## **Procedure No.:** I.G.PR.005 **Issue Date:** August 1, 2008

#### **Subjec**t**:** **One-time Funding Service Authorizations** **Effective Date:** Upon release

# **Section:** Contracted Services **Revision Date:** August 25, 2010

# **Revision Date:** May 21, 2014

# **Approved:/s/Terrence W. Macy/JD**

**Policy Statement**

The purpose of this policy is to develop a process by which Providers can request non-annualized funding for individual or program specific needs.

# **A. Purpose**

The purpose of this procedure is to describe the method by which a request is made for a one-time, non-annualized service authorization.

# **B. Applicability**

This procedure applies to Regional PRAT, the staff of the DDS Operations Center, Regional Resource Management, Regional Case Management, Self Determination Directors, Providers and interested parties. The procedure is for all non-annualized services provided through Individual Budgets or Contract Service Authorizations.

1. Definitions

Capital Expenditures - Expenditures for equipment with an acquisition cost of $5,000 or greater.

CLA/CRS Transitional One-time – A time-limited service authorization for transitional supports for people living in a CLA or CRS that has had a decrease in census.

Community Living Arrangements (CLAs) - A setting that is licensed by the DDS to provide participants with 24 hour residential supports. A CLA provides participants assistance with the acquisition, retention, or improvement of skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the participant to reside in a community setting.

Continuous Residential Support (CRS) - A non-licensed setting other than a family home. A CRS setting must have readily available third shift staff awake or asleep and have supports available throughout non-work hours. Individuals may have some time alone as approved by the team and the residence may have some individuals that require less support but live in the setting where the supports are provided.

Level of Need (LON) – A screening and assessment tool that is used by case managers and team members to determine the participant’s need for support and supervision in various areas of functioning. The results are correlated to an amount of funding that can be allocated to the individual for the purchase of services and supports.

One-time Service Authorizations - Non-annualized funding that meets the health, safety and/or programmatic needs of individuals supported by DDS or that is used for Cash Advance and Start-Up to support CLA development.

Planning and Resource Allocation Team (PRAT) - A regional team chaired by the Planning Resource Allocation Team (PRAT) Coordinator and comprised of representatives from Resource Management, Individual and Family Support and Regional Administration. This team manages the process whereby DDS identifies available resources, identifies individual consumer needs, and assigns priority determination based on individual LON (Level of Need) results, implements Planning and Resource Allocation policies and procedures, makes recommendations regarding applicants for the HCBS waivers, processes the allocation of resources and makes referrals to available residential group living settings and provider based day services.

1. Implementation

## The following parameters must be adhered to by the regions:

1. All requests for emergency or non-emergency authorization must be preauthorized by the Assistant Regional Director for Private Services or his/her designee in conjunction with the PRAT Coordinator prior to additional supports being provided. If the request meets the established parameters, the Assistant Regional Director or designee preauthorizes the request for non-annualized funding within fourteen days of the request. Priority is given to those requests necessary to meet the health and safety needs of individuals supported by the department. If the request is denied, the provider will be notified and informed as to the reason for the denial within fourteen days.
2. The region must have the cash funds to cover the request.
3. Requests will be made based on projected direct costs. Payments will be made on actual direct costs.
4. Use of the funds will be verified by the region.
5. Requests for reasons other than health and safety issues must be approved by DDS Operations Center.
6. Providers will be required to submit a separate form for each request differentiated by day, residential, VSP and/or forensic services.

g. Capital expenditures may be allowed on a limited basis through the one-time process with prior written approval from the region. An approved authorization constitutes written prior approval. A General one-time authorization for zero or $1 dollar may be used to denote a prior authorization for the purchase of capital equipment with available annual funding. A standard description will be used by the regions to describe the capital expenditure and will use the Reason code Equipment-Capital. Provider will need to document these purchases in the Annual Report according to the instructions given in the Guide for Preparing the Annual Report.

1. One-time Authorizations **cannot** be used for:
2. deposits on leased property and leased vehicles;
3. any form of a deposit;
4. services already funded by the department, or to fund room and board related costs of community living arrangements (CLAs) that should be included in room and board rates computed and funded by the Department of Social Services; or
5. administrative or general costs.
6. The provider submits the request for non-annualized, one-time authorization to the Resource Administrator, or designee via secured email using the One-time Request Form (I.G.PR 005 Attachment A).
7. The request will be submitted as soon as there has been a determination that a participant needs additional support to maintain his or her health and/or safety. This submission must be **prior to service being provided**. The request must be sent via e-mail to the Regional Resource Administrator, or designee. All requests submitted via e-mail require an electronic signature.
8. The request must include detailed information on specific need, the desired results, and a plan for phasing out the additional supports where applicable.
9. These requests must be accompanied with documentation that confirms that the team process has been followed and that the DDS Case Manager is aware of and supports this request. Documentation could include team meeting minutes, Individual Plan, etc.
10. The Resource Administrator, or designee, reviews the request to determine that the provider:
11. Cannot absorb the cost within existing allocations;

b. Has explored cost savings, which could be used to pay for the supports requested;

c. Has explored alternatives to paid staff providing the supports and has explored Title XIX payment;

1. Has specified the exact number of hours, weeks, and the hourly wages plus benefits needed to provide the additional supports; and has not included administrative and general costs or any other unfunded costs.
2. If the additional supports are anticipated to be a permanent change, Case Management will submit a request to PRAT for additional annualized funding or Utilization Resource Review (URR) if the additional supports are over the maximum allowable amount for the individual based on their LON.

5. Resource Management will send the provider a Contract Service Authorization (CSA) or Vendor Service Authorization form that will detail:

1. Service
2. Rate
3. Units
4. Start date
5. End date

6. The Resource Manager ensures that the one-time authorizations have been utilized for the purposes intended and funds have been expended in the fiscal year they were authorized.

1. A follow-up report which includes documentation of actual expenditures on forms provided by DDS must be submitted to the Resource Manager. This documentation must include detailed verification of the actual costs to provide the additional support. Examples include invoices, staff hours worked and actual costs.
2. Financial information is to be submitted as soon as it is available*.*

7. Individuals in CRS can also be authorized for up to $1,500 per year of non-annualized funds for unique situations that occur that require additional funds for furnishings, supplies or repairs.

8. One-time allocations for contract service authorizations will be cost settled at a 100% rate of recovery. To the extent an agency receives a one-time allocation, and that agency has a cost settlement surplus in the fiscal year of the allocation, the surplus will be recovered at 100% up to the amount of the one-time allocation.

**CLA/CRS Transitional One-time Authorization**

1. When there is an unplanned census reduction to a CLA or CRS, the region may issue a one-time service authorization for each of the remaining people in order to maintain the current level of supports provided in the residence. When the person who left required significantly greater supports than the remaining people, the region may adjust the amount authorized for each remaining person after discussions with the provider. The authorization will be for two months.
2. The one-time funding may only be used for months when no service was provided to the resident who left or to a new resident. PRAT approval is not required for the transitional one-time funding which will not be counted against PRAT’s available funds. After the period of the transitional one-time funding authorization, any future funding would need to be requested from PRAT subject to PRAT procedures and section D above.
3. In the event that a Provider is supporting an individual to move from a 24 hour setting to an individualized residential option the region may award up to the equivalent of two months of funding for individuals remaining in the 24 hour setting. The provider would need to submit a justification in writing to the Private Division Assistant Regional Director or Regional Director. This would require written prior approval from a Private Division Assistant Regional Director or Regional Director.

**Cash Advance and Start-Up**

Cash Advance and Start-up funding will be covered through non-annualized service authorizations. See separate procedures for specifics.

1. References

Memo from Carroll Stearns dated February 18, 1999, regarding DDS Fiscal Requirements for One-time Amendments

1. Attachments

I.G.PR.005 Attachment A: [Request for One-time Non-annualized Funds](http://www.ct.gov/dds/lib/dds/dds_manual/ig/igpr005_attach_a.docx)

I.G.PR.005 Attachment B: [Supplemental Information for One-time Requests](http://www.ct.gov/dds/lib/dds/dds_manual/ig/igpr005_attach_b.xls)

I.G.PR.005 Attachment C: [CLA/CRS Transitional One-time Invoice](http://www.ct.gov/dds/lib/dds/dds_manual/ig/igpr005_attach_c.docx)