

PAM Alert!

Department of Developmental Services

ISSUE #49: June 21, 2013

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PAM Enhancement Release

Contact the Customer Service Desk with any questions:
866-367-8163
Please do not contact Hans Toeael.

June 21, 2013 PAM ENHANCEMENT RELEASE Version 5.6

UPDATE ON Printing of FY13 POCs and PAM Implementation of Adult Waiver Changes for FY14

For the last three years we have been operating the Residential, Community Living and Adult Supports Waiver programs as approved by the Centers for Medicare and Medicaid (CMS). We are now in the process of renewing our application for three new waiver programs, which will operate for a five year period.

As a result of some of these Waiver Program changes, there are a number of PAM Go-Live implications:

- For planning purposes, Areas must follow new waiver program rules starting July 1, 2013. However, new program rules will not yet be coded in PAM, as this will occur in mid August, 2013. Please note the implications for PAM and the printing of POCs for FY13:
 - Due to the changes and enrollment issues, we will use time at the beginning of the new fiscal year to clean up the service issues from the current waiver structures. This includes generating and printing plans of care for service/waiver changes that occurred prior to June 30, 2013. Until mid August 2013, PAM will only be set up to handle the printing of FY13 POCs under the FY13 waiver rules.
 - During this interim period, some individuals will be moved from one Waiver Program to another Waiver Program due to either their prospective budget or service configurations, effective 7/1/2013. This will not affect the ability to produce FY13 POCs.
 - Staff should continue to enter/end service enrollments in Meditech for the fiscal year per the usual business process, as this activity will not affect the ability to produce FY13 POCs.
 - The printing of FY14 POCs will begin in mid August, at which time no FY13 POCs will be able to be generated. Detailed guidance on the new waivers and instructions for printing of POCs for FY14 will be communicated prior to the PAM waiver restructure implementation.

Instruction for printing POCs for FY13:

The POC Management report should be used to track Plans of Care to be generated for FY13. The report utilizes information available in PAM or approved in MEDITECH to display a POC Status based on annual upcoming ISP and most recent waiver/service changes. The following enhancement will assist in the backlog of POCs to be generated for FY13:

ENHANCEMENT for "POC BACKDATING":

This enhancement will allow area staff to generate a date specific POC with the individual's appropriate service array for any waiver program change, service change, or ISP meeting. Please consult the PAM User Guide on the Reference tab of the PAM module for instructions.

***PLEASE NOTE:** To assist in the FY13 cleanup effort, on July 1 2013, the following POC Categories & Definitions on the POC Management report will be added to allow area staff to track all due and overdue POCs for FY13 :

***Annual ISP POC – Due:** This section displays individuals that have had an ISP Meeting Date pass in the last 45 days, and have not yet generated a Plan of Care in PAM and approved it in MEDITECH. The Date of Plan on the Plan of Care must match the Annual ISP Meeting Date set in MEDITECH.

***Annual ISP-POC - Overdue:** This section tracks Plan of Care of the individuals whose ISP meeting date has passed more than 45 days.

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ENHANCEMENT to introduce individuals with STATE Program enrollments into PAM:

This enhancement begins the enabling of PAM features for individuals enrolled in service codes 3798 and 3703 who are not in a WAIVER Program.

Service codes 3749, 5749 will be eliminated from the Adult Supports Waiver and service codes 3703, 5703, and 6703 will become available. We are moving these individuals into the PAM system so that we can determine which individuals are receiving services of such a quantity so as to be included in samples generated for licensing of providers. Frequency and duration will tell the Office of Quality Enhancement who falls into this category. By requiring the entering of frequency and duration for these individuals, they will show up in PAM expenditure and attendance reports. Because individuals in STATE Programs are held to the same validations as those individuals with WAIVER Program enrollments, all limits and requirements apply. However, no POCs can be generated for STATE program enrollees per CMS rules. You will notice that all service enrollment errors, including missing F&D for all services, appear on the Service Enrollment Error Report for these individuals. At this time, the entry of F&D for these individuals is only required for service codes 3798 and 3703. Use the filters for State Programs and for F&D Errors only on the Service Enrollment Error Report in order to identify these individuals and to reduce the number of errors that appear on the report.

Additional PAM ENHANCEMENTS in this release:

- Display the Plan of Care status of Overdue on the Individual Dashboard
- Allow for navigation from the Plan of Care Management Report to the Individual Details Page
- Include the service name in the Alert text for Plan of Care alerts
- Do not send Plan of Care alerts for individuals that are deceased in HCSIS
- Provide a separate section for errors associated to ended service enrollments on the Service Error Enrollment Report
- Display an individual's total utilization within a single line item for a service on the Provider Registry

THANK YOU to AREA OFFICE staff for assisting in this release by attending test sessions and providing feedback to the PAM team over the last year. Included in this release are many of those recommendations. We will be visiting regional and area offices soon to meet and gather more information about PAM reporting needs and other suggestions.

Look for more information about FY14 rollover and instructions for new waiver rules implementation in PAM coming soon.

******GET PAM GUIDANCE on the Reference Tab of the PAM Module***