



State of Alaska

Senior and Disabilities Services

Harmony Data System Job Aid

J08 | Plan Validation

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Document Tracking

Version	Author/Editor	Date	Description
1.0	Jennifer Johns	11/27/17	Initial Creation

Service Specific Rules

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
1	Adult Day Services - Unit Type	<ul style="list-style-type: none"> APDD ALI 	Cannot provide service with a unit type = 15 min if plan does not also include service with a unit type = ½ day	Add Service Code S5101, "Adult Day Services, 1-4 hours (must be billed first)" as a planned service.
2	Adult Day Services Time – ½ day	<ul style="list-style-type: none"> APDD ALI 	Cannot have more than 1 unit/day where unit type = ½ day	Set Units Per Period to 1 and Period to Calendar Day or Business Day for Service Code S5101, "Adult Day Services, 1-4 hours (must be billed first)"
3	Adult Day Services Time – 15 min	<ul style="list-style-type: none"> APDD ALI 	Cannot have more than 24 units/day where unit type = 15 min	Set Units Per Period less than 24 when Period is equal to Calendar Day or Business Day for Service Code S5100, "Adult Day Services (time exceeding 4-hour half-day)"
4	Adult Day Services Conditions - Age	<ul style="list-style-type: none"> APDD ALI 	Consumer must be 18 on or before the service start date	Verify consumer's age is 18 prior to the service start date
5	Adult Day Services - Per Week Freq where "Adult Day Services, 1-4 hours (must be billed first)" service equals 240 hours	<ul style="list-style-type: none"> APDD ALI 	Allowable per week frequency exceeded	Reduce the total amount of Adult Day Units per Period to <ul style="list-style-type: none"> Less than 7 days per week or Less than 10 hours per day or Less than 70 hours per week
7	Care Coordination or Targeted Case Management Monitoring Required	<ul style="list-style-type: none"> APDD ALI IDD ISW CCMC CFC 	Plan must include Care Coordination or Targeted Case Management Monitoring	Add one of the following Planned Services depending on the Consumer's program: <ul style="list-style-type: none"> T2022 Care Coordination Monthly Case Management T2022:CCMC Care Coordination Monthly Case Management – Care Coordination T2022:SE Targeted Case Management - Monitoring

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7a	Care Coordination AND Targeted Case Management – Monitoring not allowed	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC • CFC 	Cannot have both Care Coordination Monthly Case Management and Targeted Case Management Monitoring	<p>Remove all but one of the following Planned Services depending on the Consumer’s program:</p> <ul style="list-style-type: none"> • T2022 Care Coordination Monthly Case Management • T2022:CCMC Care Coordination Monthly Case Management – Care Coordination • T2022:SE Targeted Case Management - Monitoring
8	POC Development	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Allowable units exceeded	Set Units Per Period to 1 and Period to Year for Service Code T2024:U2, “Plan of Care Development”
9	Chore - Time	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Allowable units exceeded	Set Units Per Period less than 40 per week for Service Code S5120, “Chore Services”
10	Chore - Married or other adult HH member responsible to perform chore-like duties /Caregiver Status	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Service may not be allowed when consumer is married or lives with other adult immediate family or caregiver	Verify consumer’s Marital Status. Marital Status cannot be equal to “Married” or “Domestic Partnership/Civil Union” or “Living Together”

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11	Chore - Consumer Location	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed in consumer's current living setting	<p>If consumer wants to receive chore remove all the following planned services:</p> <ul style="list-style-type: none"> • S5140 Res Hab - Family Home Habilitation - Adult and/or • T2016 Res Hab - Group Home (18 & older) and/or • T2016:TG Res Hab - Group Home - Acuity and/or • T2031 Residential Support Living (RSL) and/or • T2031:TG Residential Support Living (RSL) - Acuity Add-on
13	Day Habilitation - Age 3	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Allowable units exceeded based on consumer's age	Set Units Per Period less than 72 per week for Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)" for a consumer between the ages of 3 and 16.
14	Day Habilitation - Age >= 18	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Allowable units exceed based on consumer's age and/or living setting	Set Units Per Period less than 60 per week for Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)" or Service Code T2021, "Day Habilitation (one-on-one support, age 3 and up)" for a consumer 18 years or older.
15	Day Habilitation - Per Week Freq	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Allowable per week frequency exceeded	Set Units Per Period less than 3120 per year or less than 60 per week for Service Code T2021:HQ, "Day Habilitation (group of 2 or more, age 3 and up)"

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17	EMOD - Conditions	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Service not allowed in consumer's current living setting.	<p>If consumer wants to receive an EMOD remove all the following planned services:</p> <ul style="list-style-type: none"> • T2016 Res Hab - Group Home (18 & older) and/or • T2016:TG Res Hab - Group Home - Acuity and/or • T2017 Res Hab - Supported Living (18 & older) and/or • T2031 Residential Support Living (RSL) and/or • T2031:TG Residential Support Living (RSL) - Acuity Add-on
18	EMOD - Cumulative Cost 2013-2016	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Cumulative service costs exceed \$18,500	This rule adds the total cost of any Environmental Modification – Contractor service that appears on an initial or renewal plan for plan years 2013-2016. For this rule to pass, the total cost across the 3-year period must be less than \$18,500.
19	EMOD - Cumulative Cost 2016 - 2019	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Cumulative service costs exceed \$18,500	This rule adds the total cost of any Environmental Modification – Contractor service that appears on an initial or renewal plan for plan years 2016-2019. For this rule to pass, the total cost across the 3-year period must be less than \$18,500.
20	EMOD - Cumulative Cost 2019 - 2022	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Cumulative service costs exceed \$18,500	This rule adds the total cost of any Environmental Modification – Contractor service that appears on an initial or renewal plan for plan years 2019-2022. For this rule to pass, the total cost across the 3-year period must be less than \$18,500.
22a	Meals – Unit of Measure	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Unit of Measure for meals must be Calendar Day or Business Day	Set Period equal to Calendar Day or Business Day for Service Code S5170, "Meal, Home Delivered (limit x2 per day)" or Service Code T2025, "Meal, Congregate (limit x2 per day)"

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22	Meals – Cumulative Limit	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Number of meals provided by PCA & Waiver > 3 and/or number of meals provider by Waiver > 2	If consumer is on a waiver alone reduce the Units Per Period to 2 or less. If the consumer is on a waiver plus PCA reduce the Units Per Period to 3 or less.
23	Meals – Age	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer must be 18 on or before the service start date	Verify consumer's age is 18 prior to the service start date.
24	Meals – Home Delivered Meals vs Living Setting	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Service not allowed if consumer is receiving any of the following services: Residential Supported Living, Family Home Habilitation, Group Home or In-Home Supports.	<p>If consumer wants to receive Home Delivered Meals remove all the following planned services:</p> <ul style="list-style-type: none"> • S5140 Res Hab - Family Home Habilitation - Adult and/or • S5145 Res Hab - Family Home Habilitation – Child and/or • T2016 Res Hab - Group Home (18 & older) and/or • T2017:U4 Res Hab - In-home Supports (17 & under) and/or • T2031 Residential Support Living (RSL)
27	NOCM - Age	<ul style="list-style-type: none"> • IDD • ISW • CCMC 	Consumer must be less than 22 on or before service end date	Verify consumer's does not turn 22 prior to the service end date.
28	NOCM - Conflicting Services	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is receiving IAT or SPDN	<p>If consumer wants to receive NOCM services remove all the following planned services:</p> <ul style="list-style-type: none"> • T1002:U2 Specialized Private Duty Nursing (RN) and/or • T1003:U2 Specialized Private Duty Nursing (LPN/LVN)

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30	Family Home Hab – No Family Respite	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is also receiving Family Directed Respite	<p>If consumer wants to receive Family Home Habilitation services remove all the following planned services:</p> <ul style="list-style-type: none"> • S5150:U2 Family Directed Respite (15 min) and/or • S5151:U2 Family Directed Daily Respite (day)
31	Family Home Hab – Conflicting PCA	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer cannot have a concurrent PCA plan	The consumer cannot receive Family Home Habilitation services if they are 21 or older and have a PCA plan that overlaps with the current waiver plan. Verify the dates on both the waiver and PCA plans.
32	Family Home Hab – Certified Home	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Provider not certified as an ALH or Foster Home	If you believe this message is erroneous and the Provider is certified to offer Family Home Habilitation for Adult or Child for the consumer's specific program, then contact SDS's System Administrator.
34	Family Home Hab – Conflicting Services	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is also receiving Transportation, and/or Meals.	<p>If consumer wants to receive Family Home Habilitation for an Adult then remove all the following planned services:</p> <ul style="list-style-type: none"> • T2001:SE Escort (travel companion for the recipient) and/or • S5170 Meal, Home Delivered (limit x2 per day) and/or • T2025 Meal, Congregate (limit x2 per day) and/or • T2003 Transportation < 20 miles one way and/or • T2003:CG Transportation (Paratransit) one way and/or • T2003:TN Transportation > 20 miles one way

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
35	Family Home Hab – Per Day Freq	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer cannot receive more than 1 unit/day	Set Units Per Period to 1 and Period to Calendar Day or Business Day for Service Code S5140, “Res Hab - Family Home Habilitation – Adult” and/or Service Code S5145, “Res Hab - Family Home Habilitation – Child”
37	Supported Living – Age Restrictions	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer cannot receive more than 72 units/day when 18 or older	Set Units Per Period to less than 72 and Period to Calendar Day or Business Day for Service Code T2017, “Res Hab - Supported Living (18 & older)” Verify consumer’s age is 18 prior to the service start date.
38	Group Home Hab - Age	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer must be at least 18	Verify consumer’s age is 18 prior to the service start date.
39	Group Home Hab – Certified Provider	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Provider not certified as a Group Home	If you believe this message is erroneous and the Provider is certified to offer Res Hab – Group Home for the consumer’s specific program, then contact SDS’s System Administrator.
40	Group Home Hab – Day Hab Restrictions	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer is also receiving more than 60 units/week of Day Habilitation	Set Units Per Period to less than 60 and Period to Week for Service Code T2021, “Day Habilitation (one-on-one support, age 3 and up)” and/or Service Code T2021:HQ, “Day Habilitation (group of 2 or more, age 3 and up)”
41	Group Home Hab – Conflicting Services	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Service not allowed if consumer also has a PCA or CFC plan.	The consumer cannot receive Group Home Hab services if they have a PCA or CFC plan that overlaps with the current waiver plan. Verify the dates on both the waiver and PCA/CFC plans.
42	Group Home Hab – Per Day Freq	<ul style="list-style-type: none"> • IDD • ISW • CCMC 	Consumer cannot receive more than 1 unit/day	Set Units Per Period to 1 and Period to Calendar Day or Business Day for Service Code T2016, “Res Hab - Group Home (18 & older)” and/or Service Code T2016:TG, “Res Hab - Group Home – Acuity”

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
44	In Home Support Hab	<ul style="list-style-type: none"> • CCMC • IDD • ISW 	Consumer cannot receive more than 72 units/day	<p>Set Units Per Period to less than 72 and Period to Calendar Day or Business Day for Service Code T2017:U4, "Res Hab - In-home Supports (17 & under)"</p> <p>Verify consumer's age is less than 18 prior to the service start date.</p> <p>If consumer wants to receive In-Home Supports for a Child under 18 then remove all the following planned services:</p> <ul style="list-style-type: none"> • T2001:SE Escort (travel companion for the recipient) and/or • S5170 Meal, Home Delivered (limit x2 per day) and/or • T2025 Meal, Congregate (limit x2 per day) and/or • T2003 Transportation < 20 miles one way and/or • T2003:CG Transportation (Paratransit) one way and/or • T2003:TN Transportation > 20 miles one way
A44B	In Home Support Hab	<ul style="list-style-type: none"> • APDD • ALI 	Consumer cannot receive In Home Support Hab for APDD or ALI programs	If consumer's program is ALI or APDD, then remove Service Code T2017:U4, "Res Hab - In-home Supports (17 & under)"
45	RSL – Conflicting Services	<ul style="list-style-type: none"> • APDD • ALI 	Service not allowed if consumer also has a PCA or CFC plan.	The consumer cannot receive Residential Support Living (RSL) services if they have a PCA or CFC plan that overlaps with the current waiver plan. Verify the dates on both the waiver and PCA/CFC plans.
46	RSL – Certified Provider	<ul style="list-style-type: none"> • APDD • ALI 	Provider not certified as a Residential Support Living Facility	If you believe this message is erroneous and the Provider is certified to offer Residential Support Living (RSL) for the consumer's specific program, then contact SDS's System Administrator.

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
49	Respite Care – Living Setting	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive service if also receiving RSL or Group Home	<p>If consumer wants to receive Respite services, then remove all the following planned services:</p> <ul style="list-style-type: none"> • T2016 Res Hab - Group Home (18 & older) and/or • T2016:TG Res Hab - Group Home - Acuity and/or • T2031 Residential Support Living (RSL) and/or • T2031:TG Residential Support Living (RSL) - Acuity Add-on
50	Respite Care – Time - Day	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 14 units/year when the unit type = day	Set Units Per Period to less than 14 and Period to Year for Service Code S5151, “Agency Based Daily Respite (day)” and/or Service Code S5151:U2, “Family Directed Daily Respite (day)”
51	Respite Care – Time – 15 min	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 48 units/day (12 hr) or 2080 units/year (520) when the unit type = 15 min	<p>Set Units Per Period to less than 48 and Period to Calendar Day or Business day or</p> <p>Set Units Per Period to less than 520 and Period to Year for Service Code S5150, “Agency Based Daily Respite (15 min)” and/or Service Code S5150:U2, “Family Directed Daily Respite (15 min)”</p>
52	Respite Care – Cumulative Limit	<ul style="list-style-type: none"> • IDD • ISW • APDD • ALI 	Consumer cannot receive more than 14 Days of Daily Respite AND 520 total hours of Hourly Respite during an individual’s plan year	See rules 50 and 51 above
54	SPDN – Age Restrictions APDD, ALI, & IDD	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW 	Consumer must be 21 or older on or before the service start date	Verify consumer’s age is 21 prior to the service start date.
56	SPDN – Max Units	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW 	Consumer cannot receive more than 96 units/day (24 hr)	Set Units Per Period to less than 96 and Period to Calendar Day or Business day for Service Code T1002:U2, “Specialized Private Duty Nursing (RN)” and/or Service Code T1003:U2, “Specialized Private Duty Nursing (LPN/LVN)”

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
58	Employment – Age	<ul style="list-style-type: none"> • APDD • IDD • ISW • CCMC 	Consumer must be 14 on or before the service start date	Verify consumer's age is 14 prior to the service start date
59	Employment – Per Day Freq	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 32 units/day (8 hr)	Set Units Per Period to less than 32 and Period to Calendar Day or Business day for Service Code T2019, "Supported Employment (one-on-one support)" and/or Service Code T2019:HQ, "Supported Employment (group of 2 or more)"
60	Employment – Per Week Freq	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive more than 160 units/week (40 hr)	Set Units Per Period to less than 160 and Period to Week for Service Code T2019, "Supported Employment (one-on-one support)" and/or Service Code T2019:HQ, "Supported Employment (group of 2 or more)"
62	Pre-Employment Validation – Duration Limits	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive service for more than 90 days	Verify Start and End dates on Service Code T2019:CG, "Pre-Employment (one-on-one support)" and/or Service Code T2019:TT, "Pre-Employment (group of 2 or more)" is not greater than 90 days.
63	Pre-Employment Validation – Conflicting Plans	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW • CCMC 	Consumer cannot receive service on multiple plans	Verify Planned Service Dates for Service Code T2019:CG, "Pre-Employment (one-on-one support)" and/or Service Code T2019:TT, "Pre-Employment (group of 2 or more)" on Initial and/or Renewal plan to insure dates are not overlapping. Consumer can only receive this service on one plan. If service already exists on Plan, then remove it.
65	Transportation	<ul style="list-style-type: none"> • APDD • ALI • IDD • ISW 	Consumer must be 21 on or before the service start date	Verify consumer's age is 21 prior to the service start date.

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
70	Targeted Case Management Certification – CFC	CFC (Note: program based on ISO subobject = 'CFC'; ignore Plan Program)	Provider is not certified to offer Targeted Case Management as of the plan start date.	If you believe this message is erroneous and the Provider is certified to offer Targeted Case Management for the CFC program, then contact SDS's System Administrator.
71	Skill Building Certification - CFC	CFC (Note: program based on ISO subobject = 'CFC'; ignore Plan Program)	Provider is not certified to offer Skill Building as of the plan start date.	If you believe this message is erroneous and the Provider is certified to offer Skill Building services for the CFC program, then contact SDS's System Administrator.

Non-Service Specific Rules

Rule #	Rule Name	Program(s)	Validation Message	How to make the rule pass
66	Waiver Certification	<ul style="list-style-type: none"> • ALI • APDD • CCMC • IDD • ISW 	Provider is not certified to offer {Planned Service Service Name} under {Plan Program Name} as of the plan start date.	If you believe this message is erroneous and the Provider is certified to offer the specific service requested for the consumer's program, then contact SDS's System Administrator.
67	PCA Certification	<ul style="list-style-type: none"> • PCA • CFC 	<ul style="list-style-type: none"> • Provider is not actively certified to offer PCA Services as of the plan start date. 	If you believe this message is erroneous and the Provider is certified to offer the specific service requested for the consumer's program, then contact SDS's System Administrator.
69	CFC Support Plan Supplement Form	<ul style="list-style-type: none"> • CFC • ALI • APDD • IDD • ISW • CCMC 	<ul style="list-style-type: none"> • Support Plan Supplement Form is required for consumers enrolled in CFC Program 	Add the Plan form named "Support Plan Supplement Form" to the Plan being validated.