

ODP Announcement

Consolidated Waiver Fee Schedule Residential Rate Exception Process

ODP Communication Number 115-17

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

AUDIENCE: Providers of Residential Services in the Consolidated Waiver

PURPOSE: To announce 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 is transitioning 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 for support.

In addition to the fee schedule, a number of program policy decisions and developments will provide more flexibility to providers. Specifically, changes in the definition of day, adjustments to approved program capacity and changes to expectations regarding staffing ratios support 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:

- Licensed Residential;
- Licensed Life Sharing;
- Unlicensed Life Sharing for Individuals who need more than 30 hours per week of service; and
- Respite Day provided in Residential Habilitation, Life Sharing, private 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 assure that the person can return to the home.

Further, ODP is committed to 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 is instituting 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 that, 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 Needs Group 4.

Residential Rate Exception Process

To qualify for a 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 Supports Intensity Scale (SIS) assessment. The provider must complete the "Needs Exception Allowance Instrument" which

provides information on the number of staff needed and the type of specific staff credentials that are needed. The form 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 patterns described in the Needs Exception Allowance Instrument (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 this review, if a determination is made that an exception should be considered, the information will be passed to the relevant Administrative Entity (AE) and the ODP regional team for a program review. The AE and regional team will utilize the Life Experience Assessment Protocol (LEAP) which involves a comprehensive review of information about the individual's history and current status as documented in the ODP and providers' records. This review will consist of:

- Review of information in HCSIS
- Review of any current clinical and other assessments
- Discussions with Providers and the SCO and review of service documentation

The Life Experience Appraisal currently includes two tools, the "Desk Review" (Appendix B) and the "Assessment Review" (Appendix C). 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 (Supports Intensity Scale) 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.

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.

Time Frames

Residential fee schedule rates will be effective January 1, 2018 or the date of notification, whichever is later, and will stay in effect for the fiscal year. At a minimum, exceptions will need to be approved/re-approved on an annual basis. From time of submission to the rate setting mailbox, the provider should anticipate a response time of approximately 15 working days. Requests may be submitted at any time after the release of this announcement.

With the implementation of fee schedule rates, updated assumptions for FY 17/18 and increased flexibility for providers, it is anticipated that exception requests will be kept to a minimum and limited to only individuals with extraordinary medical and behavioral needs.

Thank you for your continuing support as we strive to better serve Pennsylvania's most vulnerable.

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