
Plan of Service February 2021 Enhancements (Change Requests 314156 & 329113)

1. Add a pop-up upon submission if the “POS Effective Date” is prior to or on current system date

While submitting or approving a POS, if the POS Effective Date is equal to or prior to the current system date, the system will display a soft warning message on submission or approval of the POS.

Acceptance Criteria:

1. Given an authorized user Submits a POS in one of the following status “In-Progress,” “Pending Lead Review,” “Clarification Requested” or “Approved from Provisional” for any of the POS types (Provisional, Initial, Annual and Revised) for CO, ICS, CFC or CPAS, if the POS Effective Date is equal to or prior to the current system date, the system will display a soft warning message on submission. The message will say, “This POS has an effective date on or prior to today’s date. Are you sure you would like to submit the POS? If you submit the POS, please explain the effective date in the POS.” with the options “Yes” and “No” under it
 - a. If a user selects “Yes” to the pop-up message, the POS should be submitted.
 - b. If a user selects “No” to the pop-up message, the user should be returned to the Plan of Service — Summary page.

The screenshot shows the 'Plan of Service — Summary' page with a status of 'In Progress'. A red arrow points to the 'Submit' button. A modal dialog box titled 'Attention' is displayed over the 'Submit' button. The dialog contains the following text: 'This POS has an effective date on or prior to today's date. Are you sure you would like to submit the POS? If you submit the POS, please explain the effective date in the POS.' Below the text are 'Yes' and 'No' buttons. The background page shows fields for 'Created Date', 'POS Effective Date' (with a warning icon), 'Narrative', and 'Address to Receive Service'.

2. Prevent Approval of a Plan of Service that Does Not Meet Health and Safety Needs of Client

If “No” is selected for the question “Does the POS meet the participant’s health and safety needs?” in the “Plan of Service Review Information” sub-section of the “Review” section of the POS, do not allow the user to approve the POS.

Acceptance criteria:

1. Given an authorized user Approves a POS (for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS)), where “No” is selected for the question “Does the POS meet the participant’s health and safety needs?” in the “Plan of Service Review Information” sub-section of the “Review” section of the POS, the system should hard stop with the following error message: “This POS cannot be approved because it does not meet the participant’s health and safety needs.”
2. The above business rule will apply to all the POS in production in a status of “Pending POS Unit Decision.”

Plan of Service — Summary Status: Pending POS Unit Decision

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Signatures ** ⓘ [Manage](#)

Review ** [Edit](#)

Plan of Service Summary Information

Client Currently Enrolled?	No	Personal strength(s) and goal(s) entered?	Yes
Most Recent InterRAI Submit Date:	01/23/2021	Has the participant waived supports planning?	No
POC Submit Date:	01/23/2021	Has the participant waived nurse monitoring?	No
POC Status:	Submitted	Provider names entered?	Yes
LOC Effective Date:	01/23/2021	Participant signature captured?	Yes
Back-up Plan entered?	Yes	Flexible Budget within the recommended budget?	No (\$3,901.25)

Plan of Service Review Information

Does the POS meet the participant's health and safety needs? ** Yes No

Was additional information captured to support a higher flexible budget? ** Yes No

Additional Information: **
test

(1) Error(s)
Error: This POS cannot be approved because it does not meet the participant's health and safety needs.

3. Add an optional comment box to the signatures section - UI

A new field called Comments will be added under Sign Signature section and a new column Comments (which will display the comments added) will be added in the Plan of Service — Signatures and Plan of Service — Summary page.

Acceptance Criteria:

1. Given that the authorized user navigates to the signature section of a POS (CO Program POS (CO, CFC, CPAS and ICS) and POS types (Provisional, Initial, Annual and Revised)) and clicks on **Sign**, the system will display Sign Signature section. In the Sign Signature section add a new field called “Signature Comments” (under Signature Date field), this new field will be available for all the signature types. This will NOT be a required field and will have 500-character limit.
2. Given that the authorized user navigates to the signature section of a POS (CO Program POS (CO, CFC, CPAS and ICS) and POS types (Provisional, Initial, Annual and Revised)) and clicks on **Edit**, the system will display the Sign Signature section. In the Sign Signature section add a new field called Signature Comments (under Signature Date field), this new field will be available for all the signature types. This will NOT be a required field and will have 500-character limit.
3. Given that the authorized user navigates to the signature section of a POS (CO Program POS (CO, CFC, CPAS and ICS) and POS types (Provisional, Initial, Annual and Revised)) and clicks on **Retract**, the new field “Signature Comments” will be displayed.
4. Given that the authorized user navigates to the Plan of Service — Signatures, a column called Signature Comments will be added next to Signature Date column in the Current signature table, which will display the comments added (a Plus sign will added to display all the test).
5. Given that the authorized user navigates to the Plan of Service — Summary page and expands the Signature panel, a column called Signature Comments will be added next to Signature Date column, which will display the comments added (a plus sign will be added to display all the text).
6. All the POS currently in production, except for those in a status of "discarded," the above requirement will apply.

Signatures

 Signing Selected Item...

"By signing this plan, I certify that I participated in making this plan. I agree with the services requested. I understand that I am free to choose from any enrolled provider for my services. I understand that this plan only approves the services labeled Community First Choice, Waiver, or Community Personal Assistance. This plan does not approve services that are labeled "State Plan," "Community," or "Other," which must be approved separately."

* Client has received information on identifying and reporting potential abuse, neglect, and exploitation.

Sign Signature

Type:	Client
Name:	Sample A Test
Signature Name: *	Sample A Test 
Signature Date: *	
Signature Comments:	<input type="text" value="Test comments"/>

 Add Signature

 Cancel

5. Require NM services when PAS listed and PAS service is required when NM Service is listed

The **Nurse Monitoring** service is required if the POS has a **Personal Assistance Service listed (includes Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, and Daily Personal Assistance)**; and a **Personal Assistance Service (Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, or Daily Personal Assistance)** is required if the plan has **Nurse Monitoring** service.

Acceptance Criteria:

1. Given an authorized user Submits a POS in one of the following statuses: "In-Progress", "Pending Lead Review", or "Clarification Requested" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), if that POS has any (even one) of the **Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, and/or Daily Personal Assistance** services added, then the user MUST add NM service to the POS . If that POS does not HAVE NM service selected, then HARD STOP while submitting the POS. The hard stop message will be as follows "This POS has a Personal Assistance service added without a corresponding Nurse Monitoring service, please correct."
2. Given an authorized user Submits a POS in an of the following statuses "In--Progress", "Pending Lead Review", "Clarification Requested" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), if that POS has NM Service added, then the user MUST add at least one of the following services in the POS, **Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, and/or Daily Personal Assistance** service. If that POS does not HAVE **Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance and/or Daily Personal Assistance** service selected, then HARD STOP while submitting the POS. The hard stop message will be as follows "This POS has a Nurse Monitoring service added without a corresponding Personal Assistance service, please correct."
3. Given an authorized user Approves a POS in a status of "Pending POS Unit Decision" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), if that POS has any (even one) of the **Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, and/or Daily Personal Assistance** services added, then the user MUST add NM service in the POS. If that POS does not HAVE NM service selected, then the user will receive a HARD STOP while approving the POS. The hard stop message will be as follows "This POS has a Personal

Assistance service added without a corresponding Nurse Monitoring service, please correct."

- Given an authorized user Approves a POS in a status of "Pending POS Unit Decision" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), if that POS has NM Service added, then the user MUST add at least one of the following services, **Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, and/or Daily Personal Assistance** service in the POS. If that POS does not HAVE **Personal Assistance Service, Shared Attendant, Daily Shared Personal Assistance, and/or Daily Personal Assistance** service selected, then HARD STOP while approving the POS. The hard stop message will be as follows "This POS has Nurse Monitoring added without a corresponding Personal Assistance Service, please correct."
- All the POS currently in production, where a decision has not been made the above hard stop rules will apply.

Plan of Service — Summary Status: In Progress

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- Services — Total: 2 Recommended Flexible Budget: \$15,600.00 ** [Manage](#)

Show Deleted Services

Flexible Services

Service Status	POS Service	Service Type	Provider Name	Units	Frequency	Rate	Annual	Actions
Revised	Personal Assistance Agency	Community First Choice	PERSONAL HOME CARE INC	20 hours per week	52 weeks	\$4,6878	\$19,501.25	Quick View
Comment:								

Cost of Flexible Services: \$19,501.25

Non-Flexible Services

Service Status	POS Service	Service Type	Provider Name
Revised	Supports Planning	Community First Choice	CCHCC INC
Comment:			

POS Costs

Annual Waiver Plan Services Total:	\$0.00	Annual
Annual State Plan Services Total:	\$0.00	MFP
CFC Fixed Budget Total:	\$2,458.37	(POS Flexib

(1) Error(s)

Error: Services Section - This POS has a Personal Assistance service added without a corresponding Nurse Monitoring service, please correct.

[Dismiss All](#)

6. Emancipated Minor Data element

Add a new field in the client profile under Advanced Directives, the new field will be called "Emancipated Minor". Hard stop user from submitting or Approving a POS where client is under 18, does not have Guardian of Person and Emancipated Minor selected as "No."

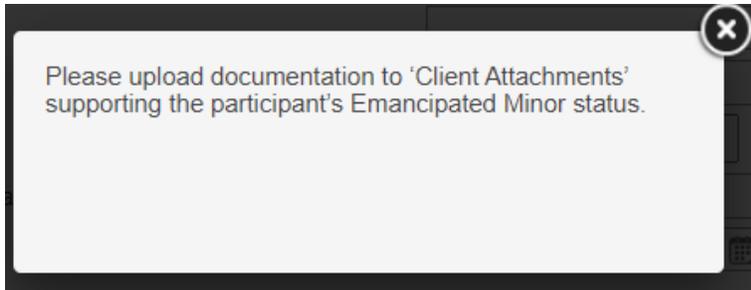
Acceptance Criteria:

1. Given that the authorized user navigates to the client profile, a new field called Emancipated Minor will be added under Guardian of Property field, which is located under Advanced Directives section.
2. Given that the authorized user navigates to the Advanced Directives section, the options under the new field, Emancipated Minor, will be displayed as follows: Single select with options "Yes", "No" ,"Unknown". This will be an optional field and default selection to "Unknown".
 - a. Note: The same users that currently have access to edit Advanced Directives section will have access to the new field under this column.

The screenshot shows a web form titled "Client Profile — Demographics" with an "Edit" button in the top right corner. Below the title bar are "Cancel" and "Save" buttons. The main content area is titled "Advanced Directives" and contains a list of fields with radio button options for "Yes", "No", and "Unknown". The "Emancipated Minor" field is highlighted with a red rectangular box. The "Guardian of Person" and "Guardian of Property" fields have "Unknown" selected, while all other fields have "Yes" selected.

Field	Yes	No	Unknown
DNR:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Will:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical POA:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical POA Durable:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General POA:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
General POA Durable:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardian of Person:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Guardian of Property:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Emancipated Minor:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

- Given that the authorized user selects Yes for the Emancipated Minor, display a pop-up box that says “Please upload documentation to ‘Client Attachments’ supporting the participant’s Emancipated Minor status.”



- Given that the authorized user navigates to the Advanced Directives section, the new field Emancipated Minor will only display for clients who are under the age of 18 (17 and below). Once the client turns 18 and above, the new field will display but will not be editable and the option selected will remain uneditable.

Client Profile — Demographics Edit

[Cancel](#) Save

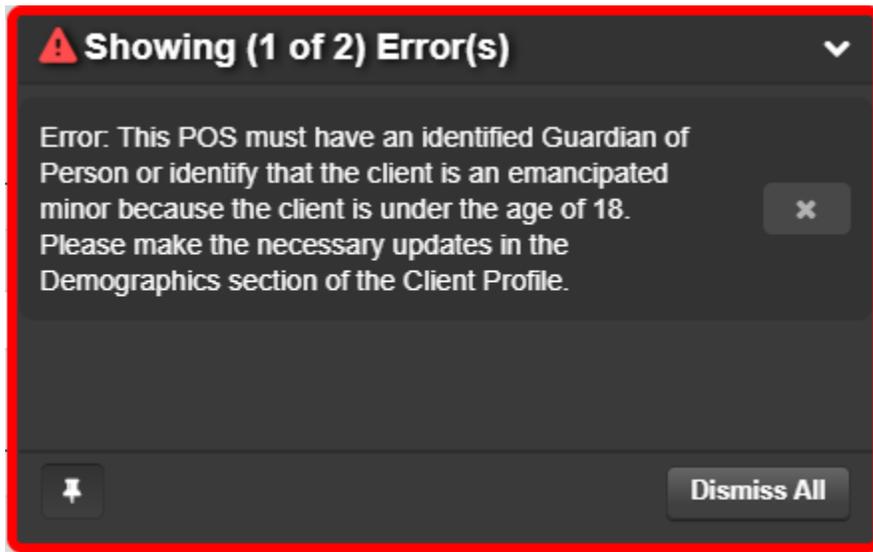
Advanced Directives

DNR:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Living Will:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Medical POA:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Medical POA Durable:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
General POA:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
General POA Durable:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Guardian of Person:	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Unknown
Guardian of Property:	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Unknown
Emancipated Minor:	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Unknown

- Given an authorized user Submits a POS for a client who is under 18 (as of the system date while submitting) in any of the following status “In-Progress” , “Pending Lead Review” , "Clarification Requested" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), then either a Guardian of Person or Emancipated Minor should be selected as Yes, under the Client Profile in order for the user to submit. If none of the above fields are marked as Yes,

then hard stop and display the following message "This POS must have an identified Guardian of Person or identify that the client is an emancipated minor because the client is under the age of 18. Please make the necessary updates in the Demographics section of the Client Profile."

6. The above BR will apply to all the POS in production where applicable



7. Require the Support Planner signature in the “Signatures” Section of the POS

A POS (CO Program POS (CO, CFC, CPAS and ICS) and POS Types (Provisional, Initial, Annual and Revised)) should have Supports Planner signature (in the signature section) in order to Submit or Approve.

Acceptance criteria:

1. Given an authorized user Submits a POS in any of the following statuses “In-Progress” , “Pending Lead Review” , "Clarification Requested" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), if that POS does NOT have a Supports Planner signature added in the Signature section (Signature Name and Signature Date should be populated for Type as Supports Planner) then display a HARD STOP message stating "Supports Planner signature is required, please add."

2. Given an authorized user Approves a POS in the status of “Pending POS Unit Decision” for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), if that POS does NOT have a Supports Planner signature added in the Signature section (Signature Name and Signature Date should be populated for Type as Supports Planner) a HARD STOP message stating "Supports Planner signature is required, please add."
 - a. Note: If there is no SP assigned then the system populates the Type field as "Unknown Supports Planner". the hard stop warning should still appear
3. The above BR will apply to all the POS in production where applicable
4. Given that the Client or Representative signature is required in the signature section, the signature panel will have 2 asterisks along with an info icon which will display the following message when hoover upon “Please note, Supports Planner and Client or Representatives signatures are required to submit the POS.” .
5. Given that the authorized user navigates to the Plan of Service -Signature page, add the following Note along with the one that already exists. “Please note, Supports Planner, and Client or Representative signatures are required to submit the POS.”

Plan of Service — Summary Status: In Progress

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- Emergency Backup Plans ** [Manage](#)
- Exception Request ** [Edit](#)
- Signatures ** ⓘ [Manage](#)

Type	Name	Signature Date
Provider	PERSONAL HOME CARE INC (933200600) Personal Assistance Agency Signature Comments:	
Provider	CCHCC INC (300274800) Supports Planning Signature Comments:	
Emergency Backup	PERSONAL HOME CARE INC (933200600) Personal Assistance Agency Signature Comments:	
Client	Sample A Test Signature Comments: Test comments	
Support Planner	Unknown Support Planner Signature Comments:	

⚠ Showing (1 of 2) Error(s)

Error: Signatures Section - Supports Planner signature is required, please add.

8. Require the participant's or their representative's signature in the "Signatures" Section of the POS

A POS (CO Program POS (CO, CFC, CPAS and ICS) and POS types (Provisional, Initial, Annual and Revised)) should have a Client or Representative signature (in the signature section) in order to Submit or Approve.

Acceptance Criteria:

1. Given an authorized user Submits a POS in any of the following statuses "In-Progress" , "Pending Lead Review" , "Clarification Requested" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), If that POS does NOT have a Client signature or Representative signature added in the Signature section (Signature Name and Signature Date should be populated for Type as Client then display a HARD STOP message stating "Client or Representative signature is required, please add."
2. Given an authorized user Approves a POS in the status of "Pending POS Unit Decision" for any of the POS types (Provisional, Initial, Annual and Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), If that POS does NOT have a Client signature or Representative signature added (the Type field in the signature section is auto populated) in the Signature section (Signature Name and Signature Date should be populated for Type as Client) a HARD STOP message stating "Client or Representative signature is required, please add."
3. The above BR will apply to all the POS in production where applicable
4. Given that the Client or Representative signature is required in the signature section, the signature panel will have 2 asterisks along with an info icon which will display the following message when hoover upon "Please note, Supports Planner, and Client or Representative signatures are required to submit the POS." .
5. Given that the authorized user navigates to the Plan of Service -Signature page, add the following Note along with the one that already exists. "Please note, Supports Planner, and Client or Representative signatures are required to submit the POS."

Plan of Service — Summary Status: In Progress

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- Services — Total: 2 Recommended Flexible Budget: \$15,600.00 ** [Manage](#)
- Emergency Backup Plans ** [Manage](#)
- Exception Request ** [Edit](#)
- Signatures ** [Manage](#)

Type	Name	Signature Date
Provider	PERSONAL HOME CARE INC (933200600) Personal Assistance Agency	
	Signature Comments:	
Provider	CCHCC INC (300274800) Supports Planning	
	Signature Comments:	
Emergency Backup	PERSONAL HOME CARE INC (933200600) Personal A	
	Signature Comments:	
Client	Sample A Test	
	Signature Comments:	

Please note, Supports Planner, and Client or Representative signatures are required to submit the POS.

Showing (1 of 2) Error(s)

Error: Signatures Section - Client or Representative signature is required, please add.

9. Modify emergency backup plans - POS

Add a new field called 'Authorized Services' that should list out all of the services from the Services section of that specific POS where the user will then have the ability to multi-select the authorized services that Emergency Backup will be a backup provider for. If the plan has a personal assistance service (Personal Assistance, Shared Attendant, Daily Personal Assistance or Daily Shared Attendant) or an ALF (ALF-Respite, ALF Level 2 with MDC, ALF Level 2 without MDC, ALF Level 3 with MDC, ALF Level 3 without MDC), populate those services in the list of authorized services and require a emergency back-up provider to be associated with EACH personal assistance or ALF type service listed.

Note: DO NOT populate other services in the list of authorized services besides personal assistance and ALF type services

Acceptance Criteria:

- Given that the authorized user navigates to the Emergency Backup Plans section of the POS, add a new Table called 'Authorized Services', Under the Availability field.

ID:

-
2. Given that the authorized user navigates to the Emergency Backup Plans section of the POS the new field Authorized Services will display the selected services from the services section. Only the following services will be displayed (under Authorized services field) if added in the services section of the POS, (Personal Assistance, Shared Attendant, Daily Personal Assistance or Daily Shared Attendant) or an ALF (ALF-Respite, ALF Level 2 with MDC, ALF Level 2 without MDC, ALF Level 3 with MDC, ALF Level 3 without MDC).
 - a. The options will be displayed as a check box in a table which auto populated
 - b. Columns under that table
 - i. **POS Service** - will pre-populate all the added services from the services section of the POS if the services are as follows (Personal Assistance, Shared Attendant, Daily Personal Assistance or Daily Shared Attendant) or an ALF (ALF-Respite, ALF Level 2 with MDC, ALF Level 2 without MDC, ALF Level 3 with MDC, ALF Level 3 without MDC)
 - ii. **Provider:** Will prepopulate the provider name from the services section (Provider field)
 - iii. **Service Type** - Will prepopulate the service type from the services section (Service Type field).
 - iv. **Units:** will prepopulate the Units added under Units field from the services section.
 - v. **Frequency:** will prepopulate the frequency added under Frequency field from the services section.
 - c. Given that the authorized user adds a backup provider and selects the services, that info should populate in the Current Back- ups table. Add a new field in the Current Back- ups table.
 - i. **Authorized Services** - Add this field next to Provider field, this will display all the services that the user has selected this provider to be back up provider for (comma delimited and wrap the text, DO NOT wrap the text in the middle of a word)
 1. Note to MDH: Not adding the Service Type, Units and Frequency fields in the Current Back-ups table as the info will differ per service
 - d. Given that the authorized user has added the emergency backup provider, the user should be able to click on Quick View (currently exists) and the pop up box should display the new field Authorized Services and the authorized service table will only display the authorized services selected and this will be in a read only format.
 - e. Given that the authorized user clicks on Edit (currently exists), the system will display the new field Authorized Services along with the authorized services selected. The user will be able to select/unselect the options while in edit mode.
 - f. Given that the authorized user clicks on Delete the system should delete that provider as a backup provider for the services selected (which is current functionality) QC please test to validate.
 - g. Given that the authorized user expands the Emergency Back up Plans panel from the POS- Summary page, the system will display a new column (Authorized Services) next to the provider column which will display all the authorized services that the provider will be a backup for.
 - h. Given that the authorized user expands the Emergency Back up Plans panel from POS- Summary page and clicks on Quick view, the system will display a pop up box and will display the new field Authorized Services and the authorized service table (only the

authorized services selected will be displayed in the quick view), and this will be in a read only format.

- i. Given that the authorized user submits a POS in any of the following statuses "In-Progress", "Pending Lead Review", or "Clarification Requested" for the POS types as (Initial, Annual or Revised) for any of the CO Program POS (CO, CFC, CPAS and ICS), If the POS has any of the following services added (Personal Assistance, Shared Attendant, Daily Personal Assistance or Daily Shared Attendant) or an ALF (ALF-Respite, ALF Level 2 with MDC, ALF Level 2 without MDC, ALF Level 3 with MDC, ALF Level 3 without MDC) then the user MUST select one backup provider for EACH of those services. If there is NO back up provider selected for these services, then hard stop the POS while submitting, and display the following error message: " All personal assistance and assisted living services must have an associated emergency back-up provider."
 - i. Example: POS Services section has Personal Assistance Agency, Personal Assistance – Share Attendant, Assisted Living Respite, Assisted Living level 2. In the backup provider section, the user must select at least one backup provider for all the services listed above.
 - ii. Note:
 1. If the POS Type = Provisional then the POS is not required to have an emergency backup provider selected
 2. The same emergency back-up provider can be associated with multiple services and multiple back-up providers can be associated with the same service.
- j. Given that the user deletes a service from the services section, then the option and if the checkbox was selected should also be deleted dynamically from the Back up plans section.
- k. Given that the user adds a new service((Personal Assistance, Shared Attendant, Daily Personal Assistance or Daily Shared Attendant) or an ALF (ALF-Respite, ALF Level 2 with MDC, ALF Level 2 without MDC, ALF Level 3 with MDC, ALF Level 3 without MDC) after the backup provider is selected, then the system should dynamically display the new service option for each of the providers selected in the emergency backup (where the user then manually has to go in and select the backup provider for the newly added service).
- l. **Note:** These changes will only apply to any plans added after this CR goes live. This new field will appear irrespective of the "Is Emergency Back-up Medicaid Enrolled?" field selected as Yes or No.

Plan of Service — Summary Status: In Progress

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- Services** — Total: 3 Recommended Flexible Budget: \$15,600.00 ** [Manage](#)
- Emergency Backup Plans** ** [Manage](#)

Primary	Name	Relationship	MA Enrolled	Provider	Authorized Services	Actions
Yes			Yes	PERSONAL HOME CARE INC		Quick View

Plan of Service — Emergency Back-up

[Manage](#)

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[Next Section](#)

Authorized Services:

	POS Service	Service Type	Provider Name	Units	Frequency
<input checked="" type="checkbox"/>	Assisted Living — Respite	Waiver Service		0 days per week	0 weeks
<input type="checkbox"/>	Assisted Living Level 2 w/ AMDC	Waiver Service		0 days per week	0 weeks
<input type="checkbox"/>	Assisted Living Level 2 w/o AMDC	Waiver Service		0 days per week	0 weeks
<input type="checkbox"/>	Assisted Living Level 3 w/ AMDC	Waiver Service		0 days per week	0 weeks
<input type="checkbox"/>	Assisted Living Level 3 w/o AMDC	Waiver Service		0 days per week	0 weeks
<input checked="" type="checkbox"/>	Daily Personal Assistance	Community First Choice	101 MOBILITY	1 day per week	52 weeks
<input type="checkbox"/>	Personal Assistance — Shared Attendant	Community First Choice	(Basic Only)BAY SHORE SERVICES INC	4 hours per week	52 weeks
<input type="checkbox"/>	Personal Assistance Agency	Community First Choice	PERSONAL HOME CARE INC	20 hours per week	52 weeks

Phone Number(s)

Phone #1

Phone Type: *

Phone Number: *

Ext.

[+ Add Phone](#)

[Add Emergency Back-up](#)

Plan of Service — Summary Status: In Progress

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- ▶ **Self-Direction** ** [Edit](#)
- ▶ **Services** — Total: 10 Recommended Flexible Budget: \$15,600.00 ** [Manage](#)
- ▼ **Emergency Backup Plans** ** [Manage](#)

Primary	Name	Relationship	MA Enrolled	Provider	Authorized Services	Actions
Yes			Yes	PERSONAL HOME CARE INC		Quick View

- ▶ **Exception Request** ** [Edit](#)
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- ▶ **Review** ** [Edit](#)
- ▶ **Decision and Clarification Requests**
- ▶ **Workflow History**

Showing (1 of 2) Error(s)

Error: All personal assistance and assisted living services must have an associated emergency back-up provider.

10. Modifications to POS Print Page to Include Authorized Services for Emergency Backups

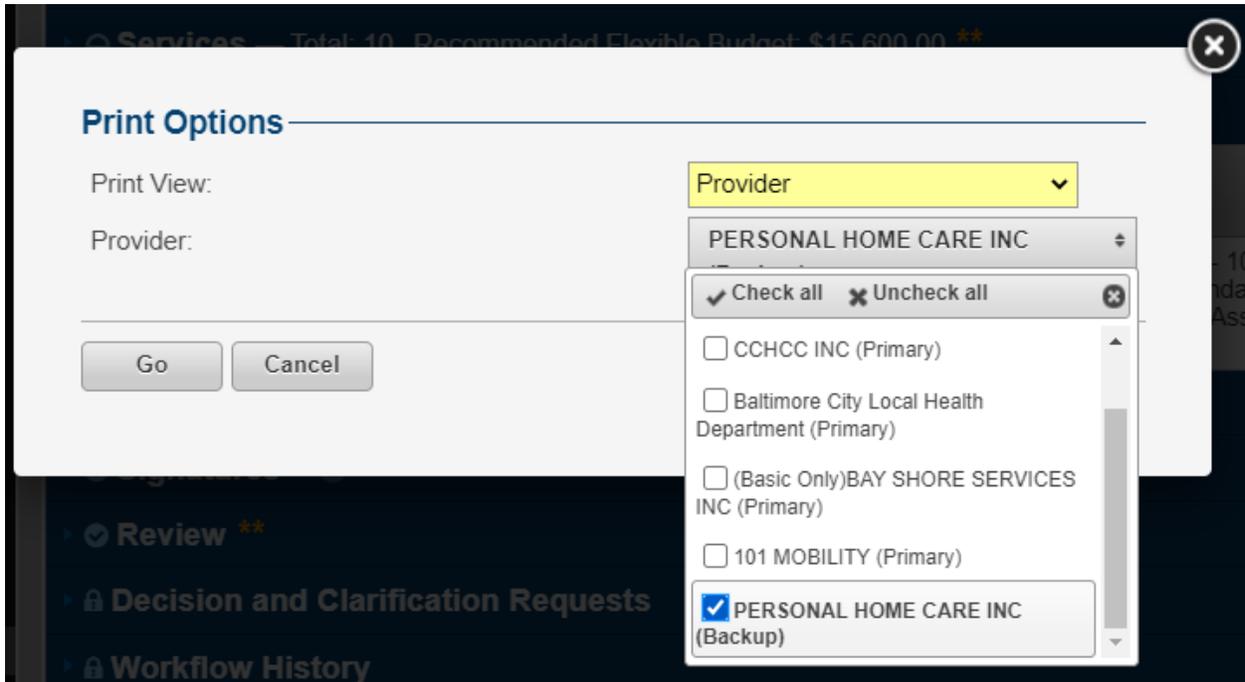
While printing the emergency backup signature page using POS Print View = Provider, and choosing an Emergency Backup Provider, it should include their corresponding signature page and only include the Authorized services that they are back up for. In the summary section of the Print only include the Authorized services that they are back up for.

Acceptance Criteria:

- Given that the authorized user prints using POS Print View = Provider and choosing an Emergency Backup Provider, it should include their corresponding signature page, which is Emergency Backup Services Signature Page.
 - Note:** Currently it doesn't include the Emergency Backup Services Signature Page. You can currently only produce that page using the Full print
- Given that the authorized user Prints using POS Print View = Provider and chooses an Emergency Backup Provider, the emergency backup Provider signature page should only include the

Authorized services that they are back up for (This info is currently populated in the services table of the print view and the fields and columns there should remain as is but only display the authorized services selected in the emergency backup section).

- Given that the authorized user Prints using POS Print View = Provider and choosing an Emergency Backup Provider the Summary page should only include the Authorized services that they are back up for This info is currently populated in the services table of the print view and the fields and columns there should remain as is but only display the authorized services selected in the emergency backup section).





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Emergency Backup Services Signature Page

POS Information

Name: Sample A Test	Nickname/Also Known As:
LTSS ID#: 31103NUASKX1200	POS Type: Revised
POS Create Date: 01/23/2021	POS Effective Date: 01/01/2021
Assigned Supports Planner:	
This POS only contains services for CO and is subject to MDH approval. Funding and access to CO services is contingent upon Sample A Test maintaining eligibility for the program.	

Attestation

- By signing this POS, I certify that on behalf of PERSONAL HOME CARE INC (933200600):
- ✓ If approved by MDH, I agree to provide the services requested, as indicated below, and per policy and regulation.
 - ✓ I agree with the contents of the POS, including the participant's needs.
 - ✓ I understand that the participant is free to choose from any qualified provider for the services.
 - ✓ I will follow, and ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.
 - ✓ I am authorized to make these attestations on behalf of PERSONAL HOME CARE INC (933200600).

Services

Service	Provider Name	Frequency	Units
Personal Assistance — Shared Attendant	(Basic Only)BAY SHORE SERVICES INC	52 weeks	4 hours per week
Daily Personal Assistance	101 MOBILITY	52 weeks	1 day per week
Personal Assistance Agency	PERSONAL HOME CARE INC	52 weeks	20 hours per week

Signature

Signee Last Name:
Signee First Name:
Signee Job Title:
Provider Agency: PERSONAL HOME CARE INC (933200600)
Signature Comments:

11. Modify the logic of the POS Print View = Provider

When using Print View = Provider, the Participant and Supports Planner Signature pages should never be included with the exception that if you choose the Supports Planning Agency when doing a Provider View, then it should also include the Supports Planner Signature page.

Acceptance Criteria:

1. Given that the authorized user prints a provider page by selecting Print = Provider, when using Print View = Provider, the Participant and Supports Planner Signature pages should NOT be included.
2. Given that the authorized user prints a provider page by selecting Print = Provider and the selected provider is Supports Planning Agency then include the Supports Planner Signature page but NOT the Participant signature page.
3. Example: If the Provider = PEACE & LOVE HEALTHCARE SERVICES (566305900) then the Print View will include the POS Summary page plus the individual signature page for PEACE & LOVE HEALTHCARE SERVICES (566305900), but NOT the SPA signature page and NOT the Participant signature page.
4. If the Provider = SPA agency, then the print view will be POS Summary Page, SPA Provider Signature Page and SP Signature page, but NOT Participant Signature Page.

12. Modify formatting of ALL the POS Print Signature pages

Realign ALL the signature pages where all the content will be displayed in one page. The primary need is for the signature line to display on the same page where all the other content displays.

Note: The "POS Information" section of the signature pages can be realigned so that all the fields can fit in one signature page.

Acceptance Criteria:

1. Given that the authorized user prints a full or individual Provider page, realign UI of ALL the signature pages so that all the fields will be displayed in one page. Currently, in some situations the Sign and Date fields are displayed in another page. The "POS Information" section of the signature pages can be realigned so that all the fields can fit in one signature page.
 - a. **Note:** As part of CR 329113 we are adding a "Signature Comments" box in the print. If that hinders with realignment of the signature page, remove the "Signature Comments" box from the **NM signature page only**, and realign the NM signature page so that all the fields appear on one page.
2. The Print view of any POS that is in production should be updated accordingly.



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Nurse Monitor Signature Page

POS Information

Name: Sample A Test	Nickname/Also Known As:
LTSS ID#: 31103NUASKX1200	POS Type: Revised
POS Create Date: 01/23/2021	POS Effective Date: 01/01/2021
Assigned Supports Planner:	
This POS only contains services for CO and is subject to MDH approval. Funding and access to CO services is contingent upon Sample A Test maintaining eligibility for the program.	

Attestation

- By signing this POS, I certify that on behalf of Baltimore City Local Health Department (773402600):
- ✓ If approved by MDH, I agree to provide the services requested, as indicated below, and per policy and regulation.
 - ✓ I will follow, and to the extent applicable, will ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.
 - ✓ I am authorized to make these attestations on behalf of Baltimore City Local Health Department (773402600).

Services

Service	Frequency	Units
Nurse Monitoring	12 months	4 hours per month

Signature

Signee Last Name:
Signee First Name:
Signee Job Title:
Provider Agency: Baltimore City Local Health Department (773402600)
Signature Comments:

Sign Here: _____ **Date:** _____

13. Modify the Nurse Monitor Signature page in POS Print view

Modify the Nurse Monitor Signature page on the POS Print, these updates should occur in both the Full and individual Provider print views.

Acceptance criteria:

1. Given that the authorized user prints a Full or an individual provider page for the Nurse Monitoring Service, the print page should be displayed as the following:
 - a. The current provider signature page which has Nurse Monitoring Service provider listed should be renamed from “Provider Signature Page” to “Nurse Monitor Signature Page”.
 - b. Remove the attestation line that says, ‘I agree with the contents of the POS, including the participant’s needs.’
 - c. Remove the attestation line that says, ‘I understand that the participant is free to choose from any qualified provider for the services.’
 - d. Modify the attestation line that says ‘I will follow, and ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.’ to say ‘I will follow, and to the extent applicable, will ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.’
 - e. The Print view of any POS that is in production should be updated accordingly.



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Nurse Monitor Signature Page

POS Information

Name: Sample A Test	Nickname/Also Known As:
LTSS ID#: 31103NUASKX1200	POS Type: Revised
POS Create Date: 01/23/2021	POS Effective Date: 01/01/2021
Assigned Supports Planner:	
This POS only contains services for CO and is subject to MDH approval. Funding and access to CO services is contingent upon Sample A Test maintaining eligibility for the program.	

Attestation

By signing this POS, I certify that on behalf of Baltimore City Local Health Department (773402600):

- ✓ If approved by MDH, I agree to provide the services requested, as indicated below, and per policy and regulation.
- ✓ I will follow, and to the extent applicable, will ensure my staff will follow, policies and procedures on identifying and reporting potential abuse, neglect, and exploitation.
- ✓ I am authorized to make these attestations on behalf of Baltimore City Local Health Department (773402600).

Services

Service	Frequency	Units
Nurse Monitoring	12 months	4 hours per month

Signature

Signee Last Name:
Signee First Name:
Signee Job Title:
Provider Agency: Baltimore City Local Health Department (773402600)
Signature Comments:

Sign Here: _____ **Date:** _____

14. Move the Emergency Backup Plans panel under Services Panel

Move the Emergency Backup Plans panel under Services Panel, this change will be made to the Plan of Services- Summary page and under Left nav (see screenshot below). This change should also be implemented in the POS print.

Acceptance Criteria:

- Given that the authorized user navigates to the Plan of Services- Summary page, the Emergency Backup Plans panel will be displayed under Services panel.
- Given that the authorized user expands Programs under left Nav, the Emergency Backup Plans should display under Services section.
- Given that the authorized user prints a Full or Provider POS, the Emergency Backup Plans should display under Services table.

The screenshot displays the 'Plan of Service — Summary' page with a status of 'In Progress'. At the top, there are navigation buttons: 'Back to List', 'Print', 'Submit', 'Discard', and 'Expand All'. The main content area is a list of sections, each with a 'Manage' or 'Edit' button. The 'Services' section is highlighted with a red border and includes the text 'Total: 10 Recommended Flexible Budget: \$15,600.00'. Below it, the 'Emergency Backup Plans' section is also highlighted with a red border, indicating its new position under the Services panel. Other sections include 'Overview Information', 'Strengths', 'Goals', 'Risks', 'Self-Direction', 'Exception Request', 'Signatures', 'Review', 'Decision and Clarification Requests', and 'Workflow History'.

Section	Action
Overview Information **	Edit
Strengths **	Manage
Goals **	Manage
Risks **	Manage
Self-Direction **	Edit
Services — Total: 10 Recommended Flexible Budget: \$15,600.00 **	Manage
Emergency Backup Plans **	Manage
Exception Request **	Edit
Signatures ** ⓘ	Manage
Review **	Edit
Decision and Clarification Requests	
Workflow History	