



State of Connecticut
Department of Developmental Services

DDS

Ned Lamont
Governor

Jordan A. Scheff
Commissioner

Peter Mason
Deputy Commissioner

To: Purchase of Services Contracted Private Providers

From: Scott McWilliams, Chief of Fiscal/Administrative Services

CC: Jordan Scheff, Commissioner, Peter Mason, Deputy Commissioner, Katie Rock-Burns, Chief of Staff, David David, Operations Center Director, Regional Directors, Private ARDs, Resource Administrators, The Alliance, The Arc CT

Date: Revised December 14, 2020 (new information identified in red font)

RE: Fiscal Years 2020 and 2021 Coronavirus Funding

The Department continues to receive questions about provider reimbursement throughout the duration of the coronavirus pandemic and how billing and funding will change during DDS reopening efforts. To answer as many reimbursement, billing and funding related questions from providers as possible, DDS has prepared the following summary:

The following describes the reimbursement methodology by month for day and residential services:

1. July payments:
 - a. Day and residential payments were based upon May attendance billing submitted by the provider.
 - b. Fiscal Stability Payments for employment and day programs: Reimbursement for unbilled attendance up to 100% of monthly authorizations. Please see "Authorization based payments" and "Entering attendance" below for more detail.
 - c. COVID-19 Supplemental Payments for residential programs: Reimbursement for the July Covid-19 expenses based upon 20% of monthly authorizations. May be used to fund staff for people who have not returned to their employment and day services.
2. August and September payments:
 - a. Attendance payments are based upon June and July attendance billing submitted by the provider.
 - b. Payments for employment and day programs: Reimbursement based upon 85% of monthly authorizations.
 - c. August COVID-19 Supplemental Payments for residential programs: Provider can submit one-time funding based on actual costs for COVID-19 related expenses. See one-time funding below.
3. October through February payments:

- a. Attendance payments will be based upon August through December attendance billing submitted by the provider
 - b. Employment and day programs:
 - i. All authorizations will be converted to hourly and providers will bill for all units of support provided.
 - ii. Providers shall receive provider stability payments equal to 80% of unbilled monthly authorizations.
 - c. Residential programs: COVID-19 Supplemental Payments based on authorization will not be issued. Providers can request one-time funding for enhanced staffing and expenses related to COVID-19. See one-time funding below.
4. **March payments:**
- a. Attendance payments will be based upon January attendance billing submitted by the provider
 - b. Employment and day programs:
 - i. All authorizations will be hourly and providers will bill for all units of support provided.
 - ii. Providers shall receive provider stability payments based upon phase 1 methodology (see below).
 - c. Residential programs: COVID-19 Supplemental Payments based on authorization will not be issued. Providers can request one-time funding for enhanced staffing and expenses related to COVID-19. See one-time funding below.
5. **April through June payments:**
- a. Attendance payments will be based upon February through April attendance billing submitted by the provider
 - b. Employment and day programs:
 - i. All authorizations will be hourly and providers will bill for all units of support provided.
 - ii. Providers shall receive provider stability payments as described in either reopening phase 1 or 2 based upon average utilization of the month prior.
 - c. Residential programs: COVID-19 Supplemental Payments based on authorization will not be issued. Providers can request one-time funding for enhanced staffing and expenses related to COVID-19. See one-time funding below.

Authorization Based Payments

During most of the “Stay Safe, Stay Home” executive order and during the reopening DDS reimbursed providers as a percent of monthly authorizations.

1. Monthly authorizations were calculated by dividing active annual authorizations by twelve.
2. For employment and day services an annual authorization is based upon 225 days.
3. Providers received both an attendance payment and a COVID-19 supplemental payment. The COVID-19 supplemental payment was calculated by subtracting the attendance payment from the monthly authorizations.
4. Residential providers received a COVID-19 supplemental payment for enhanced staffing during the day hours and PPE equipment. This payment applies to the month you received it.
5. Employment and day services received a financial stability payment for unbilled services. This payment applies to the same month as the attendance payment.

Employment and Day Phase-in Funding

DDS and stakeholders developed a three-phase employment and day services reopening plan. Individuals and their teams are responsible to make the decision about the person’s return to employment and/or day services. Blanket decisions made for a group of people regarding their return to employment and day services are not acceptable. Teams need to determine how to best

support individuals not in the phase 1 or phase 2 cohorts and to follow the appropriate process to change providers, change services, or self-hire. Special regional administration approval is required to exercise portability during the COVID-19 pandemic.

Please note, beginning on October 1, 2020 funding for individuals that choose not to use day supports may be recycled after three months.

During the phased reopening providers will be reimbursed with an enhanced payment method. The enhanced payment will include a base payment which is the billed units paid at the providers existing rate and an enhanced payment. The enhanced payment will reimburse providers for unbilled services. Unbilled services will be calculated by applying a utilization factor to monthly authorized units less billed units.

1. The enhanced payment will be calculated as follows:

$\text{Billed Units} * \text{Rate} + (\text{Authorized Units} - \text{Billed Units}) * \text{Utilization Factor} * \text{Rate}$

2. The Utilization Factor will change based upon the targeted utilization factor in each phase.
 - a. Utilization factor will be applied to unbilled units. It is calculated so that providers will receive payment equal to 85% of authorization when phase-in target utilization is achieved.
 - b. T: Target utilization for phase. The target utilization is calculated by multiplying the percent of individuals to be served by the percent of weekly services.
 - i. Targeted utilization for phase 1 is 25% (50% of individuals receiving 50% of services).
 - ii. Targeted utilization for phase 2 is 56.25% (75% of individuals receiving 75% of services).
 - c. H: Historic utilization 85%
 - d. Calculation: $(H - T)/(1 - T)$
 - i. Phase 1 utilization factor: $(.85 - .25)/(1 - .25) = .8$
 - ii. Phase 2 utilization factor: $(.85 - .5625)/(1 - .5625) = .6571$
 - e. Since unbilled units will be reimbursed at the utilization factor for each phase, the utilization factor is the floor on provider reimbursement for that phase. For example, the phase 1 utilization factor is 80%, therefore a provider making a good faith effort to achieve the phase-in goals will receive a minimum 80% of monthly authorizations. DDS defines good faith effort as:
 - i. Provide electronic or virtual support opportunities to all DDS funded individuals
 - ii. Provide a minimum of one hour of service at least three days per week to those who are willing to participate.

Funding for Individuals Not Participating in Out-of-house Day Programs

DDS expects residential programs will support the Department's position that individuals and their teams are responsible for making the decision about the person's return to employment and/or day services. DDS may fund employment and/or day services provided in the residential program when the team decides the individual cannot return to an out of house day program when the following criteria are met:

1. The individual's team must approve their receiving employment and/or day services in the residential program.

And

 - a. The individual's residential provider is qualified to provide in home day supports (IDN/Senior Supports).
 - i. The individual's annualized day funding will be transferred to the residential provider.

- ii. No additional annualized or onetime funding will be allocated.

Or

- b. The residential provider is not qualified to provide in home day supports.
 - i. Providers may request onetime residential funding to cover their costs for up to three months. Not to exceed the individuals current annualized day funding.
 - ii. During that three months providers will be required to become qualified to providers of in-home day supports (IDN/Senior Supports).
 - iii. The application to become a qualified provider of in-home day supports must be submitted within the first thirty days of the onetime request.
 - iv. Failure to become a qualified provider of in-home day supports may result in the denial of additional onetime funding.
- c. Once qualified to provide in-home day supports the individuals annualized day funding will be awarded to the res provider.

Note: Annualized or onetime funding may not be awarded to the residential provider if the team/individual wants to return to out of house day programs and the residential provider disagrees.

Funding for Individuals Identified by the Day Provider to Return in Phase Three

DDS may fund employment and/or day services provided in the residential program when the individual has been identified by their current day provider to return in phase three. Provided that the team decides on an appropriate use of the individuals annualized day funding.

- 1. Individuals identified by day providers to return to out of home day program in phase three.

And

- a. The individual's residential provider is qualified to provide in home day supports (IDN/Senior Supports).
 - i. The individual's annualized day funding will be transferred to the residential provider.
 - ii. No additional annualized or onetime funding will be allocated.

Or

- b. The residential provider is not qualified to provide in home day supports.
 - i. Providers may request onetime residential funding to cover their costs for up to three months. Not to exceed the individuals current annualized day funding.
 - ii. During that three months providers will be required to become qualified to providers of in-home day supports (IDN/Senior Supports).
 - iii. The application to become a qualified provider of in-home day supports must be submitted within the first thirty days of the onetime request.
 - iv. Failure to become a qualified provider of in-home day supports may result in the denial of additional onetime funding.
 - v. Once qualified to provide in home day supports the individuals annualized day funding will be awarded to the res provider.

~~Note: Individuals current day funding may be recycled if there is no day utilization 90 days after the implementation of phase three.*~~

Entering Employment and Day Services Attendance

- 1. Prior to June 30, 2020:

- a. 6 hours of supports available and an individual participated in the programs and/or was directly supported with at least 5 hours of supports to bill the per diem.
 - a. However, providers are encouraged to use the previously approved 6 days for intermittent late arrival or early dismissal that resulted in the participant not meeting the minimum of five (5) support hours in the day if at least 3 hours of supports was provided
 - b. All hourly authorizations should be entered in WebResDay for 15 minutes of support. Round up only if the remainder is 8 minutes or more (ie: 2 hrs and 8 minutes = 9 units).
2. Effective July 1, 2020
 - a. All per diem authorizations will be changed to hourly authorizations.
 - b. All hourly authorizations should be entered in WebResDay for 15 minutes of support. Round up only if the remainder is 8 minutes or more (ie: 2 hrs and 8 minutes = 9 units).

One-time Funding

1. Residential one-times for staff funding will not be approved for individuals identified as part of the 75% returning to their employment and day service in phase 2.
2. Residential one-times for staff funding will be considered for individuals in the 25% identified as not returning to their employment and day service in phase 2.
3. Residential one-times for staff funding for individuals not returning to their day program will be based upon:
 - a. An available safe day program to attend that meets the individual's needs,
 - b. The actual cost required to maintain the fiscal stability of the provider;
 - c. Available CRF and PPP funding carried over from FY2020 and
 - d. Available resources.
4. Day programs may request one-time funding if attendance and enhanced phase-in payments do not cover program costs.
5. Effective for services provided on or after January 1, 2021 DDS will reimburse CLA and CRS day time residential supports one-time requests at a uniform rate of \$25.05 per hour per staff. This rate will be in effect for the rest of this fiscal year and is intended to help offset the cost of providing supports during day time hours that are not group employment or day services.