



Medicaid Changes Related to Mental Health and Disability Redesign: Webinar 2

Service Plan Authorization and Rate Changes

June 28, 2012

Agenda

County of Legal Settlement

County Contracted Rates

ISIS Changes

Service Plan Authorization

D-4 Form and Instructions

SF 2336 Changes (HCBS and Other)

Updates

County of Legal Settlement (COLS)

- Income Maintenance (IM) Workers shall continue the same process.
- CM/TCM should contact IM for COLS corrections.

County Contracted Rates

In the past:

- Contracted Services:
 - Prevocational, Day Habilitation, Transportation, and Adult Day Care.
- Provider agency negotiated rates with CPCs.
- Contracted rates reimbursed by Medicaid.
- When no county contract, rates are not to exceed Medicaid fee schedule maximums (IAC 441-79.1(2)).

County Contracted Rates

Effective July 1, 2012:

- Accepted when established prior to June 30, 2012.
- Contract rates remain in effect for duration of contract.
- County must intend to purchase services.
- Providers must provide Schedule A of county contract to the CM/TCM to support rate request.
- Providers must inform CM/TCM when contract expires.
- When no county contract, rates are not to exceed Medicaid fee schedule maximums (IAC 441-79.1(2)).

County Contracted Rates

- CM and TCM Responsibilities
 - Maintain county contract rate documentation.
 - When county contract expires, restore to rate not to exceed Medicaid fee schedule maximums.
- IME will conduct periodic audits on sample of ISIS rate changes.

County Contract Examples

XYZ Corp has contracted with Polk County to provide prevocational services at \$42.00 per half day unit (W1426). This contract expires October 31, 2012.

Beginning November 1, 2012, in absence of the county contract rate, the provider's prevocational rate must be changed in the participating members' ISIS service plans to rate not to exceed fee schedule maximum of \$24.11 per half-day.

ISIS Workflow Changes

Process	Change	No Change	Details
County of Legal Settlement	X		•CPCs will no longer view ISIS
CPC Notification Milestones	X		•CPC notification Milestones removed
All Change Flows (LOC, Cancel, Reopen, Denied, etc.)	X		•CPC notification Milestones removed
Waiver Prior Authorization (ID and BI Waiver Only) Service Plan Changes	X		•The CPC acceptance of the plan has been changed to a Medical Services PA Reviewer role

ISIS Changes for CPCs

Effective July 1, 2012:

- CPCs will have access to existing workflows.
- CPCs will not have access to other ISIS information.
- CPCs may contact CM/TCM for member specific information.
- CPCs may contact IME for billing questions.

Service Plan Review

- ISIS milestone and/or D-4 received.
- Review Coordinator reviews existing documentation.
- Phone consult with case manager, if necessary.
- Complete review.
- Authorize service plan.

Service Plan Review Focus

- Individualized to member's needs.
- Medical or behavioral changes.
- Services provide benefit/value to member.
- Weekly schedule

Service Plan Review Focus – Cont'd.

- Supervision requirements/staffing needs.
- Maximized use of state plan and non Medicaid services.
- Access to natural supports and community resources.
- Member or service specific questions.

Service Plan Review

D-4 Focus

- Member's individualized needs support identified costs.
 - Line 3290 – Other related transportation;
 - Line 3520 – Other consultation/instruction; or,
 - Line 4320 – Other equipment repair or purchase.
- Expenditures in member's service plan (including \$1570).

D-4 Form and Instructions

- When a D-4 is used
- Components of revised D-4
 - Site Daily Rate Worksheet
 - Individual Daily Rate Worksheet
- Expense line items
- Staffing schedules
- Explanations

D-4 Form and Instructions

Effective July 1, 2012:

- All providers must use revised D-4 (form 470-3449) for projected rates.
- Providers and CM/TCMs work together to complete the D-4.
- D-4 must be completed in entirety.
- Provider submits completed D-4 to Provider Cost Audit.
- Revised D-4 and instructions attached to the informational letter released later in the week.

**HCBS SUPPLEMENTAL SCHEDULE D-4
TO FORM SS-1703-0**

SITE DAILY RATE WORKSHEET

Effective Date: _____

Provider Name: _____
NPI _____

New Site
Existing Site Site Name: _____

If Existing Site Change, provide explanation of changes.

List all Members living at the site including Name, Member ID, Case Manager, Service Procedure Code and indicate if the member is funded by MFP

Member Name	Member ID	Case Manager	MFP (Y/N)	Service Code

Consolidated Site Expenses, Units, and Unit Cost for all Members included in Daily Rate

Form 1703-0 Line:	
2120 - Professional Direct Staff	
2130 - Other Direct Staff	
2200 - Direct Staff Benefits	
2300 - Direct Staff Payroll Taxes	
3210 - Mileage and Auto Rental	
3250 - Agency Vehicle Expenses	
3290 - Other Related Transportation	
3520 - Other (Consultation Expenses)	
4320 - Other Equipment Repair and Purchase	
Total Direct Expense	\$ -
Indirect Expense (limited to 20% of direct expense)	
Total Cost	\$ -
Number of Units Provided	
Unit Cost	\$ -

I certify that I have examined the accompanying schedules of expenses and the calculation of cost of service prepared for this agency and that to the best of my knowledge and belief they are true and correct. I also certify that these schedules were prepared in accordance with instructions contained in this report and the allowable of care excludes expenses that were not necessary to provide this care.

SIGNED (Officer or Administrator of Agency)	Date

Contact Provider Cost Audit and Rate Setting at 866-863-8610, 515-256-4610 or email costaudit@dhs.state.ia with questions. All completed worksheets should be sent to the Iowa Medicaid Enterprise at the following e-mail address: costaudit@dhs.state.ia.us, fax 515-725-1353 or mail to: Iowa Medicaid Enterprise, Provider Cost Audit and Rate Setting Unit, P.O. Box 36450, Des Moines, IA 50315.

Site Daily Rate Worksheet

- Provider Name
- NPI
- Explanation of change
- List all Members living at the site
 - Member Name, Member ID, Case Manager, Service Code, MFP Funded
- Consolidated Expenses for Site Rate
- Certification by Provider

HCBS SUPPLEMENTAL SCHEDULE D-4

INDIVIDUAL DAILY RATE WORKSHEET

TO FORM SS-1703-0

Effective Date: _____

Provider Name: _____
 NPI: _____
 Site Name: _____

Member Name: _____
 Member ID: _____
 Case Manager: _____

Indicate if the Member had a change in service plan (Y/N) _____
 Provide explanation of the change: _____

Form 1703-0 Line:

2120 - Professional Direct Staff Direct Hours _____

2130 - Other Direct Staff Direct Hours _____

2200 - Direct Staff Benefits _____

2300 - Direct Staff Payroll Taxes _____

3210 - Mileage and Auto Rental Number of Miles _____ Rate Paid / Mile _____

Provide explanation of expense: _____

3250 - Agency Vehicle Expenses Number of Miles _____ Rate Paid / Mile _____

Provide explanation of expense: _____

***Provide a description of specific expenses listed for each line. Identify other resources sought, but not available for these expenses. Expenses included on Lines 3290, 3520 and 4320 below must be included in the member's specific service plan. The sum of these lines is limited to \$1,570 annually per member.**

3290 - Other Related Transportation* _____

Included in Member Service Plan (Y/N) _____

3520 - Other (Consultation Expenses)* _____

Included in Member Service Plan (Y/N) _____

4320 - Other Equipment Repair and Purchase* _____

Included in Member Service Plan (Y/N) _____

Total Direct Expense \$ -

Indirect Expense (limited to 20% of direct expense) _____

Total Cost \$ -

Number of Units Provided _____

Unit Cost \$ -

Provide the staffing schedule for the member Daily Rate on the Individual Daily Rate Worksheet. This include times of day, staff to member ratios, other services provided to the member (e.g. day/work programs), and total hours. A separate spreadsheet or document can also be attached to this form.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Time Span							
Ratio							
Hours							
Total Hours	-	-	-	-	-	-	-

Provide any additional explanations for needed changes in services and/or expenses (i.e. ratio of mid management staff to members on caseload, percentage of time charged, changes in hourly wages of staff, description of staffing pattern, changes in benefit expenses, changes in payroll tax expenses, etc.)

I certify that I have examined the accompanying schedules of expenses and the calculation of cost of service prepared for this agency and that to the best of my knowledge and belief they are true and correct. I also certify that these schedules were prepared in accordance with instructions contained in this report and the allowable cost of care excludes expenses that were not necessary to provide this care.

SIGNED (Officer or Administrator of Agency)	Date
SIGNED (Case Manager)	Date

Individual Daily Rate Worksheet

- Worksheet for each member living at site
- Member Name and ID
- Case Manager Name
- Indication of change in service plan
- Explanation and support of expenses
- Staffing Schedule – can be attached
- Certification by Provider and CM

Expense Lines

- Line 2120 – Professional Direct Staff
 - Salary expense of professional direct staff hours related to the specific needs of the member
 - Include direct hours
- Line 2130 – Other Direct Staff
 - Salary expense of other direct staff hours related to the specific needs of the member
 - Include direct hours

Expense Lines – Cont'd.

- Line 2200 – Direct Staff Benefits
 - Benefit expense associated with employees included on Lines 2120 and 2130
- Line 2300 – Direct Staff Payroll Taxes
 - Payroll Tax expense associated with employees included on Lines 2120 and 2130

Expense Lines – Cont'd.

Line 3210 – Mileage or Auto Rental

- Transportation when member is NOT in the vehicle
 - Lease payments or short-term rental expense
 - Reimbursement expense for business use of an employee's personal vehicle
 - Limited to \$0.39 per mile for cost report purposes
- Direct expense if specific to the member service provided and related to the waiver program

Expense Lines – Cont'd.

Line 3250 – Agency Vehicle Expense

- Transportation when member is NOT in the vehicle
 - Maintenance, registration, parking for agency owned vehicles, etc.
- If budgeted on mileage, include miles and rate per mile paid; actual cost, include explanation of vehicle expenses
- Direct expense if specific to the member service provided and related to the waiver program

Expense Lines – Cont'd.

Line 3290 – Other Related Transportation

- ALL expense for transportation when member IS in the vehicle for service plan activities
 - Mileage, taxi, car pool, bus fare, agency-owned vehicle expenses
- Program Restrictions
 - BI Waiver SCL **cannot** include transportation to/from work or day services
 - ID Waiver SCL **may** include transportation to/from work and day services

Expense Lines – Cont'd.

Line 3520 – Other Assistance

- Expenses related to the implementation of specific service plan goals
- Consultation and instruction
 - Behavior programming and training
 - Reinforcement for behavior modification
 - Socialization

Expense Lines – Cont'd.

Line 4320 – Other Equipment Repair or Purchase

- Environmental Modifications and Furnishings
 - Home repair or modifications based on specific member needs
 - Cost of furniture if the HCBS Waiver member doesn't have any and cannot access other resources
 - Home modifications not covered under HVM
 - Does not include decorations or rent

\$1,570 Specific Support Needs Limit

- Staff Expenses
 - Not intended to cover the costs of staff meals
 - Not intended to cover the costs of staff participation in activities (bowling, refreshments, etc.)
 - Can be used to cover staff admission to activities **when** there are not member or community resources available **and** there is an instructional goal for the member

\$1,570 Specific Support Needs Limit Documentation

- Support expenses must be an assessed need
- Reviewed annually
- Provider and CM maintain records to support expenditure
- Documentation in CM service plan including need of the member, projected expense, and supporting calculations

\$1,570 Specific Support Needs Limit Documentation

- Transportation will be provided to allow Helen to access medical services, activities in her community, and in case of an emergency. This will include staff mileage and bus fare. Projected costs of \$800 a year for member specific transportation.
- Instructional money of up to \$60 will be utilized to purchase cookbooks needed for Helen to achieve her personal outcome and goal of learning to cook nutritious meals.

Indirect Expense

- Indirect Expense limited to 20% of Direct Expense
- Budget based on historical information
 - If agency indirect expenses are historically below 20% of Total Direct Expense, not appropriate to budget 20% indirect expense
- If different than historical, include business explanation of change

Staffing Schedule

- Staffing schedule for each member
- Supports salary expense and hours on Individual Daily Rate Worksheet
- Can attach already developed document
- Includes times of day, ratios, other services (e.g. day/work programs), and total hours

Explanations

- Explanations needed for changes in services and expenses
- Helps review of rate calculations and supports the need for a change in rate

Certification

- CM role is designating need of the member and what is included in the comprehensive assessment and case manager service plan to support service changes and expenses
- Provider role is designating expense amounts and explanation of expenses to support rate change

SF 2336 HCBS Changes

- Elderly Waiver
 - Increase of monthly reimbursement cap to \$1300 to afford more services to the member.
 - Does not authorize increase in provider rate or service rate maximum.
 - Effective July 1, 2012.
 - Informational letter and ISIS blast coming soon.
- HCBS Providers
 - 2% rate increase.
 - Effective January 1, 2013.

SF 2336 Changes - Other

- Home Health
 - Agencies to receive 2% rate increase.
 - Effective July 1, 2012.
 - Applies only to state plan services.
 - Does not include Home Health services provided under the waivers.
 - Cannot exceed allowable costs.
- Habilitation
 - 2% rate increase was not included in legislation for state plan HCBS Habilitation Services.

Updates

- HCBS Contract and Contacts (IL 1143)
- FAQ from June 20 & 22 Webinar
- Recording of Webinars
- Ongoing Webinars TBA
- Please send all questions to HCBSwaivers@dhs.state.ia.us.