



State of Connecticut
Department of Developmental Services



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Operations Center Memo - 2014-04

To: Private Providers

From: Peter Mason
Operations Director

Cc: Commissioner Terrence Macy, Deputy Commissioner Joseph Drexler, Regional Directors, Assistant Regional Directors of Private Services, Individual and Family Support Directors, Self Determination Directors, Resource Administrators, Director of Waiver Services, Case Manager Supervisors, Operation Center Staff, CCPA, CT Non Profits, ARC/CT

Date: March 17, 2014

Re: Providing Supports without an Authorization, FY2014 Contract Change of the Group Day Program Length of Day, Transportation Rate Change, ISE Rate Update and Benchmark Expansion, Staffing Coverage for Individuals Admitted to the Hospital

The Operations Center has been working on a variety of issues that concern private providers. This memo is to provide agencies with important updates on those issues.

Providing Supports Without an Authorization

The Operations Center received a number of requests last year to approve a service authorization after supports began. Requests to change the effective date of an authorization to match the start date were denied due to lack of proper documentation. These included requests from providers who began supports after receiving copies of the PRAT outcome, internal moves from one support category to another without a new service authorization, and when supports began on the verbal authorization from DDS staff other than those specified below. Providers were not reimbursed for supports they provided before the date the service authorization was approved.

A service authorization is how DDS gives the provider the official approval to provide supports to a participant. The authorization can be issued through a POS contract (Contract Service Authorization or CSA) or an individual budget (Vendor Service Authorization or VSA). Private Providers should not start supports without receiving a CSA or VSA.

Guidelines for the Service Authorizations:

- Providers are issued a CSAs and VSAs for all supports.
- The authorization must identify the Participant, the effective date, the type of supports and services, and the amount of supports and services.
- Private Providers are not to start supports without first receiving a CSA or VSA.
- In lieu of an authorization, a provider may begin supports if they receive written authorization via email from the Regional Director, the Assistant Regional Director, the Resource Administrator, the PRAT Manager or the Manager-on-call.
- If the Provider receives permission from a manager-on-call, the Provider must contact the Private ARD or RA on the next business day to request an email from the appropriate resource administration staff. Requests to extend the authorization should be addressed at this time.
- If a Provider begins supports or continues to provide supports without following the above guidelines, reimbursement for those supports will not be paid.

FY2014 Contract Group Day Program Length

DDS continued the transition towards standardizing the length of day for group programs to the 6 hour minimum. This change corresponded with the beginning of the Day LON rate transition for all providers begun on July 1, 2013.

As you know, the LON based day rates were established as per diem rates. The rates were designed as a series of equal steps. Each step was based on an estimated staffing ratio. The level of need tool determines the rate based on the staff supports required to meet the individual's needs. The graduated steps were developed to correspond to the increased staffing ratios. This approach eliminated the staffing modifier as a separate calculation and billing requirement. The rates were based on a standard 6 hours of programming supports per day with an additional hour for other tasks.

The FY2014 contract included language to increase the length of the group day program support hours. Group Day programs will provide a minimum programming of five and a half (5½) hours/day, five (5) days/week, excluding transportation through June 30, 2015. Group day programs will provide a minimum programming of five and three quarters (5¾) hours/day, five (5) days/week, excluding transportation through June 30, 2016. All providers will provide a minimum programming of six (6) hours/day, five (5) days/week, excluding transportation as of July 1, 2016.

Participants who chose to receive less than the standard length of support hours of a day service program will be paid on an hourly rate that is prorated based on the per diem rates.

As part of the previously reported contract language changes, the minimum length of time an individual will be considered to be in attendance for reimbursement was increased to three (3) hours as long as a full day of services was available.

Transportation Rate Change

As a reminder, the method used to calculate the transportation of participants to and from their day program was revised as of 7/1/2013. Previously, providers were reimbursed for the transportation mileage from the day program to the home and back for the morning and afternoon routes. The mileage will continue to be based on

the shortest road distance between the program and the home. Transportation is now being calculated only for the transportation mileage when the individual is riding on the van. This change corresponded with a change to the rates. The mileage rate was increased from \$.43 per mile to \$.87 per mile for non-accessible transportation. The accessible transportation rate was increased to \$1.74 per mile. There is no monetary effect for this change to the providers.

Individual Supported Employment Rate

DDS continues to analyze the Individual Supported Employment rate system. As part of this process, the Commissioner has extended the hardship provision for FY2014. The hardship will be 80% of the potential reimbursement.

The payment of employment benchmarks has been expanded to include participants that are found a job by a provider while still in a public school setting. Participants that start a job after April 1 of the school year are eligible for the 3 and 6 months benchmark as long as the provider has an approved authorization and can provide documentation that the agency was instrumental in employment process.

Staffing Coverage for Individuals Admitted to the Hospital

Over the years, there have been a number of requests for direct care supports to be provided to individuals admitted to the hospital. As a Medicaid provider, hospitals are paid for a rate that would provide all the medical supports needed by DDS individuals. Consequently, any additional supports provided in the hospital by a private agency are non-reimbursable from the Federal Medicaid Waiver. The following guidelines should be followed when an individual is admitted to a hospital:

- Residential Supports – It is the requirement of the hospital to provide the necessary health and safety supports for individuals with intellectual disabilities. Providers should enforce this provision with the hospital. If there is a unique circumstance in which additional staffing supports is required, providers should provide this support within their monthly CLA rate. A provider would receive the monthly rate as long as one day of support is provided for that month. If the individual is in the hospital for more than a month, the provider should receive a transition one time in accordance with the one-time policy. If the provider requires additional funding above and beyond the individual's monthly rate, prior approval of the supports must be given by Resource Administration.
- Day Supports- Day services cannot be provided while an individual is hospitalized. Therefore any services provided by a day provider to a person during a hospitalization are not reimbursable. Since this has been a subject of confusion with a few providers, services previously provided will be reimbursed. However future service billings when people are hospitalized will be disallowed. Please note that if day services are provided on the same day the individual is hospitalized, reimbursement for the time spent in the day program will be allowed in accordance with DDS billing procedures.