

# **ICP DEVELOPMENT GUIDELINES FOR INDIVIDUALS IN THE MT DEVELOPMENTAL DISABILITIES WAIVERS**

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## **ICP Development Guidelines for Individuals in the Standardized Rates System**

*This document serves as a guideline on how to determine what to account for in an individual cost plan, as well as how to create one. Due to the intricate details of this guide, it's recommended the reader go through the whole document as some items carry-over in multiple sections. This guide is meant to be used in conjunction with the Individual Cost Plan (ICP) Web System User Reference (HELP link on ICP system) the SERVICE CATEGORY AND DETAIL DESCRIPTIONS document, and the Waiver, as well as individual service planning documents, and possibly the Rates Manual.*

Services identified in the Individual Cost Plan (ICP) should come directly from information agreed upon in the Personal Supports Plan (PSP), or IFSP meeting. Using the MONA amount or current ICP (if there is one) as a guide of available funding, the planning meetings should identify the types of services to be purchased and the intended provider for each service. Based on the anticipated need and expected progress, average weekly or monthly hours of support should be identified at a level sufficient to meet health and safety, as well as meet progress expectations noted in the PSP, IP, or IFSP. All participants of the team, including the individual, guardian, Case Manager (CM), provider, etc. should agree on the services and the amounts of support hours anticipated to meet health, safety, and outcomes. The services and hours needed should be well documented, either in the plan of care or in the ICP comments and should traceable to assessed needs. If the service hours are not defined, documented, and agreed upon, the Case Manager should not build the ICP service line. There may be need for a temporary cost plan for individuals new to services that have not had their PSP – not having the above level of agreement is ok for temporary time periods until the PSP is conducted. At a minimum, there should be discussion and agreement between the CM and the provider in these short-term instances.

Balance between ‘wants’ and ‘needs’ must be maintained. It is always appropriate for DD to adequately fund and provide for health and safety needs as well as some personal development outcomes. As demonstrated in PSP training, creativity is welcome and may be an integral part of helping the individual find other ways or sources to fulfill their ‘wants’. The ICP should reflect the levels of DD paid supports necessary to provide for those appropriate needs and outcomes.

The cost plan does not necessarily need to be changed for temporary, short-term fluctuations in needs, as flexibility is built into some of the service units itself, (for example, the Base level of supported living is a range of 1 to 30 hours), or invoicing allows flexibility (for hourly units, more or less hours than stated in the cost plan can be billed as each month goes, etc). All service lines are tied to a maximum that cannot be exceeded for the current fiscal year. If an increase or decrease in support seems to be more permanent, then discussion and agreement would need to occur on changes, and then the ICP may need to be updated. Questions to consider would be: Does the needed

change mean other individuals are getting less service? If so, that may require adjustment to the other individuals that share staff time. Does the needed change require the provider to permanently adjust staffing? How does this affect other individuals that may share staff time? If it's an increase can it be funded from a decrease of another service for that person? Does the provider have any hours to shift from somewhere/ someone else? IF it's determined that an ICP change is needed, that change should be done in a timely manner, especially if it affects invoicing. Best practice is to do any change immediately when the CM has the details to do the update or change, or at a minimum, **WITHIN THE SAME MONTH OF THE EFFECTIVE DATE OF THE CHANGE.**

It is mandatory that each person's plan of care and ICP is reviewed in its entirety, at least ANNUALLY. Usually this will correspond around the individual's annual team meeting and the month/year of the person's last annual meeting will be entered by the Case Manager on the ICP system. A change to one or more services during the course of the year does not constitute an in-depth review, however, the CM *has* the option of performing an extensive review when another change occurs, and/or more often than annually.

#### DETAILS OF DETERMINING AMOUNTS OF SERVICE

After the MONA amount has been established as a guide or their Maximum Fiscal Year amount is noted, this step usually will occur during the PSP or IFSP process as coordination of assessed needs, available dollars, types of services needed, which provider(s) will render the services, and how much the individual can purchase with their allocation using service hours as the basis. It's particularly important to document hours or levels of service(s) that are agreed upon by the individual and provider, and will likely be part of the Lifestyle section or as specific Action Steps and Implementation Plans of the PSP.

Hours of service in an ICP line should only reflect the *Direct Care Staff* hours needed to accomplish health, safety, and progression toward outcomes. In group settings with shared staff, staffing schedules can help determine available direct care time. When the available direct care time is not sufficient, the service provider will need to plan for additional staffing. The provider's staffing should be at a level at least equal to the total service hours identified in individual cost plans for that site or that service. (Example: if there are 4 people at a site, and their cost plans say they each need 100 hours per week, then the staffing schedules should equate to 400 staff hours each week).

When determining the amounts of direct care service hours necessary, there are some general rules that apply for which hours to include or not. The following definitions include staff that have direct contact with individuals, including Employment Specialist staff, Children's Case Managers, Supported Living direct care workers, and other more common direct care staff such as day program staff, residential habilitation staff, adult companion, homemaker, personal care, and respite:

1. The following are NOT allowed to be counted as direct care staff hours when developing a cost plan, and are not billable by the provider:
  - Do not include hours for administration, support coordination (as stand-alone done by staff other than the same staff providing the day-to-day service delivery), medical staff, and transportation driver's time when the driver does not subsequently do direct care activities. Those components are either built into other areas of the hourly rates themselves, are reimbursed by another method, and/or are not exclusively billable by the provider. For Supervisors, Managers, or Lead workers that do daily direct care (do hands-on direct care and are integral in helping an individual accomplish outcomes, most commonly in group homes), do NOT include the PORTION of their time that IS NOT DIRECT CARE. Examples of time not to include can be employee scheduling, employee training coordination, dealing with staff issues – activities that do not meet the waiver definition of a DD service.
  - A minimum of 320 hours of employee non-billable time, including staff training is already built into each rate. Each employee has standard CPR, new employee orientation, etc. Do not count these anticipated hours in cost plans. Additionally, staff training time not specific to a particular client should not be built into cost plans. Examples include College of Direct Support training time, PSP training from DD, regular staff meetings, etc. The rates are enhanced to cover staff time performing these functions and are not exclusively billable by the provider. There may be a few exceptional cases where training time to serve a specific individual whose support needs are very unique could be appropriate to include in a cost plan, but it should be appropriate in rare cases and should have Regional Manager approval.
  - Do not add in anticipated employee 'windshield' time getting to and from places when the staff is not directly with the client. This is more common for individualized services (S/L) and WCCM or CTS staff and for those, the Program Related parts of the rates have been enhanced to accommodate. This is not directly billable staff time for providers.
  
2. The following ARE allowed to be counted as direct care staff hours, are billable by the provider, and can be counted as service hours in an ICP:
  - The person's regular Direct Care Staff's anticipated time at meetings with and/or on behalf of a specific client. Examples include incident meetings, annual PSP meetings, doctor appointments, documentation as a result of a direct service given (progress notes by direct care staff) except for WCCM services, and time on behalf of the individual for activities (most common in Individualized Living and Supported Employment) such as conducting phone discussions, data gathering or sharing, or computer/research time directly related to a specific DD individual. *(Remember, this is Direct Care Staff or Job Coach/Employment Specialist time. Please refer to*

*guideline above if employee other than staff directly performing the service are doing these 'on behalf of' duties)*

- Direct care staff time anticipated transporting an individual or individuals where the direct care staff provide transportation concurrently with service needs. These are situations where staff are providing supervision, habilitation and/or supports in addition to transportation. An example is staff who start their shift at the Group Home and transport their individuals to the Day Program.
- Staff time (besides the driver) shared by specific individuals using group transportation, such as a provider van or bus, to provide monitoring and support.
- Direct contact and/or presence between direct care staff and clients.
- For MEDICALLY INTENSE Community Homes – LPN hours **are** considered direct care for these specific sites and should be included when determining weekly or monthly hours. Central Office determines and authorizes the Medically Intense designation. They currently are the Porphyry Home in Butte, Medical South in Helena, and the Kent Home in Missoula.
- Director's hours providing direct care support individuals for Small Agency providers count as direct care. See Service Category and Detail Descriptions document to determine if a provider meets criteria for Small Agency. The Small Agency designation is assigned by DDP.

Determining direct care staff hours for individuals in congregate or group settings where direct care staff hours are shared requires close consultation with the service provider and will usually occur during PSP activities. The needs and limitations of the provider staff availability and/or scheduling must be taken into consideration so the result is a reasonable expectation for staffing at the group setting. As you consider the appropriate staff hours, it may be helpful to relate it back to ratios.

\*\*\*Let's start with congregate work/day settings: There are two situations that may apply.

*1. Staff start their shift at the residential site, then travel to the day program and continue their shift.*

That portion of hours while the staff are providing services at the residential site should be built under the residential allocation of hours. When the staff move with the individuals and then provide Day services, those staff hours should be built under Day hab, or vice versa if that's the case. If the individual is in this scenario where staff initially provide res hab and follow the client to the Day program, all staff hours are billable. To figure that individual's share of Day program hours, you consider the hours the person attends the day program, which typically is a about 30 hours a week for a full-time participant. (6 hours a day for 5 days a week) Continuing with 30 hours for an example, you then determine the average staff ratio that is adequate to support that person. Let's say the individual

is adequately served with a 1:3 staff ratio (one staff to 3 clients). 30 (hours) divided by 3 equals 10. 10 would be the weekly staff hours this individual should buy.

$$30 / 3 = 10$$

If the individual does not attend the day program every day, then you find your average weekly hours by the hours they attend per day, times the days per week they attend. (Ex. Individual goes full days, but attends 4 days a week. 6 hours per day X 4 days equals 24 hours. You then use 24 hours when you divide by the staff ratio..we'll use 1:3 as we did above).  $24 / 3 = 8$  hrs weekly for this client

2. *The provider has staff that arrive at a congregate work/day site to set up, prepare, etc. before individuals show up.*

The program for individuals where this scenario applies is considered a 40 hr/week program for a full time individual (even though they only attend 30 hours), so the provider can get reimbursed for staff time that otherwise isn't billable. Continuing with a full time example, let's say the individual you are working on is adequately served with a 1:5 staff ratio (one staff per 5 individuals). So, 40 hrs divided by 5 people, equals 8. That individual's weekly share of Day service hours would be 8. You can do this calculation considering the staffing ratio needs of every individual exclusive of everyone else. Estimate your calculations for an average month, depending on the average share of staff time each day the individual plans to attend. Additional consideration will apply for individuals who are not full time, and/or do not attend every day.

\*\*\*A similar 'ratio' methodology can be used for determining a person's share of Group Living shared staff hours. This will take some consideration of staffing and client needs such as days of the week and weekends, different times of the day or night, and client behavior can vary. Again, you are looking for an AVERAGE for the individual. Consider the other individuals residing together and peak times such as morning or dinner time, which may also affect whether your individual should 'buy' more or less hours depending on staff time that *others* may use/need. If you document how you (and the team) derived the hours/amounts for any service and why, it will likely save time in the future, especially if a disagreement develops. There are tools in Excel that are available.

Please note that some specific rules have been determined when assessing how to build **Supported Living monthly**. The same definition of Direct Care Staff applies from earlier in this section, however, please apply the following rules:

- A. **Supported Living:** Supported Living has historically been a combination of several different services such as Supported Living (res hab), Adult Companion, Homemaker, etc. Consider all services (except transportation) if the hours meet criteria in Determining Amounts of Service section. IF the Res Hab portion of all the different types of services is 25% or more of the total monthly hours needed, then consider ALL of the hours under Supported Living services. IF the Res Hab

portion is less than 25% of the total hours, then build ALL of the hours under the service that has the greatest percentage. The providers will then invoice this way.  
>>*Note: there are sometimes exceptions to this rule through DD Central Office. The Case Managers will be involved in any exceptions.*

When entering a specific service, base it on anticipated direct care staffing needs in an average month, irrelevant of the client's start date (for example: a mid month start date). Build the service(s) based on the average monthly hours you anticipate the individual will need over the next 12 months, while using the MONA or Maximum Fiscal Year amount as a guide of available funding. Keep in mind further direction on cost-based services (mods, equipment, etc) explained later in this document, that are based on annual amounts, not monthly.

### STEPS OF ENTERING/SUBMITTING COST PLAN INFORMATION

*(It will be beneficial to refer to the ICP Web System User Reference document. Use the HELP link on the upper Right corner of any ICP screen)*

Once the planning meetings have occurred and there is an agreement on the types of services and amounts of each service necessary, the Case Manager (FSS or ICP Manager in Children Services) is ready to enter that information into a cost plan. Timely entry of new or changing services is required so the provider can invoice. The following are steps necessary to build and get the ICP authorized in the web ICP system:

1. Using the search criteria, pull up the specific individual you want to work on.
2. Using the enterable fields at the bottom of the screen, pick the specific service(s) and other relevant information per the fields (more details in section BUILDING SERVICE LINES). Remember to enter the information **in the order they appear** so the correct rate is derived. REMEMBER TO WAIT FOR THE SYSTEM TO "THINK" AND POPULATE FIELDS.
3. When you have finished building or editing a particular service line, hit the "Add to ICP" button. This will save what you just did in draft form, and until you remove or submit for authorization, the draft line will remain in *draft* status on the Draft ICP tab, even if you log out. When the line item is in draft form, it can be changed at any time. However, please remember, that some changes may be significant enough to warrant deletion or removal of the draft line, and just doing a NEW line. Examples would be changing providers, changing service detail, or even changing a start date in some instances.
4. When you have developed services, submitted them to ICP, verified all of the *draft* ICP lines are accurate, you will need to "Submit for Authorization". Some services require final approval from the Regional Manager to review and authorize. When the "Submit for Authorization" button is clicked on, it will submit ALL *draft* lines. If there are draft lines that you do not intend on submitting for authorization, they should be removed before clicking the "submit" button. All lines previously in *draft* that do not automatically authorize, will now show a status of *pending authorization*.

5. If the Regional Manager authorizes the service lines (or Edit if that's what you are doing), the line status will be updated to *Authorized*.
6. **At the time a service status is authorized, this is the level of services and funding that are authorized for the individual, and this is what the providers can invoice against.**
7. Please refer to your ICP Web System User Reference distributed during ICP training (or accessible on the ICP system in the HELP link at the upper Right corner of any ICP screen) for further instructions and/or functions of the ICP.

## BUILDING SERVICE LINES

This section provides general information on the enterable fields you will use to build ICP services. Please refer to the SERVICE CATEGORY AND DETAIL DESCRIPTIONS document on the DDP website for further clarification as you are actually building services.

*Below lists Enterable Fields – Remember to fill out in sequential order and wait for the system to “think” and populate fields. There are a few other fields you will see in the system, but only listed here are fields where you may be entering information.*

**\*\*ICP Line Begin Date:** Enter effective date for new or edited service. Any future date is always allowed, whether you are creating a new line or editing an existing, ‘authorized’ line. There is different logic for entering service start dates that are prior to today’s date.

- If you are *creating* a new line, you can enter any date in the past as long as it does not cross fiscal years.
- If you are *editing* an existing, ‘authorized’ line, you can only go back as far as the first day of the current month.

**\*\*ICP Line End Date:** If a service line is annualized and is expected to continue year after year, do not put an end date. If a service is time limited, you can put an end date which will ensure correct invoicing. Also use end dates for one-time purchases which don’t occur every year such as Home Modifications and Adaptive Equipment. (usually the end of the fiscal year is ok for the end date) Temporary increases are done by the Regional Manager via the TSI (Temporary Service Increase) service option, but there still may be times when funding is ‘transferred’ between individuals. It is ALWAYS appropriate to end-date the service if new money was accessed and the new money will not be sustained the next fiscal year. If dollars were shifted in one person’s cost plan to fund something, end-dating will depend on the situation. If you know levels of services you are ‘restoring’, then it’s best to end-date and re-instate the base level of services for July 1st. If you shifted dollars, but aren’t sure whether a level of service will be restored or changed yet again, then it is acceptable to not enter an end-date.

Category: Choose from the drop-down list based on what you are trying to build for that individual.

**\*\*Service Detail:** Choose from the list (which is derived from the Service Category) based on what you are trying to build for that individual.

**\*\*Provider:** Choose the provider that will deliver/invoice the service you are building for that individual.

**\*\*Provider Sites:** This field is only relevant for Community Home, Supported Living sites with 24/7 shared staff that invoice as congregate, and Group Work/Day services. Enter the appropriate site based on which provider and service you are building for the individual. Group Living services are site specific and you will see a name for each site. Group Work/Day is Regional, and you will see the services listed per Region. For all other services, this field does not allow an entry.

**\*\*Funding Option:** Choose correct funding type for the individual. XX is Title 20, XIX is Medicaid. For the Self Direct Fiscal Agent service only, there is a 3<sup>rd</sup> option of 50/50.

**\*\*County Where Services Will Be Provided:** Group Work/Day services should be built in the county based on the **provider site** where the individual goes to get their services. For ALL OTHER SERVICES, choose the county in which the INDIVIDUAL RESIDES. **Choosing and verifying the correct county before you add to the ICP is important as the County is a primary piece of information that derives the correct rate.**

**Planned Attendance Days Per Week:** This field will be enabled when you are building work/day or community home services. **For congregate WORK/DAY services:** This field defaults to full work week so an entry is made here only for people who do not plan to purchase a certain services 5 days per week. For this entry, you will enter the number of days the individual plans on attending the service. The amount of time per day is not relevant for this particular entry – just simply the number of days they plan to participate in the ‘congregate’ service each week. Use your best average if their schedule fluctuates week to week. The individual must understand that if they agree to attend “X” number of days, they are paying a percentage out of their cost plan whether they show up or not AND the provider does not get reimbursed if the individual shows up more days than planned, so the provider is not obligated to serve. **For CONGREGATE LIVING services:** Use the same methodology if you have an individual whose plan is not to be at the group home 7 days a week, and is not buying 7 days of group home staff time. An example might be an individual who goes home every weekend and does not plan to buy 7 days a week. Since a daily unit runs midnight to midnight, be careful in determining true attendance. For example, a client goes home at 5:00 on Friday, and returns at 5:00 on Sunday. Since the individual is there for part of Friday and Sunday, those days are billable. There is only ONE day not billable in this example (Saturday) and the planned attendance days should be 6.

**\*\*Average DC Staff Hours Per Week & Units Per Average Month:** Each service will show which of these are available for entry. Refer to DETAILS OF DETERMINING AMOUNTS OF SERVICE section above when determining what to count as direct care

staff hours, and how many hours per week or month. For some services the system has flexibility and you can enter weekly hours or monthly hours...whichever works best for you. If an entry is done in the Staff Hours Per Week field, the system will automatically calculate the monthly units. If you manually enter anything in the Units Per Average Month field, it will take that value and calculate the Staff Hours Per Week. Please note that if a value is entered in the Units Per Average Month, it will override any values that were entered in the Staff Hours Per Week. It is suggested to enter the weekly units if possible, as there is a specific formula used to derive the monthly units.

**\*\*Hours Employed Per Week:** Enter how many hours the individual is employed in the community, even if they do not receive DD funded employment support.

**\*\*Units Per Average Month:** This is enabled for service details that are invoiced monthly. Refer to DETAILS OF DETERMINING AMOUNTS OF SERVICE section above when determining what to count as direct care staff hours, and how many hours per week or month. For some services the system has flexibility and you can enter weekly hours or monthly hours...whichever works best for you. Again, if an entry is done in the Staff Hours Per Week field, the system will automatically calculate the monthly units. If you manually enter anything in the Units Per Average Month field, it will take that value and calculate the Staff Hours Per Week. Please note that if a value is entered in the Units Per Month field, it will override any values that were entered in the Units Per Week. It is suggested to enter the weekly units if possible, as there is a specific formula used to derive the monthly units.

**\*\*Desired Fiscal Year Amount:** This field can be used to enter an annual dollar amount for the service you are working on, and the system will calculate/derive the average monthly hours. It's recommended to use average direct care hours, but recognize there are situations where using the desired dollar amount is appropriate.

**\*\*Estimated Cost:** This field is enterable for cost-based services which are Adaptive Equipment, Environmental Modifications, Respite (Other), PERS, Individual Goods and Services, Supported Living OTHER, Remote Monitoring and Remote Monitoring Equipment, Transportation, and all Self Direct services. For all but Transportation, and Self Directed services, take the annual cost of the item(s) and put in the annual amount. Use the Excel Toolboxes on the DDP website to help determine Transportation and Self Direct service/admin amounts. The system will automatically calculate an administrative amount at 15% for some cost-based items to allow the service provider to get reimbursed for administering the payments. Those are noted by an asterisk in the ICP system. Work with the service provider to derive an annual amount for Respite (Other) based on actual cost for agency run facilities or 3<sup>rd</sup> party fee plus up to 15% for admin. An example of a 3<sup>rd</sup> party respite situation is a daycare. The daycare would charge \$xxx, so the provider would invoice for \$xxx plus up to and additional 15% for administrative costs. Further instructions regarding these services can be found in the SERVICE CATEGORY AND DETAIL DESCRIPTIONS document.

**\*\*Comment: A comment is required for all new services or changes to existing services. The comment should indicate details on the level of service, or refer to where the details are at. If a Case Manager is creating a service at 20 hours a week, then indicate that in the note. And what is it based on? A formal or informal assessment? Note the details of why the service is established at the level it is. Changes to existing service lines should also have an adequate note.**

*If you enter the information in the order that the fields appear, the system will identify the correct rate (for rate services). The case manager does not have to determine the correct rate for a service or a provider.*

## MAXIMUM FISCAL YEAR AMOUNT

At the top of each person's ICP page, you will notice a Current FY Maximum amount. This reflects the maximum amount that your ICP lines for the current fiscal year can total. The system will not let you submit any service lines that will cause the total to exceed that amount. Regional Managers are the primary resource to adjust the Maximum FY amounts. If this amount is updated, the Current FY Maximum will always reflect the most recent adjustment.

## WHEN TO EDIT VS. ADD A NEW SERVICE LINE

*Referring to the SERVICE CATEGORY AND DETAIL DESCRIPTIONS document is recommended to help determine the service categories and service details. Whenever a line needs to simply be discontinued or when a line is 'added' and is replacing an existing line, the closure of the appropriate service line is required by the Case Manager, or can also be done by the Regional AA if problems exist. For best practices, Case Managers should close the appropriate service line before a 'replacement' line is developed.*

In this section, the term "new service" can mean an entirely new and different service, or it can mean an update to an existing service. In the case of a person porting to a different region and/or different provider, you will ALWAYS ADD new lines to reflect the new region and/or different provider. In all other situations, the general rules of thumb are:

- If the SERVICE CATEGORY of the "new service" you want is **different** than any existing line, you always ADD a line for the new service.
- If the SERVICE CATEGORY of the "new service" you need is the **same** as any existing authorized line, you will need to now consider the service detail.
  - If the service detail of the 'new' or updated service already exists then you EDIT the existing line. Some examples of when to EDIT would be changing funding or changing units, etc. You can edit a line to start at any date in the future. But, if you are editing a line and the service needs to begin prior to today's date, you can only back-date an edited line to the beginning of the current month.

- If the service detail is *different* than any existing line, you ADD a new line. For example, an individual might have Personal Services-Homemaker and Personal Services-Adult Companion both. These have the same Service Category, but the service details are different, and therefore, each one needs their own line.
- If there is a lapse in service, you may want to end date current services, and perhaps when they come back, ADD a new line for the future service, even if the service category and service detail will be the same. This likely will not include times when an individual is temporarily not receiving services such as for hospitalization. However, there may be unique situations where ending that DD ICP service may be appropriate if the individual is not expected to return to DD services within 30 days (such as MDC situations), or if an extreme change of staffing patterns occurs due to the situation. This will be handled a case-by-case basis and should not happen often. Regional Managers should be involved in any of these situations, and they should be rare.

## HOW TO MOVE THE MONEY BETWEEN SERVICES

There are some slight distinctions between rate-based services, and cost-based services. Cost-based services are those ICP services in which you enter a dollar amount when building the service. (Individual goods and services, Adaptive Equipment, Home Modifications, Respite (other), etc... are all examples)

### **First, consider this process for any service (not congregate):**

Sometimes, dollars are allocated to a service and it isn't used/invoiced like everyone anticipated for various reasons. It may be reasonable to take future dollars and unspent past dollars (under-utilized funds) and enhance another service, or use them for a new service for a person. This functionality is found on the ICP Utilization Tab of the ICP system. The button is labeled "**Adjust Contract to Match YTD Spending**". It is located directly above the invoice utilization grid. The utilization grid can be accessed for each specific service by hitting the blue colored 'Details' button at the left side of each ICP service. If all invoices have NOT been authorized by central office (invoice status of ACO) then the "Adjust Contract to Match YTD Spending" will not appear as an option. ICP lines on the utilization tab that have a Total on the right side of the screen in **GREEN** indicates that not all invoices have been Authorized by Central Office (status of ACO). Using this button will make the user to End Date the ICP and REDUCE the entire contract amount to what has been invoiced Year to date. It essentially allows the user to access 'under-utilized' funds from previous months. **This functionality is currently NOT available for Group Living or Group Work/Day services.**

## **ALTERNATIVE STEPS TO ACCESS UNUSED FUNDS:**

If you are working with a congregate service, or the above process doesn't sound like it will work with the circumstance, then here are some additional procedures to access future and past funds.

### **First Steps:**

The following are general rules for RATE based services:

#### Un-Obligating Future Dollars:

If you end-date a rate based service line, the remaining monthly allocated monies through the end of fiscal year are disencumbered, or "freed up". For any congregate service only the dollars from the end-date forward is available to move to another service. The Case Manager can always 'free up' future dollars. Utilization information for each service can be viewed on the Utilization Tab in the ICP system. To disencumber future dollars for a service, you navigate to the individual and the service line you want to end. Click on EDIT for that line, and put in the end date and a comment in the comment field. *Exact end dates should be used for all services, including the group living and group work/day services.*

#### Accessing Un-used dollars from the past for a congregate service:

For other rate based services, it may be appropriate to do a retro-active adjustment to the hours for that service, if the initial estimate of hours ended up not being right. To do this, you have to end-date the service line. Navigate to the individual and the service line you want to end. Click on EDIT for that line, and put in the end date and a comment in the comment field. *For these services, use the LAST DAY OF THE PRIOR MONTH as the end date.* After that, a request should be made to your Regional Manager, detailing the monthly service level that is wanted for that service line in the past. The Regional Manager can 'correct' the original service line. This WILL affect invoices, so providers should be in the loop.

#### The following are general rules for COST based services:

You can edit the amount of a cost based to equal what was actually spent, which in turn, will allow you to access and move dollars. There are two methods with different outcomes.

1: If you do not want to end-date the cost based service (there will still invoicing against it) you will want to EDIT the amount to equal the new annual amount. To do this, you navigate to the individual and the service line you want to address. Click on EDIT for that line. In order to change the amount, you will need to enter a begin date (this does not reflect the begin date that the edit starts, it only reflects the begin date the CM made a change. It's still an annual amount.) Enter the 1<sup>st</sup> day of today's current month. Enter the end date you want for that service (if applicable), AND in the COST field, enter the

updated annual amount you want, considering what has been spent and what you anticipate will be spent. Lastly, a comment is required.

2: If it's appropriate to end date the service, then click on EDIT for that line. You will then see a button at the top of the enterable fields that says "Reduce Contract Amount". Click that button. Enter an End Date and revised **Estimated Cost** along with a comment, click SAVE. This option will ONLY be available for cost based services that do not have any outstanding invoicing. No further authorization is needed.

## **Second Steps: Temporary vs. Permanent changes**

**Temporary Changes** or changes for the current Fiscal Year only:

**\*\*Moving dollars from a cost-based service to a rate-based service.**

- ✓ Follow First Step in prior section for a cost based service to disencumber the dollars. How much for this FY is left?
- ✓ How many months are left in this fiscal year? Divide the amount you just got above and divide by the months left in the fiscal year to get a monthly dollar amount.
- ✓ Divide that monthly dollar amount by the rate for the service you are adding or enhancing. This will give you an estimate of 'units' per month you have to work with. For monthly service units, you'll need to see if the monthly dollar amount you just calculated is enough to sustain the monthly service and dollars you are trying to add.
- ✓ Create a new service line for the monthly dollars for monthly services or for hourly services, with the same units per month from prior step, or Edit an existing service line, *increasing* the monthly units by the same units per month from the prior step.
- ✓ **OR** you can enter a "**Desired Fiscal Year Amount**" if you only have a specific dollar amount to work with and would like the system to determine/calculate the units based on the date span and rate of the service. This is an optional field when entering or editing **ANY** rate based ICP service.
- ✓ END DATE the service for June 30, XXXX.
- ✓ Since this is a temporary change, you will want to **CREATE NEW** service lines starting in the future July 1, XXXX and re-create the original two lines you just altered.

**\*\*Moving dollars from a rate-based service to a cost-based service.**

- ✓ What is the amount of the cost based service/item(s) you need? Divide that amount by the months left in the current fiscal year to get a monthly dollar amount.
- ✓ Divide that monthly dollar amount by the rate for the service you are reducing. This will give you an estimate of 'units' per month you have to work with.

- ✓ Edit the rate based service line, *reducing* the monthly units by the same units per month from the prior step. You will need to enter a begin date for the ‘decrease’ and a comment.
- ✓ Create a new cost based service line with the same dollar amount you derived in the first bullet, or Edit an cost based service line, *increasing* annual dollars by the same amount you derived in the first bullet.
- ✓ END DATE the service for June 30, XXXX.
- ✓ Since this is a temporary change, you will want to CREATE NEW service lines starting July 1, XXXX and re-create the original two lines you just altered.

**Permanent Changes** to continue next Fiscal Year.

\*\* Moving dollars from a cost based service to a rate based service.

- ✓ Follow **First Step** (page 10) in prior section for a cost based service to disencumber the dollars. How much for this FY is left?
- ✓ Divide the amount you just got above by 12 months to get a monthly dollar amount.
- ✓ Divide that monthly dollar amount by the rate for the service you are adding or enhancing. This will give you an estimate of ‘units’ per month you have to work with. For monthly service units, you’ll need to see if the monthly dollar amount you just calculated is enough to sustain the monthly service and dollars you are trying to add.
- ✓ **OR** you can enter a **“Desired Fiscal Year Amount”** if you only have a specific dollar amount to work with and would like the system to determine/calculate the units based on the date span and rate of the service. This is an optional field when entering or editing **ANY** rate based ICP service.
- ✓ Create a new service line with the same units per month from prior step, or Edit an existing service line, *increasing* the monthly units by the same units per month from the prior step. **Do not enter an end date.**

*By dividing the amount by 12 months, you may not be able to use all the dollars this year, but it will maintain budget neutrality for next fiscal year.*

\*\*Moving dollars from a rate-based service to a cost based service.

- ✓ What is the amount of the cost based service/item(s) you need? Divide that amount by 12 months to get a monthly dollar amount.
- ✓ Divide that monthly dollar amount by the rate for the service you are reducing. This will give you an estimate of ‘units’ per month you have to work with.
- ✓ Edit the rate based service line, *reducing* the monthly units by the same units per month from the prior step. You will need to enter a begin date for the ‘decrease’ and a comment. **Do not enter an end date.**
- ✓ Create a new cost based service line with the same dollar amount you derived in the first bullet, or Edit a cost based service line, *increasing*

annual dollars by the same amount you derived in the first bullet. **Do not enter an end date.**

*By dividing the amount by 12 months, you may not be able to use all the dollars this year, but it will maintain budget neutrality for next fiscal year.*

## PORTING DOLLARS

In the case of porting, it's the receiving Case Manager's obligation to end date the prior provider's services, and create all new service lines for the new provider. In best cases, the amounts of services hopefully won't be very different, and the new lines can be built at the same averages as before. However, if services or levels of support are different, then consideration should be taken as to the dollars spent up until the port. View the dollars spent using the Utilization Tab (in the person's ICP), and use the same steps as in the Moving the Money section to adjust cost plan services and amounts. Although there is a lot of information on the utilization tab, it is the *sending* Case Manager's responsibility to get detailed numbers on what the provider expects to invoice prior to the port.

There may be some situations where a person is porting to a higher-cost provider due to small agency rates and/or geographic factors. The receiving Regional Manager should be notified if the port will take additional dollars due to this reason, and pre-authorization through the Regional Manager is mandatory before the person is allowed to port and before building a cost plan that exceeds current dollars.

**IN ANY PORTING CASE, THE REGIONAL MANAGERS MUST BE AWARE OF THE PORT BEFORE IT HAPPENS. THEY HAVE SOME ACTIVITIES TO COMPLETE IN THE SYSTEM BEFORE THE PERSON LEAVES.**

## HOW TO REMOVE AN ICP LINE

Authorized ICP lines that have a future start date can be removed by the Case Manager. That being said, if you have a future line that you want removed, click EDIT on that service line. After that, scroll down to the bottom and you will see a button in the middle (under comments) that says Remove. Click the Remove button and that line status will now say Draft Pending Removal. Submit that for authorization like you do other ICP lines and it will either automatically remove or the Regional Manager will authorize 'the removal'.

ICP lines with a start date in the past CAN also be removed if there are no expenditures. Case Managers should first check the Utilization Tab and look at the details of that service line to see if any invoicing has occurred. If nothing has been invoiced on that service, the Case Manager can then request that their Regional Admin. Assistant remove the Individual Service Record (ISR) from the AWACS side. When the AA does this, it will automatically remove the ICP line from the ICP system along with any associated invoice lines.

## FAQ for ICP issues

Search for an individual on ICP Web and it brings up their name and not there information. [Click on the blue AWACS ID number next to their name.](#)

500 error when clicking on the link to the ICP Web service.

Things to try:

- 1) Try holding down the Shift key while clicking the refresh button/icon on her browser (when she's on the error page)
- 2) If using Internet Explorer:
  - a) Select Tools->Internet Options from the menu
  - b) Select the Delete button under Browsing History on the General Tab
  - c) Select the Settings button under Browsing History on the General Tab
    - i) Select "Every time I visit the webpage" option

How to log onto the ICP Web:

Go to this web address: [https://dphhs.mt.gov:8443/MT\\_DDP\\_ICP/](https://dphhs.mt.gov:8443/MT_DDP_ICP/)

Your user name is the C# that is provided to you when you have filled out your paperwork to access the system.

The password is the one that is given to you along with your C# and must be changed after your first log in to a password you choose.

ICP Web Freezing up:

When editing or creating an ICP and the system freezes or does not let you select the next field information (the field is blank). You are clicking to fast, you need to give the system time to “think” and populate the next field down.

ICP annualized amount (why are some zero?) These amounts are \$0 if the ICP service has an "End Date" because those amounts are only for this fiscal year and will not show up next year...so they are not ‘annualized’ for next fiscal year.

Current Fiscal year amt = ??? shouldn't it be the same as annual amount? May not be the same as Annualized Amount. This amount is calculated differently depending on if the service is cost based service or a Rate based service. It also depends on starting and end dates of ICP services and/or amendments to that service. The Annualized ICP amount takes the most current ICP Cost Plan amendment and multiplies it by 12.

Inv Line cost = Amount I am invoicing Correct, this is the units entered multiplied by the rate or the cost entered for a cost based service.

What to do when you receive error message:  
“ERROR TERMINATED WITH ERROR”

In checking the report server output queue, it states it cannot connect to the specified database. Usually that means they need to restart the server. When you get the same issue running more than one report, please remember to contact TSC at 9500, as they are your first stop for these types of issues.

How to figure admin cost on some cost based services:

Also, should we be telling folks how to factor in correct amounts for any ICP's that have an associated Admin Cost (15%) by dividing the total cost by 1.15?

i.e.

Total Cost the Case mgr wants the Adaptive Equipment service to be is \$1000.

They don't input \$1000, but would input  $1000 / 1.15 = 869.57$ .

When they input the \$869.57, the system would factor a %15 admin cost and the ICP total cost would be the \$1000 amount.

**Who to contact and when:**

If you are having trouble logging into the system or the system running real slow, please call 444-9500 and report the problem.

If you are changing a cost plan and/or updating services, please be in contact with the Regional Manager because they are the ones that have to approve of these changes. Please give them as much information as you can as to what is going on.

If you have questions about services and how to input cost plans or invoicing questions please **first** call the Regional AA and if they can't help you they will refer you to Stephanie @ 444-2264 or Chet @ 444-7754 in the Central Office.