



Quick Guide, Mosaic Adults

Commissioning Personal Budget Services

The workflow required to plan and cost for all new personal budget services and **significant** permanent changes to personal budget services already in place is:

 Adult Needs Assessment/Adult Transition Needs Assessment > Adult Care and Support Plan > Adult Purchase Service Request

You cannot purchase new services or significant* permanent changes without completing an assessment, plan and purchase service request.

*Small permanent changes to existing personal budget services, including provider uplifts, can be made from the Adult Review of Care and Support Plan. Please see the **Adult Review of Care and Support Plan** guide for further details

Support Plan Costings

Services should be costed within the **Adult Support Plan Costings** form. This form is located within the 'Adult Care and Support Plan' and the 'Adult Review of Care and Support Plan'.

Please refer to the guides Adult Care and Support Plan, Support Plan Costings Hints and Tips and Adult Review of Care and Support Plan for further guidance recording a plan or review.

To cost for services you must select the relevant 'Service Type' checkbox.

New services should only be costed for within the plan. Existing ongoing services should automatically display, these can be amended as required.

Small changes to existing services can also be made within the review.

To ensure that the 'proposed cost of services per year/per week' is correct services must have the correct number of units (days, nights, or hours dependent on service type) and the correct unit cost. Please refer to the guide **Support Plan Costings Hints and Tips** for further details.

At the end of your plan or review, you will need to:

- make sure you have recorded a next action of Adult Purchase Service Request and assigned it to yourself (Assign to me button)
- make sure you have recorded a next action of Adult Review of Care and Support Plan and assigned it to yourself (Assign to me button), another worker (pass to worker) or the relevant team (pass to team) as appropriate
- add any other relevant next actions

Purchase Service Request

Section 1

• **Purchasing Team** - select as appropriate from the dropdown menu.

For joint worked cases, the leading team should be selected as the purchasing team. This is usually based on the Primary Support Reason.

For hospital cases, the purchasing team will vary depending on the type of service required. For short term residential and nursing services, select the Hospital Team. For long term residential and nursing services or brokered home care services, select the relevant Area Team based on where the customer lives.

An Area Team based practitioner should use the Area Cost Code if they are arranging for a customer to be discharged from hospital into Short Term Care.

• **Budget Code** - detail Cost and GL codes and specific service details so that services can be purchased correctly. This will ensure costs are paid from the correct budget. Any joint funding arrangements with health services, such as LPFT, also need to be detailed here.

Sections 2 – 5

These sections will populate with information from your Support Plan Costings.

If details are incorrect you will need to arrange for the Purchase Service Request to be deleted and then plan/review to be re-opened so the costings can be amended and re-authorised before you start a new purchase service request.

To do this, contact the **Mosaic Service Desk**

- LCC staff should use MyPortal>My IT>Mosaic Requests>Change
 Person Record/Workflow
- Non LCC staff should call 01522 555555

Only the sections relating to the 'Service Types' selected in the Support Plan Costings formwill need to be completed.

Existing or ongoing services will display alongside any new services being requested. For each service, you must use the 'Type of Service Request' dropdown menu to state whether the service is a:

- New Service(for any brand new services)
- Change in Service (for any permanent changes)
- No Change in Service(for current services already in place which are not changing)

You must also complete all other necessary details for each service, such as the start date, provider, break down of hours, or room number, etc.

Certain fields are mandatory e.g. if the service is not being provided by a direct payment the start date, provider (supplier) and room number are mandatory for long term residential or nursing care.

You will not be able to finish the Purchase Service Request until these fields have been completed.

Please note: This is not necessary for current services already in place and which are not changing i.e. those selected as 'No Change in Service'. The only exception will be for cases with rolling respite where you will be prompted to answer a couple of mandatory questions.

Section 6. Services No Longer Required

This section can be used to request services are ended.

Use the **Add** (button) to specify the type of service, end date and other relevant details regarding the service(s) to be ended.

Next Actions

At the end of your Purchase Service Request, you should check that you have recorded the relevant next action(s).

Although there are various actions available from this workflow step, only two relate to personal budget purchases.

The appropriate next action(s) will depend on your customer's package of support:

• Adult Non-Homecare Services Required

To be used for

- non-homecare services
- homecare services not arranged by Brokerage e.g. when provided by a Direct Payment

It should be assigned to the appropriate **inbox*** via the pass to worker dropdown menu

*To decide on the appropriate inbox you should consider the type of 'nonhomecare services' being purchased.

- If there are any direct payment services select 'Direct Payments Inbox'
- If there are no direct payment services but there are residential or nursing care select 'Residential/Nursing Care – Inbox'
- If there are no direct payment or residential or nursing care services select 'Non-brokered Non Res services – Inbox'

If you are purchasing a mixed package you should select the action 'Adult Non-Homecare Services Required' once and use the notes box to list the different services types being purchased and send it to one inbox; Serco will pass it to the other inboxes.

Adult Homecare Services / Shared Lives Services Required

To be used for brokered homecare services and Shared Lives services which are **not** provided by a direct payment.

For brokered homecare services, this action should be assigned to the appropriate **Brokerage zone inbox** via the pass to worker the dropdown menu.

For Shared Lives services this action should be assigned to the 'Shared Lives – Inbox' via the pass to worker the dropdown menu.

Both next actions should be recorded if there is a mixture of homecare and non-homecare services.

Once you have recorded the relevant next action(s), you must consider whether you need to use the toolbar icons and then finish the workflow step by clicking the **Finish** icon **\checkmark**.

Requests 📋

There are optional Requests available in the Requests icon 🔲

Adult Authorise DP termination/suspension

To be assigned to your manager if ending a direct payment service (recorded in section 3). The **'DP Suspension and Termination Checklist'** optional form must also be completed. This is located in the **Forms and Letters** toolbar icon

• Adult Please review information and authorise

To be assigned to your manager if required. This is not routinely used as services are authorised in the plan or review.

Optional Forms 뒅

Optional forms and letter templates are located in the Forms and Letters icon

Remember if you are ending a direct payment service (recorded in section 6) you must complete the **'DP Suspension and Termination Checklist'** optional form and send the Request **Adult Authorise DP termination/suspension**.

Please note that if completing the form **'Referral to Penderels Trust'**, it should be saved as a PDF and emailed to Penderels as Penderels do not have access to Mosaic.