

Provider Spreadsheet

- **Date Data was pulled** – Sept. 2014
- **SID Number** – Funding Account the allocation is funded through
- **Last name of the participant**
- **First name of the participant**
- **DDS number of the participant**
- **Region** in which the participant lives
- **Eligibility status of the participant** – codes based on Camris definitions
- **Provider Pin** number used to track data attached to that agency
- **Residential Provider** – Name of the agency operating the CLA/CRS setting
- **Service Category** identifies whether the home is a CLA or CRS
- **RDID Number** – number used to track the activity within a specific location
- **Res Program** – The agency and address of the setting
- **The ProgName Enrolled** – the name of the setting enrolled in Camris
- **New Home Exemption** – Recently opened CLA or CRS that are temporarily exempted from the rates
- **House Size** – Number of licensed or authorized beds in the home
- **Residential Composite Score** – The participant's LON composite score for residential
- **Residential Behavioral Score** – The participant's behavioral LON score
- **Residential Final LON Score** – The higher of the behavioral or composite score

Provider Spreadsheet

- **LON Allocation from grid** – the corresponding funding amount based on the size of the home and the person’s final LON score.
- **Accessible, Non-accessible or not transported** – this identifies the type of transportation the participant is receiving from the home.
- **Number of one way miles to day program** – this identifies the number of miles from the home to the day program.
- **Transportation Funding Range** – identifies the potential amount of funding for the transportation range added to the individuals Lon allocation
- **Number of Trips per week** identifies the number of trips the home transports the participant to the day program in a week
- **Transportation Funding Range adjusted by number of trips** – adjusts the transportation funding amount based on the number of trips. There are two trips per day for a total of ten trips if the home transported the participant everyday.
- **LON plus transportation funding** – the total amount of allocation the participant will received based on their LON and transportation.
- **Current Monthly Rate** – the current authorized monthly rate the participant receives
- **Annual Authorized units** – the total number of units the participant is authorized
- **Annual Authorized Amount** – Annualized funding the participant is authorized to receive
- **URR Status** – Identifies if the participant has been approved by URR for a rate above the LON amount
- **New Home Adjustment** – identifies the amount of the participants authorized funding at or above the LON amount for the new home setting.
- **URR Adjustment-** identifies the amount of the participants authorized funding at or above the LON amount by URR.
- **New Home, URR, or LON Amount** – The higher of the LON amount, the URR amount or the new home exemption.
- **Under/Over Line Calc for day transportation ranges** – This is the difference of the New Home, URR. LON amount to the participants annualized amount.

FY2014 LON Based Rates

				LONS					
Beds	1	2	3	4	5	6	7	8	
1	25,256	33,665	67,260	89,681	117,734	180,314	183,028	183,028	
2	25,256	33,665	67,260	89,681	117,734	123,730	136,519	152,583	
3	25,256	33,665	67,260	89,681	102,470	116,090	132,522	150,185	
4	25,256	33,665	67,260	75,454	88,481	102,101	128,326	147,787	
5	25,256	33,665	57,046	68,260	80,688	98,504	126,527	145,389	
6	25,256	29,253	51,450	63,863	77,690	94,907	122,930	139,394	
7	21,420	26,855	46,768	57,383	66,899	82,917	109,741	133,398	
8	20,221	25,656	42,657	54,385	63,302	78,121	103,746	126,204	

Transportation Rates to Day Programs

Transportation to Day Programs	
\$ 1,872	<= 7 miles
\$ 3,744	7.1 to 12 miles
\$ 5,616	12.1 to 16 miles
\$ 7,488	16.1 to 20 miles
\$ 7,488	20 miles and up

Accessible Transportation to Day Programs	
\$ 1,872	<= to 3.5 miles
\$ 3,744	3.6 to 6 miles
\$ 5,616	6.1 to 8.5 miles
\$ 7,488	8.6 to 11 miles
\$ 9,360	11.1 to 13.5 miles
\$11,232	13.6 to 16 miles
\$13,104	16.1 to 20 miles
\$13,104	20 miles and up

Rate Methodology For One to One CLA/CRS Supports

			Percentage of Rate
\$ 14.08 Hourly Rate	Hourly Rate	\$14.08	60.575%
Nursing/Clinical Factor of 11.9%	Hourly Cost for Nursing/Clinical Factor	\$0.47	2.022%
Substitute Staff for 30 days of direct care absences	Hourly Cost for Substitute staff	\$2.03	8.723%
Employee Benefits Rate of 26.66%	Hourly Cost for Benefits Factor	\$4.42	19.014%
Administrative & General Expenses factor of 10.7%	Hourly Cost for Admin Factor	\$2.25	9.666%
	Total Hourly cost For one to one CLA/CRS Supports	\$23.24	

One to One CLA LON Rate

LON Score	24 Hr One to One			16 hr Awake One to One			Average Hourly Rates
	Raw One to One (138 hours per week * \$ 23.24 hourly rate *52 weeks)	Average Contribution from Person's LON funding towards the One to one staff	Additional Funding above the individual's LON for the one to one staff and to contribute to the regular staffing in the house	Raw One to One (82 hours per week * \$ 23.24 hourly rate *52 weeks)	Average Contribution from Person's LON funding towards the One to one staff	Additional Funding above the individual's LON for the one to one staff and to contribute to the regular staffing in the house	
4	166,771.00	25,378.00	141,393.00	99,096.00	15227	83,869.00	19.70
5	166,771.00	30,212.00	136,559.00	99,096.00	18127	80,969.00	19.03
6	166,771.00	33,838.00	132,933.00	99,096.00	20303	78,793.00	18.52
7	166,771.00	42,297.00	124,474.00	99,096.00	25378	73,718.00	17.35
8	166,771.00	50,756.00	116,015.00	99,096.00	30454	68,642.00	16.17

Breakdown of Weekly hours per individual		
Hourly Rate	Hours per week per person	
\$14.08	51.8	
\$21.08	8.65	
Average Hourly Rate per FTE from FY2013 Annual Report		
\$53.17	0.552	Behaviorist
\$41.54	1.91	nursing
Hourly Rate from DAS Salary for a Clinical Nurse Coordinator Step 9 of 11		
\$14.08	7.46	
\$15,600		
\$5,813		
\$8,552		
\$88,481		

Breakdown of weekly hours per house		
Hourly Rate	Hours per week per person	
\$14.08	207.18	
\$21.22	34.37	
Average Hourly Rate per FTE from FY2013 Annual Report		
\$53.17	2.21	Behaviorist
\$40.00	7.64	nursing
Hourly Rate from DAS Salary for a Consulting Psychologist Step 9 of 11		
\$14.05	29.90	
\$62,400		
\$23,252		
\$34,208		
\$353,924		

Brief History

- DDS has used waivers since 1986
- Millions of dollars of service had been delivered without federal reimbursement
- As DDS began to maximize federal reimbursement, new forces began to shape the way CT contracted

Brief History

- DDS approved for the IFS and Comp Waiver in 2005
- Everyone enrolled in the original DDS waiver were enrolled in the Comp or IFS Waiver 2005
- DDS Provider Qualification Process
- Standard Rates were developed for the new waivers

FACTORS THAT LED CT TO MOVE TO A STANDARD RATE BASED SYSTEM

- Portability hindered by variable funding.
- Choice was more difficult
- Portability to a more expensive program cost additional money
- Built-in incentive not to provide services
- Wage disparity among providers
- Turnover
- Impact on Quality of Care

Provider Input into the Standard Rate Process

- Provider Council began discussing the new waivers and the effect on providers in 2004
- Waiver Work Group- A subgroup of the Provider Council was formed on April 1, 2005 to review the rate methodology for the IFS Waiver and begin discussing the CLA rates

Legislative Rate Study

- A Legislative Rate Study committee was convened.
- The committee studied the impact of the proposed shift to attendance-based, fee for service reimbursement for DDS funded programs.

Legislative Rate Study

Findings of the Committee:

- The DDS payment system was incompatible with CMS requirements for the HCBW Services.
- Waiver regulations require:
 - a) uniform rate setting methodology
 - b) states pay only for services delivered;
 - c) that states afford choice reimbursement.
- At that time, the DDS system did not meet those three criteria

Legislative Rate Study

Findings of the Committee:

- Level of Need (LON) screening tool in use was a valid tool
- There was a wide disparity in our rates for the same services.
- The waiver requires a utilization (attendance) based funding system.
- DDS did not have an IT system to manage the documentation and system requirements

Legislative Rate Study

Recommendations of the Committee:

- Adopt uniform rates through a five year transition plan beginning on July 1, 2011 for day and for residential services the following year.
- Start a workgroup to focus on the rate study report.
- Include provisions to increase funding for below those rates.
- Ensure waiver rates are tied to/based on a measurable inflation index.

Legislative Rate Study

Recommendations of the Committee (continued):

- Ensure that future appropriations incorporates funding disparities and tries to mitigate them. Rolls savings from public downsizing into rates.
- Invest in IT infrastructure to create an MIS that will provide comprehensive data management.
- Convene workgroup to explore effectively managing data over the next 3-5 years to maximize federal reimbursement.