

<p>Service Plan (Allocation) Status</p> <p><u>Active Service Plans:</u></p> <p><u>Wait List Service Plans:</u></p> <p><u>Expiring Service Plans:</u></p> <p><u>Terminated Service Plan:</u></p> <p><u>Terminated Service Plan with Waiting List Status Code:</u></p>	<ul style="list-style-type: none"> • The Status of the Care Management Service Plan shall be Active, regardless of Wait List placement for other OPTIONS services. • Service Plans that are able to start immediately shall be placed in Active Status. • Each Service Plan shall have a Reason Code that identifies the payment model for that specific service: <ul style="list-style-type: none"> ○ Status Code: Active ○ Reason Code: (One of three choices) <ul style="list-style-type: none"> ▪ Agency ▪ Consumer Reimbursement ▪ Fiscal Agent <p>Service Plans for which the consumer is on a Wait List are placed in one of three “Waiting” statuses. (See Wait List/Wait List Status below)</p> <p><i>A status of “Waiting” shall only be indicated in the Status Code for the Service Plan, not in the Care Enrollment or Care Plan.</i></p> <ul style="list-style-type: none"> • When a consumer is reassessed, <u>the Status and Reason Codes for the Expiring Service Plans do not need to be changed.</u> • Terminated Service Plan – When a Service Plan is terminated due to a change in provider or service is no longer needed, the Status Code of the terminated Service Plan shall be changed to one of the three Status Codes below to preserve the original payment model: <ul style="list-style-type: none"> ○ Status Code: Terminated - Agency ○ Status Code: Terminated - Consumer Reimbursement ○ Status Code: Terminated - Fiscal Agent ○ No Reason Code • If the Terminated Service Plan has a Waiting List Status Codes: <ul style="list-style-type: none"> ○ Status Code: Waiting List Terminated – Other ○ Reason Code: Other – Required Journal Entry
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**Wait List/
Wait List Status**

Wait List Service Plan
Status Code:

Wait List Service Plan
Termination:

- Wait List status is entered within each individual Service Plan in the Care Plan.
- The Care Management Service Plan is always active for a consumer with an active OPTIONS Care Enrollment.
- Identification of a provider is not required when consumer is waiting for a service.
- When a consumer is waiting for services, each individual Service Plan shall be assigned one of the three following Status Code:
 - Waiting – No Funding (no Reason Code required)
 - Waiting – No Provider (no Reason Code required)
 - Waiting – Other (select appropriate Reason Code below)
- When “Waiting – Other” is selected as the waiting status, select one of the following Reason Codes:
 - Consumer away or out of town
 - Consumer hospitalized
 - Short-term nursing facility
 - Other – Journal Entry Required
- Upon removal from the Wait List, individual Service Plans shall be assigned one of three Status Codes:
 - Waiting Terminated – Funding Available (no Reason Code required)
 - Waiting Terminated – Provider Available (no Reason Code required)
 - Waiting Terminated – Other (select appropriate Reason Code below)
- When “Waiting Terminated – Other” is selected, select one of the following Reason Codes:
 - Consumer Enrolled In Another Program
 - Consumer No Longer In Hospital
 - Consumer No Longer In Rehab/Short-Term Facility
 - Consumer Passed
 - Consumer Returned Home
 - Consumer Refused Service
 - Other – Required Journal Entry
- The consumer already has an Active OPTIONS Care Enrollment, Care Plan and Service Plan for Care Management. When the service becomes available and waiting status is terminated, only that Service Plan Status shall be updated.
- Upon termination of Service Plans in waiting status, new Service Plans for those services shall be created with a Status of Active.
- If there is no Wait List, the Service Plan Status is Active for all services in the Care Plan.

Service Order/ Service Delivery	<ul style="list-style-type: none"> • Service orders shall include “Special Instructions” which outline details about the provision of the service (i.e. 2 hours of Home Support provided on Wednesdays for grocery shopping). • Service orders shall have a completed Service Allocation Schedule that details days and units of service per day. • Service orders shall not be generated for Care Management service. • Service orders shall be generated for Agency payment model services and sent to the service provider. • Service orders shall be generated for Consumer Reimbursement and Fiscal Agent payment model services but not sent to a provider. • Service Deliveries including Daily Unit Details shall be entered for all OPTIONS services rendered.
Service Delivery of Care Management	<ul style="list-style-type: none"> • Every contact with an OPTIONS consumer or on a consumer’s behalf shall be documented in a journal entry and included in a Care Management Service Delivery. • There shall be one Care Management Service Delivery entered for each calendar month that a Care Manager has contact with, or on behalf of an OPTIONS consumer. • Each contact with a consumer, or on their behalf, during that calendar month shall be entered into the Daily Unit Details of the Service Delivery for Care Management. • Units of Care Management are counted in hours or fifteen-minute increments of an hour (15 minutes = 0.25, 30 minutes = 0.50, 45 minutes = 0.75, 60 minutes = 1.0) • Care Management Service Deliveries shall be entered with a unit price of \$0.00.
Journal Entries	<ul style="list-style-type: none"> • Journal entries shall be entered for each contact with or related to the Care Management of an OPTIONS consumer. • In addition to regular journal entries for each contact related to a consumer, the following Journal Entry Types shall be used as indicated below for these specific activities: <ul style="list-style-type: none"> ○ OPTIONS – 90 Day Extension ○ OPTIONS – Average Care Plan Cost Determination ○ OPTIONS – Cost Cap Exception ○ OPTIONS – Authorization for Emergent Service ○ OPTIONS – Insurance Denial Home Health Services ○ OPTIONS – Insurance Denial Medical Equipment, Supplies, Assistive/Adaptive Devices ○ OPTIONS – Bid Solicitation ○ OPTIONS – Income Calculation Exception
Activities and Referrals (Actions)	<ul style="list-style-type: none"> • Activities and Referrals are required for the following: <ul style="list-style-type: none"> ○ OPTIONS Cost Cap Exception Process ○ Status Codes: <ul style="list-style-type: none"> ▪ Submitted (Care Manager has entered the activity) ▪ Completed (Supervisor has reviewed and approved the exception)

	<ul style="list-style-type: none"> ▪ Denied (Supervisor has reviewed and denied the exception)
File Attachments	<ul style="list-style-type: none"> • The Care Manager shall scan and attach any relevant documents to the OPTIONS consumer record in SAMS. Examples of documents to be scanned include, but are not limited to: <ul style="list-style-type: none"> ○ Financial documentation for verification of cost share ○ Insurance denials, if available ○ Powers of Attorney ○ Release of Information form ○ Accepted bid for Home Modifications ○ Landlord approval agreement for Home Modification
Consumer Details Custom Fields	<ul style="list-style-type: none"> • Needs Assessment Score (NAS) – field self-populates based upon results of decision logic embedded in the Needs Assessment Tool (NAT), and is used for placement on Wait List, if applicable. • Assessed and Determined NFCE – field self-populates based upon assessment results, if applicable. • OPTIONS Lifetime Home Mod Amount – Care Manager shall calculate and enter the updated amount of all OPTIONS Home Modification expenditures, not to exceed the \$15,000 lifetime maximum
New Service Added	<ul style="list-style-type: none"> • Home Mod-Monthly Fee – Home Modifications which have a monthly rental fee

Running the Wait List Report

While not a new process with the release of the 01-01-2018 OPTIONS Chapter, following are the steps to run the local AAA Wait List Report:

1. In SAMS, go to the menu bar and select “Reports”.
2. Navigate to the report entitled: OPTIONS WL-1 Waiting List
3. Click to open the report.
4. Enter a title for your report.
5. Select your agency from the report filters.
6. Click preview to view report.