

December 2009

**Commonwealth of Pennsylvania
Office of Developmental Programs**

Cost Report Attachment 1, Supplemental Data
Request for the Consolidated and Person/Family
Directed Support Waiver Programs - Provider Training



Agenda

- Purpose of Attachment 1
- Situations Requiring Completion of Attachment 1
- Attachment 1 Template
- Submitting the Completed Attachment 1 Form
- Attachment 1 Timelines, Questions, and Desk Reviews
- Attachment 1 Highlights
- Questions

Purpose of Attachment 1

- Since data reported in the Year 2 Cost Reports (CR) reflect actual FY 2008/2009 expenses, changes in expenses that result from events that occurred after 6/30/09 are not reflected
- Year 2 CR data should be adjusted for these changes in the development of the prospective payment rates for FY 2010/2011
- As part of the cost reporting process, ODP is issuing the Attachment 1 to collect data to make two types of adjustments
 - *Adjustment 1*: Service definition changes effective July 1, 2009
 - Day program providers are responsible for all required staffing needs for Waiver participants attending their programs
 - Residential providers are responsible for all transportation to and from the day program for Waiver participants for whom they provide residential services
 - *Adjustment 2*: Mid-year changes in staff to accommodate a Waiver participant's change in need

Situations Requiring Completion of Attachment 1

- ODP requests that an Attachment 1 submission is submitted by providers who have an approved cost report and one or both of the adjustments outlined on the previous slide are applicable
- Providers who do not have an approved CR or do not require an adjustment to their CR data based on the adjustments outlined on the previous slide do **not** need to submit an Attachment 1
- If you are unsure of whether your CR submission has been approved, please confirm with the Administrative Entity (AE) who was assigned to perform the desk review for your organization
- The **Cost Report Attachment 1 Supplemental Data Request Instructions and Template** and the Provider to AE Mapping Desk Review Assignment can be found at www.odpconsulting.net > Provider Information Center link > Provider Cost Report Information link
- *Note: Supports Coordination Organizations (SCOs) do not need to complete the Attachment 1 file*

Attachment 1 Template Certification Page

- **Certification Page** – Collects provider-identifying information and contains a form of certification by an Officer or Administrator of your organization

CERTIFICATION PAGE

1	Provider Name:	1a	MPI Number:
2	Address:	1b	IRS Tax ID Number:
3	City: State: ZIP:	2a	Date of Fiscal Year End : 06/30/2009
4	Period of Report: From: To: 06/30/2009	3a	Primary Contact Telephone Number:
5	Officer or Administrator Name:	3b	Primary Contact Email Address:
6a	Primary Contact Person:	4a	Secondary Contact Telephone Number:
6b	Secondary Contact Person:	4b	Secondary Contact Email Address:
		5a	Qualifying AE:

7 Form of Certification by Officer or Administrator of Provider Agency:

This is an addendum to the Cost Report and, as such, is bound by the certification signed in the Cost Report indicating the information provided represents true and accurate data of the Provider stated above.



Attachment 1 Template *Data Worksheets*

- Residential Staff in Day Programs: Residential Providers
- Residential Staff in Day Programs: Day Program Providers
- Residential Transportation
- Changes in Staff to Meet Change in Need for FY 2008/2009
- Changes in Staff to Meet Change in Need for FY 2009/2010

Attachment 1 Template (continued) Requirement for Each Adjustment

- Providers need to complete the ten fields below for each adjustment submitted on each data worksheet
- Each worksheet also has additional fields specific to each adjustment
- Requirement for each adjustment:** The MPI Number (1), Service Location Code (6), Procedure Code (7), and Applicable Modifier(s) (8 and 9) in the Attachment 1 submission **need to exactly match** the same fields reported in the approved CR indicated in the Cost Report File Name (10)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
MPI Number	Service Location Name	Service Location Address	City	County	Service Location Code	Procedure Code	Applicable Modifier 1	Applicable Modifier 2	Cost Report File Name
123456789	Example	123 Elm St.	Philadelphia	Philadelphia	0001	VV7010	TD		123456789_CR_2009_01of02.xls

Attachment 1 Template (continued)

Service definition changes - Residential Staff in Day Programs Worksheets

- Effective July 1, 2009, the salary and employee-related expenses (ERE) for residential staff accompanying Waiver participants to and from a day program should be reflected in the day program rate
- An adjustment needs be made to the CR data in order to shift the salary and ERE from the residential provider to the day program provider
- **Note:** Providers who are not affected by this change or that render both residential and day program services and already shifted the salary and ERE in the data submitted in their CR do not need to complete either of these worksheets

Attachment 1 Template (continued)

Service definition changes - Residential Staff in Day Programs Worksheets

- **Residential Staff in Day Programs: Residential Providers Worksheet**
 - Completed by *residential providers only*
 - All expenses submitted in this worksheet will be removed from the expenses submitted in the CRs for the service locations and services provided

- **Residential Staff in Day Programs: Day Program Providers Worksheet**
 - Completed by *day program providers only*
 - All expenses submitted in this worksheet will be added to the expenses submitted in the CRs for the service locations and services provided

- In addition to the first ten fields, the following fields are unique to the Residential Staff in Day Programs worksheets

(11)	(12)	(13)	(14)	(15)	(16)
Number of Staff	Total ANNUAL Salary and ERE	Total Staff Hours per WEEK	Hours at Day Services per WEEK	Other Provider Name(s)	Comments
2.00	\$ 60,000	80.00	50.00	elpraxe	

Attachment 1 Template (continued)

Service definition changes - Residential Staff in Day Programs Worksheets

▪ Note to Day Program Providers

- If the service requires 1:1 staffing and you *have* submitted expenses for this service at the 1:1 staffing level in the CR, *do not* submit an adjustment
- If the service requires 1:1 staffing and you *have not* submitted expenses for this service at the 1:1 staffing level in the CR, *submit* an adjustment
- If you anticipate a level of care other than 1:1 will be used due to additional staffing needs, *submit* an adjustment *with comments* explaining the scenario

Attachment 1 Template (continued)

Service definition changes - Residential Transportation Worksheet

- Effective July 1, 2009, expenses for transporting a Waiver participant receiving residential services to and from a day program by a provider other than the residential provider must be reflected in the residential service rate
- An adjustment needs be made to the CR data in order to reflect the transportation expenses in the residential rate
- In addition to the first ten fields, the following fields are unique to the Residential Transportation worksheet

(11)	(12)	(13)
Total ANNUAL Transportation Cost	Name of Current Transportation Provider(s)	Comments
\$ 2,200	elpmaxe	

- **Note:** Residential providers who already provide transportation to and from a day program and reflected these costs in their CR are not affected by this change and do not need to complete this worksheet

Attachment 1 Template (continued)

Change in Need – FY 2008.2009 and Change in Need – FY 2009.2010 Worksheets

- The CR does not reflect a full year of salary and ERE expenses for direct care staff added by a residential or day program provider in the middle of FY 2008/2009 or during FY 2009/2010 to support changes in need to a higher level of support for Waiver participants
- In addition, the CR includes salary and ERE for direct care workers who were no longer needed by a residential or day program provider due to changes in need to a lower level of support in the middle of FY 2008/2009 or during FY 2009/2010
- An adjustment needs to be made to the CR data to reflect the appropriate annual salary and ERE for changes to the direct care staff level for Waiver participants that occurred during FY 2008/2009 and FY 2009/2010
- **Note:** Adjustments should be submitted ONLY for staff changes that resulted from an approved change in need reflected in a Waiver participant's ISP and was authorized by an AE

Attachment 1 Template (continued)

Change in Need – FY 2008.2009 and Change in Need – FY 2009.2010 Worksheets

- **Change in Need – FY 2008.2009 Worksheet**
 - Completed by residential providers or day program providers who changed direct care staffing levels *during FY 2008/2009 only*
- **Change in Need – FY 2009.2010 Worksheet**
 - Completed by residential providers or day program providers who changed direct care staffing levels *during FY 2009/2010 only*
- In addition to the first ten fields, the following fields are unique to the Change in Need worksheets

(11)	(12)	(13)	(14)
Number of Staff	Total ANNUAL Salary and ERE	Effective Date of Staff Change	Comments
1.00	\$ 30,000	04/15/2009	

Submitting the Completed Attachment 1 Form

- Using the Cost Report Attachment 1 Supplemental Data Request Template, complete the applicable worksheets
- Refer to the Attachment 1 Instructions for detailed information on how to complete each row and column of each worksheet in the template
- Providers should use the file naming convention outlined in Section 22 of the Cost Report Instructions
 - Attachment 1 should be named **xxxxxxxxx_A1_2009_01of01.xls**, where “xxxxxxxxx” is the provider’s 9-digit MPI number and 2009 represents FY 2008/2009
 - **Note:** Providers who combined MPI numbers when submitting Cost Reports should submit a *single* Attachment 1 file for all MPI numbers that are impacted by one or more changes described above
- Using the same process that was used to upload the Cost Report submissions, providers should upload their completed Attachment 1 file
 - www.odpconsulting.net website > Provider Information Center > Submit ODP Cost Report Here

Attachment 1 Timelines, Questions, and Desk Reviews

- **The deadline for successfully uploading the Attachment 1 file is December 31, 2009**
- If a file is not successfully uploaded by December 31, 2009, ODP will assume the adjustments described above do not apply and no Attachment 1 adjustments will be made to the expenses submitted in the Cost Report
- All Attachment 1 related **questions should be directed via email to the Administrative Entity (AE)** who was assigned to review your Cost Report submission(s) based on the Provider to AE Mapping Desk Review Assignment
- Attachment 1 Desk Reviews, including reviews of resubmissions, will be conducted from January 4-15, 2010
 - Providers will receive feedback from AEs, ODP Regional staff, or ODP Central Office staff on the results of the Desk Review and may be required to resubmit their Attachment 1 file
- **Note:** Only ***approved*** Attachment 1 files will be used to adjust the CR data used in rate development

Attachment 1 Highlights

- ODP requests that an Attachment 1 submission is submitted by providers who have an approved cost report and one or both of the adjustments outlined on the previous slide are applicable
- Providers who combined MPI numbers when submitting Cost Reports should submit a *single* Attachment 1 file for all MPI numbers that are impacted by one or more changes described above
- The MPI Number, Service Location Code, Procedure Code, and Applicable Modifier(s) **need to exactly match** between the Attachment 1 file and the Cost Report (indicated in the CR File Name column)
- Attachment 1 should be named **xxxxxxxxx_A1_2009_01of01.xls**, where “xxxxxxxxx” is the provider’s 9-digit MPI number and 2009 represents FY 2008/2009
- **The deadline for successfully uploading the Attachment 1 file is December 31, 2009**

Questions?