

BHDDH Agency Billing Training Session # 2
And Interim ISP Process Review

July 26, 2011

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- DD Process
- Budget Worksheets
- Interim ISP and Purchase Orders
- Authorization Examples
- Staffing Expectations
- Frequently Asked Questions

Division of Developmental Disabilities
Process for an Individual New to the System to Receive Services

1. Eligibility is determined.
2. If determined eligible, a SIS is administered.
3. The need for residential services is identified through the eligibility and/or the SIS process. If residential services are required, proceed to Step 4. Otherwise, skip to step 7.
4. The Residential Unit within Social Services is notified of the Participant in need of placement.
5. The Participant is notified to contact staff at the Residential Unit within Social Services to identify residential placement.
6. Residential placement is identified.
7. Participant is sent the cover letter, budget worksheet, and Purchase Order that pertains to their services.
8. The Participant researches agencies and identifies services to be provided or may self-direct.
9. Participant chooses an agency(ies) or chooses to self-direct
10. If an agency is chosen in Step #9, the agency who will be the support coordinator assists the Participant with filling out the Purchase Order and IISP and submits to the Division. If self-direction is chosen, the Participant selects a Fiscal Intermediary agency and works with the FI to submit a Purchase Order and service plan to the Division.
11. The Division approves or denies the submission.
12. If the Division approves the submission, then the Division will send to the Participant and all applicable agencies the first quarterly service allocation that will be in place related to the IISP. If the Division does not approve the submission, then the Division may ask for additional documentation to justify the request, a revised Purchase Order, or both.
13. The agencies receiving the quarterly service allocation (or the fiscal intermediary) bills HP for services that have been rendered on behalf of the Participant. Agencies or the FI are paid if there are available resources remaining in the quarterly service allocation. The agency or the FI is expected to retain documentation that services were rendered for all services billed against the quarterly service allocation.
14. An ISP is completed annually and submitted to the Division.

**Quarterly Purchase Order for Individuals Receiving 24 Hour Residential Supports
Under the Agency Model**

This document is intended to be used by individuals and their families to select the supports they want to purchase in support of their Individualized Service Plan. This is not an allocation of services. A Purchase Order must be submitted to BHDDH for approval before Service Allocations can be assigned.

Name of Participant Submitting this Purchase Order _____

Social Security Number _____

Purchase Order for (From Date in Col D, To Date in Col F) _____

PART A: Residential Supports

The agency you have selected to work with is..... _____
 24 Hour Residential Modifier/Units of Service (Col F) _____
 The street address where you will reside is _____
 (For SLA only) The host family member's name is ... _____

PART B: Support Coordination is required in each individual's Personal Budget

The agency you have selected to work with is..... _____
 Support Coordination Modifier/Units of Service (Col F) _____
 The name of your selected Support Coordinator is ... _____

PART C: Day Activities

Make your selection(s) related to Day Activities. Enter all units you wish to purchase in per hour increments except Transportation (enter number of trips) and Home-based Day Program (enter number of days). Enter only on those lines where you are making a service request. Leave the remaining lines blank.

	Agency Selected to Provide Service	Level Selected by Individual	Units
Transportation to/from Day Activity (Agency #1)	_____	_____	_____
Transportation to/from Day Activity (Agency #2)	_____	_____	_____
Transportation to/from Day Activity (Agency #3)	_____	_____	_____
Center-Based Day Program (Agency #1)	_____	_____	_____
Center-Based Day Program (Agency #2)	_____	_____	_____
Center-Based Day Program (Agency #3)	_____	_____	_____
Community-Based Day Program (Agency #1)	_____	_____	_____
Community-Based Day Program (Agency #2)	_____	_____	_____
Community-Based Day Program (Agency #3)	_____	_____	_____
Home-Based Day Program (Agency #1)	_____	_____	_____
Home-Based Day Program (Agency #2)	_____	_____	_____
Prevocational Training (Agency #1)	_____	_____	_____
Prevocational Training (Agency #2)	_____	_____	_____
Supported Employment (Agency #1)	_____	_____	_____
Supported Employment (Agency #2)	_____	_____	_____
Job Development or Assessment	_____	_____	_____

Signature of Participant (or Legally Authorized Representative) _____ Date (month/day/year)

Signature of Representative from Agency #1 _____ Date (month/day/year)

Signature of Representative from Agency #2 _____ Date (month/day/year)

Signature of Representative from Agency #3 _____ Date (month/day/year)

Quarterly Purchase Order for Individuals Receiving Community Supports Under the Agency Model

This document is intended to be used by individuals and their families to select the supports they want to purchase in support of their Individualized Service Plan. This is not an allocation of services. A Purchase Order must be submitted to BHDDH for approval before Service Allocations can be assigned.

Name of Participant Submitting this Purchase Order _____

Social Security Number _____

Purchase Order for (From Date in Col D, To Date in Col F) _____

PART A: Support Coordination is required in each individual's Personal Budget

The agency you have selected to work with is..... _____

Support Coordination Modifier/Units of Service (Col F) _____

The name of your selected Support Coordinator is ... _____

PART B: Community Supports

Make your selection(s) related to Community Supports. Enter all units you wish to purchase in per hour increments. Enter only on those lines where you are making a service request. Leave the remaining lines blank.

	Agency Selected to Provide Service	Level Selected by Individual	Units
Community Based Supports- standard	_____	_____	_____
Community Based Supports- professional staff	_____	_____	_____
Natural Supports Training- standard	_____	_____	_____
Natural Supports Training- professional staff	_____	_____	_____
Respite- standard	_____	_____	_____
Respite- overnight	_____	_____	_____
Attendant Care	_____	_____	_____
Homemaker	_____	_____	_____

PART C: Day Activities

Make your selection(s) related to Day Activities. Enter all units you wish to purchase in per hour increments except Transportation (enter number of trips) and Home-based Day Program (enter number of days). Enter only on those lines where you are making a service request. Leave the remaining lines blank.

	Agency Selected to Provide Service	Level Selected by Individual	Units
Transportation to/from Day Activity (Agency #1)	_____	_____	_____
Transportation to/from Day Activity (Agency #2)	_____	_____	_____
Center-Based Day Program (Agency #1)	_____	_____	_____
Center-Based Day Program (Agency #2)	_____	_____	_____
Community-Based Day Program (Agency #1)	_____	_____	_____
Community-Based Day Program (Agency #2)	_____	_____	_____
Home-Based Day Program (Agency #1)	_____	_____	_____
Home-Based Day Program (Agency #2)	_____	_____	_____
Prevocational Training (Agency #1)	_____	_____	_____
Prevocational Training (Agency #2)	_____	_____	_____
Supported Employment (Agency #1)	_____	_____	_____
Supported Employment (Agency #2)	_____	_____	_____
Job Development or Assessment	_____	_____	_____

Signature of Participant (or Legally Authorized Representative)

Date (month/day/year)

Signature of Representative from Agency #1

Date (month/day/year)

Signature of Representative from Agency #2

Date (month/day/year)

**Budget Development Worksheet for Individuals Receiving 24 Hour Residential Supports
Under the Agency Model**

This document is intended to be used by individuals and their families to select the supports they want to purchase in support of their Individualized Service Plan. This is not an allocation of services. Each individual is given a resource allocation to be used in the budgeting process. A Purchase Order must be submitted to BHDDH for approval before Service Allocations can be assigned. If the Purchase Order is approved, then service allocations will be assigned.

Resource Allocation Amount to be Used for Day Activity Budgeting

\$0.00

Day Activities

Make your selection(s) related to Day Activities. Enter all units you wish to purchase in per hour increments except Transportation (enter number of trips) and Home-based Day Program (enter number of days). Enter only on those lines where you are making a service request. Leave the remaining lines blank.

	Agency Selected to Provide Service	Level Selected by Individual	Units	Amount Used in Budget
Transportation to/from Day Activity (Agency #1)				
Transportation to/from Day Activity (Agency #2)				
Transportation to/from Day Activity (Agency #3)				
Center-Based Day Program (Agency #1)				
Center-Based Day Program (Agency #2)				
Center-Based Day Program (Agency #3)				
Community-Based Day Program (Agency #1)				
Community-Based Day Program (Agency #2)				
Community-Based Day Program (Agency #3)				
Home-Based Day Program (Agency #1)				
Home-Based Day Program (Agency #2)				
Prevocational Training (Agency #1)				
Prevocational Training (Agency #2)				
Supported Employment (Agency #1)				
Supported Employment (Agency #2)				
Job Development or Assessment				

Total Amount Used in Budget

\$0.00

Amount Available in Budget

\$0.00

**Budget Development Worksheet for Individuals Receiving Community Supports
Under the Agency Model**

This document is intended to be used by individuals and their families to select the supports they want to purchase in support of their Individualized Service Plan. This is not an allocation of services. Each individual is given a resource allocation to be used in the budgeting process. A Purchase Order must be submitted to BHDDH for approval before Service Allocations can be assigned. If the Purchase Order is approved, then service allocations will be assigned.

Resource Allocation Amount to be Used for Community Supports & Day Activity Budgeting

\$0.00

PART A: Community Supports

Make your selection(s) related to Community Supports. Enter all units you wish to purchase in per hour increments. Enter only on those lines where you are making a service request. Leave the remaining lines blank.

	Agency Selected to Provide Service	Level Selected by Individual	Units	Amount Used in Budget
Community Based Supports- standard				
Community Based Supports- professional staff				
Natural Supports Training- standard				
Natural Supports Training- professional staff				
Respite- standard				
Respite- overnight				
Attendant Care				
Homemaker				

PART B: Day Activities

Make your selection(s) related to Day Activities. Enter all units you wish to purchase in per hour increments except Transportation (enter number of trips) and Home-based Day Program (enter number of days). Enter only on those lines where you are making a service request. Leave the remaining lines blank.

	Agency Selected to Provide Service	Level Selected by Individual	Units	Amount Used in Budget
Transportation to/from Day Activity (Agency #1)				
Transportation to/from Day Activity (Agency #2)				
Center-Based Day Program (Agency #1)				
Center-Based Day Program (Agency #2)				
Community-Based Day Program (Agency #1)				
Community-Based Day Program (Agency #2)				
Home-Based Day Program (Agency #1)				
Home-Based Day Program (Agency #2)				
Prevocational Training (Agency #1)				
Prevocational Training (Agency #2)				
Supported Employment (Agency #1)				
Supported Employment (Agency #2)				
Job Development or Assessment				

Total Amount Used in Budget

\$0.00

Amount Available in Budget

\$0.00

Schedule of Rates Paid to Providers Effective July 1, 2011 - September 30, 2011 for Use in Personal Budget Development

	Unit	Staffing Level (staff : client)					
		<u>1:6</u>	<u>1:5</u>	<u>1:4</u>	<u>1:3</u>	<u>1:2</u>	<u>1:1</u>
Community-Based Services							
Community Based Supports- standard	Hourly *	\$4.56	\$5.24	\$6.28	\$8.00	\$11.48	\$21.84
Community Based Supports- professional staff	Hourly *	\$10.08	\$11.64	\$13.92	\$17.76	\$25.44	\$48.48
Natural Supports Training- standard	Hourly					\$15.16	\$28.88
Natural Supports Training- professional staff	Hourly					\$24.48	\$46.82
Respite- standard	Hourly *						\$20.08
Respite- overnight	Hourly *						\$14.44
Attendant Care	Hourly *						\$23.28
Homemaker	Hourly *						\$17.68

	Unit	Staffing Level (staff : client)					
		<u>1:9 - 1:10</u>	<u>1:6 - 1:8</u>	<u>1:4 - 1:5</u>	<u>1:3</u>	<u>1:2</u>	<u>1:1</u>
Day Programs							
Center-Based Day Program	Hourly *	\$3.64	\$4.24	\$5.96	\$9.08	\$12.92	\$24.44
Community-Based Day Program	Hourly *	\$3.64	\$4.24	\$5.96	\$9.08	\$12.92	\$24.44
Home-Based Day Program	Daily	\$17.99	\$22.19	\$34.93	\$54.74	\$78.05	\$151.06

	Unit	Staffing Level (staff : client)					
		<u>1:6</u>	<u>1:5</u>	<u>1:4</u>	<u>1:3</u>	<u>1:2</u>	<u>1:1</u>
Other Day Activities							
Prevocational Training	Hourly	\$4.97	\$5.72	\$6.87	\$8.79	\$12.65	\$24.45
Supported Employment	Hourly *	\$5.00	\$5.76	\$6.92	\$8.84	\$12.64	\$24.08
Job Development or Assessment	Hourly						\$56.43

	Unit	Level of Need (Assigned by BHDDH)					
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6 or 7</u>
Transportation							
Transportation to/from Day Activity	Per Trip	\$7.21	\$7.21	\$7.21	\$7.21	\$7.21	\$12.33

	Unit	All Levels					
Services for Individuals who Self Direct							
Supports Brokerage	Hourly *						\$50.00
Participant Directed Services	Hourly						\$50.00
Participant Directed Goods (Workers Comp, other)	Service						

* This service must be billed in 15 minute increments. For convenience in budgeting, the rate shown reflects an hourly rate.

REQUEST TO CHANGE TRANSPORTATION ALLOCATION

Date of this Request: _____

Agency Making Request: _____

Allocation Starting Period: _____ Ending Period: _____

This memo directs BHDDH to reassign the following transportation units allocated to our agency to the following agency/agencies during this allocation period (if an individual's transportation units need to be assigned to two or more agencies, enter each agency on its own line):

Name of Individual	Soc Sec Number	Agency to be Assigned Units	Number of Units to Assign

Signature of Agency Representative: _____ Printed Name: _____

Fax Form to: Deb Cunningham, 401-462-2775

Interim Individualized Support Plan

Name: _____

Social Security Number: _____ Date Of Birth: _____

Address: _____

Agency #1: _____

Agency #2: _____

Agency #3: _____

Requested Start Date: _____

The purpose of this Interim Individualized Support Plan (IISP) is to:

1. provide a description of the services that the "Agency" will provide to the "Participant,"
2. describe the expectations of the "Participant," and
3. clarify the responsibilities of each party.

1. **Participant's Goals:** Please describe what you want to happen in the next year and list the things that are the MOST important to you.

2. **Agency Responsibilities:** Please provide an overall description of the support that the Agency will provide based upon the units of service on the attached Purchase Order.

Agency # 1

Agency #2

Agency #3

3. Please describe the expectations that the "Agency" has of the "Participant"/Family.
Agency #1

Agency #2

Agency #3

4. Please describe the plan for the Health and Safety Issues of the "Participant" and access to 24 hour emergency support:

5. In addition to the internal and external reviews of this IISP, listed below is our agreement of communication and/or documentation regarding progress and/or concerns relative to this IISP.

Both the "Agency" and "Participant" agree that either party may terminate this IISP with 60 days notice for 24-hour Residential Services and 30 days notice for all other services, or earlier by mutual agreement of the parties and notification and agreement by the Division of Developmental Disabilities.

I, "Participant", or my representative understand and agree with the following:

- If the RI Department of Human Services notifies me that as part of my Waiver eligibility and per Medicaid regulation I am required to contribute to the cost of my supports, I understand and agree to pay this amount to the Agency each month. I also agree to disclose to the "Agency" my earned and unearned income when requested.

I certify that I have participated in the development of this Interim Individualized Service Plan.

Participant and/or Family Member

Date

I, _____, Executive Director of "Agency" understand and agree with the following:

- An "Agency" representative has met with the above named individual and family member(s) and has clearly described the supports specified in this IISP that the "Agency" will provide.
- The "Agency," upon request, will assist the "Participant" in maintaining his/her Medicaid/Waiver eligibility.
- An Agency representative will provide a general review of the services provided related to this IISP and Purchase Order requested.

Agency #1 Executive Director

Date

I, _____, Executive Director of "Agency" understand and agree with the following:

- An "Agency" representative has met with the above named individual and family member(s) and has clearly described the supports specified in this IISP that the "Agency" will provide.
- The "Agency," upon request, will assist the "Participant" in maintaining his/her Medicaid/Waiver eligibility.
- An Agency representative will provide a general review of the services provided related to this IISP and Purchase Order requested.

Agency #2 Executive Director

Date

I, _____, Executive Director of "Agency" understand and agree with the following:

- An "Agency" representative has met with the above named individual and family member(s) and has clearly described the supports specified in this IISP that the "Agency" will provide.
- The "Agency," upon request, will assist the "Participant" in maintaining his/her Medicaid/Waiver eligibility.
- An Agency representative will provide a general review of the services provided related to this IISP and Purchase Order requested.

Agency #3 Executive Director

Date

Examples of Authorizations Sent to HP

Participant SSN	Participant First Name	Participant Last Name	Agency NPI or FEIN	Authorization Type (HCPCS-specific or All Day/Comm.)	Filled in only when HCPCS-specific			Auth Begin Date	Auth End Date	Authorization	
					HCPCS	Modi- fier 1	Modi- fier 2			Total Units	Total Amount

Example of Participant with 24 Hour Licensed Group Home Residence and Day Program Services

111-11-1111	FirstName1	LastName1	1234567890	HCPCS Specific	T2033	U8	--	7/1/2011	9/30/2011	92	17190.44
111-11-1111	FirstName1	LastName1	1234567890	All Day/Community	--	--	--	7/1/2011	9/30/2011		2327.40
111-11-1111	FirstName1	LastName1	1234567890	HCPCS Specific	T2003	--	--	7/1/2011	9/30/2011	130	940.30
111-11-1111	FirstName1	LastName1	1234567890	HCPCS Specific	T2022	U7	--	7/1/2011	9/30/2011	3	448.19

In this example, the provider should bill for the days that the Participant received the residential service using the U8 modifier at rate on file of \$186.82 per day. Support Coordination should be billed 1 unit per month that the Participant received services from the agency using the U7 modifier and the rate on file of \$148.73 per month. For the day program activity, the allocation was set assuming the Participant fully utilized services at the U7 modifier level (1,560 15-minute units with staffing at 1:4 or 1:5). If the Participant utilized Prevocational Training or Supported Employment, these services should be billed with the modifier that pertains to the appropriate staffing level. When the Participant is transported by the provider to or from the day program activity, then the total trips for the billing period should be billed at the rate of \$7.21 per trip.

Example of Participant with 24 Hour Licensed Group Home Residence with Specialized Support Services and Day Program Services

222-22-2222	FirstName2	LastName2	23-4567890	HCPCS Specific	T2033	UA	--	7/1/2011	9/30/2011	92	27095.16
222-22-2222	FirstName2	LastName2	23-4567890	HCPCS Specific	T2033	L9	--	7/1/2011	9/30/2011	92	2146.93
222-22-2222	FirstName2	LastName2	23-4567890	All Day/Community	--	--	--	7/1/2011	9/30/2011		5444.72
222-22-2222	FirstName2	LastName2	23-4567890	HCPCS Specific	T2003	UA	--	7/1/2011	9/30/2011	130	1605.90
222-22-2222	FirstName2	LastName2	23-4567890	HCPCS Specific	T2022	UA	--	7/1/2011	9/30/2011	3	642.86

This example is similar to the one above, except that the Participant is allocated funding for Specialized Support Services. The provider should bill for the days that the Participant received the residential service using the UA modifier at rate on file of \$294.48 per day. For this particular Participant, funding for Extraordinary Supports is provided at a rate of \$23.33 per day in addition to the \$294.48 per day. The agency should bill the additional amount above the UA rate on a separate line using the L9 modifier at a rate of \$23.33 per day. Support Coordination should be billed 1 unit per month that the Participant received services from the agency using the UA modifier and the rate on file of \$213.62 per month. For the day program activity, the allocation was set assuming the Participant utilized services at a minimum of 1:2 staffing (TF modifier) and sometimes at 1:1 staffing (UA modifier). Billing for day activities should reflect the appropriate staffing level received. When the Participant is transported by the provider to or from the day program activity, then the total trips for the billing period should be billed at the rate of \$12.33 per trip.

Example of Participant with 24 Hour Unlicensed Community Residence and Day Program Services

333-33-3333	FirstName3	LastName3	3456789012	HCPCS Specific	T2016	TF	--	7/1/2011	9/30/2011	92	21153.80
333-33-3333	FirstName3	LastName3	3456789012	All Day/Community	--	--	--	7/1/2011	9/30/2011		5041.80
333-33-3333	FirstName3	LastName3	3456789012	HCPCS Specific	T2003	--	--	7/1/2011	9/30/2011	130	940.30
333-33-3333	FirstName3	LastName3	3456789012	HCPCS Specific	T2022	U7	--	7/1/2011	9/30/2011	3	448.19

This example is similar to Example #1, except that the provider should use the HCPCS indicating that the residential location is not licensed. Otherwise, the claim will be rejected. The provider should bill for the days that the Participant received the residential service using the TF modifier at rate on file of \$229.90 per day.

Examples of Authorizations Sent to HP

Participant SSN	Participant First Name	Participant Last Name	Agency NPI or FEIN	Authorization Type (HCPCS-specific or All Day/Comm.)	Filled in only when HCPCS-specific			Auth Begin Date	Auth End Date	Authorization	
					HCPCS	Modi-fier 1	Modi-fier 2			Total Units	Total Amount

Example of Participant with Shared Living and Day Program Services

444-44-4444	FirstName4	LastName4	SLA Agency	HCPCS Specific	T2033	TG	U1	7/1/2011	9/30/2011	92	10060.79
444-44-4444	FirstName4	LastName4	SLA Agency	HCPCS Specific	T1005	--	--	7/1/2011	9/30/2011	360	1807.20
444-44-4444	FirstName4	LastName4	SLA Agency	HCPCS Specific	T2022	U7	--	7/1/2011	9/30/2011	3	448.19
444-44-4444	FirstName4	LastName4	Day Agency	All Day/Community	--	--	--	7/1/2011	9/30/2011		5041.80
444-44-4444	FirstName4	LastName4	Day Agency	HCPCS Specific	T2003	--	--	7/1/2011	9/30/2011	130	940.30

BHDDH has split the service allocation for SLA services between Respite and non-Respite. The non-Respite portion includes the stipend to the host family and the amount to the agency. In this example, the SLA provider should bill for the days that the Participant received the residential service using the TG-U1 modifier at rate on file of \$109.32 per day. The quarterly service allocation allows for up to 360 15-minute units of respite. When this is used, it should be billed separately at \$5.02 per 15 minutes. Support Coordination should be billed by the SLA provider 1 unit per month that the Participant received services from the agency using the U7 modifier at \$148.73 per month. For the day program activity, the allocation was assigned to the Day Program provider which may or may not be the same as the SLA provider. Likewise, the transportation allocation was also given to the Day Program provider. This transportation policy is the exception to the rule. In all other residential settings, the transportation allocation is assigned to the residential agency unless it is changed by the agency.

Example of Participant with Day Program Service only

666-66-6666	FirstName6	LastName6	56-7890123	All Day/Community	--	--	--	7/1/2011	9/30/2011		1422.60
666-66-6666	FirstName6	LastName6	56-7890123	HCPCS Specific	T2003	--	--	7/1/2011	9/30/2011	130	940.30
666-66-6666	FirstName6	LastName6	56-7890123	HCPCS Specific	T2022	U5	--	7/1/2011	9/30/2011	3	317.22

This example is similar to ones above. The difference here is that the Support Coordination and Transportation allocations are assigned to the Day Program provider.

Example of Participant with Self-Directed Services

777-77-7777	FirstName7	LastName7	FI Agency	HCPCS Specific	T2022	TF	U2	7/1/2011	9/30/2011	3	371.97
777-77-7777	FirstName7	LastName7	FI Agency	All Day/Community	--	--	--	7/1/2011	9/30/2011		12787.54

In this example, the FI should bill 1 unit of Support Facilitation each month that the Participant is using this agency as his/her FI. The FI would use the TF-U2 combination at \$123.99 per month. For all self-directed services, the FI would bill for services as the Participant uses them against their total quarterly allocation of \$12,787.54. If this Participant does not direct all of their services (e.g. uses an agency for a Day Program), then the agency providing the non self-directed service (in this case, day program) would bill as shown in the examples above.

Examples of Authorizations Sent to HP

Participant SSN	Participant First Name	Participant Last Name	Agency NPI or FEIN	Authorization Type (HCPCS-specific or All Day/Comm.)	Filled in only when HCPCS-specific			Auth Begin Date	Auth End Date	Authorization					
					HCPCS	Modi-fier 1	Modi-fier 2			Total Units	Total Amount	Day Prog Units	Day Prog Amount	Commun Units	Commun Amount
555-55-5555	FirstName5	LastName5	45-6789012	All Day/Community	--	--	--	7/1/2011	9/30/2011	2706	8584.56	1560	2327.40	1146	6257.16
555-55-5555	FirstName5	LastName5	45-6789012	HCPCS Specific	T2003	--	--	7/1/2011	9/30/2011	130	940.30				
555-55-5555	FirstName5	LastName5	45-6789012	HCPCS Specific	T2022	U7	--	7/1/2011	9/30/2011	3	448.19				

Example of Participant with Independent Living and Day Program Services

In order to support Participant choice for services when residing in Independent Living (either on their own or with family), the quarterly allocation is not assigned at the HCPCS level. The total allocation sent to HP of \$8,584.56 is for the day activity and community-based services combined. To the right of the \$8,584.56 figure is the split between day and community. In this example, the day program services are billed as shown in examples above. For this Participant, it is assumed that their day activity is at the U7 modifier (1:4 or 1:5 staffing). The remaining amount of \$6,257.16 is for community-based services (e.g. Community Based Supports, Natural Supports Training, Respite). The 1,146 units shown represent what the available units at 15-minute intervals would be if the Participant chose only Community Based Supports at a 1:1 staffing level (rate of \$5.46 per unit). However, the Participant is not limited to just receiving this number of units. For example, if the Participant chose to receive services at 1:2 staffing, or chose a lower-priced service (e.g. Respite) the services would be paid so long as the total amount billed does not exceed the \$8,584.56 total in the quarter.

Illustration of Staffing Expectations in Residential Resource Levels

The regulations provided examples of expected staffing assuming a 4-person residence. The hours are reflected both as a weekly schedule for the home as well as a per Participant level.

The staff-to-client ratios for client sleep and client awake hours are intended as guidelines, or averages. They are not meant as absolutes, considering that some ratios shown are, e.g. 1 staff to 1.5 clients.

Recognizing that (a) not all 24 hour residences are 4-person residences and (b) not all Participants are assigned resources at the same level, the agency should utilize the per Participant levels to calculate the expected weekly staffing pattern for the residence.

EXAMPLE #1

4-person residence

Individual #1 assigned resource allocation with modifier U6	39 - 44 hours each week
Individual #2 assigned resource allocation with modifier U8	57 - 62 hours each week
Individual #3 assigned resource allocation with modifier UA	80 - 86 hours each week
Individual #4 assigned resource allocation with modifier UA	80 - 86 hours each week

Expected Staffing Hours for the Week
(excludes hours for participation in Day Activity) 256 - 278 hours

In this example, assumption for the U6 person is 1:4 overnight, assumption for the U8 person is 1:3 overnight and assumption for each UA person assumes 1:2 overnight.

In this example, assumption for the U6 person is 1:3 awake, assumption for the U8 person is 1:2 awake, and assumption for each UA person is 1:1.5 awake.

However, given the needs of the Participants, the Agency should develop a staffing plan specific to the Participant's needs.

One example of a staffing plan may be:

Overnight = 8 hours, or 56 hours per week

Staffing for 1st hour after bed and 1st hour prior to awake	2 staff : 4 clients	2 hours * 7 days * 2 staff =	28
Staffing for remaining 6 hours of overnight	1 staff : 4 clients	6 hours * 7 days * 1 staff =	42

Weekly Overnight Staffing 70

Awake = 82 hours per week, 32 on weekend, 50 Mon - Fri

Staffing on weekend, 12 of the 16 awake hours	2 staff: 4 clients	12 hours * 2 days * 2 staff =	48
Staffing on weekend, 4 of the 16 awake hours	3 staff: 4 clients	4 hours * 2 days * 3 staff =	24
Staffing during the week, 5 of the 10 awake hours	2 staff: 4 clients	5 hours * 5 days * 2 staff =	50
Staffing during the week, 5 of the 10 awake hours	3 staff: 4 clients	5 hours * 5 days * 3 staff =	75

Weekly Awake Staffing 197

Total Weekly Overnight and Awake Staffing 267

Expected Range 256 - 278

EXAMPLE #2

3-person residence

Individual #1 assigned resource allocation with modifier U8	57 - 62 hours each week
Individual #2 assigned resource allocation with modifier TF	70 - 76 hours each week
Individual #3 assigned resource allocation with modifier UA	80 - 86 hours each week

Expected Staffing Hours for the Week
(excludes hours for participation in Day Activity) 207 - 224 hours

In this example, assumption for the U8 person is 1:3 overnight, assumption for the TF person is 1:3 overnight and assumption for the UA person assumes 1:2 overnight.

In this example, assumption for the U8 person is 1:2 awake, assumption for the TF person is 1:1.5 awake and assumption for each UA person is 1:1.5 awake.

However, given the needs of the Participants, the Agency should develop a staffing plan specific to the Participant's needs.

One example of a staffing plan may be:

Overnight = 8 hours, or 56 hours per week

Staffing for 1st hour after bed	2 staff : 3 clients	1 hours * 7 days * 2 staff =	14
Staffing for remaining 6 hours of overnight	1 staff : 3 clients	7 hours * 7 days * 1 staff =	49
Weekly Overnight Staffing			63

Awake = 82 hours per week, 32 on weekend, 50 Mon - Fri

Staffing on weekend, 12 of the 16 awake hours	2 staff: 3 clients	12 hours * 2 days * 2 staff =	48
Staffing on weekend, 4 of the 16 awake hours	1 staff: 3 clients	4 hours * 2 days * 1 staff =	8
Staffing during the week, 8 of the 10 awake hours	2 staff: 3 clients	10 hours * 5 days * 2 staff =	100
Weekly Awake Staffing			156

Total Weekly Overnight and Awake Staffing

Expected Range **219**
207 - 224

Illustration of Staffing Expectations in Day Program Resource Levels

Example of Anticipated Staffing Requirements Based on Modifiers Assigned to Each Participant

Agency has a center-based program with 20 Participants.

Assumption in rate model is a 6-hour day program.

It is understood that each person will not always be participating in their day program at the staffing assumption shown.

The staffing is intended to show what the average staffing should be for the composition of Participants in the program.

EXAMPLE

Participant #	Modifier	Staffing Assumption-	Staffing Assumption-	Hours Per Participant in	Hours Per Participant in
		Low	High	30 Hr Weekly Program-	30 Hr Weekly Program-
				Low	High
Participant #1	U5	1 staff : 10 clients	1 staff : 9 clients	3.00	3.33
Participant #2	U5	1 staff : 10 clients	1 staff : 9 clients	3.00	3.33
Participant #3	U6	1 staff : 8 clients	1 staff : 6 clients	3.75	5.00
Participant #4	U6	1 staff : 8 clients	1 staff : 6 clients	3.75	5.00
Participant #5	U6	1 staff : 8 clients	1 staff : 6 clients	3.75	5.00
Participant #6	U6	1 staff : 8 clients	1 staff : 6 clients	3.75	5.00
Participant #7	U7	1 staff : 5 clients	1 staff : 4 clients	6.00	7.50
Participant #8	U7	1 staff : 5 clients	1 staff : 4 clients	6.00	7.50
Participant #9	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #10	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #11	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #12	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #13	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #14	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #15	U8	1 staff : 3 clients	1 staff : 3 clients	10.00	10.00
Participant #16	TF	1 staff : 2 clients	1 staff : 2 clients	15.00	15.00
Participant #17	TF	1 staff : 2 clients	1 staff : 2 clients	15.00	15.00
Participant #18	TF	1 staff : 2 clients	1 staff : 2 clients	15.00	15.00
Participant #19	UA	1 staff : 1 clients	1 staff : 1 clients	30.00	30.00
Participant #20	UA	1 staff : 1 clients	1 staff : 1 clients	30.00	30.00
Number of Weekly Staffing Hours for these 20 Participants				208.00	216.67
Divide by 30 Hour Day Program				30	30
Number of Average Staff Members Per Hour in Day Program				6.93	7.22

Frequently Asked Questions Related to Billing Procedures

- Q1 What fields need to be populated to submit information?
A1 Use the following link to see the fields required by HP for Waiver claims:
http://www.dhs.ri.gov/portals/0/uploads/documents/public/pes/waiver_837.pdf
- Q2 Will code X9999 be used when submitting bills?
A2 X9999 is no longer used, it has been replaced by the HCPCS/modifier combinations shown in the June 17, 2011 Billing Manual.
- Q3 How should individual allocations be tracked (by dollars or units)?
A3 In order to preserve Participant's flexibility in their day activities and community-based activities, units are shown but represent a guide only. The quarterly allocation in this case is the total dollars allocated. For 24 hour residential supports (all settings), transportation, Support Coordination and Support Facilitation, the allocations are in units.
- Q4 Could the individual choose not to follow the level/unit assigned by the State? How to bill with HP and document?
A4 For 24 hour residential supports, Support Coordination and Support Facilitation, the individual and agency must use the level/modifier assigned. See answer above with respect to billing day activities and community-based supports.
- Q5 Billing for what people actually receive versus what is on the spreadsheet. How to prevent kill back from system?
A5 Agencies should only bill for actual services rendered.
- Q6 How to know who is receiving funds for the Support Coordination? Is it just the agency that provides residential services?
A6 It is the agency that provides residential services. If no agency provides residential services, then the Support Coordination is authorized to the day program provider. If a Participant chooses a different agency for Support Coordination, then the Participant or Agency must notify the Division and submit a new Purchase Order.
- Q7 How do we compensate for the fact that units do not match dollar amounts?
A7 BHDDH does not see where this is occurring. Specific questions should be directed to Maureen Wu or Amy Vincenzi.
- Q8 How do we comply with the new system and help people maintain their jobs in the community? Issues with transportation, support employment parameters, ratio issues?
A8 Each Participant assigned a service allocation for day activities was provided with resources for 6 hours of day activity (to be used in either a day program, prevocational training or supported employment) for each weekday in the calendar quarter as well as 2 trips per weekday for transportation. With respect to Supported Employment in particular, BHDDH recognizes that this is often delivered in a 1:1 setting. However, it is not often delivered 1:1 30 hours per week. Therefore, we do not see an issue with the ratios.

Frequently Asked Questions Related to Billing Procedures

- Q9 RI DD Standards & Billing Manual does not include Licensed Mental Health Counselors (LMHC) in the definition of Professional Staff
- A9 For the purposes of billing under the modifier for Professional Staff, LMHCs may be considered professional staff. However, these services should be billed to Managed Care prior to being billed to DD since DD is the payer of last resort.
- Q10 Is there a 6 hour cap for Day Programs services each day?
- A10 No. The cap is on the total dollars for day activities. A Participant may select to utilize 8 hours one day and none another day. The allocations, however, were built on the assumption that the Participant would use 6 hours of service every weekday in the calendar quarter.
- Q11 If we are billing in summary; why do we have to track unit information?
- A11 Agencies are only billing in summary in that they are billing for each Participant once per month. Agencies may bill more often than that if they wish. Units for a particular HCPCS may be summarized on the monthly claim. But the only way to know the summarized number of units is to track each unit provided.
- Q12 How will the amounts individuals have to pay towards their care (I believe you call this "cost of care") be deducted from billing through HP.
- A12 Agencies are required to report cost of care on their claim as they have done in the past.
- Q13 How do we plan for staffing pattern ratios when people have different funding levels?
- A13 Refer to the handout described in the July 26 Billing Training titled "Illustration of Staffing Expectations in Residential Resource Levels" and "Illustration of Staffing Expectations in Day Program Resource Levels".
- Q14 Are the plans and purchase orders submitted only for clients who have an annual ISP due?
- A14 Agencies should submit the Interim Individualized Service Plan and Purchase Order for any new BHDDH Participant. These forms should also be submitted for any Participants who have an annual ISP due.
- Q15 When to do the Purchase Order? Should Day Program be used even if another agency is doing the program?
- A15 The agency who was assigned Support Coordination should take the lead in assisting the Participant to develop the Purchase Order. However, each agency selected by the Participant to deliver services should sign the Purchase Order and should retain a copy of the Purchase Order. The only time when a Participant may be submitting more than one Purchase Order to BHDDH is if they self-direct some services and receive other services from a DD agency. Note that the Purchase Order must be submitted with the Interim ISP.
- Q16 Can a Purchase Order be submitted quarterly, as long as it does not exceed their dollar amount or require any formal request from the person/family?
- A16 The Purchase Order is in quarterly amounts. The units on the Purchase Order will roll forward each quarter unless the Division is notified of changes. For example, if you know that Respite will be expended during the summer months only, you may attach a separate Purchase Order for each quarter to indicate the changes in service requests by quarter. Also, if during the ISP year the Participant has decided to fundamentally change the services he/she wants to receive, then a new Purchase Order should be submitted. Additionally, a new Purchase Order should be submitted when:

Frequently Asked Questions Related to Billing Procedures

- (a) the Participant decides to change agencies;
- (b) the Participant decides to move to self-direction; or
- (c) the Participant has experienced a major life change that results in a different service allocation

Q17 How to get the new authorizations so that it can be submitted correctly?

A17 BHDDH will be sending to each agency by August 1 Participant-specific authorizations that were submitted to HP.

Q18 If day program services are based on 6hr days; can you bill 5 hrs on one day and 7hrs on another day so long as the max number of units is not exceeded?

A18 Yes.

Q19 If an individual is assigned to a particular ratio but providing the necessary service at that ratio would cause them to run out of available units before the end of the quarter, can you bill at a larger ratio to stretch the available dollars?

A19 Each Participant was given a resource allocation to ensure 92 days of 24 hour residential service if they are in need of this service. For day program, each Participant was given a resource allocation to cover 6 hours per day for each weekday in the calendar quarter. So Participants should not be running out of units in this case, unless for example they attended a day program every day that lasted 8 hours, not 6. If this occurred, then yes, agencies could bill out at a larger ratio to stretch available dollars. The more likely scenario would be in community-based supports. Participants may double up on staffing in order to double up on units available to them.

Q20 How do we provide all needed services if people choose to use their funding on certain things (ie. What if someone spends most of their money on a job developer and does not have enough to meet their day to day support other needs)?

A20 BHDDH will be reviewing each Purchase Order as Participants' ISP anniversaries come due. BHDDH will not approve a Purchase Order that does not maintain the daily health and safety of the individual.

Q21 How do we bill for the following example: A provider works 8am-1pm and begins providing service to a single consumer. At 8:45, a second individual joins the group. At 11am, a third individual joins the group. Is the entire time from 8am-1pm (20 units) to be billed at 1:3 staffing for each individual since that is the total that were in attendance for the day? Or must the billing be broken down as follows:

8:00-8:45 3 units of 1:1 billed to one individual

8:45-11:00 9 units of 1:2 billed to two individuals

11:00-1:00 8 units of 1:3 billed to three individuals

A21 Billing 20 units at 1:3 staffing for each individual is improper since each of the three individuals did not receive 20 units of service in this example. The more detailed billing is more accurate. Note that BHDDH expects that the above scenario may occur in community-based services. For day program services, agencies may bill at the modifier assigned to the Participant assuming that the Participant predominantly receives services at the staffing level assigned to their modifier/allocation.

Frequently Asked Questions Related to Billing Procedures

- Q22 Per Maureen Wu's email "If billing for day services is within the individual's service allocation modifier, billing can be based on the time of arrival and time of departure assuming on average the individual received services in the client to staff ratios associated with that modifier." How is the average calculated?
- A22 Refer to the handout described in the July 26 Billing Training titled "Illustration of Staffing Expectations in Day Program Resource Levels". In this example, if the agency is staffing their day program with between 6.93 and 7.22 staff during the 6-hour program, then the agency can bill each Participant based on time in/time out at their assigned modifier rate. The exception to this would be if, for example, a Participant is allocated 5 days per week at 1:2 staffing but instead opts to utilize 2.5 days at 1:1 staffing on a regular basis. Then the agency should bill out at the 1:1 staffing for 2.5 days per week.
- Q23 What are the ramifications for day program provider if purchase orders are not sent in by the residential agency responsible for support coordination?
- A23 This should not happen since all agencies who are providing services should sign the Purchase Order and receive a copy of it. If a Purchase Order does not reflect all services to be provided, it will be returned to the Support Coordinator Agency for correction.
- Q24 IISPs are due as of what annual date and by what deadline?
- A24 IISPs are due no later than 30 days prior to the start date of the Participant's anniversary year. Agencies are encouraged to submit the IISPs and Purchase Orders prior to the 30 day deadline because Purchase Orders must be approved by BHDDH in order for authorizations to be created and sent to HP. Services cannot be paid unless authorized.
- BHDDH provided to each agency a list of the anniversary dates of each Participant that they serve. Agencies are encouraged to contact BHDDH if a Participant's ISP year is different from the one that BHDDH assigned to them.
- Q25 Does the IISP cover Residential and Day?
- A25 Yes, it should cover all services. The IISP is Interim. BHDDH is working to develop a more permanent ISP Summary which will be submitted to BHDDH. This form will be consistent across agencies. However, agencies are encouraged to continue using the ISP format that they have been using, recognizing that their agency-specific ISP format should include the elements that are requested in the ISP Summary as outlined in the new regulations.
- Q26 What level of detail is required on IISP? Are plans of care needed in all areas?
- A26 The IISP is designed to be a summary. If, by asking if plans of care are needed in "all areas", the questioner is referring to the items listed in Section 37.9 of the new regulations, the answer is no. Plans of care should be specific to the needs of the Participant.
- Q27 Does the Interim ISP replace ISP in July? Or sent both ISP?
- A27 See Answer #25. Agencies are encouraged to submit both the IISP and their internal ISP.
- Q28 Who is to do the ISP on clients, the residential provider or support coordinator?
- A28 The Support Coordinator who has been selected by the Participant is responsible to insure that the ISP is completed with the input of the Participant. For FY 2012, this will be the residential agency (in most cases) or, when no residential services are provided, the Support Coordinator at the day program.

Frequently Asked Questions Related to Billing Procedures

- Q29 What is the process to assign adequate resource level?
- A29 Refer to the handout described in the July 26 Billing Training titled "Illustration of Staffing Expectations in Residential Resource Levels" and "Illustration of Staffing Expectations in Day Program Resource Levels".
- Q30 All community support are 1:1 staff rate, what if people share support? In the past meant given them double time.
- A30 If Participants share supports, then they will be able to leverage more units of service. For example, if 2 Participants decide to share staff one day for 6 hours, then the agency should bill for each Participant but with the modifier for 1:2 staffing. This way, each Participant can get 12 hours of 1:2 staffing instead of 6 hours of 1:1 staffing.
- Q31 If you support someone with Level 6 funding authorization but serve them in a small group at times, are you at risk of losing their funding level if you do not provide 1:1 staffing?
- A31 The use of the term Level 6 and 1:1 staffing implies the questioner is asking about day programs. In the case of day programs, BHDDH is requesting that agencies bill for services to Participants based on the modifier their resource allocation is tied to, assuming that predominantly the Participant is receiving services at that level. Refer to the handout described in the July 26 Billing Training titled "Illustration of Staffing Expectations in Day Program Resource Levels". If, however, the Participant is allocated resources for 1:1 staffing but it is found that they hardly ever utilize 1:1 staffing, then the agency should not bill at Level 6 for this Participant.
- Q32 What modifier should we use?
- A32 Refer to the June 17, 2011 Billing Manual pages 2 through 5. For 24 Hour Residential Services (licensed group home, unlicensed residence, or SLA), day program, Support Coordination and Support Facilitation, there is a crosswalk between the Quarterly Service Allocation and its associated HCPCS and modifier. For day program, the modifier is what the allocation was based on, but agencies are not required to use this modifier, especially if Participants choose Job Development, Prevocational Training, or Supported Employment. A sample of a new authorization will be reviewed at the July 26 Billing Training.
- Q33 People receiving Professional Support for a nurse or behaviorist, rate is different than a staff person. Unsure of process.
- A33 The service that should be billed is dependent upon who delivered the service. When the service is delivered by a Professional Support staff, then the agency should bill with the modifier to receive the higher rate.
- Q34 Why are there no modifiers for 1:9, 1:7 and 1:4 for Day Program? These ratios are skipped.
- A34 Modifier U5 is 1:9 or 1:10. Modifier U6 says 1:6 or 1:8 on the rate model but should have said 1:6, 1:7 or 1:8. Modifier U7 says 1:4 or 1:5 on the rate model. These ratios are shown for Center-Based and Community-Based day programs and should have been transferred over to the Home-Based day program rate model.
- Q35 How to figure the rate of Participant Directed Services on the form?
- A35 For Participants who self-direct services, the rate for each service selected cannot exceed the rate on file that is paid to agencies. Participants who self-direct can continue to set the rate that they want to pay their employees for each service, and they may pay different employees at different rates.

Frequently Asked Questions Related to Billing Procedures

- Q36 Can individuals set rates for their workers? What if workers provide services at different rates?
- A36 Yes, Participants can set different rates for each of their employees. If employees are paid at different rates, the Participant should use a blended rate on the Purchase Order when completing their budget.
- Q37 What is Support Facilitation, Support Brokerage?
- A37 Support Facilitation is what has been known as the Fiscal Intermediary services (e.g. payroll processing, tax filings, BCI checks). It also includes assistance, when requested by the Participant, in completing the Purchase Order. It does not include case management or plan writing. Support Brokerage is what has often been called "plan writing" and/or directing the delivery of services. It is not a requirement that Participants use a Support Broker, as many Participants and/or their families choose to write their own plan.
- Q38 For individuals at Zambarano, are they responsible for support coordination and transportation to other agency's day programs?
- A38 Yes, Zambarano is responsible for these services.
- Q39 It appears that home based programs will not be allotted funding for transportation other than to and from work? Is this accurate?
- A39 Participants that utilize home-based day programs were allocated for the transportation service. Obviously, if the day program is in their own home, there is no transportation required to get the Participant to or from the program. If the Participant goes to a home-based day program but it is in another home, then the transportation allocation can be used to transport them.
- Q40 How does an agency bill for a person who received home based day services (per diem unit) and supported employment (15 min unit)?
- A40 The home-based day service was created as a convenience to agencies since the HCPCS was available on a per diem basis. It is intended for Participants who always use this as their only day program option. If a Participant sometimes uses a home-based day service and sometimes uses Supported Employment, then the agency should use the Community-based day program code when utilizing the home-based day service.
- Q41 How will we determine when to bill overnight Respite? Is it a specific amount (such as 8 hours per day) or certain time spans (such as 12a-8a)? Is there a minimum or maximum per day?
- A41 It is expected that there will be no greater than 8 hours of overnight respite billed in a 24 hour span. The overnight modifier should be used when the respite provider was able to sleep when the Participant was also asleep.
- Q42 Is the rate the same for Respite not matter how many individuals are being served?
- A42 The Respite service was presumed to be 1:1. If the provider has occasion to support more than one Participant with Respite simultaneously, and the Participant agrees to this in their Purchase Order, then the provider can overwrite the \$5.02 rate on file and bill a lower rate in order to stretch Respite hours for Participants. However, the provider is not obligated to do so in this case.

Frequently Asked Questions Related to Billing Procedures

Q43 Will we get new respite authorizations?

A43 Participants that had respite authorizations through Training Thru Placement received quarterly allocations for respite that were assigned to TTP. Participants that has respite authorizations through another DD Agency received quarterly allocations with the same DD Agency. Participants who receive residential services through an SLA received a quarterly allocation for respite as well. This allocation was assigned to the SLA provider.

Q44 Do service allocation contain respite funds? How much funding should be allocated to respite?

A44 See Answer above.