIMIT (PAGE 3)

1. Added a DHS authorization form for Conversion Limits. This is accessible to DHS only and will not be accessible to case managers, but will see a password box they can ignore.
2. Enhanced error checking and help prompts on the Conversion Limit and Authorization Form to prevent invalid values or values that would not be a Conversion Limit.
3. Added information and changed order of numeric info at top right of Conversion Limit to make clearer and more informative
4. Planned services must exceed the Budged Cap for all managed care organizations and fee-for-service (FFS) clients to access the Conversion Limit sheet. FFS will continue to require completion of the Other EW Services Sheet. Although completion of the Other EW Services sheet is typically not required by MCO's, if planned CL services do not exceed the Budget Cap, completion of this sheet is required to show that planned services exceed the Budget Cap.
5. Added a Cancel Conversion Application' button to allow a started conversion limit to be canceled. The 'New Nursing Facility Stay should not be used unless the information is in complete error or there actually was a new qualifying stay and discharge.



6. If data is missing or in error on the Scr Doc Input sheet, access to the Conversion Limit sheet is prevented.

7. If the Assessment Effective Date of the approved Conversion Rate is more than 1 year ago, the Conversion Rate was not renewed annually and has expired. You will not be permitted to access the Conversion Rate page unless there is a new qualifying NF stay. You will be given the opportunity to clear the current Conversion Rate and proceed if you choose.
8. It is now possible to print the CL Plan if you are preparing to submit a Conversion Limit Request even if there are still errors on the Error Report.
9. The Maintenance Needs Allowance (MNA) was reduced from $971.00 to $970.00 effective July 1, 2014.

ERROR REPORT (PAGE 4)

1. Fixed a bug which occasionally prevented the Error Report from updating when the calculated rate was very close to the CL Limit or Budget Cap.
2. Fixed the Error Report so that Over EW Community Budget Limit behaves correctly for Health Plans with a Conversion Limit application.
3. Added errors to Error Report to prevent missing Authorized Rate Type or Dwelling Type and to require validation of a not CL rate being planned for authorization.

PRINT RATE GUIDE (PAGE 7)

1. The Print Rate Guide will automatically display known rate changes for a 12 month period without manually changing the CL Start Date on the Scr Doc Input sheet.
2. In rare cases, when planning a rate change where the case mix decreases significantly mid-month, if the total planned services are over the new lower CL Limit, the total

authorized amount for the first month is held to this lower case mix limit. This was modified so that the higher CL Limit is used for the first month's blended rate. You must authorize the blended rate in two parts. Do not authorize the full monthly amount as a single monthly amount as this exceeds the CL Limit for the new case mix and will be rejected.

PRINT CL PLAN (PAGE 9)

1. Changed the Print CL Plan (and all variations) to display only covered component services of corresponding authorized rate type.

VERSION 8.4.3 RELEASED 03-12-2014

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

4. Fixes a bug which can prevent the Error Report from updating when calculated rate is very close to the CL Limit.

   There is no need to import data to this version, simply begin using it with your next client. If you experience the problem in a Tool you started in a previous version, you may import the client's data to this version, or give us a call and we can help you with a work-around.

VERSION 8.4.2 RELEASED 02-20-2014

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

5. There is **no** need to import data from a version 8.4.1 tool you have started. Simply use this version in the future
6. Error trapping on the HFID was not allowing entry of valid values unless 'Enter' was used to accept the value. This was corrected. If you have trouble entering the HFID in the 8.4.0 version, simply enter a valid value and press 'Enter'.
7. Turning all Help off and on was not working for some fields. This was fixed.
8. A message was added if you use the over-ride button to request an Auto Generated ID for a facility with no NPI or no HFID. The message indicates you may proceed as usual and submit the CL Tool or you may call us to get one right away.

   Requesting an Autogen HFID or NPI through submission of the CL Tool requires us to generate the temporary ID and send it back in an Error Email so you can write it down for use with other clients in the facility until a permanent ID is obtained. The Tool must then be validated and re-submitted. To save this step, you can call us. We will give you the value over the phone to use. Use it in the current tool and future tools to avoid the error email. Once the facility gets a valid ID use the valid one in all future submissions.

CL TOOL CHANGE HISTORY IN REVERSE VERSION ORDER: LAST MODIFIED 2-18-2014

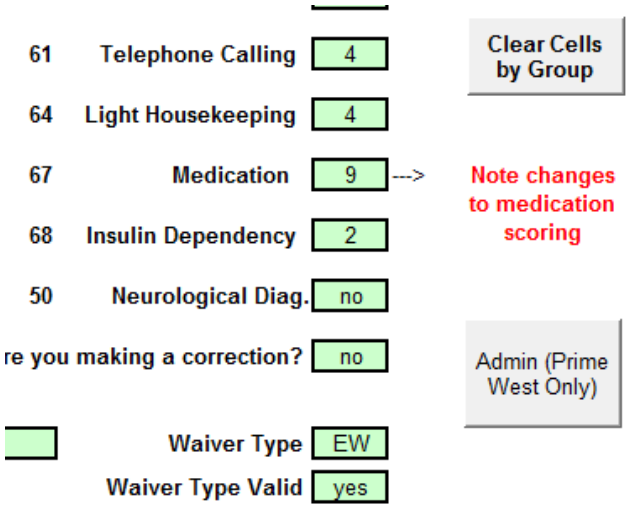
VERSION 8.4.1 RELEASED 02-18-2014

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

9. Maximum CL Start Date was extended to 06/30/14.
10. Implemented rate changes which take effect April 1, 2014, including a 1.0% rate increase for EW service rate limits and component services rates. DHS will run a MMIS automation process on March 11, 2014 which will split service authorization lines on existing service agreements that begin before and end after April 1, 2014. Lead agencies can enter the rate increase effective April 1, 2014. Refer to MMIS Automation Process and Instructions for detailed instructions needed for making the rate adjustments in MMIS to service agreements. Note: there is no need to resubmit a CL Tool to reflect this change. If you would like to create an accurate Print Rate Guide for the Client and Provider, you will need to import the previously approved CL Tool into the updated, most current CL Tool found at the EW Customized Living Tools web page and print a new Print Rate Guide. Again, resubmission of a CL Tool to DHS in order to implement the rate change is not necessary. For more information on rates, please visit DHS' Continuing care provider rate and grant changes web page and the forthcoming bulletin relating to the rate change which, when issued, can be found at DHS' Bulletins web page.
11. Added an administrative access button, labeled "Admin (PrimeWest Only)," for PrimeWest administration use only. The button only displays when PrimeWest Health System is chosen as the Health Plan. (See Next Page)



12.

INDIVIDUAL CL PLAN (PAGE 2) AND AUDIT REPORT (PAGE 6)

ALL WAIVERS

1. Updated percentile standards based on submitted CL Tools from 01/01/2011 to 01/01/2014. These new values are also visible on the Audit Report

PRINT CL PLAN (PAGE 9)

ALL WAIVERS

1. Fixed missing labels on Print CL Plan reports
2. Made it possible to print the CL Plan reports even if there are errors on the Error Report or Audit Report if doing a Conversion Rate.

VERSION 8.3.7 RELEASED 11-04-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Minor grammatical errors and formatting changes for readability were made.

SCREENING DOCUMENT INPUT (PAGE 1)

ALL WAIVERS

CHANGE LIST

1. The pop-up forms for both Clinical Monitoring and Special Treatment were renamed ‘Clinical Monitoring & Special Treatment Authorization Check-list’ to more accurately reflect the connection and functionality that these two items have with one another.

INDIVIDUAL CL PLAN (PAGE 2)

ALL WAIVERS

CHANGE LIST

1. The ‘Provider NPI or UMPI’ field has changed to ‘Provider Number/UMPI’ to more accurately reflect what we are actually checking: the provider facility location. Note that the Provider *Number*/UMPI (a state issued number that reflects a provider’s specific facility location) is *not* the same as the Provider NPI (a nationally issued number that reflects a

provider in its entirety). The provider's UMPI can be found in MMIS by selecting the 'Provider File Application' to bring you to the 'Provider Key Panel (PKEY).'

2. The 'Authorize rate as CL foster care?' field has changed to 'Authorize rate as Adult Family Foster Care?' to clarify when a CL Tool should be submitted as Foster Care. Note, if services are being provided by a corporate Foster Care provider, they should bill service with procedure codes T2030 or T2030TG, so you should indicate 'no' for this field.

ERROR REPORT (PAGE 5)

ALL WAIVERS

CHANGE LIST

1. The content from the Suggestions and Advice had been inadvertently been removed in a prior version. This was replaced.

PRINT RATE GUIDE (PAGE 7)

ALL WAIVERS

CHANGE LIST

1. In cases when a Client's case mix dropped significantly late in the month, the CL Tool had been limiting the first month's rate to the most recent Rate Limit, i.e., the lower Rate Limit for the new case mix. In rare circumstances when the rates were very close to the higher limit, this would erroneously limit Clients to a lower Rate Limit than they were entitled for their first month of service. This was corrected so the Rate Limit for the first month of service will be set to the higher of the two limits. It is very unlikely you will have experienced this issue; it would have been very obvious if the rate was wrong. In this case, you only need to import the data to a new CL Tool and print the new Rate Guide. You do not need to re-submit an already submitted CL Tool.

PRINT CSP AND PRINT CL PLAN (PAGES 8 & 9)

ALL WAIVERS

CHANGE LIST

1. Under certain circumstances, each of these worksheets had required you to click on the tab, click off of them, and then click on them a second time in order for data to be shown. This was fixed so data is fully displayed the first time you click the tab.

VERSION 8.3.6 RELEASED 10-07-2013

INDIVIDUAL CL PLAN SHEET (PAGE 2)

ALL WAIVERS

CHANGE LIST

1. We have noticed that several workbooks have been incorrectly submitted as foster care. In order to ensure the rate is being submitted accurately, we have added the following verification field. You must enter 'yes' to confirm the rate is being authorized as foster care.

For your convenience with most Tools, the 'Authorize rate at CL foster care?' field which is to the left of the 'Verify billing as CL foster care?' field has been changed to default to 'no,'; so if the Tool is not being submitted as foster care, you will not need to take the step of marking 'no.' If you are importing data from a previous Tool submitted as foster care, the new Tool will indicate 'yes' to authorizing as foster care but you will still need to then verify this is correct since the old value is blanked when data is imported.

VERSION 8.3.5 RELEASED 09-24-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. A problem was found regarding a Positioning dependency not allowing 24Hr CL if it is the only dependency on which to base 24Hr CL. This was fixed. An analysis of submitted Tools indicates no rate was affected and there is no need to import data to this new version or to re-submit tools submitted through September 23, 2013. If you have a client with Positioning as the only dependency upon which to establish 24Hr CL, make certain you are using at least version 8.3.5.

VERSION 8.3.4 RELEASED 09-19-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Thanks to the sharp eyes of Joleen Randklev of Clay County, a typo in the Meds plus 50 24hrCL criteria was found. The text indicated 'Med Admin + 50 hrs/mo of CL service + **2** ADLS (Eating Score = 3)' and it should be 'Med Admin + 50 hrs/mo of CL service + **3** ADLS (Eating Score = 3)'. This has been fixed. The problem was cosmetic only and there is no need to import data from earlier version. Just note the correction in your use.
2. **Tip:** This is not a fix or new item, but rather, a use tip. When printing the reports, the latest versions automatically adjust row heights to fit text. This may produce page breaks in places you wish they would not occur. You can adjust the page breaks in the 'View/Page Break Preview' menu option by dragging the page breaks to new locations or inserting page breaks. Some may find that dragging does not work. To enable this feature you must set an option in Excel.

   To do this, click 'File' on the menu ribbon. Next, on the left side near the bottom, click 'Options'. On the new box that pops up, in the options on the left click 'Advanced'. Next, on

the set of options appearing to the right, click the box under 'Editing option' next to 'Enable fill handle and cell drag and drop' making a check mark appear. Finally click 'OK' near the bottom right and close out the open dialogue boxes. Return to your work by clicking back to 'View/Page Break Preview' and you should be able to drag page breaks.

SCREENING DOCUMENT INPUT SHEET (PAGE 1)

ALL WAIVERS

CONVERSION LIMIT SHEET (PAGE 4)

ALL WAIVERS

CHANGE LIST

1. For a conversion limit to be valid the total services must exceed the EW Community Budget Cap. The CM was warned if this was not the case, but the Conversion Limit could still be validated. This was fixed so the entered 'Approved Conversion EW Case mix Budget Cap' to be approved **must** over the standard EW Community Budget Cap for the overall Conversion Limits to be approved.

VERSION 8.3.3 RELEASED 09-09-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Entering the PMI on a blank workbook opened the Clinical Monitoring Authorization form. This was fixed.
2. When editing certain fields, if you click another tab without fully exiting the edited field, an error occurred. This was fixed.

CONVERSION LIMIT SHEET (PAGE 4)

ALL WAIVERS

CHANGE LIST

1. For a conversion limit to be valid the total services must exceed the EW Community Budget Cap. The CM was warned if this was not the case, but the Conversion Limit could still be validated. This was fixed so the entered 'Approved Conversion EW Case mix Budget Cap' to be approved **must** over the standard EW Community Budget Cap for the overall Conversion Limits to be approved.

VERSION 8.3.2 RELEASED 09-04-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. If time was allotted for shopping, but no service description was entered, an error on the Audit Report was not reported properly. This was fixed.
2. If you indicate the rate you are developing will be billed as Foster Care (Proc Code 55141) no HFID could be entered since Adult Non-Corporate Foster Care facilities do not have HFIDs. This would have been an issue on the error report and on data load at DHS. This was changed so an HFID is not required when 'yes' is indicated for the question 'Authorize rate as CL foster care?' You may leave the HFID blank or enter 11111.
3. Up to now, the release date shown in the upper left hand corner has only changed at the release of major version (6,7,8, etc.). From this release on, the date will be the date the most recent version is released. This will allow you to keep track of minor version changes more easily.

SCREENING DOCUMENT INPUT SHEET (PAGE 1)

ALL WAIVERS

CHANGE LIST

1. We have noticed the Reasons/explanation areas of the Behavior Authorization and Orientation Authorizations forms are being incorrectly utilized to note service details (behavior/orientation descriptions, staff interventions, reasons services are required, etc.) which should be placed in other appropriate areas of the CL Tool, e.g., CL Plan service description lines. The Reasons/explanation field of both forms is meant to explain *why* any plan details are identified as not present or not required. Note that under nearly all circumstances, all plan details should be checked; When they are not, the unchecked elements should be in active development and put into place within 30 days. See 6-24-13 Change History notes for a full explanation of how to accurately complete these forms.

INDIVIDUAL CL PLAN SHEET (PAGE 2)

ALL WAIVERS

CHANGE LIST

1. We have noticed that assessors have incorrectly authorized the rate as Foster Care by answering 'yes' to the question 'Authorize rate as CL foster care?'. Please double check that you are marking this accurately.

CONVERSION LIMIT SHEET (PAGE 4)

ALL WAIVERS

CHANGE LIST

1. The ‘New Nursing Facility Stay’ and ‘Validate Plan’ buttons were not functioning if you were using Microsoft Office 2007. This was fixed.

VERSION 8.3.1 RELEASED 08-26-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. If the Private Pay rate was entered and it was below the CL rate, the CL rate was supposed to be reduced to the Private Pay rate. This was not occurring and this has been the case since Version 7. Only about 6 clients were affected and we will be notifying their case managers. This error was corrected.
2. Minor grammatical errors were corrected.
3. Maximum CL Start Date was set to 03/31/2014
4. If there were errors on the Error Report or the Audit Report this was not always reported at the time the file was saved. This was corrected.
5. The ‘Not enough system resources to display completely’ Excel error discussed in previous releases continues to be intermittently reported. This is an Excel error and not directly related to the CL Tool. Further attempts have been made to reduce the occurrence, but the error appears to be related to individual computers and configurations. In addition to previous remedies suggested, it appears the error occurs more frequently if the page being viewed is zoomed in or out from 100%. Try to use 100%, but if that is not feasible on your screen, try changing the zoom. If you are not getting the error, leave the zoom alone
6. For CADI clients if the calculated rate exceeded the CL Limits, a conversion limit error occurred. This was corrected.

SCR DOC INPUT SHEET (PAGE 1)

ALL WAIVERS

CHANGE LIST

1. 2013 Legislation allows for a new Case Mix V for Elderly Waiver (EW) to support individuals with ventilator dependency. To reflect this change, Vent Dependent was added to the Screening Document Input page. For scoring: 00 = not applicable; 01 = intermittent, less than 6 hours per day; 02 = intermittent, at least 6 hours per day; and 03 = continuous. Scores of 02 and 03 “count” to establish this case mix.

INDIVIDUAL CL PLAN SHEET (PAGE 2)

ALL WAIVERS

CHANGE LIST

1. An Emergency Backup Planning section has been added to ensure best practices are met for planning in case of emergency. The section includes Hospital Name and Phone;

Physician Name and Phone; Emergency Contact Name, Phone, and Relationship to consumer; and Backup Plan Details. The Backup Plan is prefilled with minimal plan details with space for the assessor to add client specific details. Assessors may want to consider a plan in the event of a natural disaster, e.g., tornado, flood, loss of electricity, when completing this. In addition, details for backup if key staffing is not available should be considered.

2. In the Active Cognitive or Behavioral Support section, If only property destruction was marked “Yes” in “CL to meet” need, a rate would not be calculated. This was fixed.
3. In the Socialization section, if you had indicated “Yes” for “In CL to meet need” for more than one ratio, it had been necessary to only complete a Service Description in one of the ratios. This has been changed so that for each ratio in which “Yes” for “In CL to meet need” a Service Description is required.
4. If a HF ID number needed to be auto-generated, you had been able to type in “Autogen” as an entry in the HFID field in addition to going through the process of completing the Override Rate Limits process on the Error Report. This is no longer permitted; it is required that you complete the Override Rate Limits on the Error Report.
5. Family foster care facilities are not required to have a HFID registration. If a CL Plan is completed for a client requesting a Conversion Limit in a family foster care setting, an HFID may not be available. If you indicate the rate will be authorized as foster care, no HFID errors will occur.
6. Removed the missing items error messages at the bottom of the page as these are now reported on the Error Report.

AUDIT REPORT (PAGE 6)

ALL WAIVERS

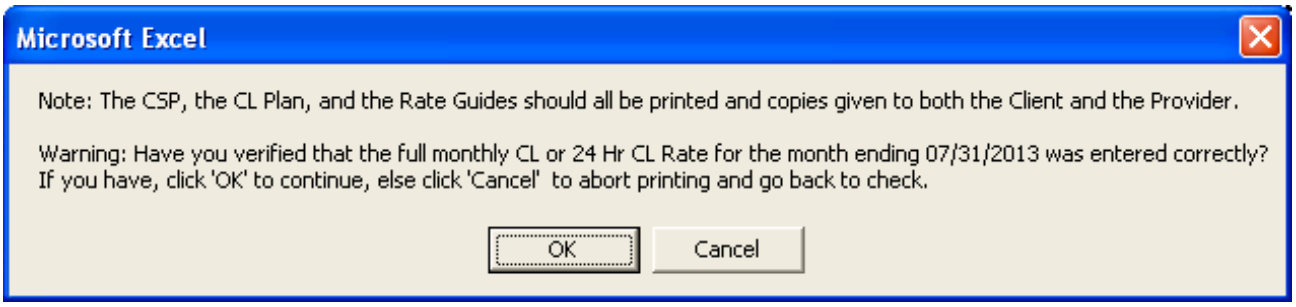
CHANGE LIST

1. Client Name, PMI and print date were added to this form so it may be printed as part of the client’s service plan if desired.
2. Format was modified and the Justification boxes were made smaller. However, if the report is printed, the boxes will auto-adjust to the proper height to fully display all text.

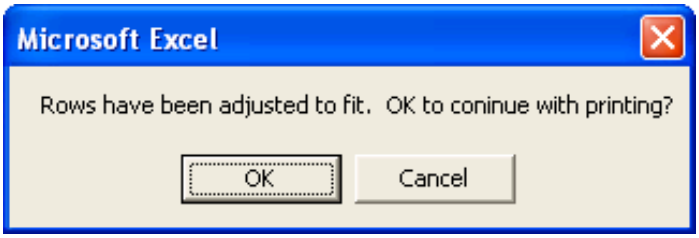
ALL REPORTS

ALL WAIVERS

1. If a Service Description had been entered in the Individual CL Plan that was longer than the default size allowed, the assessor was required to manually adjust the row heights on the Print CL Plan so that the Plan would print out with the entirety of the description. This functionality has been automated so that it will automatically adjust row height to fit longer service descriptions that are entered. The automatic adjustment will occur after you click Print at which time the following popup will appear:



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



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

CL RATE LIMITS SHEET (PAGE 11)

ALL WAIVERS

CHANGE LIST

1. Updated to include Case Mix V.

VERSION 8.2.5 RELEASED 07-30-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Found and fixed a problem with the Orientation Authorization Form. Under certain conditions the Orientation verified for time and verified for 24hrCl could be changed by the Behavior form or Vice versa. If you were able to put time in as you wished and case mix is as you wish, there is no need to import the data to the new tool and re-submit. If you are having trouble getting Behavior and Orientation to come out as you wish, download the new version and import your client's data.
2. The changes made to fix the 'Not enough system resources to display completely' Excel error significantly reduced but apparently did not eliminated the problem. We will continue to see if this problem can be eliminated, but it may be the problem is with Excel and specific combinations of hardware.
3. We are noticing the Behavior and Orientation authorization forms are not being completed correctly in all cases. The Reason box should be used for two things: The first is to document the 'Other' categories in the information sources and types. The second is to document why it is not necessary that all questions be checked. A reason of 'Confused'

may explain why behavior is scored a 1 to 2, but does not explain why staff training is not checked. Please review the instructions.

4. You should expect version 8.3.1 to be released in a couple of weeks. This new version will implement the new case mix V (Vent Dependent)

VERSION 8.2.4 RELEASED 07-18-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Made changes that should reduce or eliminate the 'Not enough system resources to display completely' Excel error discussed in the 8.2.2 release section below. This occurred rarely and the changes made seem to eliminate the problem. Please report error to DHS if it occurs using this version.
2. Changed prompt and help for entering Treatments on the Clinical Monitoring Authorization form. Users have called saying that when they entered a number other than 0 in the 'Special Treatments' score on the Scrn Doc Input, the Clinical Monitoring Authorization form opened. When they closed the form, the Special Treatment score reverted to zero.

   Clinical Monitoring and Special Treatment work together so the form is used for both or either. To have a Special Treatment score greater than 0 you must at minimum list the special treatment in a treatment cell in the fourth column. If there is no clinical monitoring but you need to document the special treatment you can leave all other items on the form blank, but it is better if you answer other sections appropriately. For example, if the client is on O2 for sleep apnea but no monitoring occurs, check the Questions that apply, list the Condition as Sleep Apnea, Frequency as 0, Period as blank, and Treatment as Nightly O2 with CPAP. This more fully and accurately documents the situation and puts the desired score of 2 in the Special Treatment.

VERSION 8.2.3 RELEASED 07-09-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Prior Period Rate entered on the Individual CL Plan sheet did not update the Prior Period Rate on the Print Rate Guide. This was fixed. This does not require importing of the earlier version. To fix a prior version enter the correct value on the Print Rate Guide.

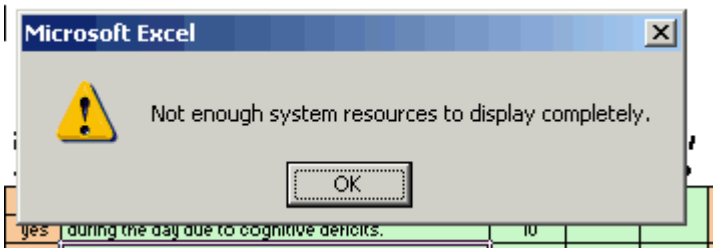
VERSION 8.2.2 RELEASED 07-05-2013

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. If data is imported from versions 8.1.1, 8.1.2, or 8.1.3, the Clinical Monitoring, Behavior, and Orientation validation forms will pop up if needed to justify the scores in these items on the Scr Doc Input Sheet.
2. Clinical Monitoring, Behavior, and Orientation validation forms data from versions 8.1.1, 8.1.2, or 8.1.3 was not being properly imported to the maximum extent possible. (previously checked boxes). This has been fixed along with an associated error that this caused.
3. When entering or editing data on the body of Individual CL Plan sheet, you needed to double tab to move to the next field. This was fixed so a single tab will work.
4. If you entered a character instead of a number for any of the time boxes in the Individual CL Plan and then pressed Tab, you got a type mismatch error before being told to enter a number. This was fixed.
5. One user has reported an error which DHS has not been able to reproduce. It is an Excel error and may be a problem with Excel, your installation, hardware configuration, or a problem with the CL Tool. The error occurs when moving between pages and may occur on any page. The error displays as below:



Should you get this error, please note what other applications are running and if you have multiple Excel workbooks (CL Tools or others) open. Click the 'Ok' button and switch to another sheet. Save your changes and close the workbook. Re-open and select the page on which you experienced the error. If the error is gone, proceed normally with your work.

In any case, please report the error to DHS. Indicate the Tool version, the version of Windows, the version of Office, what applications were open, and the amount of memory on your computer.

This will be appreciated and may allow this error to be found and fixed.

CADI AND BI WAIVERS

CHANGE LIST

1. If CADI or BI were over the CL Limit a Conversion Limit error was generated on the error report. This should not occur and was fixed.

ALL WAIVERS VERSION 8.2.1 RELEASED 06-24-2013

OVERALL TOOL CHANGES

ALL WAIVERS

Cosmetic issues and two spelling errors were fixed.

Minor bug in the Clinical Monitoring form was fixed

We have gotten useful feedback on the Behavior and Orientation Authorization forms on the new Version 8 CL Tool. We have addressed concerns expressed by re-designing these two forms. The intent is to make them Assessor/Case Manger centered so you are making the determinations of case mix. In addition we are allowing you to identifying care plan elements, create them as part of the CL Plan, or indicate the elements are not needed. This should create flexibility while documenting Client needs and Provider responsibilities. Both the Behavior and Orientation authorization forms have changed and updated help provided on both.

There is no need to import previous data and correct unless you had issues with completing either the Behavior or Orientation Forms. If so, import the data and complete the new forms.

SCR DOC INPUT SHEET (PAGE1)

ALL WAIVERS

Change List

The Behavior Authorization Form has been changed. When entering a value other than 0 or when clicking the button with the ellipses, the following form will appear:

Behavior Authorization Form

Information Related to Identified Behavioral Needs

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

Source of Information

- ☐ Lead Agency Assessor
- ☐ Case Manager
- ☐ Client
- ☐ Physician
- ☐ Psychiatrist
- ☐ Psychologist
- ☐ CL Provider RN
- ☐ RN Other
- ☐ Physician Assistant
- ☐ Family
- ☐ Other

Type of Information

- ☐ Client self report
- ☐ Informant
- ☐ Assessor Observation
- ☐ Medical Record
- ☐ Existing Plan
- ☐ Other

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

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

Reasons/explanation **(Use Ctrl + Enter for new line)**

Verified for Time: no

Meets Criteria for Case Mix/24 hr CL: no

Done

Help

For added help click the Help Button at the bottom right.

This new form is Assessor oriented and recognizes the assessor is making the determination of Behavior scoring and case-mix from a number of possible sources and types of information. In addition, Clients with Behavior issues are expected to have a detailed service plan addressing their need and care. These plans may be in several forms – including details contained in the CL Services plan in the CL Tool, or other formal care plan documents. If other care plans exist and address all needed areas of a plan, you may rely on that plan. If items are missing you can detail them in CL Tool CL Plan through details provided in appropriate areas of the Tool. If, due to special circumstances of the Client, an area does not apply the Assessor may indicate this and detail why this is the case.

Until MnCHOICES is fully available, Lead Agency Care Coordinators will be completing LTCC Assessments and CL Tools.

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

To complete this form:

1. Select the sources of information you relied on to determine the Client's Behavioral needs and the type of information used. You should check all sources and types of information used. If you pick Other in either list, provide some detail in the Reason/Explanation box. Examples might be:
   - You observe the behavior - Check Lead Agency Assessor and Assessor Observation.
   - You relied on physician notes in the medical record – Check Physician and Medical Record.
   - The family reported the behavior – Check Family and Informant.
   - You relied on all three of the above – Check Lead Agency Assessor, Physician, Family as sources and Informant, Assessor Observation, and Medical Record as information types.

   Remember, you are considered the assessor, so checking Case Manger as a source indicates you are relying on another or previous Case Manager's documentation or as an informant, etc.

2. Check off items present/ addressed in the plan. This documentation could be:
   - Found in a separate plan or
   - Could be part of your service description in the overall Individual CL Plan service description lines, or
   - Contained in audit report explanations
   - Included in the Summary of Supervisory Support section

   The items do not need to be currently in place at the time the Tool is completed, must be in active development and expected to be in place within a month.

3. If any listed item does not apply or is addressed in other ways, check the box indicating that non-checked items are not required to meet the Client's needs or provide appropriate staff interventions. If this item is checked, an explanation of why these elements are not applicable is required. Use the Reasons/Explanation box in the form to document any items of answers on the form.
4. Describe the type of staff intervention, frequency, and other service details relating to Behavior issues in the service description area of the appropriate service line in the CL Plan. For example, this could include how added time in an ADL is related to the behavioral need or intervention, or staff intervention is described related to anxiety, verbal aggression, etc. as part of Active Cognitive/Behavioral Support. The CL Plan could also reference a separate plan developed as applicable. These descriptions should be in addition to the actual services being performed, such a tub bath twice per week.

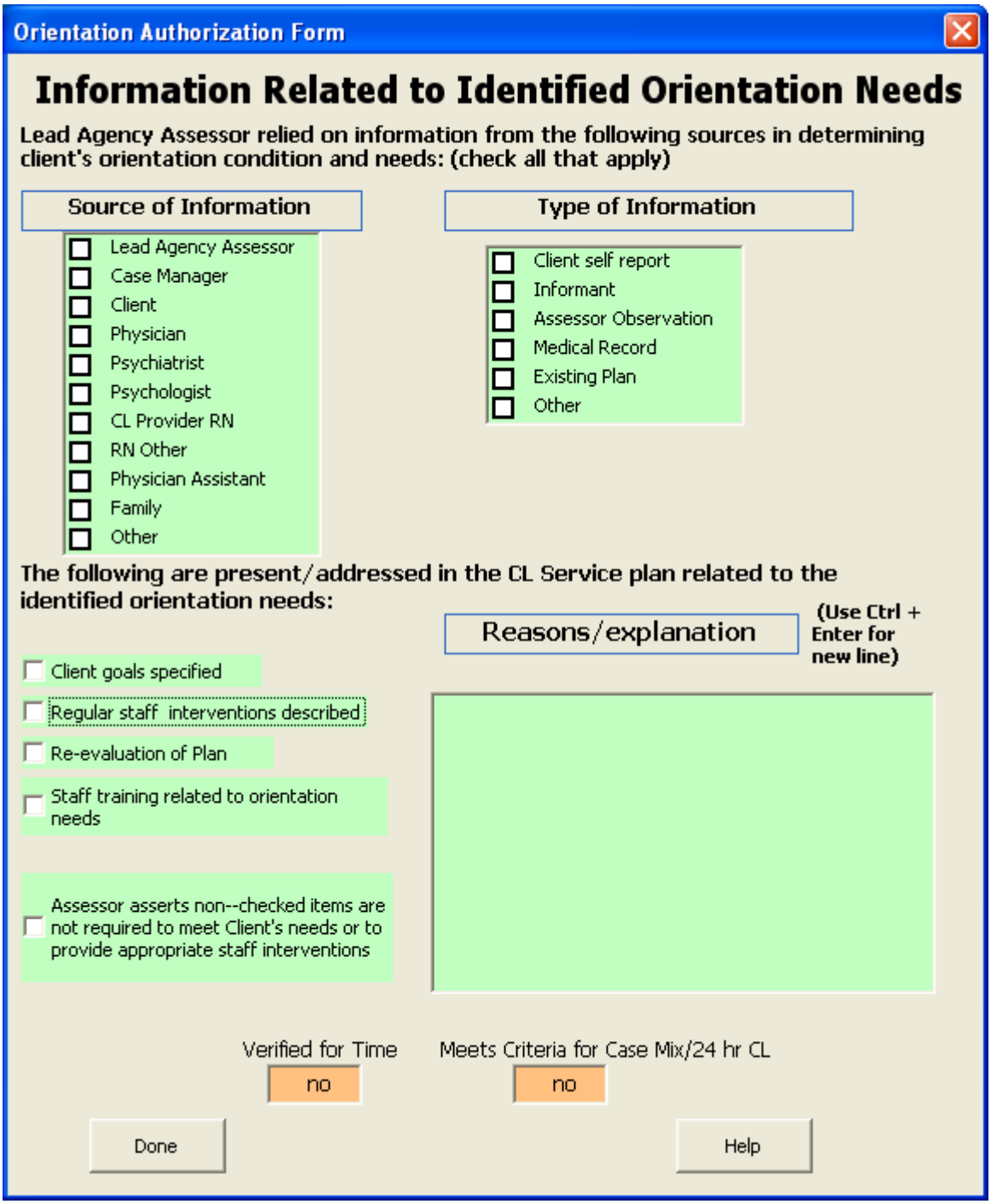
You will be able to enter time and any Behavior score once:

- At least one source and type of information is checked

And

- Either all the plan elements are checked or the 'Assessor asserts non--checked items are not required to meet Client's needs or to provide appropriate staff interventions' check box is checked is checked and the Reason/explanation is provided.

1. The Orientation Authorization Form has been changed. When entering a value other than 0 or when clicking the button with the ellipses, the following form will appear:



For added help click the Help Button at the bottom right.

This new form is Assessor oriented and recognizes the assessor is making the determination of Orientation scoring and case-mix from a number of possible sources and types of information. In addition, Clients with Orientation issues are expected to have a detailed service plan addressing their need and care. These plans may be in several forms – including details contained in the CL Services plan in the CL Tool, or other formal care plan documents. If other care plans exist and address all needed areas of a plan, you may rely on that plan. If items are missing you can detail them in CL Tool CL Plan through details provided in appropriate areas of the Tool. If, due to special circumstances of the Client, an area does not apply the Assessor may indicate this and detail why this is the case.

Until MnCHOICES is fully available, Lead Agency Care Coordinators will be completing LTCC Assessments and CL Tools.

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

To complete this form:

5. Select the sources of information you relied on to determine the Client's Orientation needs and the type of information used. You should check all sources and types of information used. If you pick Other in either list, provide some detail in the Reason/Explanation box. Examples might be:
   - You observe the orientation issue - Check Lead Agency Assessor and Assessor Observation.
   - You relied on physician notes in the medical record – Check Physician and Medical Record.
   - The family reported the orientation issue – Check Family and Informant.
   - You relied on all three of the above – Check Lead Agency Assessor, Physician, Family as sources and Informant, Assessor Observation, and Medical Record as information types.

   Remember, you are considered the assessor, so checking Case Manger as a source indicates you are relying on another or previous Case Manager's documentation or as an informant, etc.

6. Check off items present/ addressed in the plan. This documentation could be:
   - Found in a separate plan or
   - Could be part of your service description in the overall Individual CL Plan service description lines, or
   - Contained in audit report explanations
   - Included in the Summary of Supervisory Support section

The items do not need to be currently in place at the time the Tool is completed, must be in active development and expected to be in place within a month.

7. If any listed item does not apply or is addressed in other ways, check the box indicating that non-checked items are not required to meet the Client's needs or provide appropriate staff interventions. If this item is checked, an explanation of why these elements are not applicable is required. Use the Reasons/Explanation box in the form to document any items of answers on the form.
8. Describe the type of staff intervention, frequency, and other service details relating to orientation issues in the service description area of the appropriate service line in the CL Plan. For example, this could include how added time in an ADL is related to the orientation or intervention, or staff intervention is described related to anxiety, verbal aggression, etc. as part of Active Cognitive/Behavioral Support. The CL Plan could also reference a separate plan developed as applicable. These descriptions should be in addition to the actual services being performed, such a tub bath twice per week.

   You will be able to enter time and any Orientation score once:

   - At least one source and type of information is checked

   And

   - Either all the plan elements are checked or the 'Assessor asserts non--checked items are not required to meet Client's needs or to provide appropriate staff interventions' check box is checked is checked and the Reason/explanation is provided.

VERSION 8.1.3 RELEASED 06-17-2013

OVERALL TOOL CHANGES

ALL WAIVERS

If rate was exactly $0.50 over or under limit, conversion error was reported. This should not occur and was fixed.

Percentile Standards and Audit Report quit working - Fixed

There is no need to import previous data and correct unless the client was very within a dollar of the EW Community Case Mix Budget Cap Budget Cap.

Minor spelling corrections

VERSION 8.1.2 RELEASED 06-12-2013

OVERALL TOOL CHANGES

ALL WAIVERS

Minor changes were made in EW Services rates and EW Community Case Mix Budget Cap values to match final published rates. Rate changes were no more than +/- a penny and Budget Caps changes were no more than +/- a dollar.

There is no need to import previous data and correct unless the client was very within a dollar of the EW Community Case Mix Budget Cap Budget Cap.

Minor spelling corrections.

VERSION 8.1.1 RELEASED 06-08-2013

OVERALL TOOL CHANGES

ALL WAIVERS

Version 8.1.1 is the latest version of the CL Tool. It may be used for any CL Start date up thru 09-30-13.

There are significant changes in this new CL Tool version. For case-mixes not involving behavior, orientation, or clinical monitoring; if you are in the habit of describing the services where you include hours, the time to complete the new version will be almost identical to version 7. For case-mixes where behavior or clinical monitoring is involved, some additional documentation will be required to enter plan time or for the items to count toward case-mix or the 24hr CL limit.

CL Rates and limits remain the same after July 1, 2013, but other EW services (those on the EW Services Authorized page are increased by ½ percent. The mileage rate goes to $0.57.

Starting with this version, the CL Tool will be used as an integral part of applying for Conversion Budget Caps (previously referred to as a Conversion Rates). A CL Tool will be required from all Foster Care as well as Customized Living clients seeking a Conversion Budget Cap.

The biggest new CL Tool feature will give you feed-back on how time budgeted for a service compares with budgeted time for other clients across the State with the same case-mix. Where you are budgeting significantly more than the median value, you will have a place to document the reasons for the larger budget.

For clients needing a Conversion Budget Cap the new CL Tool will be used to document the need and to get approval.

Many other changes and enhancements have been made and will be detailed below. Changes primarily affected the Scrn Doc Input page, and the Individual CL Plan page. Refer to those areas first. The new Audit Report is tied to the Individual Plan, but has its own section for you to reference. The same is true of the new Conversion Rate page.

In order to take full advantage of the new version's features, you must have Microsoft Office 2007 or later. Version 2003 of Office is no longer supported, but appears to work with limitations and it may be possible to use it in a pinch.

Finally, CADI and BI are no longer requiring submittal of the CLTools but as always, you may use the CL Tool for CADI if that is your policy. You need not submit the completed CADI/BI tools at this time, but you should follow the rules for completion as you have in the past. If you wish, you may submit CADI/BI Tools. They will be processed as in the past.

CHANGE LIST

1. Data import from versions 1 thru 4 is no longer supported. You must import the client's data into a version 5 Tool and then import that version 5 data into Version 8.
2. All data input cell prompts for item(s) that were new or change in previous versions have been changed from green to the standard. black. Any new or significantly changed data input cells for version 8 have their prompts in green. This does not apply to new pages as all items are new or changed.
3. When importing client's previous data, the value of the Prior Period Rate is not imported. This will leave the prior period rate blank on the current CL Tool, causing an error on the error report if the 'New to CL' field is set to 'no'. You must complete the prior period rate value or indicate the client is new to CL to correct the error. This change was made because the imported value is seldom the correct value and using it will likely cause a Prior Period Rate Error email to be generated. Make sure you enter the proper value.
4. The hyperlinks on several pages that allowed you to jump to other pages have been removed. These were seldom if ever used and since the tabs take you to the pages directly, they were not needed. They were removed to reduce screen clutter.

SCR DOC INPUT SHEET (PAGE1)

ALL WAIVERS

CHANGE LIST

1. The data validation, input help, and error messaging for the Assigned SD# data cell has been added. The Assigned SD# is an 11 digit number automatically assigned by MMIS for each LTCC Screening Document entered. You may find this number on the HSEL screen in MMIS or at the top of every screen in the LTCC Screening.
   The HwS Consultation Verification Code is now automatically assigned by MMIS. You can find it on the LTCC Screening Doc Alt1 screen as the Verification Code. It is up and to the right on the screen. For this reason, it is now an optional field on the CL Tool and has been removed from the error report. The Client may have two of these numbers; one assigned by MMIS and one assigned by the Senior Linkage Line. Use the MMIS number whenever possible. While the value is now optional, it has been left on the CL Tool so it will be printed on the reports given to the Client and Providers.
2. The auto-entry of CM information has been improved. In the previous version one set of CM information (Name, NPI, Phone, & Email) could be stored for retrieval. The new version allows three sets to be stored and selectively recalled. The old methods to store and recall information still work. Double click in the Case Manger Name or Email cells to store the displayed NPI and related data. Right click in the Case Manager Name or email cells to recall any missing information for the displayed NPI. However, the new versions allow you to automatically store CM information and retrieve it by selecting a stored NPI.

   To do so, use the spinner (up and down arrow control to the right of the NPI) to move forward and back through stored values. When the spinner value (the number to the right of the control) is 0, the CM information is all blanked. This is a good way to quickly clear the current information in order to enter a new set.

   To add or edit an entry, simply type new information. A new NPI will create a new set. Entering a new name, phone, or email will update the information for the currently displayed NPI.

If you wish to delete an entry you may do so by entering the word ‘Delete’ in the NPI field. This is not case sensitive so ‘delete’ works just as well. This may be abbreviated to ‘Del’. You will be prompted to confirm the delete before the deletion.

Some special considerations include:

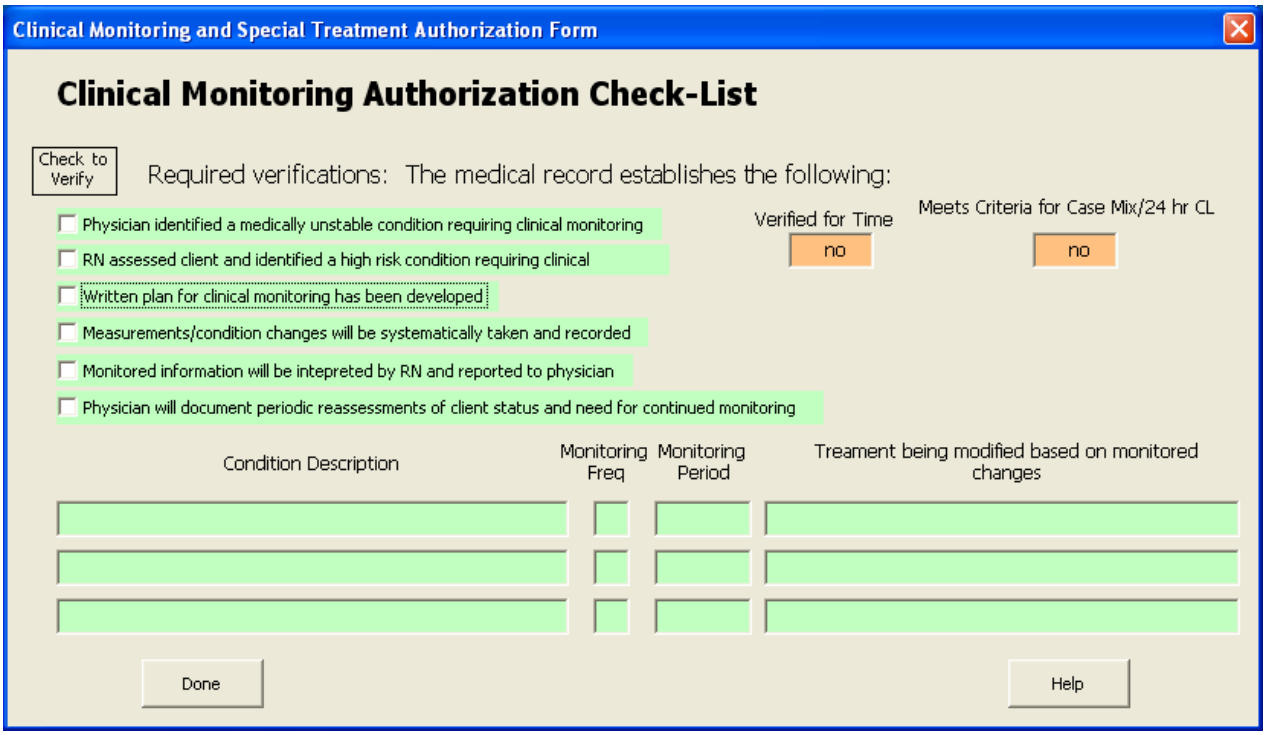
a. You must move off the cell for a change to take place and have your changes or new NPI stored.
b. If on saving the CL Tool you indicate you do not want to save changes, any added NPIs or edits will not be saved. This means if you make a mistake in entering data you can skip storing the data. To immediately save any changes or new NPIs, you can Double Click in the Name or Email cells and explicitly store the values.
c. If you import data, the CM values will not be fully imported to the new CL Tool and differing values will not be set as a stored value. You must use the Double Click method to store new values. If the imported NPI matches an existing stored value the existing values are automatically selected and the email can be recalled with the Right Click method or scrolling off and the back onto the desired NPI.
d. The simplest way to use this new feature is to use the spinner to select the NPI you wish to use. To add or edit a set of data, enter a new NPI and then enter/edit the other data. To edit an existing set of data, select the NPI and then edit any data you wish to change. Save changes when storing.

3. In the past, Screening Document scoring policy around Clinical Monitoring, Behavior, and Orientation has not been documented in the CL Tool. This has resulted in confusion on when these items will impact case mix, eligibility for 24hrCl, and allowing time in the service plan. To be consistent with future MnChoices implementation of Level of Care (LOC), added documentation and edits have been added to the CL Tool. Specifically, three new forms have been added; one for each of the three items listed here. When entering scores for any of these items, a form will pop-up to collect added documentation and to determine if the score is correct, time may be entered, or if Case mix or 24hrCL are affected. You may also access a given form by clicking the little button with the ellipses to the right of the need score.

You may find the case mix you have on the Scrn Doc Input will not be valid after completing the necessary verification forms. If this is occurs, you must correct the client’s LTCC assessment in MMIS to reflect the correct case mix.

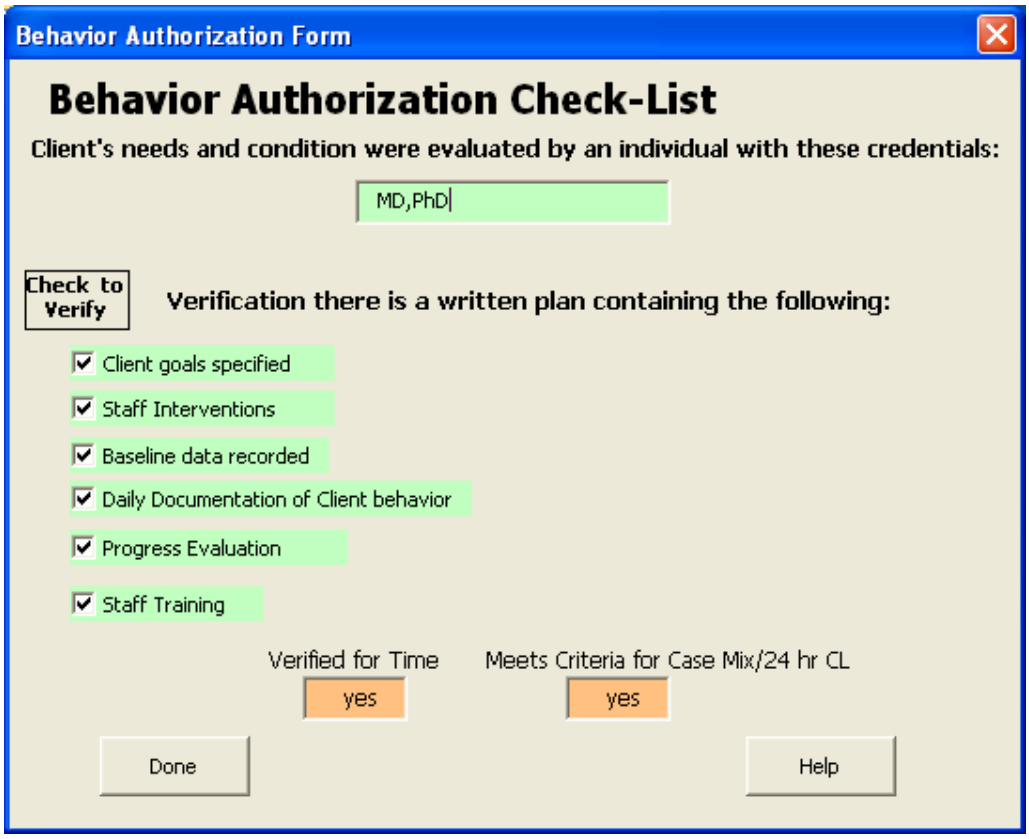
Specifically:

a. For Clinical Monitoring the following screen will appear:



For added help click the Help Button at the bottom right. To complete the form, check all statements under Check to Verify for which you can attest. In the lower section complete at least one line. Start with the most intensely monitored condition for which there is a treatment being adjusted or controlled by the monitoring. Complete up to two more in descending order of significance and intensity. You will notice that the two salmon colored boxes will change as you complete the form to indicate if time may be entered and if Clinical Monitoring affects case mix. You must move to another box or checkbox for the form to update. Clicking done will also update the form and provide a message so you can see the final verification status. If the result is not what you desired, re-open the form. This form will automatically update the scores for Clinical Monitoring and Special Treatment.

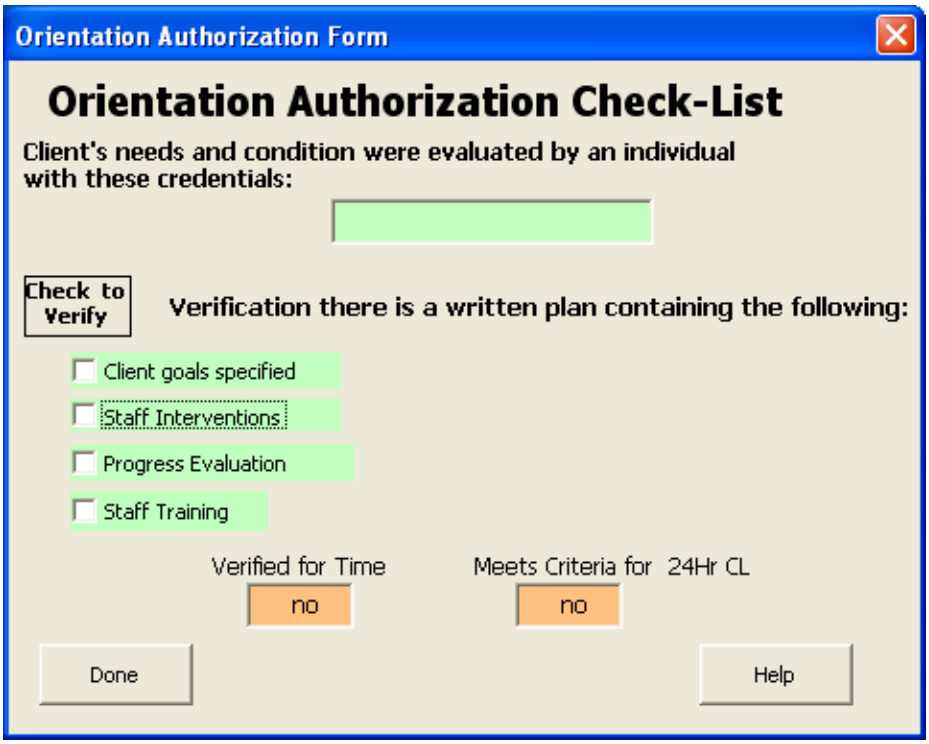
b. For Behavior the following screen will appear:



For added help click the Help Button at the bottom right.

To complete the form, enter the credentials of the professional who evaluated the client. You may use abbreviations or descriptions, but separate multiple credentials with a comma. There should be a written evaluation of the individuals' behavior signed by the evaluator that includes their professional license or other credentials. The evaluator's professional license should be entered into the field. In the event that the evaluator is not a professional, enter any other credential (e.g. BA Psychology) or their job title (e.g. Program Director). If multiple people are involved in the evaluation, enter the credential of the person who signed the evaluation. Next check all statements under Check to Verify for which you can attest. You will notice that the two salmon colored boxes will change as you complete the form to indicate if time may be entered and if Behavior affects case mix. You must move to another box or checkbox for the form to update. Clicking done will also update the form and provide a message so you can see the final verification status. If the result is not what you desired, re-open the form. This form will prevent inappropriate scores but will not be able to automatically set the score. It is best to enter the desired score on the Scrn Doc Input page first. You may also edit the score to a higher value.

c. For Orientation the following screen will appear:



For added help click the Help Button at the bottom right. To complete the form, enter the credentials of the professional who evaluated the client. You may use abbreviations or descriptions, but separate multiple credentials with a comma. There should be a written evaluation of the individuals' orientation issues signed by the evaluator that includes their professional license or other credentials. The evaluator's professional license should be entered into the field. In the event that the evaluator is not a professional, enter any other credential (e.g. BA Psychology) or their job title (e.g. Program Director). If multiple people are involved in the evaluation, enter the credential of the person who signed the evaluation. Next check all statements under Check to Verify for which you can attest. You will notice that the two salmon colored boxes will change as you complete the form to indicate if time may be entered and if Behavior affects case mix. You must move to another box or checkbox for the form to update. Clicking done will also update the form and provide a message so you can see the final verification status. If the result is not what you desired, re-open the form. This form will prevent inappropriate scores but will not be able to automatically set the score. It is best to enter the desired score on the Scrn Doc Input page first. You may also edit the score to a higher value.

4. The hyperlinks to other pages have been removed.
5. If you change the PMI, items such as; verification of Clinical Monitoring, Behavior, and Orientation; Conversion Budget Cap verification; and other audit items may no longer be valid. You will generally not change the PMI, but you may need to correct it. If you change the PMI, you will get a message asking if you are correcting the **current** client's PMI. If so, click 'Yes'. If you click 'no' you will see another message asking if you wish to continue. Click 'No' to exit and keep the PMI as it was.

INDIVIDUAL CL PLAN SHEET (PAGE 2)

ALL WAIVERS

CHANGE LIST

1. The Prior Period Rate is no longer imported with Get Client's Previous Data; rather, it is blanked. The previous prior rate is the last CL Tool's prior rate and is two rates back rather than one. It is almost never the case that the imported Prior Period Rate is the correct rate. This often causes errors resulting in Prior Period Rate Load Error Secure Emails. This change will force re-enter of all Prior Period Rates; what would have been the case for 98% of the cases.
2. From now on, the CL Tool will be used to document the need for all Conversion Budget Caps and to determine the actual rate. This will include CL rates for both EW and Foster Care as in the past, but now all Foster Care Conversion Budget Caps must be approved using this CL Tool. As in the past, the Individual CL Plan will be completed. Any service line above the 75th percentile will require detailed justification on the Audit Report. Failure to provide justification will result in a warning. For those client's in Health Plans (other than South Country), follow their directions on providing justifications. For DHS approved Conversion Budget Caps, the highlighted lines will be required in the review so omitting the information will delay the approval. All conversion related information has been removed from the Individual CL Plan and moved to its own sheet.
3. New data items have been added:
    a. Authorize rate as CL Foster Care? (Location: near 'Anticipated Days Absent per Year?')

       Since the CL Tool will be used to document and approve Foster Care Conversion Budget Caps which apply only to non-CL services, it is necessary to know if the rate being requested is for EW or Foster Care. If the provider will not be using the EW CL Procedure Codes (T2030 and T2030 TG) choose 'no' for this field. If left blank an error will be reported on the Error Report. When importing client's previous data, this value is not imported and will be blank. You must enter a value to clear the error on the Error Report.

       You will notice changes throughout the Tool to indicating rates will be billed as Foster Care. Most will be in the prompts and titles, but since Foster Care has no CL Limits, this will also be enforced on the rate calculations.

    b. Select Housing Type (Location: right of 24 Hour Support Needed section at top)

       This is a drop-down to indicate the type of living unit the client occupies. Pick from the list. If the living situation is not listed, pick the most expansive type that applies e.g. for three bed room you would pick 1+ Bed rooms.

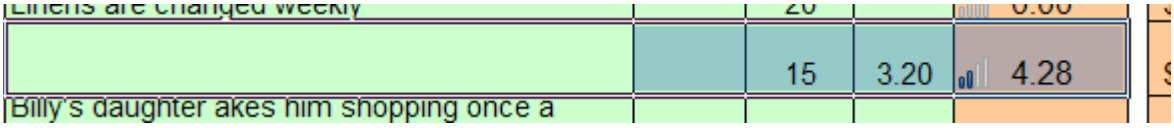
    c. Enter the number of individuals sharing the space (Location: Just below the new Select Housing Type field)

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

    d. Select food prep facilities location (Location: Just to right of the Enter the number of individuals sharing the space field)

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

4. Assistance with entering and documenting higher need service levels. When you enter hours for most service lines in the plan, if the number of hours entered is significantly above the median value for all clients with the same case-mix, a visual cue is provided in the form as a set of increasing height bars. To experience this feature the version of Excel must be Office 2007 or higher. If the shortest bar is colored blue, the hours entered are at the 65th percentile. This means that 65% of clients had less than the hours you are budgeting. Similarly, if two bars are colored, this indicates the 75th percentile is exceeded. The bars therefore represent the 65th, 75th, 85th, and 95th percentiles. Use this feedback to evaluate the appropriateness of the budgeted time.



This shows two bars 'lit' so the 4.28 hours are at or above the 75th percentile for this client's case mix.

5. Meal Prep services descriptions and prompts have been changed to refer to 'Food Prep and Service' to properly reflect the nature of the service. A new Bulletin relating to Food Prep will be out soon. See that Bulletin for further policy direction.

6. In Previous versions it was possible to delete the hyperlinks to the MDH HFID look-up web page, the CL Tool Web page, and other locations in the CL Tool. This problem has been fixed by re-applying the links if deleted. If you accidently delete a hyperlink, go to any other page and return. The hyperlink will have re-appeared. You may not edit a hyperlink. If you try you will get a message to immediately cancel the edit: **Do so immediately as instructed**.

CONVERSION LIMIT (PAGE 4)

ALL WAIVERS

THIS IS A NEW PAGE:

Clients moving from a Nursing Facility (NF) where they resided more than 30 days may qualify for a higher Community Case-mix EW Budget Cap (Conversion Budget Cap). This Conversion Budget Cap must exceed the Community Case-mix EW Budget Cap to be approved. Once established, this budget may be used for any combination of services including CL or 24hr CL. This means the client may exceed the standard CL Service Case–mix Rate Limit (CL Limit). Once established, the Conversion Budget Cap may only increase by COLAs or legislative mandate. The Conversion Budget Cap coincides with the Waiver Span and must be reviewed each time the client is re-assessed. If the Conversion Budget Cap is reduced at re-assessment, this reduced value becomes the new Conversion Budget Cap to be increased only by COLAs or legislative mandate. Complete this page for all clients exceeding the Community Case-mix EW Budget Cap. If the client is in Foster Care, be sure you indicate 'yes' for the 'Authorize rate as CL foster care?' question on the Individual CL Plan sheet.

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

Conversion Budget Caps are either new or are being re-approved (renewed). Each time the client enters a NF, stays more than 30 days, and then is discharged, any existing Conversion Budget Cap is lost and a new one must be established. Once established, the Conversion Budget Cap must be renewed at least annually. At any point, the Conversion Budget Cap cannot exceed the documented needs of the Client.

If the Conversion Budget Cap is new, begin by providing the NF daily rate. Next complete the Individual CL Plan with necessary services and times and, if necessary, the EW Services Authorized page. If the Conversion Budget Cap must be approved by DSH, the EW Services Authorized page is required. If the Conversion Budget Cap will be approved by the Health Plan, the EW Services Authorized page is at the Health Plan's option; however, the approved limit must consider all non-CL costs the Heath Plan may authorize through any other means.

If the Error Report indicates the CL or 24hr CL service limit is exceeded or the EW Community Budget Cap is exceeded, return here to complete this form and request a Conversion Budget Cap.

If the application is for a renewal and last year's Conversion Budget Cap is blank, enter the largest Conversion Budget Cap approved in the past. Use last year's value if that is all that is known. (This is imported from version 8.1.1 or later CL Tools.)

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

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

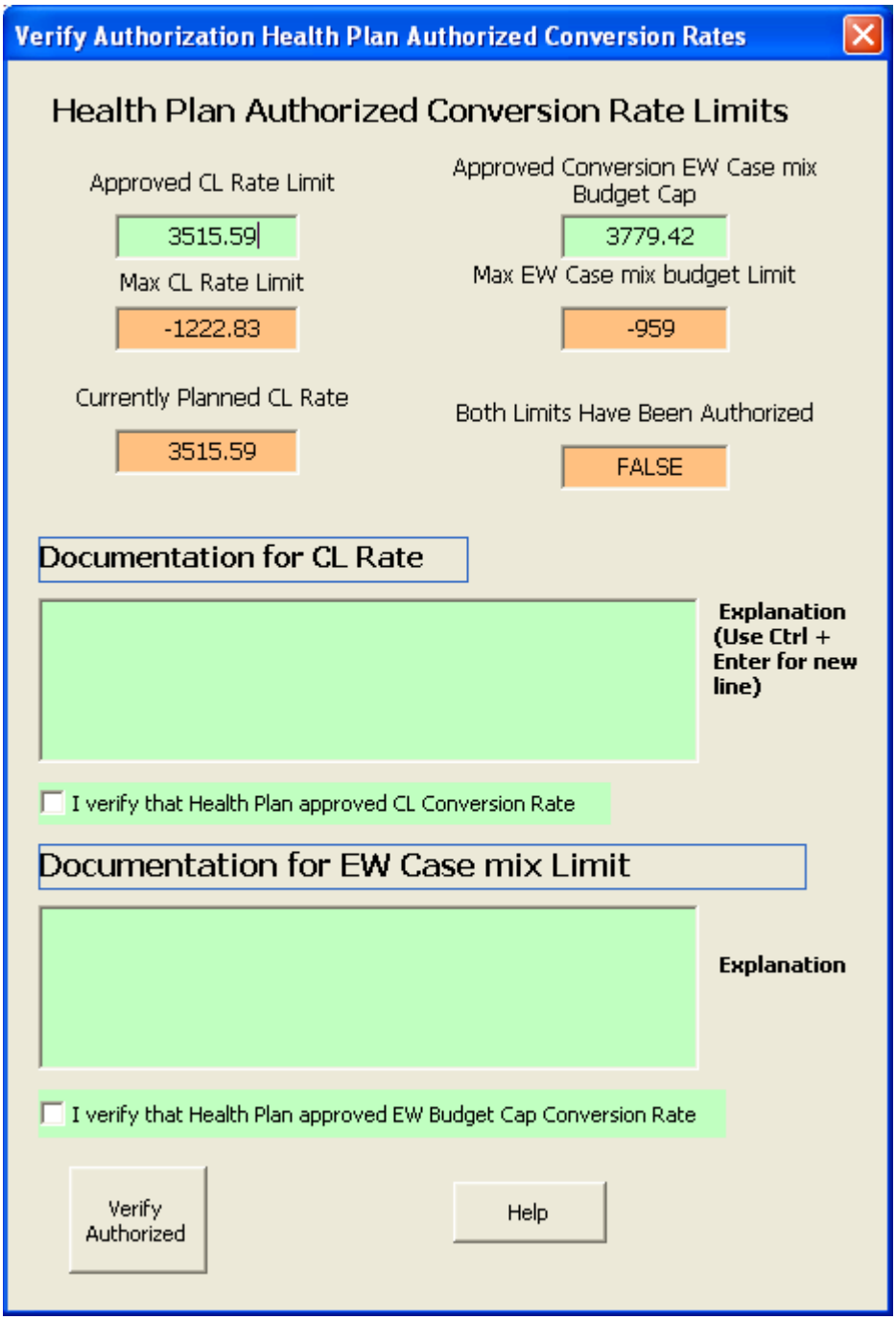
A new Bulletin addressing Conversion Budget Caps will be released soon. See that for further details and policy.

The Page has several items to be completed and others items display relevant information. As always, Green cells expect user input; salmon cells are locked and display information only. You will notice cells change color based on information provided. This prevents logical errors. If a box becomes locked by mistake, you can often unlock it by changing the value of the newly unlocked cell. Details on each cell follow:

1. **Enter the NF Daily Rate at discharge:** This is required if you are requesting a new Conversion Budget Cap. The Maximum Conversion budget cap value will be automatically computed. (See below for how this value is determined). If you are renewing a Conversion Budget Cap, enter this value if it can be determined.
2. **Date of Discharge:** Enter the date the Client was discharged from the NF.

3. **Conversion Limit is Authorized:** This is an informational field and indicates the Conversion Budget Cap approval status. You will not be able to authorize payment until this is TRUE and the CL Tool is properly submitted.
4. **New Nursing Facility Stay Button:** If the client is re-admitted to a NF and stays more than 30 days, any existing Conversion Budget Cap is no longer valid. You must apply for a new Conversion Budget Cap based on the current stay discharge daily rate. Use this button to clear all related data. You will get a warning message to confirm your desire to proceed. All information will be cleared so you must re-enter the information and re-submit to DHS or get Health Plan approval.
5. **Current maximum combined CL and EW Services authorized (Conversion Budget Cap):** This is an informational field and is automatically calculated. It is based on the last years approved value if there is one, or the NF Daily Rate if not. The amount is automatically adjusted for COLA increases from the previous year and the current Medicaid Needs Allowance (MNA).
6. **Maximum Non-CL EW Services Authorized:** This is an informational field and is automatically calculated. It is represent the maximum other non-CL services that can be authorized base on the current Conversion Budget Cap and the Cl services already planned.
7. **Actual Non-CL Services Authorized:** This is an informational field and is automatically calculated. It is represent the service entered on the EW Services Authorized page. Be aware there are other services not listed on that page that need to be considered in budgeting. Completion EW Services Authorized page is required if DHS is approving the Conversion Budget Cap. Follow Health Plan policies and procedures if they will approve the Conversion Budget Cap.
8. **Maximum CL Services:** This is an informational field and is automatically calculated. It is represent the maximum CL service that can be authorized base on the current Conversion Budget Cap and the non-Cl services already planned.
9. **Requested CL Services:** This is an informational field and is automatically calculated. It is the currently planned monthly CL Rate as would be shown on the Print Rate Guide.
10. **CL Services or Non-CL Services Over/Under Maximum:** This is an informational field and is automatically calculated. It is represent the amount the total CL and non-CL services are over or under the maximum. Think of this as the remaining amount that can be planned in either CL or non-Cl services (Under) or the amount either CL or non-Cl services must be reduced (Over).
11. **Is Client making a new request to exceed the Case-mix Budget Cap?:** This field lets you indicate if this will be a new Conversion Budget Cap (yes), If you are applying for a new Cap, you must enter the Daily NF rate and answer 'yes' to this question.
12. **Is Client requesting an annual review to renew a previously approved Conversion Limit that exceeds the Case-mix Budget Cap?** This field lets you indicate if this will be a renewed Conversion Budget Cap (yes). If you are re-applying for an existing Cap, you must enter last year's value. Enter the Daily NF rate if possible. Finally, answer 'yes' to this question. You may answer 'yes' to only one of these last two items.
13. **Original approved Conversion EW Services Case-Mix Budget Cap limit:** If this field is green and not locked it means no Conversion Budget Cap has yet been approved through this new process and with a Version 8 or greater Tool. Even though this is the case, the client may have had an approved Conversion Rate in the past. Enter the highest rate previously approved for the client. If that is unknown, enter last year's value. If that is also unknown, leave this blank and make a request for a new Conversion Budget Cap by selecting 'yes' for 'Is Client making a new request to exceed the Case-mix Budget Cap?'. For future renewals, this value will automatically be provided from values in the CL Tool and the field will be salmon colored and locked.
14. Based on the Health Plan value on the Scrn Doc Input page, you will see different things at the bottom of the Conversion Limit page. Follow the instructions provide. To validate the

Health Plans approval of the Conversion Budget Cap, Click the 'Validate Plan Approval' button. The following form will appear:



Use the 'Help' button for more information. Begin completion by entering the values the Health Plan has provided for the CL Limit and the Conversion Budget Cap. Once approved, the entered Conversion Budget Cap is the new maximum values except for COLA adjustments. The CL limit is for budget purposes only and may be changed in the future as approved by the Health Plan.

Provide documentation for each limit. This should be reasons and steps for setting the limits as entered. Finally, each limit must be verified by checking the boxes under the documentation.

As this is a new process, contact DHS for help is any questions on completion or policy arise. Contact the Health Plan for questions on how to get approval and approved amounts.

NOTE: If the Health Plan must approve the limits, you must have Health Plan approval of the limits and this form complete **before** you submit the Cl Tool. Once submitted you may authorize the rates.

If DHS is to approve the limits, complete the CL Tool with both the Individual CL Plan and EW Services Authorized complete and any needed justification on the Audit Report provided. Submit the Cl Tool as usual through MNits. Submit any other documents as needed and specified in the Bulletin per instructions contained there-in. The approved limits will be entered into the CL Tool and returned to you. Adjust the plan as needed to keep the rates below the newly approved limits. Validate the changes on the Error Report and re-submit as usual through MNits. Once resubmitted, the rate may be authorized.

ERROR REPORT (PAGE 5)

ALL WAIVERS

CHANGE LIST:

1. The Warnings section was removed. The Case Manager's Phone# was moved to the errors section as an error that may be over-ridden. The HWS Consultation Verification Code was removed making this item totally optional.
2. Several Error checks were added including: Select Authorization Type, Conversion Limit Error, Housing Type, Occupancy Count, Move-in Month & Year, Food Prep Facilities in Unit.
3. Hyperlinks to error locations were added to all lines so you can go directly to each error line rather than the service group.
4. You no longer accidently delete or edit the hyperlinks.

AUDIT REPORT (PAGE 6)

ALL WAIVERS

THIS IS A NEW PAGE:

This report has three major purposes. The first is to identify services exceeding the 65th percentile and to provide detail numbers on the percentile the service represents. These values are based on State wide data and apply to the client's case mix. The second purpose is to identify services where time has been entered but for which there is no service description. These cause errors and must be corrected before the CL Tool may be submitted. The third purpose is to identify service lines requiring justification for being over even higher percentiles (75th for Conversion Budget Cap and 95th for services in general) and to provide space to detail this justification. While failing to provide this justification does not produce errors, DHS will expect justifications for Conversion Budget Cap approvals and failure to provide adequate justification may delay approval. Details follow:

1. The first column shows the service category from the Individual Cl Plan. The name is a hyperlink to take you the service description for that line.
2. The second column shows the Total Monthly Hours budgeted for the service.

3. The next column, pointed to by the blue box on the left, indicates missing description errors. The errors are indicated with the customary red hatched box
4. The next six columns show red lines out to the percentile level the total hours represent and the values of those percentiles in hours per month. Looking down the column is a quick way to identify services where budgeted hours significantly exceed the median. For example, if the client is case mix A and the line for shopping is red out to the 75th percentile, this means that 75% of all case mix A clients had shopping hours less than or equal to the value shown in the red bar under the 75th percentile column.
5. The next column is a box to provide justification for the hours being budgeted. This should not be a list of tasks, but rather client needs or circumstances requiring unusual lengths of time or frequency of service. Tasks, hours, and frequency should be detailed in the service line description. To provide line feeds to separate lines enter the Alt Enter key combination.
6. The last column, pointed to by the blue box on the right, indicates warnings. Yellow striped boxes indicate service lines at the 95th percentile and should have justifications. Health Plans may require certain services be justified; follow their policies and procedures. An orange shaded box indicates a required justification for a service when a Conversion Budget Cap is being requested or renewed. Follow Health Plan policies and procedures if the Cap will be Heath Plan approved. Enter the justification before submission if DHS will be doing the approval.
7. The Salmon box above the Justification column indicates errors and should be zero to submit the CL Tool. Only missing service descriptions are errors, so once there are no red boxes in the third column errors this number will be zero and the Audit Report tab should change to white from red.

PRINT RATE GUIDE (PAGE 7)

ALL WAIVERS

CHANGE LIST:

8. A box was added to allow the Case Manager to write in the date the report was given to the Client/Provider. This should be provided for the client record.
9. If a Conversion Budget Cap is needed a message is displayed as to whether the Conversion Budget Cap has been approved and therefore if the rate valid or not.

PRINT CSP SHEET – ALL VERSIONS (PAGE 6):

CHANGE LIST:

10. Date Printed was added near the bottom of the report.
11. A box was added to allow the Case Manager to write in the date the report was given to the Client/Provider. This should be provided for the client record.
12. If a Conversion Budget Cap is needed a message is displayed as to whether the Conversion Budget Cap has been approved and therefore if the rate valid or not.

PRINT CL PLAN SHEET – ALL VERSIONS (PAGE 7):

CHANGE LIST:

1. Date Printed was added near the bottom of the report.
2. A box was added to allow the Case Manager to write in the date the report was given to the Client/Provider. This should be provided for the client record.
3. If a Conversion Budget Cap is needed a message is displayed as to whether the Conversion Budget Cap has been approved and therefore if the rate valid or not.

VERSION 7.4.4 RELEASED 01-07-2013

OVERALL TOOL CHANGES

CADI AND BI WAIVERS

There are no changes affecting rates or key features in this release. It is not necessary to import client data from a previously started Version 7.4.3 CL Tools unless you are working on a CADI/BI client and experience the problem fixed by this version. Just submit the 7.4.3 Version CL Tool. Use this version for all new CL Tools and CL Tool changes.

1. Fixed a problem with an error being reported for the “Prior Rate, Last Case Mix, and New to CL Answers Are Inconsistent’ error if the Prior Rate entered on the Individual Cl Plan sheet was greater than $5108. If you experience this condition, use this version and use the ‘Get Client’s Previous Data’ button to import you current work and fix the problem.

VERSION 7.4.3 RELEASED 11-29-2012

OVERALL TOOL CHANGES

ALL WAIVERS

There are no changes affecting rates or key features in this release. It is not necessary to import client data from a previously started Version 7.4.1 CL Tools. Just submit the 7.4.1 Version CL Tool. Use this version for all new CL Tools and CL Tool changes.

1. Increased Max Cl Start date from 12/31/2012 to 06/30/2013.
2. HWS Verification code is no longer required. If entered, it must be exactly 11 characters long. Leave the code blank or 11 zeros to indicate the code is not needed or if you do not want to have it print on reports. You can now get the code directly from the LTCC in MMIS.
3. Help on the ‘New to CL’ was changed.
4. Prior period rate help and error checking was changed and made to work more seamlessly with conversion rates and CADI/BI clients.

VERSION 7.4.2 RELEASED 09-05-2012

OVERALL TOOL CHANGES

ALL WAIVERS

There are no changes affecting rates or key features in this release. Unless reports with page numbers are desired, it is not necessary to import client data from a previously started Version 7.4.1 CL Tools. Just submit the 7.4.1 Version CL Tool. Use this version for all new CL Tools and CL Tool changes

CHANGE LIST

2. On July 5th, 2012 DSD notified Lead Agencies of a change in policy regarding the submission of CL Tools for CADI and BI clients. Previously, CL Tools were requested for CL clients residing in facilities with 6 or more residents. As of 07/05/12 DSD is requesting CL Tools on all CL clients regardless of facility size. The help prompt for selecting waiver type on the Scrn Doc Input sheet has be change to reflect this new policy.
3. Page numbers have been added to the bottom of all printable reports.
4. Cosmetic Changes and Typo fixes

VERSION 7.4.1 RELEASED 05-28-2012

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Cosmetic Changes and Typo fixes
2. Increased Max Cl Start date from 06/30/12 to 12/31/12.

VERSION 7.3.2 RELEASED 04-16-2012

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

A problem was reported on the Print CSP and Print CL Plan reports. If a new blank tool is downloaded and a Cl Plan is started from scratch for a new client (no import of previous data), when the report is printed any areas you did not provide a new value can have data appear from the test/training example.

This means data not relating to the current client is included. Saving the 7.3.1 version, re-opening and re-printing fixes the problem. Version 7.3.2 prevents the problem and fixes the issue. The reports will print as expected in all circumstances.

VERSION 7.3.1 RELEASED 03-26-2012

SCR DOC INPUT SHEET (PAGE1)

ALL WAIVERS

CHANGE LIST:

1. Added 'Waiver Type Valid' to allow Case Manager to pre-validate that the Waiver Type has been properly set. It can be the case that the Waiver Type in MMIS is going to change to be value on the CL Tool but has not done so. This can produce an error email back to the Case Manager. You may avoid this error email by setting the 'Waiver Type Valid' to 'yes'
2. When importing client's previous data, the 'Are you making a correction?' field will be set to 'no' regardless of the value in the original CL Tool. This is meant to prevent accidentally carrying this value to the new CL Tool. If the value in the previous CL Tool had been 'yes' you are warned that it is being set to 'no'. Be sure you set this value as desired.
3. The problem with having to double tab on PMI, client name, and other validated data has been fixed. Movement on all cells should now be as expected.

INDIVIDUAL CL PLAN SHEET (PAGE 2)

ALL WAIVERS

CHANGE LIST:

1. You may now enter time for dressing for a dependency level of 4. Any level over 0 will allow time.
2. The problem with having to double tab on provider information and other validated data has been fixed. Movement on all cells should now be as expected.

ERROR REPORT (PAGE 4)

ALL WAIVERS

CHANGE LIST:

5. The Over-Ride Limits button has been added near the bottom of the error report under the 'Validate OK to Ignore Data Load Errors' button.

VERSION 7.2.2 RELEASED 02-06-2012

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST:

1. The link to the MDH HFID look-up web site was broken. This fixes the problem.

VERSION 7.2.1 RELEASED 02-03-2012

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST

1. Added button to allow the user to toggle input prompt help on and off for all cells in the workbook. This state is remembered across sessions and workbooks. Individual cell help may be toggled with the Right Click Toggle Help option. These individual settings are re-set by the Toggle All Help On/Off button. This release completes implementation of the feature to toggle the help prompting on and off.
2. It is good practice to always open the Error Report before saving or closing. If this was not done, in rare cases there is an error and the tab is not red and you are not warned upon closing. This was fixed so even if you have not checked the Error Report and the tab appears white, you are warned errors exit when you close the workbook.

VERSION 7.0.3 RELEASED 01-31-2012

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST:

1. Fixes problem with date validation for the Assessment Effective Date.

VERSION 7.0.2 RELEASED 01-30-2012

OVERALL TOOL CHANGES

ALL WAIVERS

No new fields were added in this version.

CHANGE LIST

1. The maximum CL Start Date allowed has been increased from 03/31/12 to 06/30/12. Begin using this version immediately as CL Start dates beyond 03/31/12 will not be allowed in previous versions.
2. The input help prompts are useful as you learn to use the CL Tool; however, as you become familiar with the information required in each cell, the prompts tend to get in the way. You may now turn the input help prompts on and off on a cell by cell basis. A new menu option has been added to the right-click menu for this purpose. It is labeled Toggle Help. Selecting this option will turn the input prompt off if it is on and turn the input prompt on if it is off. This works on all green input fields, although some fields have no input help defined. To use this feature, select the input cell. Click the right mouse button. A menu will appear. Select Toggle Help to switch the help on and off. In general, when a prompt or message refers to CL it applies to CL in all Waivers. If the prompt, message, or value applies to a specific Waiver, that Waiver type is displayed.

SCR DOC INPUT SHEET (PAGE1)

ALL WAIVERS

CHANGE LIST

The Case Manager's Email must now be typed in full on the second line to validate the Email entered on the first line. Previously, the second line was automatically filled when only the first letter matched. Remember, it is possible to save and recall your Case Manager information to reduce typing.

INDIVIDUAL CL PLAN SHEET (PAGE 2)

ALL WAIVERS

CHANGE LIST

1. The Private Pay Rate should be for the value of services, not rent plus services. Providers are required to separate these amounts, and provide component rates. You should be able to provide a value for services only here. It has been pointed out that if the rent and services are combined, it is possible for the sum of the GRH rent and EW services will be more than the Private rate for the sum of rent plus services. We will be investigating this issue and may have a new policy in the future. In the meantime, the private rate for services must be less than or equal to the public pay rate for equivalent services. This limitation is enforced for EW clients.

CADI AND BI WAIVERS

CHANGE LIST:

1. The private pay rate for equivalent services should be determine and entered in the same manner as for EW. The private pay will NOT be used to limit the public pay rate calculated in the Cl Tool during this evaluation period. Use the rate you feel most appropriate to set the facility's rate, based on your current policy, and use the CL Tool value for comparison.

ERROR REPORT (PAGE 4)

ALL WAIVERS

CHANGE LIST:

1. If the Community Budget Cap was exceeded, an error did not display. This has been corrected.

PRINT RATE GUIDE (PAGE 5)

ALL WAIVERS

CHANGE LIST:

1. The Prior Period Rate Start Date was not accepting data. This has been fixed.

VERSION 7.0.1 RELEASED 12-15-11

OVERALL TOOL CHANGES

Beginning January 01, 2012, the CL Tool will welcome a new group of users. As part of the Disability Services Division's current rate setting initiatives (RSMI), the CL Tool will be used for all CADI and BI (formerly TBI) CL Clients in homes with 6 or more residents. Version 7.0.1 makes the CL Tool dual use across EW and Disability Waivers possible. In addition, Version 7 makes some needed modifications to clarify the entry of the Prior Period Rate (PPR) and to correctly print the first month's rate when certain special circumstances exist.

Case managers serving EW clients should make note of the changes for the Prior Period Rate and other items which apply to all Waivers as outlined below. Other than these, EW users will have no impact from the dual use. EW users will see one new field on the Scr Doc Input Sheet which will always default to EW and may be ignored.

From now on, the Change History will be broken into sections. The first section will address changes and issues affecting all Waivers. The second section will address changes unique to EW, and the final section will address issues unique to CADI/BI.

In general, when a prompt or message refers to CL it applies to CL in all Waivers. If the prompt, message, or value applies to a specific Waiver, that Waiver type is displayed.

This first version of the CADI/BI CL Tool is a trial version. As data is collected and analyzed changes can be expected. For example, these may include the maximum rate allowed, arbitrary selection of CL vs. 24Hr Cl, and others. Watch for version updates that may apply.

SCR DOC INPUT SHEET (PAGE1):

ALL WAIVERS

CHANGE LIST:

1. The prompt for 'New to CL' was changed to green to indicate a change in the use and interpretation of this item. Input prompts and error messages were also updated. Please read these carefully the first time you enter data or get an error message. This change was necessary to handle special circumstances in printing the rate for the first month in the Rate Guide.

   In the past, New to Cl was used to indicate the Client was brand new to CL and or at least had not received CL Services in 2009. This was used to determine if a Transition Rate might apply to the Client during the period 01/01/10 to 09/30/10.

   Starting with version 6.0.1 of the CL Tool, New to CL is being used to determine how to calculate the first month's rate on the Rate Guide. You should think of New to CL as asking the following:

   - Is the rate for the Provider in the current CL Tool the Provider's first rate? If so, New to CL is 'yes'.
   - Is the Client moving to a new provider (New NPI or HFID)? If so, New to CL is 'yes'.
   - Is the Provider staying the same, but a new rate being established after the Client was dropped from the Waiver due to an extended hospital or nursing home stay? If so, New to CL is 'yes'.
   - Did the Client move back home and is now returning to CL? If so, New to CL is 'yes'.

- Is a new rate being determine for the current provider with no break in monthly service? If so, New to CL is 'no'.

Another way to think of this is to ask yourself if the current provider had a valid PPR on the date being requested. If they do, the New to CL should be 'no'; if the client is new to this Provider, or their prior rate is no longer valid, the New too CL should be 'yes'.

2. A new Cell (Field) has been added. Waiver Type is a drop-down with three valid values, EW, CADI, & BI. It may be found just below the Screening Doc scores on the right. Pick the Client's Waiver program. The default is EW. When importing Client's previous data, the actual value will be preserved if present. If no Waiver Type is available, Waiver Type is filled with EW. CADI and BI users must pick the correct Waiver Type and should always double check the value is correct before submission to DHS.
3. Signature line choice has been changed. Power of Attorney was not strictly a correct option. The new choices are: Health Care Agent and Legal Guardian.

   Health Care Agent is the person designated in the Client's health care directive (or living will signed prior to August 1, 1998.)

   Legal guardian is legally appointed under Minnesota Statutes 524.5-301 by the Court or under 524.302 by Will or other writing.

   Since these designations have very precise legal definitions, the choice of Power of Attorney was dropped.

CADI AND BI WAIVERS

CHANGE LIST:

1. Make certain you pick the correct Waiver from the Waiver Type drop-down box found just below the individual Screening Doc scores on the right.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

ALL WAIVERS

CHANGE LIST:

1. No New fields were added. Minor changes in format were made:
2. The prompt for the Prior Period Rate has been changed. In better than 90% of cases, the Prior Period Rate would be the full monthly rate in effect at the end of the month prior to the new rate being submitted. For instance, this is 09-30-11 for a CL Start date in October of 2011. For this reason, the last day of the prior month has been shown as the requested date for the PPR. This is not the correct date if you are making a second or third rate change in one month. For example, if your first rate request was for a new rate beginning October 3, 2011, then September 30 was a good date for requesting the PPR. If you now submit a new CL Tool for a second new rate to start October 15, 2011, the rate in effect on October 14, 2011 from the first submission is the correct PPR, not the rate in effect on September 30. Starting with Version 7.0.1, the prompt for the requested date of the PPR will be the exact day, not simply the last day of the prior month. Please pay close attention to this date.
3. The input and error messages for the Prior Period have been changed to clarify the entry of this value in special circumstances. A detailed discussion of how to enter prior period rates under various circumstances has been posted in the FAQs on the DHS CL Tool Web page.

FAQs EW Customized Living Tools FAQs, Tips and Alerts (PDF)

CADI AND BI WAIVERS

CHANGE LIST:

1. CADI and BI have no formal limits on monthly CL Rates. DSD has set an upper limit of $12,000 in the CL Tool and you must keep the rate below this value. This applies to the current rate and to any Prior Period Rate.
2. As you enter time into the CL Tool, the rate will be calculated and compared to the EW CL and EW 24Hr rate limits. This is to provide you with a comparative reference only. As long as the full rate does not exceed $12,000, no error will be generated and the rate will be valid for submission.
3. You will not be able to arbitrarily specify 24Hr CL. To have 24Hr CL appear the EW criteria for 24Hour CL must be met.
4. Ignore anything to do with a Transition Rate as these do not apply to CADI/BI.

PRINT RATE GUIDE (PAGE 5):

ALL WAIVERS

CHANGE LIST:

1. A new cell (field) was added to allow entry of the Prior Period Rate Start Date. This is used when handling multiple rate changes in a single month. You may leave this blank if the current rate being developed is the first or only rate change occurring in the month of the CL Start Date.
2. The prompt for the Prior Period Rate was changed. It works the same as on the Individual CL Plan Sheet. (See above)
3. Refer to the new FAQ for details on entering the Prior Period Rate and printing a correct Rate Guide in various special circumstances.

FAQs EW Customized Living Tools FAQs, Tips and Alerts (PDF)

VERSION 6.2.0 RELEASED 11-21-11

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST:

1. This release allows the maximum CL Start date to be 03-31-12. This is the only change.

VERSION 6.1.2 RELEASED 11-07-11

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST:

1. This release corrects a minor error on the Error Report. The error on Row 14 ('Over EW Community Budget Limit') could be occasionally triggered if the Temporary Rate (Transition Rate) pushed the total of CL + EW Services over the Cap, even if the rate was being calculated after the transition rates ended. You only need to worry about this issue and import your work to this version if you get this error on the Error Report. No workbooks need to be re-submitted.
2. A cosmetic formatting issue on the last row of the Rate Guide was cleaned up.

VERSION 6.1.1 RELEASED 10-24-11

OVERALL TOOL CHANGES

ALL WAIVERS

CHANGE LIST:

1. This release corrects an issue with Version 6 of the CL Tool relating to the Med+50 criteria for eligibility for 24Hr CL Limit. In order for the client to show a dependency in Med Administration, and therefore be allowed to assign hours, the Medication score has to be 9. This was also used to determine the dependency for the Meds+50 criteria. In reviewing the policy this was not correct. The criteria for Medication Dependency for establishing 24 Hr CL Limit should be a Medication score > than 5 and Less than 10.
2. The score for allowing in hours in the 'Med Administration of assistance with self-administration' service area is a medication score equal to 9.
3. The scores for allowing in hours in the 'Verbal or Visual Medication Reminders' service area is a medication score equal to 7 or 8.
4. The scores for allowing in hours in the 'Med Set Ups and Monitoring' service area is a medication score equal to 6, 8 or 9.
5. This fix has the potential to affect a small number of clients. We will do an analysis and notify any Case Manager with a client that might be affected. This will be as of submissions thru Friday, October, 21. For later submissions you need to import client information to this latest version to be certain your client is properly given the 24 Hr CL Limit.

VERSION 6.1.0 RELEASED 10-17-11

OVERALL TOOL CHANGES

ALL WAIVERS

This release addresses several cosmetic issues and fixes a compatibility issue with Office 2003 Excel: None of these fixes require you to import the data or re-submit tools. If you want or need the features here, import the Client's Previous Data.

SCR DOC INPUT SHEET (PAGE1):

ALL WAIVERS

CHANGE LIST:

1. The Client Legal Name cell was separated from the guardian/power of attorney. This will improve reporting flexibility.
2. The help prompt for the HwS Verification Code was enhanced. It now shows the phone# and the initial option to select when Case Managers call the SeniorLinkage Line for the code. In addition, you may now enter 11 zeros in the field if the Client does not require a code. This will allow you to avoid error validation and will allow a valid value to be imported. Only enter zeros if the client does not require a code because they moved in to CL prior to 10/01/2011. Leave blank and validate error of the code cannot be obtained at this time, but would be required. Provide a valid code when available.

PRINT RATE GUIDE (PAGE 5)

ALL WAIVERS

CHANGE LIST:

1. The backgrounds for Rate Guide cells showing the rates were lightened to improve readability when faxing on some fax machines.
2. The Rate Guide showed a #Name error in the Office 2003 version of EXCEL. This has been fixed.

VERSION 6.0.9 RELEASED 10-10-11

PRINT RATE GUIDE (PAGE 5)

ALL WAIVERS

If a Client is moving from one facility to another with no interruption of service, you can enter the move-in date as the CL Start Date and see how the rate should be allocated between providers in the month of the move. A unique problem was found, however. If the rate is very close to the CL Limit, and the month of the move has 31 days, the total of the daily rates times the days at each facility will exceed the CL Limit. This version handles this problem. If the total of the allocated portions of the first month exceed the CL Limit, the CL Limit is used and the rate is proportioned based on the days in each facility. Thus, if the first day in the new facility is the 10th, the firs facility will get 9/31ths of the limit and the second will get 22/31ths of the limit.

This same situation applies to a rate change where the original rate is very close to the CL Limit and the new rate is at the CL Limit. Here too, the CL Limit can be exceeded if the days in the month are 31.

This does not require a re-submission to DHS as the rate is correct, but as with the error corrected in 6.0.2, workbooks for clients in this situation should be imported to version 6.0.8. The Rate Guide should be re-printed before being distributed or used for authorizations requiring the daily rate (adjustments for days absent).

VERSION 6.0.8 RELEASED 10-1-11

PRINT RATE GUIDE (PAGE 5)

ALL WAIVERS

A printing error was reported by an astute Case Manager and fixed in the Print Rate Guide. The daily rate for Oct is incorrectly reduced by 5%. This does not require a re-submission to DHS as the rate is correct, but as with the error corrected in 6.0.2, workbooks for clients in this situation should be imported to version 6.0.8. The Rate Guide should be re-printed before being distributed or used for authorizations requiring the daily rate (adjustments for days absent).

Two other items were noted in tracking down this error. First, if you are entering the Prior Period Rate for months ending 09/30/11 and beyond using the rate shown on a Version 5 CL Tool you need to remember to reduce the rate by 5%. If you are entering the rate from the rate in an authorization system that automatically reduced the rate for you, do not reduce it again on the CL Tool

Second, February 2012 is a leap year. Enter 02/29/12 as the end date if the waiver span will end in February 2012 and you want the full month. If you enter 02-28-12 you will get the daily rate for 28 days.

VERSION 6.0.6 RELEASED 09-27-11

PRINT RATE GUIDE (PAGE 5)

ALL WAIVERS

The recommended work order for completing a CL Tool is to first accurately complete the Scr Doc Input Sheet, then the Individual CL Plan Sheet, and then the EW Services Authorized Sheet. Once these are complete, any errors on the Error Report should be resolved by making corrections or verifying it is OK to ignore the error. Once there are **no** errors on the Error Report, you should review the Rate Guide. Of particular importance is to verify the Prior Period Rate is entered correctly. As noted in training and in the note printed on all reports, failure to enter the correct value may result in a rate correction on audit.

It has come to our attention; some individuals are not following this procedure, and go directly to the Print CL Plan reports to view rates. This causes two problems: first, the rates shown may not include all periods as these are calculated by viewing the Rate Guide. Second, the Prior Period Rate was not reviewed, the wrong value was imported, and the rate on the Print CL Plan was thus wrong.

If you follow the recommended steps in order, and carefully verify the accuracy of the Prior Period Rate, there is no problem and this new version is not needed. Regardless, the CL Tool rate is correct and no re-submission is required. You will want to verify the Prior Period Rate on any current CLTools and view the rate guide. Then re-print the Reports if you note differences.

This version provides enhancements to address these two items as follows:

CHANGE LIST:

1. First, a change was made to force the Rate Guide to calculate before the printed reports are displayed. This should eliminate the first problem in a transparent manner.

2. Second, to provide some added warning to double check the Prior Period Rate, any sheet with rates showing will not print until you click 'OK' to indicate you have double-checked the Prior Period Rate. You may cancel printing if you need to go back and check. The alternative would be to prevent import of the Prior Period Rate so you would be required to enter it each time. This seemed inconvenient so the prompt before printing was chosen. Let us know if re-entry of the Prior Period Rate approach would work better. Remember, this prompt only occurs before you print. Viewing the report will not provide this reminder. We cannot provide an accurate rate with bad data. Please be careful. You will have the best results if you follow the steps outlined in the first paragraph and as presented in the Webinar Training.

VERSION 6.0.5 RELEASED 09-22-11

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. A printing error was found and fixed in the Print Rate Guide. If the client was new to CL and had a CL Start Date not equal to the first of the month, the daily rate did not display correctly. This does not require a re-submission to DHS as the rate is correct, but as with the error corrected in 6.0.2, workbooks for clients in this situation should be imported to version 6.0.5. The Rate Guide should be re-printed before being distributed or used for authorizations requiring the daily rate (adjustments for days absent).
2. Some cosmetic adjustments were made to the Print CL Plan reports to better display some labels.

PRINT RATE GUIDE (PAGE 5)

CHANGE LIST:

1. The error checking for Prior Period Rate and Conversion rate were enhanced and error messages on the error report clarified.

VERSION 6.0.4 RELEASED 09-13-11

OVERALL TOOL CHANGES

With the new L* Case Mix, no L will be eligible for 24Hr CL. In the past, a score of 2 to 4 for Orientation would allow 24Hr Cl. It is possible therefore, for a Case Mix L to be calculated and 24 Hr Cl to indicate yes for an L*. Since there is not an allowed 24Hr CL limit defined for L*, the rate will not calculate. This inconsistency has been corrected. The 24Hr CL policy has been clarified and made consistent with MMIS Edits. Specifically –

For Assessment Effective Dates after 08/31/11:

1. No case mix L (Shown on the CL Tool as L*) will be eligible for 24Hr.
2. No case mix will be eligible solely on the basis of Clinical Monitoring. They must have special treatment as well. Therefore the Client will be a Case Mix C, F, or K in order to show 24Hr Cl as authorized if Clinical Monitoring is the sole basis for 24Hr eligibility.

3. For Case Mixes A through K, Orientation alone with a score of >1 and <5 will qualify a client for 24Hr CL

If you have this rare situation, import to the new version.

VERSION 6.0.3 RELEASED 09-09-11

OVERALL TOOL CHANGES

With the new L* Case Mix, no L will be eligible for 24Hr CL. In the past, a score of 2 for clinical monitoring would allow 24Hr Cl. It is possible therefore, for a Case Mix L to be calculated and 24 Hr Cl to indicate yes for an L*. Since there is not an allowed 24Hr CL limit defined for L*, the rate will not calculate. This inconsistency has been corrected. Clinical Monitoring will require Special Treatment (C Case Mix) in order to show 24Hr Cl as authorized for Clinical Monitoring. If you have this rare situation, import to the new version.

You may still authorize time for monitoring tasks, but until this activity is paired with active treatment, the monitoring must be done within the CL Limit. Monitoring alone should not be a routine task. It must be based on a specific treatment plan with defined purpose and results. It must be ordered by a physician and delegated by an RN.

It has been noted with Version 6 it is necessary to Tab twice when editing data and moving thru any field of the Scrn Input Doc sheet. This is necessary on fields that have been, or could be, validated, but Version 6.0.3 allow single tab thru not validated fields. This should speed entry of Screening Doc scores.

VERSION 6.0.2 RELEASED 09-02-11

PRINT RATE GUIDE (PAGE 5)

An error on the rate guide was found and corrected. The error occurs in the last month if the end date is the end of the month. In this case the full month rate is not used but rather the daily rate times the days in the month. This corrects this error.

You do not need to import and re-submit CL Tools if you have already submitted them. However, in all cases import and get the correct Rate Guide and printed reports before distributing reports or authorizing the final month.

VERSION 6.0.1 RELEASED 08-31-11

OVERALL TOOL CHANGES

You will use this version or later for all rates with CL Start dates on or after 09/01/11. Un-submitted Version 5 Tools with CL Start dates prior to 09/01/11 should be imported to the new version first. After 09/30/11, **no** versions prior to version 6.0.1 will be accepted at DHS. For CL Tools already submitted, you do not need to re-submit the Tool but you do need to reduce any authorized rates for periods on or after 09/01/11 by 5% and re-authorize the new amounts.

The majority of changes Case Managers will encounter are on the Scr Doc Input Sheet and the Rate Guide. New report options are available on the Print CL Plan reports and reports have minor formatting changes. Beyond this, changes to implement all legislative policy changes have been done 'under the hood, and should be transparent to Case Managers. For quick reference to changes you may need to understand refer to the detailed sections below.

CHANGE LIST:

1. Of particular note is the new 'HwS Consultation Verification Code' in the Scr Doc Input sheet. This was added to meet legislative requirements and will be implemented in part thru the Senior Linkage Line. This implementation will occur after October 1, 2011 with details to be provided. Until then, the field can be left blank. This will cause an error on the Error Report. Simply override the error by entering 'yes' in the green box. You will not need to re-submit workbooks with blank codes. Simply provide the value the next time you submit a CL Tool for the client.
2. A new feature added in Version 6 is an ability to store default values for Case Manager Information; this will speed data entry and improve accuracy. Double Click on the CM name or either email address. You can store your information as a default. Right clicking on these fields recalls the information
3. Email address will be typed twice to ensure accuracy and reduce the need to reply to Email Validation Requests.
4. Several new report formats and a new Printed Rate Guide have been added. All Print CL Plan reports can now display either Hours per Month or Hours per Week.
5. All previously new fields had labels shown in Green. These have been changed to the standard Black.
6. Seven new data fields have been added and the meaning of the old Assessment Date has been Change. The new version is now called Assessment Change Date. All new or significantly changed fields are now labeled in Green.
7. All legislative changes and requirements have been incorporated. The Tool will calculate any rate from 01/01/10 to past 09/01/11 accurately and will include the following criteria added at the 09/01/11 implementation date:
    a. For Assessment Effective dates after 08/31/11, case mix L was changed. To distinguish the new L case mix from the prior version, a new case mix L* was added to the Tool.
    b. EW Community Budget Caps for case mixes A thru K were reduced by 1.5%. Case mix L* was lowered to 1724.00 These are effective for Assessment Effective Dates of 09/01/11 and beyond
    c. Component Rates and Cl Limits were reduced by 5% for all Cl Start Dates on or after 09/01/11.
    d. For Assessment Effective dates after 08/31/11, the criteria for 24hr CL limits based Meds dependency and two dependencies in any of eating, bathing, dressing, grooming, or walking, and 50+ hours of CL Service (Eating dependency at 2 or above), has changed. The new criteria is based Meds dependency and **three** dependencies in any of eating, bathing, dressing, grooming, or walking, and 50+ hours of CL Service (Eating dependency at 3 or above)
8. Only versions 3 and above may be imported to Version 6. If you still have version 1 & 2 CL Tools that you need to import data, import first to Version 5 and then to Version 6.

SCR DOC INPUT SHEET (PAGE1):

CHANGE LIST:

1. The following Fields (Cells) have been added/changed:
    a. **Assessment Change Date:** 'Assessment Date' has been changed to the 'Assessment Change Date'. This date is the date you had contact with the client and determined a change in need or services was required. If this is the date you visited to do the annual assessment then it is the Assessment Activity date and should match field 12 of the LTC Screening Doc. Otherwise it is the date, mid span you determine a change in condition occurred but not rising to a Case Mix change. In this case the date will not match a date on the LTC Screening Doc. If a Case Mix change does occur, then a totally new LTC Screening Doc is required in which case Assessment Change Date is the new Assessment Activity date.
    b. **Assessment Effective Date:** This is the date the LTC Screening Doc is effective and in all cases must match field 76 of the LTC Screening Doc. It is the waiver span effective date and you may also know it as the Assessment Result date. This will only change if a new LTC Screening Doc is entered into MMIS.

        As always the CL Start Date is the date the new rate will be effective. In some circumstance it may precede the Assessment Effective Date.

    c. **HwS Consultation Verification Code:** This was added to meet legislative requirements and will be implemented in part thru the Senior Linkage Line. This is a code given to the client after getting consultation about Customized Living options and can be obtained from the Senior Linkage line if the client no longer has the number. The implementation of this system will occur after October 1, 2011 with details to be provided. Until then, the field can be left blank. This will cause an error on the Error Report. Simply override the error by entering 'yes' in the green box. You will not need to re-submit workbooks with blank codes. Simply provide the value the next time you submit a CL Tool for the client.
    d. **Re-Type Email:** You must now type your email twice and the two versions must match in order to provide the Case Manger's Email address. The address will appear as light grey between the two Email lines when the email address is correctly entered. This extra step will increase accuracy of the Email address and avoid DHS sending a request to validate Case Manager Email addresses. When you import a client's previous data, the second Email line will be blank requiring re-entry. See below for a quick and handy way of doing this.
    e. **Print Provider Address As:** This is similar to the fields just above it on the sheet. Provide an address that matches the MDH database on the Individual CL Plan sheet. You may then enter the address in any way you wish it to print on the reports in this field. You may include unit# etc. as you wish. Following this recommendation will reduce DHS Data Load Errors and the resulting Error Emails.
    f. **Documentary Notes:** This is a place to place any notes or documentation about the client or the plan. These are notes to yourself and are not printed or loaded into the DHS database. While not routinely accessed by DHS this will be considered confidential and will not be studied, but realize they will be visible if DHS staff opens the CL Tool.
2. A new feature has been added to reduce typing and increase accuracy when entering Case Manger information. Typing errors in these fields have caused a number of DHS Data Load Errors. Following the recommendations below will save you significant effort.
    a. The new feature applies to Case Manager information fields, which include:
        i. Case Manager Name
        ii. NPI
        iii. Case Manager's Phone#
        iv. Case Manager's E-Mail
        v. Re-Type E-Mail

b. Begin a new blank Version 6.0.1 CL Plan. Complete all the above fields completely and very accurately.
c. Double click in any of the following Fields:
   i. Case Manager Name
   ii. Case Manager's E-Mail
   iii. Re-Type E-Mail
d. You will see a dialogue box indicating you may save the values as defaults that may be recalled. Choose 'OK'
e. You will be informed of successful storage. If you get an error it is because your IT department is preventing Excel from writing to the Windows Registry. Ask them for help.
f. Now that the values are stored, they may be recalled any time by right clicking in any of the three fields in step c.
g. One set of defaults may be store on each computer. They may be recalled from any CL Tool.
h. When importing client's previous data, the E-Mail is blanked. This will produce an error on the error report in all cases. Simply right click on one of the three fields to recall your defaults and clear the error.

3. You may experience a new behavior when entering Client information or Provider information. If you are working with a CL Tool which required Load Error Validation, the error message and verification status is preserved if you import the data to a new Tool. This tells DHS the inconsistencies found, but that you verified as OK, can continue to be considered valid. However, if any of the previously verified data is changed DHS must revalidate the new data. If the changes you make totally fix all the Load Errors, this is not a problem as you will not get a new error mail. Before making a change to any validated data, a dialogue box informs you the validation will be cleared and the CL Tool re-validated. If you made the change by accident, simply indicate 'No' and the original data and validation state will be retained. Choose 'Yes' to accept your changes. This will **only** occur on Cl Tools with validated DHS Load Errors on the Error report.
4. After 09/01/11, criteria for case mix L will be changing. To help you determine which type of L case mix applies for the current CL Plan, case mix L* was added to the CL Tool. If old criteria apply the case mix will be designated as L, if the new criteria apply the case mix will be designated as L*. This distinction does **not** apply in MMIS. Use L for either when entering into MMIS.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. No New fields were added. Minor changes in format were made:
   a. At the top left area, Assessment Effective Date was added and Orientation was removed.
   b. In the section determining 24 Hr service eligibility, the Transitioning/Positioning line was separated so they may be determined separately.
   c. The Prompt for Meds+ 50 displays the criteria dynamically based on Assessment Effective date and the standards that apply.
   d. Prior rate prompt and meaning were clarified. This field is the full monthly rate in effect the month just prior to the month of the current Cl Start Date. This month is displayed for reference. It is **very** important this value is accurate. Leave blank if new to CL. The value entered here is displayed at the top of the Rate Guide. If you notice it is wrong when you get to the Rate Guide you may correct it there. Entry in either location updates the other.

2. As a point of interest, the transition rate information is still provided on this sheet. No transition rates apply in 2011, but in case the tool is used with prior periods, it is retained so accurate rates may be calculated for any period. The values on this sheet should be ignored for rate purposes. Rely on the Rate Guide for authorized rates.

EW SERVICES AUTHORIZED SHEET (PAGE 3):

CHANGE LIST:

1. Rates on most of these items were reduced by 1.5% effective 09/01/11. The total amounts calculated are accurate for the month of the CL Start Date. You must take this into consideration if you are estimating the total for months that occur prior to or after the CL Start date and that may be in different rate periods.

ERROR REPORT (PAGE 4):

1. Lists all errors found by level of Severity
2. A few redundant errors were removed.
3. An error was added for missing or incorrect HwS Consultation Verification Codes. You may validate it is ok to ignore this error.
4. Date validation incorporates the new Assessment Effective date.
5. Several error messages were clarified.
6. The error boxes for Scr Doc Input Errors and DHS load errors re-size dynamically so long messages can always be viewed.

PRINT RATE GUIDE (PAGE 5):

CHANGE LIST:

3. Rate guide has been re-formatted. It will show up to 12 months of rates for the year.
4. If the CL Start date for the rate is not the first of the month, detail allocation for the first month is provided.
    a. The first line shows the rate to allocate for the period during which the prior rate is applicable. Allocate this amount for a separate allocation for the dates shown.
    b. The second line shows the rate to allocate for the period during which the new rate is applicable. Allocate this amount for a separate allocation for the dates shown.
    c. The third line shows a blended monthly rate if you wish to allocate a single amount for the entire month.
    d. If allocating a full month, days absent should be applied using the blended daily rate for any day during the month. If separate allocation is made for prior and new rates, absent days should be calculated using the daily rate for the period during which the absence occurred.
5. You may not view or print this report if errors exit.

PRINT CSP SHEET (PAGE 6):

CHANGE LIST:

4. Now shows the CL /24Hr CL rate for the month of the CL Start date only.

PRINT CL PLAN SHEET (PAGE 7):

CHANGE LIST:

1. Cl Rates and applicable dates to apply the new rate are shown for each time the rate changes during the year. Up to 4 changes may be reported.
2. The EW portion is reported only for the first month of the plan.
3. A new button at the top right portion of the report allows you display hour totals as either hours per month or hours per week. You may give the provider any report, but they **must** receive the Hours Per Month version at a minimum. Do not give them solely the Hours per Week version
4. Several minor errors were found and fixed

VERSION 5.4.1 RELEASED 05-19-11

OVERALL TOOL CHANGES

CHANGE LIST:

1. A Notice was added to all reports to indicate rate is subject to legislative changes anticipated for July 1, 2011.
2. The notice on the Rate Guide that 'In all cases, Providers are required to bill ONLY for the days of actual service' was added to all other reports. As policy, if a client is in the facility at midnight, the day can be counted as a day of actual service.
3. The maximum CL Start Date has been increased to 08/31/11. This version may be used to authorize rates past 06/30/11 but subject to legislative changes yet to be determined. This version may NOT be used once version 6.0.1 is released, even if version 6.0.1 is released prior to the 08/31/11 expiration date in this version.

VERSION 5.3.1 RELEASED 03-01-11

OVERALL TOOL CHANGES

CHANGE LIST:

1. New feature added to the Clear Cells by Group button. You may now clear the Assessment date, the Cl Start Date and the CL End Date in one quick step. This is useful when you have imported client data. Previous dates often are in conflict with the new dates you wish to enter and you will see edit errors when you attempt to enter the new dates. While it is always possible to edit dates in an order that will work, it is often easier to simply clear all dates and enter them in order.
2. The maximum CL Start Date has been increased to 06/30/11.
3. The upper limit on the conversion rate has been removed. In addition, while the 'Has DHS approved a conversion rate for this recipient?' box is set to 'Yes', the upper limit on the Prior rate is removed.

VERSION 5.2.2 RELEASED 12-23-10

OVERALL TOOL CHANGES

CHANGE LIST:

1. Over-Ride of Cl start date would not allow dates past October, 1 2010. This is now fixed and the Over Ride is set to prevent dates past 03-31-11, the CL End Date and the Assessment date plus 365 days.
2. Made it possible to enter HFIDs with leading X so that Autogen HFIDs can be entered.
3. Changed HFID error condition so a leading X is allowed without verification and any value can be initially entered, but error is appropriately caught and reported on Error Report.
4. Changed Input prompt on DOB to xx/xx/xxxx. If you have difficulty entering the year as 2 digits, enter the year as 4 digits, e.g. 1910.

VERSION 5.2.1 RELEASED 12-17-10

OVERALL TOOL CHANGES

The criteria related to the need for Med Management Plus 50 Hrs Cl service was amended to Med Management Plus 50 Hrs Cl service + *2 ADLs,* effective January 1, 2011. In Version 5 Tools prior to this release, this change was incorporated into the Tool effective for any CL Start Date on or after 01-01-11. To be more consistent with statute and how this criterion will be implemented in MMIS for purposes of service authorizations, this change will be applied within the Tool on the basis of the Assessment Date as the trigger instead. Rates calculated on any Tool with an **Assessment Date after 01-01-11** will now have the new criteria applied. The new criteria will be applied to all Tools submitted with Assessment Dates on or after 01-01-11.

This means clients with a last Assessment Date prior to 01-01-11 who have modifications in their plans that change the rate when the person did not require a reassessment will continue to be considered eligible for 24Hr CL and receive the 24Hr CL Limit for CL Start Dates after 01-01-11 as long as they meet the Meds Plus 50 Hrs of CL Service or any of the other criteria for 24 Hr CL.

If you used a CL Tool version prior to Version 5.2.1, and the Assessment Date was in 2010, and the CL Start Date was after 12/31/10, the **client's rate may be affected** by this policy change. You must import the client's Tool into Version 5.2.1, adjust the plan as appropriate, and re-submit through MNits. (Very few clients might have been affected by this change in edit strategy. The client must:

- Have less than the 2 required ADLs
- Not meet any other requirement for 24Hr CL (such as Toileting)
- Have a started with a rate over the CL Limit that would require adjustments to the plan to bring them under the CL Limit.
- Have an Assessment Date in 2010 and a CL Start date in 2011.

If all these factors are not present, the client's rate could not have been affected by this change and you need do nothing.)

For all other clients not yet submitted, simply use the new version of the Tool. Import if necessary. The new policy will be appropriately applied.

Positioning has been added as a criterion for 24Hr. CL Limit. A separate dependency in Positioning was not being considered when determining eligibility for 24 Hr. CL. It had been believed clients with a Positioning dependency would also have a Transferring dependency and

therefore Transferring dependencies would capture Positioning dependencies as well. This proved not to be true in all cases and so Positioning was added as a specific criterion. Transferring and Positioning are now shown together on a single line in the 24Hr criteria section at the top of the Individual CL Plan sheet. The Scores and dependency description for both are shown on the line previously dedicated to Transferring. If either ADL is met the line will indicate 'yes' in the 'Need Documented' column.

Finally the dependency criteria for Transferring were changed. While it is necessary to have a dependency score of > 0 and < 4 for time to be included in the plan, it has been determined this should not be the criteria for 24Hr. CL. The new criteria for Transferring dependency and determination of 24Hr. CL eligibility will be a score > 1. The criteria for including time will remain > 0 and <4.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. Change in how the Tool will support 24 CL criteria change and policy. There is a change in one of the seven possible criteria a client can meet to be eligible for the 24hr CL Limit. This change becomes effective for all new EW participants on or after January 1, 2011, and, for existing EW participants, at the next reassessment that occurs on or after January 1, 2011.

PRINT CL PLAN REPORTS:

CHANGE LIST:

1. Adjusted print area so all reports should print on one page width.
2. Added Client name to each page report for reference.

VERSION 5.1.5 RELEASED 12-14-10

OVERALL TOOL CHANGES

1. Internal Processing change that does not affect users.
2. Improved speed of data import for Get Client's Previous Data 3+ times faster.

VERSION 5.1.4 RELEASED 11-23-10

OVERALL TOOL CHANGES

CHANGE LIST:

1. All reported problems with the version 5.1.3 release have been corrected.
2. Text in all reports has been made **Bold** to make information more readable. All PMI values display leading zeros as appropriate. Shopping on the Print CL Plan – Rate report prints properly

3. If you select View from the Excel menu, you can turn Heading on. This will display the rows and columns. All reports now allow you to adjust the row heights and column widths to accommodate more text.
4. If both The Exited/Failed to Enter CL Date and the Exit Reason fields are both completed, errors on the Error Report are ignored and a new message indicating it is Ok to submit the Workbook is displayed. **Note:** The personal identification information on the Scr Doc Input above the Screening Doc scores area **must** be completed in all cases. Without this information we cannot tell who is being Exited.

SCR DOC INPUT SHEET (PAGE1):

1. The PMI field has added validation and formatting. Enter only numbers. It is not necessary to type leading 0s; they will be automatically added.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

1. The Hyperlink to the MDH web site to look-up HFID numbers was not working. This has been fixed. This required the cell to be unprotected. Click only once to activate the link. Do not hold the mouse button down over the link. Doing so will enter the cell and it is then possible to delete or edit the value. If you do this by accident, press ctrl Z on the keyboard to undo the edit. Deleting the link will not harm the workbook and you may submit it with a deleted link. You will always have the link when you open a new blank workbook. This advice on hyperlinks applies to all links in the Tool.
2. In the Office 2010 version of Excel, the little box for showing the % of Cl Limit produced an error that you had to click yes to dismiss each time the hours were changed. In versions 2007 and 2003 of Office, the error did not occur, but the value was only updated once. This functionality has been fixed for all versions of Excel

PRINT RATE GUIDE (PAGE 5):

1. With limited combinations of CL Start and CL End dates, the label for the Oct. 1 column was mislabeled as 07/01/2010. The rates were correct. This labeling error has been corrected.

PRINT CSP SHEET (PAGE 6):

1. Total monthly costs lines were not displaying properly. This was fixed. The start date is shown, but be aware all values are total monthly amounts on this report and include EW services as well as Cl.

VERSION 5.1.3 RELEASED 11-01-10

OVERALL TOOL CHANGES

CHANGE LIST:

1. All reported problems with the version 5.1.1 and Version 5.1.2 releases have been corrected in this release.

2. Cutting of cells and editing of Tab names was found to be possible. This is now prevented as in previous versions. If you use Version 5.1.1 or Version 5.1.2, be VERY careful not to cut cells or edit tabs. This will break the Tool and may prevent import of client data or processing at DHS. It is recommended you down load this version and import previous work. If you have already submitted the Workbook, you need not import to new version or re-submit at this time. Make sure that if you use the Version 5.1.1 or Version 5.1.2 Cl Tools in the future, you first import to the latest version when you start. This is always considered good practice.
3. An Error that can affect the rate was reported in versions 5.1.1 – 5.1.2 workbooks. This has been fixed. The error is that bathing hours were not being included in the hours total for the MEDs Plus 50 Hrs service criteria for receiving the 24hr CL Limit. If you have a client that relies on **only** on the MEDS Plus 50 criteria for 24hr CL Limit, and has hours in bathing, and is near the CL Limit; the client's rate could be affected. Import the client's previous data into this version and verify. It is expected very few will be affected.
4. A problem similar to the bathing problem, but affecting all prior versions of the work book, was found and fixed. This error affects the fifth line of Other Delegated Nursing Services. This last line was not being included in the total hours. Analysis of all tools submitted shows no clients would have been affected, and it is unlikely to affect tools yet to be submitted, but import the client's previous data into this version and verify before submitting.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. The Following Required Fields (Cells) have been added or modified:
    a. The prompt for the Private Pay rate box was modified and context help was added to clarify the intent and use of this box. If the case manager can determine that the Private Pay rate for a package of services equivalent to the services in the CL Plan is less than the CL rate, the value **must** be entered here. If an equivalent rate is not readily available, but it is clear the public rate rate is less than or equal to the private rate the box should be left **blank.** Do not spend significant time trying to calculate a Private Pay rate if it can be determined it will exceed the public rate, and in any case, do not enter rates that are not equivalent.
    b. Private Pay Option Drop-Down box. This drop-down option box was added to clarify the value in the Private Pay box, or to allow the box to be skipped with an explaining condition. If it is difficult to get an equivalent rate, but you know the Private rate is greater than or equal to the Public rate, select option 1. If you cannot determine if the Private Rate is above or below the Public Rate choose option 2. If you have determined the Private Rate and it is less than or equal to the Public rate, enter the rate and select option 3 from the drop-down.

EW SERVICES AUTHORIZED SHEET (PAGE 3):

CHANGE LIST:

1. Increased allowed number of units on most services specified in 15 min increments from 96 to 2880.

ERROR REPORT (PAGE 4):

CHANGE LIST:

1. The Private Pay Rate field /Drop-down added to the Individual CL Plan are required. An error condition was added to check these are complete and consistent.
2. To help you locate errors, hot links were added to the error report. Click on the blue hyper-link and you will be taken to the area of the Tool where the error is found or can be seen. For service line items on the Individual CL Plan, the link will take you to the major section and you can locate the error by looking for the red box at the end of the affected line. Some errors (such as rate over limit) are not specific to a line, so the link will take you to a point that you can work on correcting the error.

PRINT CL PLAN SHEET (PAGE 7):

CHANGE LIST:

1. The partial first month and partial last month rates have been added to all three versions of the report. This allows the CL Plan to be printed with full rate information.

VERSION 5.1.2 RELEASED 10-25-10

OVERALL TOOL CHANGES

CHANGE LIST:

1. All reported problems with the version 5.1.1 release have been corrected in this release.

ERROR REPORT (PAGE 4):

CHANGE LIST:

1. Beginning with Version 5.1.2 CL Tools, error processing will be done before data load at DHS. If you submit a CL Tool with errors still unresolved on the Error Report, or if data mismatches on the ID fields (PMI, NPI, HFID, etc.) are found, the CL Tool will be returned to the case manager for correction You must have supplied a valid case manager email address on the CL Tool for this to occur. **Until these errors are fixed, the CL Tool will not be accepted and the rate will not be valid.**
2. If you submit an earlier version of the CL Tool or fail to provide an email address, the errors will be handled in the standard quarterly error reports for correction as a batch. (These reports are like the ones you received in September). The goal is to keep the errors on these large error reports to a minimum and to hopefully eliminate them entirely once all versions prior to 5.1.2 have been successfully processed through the system. Providing emails and using Version 5.1.2 of the tool will speed the transition and will begin to give you immediate feedback on any errors you are making.
3. To facilitate the processing of DHS Data Load Errors, a special DHS Data Load Errors Section has been added to the Error Report. This section will be blank if you start a new CL Tool, or if you clear anything on a partially completed CL Tool. It may report errors if you import the data from a CL Tool that was submitted and then returned for correction. It will also include errors if the CL Tool was submitted to DHS and it was returned with errors needing correction.

4. You may correct these errors by fixing the non-matching names identified. As with the standard error reports, the primary concern is the correctness of the IDs. If the name or other identifying information on the Tool is as you want it, you can leave the information unchanged and validate the IDs are correct and mismatches can be ignored. Use the 'Help for DHS Load Errors' button for information, and use the 'Validate OK to Ignore Data Load Errors' button to verify the ID mismatch errors can be ignored. The IDs **MUST** be correct. If they are wrong, correct them and re-submit the Tool. If you have verified the mismatch errors can be ignored, you may submit the tool without correcting mismatched name/address etc. If you continue to use the mismatched names in the future, you will have the tool returned each time for verification. It may be best to use the correct matching information in the main fields and enter the mismatched name in the 'Print as' areas.
5. Verifying the load errors will not fix the other errors, such as missing rate, on the error report. You must fix these as well. The Error report should have zero errors showing when you submit it.
6. If you have CL Tools still requiring correction from the original error reports, you may import any prior version of the CL Tool into version 5.1.2. Fix any errors showing. Submit the Tool to DHS in the standard manner. If errors are found, the tool will be returned for correction. Fix the errors or indicate they can be ignored. Re-submit the tool. The Errors will now be permanently fixed and will not appear on future quarterly error reports. If this process is not followed, errors ignored on the quarterly reports will be repeated in future reports and will have to be ignored again in the future.

VERSION 5.1.1 RELEASED 10-15-10

OVERALL TOOL CHANGES

New aids for spotting errors, tracking how close the rate is to the limit as you enter hours, and a means to auto-adjust rates that are slightly over the CL Limit to be exactly the CL Limit have been added.

CHANGE LIST:

1. Help prompts have been expanded. If the help prompt is in your way, use the mouse to click and drag the help message to a new location.
2. Expanded error checking and notification has been implemented. Details will be provided in sections below. This error checking is integrated with closing the Tool. If errors exist, a message to that effect is displayed.
3. A new Print CL report and a new Error Report have been added.
4. Added ability to automatically track key tool activity dates: Date last saved, date of last rate change, and date of data import.
5. EW Community Budget Caps were raised by 1.1 % effective October 1, 2010. The Tool will automatically handle this change in rate calculations for any CL Start date.
6. Effective 01/01/11 the Meds + 50 hours of CL service requirement for 24Hr CL changes. Any rates authorized with CL start dates after 12/31/10 will require: A Meds dependency and two dependencies in any of eating, bathing, dressing, grooming, or walking, and 50+ hours of CL Service. Eating dependency will be set at 2 or more for this determination only. The Tool will automatically take these factors into account when computing the rate and the limits.
7. All prior versions of the tool may be imported into version 5.1.1. **This is the last version that will support version 1 imports.** A message to that effect is provided whenever the user imports a version 1 tool.

8. When importing from prior versions, check for errors and messages. Data that was missing may now cause errors or prevent the rate from calculating as before. Case Mixes C, F, J & K may produce errors since the old tool will not have the needed Special Treatment and Neurological Diag. completed. Complete these to get the correct Case mix for version 5. Next, check your rate! 24 hour CL will not be allowed without confirming the Provider can provide the 24Hr service. Also areas like Socialization must have the' In CL Plan to meet need 'set to 'yes' on individual lines. Look for errors. When all are corrected, your rate should be the same as before (although some minor rounding difference may exist as was the case with Ver. 4). See more detail below.
9. Numerous new data fields have been added and a few have been moved. To make it easier to spot these new data items, prompts are in green or a green box surrounds the prompt. These will be changed to black once training is complete and users have had a chance to get used to the new fields.
10. Added prompts and help messages are provided. If a field will be validated against MMIS this is noted.
11. The Over-ride verification check box is now blank , rather than a grey check that must be made dark to get the over-ride to work. This makes validation clearer.

SCR DOC INPUT SHEET (PAGE1):

CHANGE LIST:

1. The Following Fields (Cells) have been added:
    a. New to CL: Answer 'yes' or 'no'. Allows DHS to properly report errors for prior rates and Last case mix. Enter 'yes' if the client has not been in CL during the prior one year period. Enter 'no' if the client has never been in CL or was in CL more than one year ago.
    b. DOB: Enter the Client's date of birth. This will be used to match in MMIS and may reduce match errors. At this point you can enter a DOB for someone younger than 65, but this is unusual.
    c. Primary Diagnosis: This is the value from Item 16 of the LTC Screening Doc.
    d. Special Treatment: Item 48 from the LTC Screening Doc used for Case Mix validation.
    e. Neurological Diagnosis: Item 50 from the LTC Screening Doc used for Case Mix validation.
    f. Exited/Failed to Enter CL Date: Date the Client Exited CL or, if an assessment was completed but the client never entered CL, the date it was determined the client would not be entering CL. This is used to indicate DHS should not expect to receive a Tool, or that the rate on the tool has ended prior to the planned CL Service End Date.
    g. Reason for Exit: Enter the reason the Client exited or failed to enter CL. Drop down of allowed answers is provided.
    h. Print Client Name As: Optional. You may enter a name as you wish to see it on printed reports. If empty the standard Client First Name and Client Last Name will be used. Keep the standard name fields consistent with MMIS for error checking and validation.
    i. Print Case Manager Name As: Optional. You may enter a name as you wish to see it on printed reports. If empty the standard Case Manager Name will be used. Keep the standard name fields consistent with MMIS for error checking and validation.
    j. Print Provider Name As: Optional. You may enter a name as you wish to see it on printed reports. If empty the standard Home Care Provider Name will be used.

Keep the standard name fields consistent with MMIS for error checking and validation.

   k. Optional Notes: Optional Notes that Print at the end of the Print CL reports.

2. CL Start date and CL End date were moved to the Scrn Doc Input Sheet. It makes the CL End date easier to find. In addition, this will allow users to quickly start a Tool and enter an expected CL Start date without entering all other data. It also provides all necessary data to complete an Exited CL plan for submission to DHS.
3. CL End date is now required.
4. The Clear Cells by Group button was modified to clear new fields and more appropriately group cleared items.
5. Fixed the Drop-down option so the user can pick either Guardian name or Power of Attorney for reports. Use boxed prompt to change with drop-down.
6. Increased integrity of error checking on the Scrn Doc Input sheet. From now on, you will not be able to access the Individual CL Plan sheet, EW Services Authorized sheet, or the Reports until missing or incorrect data is provided or corrected. The Tool first checks and validates critical data such as Assessment date and CL End date. Once complete, it validates LTC screening Doc data. Finally, the case mix is calculated and validated. You may therefore see up to three separate error messages before being allowed to proceed. To see all errors at once go to the Error Report.
7. Case Mix is calculated and verified.
8. CL Start date is validated to prevent entering a date after the CL End date.
9. Consistency of Prior Rate, New to CL and Case Mix last Assessment is made in the Tool so it will not appear on DHS error reports.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. The Following Fields (Cells) have been added:
   a. Meets Provider Standards for EW 24 hr CL: Enter ‘yes’ or ‘no’. Used to verify that the provider is able to provide the 24 Hr care for which the client may be eligible. This must be set to ‘yes’ for the client to get the 24 Hr limit. If you import data you must check this value to be certain it is set properly as it can’t be imported from older tools.
   b. Month and Year the Client became a resident with the current provider. Enter the month and year (approximate if not certain) of the date the client first became a resident with this provider, regardless of if they moved from one apartment or unit to another, or from another facility of the provider.
   c. Provider Private Pay Rate: If the provider has an established private pay rate that would apply if the client were not on EW, enter it here. The final rate calculated may not be more than the private pay rate.
2. Removed the check box for 'Is this person currently authorized to CL or 24 Hour CL' question. This is now redundant with the New to CL and is not needed.
3. Removed the Was There a Case Mix Change Information Cell. No longer needed.
4. Added information Cells: The percent the CL Rate is of the CL Limit and the Dollar Difference above or below the limit are displayed in the rate calculations area.
5. CL Rate will automatically adjust to the CL Limit if it is within + or - $0.50 of the CL Limit. A message is displayed to this effect.
6. If the CL Rate is over the CL Limit, the rate is now displayed as 0.
7. If the CL rate is over the limit by 3% or less, a button on the Error Report may be used to automatically adjust all hourly values by a small amount to bring the CL rate to exactly the CL Limit.

8. A button was added to allow the user to display a floating information box that continuously shows the proportion the CL Rate is of the CL Limit. It is near the top of the sheet to the right of Meal Preparation.
9. Socialization and Transportation services have been split so they may be entered and authorized separately. This will reduce errors reported when the old 'yes' answer to the 'In Plan to Meet Need' question applied to multiple lines**. Note:** You must make adjustments in this area if importing from earlier versions.
10. Bathing was separated from the Dressing, Grooming, and Bathing triad. **Note**: You must verify this group after importing to be sure the costs and descriptions are in the lines you want them to be in with the new grouping.
11. Interactive error notification on service lines is implemented. If an error similar to those on the DHS error reports occurs on a service line, a red box is displayed at the end of the line. The error may be immediately corrected here or verified as OK or ignore on the Error Report sheet.
12. Prior rate may not be over $5108.00, which was the highest CL limit in the prior year. If the prior rate was a conversion rate greater than this, enter $5108 and provide the current conversion rate in the conversion rate field.
13. The Other Delegated Tasks line has been changed to read Delegated Nursing Tasks and an ability to enter a dependency description was added. Clearly describe the service being delegated. If several tasks are needed use the remaining lines to list each. Only enter delegated nursing tasks.

EW SERVICES AUTHORIZED SHEET (PAGE 3):

CHANGE LIST:

1. Allowed units to be specified on all supplies & equipment lines. **NOTE**: When importing from a prior version, you must provide units for the dollars to have rates computed correctly. Generally it will be 1 unit in this case.

ERROR REPORT (PAGE 4): NEW!

CHANGE LIST:

1. Lists all errors found by level of Severity
2. Provides suggestions and a link to download latest tool
3. If errors exist, the Tab is Red. If no errors exist, the Tab is white.
4. Some errors are critical and must be corrected. Other Errors may be verified as OK and over-ridden. An over-ridden error is still listed, but does not count as an error for submission.
5. NOTE: you must have Zero errors (shown in the Total Errors Cell at the top and indicated by a white sheet tab) to access the Print Rate Guide or other reports.
6. You may re-set all validations by clicking the 'Clear Validations' button.
7. If the CL rate is over the CL limit, you may use a new feature to automatically proportionately reduce hours in the plan to reach a rate that exactly equals the CL Limit. To use this feature you must have a rate that is **over** the limit, but not by more than **3%.** These instructions and the percent you are currently over the limit are displayed near the top of the form, below the 'Rate over Limit' error line. Click the 'Auto Adjust Rate Down to Limit' button to access this feature. Use the help on the resulting form for instructions.

PRINT RATE GUIDE (PAGE 5):

CHANGE LIST:

1. Rate guide now displays the rate to enter for partial first and partial last months in the rate period. Use the rates displayed for authorizations. All rates are calculated to properly handle transition rate periods, rate reduction, limit changes, and 24 hour CL criteria.
2. You may not view or print this report if errors exit.

PRINT CSP SHEET (PAGE 6):

CHANGE LIST:

1. Added units to the supplies and equipment lines

PRINT CL PLAN SHEET (PAGE 7):

CHANGE LIST:

1. The information input under the "Active Cognitive or Behavioral Support" section, in the dependency description boxes now prints in the needs area. It is appended to the need (i.e. Wandering: Easily Lost). This should be helpful to providers when the case manager identifies specific concerns in those areas.
2. Socialization and Transportation lines have been separated to report individually.
3. New report option added. May now print a report showing Total Hours per Month, Rate, and Dollars per Month for each service line. Buttons were added to allow user to move through all three versions of the report.
4. New name were created. They are ‘Print CL Plan’, ‘Print CL Plan + Time’ and ‘Print CL Plan + $’
5. Added missing ‘Orientation’ to report

VERSION 4.3.1 RELEASED 09-10-10

OVERALL TOOL CHANGES

CHANGE LIST:

1. Changed limit on CL Start date to accept dates through 11-15-2010.

VERSION 4.2.3 RELEASED 06-29-10

OVERALL TOOL CHANGES

CHANGE LIST:

1. Added Version to all printed reports.

2. Version numbering format was changed to an X.x.x format to reflect Major Version, Interim version, and Minor change. Changes in the Major version of Interim version numbers indicate a significant change in function or rate calculation. These must be downloaded. Minor version number changes reflect cosmetic or minor problem fixes and need to be downloaded only if the problem is experienced of if the cosmetic fix is desired.
3. Added Over-Ride button and form. This will allow for special circumstance over-ride of field edit restrictions or completion of required fields. Currently three over-rides are available. CL Start dates more than 31 days in the past may be entered. CL Start date must still be on or after the Assessment date. Both Provider NPI/UMPI and HFID numbers may be set to AutoGen. This will indicate the value is unavailable currently and DHS will provide a temporary value for when the Tool is submitted. Case Managers will be required to provide a reason for the over-ride and verify that it was necessary. The Over-Ride button is located near the bottom of the 'NH Geog Group' sheet.
4. The tool disables cutting of cells in the workbook. If a second Excel application is started without closing Excel, the cut function will continue to be disabled. Fix was made to re-enable cutting in a new application without leaving Excel first.
5. Minor cosmetic and bug fixes

SCR DOC INPUT SHEET (PAGE1):

CHANGE LIST:

1. Added a drop-down on next to the old Guardian field. The user may now indicate whether the legally authorized representative is a legal guardian or power of attorney.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. Made it possible to over-ride the edit checks on CL Start date and to request a provider NPI or HFID. This is done through the Over-Ride button on the 'NH Geog Group' sheet.
2. Added a Hyperlink to the MDH website for HFID lookups.

EW SERVICES AUTHORIZED SHEET (PAGE 3):

CHANGE LIST:

1. Added second line for case management.
2. Fixed/added units edit validation values.

PRINT RATE GUIDE (PAGE 4):

CHANGE LIST:

1. Added note on daily rates and a notice that there may be rounding errors when importing from prior tools. The Version 4 rates are correct as shown and may be a few cents higher.

PRINT CSP SHEET (PAGE 5):

CHANGE LIST:

1. Made the line for the client signature permanent, showing a printed name and signature box. If the Guardian/Power of Attorney is entered on the Scr Doc Sheet, a new box appears with the appropriate label and printed name. The box will not appear if the Guardian/Power of Attorney is left blank. Do not enter 'None' for the Guardian/Power of Attorney field as this will cause it to print with 'None'.
2. Second Case management line to report.

VERSION 4.2.2 RELEASED 06-10-10

OVERALL TOOL CHANGES:

CHANGE LIST:

1. Fixed errors that occur if 'yes' or 'no' is typed with a trailing space instead of accurately typing 'yes' or 'no', or by using the drop-down list.
2. Made rate calculations dynamic based on CL Start date. Rates are correctly calculated for any tool version imported and reflect the correct component rates and limits, and any allowed transition rate period. Rates on all reports and forms calculate and display dynamically base on whether or not a rate is valid in any rate period. Rate periods are January 1, 2010 through June 30, 2010, July 1, 2010 through September 30, 2010, and after September 30, 2010 through a CL End Date. If a rate period does not apply for a given client it will not be displayed.
3. Made all rates respect an entered CL End date.
4. Changed references of Transition rate and Final Rate to Temporary and Full Rate. This reflects the added complexity of rate changes due to Transition Rate periods and component rate changes after 07-01-2010.
5. Added an error check for rate over Community Budget Case Mix Cap when closing the workbook. This is in addition to the existing check for over CL Limit. These checks now report an error for a CL Rate of $0.00 as well.
6. Added Warning if CL Rate is <= $25.00. When displaying these rate errors the rate area of the Individual CL Plan sheet is displayed for reference.
7. Added Copyright notice to first visible sheets and all reports.

Scr Doc Input Sheet (Page1):

8. Added Case Manager (CM) Phone# and Email.
9. Added Legal Guardian.
10. Added Validity check to Screening Document items and Current Case Mix. If any are not completed, an error message showing which items are missing is displayed. Moving to the Individual CL Plan (Page 2) is prevented until all are complete.
11. The CL Start date is now valid until 09-30-2010. In addition, a validation check was added to require the CL Date to be no more than 31 days prior to the date at time of entry.
12. Changed Assessment Date validation to be based on current date. Must be no more than 380 days before the date at time of entry or after the current date.
13. Added reminder on the Scr Doc Sheet for case mangers to change the CL Start Date if rate is changing.

Individual CL Plan Sheet (Page 2):

14. Added ‘CL Services Rate Summary by Effective Date’ area and instructional notes. Valid rates are shown by time period and dynamically change based on CL Start date and CL End dates.
15. Fixed temporary rate computation if Prior rate is 0 or Missing.
16. Added consistency check for the temporary rate. The Prior authorized rate question (‘is this person currently authorized for CL or 24 Hour CL?’) must be answered ‘yes’ if there is a value in the prior rate and there must be a prior rate if the Prior authorized rate question was answered ‘yes’. Prior rate and Final rate must be >=$25. An error message is displayed if condition is not met
17. Added check and validation message in rate summary area to warn CM if the tool will be considered a new plan on submission. The CM is warned to enter a proper CL Start date if rate is changing. This warning is triggered when the current date is more than 60 days after an existing CL Start date.
18. Added display of Temporary Rate adjustment as a % of final Rate.
19. Added the CL end date to rate summary.

EW Services Authorized Sheet (Page 3):

20. Added 4 new lines for listing Supplies for a total of 5 lines.
21. Removed the CL and 24 CL service lines from the EW area and placed them in a separate ‘CL Services Rate Summary by Effective Date’ area at the bottom. This summary shows rates that are valid during the various rate periods of the year. One line is used to dynamically display either ‘Customized Living Services’ or ’24 Hr Customized Living Services’.
22. Fixed computation and reporting when transition rates apply.
23. Added Client name and PMI.
24. Validation was added to all Start and End Dates. Start date must be not be more than 365 prior to the date of data entry and less than or equal to the End Date. End date must be on or after the Start Date and not more than 365 days beyond start.
25. Validation of Units and Rates was added. All must be positive numeric values and units must be in whole numbers. Limits on units were added, where appropriate, to reflect the edit limits in the DHS MMIS system.

Print Rate Guide (Page 4):

26. This is a new report. It provides all information to properly enter CL rates into MMIS or other systems. Valid rates are shown by time period and dynamically change based on CL Start date and CL End dates. This page may be printed.

Print CSP Sheet (Page 5):

27. If Guardian is entered on the Scr Doc Sheet, it will print above the signature line on the Print CSP Report. If the Guardian field is left blank, the Client name will print above the signature line on the CSP Report.
28. Added the 4 supply lines to report.
29. Added Client name and PMI

Print CL Plan Sheet (Page 6):

30. Added Client name and PMI
31. Added CM phone# and Email to report. The user may optionally print either one or both.
32. Added the comparable daily rate to report.
33. Added CL End date to report.

CL Rate Limits10 (Page 8):

34. Rate Limits are dynamic based on CL Start date. Put in the desired CL Start date to see the rate limits that were or will be in effect as of the CL Start date.

Component Rates (Page 9):

35. Component rates are dynamic based on CL Start date. Put in the desired CL Start date to see the Component rates that were or will be in effect as of the CL Start date.

Hours per Month (Page 11):

36. Added Client name and PMI

VERSION 3.1.1 RELEASED 03-10-10

OVERALL TOOL CHANGES:

CHANGE LIST:

1. Changed: This version of the Tool will be valid and accept data entry until 06/30/2010.
2. Added: Welcome Screen. Provides some help on how to enable macros and prevents the tool from opening without macros being enabled.

   Note: This version of the tool provides significant enhancements to speed data entry, selectively report, and reduce data entry errors/incomplete submissions. This functionality requires macros be enabled. Because key data edits are now being performed, enabling of macros is not optional. If you use the Trust Center to establish a safe folder and place the blank tool and completed plans in this trusted location (folder and subfolders) you will not have to deal with the Welcome Screen. Using the Trust Center will enable macros all the time for Tools launched from the trusted location. You may, of course choose to enable the use of macros with each launch of a tool if you prefer.

3. Added: Support for importing of version 1 and 2 client Plans. This is transparent to the user, and works the same as in version 2.1.1.1.1.1. You do not need to specify the version being imported.
4. Added: Warning that a rate has not calculated and that the Tool is not ready for upload. If data is missing or the sheet is blank, a warning is displayed when the Tool is closed. This also occurs when the Tool is saved. The user is not prevented from saving the tool, but is notified the Tool is incomplete. *Do not send your file in this condition*. Make the necessary corrections or contact DHS for help if you cannot determine why the rate is not calculating.
5. Added: Selective clear of fields using keyboard. A keyboard short-cut has been added to allow you to selectively clear individual cells anywhere on the Tool. Select the cell(s) you wish to clear and then simultaneously press the Ctrl key, the Shift key, and the letter e. (This is equivalent to Ctrl+E, often shown as ^E.) To select multiple cells, select them while holding down the Ctrl Key. When you press ^E, all selected cells will be cleared.
6. Changed: Colors on the Sheet Tabs. These correspond to the colored boxes on the 'Clear Cells by Group' user form. Clear options are listed next to the colored box that matches the color of the sheet.
7. Added: Prevent cut of cells. You man NOT cut and paste cells. This will ruin the tool and prevent the tool from successfully being entered in the system. To prevent accidents, the cut option of the right click menu, as well as the 'Crtl' X keyboard shortcuts have been disabled. In Excel 2007 you could still use the 'Cut' option on the Ribbon- PLEASE DO NOT! Cutting and Pasting does serious damage to the tool. You will find that Copy-Paste

still works and you may use this functionality. *Tip*: To edit a cell double click in the cell and then you can type, copy, and/or paste.

8. Fixed: Spelling of three county names was corrected.

SCR DOC INPUT SHEET (PAGE1):

CHANGE LIST:

1. Added: Case Manager Name was added back at user request. Please continue to also provide the Case Manager's NPI in the box next to the Case Manager's name.
2. Added: 'Clear Cells by Group' button. This button brings up a user form where you may select broad areas of the tool for which you want to erase all data. This will be especially useful when you have imported client's previous data and only parts have remained relatively unchanged. You may clear areas where a lot of changes have occurred to ease entry of new information. Areas that are largely the same can be left as imported and only spot edited to reflect any minor changes.
3. Notes: Each clear operation must be done separately. There is no warning after you select 'Perform Clear', so be careful. Use the 'Cancel' to leave without clearing or after clearing all desired areas. You must close the 'Selective Data Clearing Screen' user form or click cancel to get back to working on the Tool. If the Tool is not responding, check that the 'Selective Data Clearing Screen' is not open.
4. Changed: Valid assessment dates had been restricted to 12/01/2009 thru 04-30-2010. Assessment date validation is now dynamic and will accept dates from the current date back 380 days.
5. Added: The entire Tool is cleared before a Client's data is imported. This allows repeated imports without old data remaining if there is no replacement data coming from the next import. This can happen if the next import is data from a different version of the Tool than the most recently imported version.

INDIVIDUAL CL PLAN SHEET (PAGE 2):

CHANGE LIST:

1. Changed: Valid CL Services Start dates had been restricted to 12/01/2009 thru 04-30-2010. Valid CL Services Start date will accept dates from 12/01/2009 thru 06-30-2010.
2. Added: 'Bring in Client's Address' check box on 'Individual CL Plan' sheet. The box is darker green and is to the right of the Housing With Services information at the top of the sheet. Checking this box brings over the client's address information from the 'Scr Doc Input' sheet, saving re-typing the data. Un-checking the box clears the information, but only from the HWS data cells.
3. Corrected: Orientation dependence or behavior dependency should have triggered 24HR CL rate eligibility. Only Behavior dependency could trigger the 24HR CL rate eligibility. Orientation was added to the '24 Hour Support Needed' section and now properly triggers eligibility. Complete the Orientation line in the same way as you complete the other related lines.

   Note: Since several things can trigger the 24HR CL Rate, most likely this will not affect Plans already completed and submitted. Orientation dependency with no other factor would be required to make a difference. If you have a client for whom you feel this is a possibility, import the client's plan and check if the rate has changed. If so, check the box

on the 'Scr Doc Input' to indicate a correction, and re-submit the Tool using a slightly different file name. This must be the only change. If other changes in the Plan are required, import the data, make changes (including the CL Service Start Date for the new Plan) and submit normally. Do not mark as corrected.

4. Added: The daily rate corresponding to the Monthly rate is now calculated and displayed for informational purposes. This Daily rate is displayed below the Monthly CL Rate Authorized boxes. *This is for information and not a billing rate.*
5. Added: Numerous editing checks and added help prompts. In particular, since key data may be missing, the rate will not display until required data has been entered. Any missing data displays in red in the rate area. As required data is entered, listed items are removed. When all are entered, the rate will display and the red area will disappear. If the red area is gone but no rate is calculating, you have not specified services or amounts properly. Go back and check your plan.

PRINT CSP SHEET (PAGE 4):

CHANGE LIST:

1. Added: Procedure Codes and Modifiers can now be printed as an option on the 'Print CSP' report. If you wish to see this information, click the 'Budget WS With Proc Codes' button at the upper right of the report. You will see the new data in the Service area of the report. The sheet tab name will change to 'Print CSP+'. To change back, click the button again.

   Note: If you prefer to keep one style of the reports as a default, select the one you wish on the blank Tool. Save the blank Tool. From now on the selected style will be the default.

2. Fixed: Case Manager's name now prints appropriately on the report.

PRINT CL PLAN SHEET (PAGE 5):

CHANGE LIST:

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

   Note: If detail data appears, but no total, you have entered time but not authorized the service. This is a good check on your work. Authorize the service and the Total Hours/ Month will appear.

   If you prefer to keep one style of the reports as a default, select the one you wish on the blank Tool. Save the blank Tool. From now on the selected style will be the default.

2. Added: Sensory and Communication Status was added to the 'Print CL Plan' report. This information is now brought over from the Individual CL Plan and prints below Medication Mgt by Licensed Nurse.
3. Fixed: Case Manager's name now prints appropriately on the report.

EW SERVICES MENU INFO SHEET (PAGE 9):

CHANGE LIST:

1. Fixed: CL Plan Form References on the 'EW Services Menu Info' Sheet had errors. These were corrected.

VERSION 2.1.1.1.1.1. RELEASED 02-10-10.

OVERALL TOOL CHANGES:

CHANGE LIST:

1. Changed: The original Tool was set to expire, preventing further use after 02-28-10. This date was extended to 04-30-10 for the Version 2.1.1.1.1.1. Tool.
2. Added: Input ranges were named. This provides better reliability for data processing and means users can jump to named cells from the names drop-down to the left of the top entry area.

SCR DOC INPUT SHEET (PAGE1):

CHANGE LIST:

1. Added: 'Get Client's Previous Data' button on the 'Scr Doc Input' sheet. This provides the ability to import client data entered in earlier versions of the Tool to the newest version. Tool users may now use a prior CL plan as a starting point when doing a client re-assessment.

   Notes: This functionality was added using VBA and Macro code. To function, macros must be enabled for the Workbook

2. Added: Box on the 'Scr Doc Input' sheet to indicate that the data in the Plan is a correction. This allows users to submit a corrected (not a changed or updated) Plan with the same PMI, Assessment Date, and CL start date and have the DHS system know the plan should be a correction.
3. Added: Version numbering to the Tool. The version is shown at the top right of the 'Scr Doc Input' sheet. This allows users to track the current version and ensure they are using the proper Tool.
4. Changed: Changed Case Manager (Name) to Case Manager NPI. This information is more reliable for data processing.