

Consolidated Waiver Fee Schedule Residential Rate Exception Process

ODP Announcement 19-014

AUDIENCE:

Providers of Residential Services in the Consolidated Waiver, Administrative Entities (AEs), Support Coordination Organizations (SCOs) and Support Coordinators (SCs)

PURPOSE:

To re-issue the criteria, process, and procedures for residential fee schedule rate exceptions in the Consolidated Waiver

BACKGROUND:

Beginning January 1, 2018, the Office of Developmental Programs (ODP) transitioned the reimbursement for residential services from cost-based reimbursement to a state established fee schedule. The fee schedule for residential services has been carefully developed to provide adequate funding for individuals with varying needs of support.

In addition to the fee schedule, a number of program policy decisions and developments allow more flexibility to providers. Specifically, changes in the definition of day, adjustments to approved program capacity and changes in the expectations regarding staffing ratios have supported greater flexibility.

Effective January 1, 2018, a day is defined as a period of a minimum of 8 hours of non-continuous care rendered by a residential provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m.

This definition of day applies to the following:

- Licensed Residential
- Licensed Life Sharing
- Unlicensed Life Sharing for Individuals who need more than 30 hours per week of service
- Respite Day provided in Residential Habilitation, Life Sharing, private Intermediate Care Facility/Intellectual Disability (ICF/ID), and nursing homes

The exception to the day unit rule is when an individual is admitted to a hospital or nursing facility. When this occurs, the residential provider may not bill for the day the individual is admitted, regardless of how many hours of care the residential provider has rendered during the 24-hour period. When an individual is discharged from a hospital or nursing facility, the residential provider may bill for the discharge day of service, regardless of how many hours of care the residential provider has rendered during the 24-hour period.

The absence of any resident in a home greater than 30 days can be accommodated through an ODP approved program capacity adjustment in order to ensure that the person can return to the home.

Further, ODP is in the planning stages of removing the mandated staffing ratios in the annual service plan, allowing providers far more flexibility in meeting needs. The establishment of fee schedule rates provides greater flexibility by eliminating the application of allowable cost standards, the need to account for costs by site and Department conducted audits.

DISCUSSION:

Recognizing that ODP serves individuals with significant medical and behavioral health needs that may exceed the assumptions factored into the standard fee schedule rate, ODP has instituted a process for identifying potential exceptions to the fee schedule, due to the extraordinary behavioral or medical needs of an individual.

The Residential Rate Exception Process is a process to review individuals in Needs Group 4. These individuals, due to extraordinary behavioral or medical needs, require a staffing pattern and/or staff expertise (example, extensive clinical supports) that exceeds the assumptions that are the basis for the rate for individuals in Needs Group 4.

Providers serving Individuals in Needs Group 1 -3 (Needs Level 1-4) should continue to follow the existing processes for questions related to the Supports Intensity Scale (SIS) assessment findings.

Change in need

If an individual experiences a significant change in need, the provider should contact the Supports Coordinator to initiate a team discussion on the changes identified. If the team agrees that the current SIS assessment no longer represents the support needs of the individual, an **Expedited Request** can be submitted by the Supports Coordinator. This is accomplished via the Vendor's online portal for approval by the AE and ODP Regional SIS lead. The re-assessment will be scheduled upon completion of the approval process.

Providers should complete a review of the recently completed SIS assessment for accuracy and changes to the Needs Group/Needs Level.

Discrepancies

If a provider has disagreements regarding the content and/or determined Needs Group/Needs Level, they should contact the Supports Coordinator to initiate a team discussion.

If discrepancies are identified between the information provided during the SIS assessment and the information captured on the SIS Family Friendly Report, the provider can contact the Vendor to discuss these discrepancies. The provider should be prepared to identify and discuss specific areas of the SIS assessment that were not accurately captured. The vendor will facilitate a discussion to understand the requested changes and will consult with the assessor who completed the assessment and the respondents present during completion.

Should the discussion result in changes to the assessment, these updates will be made by the vendor and the updated SIS Family Friendly Report will be available upon completion. The vendor will provide the updated assessment to ODP for redetermination of the Needs Group/Needs Level. The re-determined Needs Group/Needs Level will be effective the date the most current SIS assessment was completed.

Residential Rate Exception Process

The Residential Rate Exception Process is a process to review individuals in Needs Group 4 (NG4) who, due to extraordinary behavioral or medical needs, require a staffing pattern and/or staff expertise that exceeds the assumptions that are the basis for the rate for individuals in NG4.

To qualify for consideration for a Residential Rate Exception, the individual must have a Needs Group 4 (Needs Level 5, 6, or 7) as determined by the most recent SIS assessment. The provider must complete the “Needs Exception Allowance Tool,” (NEAT) (appendix A, attached– new version) which provides information on the number of staff needed and the type of specific staff credentials that are needed. Accompanying the NEAT, the provider must submit a signed release of information for the counties who are completing the Life Experience Assessment Protocol (LEAP) to access the individual’s records. The NEAT and signed release of information should be submitted to the ODP rate setting mailbox (RA-ratesetting@pa.gov).

The ODP Bureau of Financial Management and Budget will review the staffing information described in the NEAT (Appendix A) submission and determine if the individual meets criteria for a possible rate exception. This review will include analyzing staffing against existing staffing assumptions as well as a review of billing, utilizations and authorizations for all of the provider’s residential service sites.

Following the Bureau review, if a determination is made that an exception should be considered, a LEAP will be initiated, which involves a comprehensive record review of information about the individual’s history and current status. The LEAP record review will be sent to the Administrative Entity (AE) by the ODP regional office, the AE will complete the review

through discussions with Providers and SCOs and planning for implementation of any Considerations identified through the review process. Supplemental habilitation should be considered to ensure needed supports are provided until the LEAP is completed. The AE shall review the following:

- Review of information in HCSIS/EIM
- Review of Individual Support Plan (ISP) and SIS
- Discussions with Providers and the SCO and review of service documentation
- Review and discussion with the individual's county of registration
- Planning for implementation of any identified Considerations

The LEAP currently includes two tools, the "Desk Review" (Appendix B) and the "Assessment Review" (Appendix C), as well as a Findings Report (Appendix D). Information includes Significant Life Events, Services and Supports, Medical and Behavioral Health overview, Legal/Forensic involvement, Incident Analysis, and Individual Monitoring findings. The "Assessment Review" tool prompts a review of the most current SIS assessment findings, including Supplemental and PA Plus questions, if available. This tool also prompts analysis of the SIS Level as a result of all information collected through the Life Experience Appraisal.

The LEAP Findings Report (Appendix D) includes the Provider Justification (from the NEAT), a summary of the LEAP record review, any Considerations identified for team review and a final recommendation for a rate exception determination by the ODP regional team and the AE/County of Registration.

Following this review, the results will be returned to the ODP Bureau of Financial Management and Program Support to perform rate calculations. The provider will then be notified of the determination regarding the request.

AEs Transmittal Letters

The registering AE will use the attached letters (appendix E) when communicating the LEAP findings with the provider for currently approved requests that are subject to a post-approval LEAP.

Time Frames

Residential fee schedule rates were effective January 1, 2018. At a minimum, exceptions will need to be approved/re-approved on an annual basis. For individuals and providers with approved rate exceptions, the new LEAP process will be implemented during FY18/19. It is anticipated that all approved rate exceptions will receive a LEAP review prior to April 1, 2019. Continuation of previously approved requests that conclude on 6/30/19 should include information on how considerations identified during a LEAP review were addressed.

Effective February 1, 2019, ODP will only accept NEAT requests for exceptional residential rates in the following circumstances:

1. There has been an identified a change in need for an individual currently receiving residential services as documented in their ISP and SIS assessment. The change in need requires an increased need for amount of staffing or qualifications of staff that exceed the need identified at the time of the current SIS assessment and are not supported with in the current fee schedule rate.
2. The individual is new to the Consolidated waiver, new to residential services or new to the provider and meets criteria for an exceptional rate request (i.e. NG4).

For questions or assistance related to the rate exception process, please email the ODP rate setting mailbox (RA-ratesetting@pa.gov).

This announcement obsoletes ODP Communication 052-18, *Fiscal Year (FY) 2017–2018 Needs Exception Allowance Rates for Period July 1, 2018 – June 30, 2019*