



State of Florida

Cost Plan and Service Plan Development Guide

This guide provides Waiver Support Coordinators and Area staff with information on how to create Cost Plans and Service Authorizations in the ABC system.

Revised 9/15/09

Agency for Persons with Disabilities
ABC
Allocation, Budget and Contract Control System

**Cost Plan and Service Plan
Development Guide**

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Overview

Tiers and Cost Plans

The Florida Legislature created four waivers for consumers who are receiving services under the DD/HCBS (Home and Community Based Services) Waiver and the CDC+ (Consumer Directed Care) Program. The Legislature also set eligibility requirements for the waivers and the Agency for Persons with Disabilities developed rules to apply those requirements, effective October 15, 2008. The four waivers and their annual spending limits are as follows :

Tier 1 Waiver - No cap designated in ABC as DD1

Tier 2 Waiver - Cap of \$55,000.00 designated in ABC as DD2

Tier 3 Waiver - Cap of \$35,000.00 designated in ABC as DD3

Tier 4 Waiver - Cap of \$14,792.00 designated in ABC as DD4, and is the Family and Supported Living Waiver (FSL) designation.

For the purposes of the Allocation, Budget and Contract Control System (ABC) there have been additional tier designations added to provide more information. Each of the Tiers (1, 2, 3, and 4) have been also made available to CDC+ enrollees with the same spending limits. These are designated in ABC as :

CDC1

CDC2

CDC3

CDC4

Because there are many individuals who have filed for a hearing on their tier assignment, and because there are situations where individuals may not be initially able to be assigned to a tier, an additional tier, TBD (to be determined) with no cap limits has been added for these situations.

The Agency for Health Care Administration (AHCA) and the Agency for Persons with Disabilities (APD) use a pre-payment screening process for provider claims. The cost plan format in ABC is designed to include Prior Authorization (PA) information, necessary to allow AHCA to screen claims for payment. Each evening, a new matrix including all cost plan/PA information for the DD/HCBS (Home and Community Based

Services) Waiver and the CDC+ (Consumer Directed Care) Program - Consultant Services only) is transmitted to AHCA.

The need to keep cost plan information current and up to date is critical to the success of the pre-payment screening process. Failure to do so will result in providers not receiving the payment they have been authorized for, or receiving payment to which they are not entitled.

The ABC screen (ACLMSP) serves as the official service authorization form for providers to receive from APD.

Screen 1 : Cost Plan Menu (ACPMEN)

The **Cost Plan Menu (ACPMEN)** screen allows direct access to the screens associated with Cost Plans and Tier Maintenance in ABC.

```
Accessory Manager - [TCPA_1]
File Edit View Tools Session Options Window Help
ACPMEN ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM    DATE 04/05/09
          COST PLANS MENU                                TIME 11:49

          SCREEN - DESCRIPTION
          ^ ACLMCP - MAINTAIN CLIENT COST PLAN
          ^ ACLMSP - MAINTAIN SERVICE FOR COST PLAN
          ^ ACPMAP - APPROVE COST PLAN SERVICES
          ^ ACPMDT - CHANGE BEGIN/END DATES
          ^ ACPBCP - BROWSE COST PLANS BY CLIENT SSN
          ^ ACPBSP - BROWSE CLIENT SERVICES BY COST PLAN
          ^ ACPBH1 - BROWSE HISTORY COST PLANS BY CLIENT SSN
          ^ ACPBH2 - BROWSE CLIENT SERVICE HISTORIES
          ^ ACPBGK - BROWSE CLIENT GATEKEEPER RECORDS SENT
          ^ ATRBRR - BROWSE EDS GATEKEEPER REJECTIONS
          ^ ATRMEN - TIER MAINTENANCE MENU

          ^ AABCMEN - RETURN TO ABC SYSTEM MENU

NEXT SCREEN          ^ ACTION          ^
PLEASE SELECT A SCREEN
DS/ABC SYSTEM          1 1 Pg=1 FORM RCV LTAI

Session has been established.          CAP NUM          11:49 AM
```

How to use the ACPMEN Screen :

- To select a particular screen, the user will enter an “X” next to the screen name and transmit the screen.
- The user can also type the screen name in the Next Screen field, then transmit the screen.
- The user can also type the screen name in the upper left corner of the screen and then transmit.

Screen 2 : Maintain Client Cost Plan (ACLMCP)

The **Maintain Client Cost Plan (ACLMCP)** screen shows the separation of the cost plan from the service plans within it and allows for additional information on the service plan screen. It is important to understand that there can only be one cost plan per consumer for any given period of time, but within the cost plan dates, there can be many service plans, both active and closed. The ACLMCP screen displays the number of service plans that exist within the cost plan and the total allocated and accumulated dollar amounts of those service plans. The tier level assignment, tier maximum limit and remaining tier dollars available for allocation, are also displayed.

Accessory Manager [TCPA_1]
File Edit View Tools Session Options Window Help

\ALCLMCP ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 03/28/09
MAINTAIN CLIENT COST PLAN TIME 16:23

ACTION: _ ^ (A,D,M,P,V,B,S,C,R)

CLIENT ID : _
RECIPIENT ID: _
COST PLAN BEGIN DATE: _ ^ (MMDDYY) COST PLAN END DATE: _ ^ (MMDDYY)

TIER	TIER MAXIMUM	TIER REMAINING	SERVICES	ALLOCATIONS	ACCUMULATIONS
------	--------------	----------------	----------	-------------	---------------

VALID ACTIONS - 'A'-ADD, 'D'-DELETE, 'M'-MENU, 'P'-PRINT COST PLAN, 'V'-VIEW
'B'-BROWSE COST PLANS, 'S'-BROWSE SRVCS, 'C' CHANGE END DATE
'R'-RECALCULATE AMOUNTS/TIER ASSIGNMENT

NEXT SCREEN _ ^ ACTION _ ^

DS/ABC SYSTEM
1 1 Pg=10 FORM RCV LTAI

Session has been established. CAP NUM | 4:23 PM

How to use the ACLMCP Screen :

- To view, add, delete or print a cost plan in ABC, the user **must** enter the appropriate information in the following fields: Action, Client ID, Cost Plan Begin Date, and Cost Plan End Date, then transmit the screen.

Note : If the begin and end dates of a cost plan are not known, they can be obtained by browsing the Browse Cost Plans by SSN (ACPBCP) screen.

- When a cost plan is Added (A) or Viewed (V), the system will populate the screen with the consumer's name, number of services, the total allocation, accumulated amount for that cost plan, the tier level assignment, tier maximum limit and remaining tier dollars available for allocation.

Glossary of Terms

Action Codes :

A : (Add) is necessary to generate a new cost plan.

D : (Delete) will delete a cost plan, however a cost plan cannot be deleted if it has an accumulated amount.

M : (Menu) will return the Menu (ACPMEN) screen.

P : (Print) will allow the user to print a copy of the entire cost plan to provide to the consumer or representative, which also includes space for signatures for the consumer/representative and the support coordinator. Cost plans can be printed from either the ACLMCP screen or the ACPBSP screen.

To print the cost plan : After viewing the cost plan, enter a (P) in the action field : enter the Client ID #, the cost plan Begin and End dates, and transmit the screen. When the ACPRT1 screen shows, click the print button on your toolbar to print the first page of the cost plan. Then : transmit the screen again to take you to page 2 of the ACPRT1 screen and click on the print button to print page two. Continue this process to print each page until you reach the signature blocks at the end of the cost plan.

R: Recalculate total allocations: This is used to recalculate the allocations when there has been numerous changes to a cost plan which has caused

the calculations to be incorrect. This function allows the user to check the calculations of a given cost plan.

V : (View) will view the cost plan.

B : (Browse Cost Plans) will return the Browse Cost Plan (ACPBCP) screen.

S : (Browse Services) will return the Browse Services (ACPBS) screen.

Cost Plan Dates –

- Cost plan dates cannot overlap an existing cost plan.
- There can be only one cost plan per consumer, per date period.
- Cost Plan dates must span no more than ONE FISCAL YEAR.
- If a consumer is moved from one tier to another, the existing cost plans and service plans will be automatically closed with the end date of the tier change.

Tier :

Displays the consumer's current tier assignment.

Tier Maximum :

Displays the total annual spending limit for the designated tier assignment, prorated to the number of months in the cost plan.

Tier Remaining :

Displays the total remaining tier dollars available to be allocated to the cost plan .

Services :

Shows the total number of services on the cost plan for this cost plan period.

Allocations :

The total **allocated** dollar amount for all specified services for the current cost plan.

Accumulations :

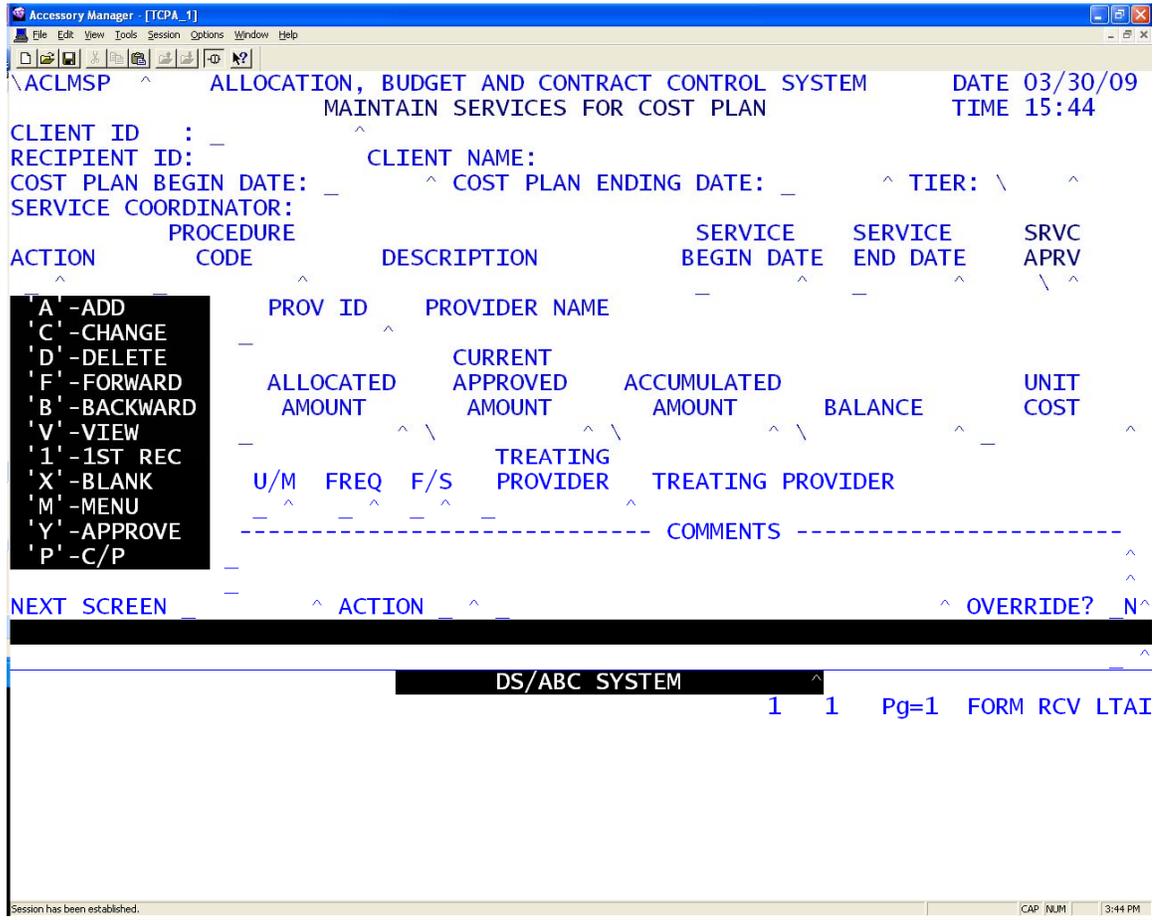
The amount that has been paid by the Medicaid Fiscal Agent for services under the cost plan.

Screen 3: Maintain Services for Cost Plan (ACLMSP)

The **Maintain Services for Cost Plan (ACLMSP)** screen is where you add and change information that is specific to a procedure code, a provider, a unit rate, and a time period, in order to create or change a service authorization. It also includes frequency, duration and intensity of service, as required by the Waiver programs. Although the date range of a service plan can be changed, the begin and end dates of the service plan must fall within the begin and end dates of the cost plan.

If a consumer receives the same service from more than one provider, each provider must be given a specific approved dollar amount and time period. If a consumer changes providers, the ending date for the previous provider must be changed to disallow payment for any service provided after the ending date. The new provider can be added with a begin date that will disallow any payment for a date of service prior to the begin date on the service plan for that provider.

The printed screen of information contained in the ABC system, on the Maintain Services for Cost Plan screen (ACLMSP), is the official service authorization form for the DD/HCBS Waiver Program. Providers must have an approved service authorization prior to providing services to a consumer. The approval amount is shown as the “Current Approved Amount” field on the service authorization. Providers should receive a service authorization from the consumer’s waiver support coordinator, prior to initiating services.



How to use the ACLMSP Screen :

- To **Add** a Service Plan to a **new** Cost Plan: The ACLMCP screen will automatically bring up a blank ACLMSP screen, when a new cost plan is added. Put an (A) in the Action field and enter the Procedure Code; Service Begin and End Dates; Allocated Amount; Unit Cost; Unit of Measure; and Frequency; Funding Source (FS). The Comments section tells the provider how often and at what level the service is to be provided. This is where the person entering the information on the screen **must** denote intensity of service, such as “3 x wkly”, or “30 days/yr”, as well as the total number of units to be used in a given time period (i.e. 350 days per yr. or 5760 qt. hrs. per yr.) **and** any staff to consumer ratios or other information on how the unit rate was determined (i.e. 1:6 –10 **or** standard rate **or** 6 direct care staff hrs. per day). The Comments section can only accommodate approximately 124 characters, so limit your comments to explaining intensity or duration of the service plan, or information that will explain the service provision to the provider.
- Note :** The system does not calculate the unit rate times the number of units, so before transmitting, make sure to check your math. The Unit Rate x the

Number of Units for the time period **must** equal the Allocated Amount. Then transmit the screen. The Service Approval field will show an (N) status until the Service Plan is approved by the approving authority. **(The Service Authorization is not official until it is approved.)**

After a service is approved, it will be transmitted to the Medicaid Fiscal Agent to establish a Prior Authorization Number (PA#) in the Medicaid payment system. This number will be transmitted back to ABC when assigned, and displayed at the bottom of the ACLMSP screen.

- To **ADD** a new Service Plan to an **existing** Cost Plan: Put an (X) in the Action field, which returns a blank service plan screen. Then follow the directions for adding a new service plan, as described previously in this section.
- To **Change** an **existing** Service Plan: First view the existing service plan. Then put a (C) in the Action field and make the necessary changes. You **may not** change the Service Plan Begin Date, Provider ID Number, Procedure Code or the Unit Cost, if there is a PA number assigned to the service plan, or if there is an Accumulated Amount greater than \$0.00. If changes must be made, a **new** Service Plan will need to be added with the new Unit Cost, appropriate Begin and End Dates, etc. (Follow the directions for adding a new service plan, as described previously in this section.)
If the Allocated Amount is **increased**, the Service Approval Flag will automatically change from (Y) to (N) until the service has been approved.
Note : Service Plans cannot be deleted if there is a PA number assigned, or if the Accumulated Amount is greater than \$0.00. When adding or changing a service plan, remember to transmit the screen and then **review** what you have transmitted for accuracy.

Glossary of Terms

Action Codes :

A : (Add) is necessary to create a new service for the consumer's cost plan.

C : (Change) is necessary to edit information on the screen.

D : (Delete) is necessary to delete a service from a consumer's cost plan. The system will not allow a service plan to be deleted if any payment has been made against it. If the service is no longer needed, change the ending date to the last date that services were authorized.

F : (Forward) is necessary to page forward to the next service plan. Note: If you are viewing the last service plan, transmitting the screen will return a blank ACLMSP screen. You must enter a (1) in the Action Field to return to the first service plan.

B : (Backward) is necessary to page backward to the previous service plan.

V : (View) will allow you to view the service plan if the correct information is entered.

1 : will return you to the first record.

X : will take you to a blank screen

M : (Menu) will return the Cost Plan Menu (ACPMEN) screen.

Y : will take you to the Approve Cost Plan Services (ACPMAP) screen.

P : will take you back to the cost plan (ACLMCP) screen

Procedure Code :

The Procedure Code is a ten-character field. The field can be populated with the procedure code (5 characters), modifier 1 (2 characters) and possibly modifier 2 (2 characters). A separate service plan will need to be entered for each different procedure code and modifier combination, as well as each different provider who provides the service to the individual.

Service Begin and End Dates :

The Service Plan Begin and End Dates cannot be outside the cost plan begin and end dates. The Service Plan Begin and End Dates can not overlap another service plan for the same provider and procedure code/modifier combination. The service plan begin date cannot be changed when there is a PA number assigned, or when there is an accumulated amount (when payment has been made for service). A Change to the Ending Date should not be retroactive. There are some cases where this may be appropriate, but the APD Area Office should be notified prior to making that change and providers should be notified that a change is occurring. New and changed authorizations should be sent immediately to all providers.

If a service authorization is inadvertently changed to the detriment of the provider without 30 days notice, **and is not the result of a PSA review**, the Area Office must rescind that authorization and extend the original one until a 30-day notice can be given to the provider. Reductions or terminations in services as a result of a PSA review already require 15 days notice to the individual before a service can be reduced or terminated to allow for the individual to exercise their due process rights.

Service Approval :

Service Approval is a display field. To change this field, the change must be made on the Approve Cost Plan Services (ACPMAP) screen by an authorized approving authority.

Provider ID :

This field is used to enter the provider's HCBS or FSL Medicaid Provider ID Number. Please take care to enter the correct provider number for the waiver type, i.e., FSL provider numbers with FSL services, and HCBS provider numbers with HCBS services, and CDC+ provider numbers (consultant only) for CDC+ consultant services. The provider number 999999999 may be entered if a provider has not been identified for either the DD/HCBS Waiver or for all CDC+ Program services except consultant., **or** if the service is not paid by Waiver funds.

Allocated Amount : The total dollar amount for the time span of the service plan. The Allocated Amount is calculated by multiplying the unit cost by the number of units designated. The system does not do calculations on this field. The user needs to check the math before transmitting the screen.

Accumulated Amount :

Accumulated Amount is a display field that reflects the total dollar amount already expended for this particular service plan.

Unit Cost :

The Unit Cost (rate) is the rate for the service that has been established by the level of service, and the provider type.

(UM) Unit of Measure :

Unit of Measure defines the unit that can be billed for a specific service. The appropriate codes are U - Unit, Q – Quarter hour, D - Day, M-Month, I – Mile, T – Trip, H – Hour. UM **must** correspond with the procedure code for billing.

see **Billing Code Matrix** at :

<http://apd.myflorida.com/providers/docs/billing-code-matrix.pdf>, or <http://apd.myflorida.com/providers/docs/billing-code-matrix-monroe-county-only.pdf>, for **Monroe County** rates.

Frequency :

Defines the frequency that the service is to be provided., and can only be populated with either D – Daily, W – Weekly, M – Monthly and 1 – One Time Service.

Funding Source :

The funding source defines which funding category should be used for specific procedure codes. The acceptable funding source codes are: W – Waiver, G - General Revenue, N - Natural/Family Support, C – Community, and O - Other State Agency. Generally, only waiver services are entered on a cost plan.

Treating Provider :

The Provider ID number of the consumer’s Waiver Support Coordinator.
Note: this field will become obsolete in the near future.

Comments :

The user must enter a “C” in the Action field to change or add comments. This is a required field. This section should contain **detailed** information related to service delivery. The total number of units should be included, as well as a breakdown of frequency and intensity.

Prior Authorization Number (PA) :

A 10 digit number assigned by the Medicaid Fiscal Agent, which is used to edit provider’s claims against a particular service authorization in ABC. This number will be found directly under the Next Screen field on ACLMSP. The information on this screen should match the information in FMMIS with that PA number.

How to use the ACPMAP Screen :

- To view the service plans, the user will enter a “V” in the Action field. Enter Client ID, Cost Plan Begin Date, Cost Plan End Date, and then transmit the screen.
- Then the user will have the option to approve the service by putting a “C” in the Action field and tabbing to the Approve Service Field and entering a “Y” to approve the service plan. All services can be approved prior to transmitting the screen, or selected services can be approved and others left in “N” status.
- The user can return to the ACPBSP screen by entering an “S” in the Action field and transmitting.

The **Change Begin/End Dates of Cost Plan (ACPMDT)** screen is used to change the begin and end dates of an entire cost plan. A begin date can not be changed after an accumulated (paid) amount is present in a service plan, and a cost plan end date should not be changed retroactively. There are some cases where this may be appropriate, but the APD Area Office should be notified prior to making that change and providers should be notified that a change is occurring and new authorizations sent immediately. Any changes that will result in a decrease in service level must be preceded by a 30 day notice to the provider.

Screen 5 : Change Begin/End Dates of Cost Plan (ACPMDT)

Accessory Manager - [TCPA_1]
 File Edit View Tools Session Options Window Help
 \ACPM... ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 03/31/09
 CHANGE BEGIN/ENDING DATES TIME 19:23
 ACTION: _ ^ (C,B,M,V)
 CLIENT ID: _ ^ CLIENT NAME:
 COST PLAN BEGIN DATE: _ ^ COST PLAN ENDING DATE: _ ^
 CHANGE TO
 COST PLAN BEGIN DATE: _ ^ COST PLAN ENDING DATE: _ ^
 VALID ACTIONS - 'C'-CHANGE, 'B'-BROWSE COST PLANS, 'M'-MENU, 'V'-VIEW
 NEXT SCREEN _ ^ ACTION _ ^
 DS/ABC SYSTEM
 1 1 Pg=7 FORM RCV LTAI
 Session has been established. CAP NUM 7:23 PM

How to use the ACPMDT Screen :

- The user will enter the Action:, Client ID:, the current Cost Plan Begin and End Date:, and transmit the screen.
- Using a “C” in the Action field, the user should enter the new begin and end dates of the cost plan.
- Changing the beginning and/or ending dates of a cost plan will also change any beginning or ending dates on service authorizations that fall outside the new date range, to coincide with the new date change.
- WSC’s need to review and make changes to service authorizations affected by a change in the beginning or ending dates to assure the accuracy of the allocations and comments on service authorizations.

The **Browse Cost Plans (ACPBCP)** screen is used to view all cost plans associated with that consumer.

Screen 6 : Browse Cost Plans by Client SSN (ACPBCP)

Accessory Manager - [TCPA_1]

ACPBCP CONTROL ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 04/03/09
 ^ BROWSE COST PLANS BY CLIENT SSN TIME 12:09
 PAGE

CLIENT ID: _ ^ CLIENT NAME:
 ^ ^

SELECT	COST PLAN BEGIN DATE	COST PLAN ENDING DATE	TOTAL ALLOCATED	TOTAL ACCUMULATED
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		
- ^	\ ^	\ ^		

SELECT OPTIONS - 'X' - MAINTAIN CP, 'D' - CHANGE DATES, 'A' - APPROVE SRVCS,
 'B' - BROWSE SRVCS, 'C' - COPY COST PLAN, 'M' - MENU

NEXT SCREEN ^ ACTION ^

ENTER CLIENT SSN TO BROWSE COST PLANS ^

DS/ABC SYSTEM ^

1 1 Pg=1 FORM RCV LTAI

Session has been established. CAP NUM | 12:13 PM

How to use the ACPBCP Screen :

- The user will enter the Client ID and transmit the screen.
- The user can then choose either of the selection options to call screens to maintain the cost plan or the services, change dates, browse services and approve services.

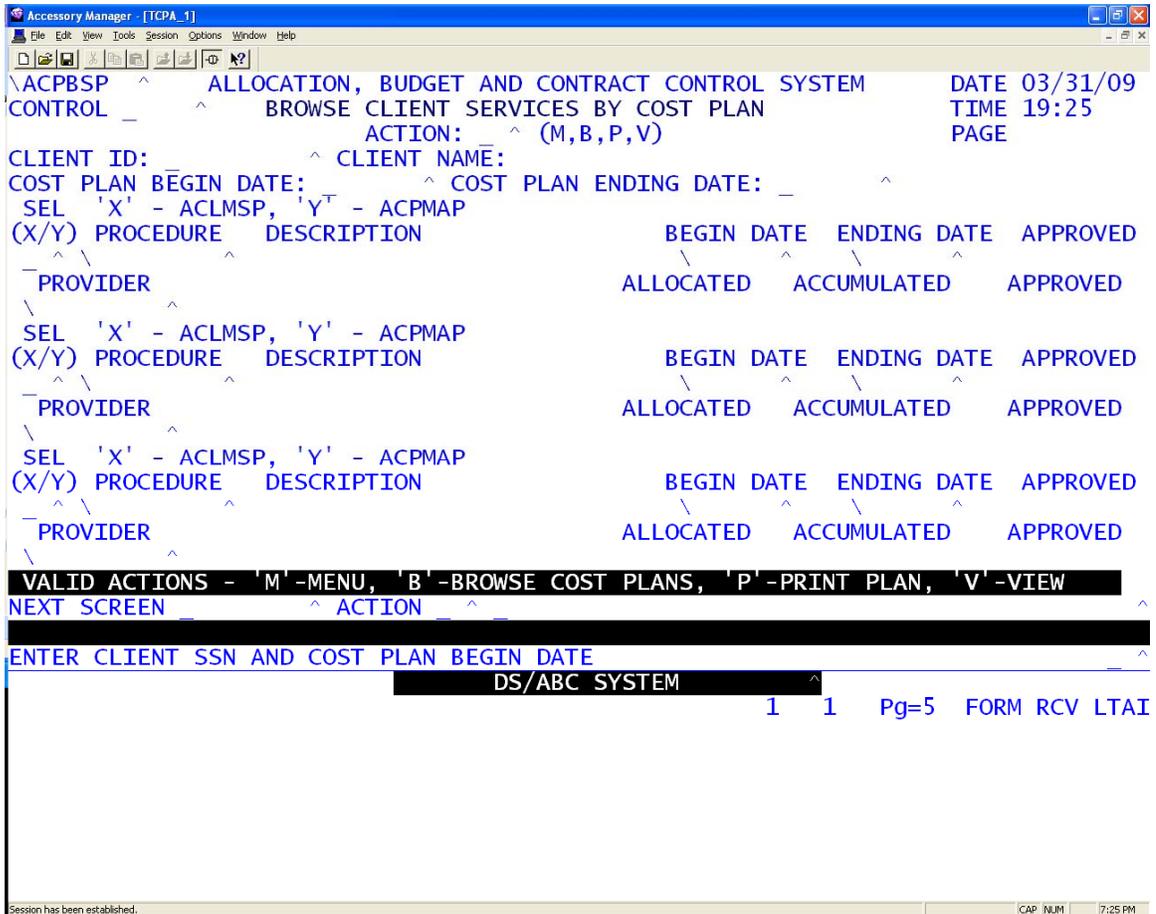
Glossary of Terms

Select Options :

- X** : (Maintain CP) call the Maintain Client Cost Plan (ACLMCP) screen.
- D**: (Change Dates) returns the Change Begin/End Dates of Cost Plan (ACPMDT) screen.
- A**: (Approve Srvcs) returns the Approve Cost Plan Services (ACPMAP) screen.
- B**: (Browse Srvcs) returns the Browse Client Services by Cost Plan (ACPBSP) screen.
- M** : returns the Cost Plan Menu (ACPMEN) screen.

The **Browse Client Services by Cost Plan (ACPBSP)** screen allows accessibility to the service plans in a consumer's cost plan, and to allow a quick review of the services in the cost plan.

Screen 7 : Browse Client Services by Cost Plan (ACPBSP)



How to use the ACPBSP Screen :

- The user should enter the Client ID, Cost Plan Begin and End Dates and transmit the screen.
- The user then places an 'X', to call the Maintain Services for Cost Plan (ACLMSP) screen and transmits the screen.

- The user can also call the Browse Cost Plans by Client SSN screen , the Menu screen, or View the next screen (if applicable) by entering B, M, or V respectively.

Glossary of Terms

Action Codes :

- **M** : (Menu) will return the Cost Plan Menu (ACPMEN) screen.
- **B** : (Browse Srvcs) returns the Browse Cost Plans by Client SSN (ACPBCP) screen.
- **P** : (Print Plan) will allow the user to print a copy of the entire cost plan to provide to the consumer or representative, which will also include space for signatures by the consumer and/or representative and the support coordinator. The selected service plan should be printed for use as the **official** Service Authorization to be given to providers.
To print the cost plan: Enter a (P) in the Action field ; enter the Client ID #; enter the cost plan Begin and End Dates and transmit the screen. Click the print button on your toolbar, at the top of the screen, to print the first page of the cost plan.
Then: transmit the screen again and click on the print button to print page two. Continue this process to print each page until you reach the signature blocks at the end of the cost plan.
- **X** : (Service Plan) returns the Maintain Services for Cost Plan (ACLMSP) screen.
- **V**: (View) views the next page of Browse Client Services by Cost Plan (ACPBSP) screen (if applicable).

The **Copy Existing Cost Plans (ACPCPY)** screen allows the user to copy an entire cost plan to a different year. If the new cost plan is not exactly like the previous one, it can still be copied and then the new one can have services added to it, removed from it or changed.

Screen 8: Copy Existing Cost Plans (ACPCPY)

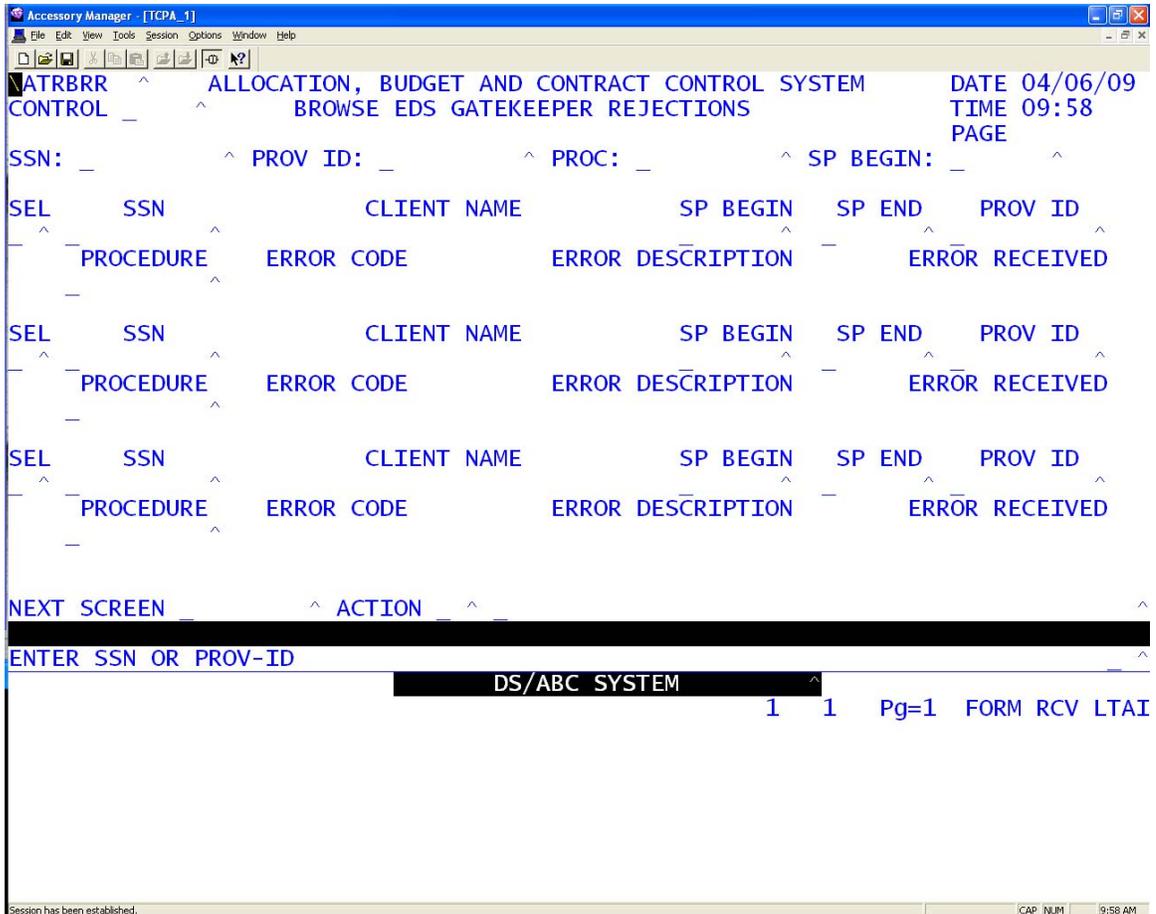
Accessory Manager - [TCPA_1]
 File Edit View Tools Session Options Window Help
 ACPCPY ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 09/15/09
 COPY EXISTING COST PLANS TIME 12:11
 ACTION: _ ^ (C,M,B,V)
 CLIENT ID: _ ^ CLIENT NAME:
 COST PLAN BEGIN DATE: _ ^ COST PLAN ENDING DATE: _ ^
 COPY TO
 COST PLAN BEGIN DATE: _ ^ COST PLAN ENDING DATE: _ ^
 VALID ACTIONS- 'C'-CREATE COST PLAN, 'M'-MENU, 'B'-BROWSE COST PLANS, 'V'-VIEW
 NEXT SCREEN ^ ACTION ^
 DS/ABC SYSTEM ^
 1 1 Pg=10 FORM RCV LTAI
 Session has been established. CAP NUM 12:11 PM

How to use the ACPCPY Screen :

- The user enters the Client ID, Cost Plan Begin and Ending Dates and transmits the screen.
- The user can then enter new Cost Plan Begin and End Dates and transmit the screen.
- Note : the new Cost Plan Begin and Ending Dates cannot overlap a previous cost plan's dates, and the dates should span one year.

The **Browse EDS Gatekeeper Rejections (ATRBRR)** screen allows accessibility to any service plan “add/update rejection” from the Medicaid fiscal agent.

Screen 9: Browse EDS Gatekeeper Rejections (ATRBRR)

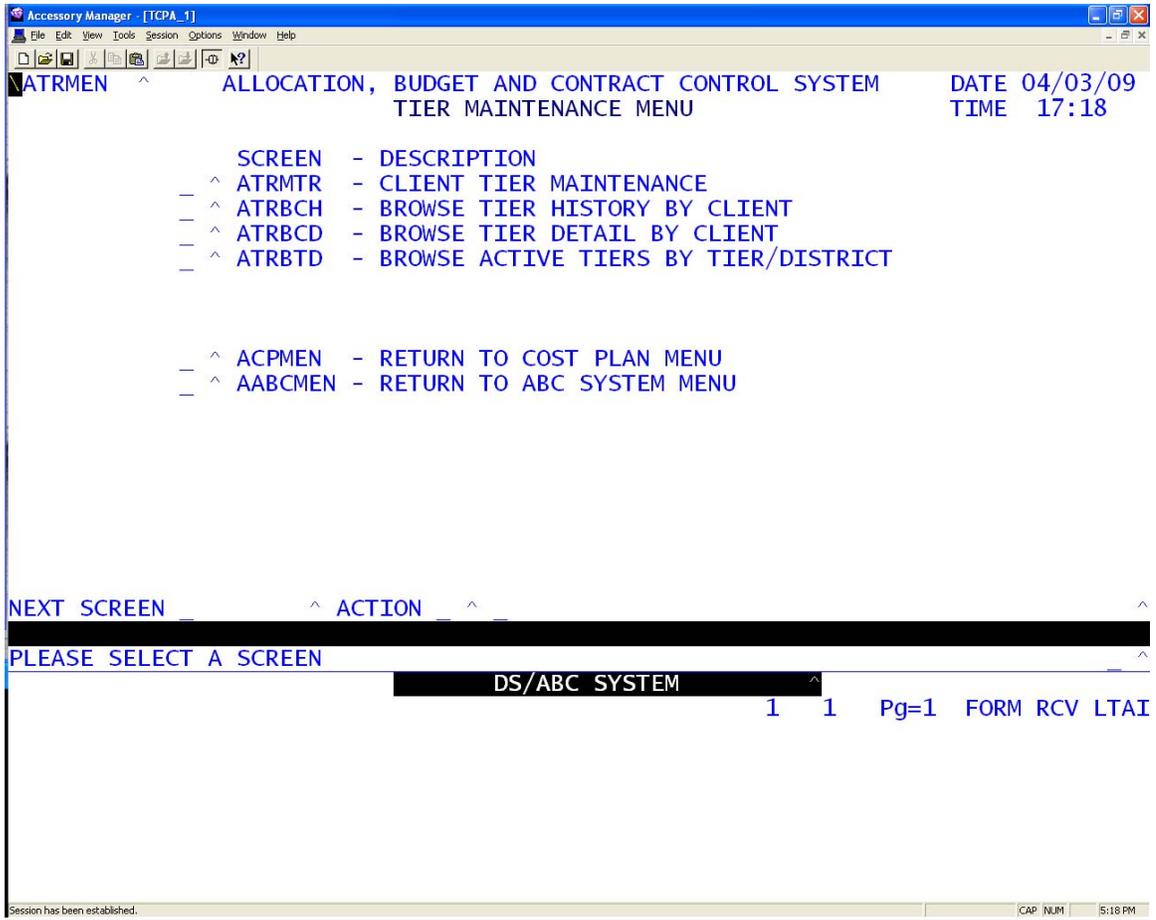


How to use the ATRBRR Screen :

- The user may enter the Client ID/SSN or the Provider ID number and transmit the screen. Any add/update rejection errors will be displayed, along with the date of rejection, the rejection error code and error description.

The **Tier Maintenance Menu (ATRMEN)** screen allows direct access to the screens associated with the Tier Module. The names of the different screens that are available in the tier module are displayed on this screen. Navigation to other screens within this menu is achieved by entering an “X” in the field to the left of the screen name, and transmitting the screen.

Screen 10: Tier Maintenance Menu (ATRMEN)



How to use the ATRMEN Screen :

- The user should enter an “X” in the field to the left of the screen selection and transmit.

The **Client Tier Maintenance (ATRMTR)** screen is used to enroll a client in a particular tier and to change a tier assignment in the case of a significant change in the individual's circumstances. This screen also allows authorized users to enter information about whether there is a Fair Hearing pending for this individual.

This screen is restricted to Central Office authorized users only for entering and changing tier assignments.

Screen 11: Client Tier Maintenance (ATRMTR)

```

Accessory Manager [TCPA_1]
File Edit View Tools Session Options Window Help
\ATRMTR ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 04/03/09
CLIENT TIER MAINTENANCE TIME 17:38

ACTION _ ^ (A, C, D, V, M)
CLIENT ID _ ^
BEGIN DATE _ ^ (MMDDYY)
END DATE _ ^ (MMDDYY) or Blank
STATUS _

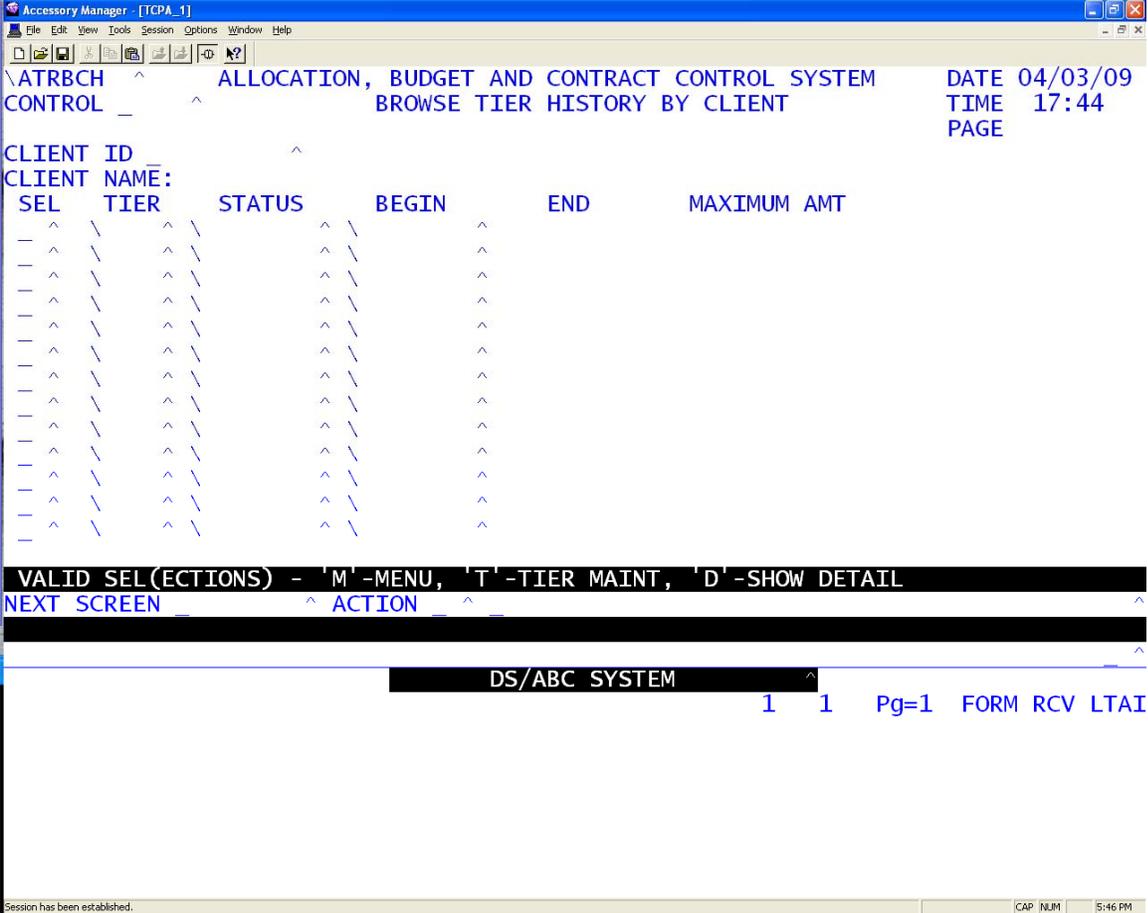
WAIVER TIER _ ^ DD1 _ ^ DD2 _ ^ DD3 _ ^ DD4
MAXIMUM NO LIMIT 55,000.00 35,000.00 14,792.00

MAXIMUM NO LIMIT 55,000.00 35,000.00 14,792.00
^ CDC1 ^ CDC2 ^ CDC3 ^ CDC4
NO LIMIT NO LIMIT
HEARING REQUESTED _ ^ TBD ^ N/A
COMMENTS _ ^ (Y/N)
NEXT SCREEN _ ^ ACTION _ ^
DS/ABC SYSTEM
1 1 Pg=1 FORM RCV LTAI
Session has been established. CAP NUM 5:39 PM

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The **Browse Tier History by Client (ATRBCH)** screen allows authorized users to view the history of tier assignments for a given individual.

Screen 12: Browse Tier History by Client (ATRBCH)



How to use the ATRBCH Screen :

- Enter a client ID in the Client ID field on the screen and transmit the screen. If the individual has a current or past tier assignment, those assignments will display on the screen. The current tier assignment will have no date in the END column. Past, or closed tier assignments will have an ending date displayed in the END column. Notice that there are Valid Selections displayed at the

bottom of this screen. These can be entered into the SEL (selection) field to the left of any tier displayed in order to navigate between screens.

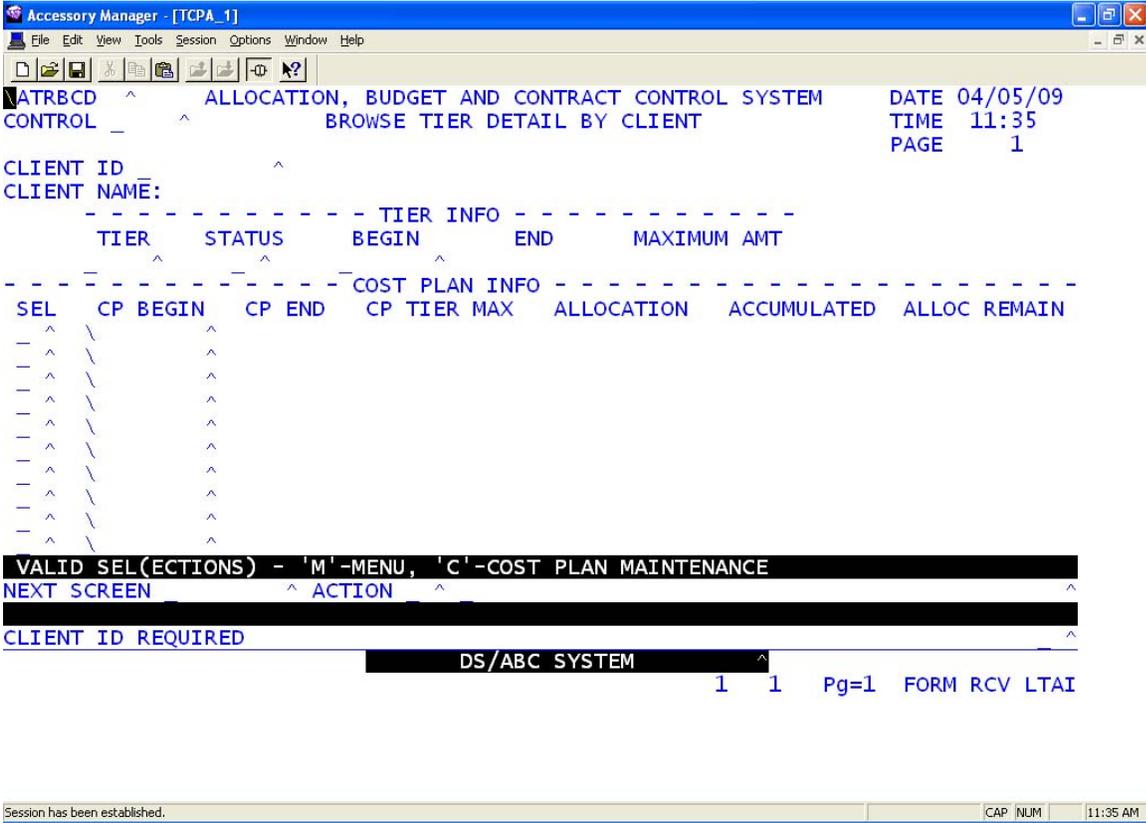
- Entering an “M” will access the Tier Menu screen (ATRMEN).
- Entering a “T” will access the Tier Maintenance screen (ATRMTR).
- Entering a “D” will access the Browse Tier Detail by Client screen (ATRBCD). The ATRBCD screen can only be used by first entering a “D” (Details) on the ATRBCH screen, after viewing an individual’s tier history.

Program Information Related to ATRBCH:

- Occasionally, there will be a need for the APD Area office, the Waiver Support Coordinator or the APD Central Office to review the history of an individual’s tier assignments. The information on ATRBCH displays this historical information.
- Since this is a browse screen, information cannot be added or removed from this screen.
- The Browse Client Medwaiver Cap History (ACLBMWC) screen may be used to view a consumer’s medwaiver enrollment dates for the Developmental Services Home and Community Based Services Waiver (DD/HCBS) **prior** to the implementation of Tiers in 2008.
- The Browse Client Supported Living History (ACLBSLC) screen may be used to view a consumer’s medwaiver enrollment dates for the Family and Supported Living Waiver (FSL) **prior** to the implementation of Tiers in 2008.

The **Browse Tier Detail by Client (ATRBCD)** screen displays information about an individual’s cost plans under the selected tier assignment. Information regarding the status of the selected tier is displayed, along with the dates of current and past cost plans and a summary of the financial information contained within those cost plans associated with the tier assignment.

Screen 13: Browse Tier Detail by Client (ATRBCD)



How to use the ATRBCD Screen :

- This screen must be accessed through the ATRBCH screen (Browse Tier History by Client) by entering a “D” for Detail, in the SEL field to the left of the chosen tier assignment record on the ATRBCH screen. When transmitted, the information regarding the tier assignment and cost plan information associated with that tier

assignment will display on this screen. Notice the Valid Selections at the bottom of the screen.

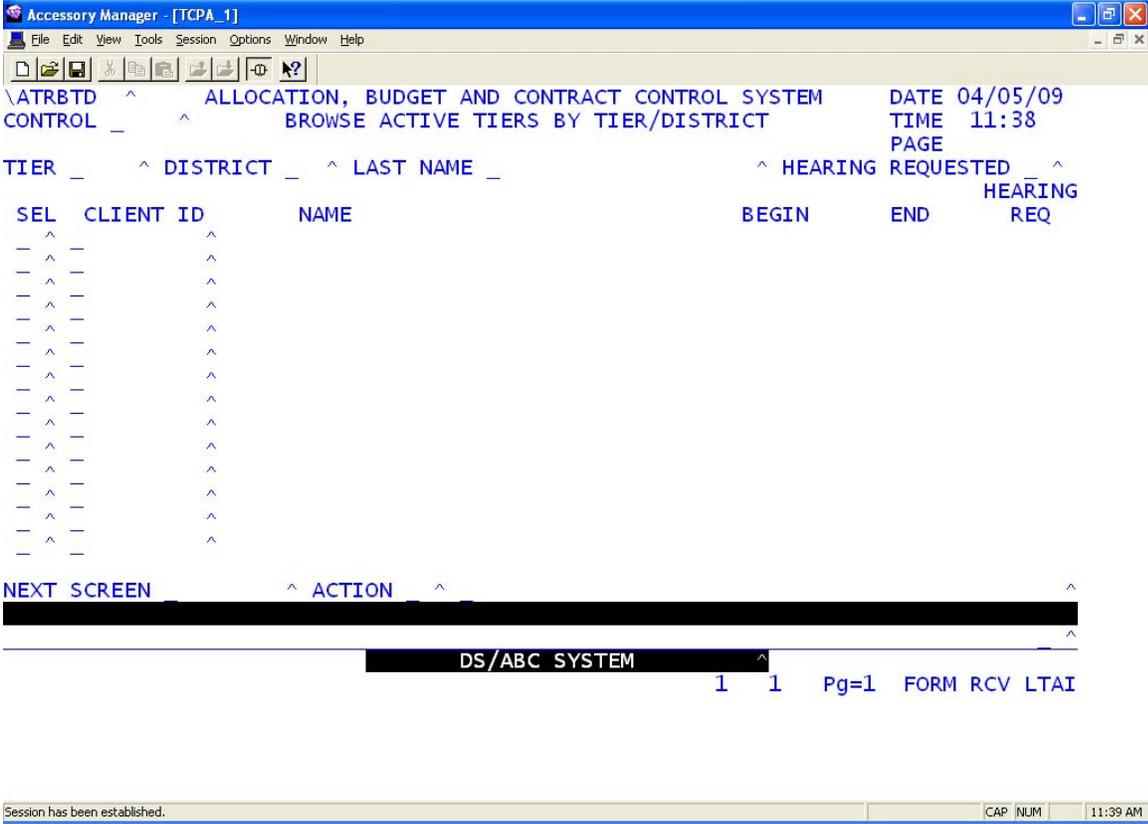
- Entering an “M” in the SEL field to the left of the cost plan information accesses the Tier Menu screen (ATRMEN).
- Entering a “C” in the SEL field to the left for the cost plan information accesses the Maintain Client Cost Plan screen (ACLMCP).

Program Information Related to ATRBCD:

- This screen allows the user to quickly view all the cost plans for an individual that are associated with a tier assignment.
- This gives the user an overview of allocations and accumulations in the cost plans, and any “over tier limit amounts” for the individual.
- PCA service for individuals under the age of 21 **will not** be included in the determination of the tier limit. Therefore, the ABC system will not include the dollar amounts allocated in determining whether an individual is over their tier limit. When these consumers reach the age of 21, Waiver Support Coordinators must assure that the cost plans are adjusted to bring the consumer in under the tier cap, or request a tier change if the individual meets the criteria for a change in tier assignment.

The **Browse Active Tiers by Tier/District (ATRBTD)** screen allows the user to view a list of individuals who are in the selected tier by the selected APD Area Office. It also has a field to indicate if a particular individual has requested a fair hearing.

Screen 14: Browse Active Tiers by Tier/District (ATRBTD)



How to use the ATRBTD Screen :

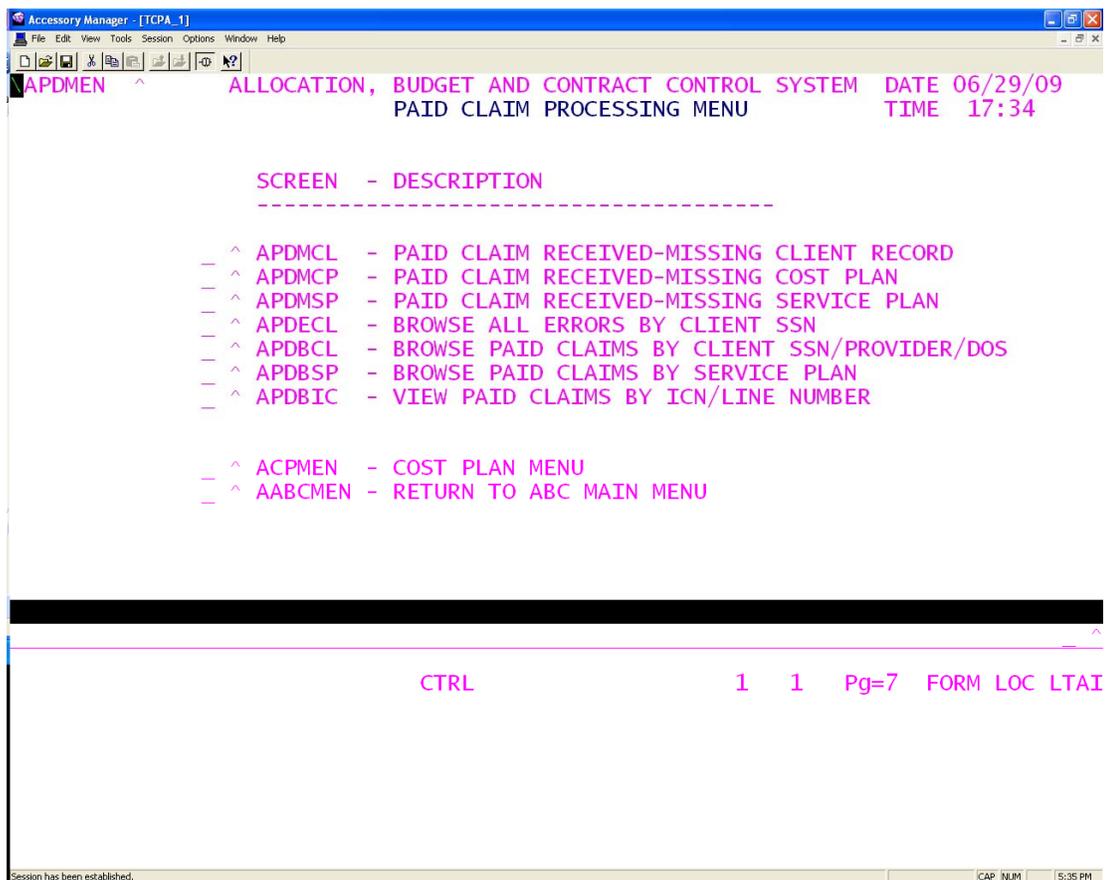
- In order to view a list of individuals assigned to a given tier for a selected APD Area, enter the Tier designation in the TIER field, and the APD Area office designation in the DISTRICT field. Transmit the screen. If the transaction is successful, a list of Client IDs and names will appear on the screen.
- To view the next page of names, and/or scroll through the list, simply transmit the screen again.
- This returns a list of individuals active on that tier cap.

Program Information Related to ATRBTD:

- This screen is useful in identifying individuals who are currently assigned to any given tier within an APD Area.
- APD Area Office staff will need to access lists of individuals who are assigned to a given tier in their area.
- This screen will allow Area office staff to know how many people are in each tier in their area and who those individuals are.

The **Paid Claim Processing Menu (APDMEN)** screen allows direct access to the screens associated with the Paid Claim Module. The names of the different screens that are available in the Paid Claim module are displayed on this screen. Navigation to other screens within this menu is achieved by entering an “X” in the field to the left of the screen name, and transmitting the screen.

Screen 15: Paid Claim Processing Menu (APDMEN)

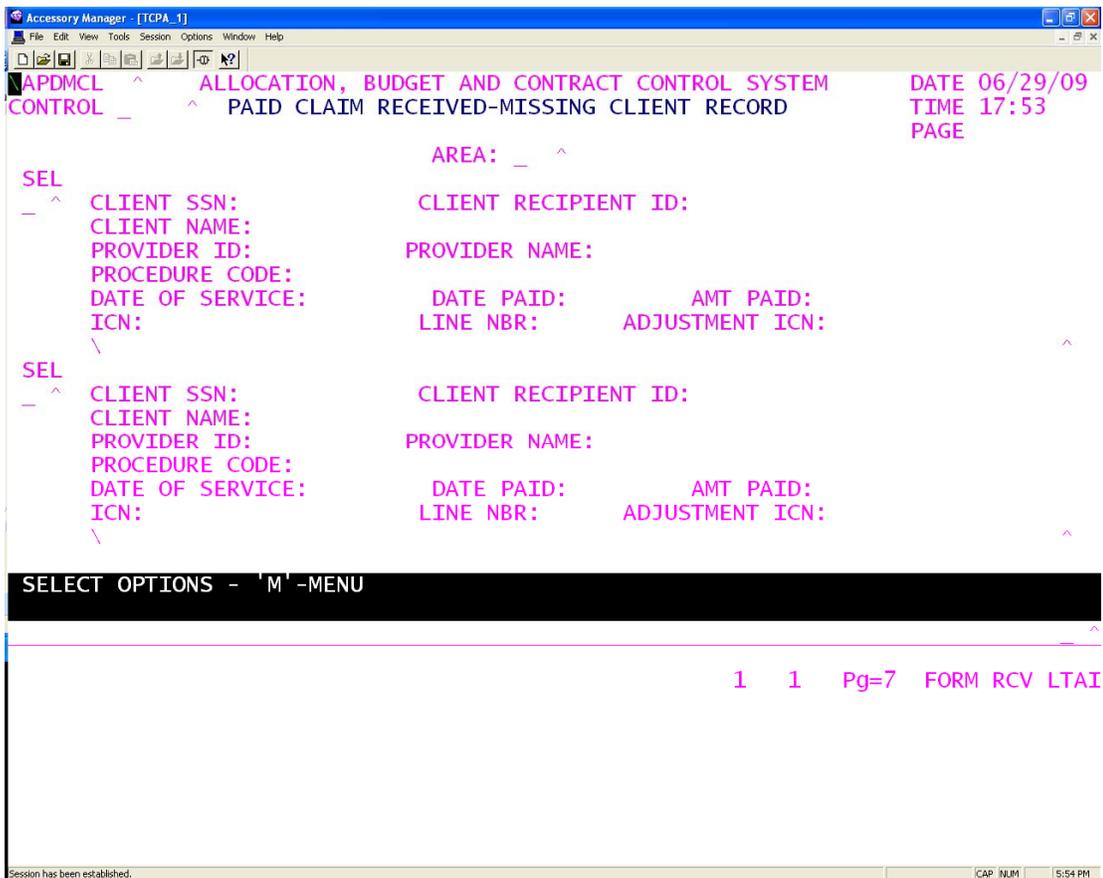


How to use the APDMEN Screen :

- The user should enter an “X” in the field to the left of the screen selection and transmit.

The **Paid Claim Received – Missing Client Record (APDMCL)** screen allows the user to view paid claims received from Medicaid that do not correspond with any client record / SSN or Recipient ID number in ABC. The user may view these errors by Area.

Screen 16: Paid Claim Received – Missing Client Record (APDMCL)

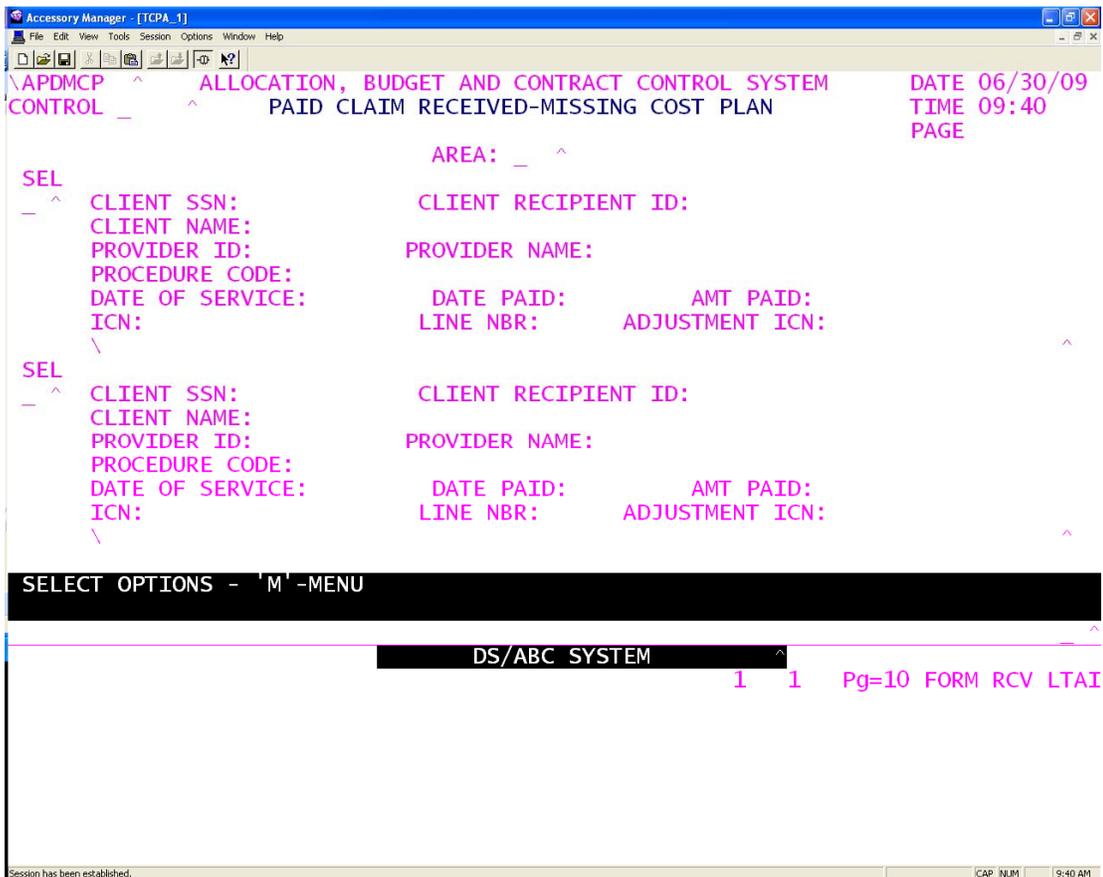


How to use the APDMCL Screen :

- In order to view a list of paid claims received that do not correspond to a given client record / SSN / Recipient ID, enter the specific Area and transmit.
- To return to the Paid Claim Processing Menu (APDMEN), the user can enter an “X” in the field to the left of a specific paid claim selection and transmit.

The **Paid Claim Received – Missing Cost Plan (APDMCP)** screen allows the user to view paid claims received from Medicaid that do not correspond with any existing cost plans in ABC. The user may view these errors by Area.

Screen 17: Paid Claim Received – Missing Cost Plan (APDMCP)

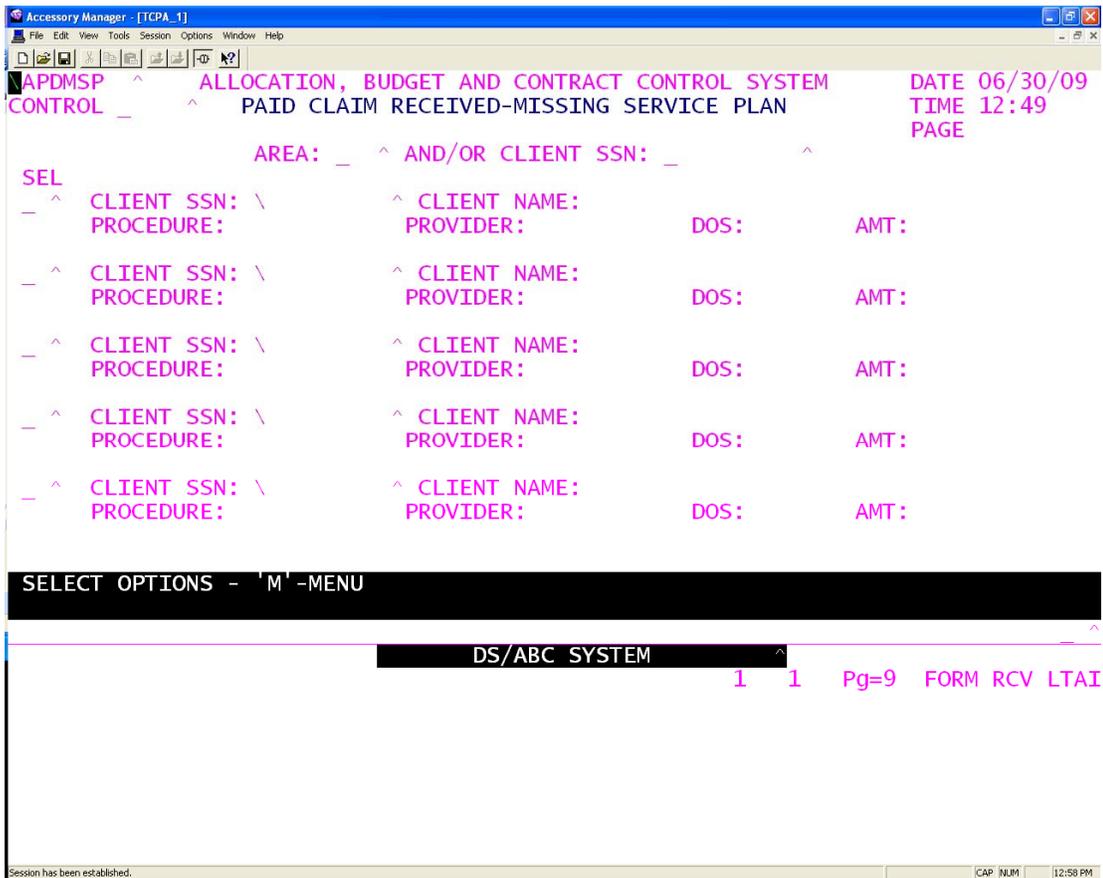


How to use the APDMCP Screen :

- In order to view a list of paid claims received that do not correspond to a given cost plan, enter the specific Area and transmit.
- To return to the Paid Claim Processing Menu (APDMEN) , the user can enter an “X” in the field to the left of a specific paid claim selection and transmit.

The **Paid Claim Received – Missing Service Plan (APDMSP)** screen allows the user to view paid claims received from Medicaid that do not correspond with any existing service plans in ABC. The user may view these errors by Area and /or Client SSN.

Screen 18: Paid Claim Received – Missing Service Plan (APDMSP)



How to use the APDMSP Screen :

- In order to view a list of paid claims received that do not correspond to a given service plan, enter the specific Area and/or Client SSN and transmit.
- To return to the Paid Claim Processing Menu (APDMEN), the user can enter an “X” in the field to the left of a specific paid claim selection and transmit.

The **Browse All Errors by Client SSN (APDECL)** screen allows the user to view all claim errors received from Medicaid. The user may view these errors by Client SSN.

Screen 19: Browse All Errors by Client SSN (APDECL)

Accessory Manager - [TCPA_1]

File Edit View Tools Session Options Window Help

APDECL ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 06/30/09
 CONTROL _ ^ BROWSE ALL ERRORS BY CLIENT SSN TIME 13:09
 PAGE

CLIENT SSN: _ ^

SEL
 - ^ CLIENT SSN: CLIENT RECIPIENT ID:
 CLIENT NAME:
 PROVIDER ID: PROVIDER NAME:
 PROCEDURE CODE:
 DATE OF SERVICE: DATE PAID: AMT PAID:
 ICN: LINE NBR: ADJUSTMENT ICN:

ERROR: \ ^

SEL
 - ^ CLIENT SSN: CLIENT RECIPIENT ID:
 CLIENT NAME:
 PROVIDER ID: PROVIDER NAME:
 PROCEDURE CODE:
 DATE OF SERVICE: DATE PAID: AMT PAID:
 ICN: LINE NBR: ADJUSTMENT ICN:

ERROR: \ ^

SELECT OPTIONS - 'M'-MENU

DS/ABC SYSTEM ^

1 1 Pg=8 FORM RCV LTAI

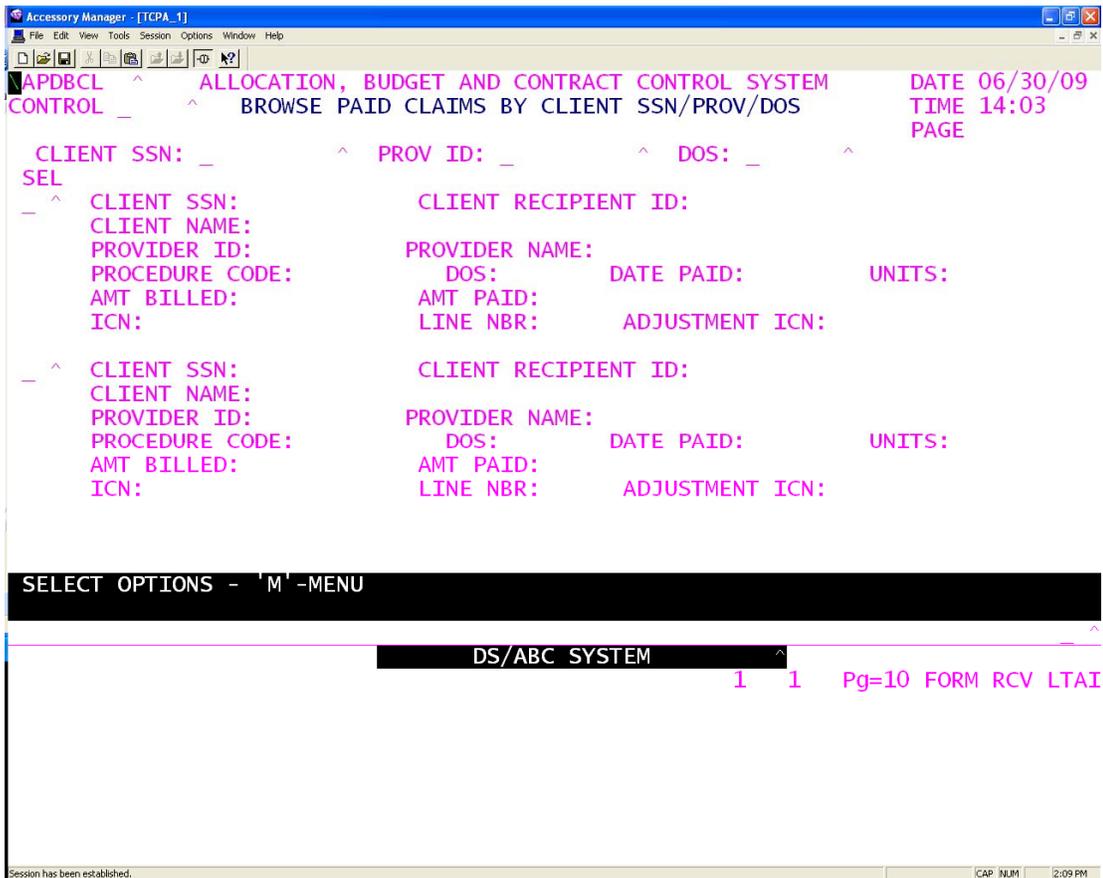
Session has been established. [CAP INUM] | 1:24 PM

How to use the APDECL Screen :

- In order to view a list of errors received, enter the specific Client SSN and transmit.
- To return to the Paid Claim Processing Menu (APDMEN), the user can enter an “X” in the field to the left of a specific paid claim selection and transmit.

The **Browse Paid Claims by Client SSN/Provider/DOS (APDBCL)** screen allows the user to view all paid claims received from Medicaid. The user may view the paid claims by Client SSN, Provider ID or Date of Service (DOS).

Screen 20: Browse Paid Claims by Client SSN/Provider/DOS (APDBCL)



How to use the APDBCL Screen :

- In order to view a list of paid claims received, enter the specific Client SSN, Provider ID or DOS and transmit.
- To return to the Paid Claim Processing Menu (APDMEN), the user can enter an “X” in the field to the left of a specific paid claim selection and transmit.

The **Browse Paid Claims by Service Plan (APDBSP)** screen allows the user to view all paid claims received from Medicaid for each Service Plan.

Screen 21: Browse Paid Claims by Service Plan (APDBSP)

Accessory Manager - [TCPA_1]
 File Edit View Tools Session Options Window Help

\APDBSP ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 09/14/09
 CONTROL ^ BROWSE PAID CLAIMS BY SERVICE PLAN TIME 11:26
 PAGE

CLIENT ID : _ ^
 RECIPIENT ID: _ ^ CLIENT NAME:
 COST PLAN BEGIN DATE: _ ^ COST PLAN END DATE: \ ^
 SERVICE PLAN BEGIN DATE: _ ^ SERVICE PLAN END DATE: \ ^
 PROCEDURE CODE: _ ^ PROVIDER ID: _ ^

SEL	ICN	NBR	DOS	AMT BILLED	AMT PAID	DATE PAID	ADJUST EXISTS
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				
- ^ \		^ \	^				

SELECT OPTIONS - 'D'-DETAIL, 'S'-SERVICE PLAN, 'C'-COST PLAN, 'M'-MENU

DS/ABC SYSTEM ^
 1 1 Pg=1 FORM RCV LTAI

Session has been established. CAP MUM 11:27 AM

How to use the APDBSP Screen :

- In order to view a list of paid claims received for a specific service plan, enter the specific Client SSN, Cost Plan Begin Date, Service Plan Begin Date, Procedure Code, and transmit.

Note: If you are viewing a specific service plan on ACLMSP, you can enter a “T” in the Action field and you will be taken to APDBSP, which will have the necessary information pre-loaded.

- To return to the Paid Claim Processing Menu (APDMEN) , the user can enter an “X” in the field to the left of a specific paid claim selection and transmit.

The **View Paid Claims by ICN/Line Number (APDBIC)** screen allows the user to view the details of all paid claims received from Medicaid by ICN / Line Number.

Screen 22: View Paid Claims by ICN / Line Number (APDBIC)

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Accessory Manager - [TCPA_1]
File Edit View Tools Session Options Window Help
\APDBIC ^ ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM DATE 09/14/09
VIEW PAID CLAIMS BY ICN/LINE NUMBER TIME 12:05
ACTION _ ^ (V/M/S)

ICN: _ ^ LINE NUMBER: _ ^
CLIENT ID : _ ^ CLIENT NAME:
RECIPIENT ID:
COST PLAN BEGIN DATE: _ ^ COST PLAN END DATE: _ ^
SERVICE PLAN BEGIN DATE: _ ^ SERVICE PLAN END DATE: _ ^
PROVIDER ID: _ ^ PROVIDER NAME:
PROCEDURE: _ ^ TREATING PROVIDER ID:

DATE OF SERVICE: DATE PAID: DAUW:
UNITS: BILLED AMOUNT: PAID AMOUNT:

ADJUSTMENT ICN: DATE/TIME POSTED TO ABC:

VALID ACTIONS - 'V'-VIEW, 'M'-MENU, 'S'-SERVICE PLAN (ONLY VALID PAID CLAIMS)

DS/ABC SYSTEM ^
1 1 Pg=9 FORM RCV LTAI

Session has been established. CAP NJM 12:05 PM
  
```

How to use the APDBIC Screen :

- In order to view the details of a specific paid claim, enter a “V” in the Action field, the ICN, Line Number and transmit.
- To return to the Paid Claim Processing Menu (APDMEN), the user can enter an “M” in the Action field and transmit. To return to the specific service plan the claim was paid from, enter an “S” in the Action field and transmit.

Note : Both paid claims and error tables will be searched when pulling information for this screen.