Making Corrections to Plan Lines and Service Prior Authorizations in a Plan of Care

(updated 9/18/2025)

Case Management Entities (CMEs) are responsible for authorizing the services an individual needs on their Plan of Care (POC). These services are part of the Individual Support Plan (ISP).

There are situations when services authorized in a POC need to be corrected. For example, if there is an increase or decrease in the hours authorized for a service, or there is a correction to the authorized rate for a provider. CMEs are responsible to make those corrections in a timely manner to prevent negative impacts to the individual and provider.

When correcting service authorizations in a POC, CME staff must analyze certain parts of the POC before taking steps to correct the authorizations.

Correcting a SPA when no changes are needed to the Plan Line or POC

1. If the SPA is in **Draft** status, select **Edit** and make any needed changes.

2. If the SPA is in **Pending** status, select **Withdraw**. Once withdrawn, a new SPA with the correct information can be created.

3. If the SPA is in **Accepted** status, it can only be voided. A SPA with **NO** SDs created against it can be voided by selecting the **Void** Button. Once voided, a new SPA can be created.

4. A SPA that has SDs created against it can be voided, but first, the SDs billed against it must be voided.[1] This involves three steps:

    a. Any SD entries billed against the SPA must be either deleted, rejected or voided.

      - SDs in **Draft** must be deleted

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[1] Voiding SD billing entries should be done only as the very last option! See **Appendix A** for more information.

- SDs in **Pending** must be Rejected or Voided

- SDs in **Suspended** or **Approved** status must be voided

b. The next time the Aggregation Cycle runs, the claims associated with the SDs will be voided.

c. After the Claims are voided, the SPA can be voided.

5. Once voided, a new SPA with the correct information can be created.

TIP: If you have completed steps 1 & 2 above and attempt to void the SPA, you may receive the following error message: "*Your request could not be completed because: Insufficient funds -$xxx.00 on mm/dd/yyyy for Client Service*". This means there are still associated claims that need to be voided before the SPA can be successfully voided.

Correcting a Plan Line:

1. If the Plan Line is in **Draft**, select **Edit** and make the needed changes.

2. If the Plan line is in **Pending** or **Accepted** status, then the SPAs under it must be Withdrawn or Voided before changes can be made. This involves 2 steps:

   a. Follow Steps #1-3 in the section above: **Correcting a SPA when no changes are needed to the Plan Line or POC**

   b. Once the Plan Line is in Withdrawn or Void status, create a new Plan Line with the correct information

3. Once the New Plan Line is saved, enter new, corrected SPAs underneath it.

APPENDIX A: When to Void a Service Delivered Billing Entry

Voiding SD billing entries should be done only as the very last option! There are a number of features in eXPRS that allow edits to SPAs or SDs without having to void PSW SD billing entries. For example:

- SDs in Suspended status can be edited. Users can change the date, the start and/or end time on a 'suspended' SD, save that new information, then resubmit the SD. Voiding is often not necessary.

- Retro edits to a SPA can be made using the SPA split process (a POC Super User has permissions to do this), usually without having to void SDs.

- Rate changes must be requested through the ODDS POC Update Request process, but SD voids for this are also usually not necessary.

Voiding an SD is often only necessary in situations where the SD should never have been entered/paid at all, or significant (often complicated) POC edits are needed. Good POC management will reduce the need for retro POC changes.

This is important because SDs that are paid in claims and later directly voided create Provider Liability Amounts that must be recovered from future payments to the provider. For PSWs, PLA recovery is further constrained by the PSW CBA requirements. To avoid creating PLAs for PSWs unnecessarily, it is best practice to always exhaust all POC/SPA & billing update/edit options to resolve issues before voiding PSW SDs that are in paid claims.

Appendix B: Creation and Correction of a Plan of Care

When creating a POC, the process is to build it from the bottom to the top in order to support the plan. Shown below, plans are built by:

1. Creating the overall Plan of Care and its limits.

2. Creating specific Plan Lines for each service the individual will receive.

3. Creating SPAs under each Plan Line to authorize a provider to deliver the service.
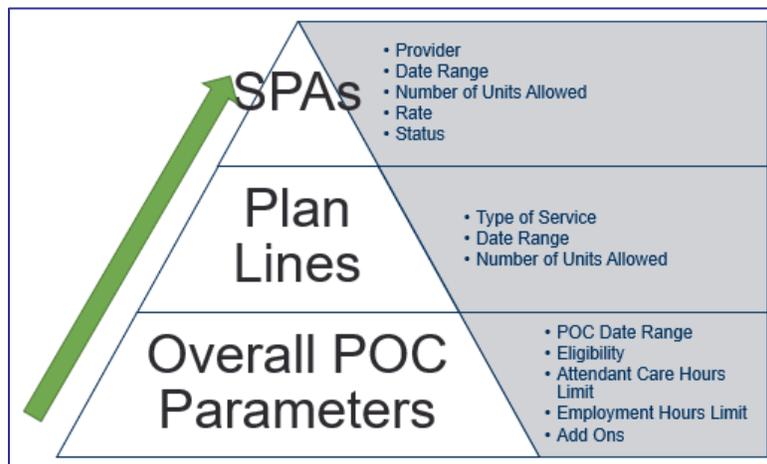
Overall POC Parameters

In the screenshot below, you can see the different POC Limits, such as the date ranges, hours limits and Add-ons that apply for this individual.

Plan Lines and SPAs

For the Plan of Care below, the Plan Line defines the service, and the SPA authorizes the provider to deliver it.

To make corrections to a POC, you start from the SPA and work backwards. This is done by:

1. Determining what corrections are needed to the POC

2. Analyzing the SPA and making changes (if needed)[2]

3. Analyzing the Plan Line and making changes (if needed)

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[2] It is possible that SDs will have been billed against the SPA, and that those SDs are now included in Claims. This should also be considered when attempting to making changes to a Service Prior Authorization.

4. Analyzing the Overall POC and making changes (if needed)

Overall POC Parameters
- POC Date Range
- Attendant Care Hours Limit
- Employment Hours Limit

Plan Line
- End Date
- Number of Units Allowed

SPA
- End Date
- Number of Units Allowed