



Provider Webinar Q&A

2.27.22 Provider Webinar – The Life Plan Process

02/24/2022

Webinar Q&A Follow Up



Question	Answer
Will PHP be uploading the LCEDs in CHOICES?	All LCEDs for PHP members are now completed in CHOICES
Can you share a template of the LCED redetermination form?	LCED template can be found here - https://opwdd.ny.gov/system/files/documents/2020/02/final-lced-fillable-form-2.3.20-locked-editing.pdf
Is there a policy that indicates Community Habilitation Specialist should not be listed as attendees on the life plan, even though they participate in the life plan meetings.	No, there is no such policy. All participants should be listed as attendees.
Can the Care Managers have both the I AM Assessment and Life Plan meetings together?	Best practice is that the IAM and LP meeting not take place at the same time, as each process has different intent. The I AM assessment is intended to be the time to gather information about the individual's goals and needs. The LP meeting is then conducted to review the information obtained during the assessment and discuss how service providers will support the individual to achieve their goals and receive proper supports needed. Providers can participate - if the person/representative is OK with it.

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<p>Danielle mentioned a "timely distribution" of a finalized Life Plan and the 45 day deadline from the regulations. Will providers receive the plan within 45 days or is there a window after that to receive them?</p>	<p>45 days is the time frame to finalize on the CCO side. Distribution should be shortly after, but there is no current regulatory time frame. LPs for members enrolled in PHP's FIDA-IDD plan are finalized and distributed prior to the effective date of the new LP (usually within several days or weeks based on how early in the month the LP meeting takes place)</p>
<p>If a waiver service provider needs to complete a DDP1 to disenroll an individual from Day Hab, can we complete the DDP1 for individuals who receive services from PHP or will PHP continue to disenroll the member in CHOICES</p>	<p>PHP is responsible for enrolling/disenrolling members in CHOICES (except residential services).</p>
<p>3 days is not much time if someone is out on vacation. Is there any exception to this 3 days?</p>	<p>3 days are minimum, we try to give more time if possible</p>
<p>What is done when the advocate/representative does not approve the Life Plan? Are providers provided with plans that are not approved so there is documentation of a review with notation pending approval?</p>	<p>Yes - providers can be provided with a final "draft" LP pending approval.</p>

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<p>Must there a SAP with every LPs even if the goals and supports haven't changed?</p>	<p>The Staff Action Plan must be reviewed at least twice annually and revised as frequently as necessary based upon the individual's needs. It is recommended that Staff Action Plan reviews occur at six-month intervals coordinated with the Life Plan review. At least annually, one of the Staff Action Plan reviews must be conducted at the time of the Life Plan meeting.</p> <p>There must be evidence that the Staff Action Plan was reviewed at least twice annually. Evidence of a review may include, but is not limited to a:</p> <ol style="list-style-type: none">1) Review sign-in sheet;2) Service note indicating a review took place; and/or3) Revised/updated Staff Action Plan. <p>Evidence of reviews must include the:</p> <ol style="list-style-type: none">1) Individual's name;2) Habilitation service(s) under review;3) Staff signature(s) from the habilitation service(s);4) Date of the staff signature(s); and5) Date of the review.

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<p>If the life plan and staff action plans do not match in verbiage, doesn't that leave it up to subjective interpretation and therefore can cause a billing issue?</p>	<p>Goals listed in Section II or III of the LP are general "umbrella" goals. SAP should list more specific goals. As long as those two are related, they will be no billing issue.</p>
<p>What should be done when published life plans are not received even when being requested</p>	<p>If a provider has requested and not received a LP (or response) - please escalate to supervisor/leadership. We will be adding supervisor name/contact to email signatures in the very near future.</p>
<p>What happens when a life plan is request and not received but the due date for the next meeting has come?</p>	<p>This should not happen. Please contact supervisor/director directly if you are unable to obtain it from CM.</p>
<p>Could you please clarify on addendums to section IV - changes to service units and how far can PHP Life plan be amended after finalization.</p>	<p>Changes can be made at any point after finalization of the plan to address changes in need for service, but should always be made prior to the service being provided. (i.e - providers should not deliver a service not listed in Section IV or in excess of the number of units listed before an amendment is made. Doing so may result in denial of claims for the service) Provider needs to contact assigned CM to request the change. The meeting will be scheduled, and if the request is justified, LP addendum will be completed.</p>

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<p>How can providers address the issue of CM's finalizing Life Plans that do not align with goals on the SAP, or the provider contacts the CM to create an addendum with no response/follow-up?</p>	<p>If a provider has requested and not received a LP (or response) - please escalate to supervisor/leadership. We will be adding supervisor name/contact to email signatures in the very near future.</p>
<p>What happens when a CM leaves? Often there is a lack of communications and providers do not know that the person supported's CM has changed until it is time to schedule the LP meeting</p>	<p>If a CM leaves, the new or covering CM should pick up where the prior CM left off. Providers should be notified of staffing changes and we can review to be we have a working process.</p>
<p>If I understand correctly, a covering CM will have access to the LP that was completed by the prior CM? If not, which is the case now, will the CM supervisor? Usually, a new LP meeting is held, leaving hab providers with a SAP for a meeting that seemingly never happened (if not for our attendance sheet).</p>	<p>Yes. The new or covering CM (or Supervisor) would have access to that in-process Life Plan.</p>
<p>Is it 3 business days or just 3 days?</p>	<p>Best practice is 3 business days.</p>

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Can claims be submitted or an appeal?	If the claims are submitted for the service that has not been approved in the LP, or the units have been exhausted - the claims will be rejected. You always have the right to appeal it.
When should a CM notify providers of individuals going self directed? CM's not including waiver services in Life plan meetings, prior to meeting.	CMs do the initial request for SD which gets FI and the broker. Once they are approved, they are part of the team and included as part of the team for the person. The CMs are instructed to invite all providers, including Waiver providers to the LP meeting
Does the wording on the Life Plan have to match exactly on the Day Hab Staff Action Plan? What has to match exactly?	The individual's habilitative goals/valued outcomes and habilitation provider assigned goals are derived from the individual's Life Plan. The habilitation service must relate to the individual's habilitative goals/valued outcomes. Using the habilitative goals/valued outcomes as the starting point, the details of the Staff Action Plan must describe the actions that will enable the individual to reach his/her specific habilitative goals/valued outcomes.
How to conduct life plan meeting during time of Covid, when family member and individual are not tech savvy?	We can have a mix of people by video (using Teams) and people on the phone. CMs can call the family and use speakerphone if they are not able to join the Teams meeting on their phone.