MMIS Plan of Care (POC) Reference Guide

Updated: Aug. 27, 2026

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Base Information

Enter only if a POC APD Benefit hasn't been created.

Field	Data
Case Manager ID	MMIS User ID (User name)
Client ID	Prime number
Division	SPD
POC Development Date	Auto-fill – **No action needed**
POC Review Date	Leave blank – **No action needed**
POC Start Date	Date the POC starts (once saved, do not change)
POC End Date	12/31/2299 under all circumstances

Select Add after completing the Base Information.

Line Item

Select save after completing each Line Item.

Description	Nursing Facility	Agency Provider	Agency Mileage
Rendering Provider ID	Provider number	Provider number	Provider number
Service Code	100	HK-S5125 / PC-T1019	Mileage-A0090
Service Code Type	Revenue Code	Procedure Code	Procedure Code
Effective Date	Service Plan Start	Service Plan Start	Service Plan Start
End Date	Service Plan End	Service Plan End	Service Plan End
Units	1	*Hours x 2	**Miles / 2
Unit Qualifier	SPD Residential Stay	15-minutes	Mile
Frequency	Daily	Weekly	Weekly
Payment Method	Pay System Price	Pay System Price	Pay System Price
Status	Active	Active	Active
Authorizing Entity	Branch number	Branch number	Branch number
Benefit Plan	Nursing Home	APD, KPS, or CMS State Plan	APD or KPS

MMIS POC tips

For agency provider units, this is the number of hours multiplied by two. If you are authorizing 30 PC hours per service period, you must enter “60” for this section.

For agency mileage, it is the number of miles divided by two. If you are authorizing 20 miles per service period, you must enter “10” for this section.

- The POC Line Item must perfectly match the service plan in the CA/PS service plan. This includes:
  - Creating a new POC Line Item when a new assessment and service plan have been created.
  - Matching the dates and units in the POC Line Item to what the service plan authorized.
  - Ending a POC Line Item whenever the authorized number of units changes, then creating a new POC Line Item with the new authorization.
  - Not invalidating a benefit, hours, or service plan segment in CA/PS if any services were provided during that time frame (unless you plan to recreate the segments).
- Update the service plan and the POC Line Item as soon as possible when changes occur. It is preferable to start In-Home Agency (IHCA) POCs at the beginning of the week (if possible) for

billing purposes. However, if the POC needs to be updated in the middle of the week, please inform the IHCA right away of this change (please keep in mind that MMIS will not prorate hours for IHCAs for partial weeks).

- The provider must be notified as soon as possible when any changes occur.
- Hours are authorized on a weekly basis for IHCAs. Hours authorized in one week do not carry over into the following week.
- Do no attempt to bypass any error messages.
- Do not end the benefit line in CA/PS unless the consumer actually moves to another care setting (i.e., in-home to AFH). Benefit lines should not end if the individual is in the hospital or receiving skilled NF care.

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