Attachment 5: Presentation of Draft Rate Models

BURNS & ASSOCIATES

A DIVISION OF

HEALTH MANAGEMENT ASSOCIATES

Rate and Payment Options Study
Proposed Rates

- prepared for -

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Revised **October 14, 2022**

Purpose of Presentation

- Provide overview of *initial* recommendations from the rate and payment options study
  - Public comments will be considered before recommendations are finalized
- Ensure stakeholders understand the materials, data sources, calculations, and resulting recommendations so that they may review and offer comments
  - HMA-Burns available throughout the public comment period to respond to any technical questions that stakeholders need addressed to provide comments
- Encourage participation in the public comment process
  - Comments regarding the recommendations should be submitted in writing to allow for the consolidation and review of all feedback

Agenda

- Project Background
- Assessments and Individual Budgets Recommendations
- Rate Study Process
- Rate Study Recommendations
- Next Steps

PROJECT BACKGROUND

BURNS & ASSOCIATES, A DIVISION OF HMA

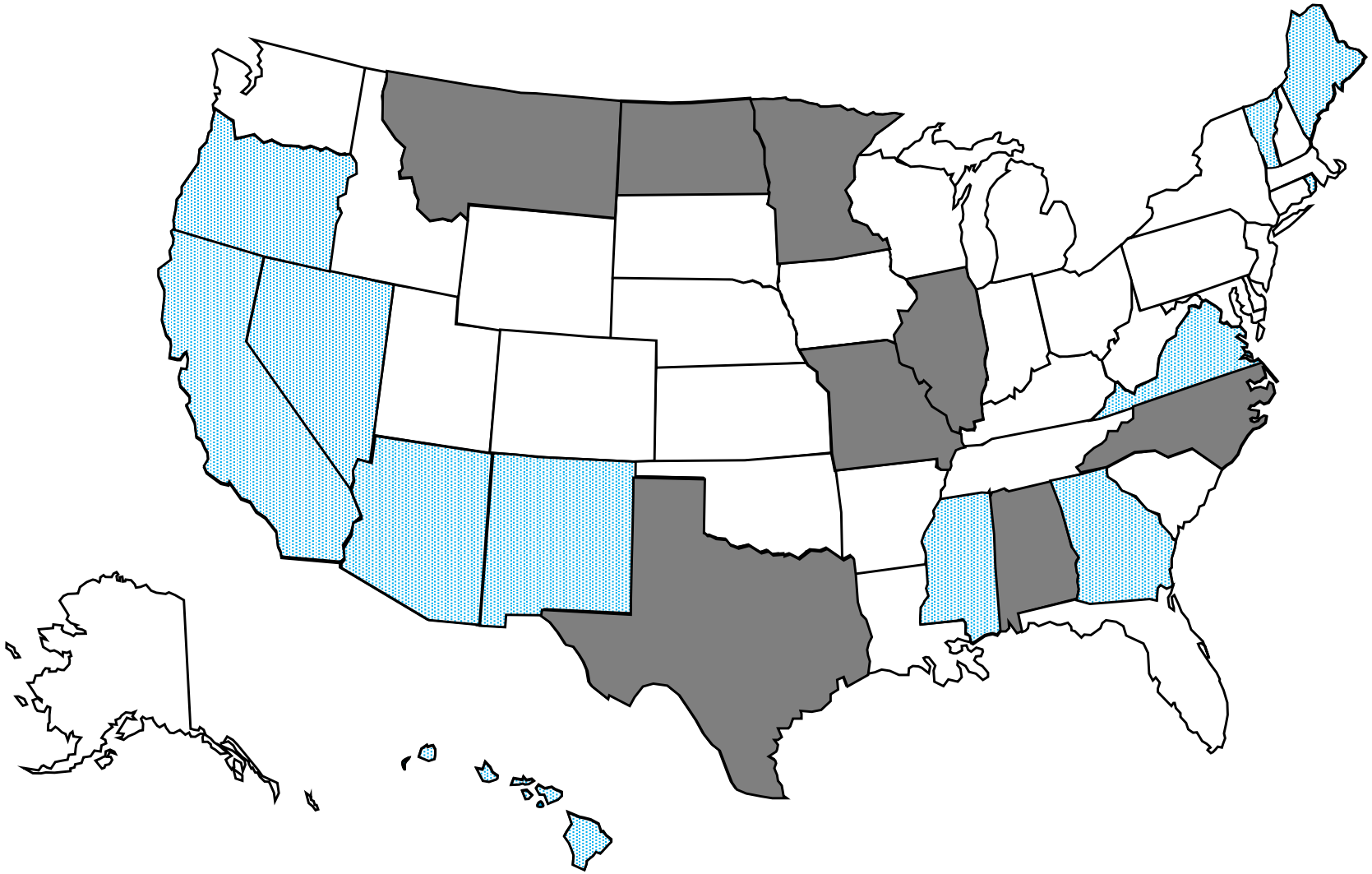
Background

- BHDDH is conducting a comprehensive review of the system of supports for individuals with intellectual and developmental disabilities (I/DD)
  - Covered services and requirements for each service
  - Provider reimbursement, including billing policies, units, and rates
  - Individual budget limits, including assessment, budget limit amounts, and policies for planning and managing budgets
- Builds on previous system reforms and studies
  - 2010-2013 – Project Sustainability, which included transition from bundled monthly payments to fee-for-service and the adoption of a standardized and normed tool (Supports Intensity Scale, SIS) to assess individual needs
  - 2014 – Consent Decree with the U.S. Department of Justice to provide integrated employment and day services
  - 2018 – Legislative study on provider rates and staff turnover
  - 2020 – Evaluation of rate methodologies
- BHDDH contracted with Burns & Associates division of HMA to assist with this study

Overview of Burns & Associates, a Division of Health Management Associates

- Health policy consultants specializing in assisting state Medicaid agencies and related departments (developmental disabilities and behavioral health authorities)
  - Consulted in approximately 30 states since its founding in 2006
  - Acquired by Health Management Associates in September 2020
- Experience in the intellectual and developmental disabilities field
  - Policy development, including service standards and billing rules
  - Rate-setting
  - Using assessment instruments to inform individualized budgets
  - Program operations, including performing fiscal analyses and developing implementation approaches
- Primary consultant on BHDDH's Project Sustainability initiative

Burns & Associates' I/DD Experience



Comprehensive rate studies

Other I/DD focused work

Burns & Associates' I/DD Experience

+ Results and status of HMA-Burns' rate study projects

State	Implementation Status	Fiscal Impact and Funding Status
Rhode Island	Implementation began in 2011	Proposed rates not implemented (Legislature imposed reductions requiring rates to be scaled back)
New Mexico	Implementation began in 2013	($10 million), funds were retained in the system
Arizona	Rates adopted in 2015	$188 million (not fully funded; about $50 million added in the years after the study)
Virginia	Implementation began in 2022*	$358 million, fully funded
Oregon	Implementation occurring in phases between 2016 and July 2022	$195 million, fully funded
Georgia	Implementation began in 2017*	$74 million, fully funded
Hawaii	Implementation began in 2021*	$26 million, half of the proposed increases were funded
Mississippi	Implementation began in 2017	$20 million, fully funded
California	Implementation occurring in phases between January 2020 and July 2024	$2.3 billion, fully funded
Maine	Implementation began in 2021*	$2.5 million, fully funded
Nevada	Implementation under consideration	$38.2 million
Vermont	Rate study still in process	N/A
***Implementation status based on most recent HMA-Burns' rate study**		

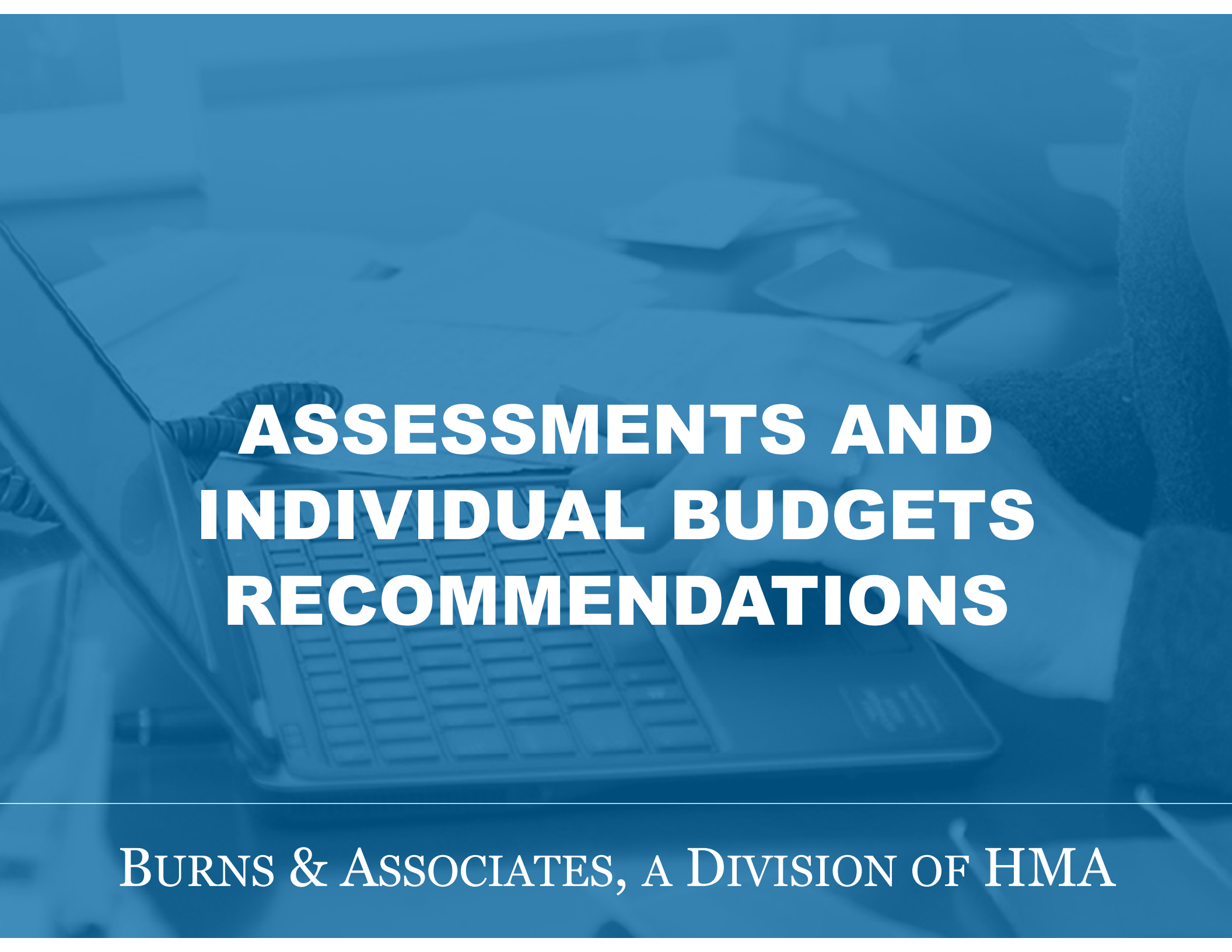
Summary of 2010-11 Rate Study

- Goals of previous rate study
  - Transition from bundled payments to fee-for-service rates
  - Align payment with individuals' assessed needs

- Proposed rates published in May 2011
  - Before the rates could be implemented, the Legislature cut the program's budget by $16 million due to historic declines in state revenues
  - BHDDH directed Burns to reduce the proposed rates by about 18 percent to conform to the reduced budget
  - Until the July 2021 rate increases, many payments remained below what Burns proposed in 2011

Overview of Human Services Research Institute

- HMA-Burns team includes HSRI as a subcontractor
- National nonprofit, tax-exempt corporation founded in 1976
- Works to improve supports for people with disabilities and other underserved populations
- Experience in the intellectual and developmental disabilities field
  - Supporting system redesigns, including service design
  - Engaging self-advocates and families
  - Adopting person-centered practices
  - Using needs assessments to inform individualized budgets



ASSESSMENTS AND INDIVIDUAL BUDGETS RECOMMENDATIONS

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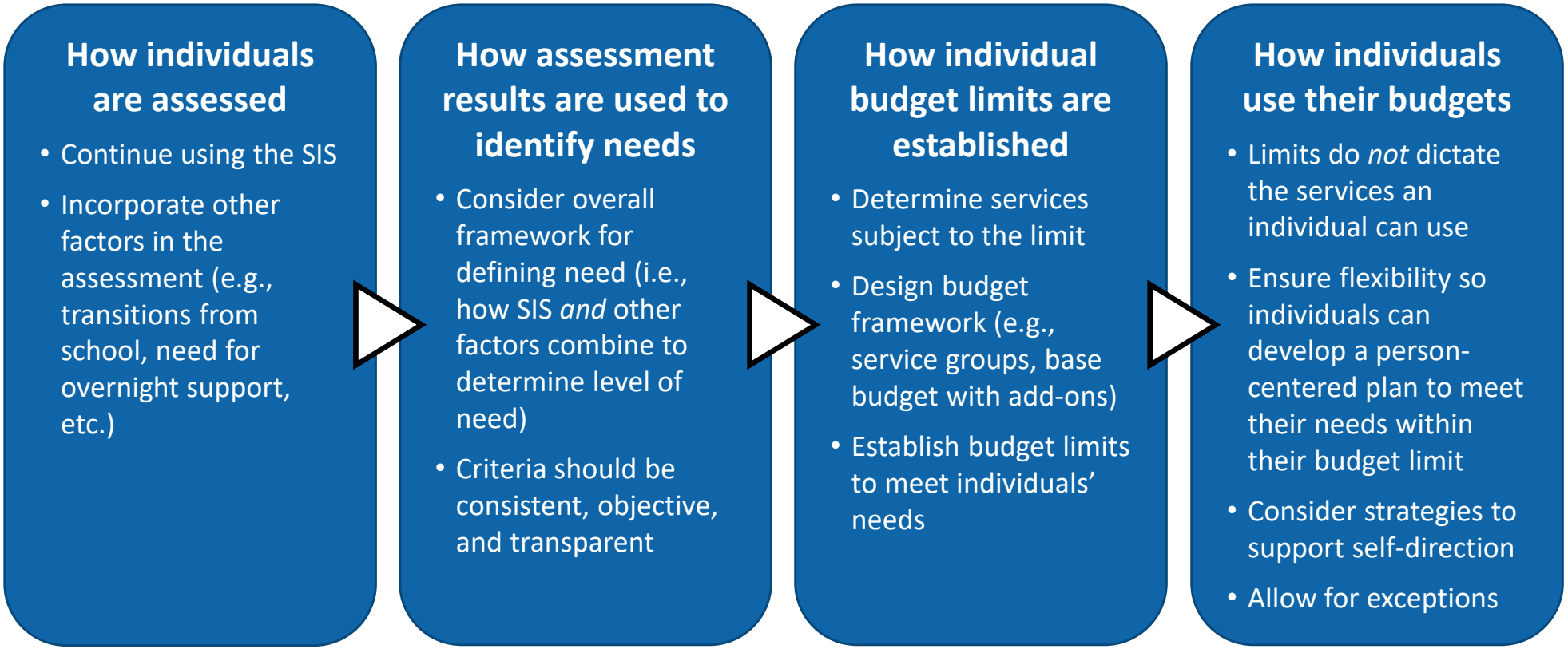
Individual Budget Limits – Overview

+ Review of individual budget limits considers the *entire* process, from assessment to assignment of a budget limit to development of a person-centered plan



+ These elements must be considered in combination (e.g., cannot make decisions related to individual budget limit amounts without defining assessment criteria)

Individual Budget Limits – Postponement of Evaluation

- The evaluation of the assessment framework is postponed to 2023 due to forthcoming changes in the Supports Intensity Scale for Adults (SIS-A)
  - In February 2022, the American Association on Intellectual and Developmental Disabilities (AAIDD, publishers of the SIS-A) announced that the second edition of the SIS-A will be released in early 2023
    - The revision incorporates a number of updates including minor rewording and reordering of some questions, expansion of the medical and behavioral sections, and changes to scoring
  - Although the SIS-A will *not* be the only consideration in the assessment of individuals' needs, it will be part of the framework
- Stakeholder input will be considered throughout the evaluation
  - Further outreach regarding current strengths and challenges
  - A validation process involving external stakeholders to review all aspects of the assessment and individual budget limits frameworks
  - A comment process to provide feedback on the proposed frameworks

Assessing Individuals

- Individuals will continue to be assessed using the SIS-A
  - Offers a tested and structured tool to gather insights into the types and amounts of supports that individuals need to perform various activities of daily living
  - Also collects some data on medical and behavioral conditions and supports

- Based on stakeholder feedback, the SIS-A will be supplemented with other assessment questions to gather information not covered by the SIS-A as well as issues related to how individual needs are met
  - Potential examples
    - Life transitions (such as aging out of high school)
    - Communication needs (such as being deaf or hard of hearing)
    - Availability of unpaid supports and related issues (such as aging caregivers)
    - Sleep-related issues

Using Assessment Results

- Once an individual is assessed (using both the SIS-A and supplemental assessment questions), the results will be translated to a framework that defines their needs

- Second edition of the SIS-A provides an opportunity to revisit how the results are used
  - Number of levels of need (or whether to maintain levels)
  - Criteria (which sections are used and what scoring thresholds are established)

- Other assessment questions will be integrated into the criteria used to define individual needs in a structured and consistent manner
  - For example, could directly influence the assignment of levels
  - Or, could be used to create an 'add-on' to an individual budget limit (for example, someone might be assigned to a base budget based on their level of need, but receive additional funding to meet their needs during a transitional period)

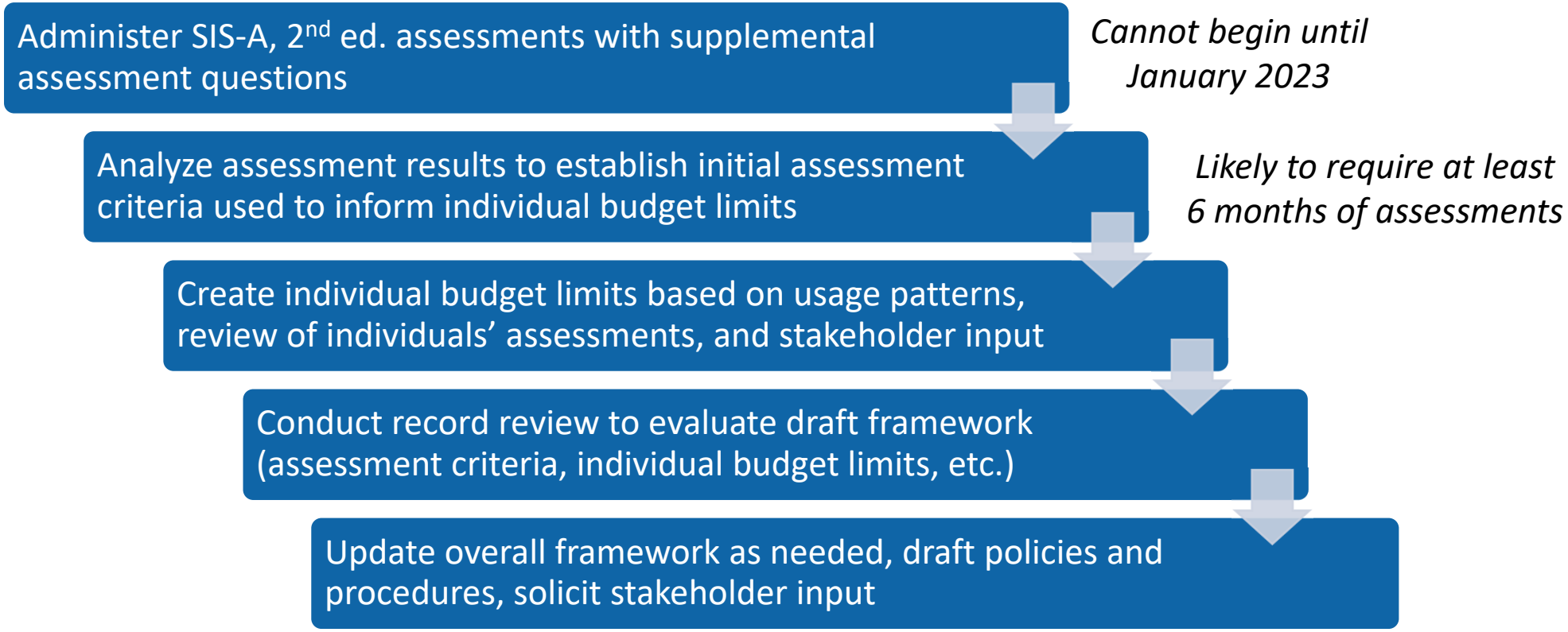
Establishing Individual Budget Limits and Managing Budgets

- After developing a framework for using assessment results to determine individual needs, individual budget limits will be established to meet those needs
  - Considerations
    - Services subject to the budget limits (and which services are billed in addition to the budget limits)
    - Types and amounts of supports assumed to meet typical needs, including how these assumptions vary based on individual differences

- Individual budget limits provide a planning ceiling, but do not prescribe any specific set of services
  - Considerations
    - Ability to manage to an overall budget, rather than individual components
    - Impacts on individuals who choose to self-direct some or all services
    - Exceptions process when individuals need more support than included in their individual budget limit

Evaluation of Assessment Framework

- Given the significant changes being considered, a thorough and inclusive process will be required to review the assessment and budgeting framework



Review of Individual Budget Limits

- Assessment results and individual budgets are inextricably linked
  - Currently, assessment results both determine the rate paid for certain services and the assumptions of the types and amounts of services used to calculate typical budgets
  - Comprehensive review of current budgets will be conducted as part of the development of a new assessment framework in 2023

- Four adjustments to the existing design and administration of individual budgets are recommended in the interim to address concerns raised by stakeholders
  - Move employment supports outside of budget limits
  - Establish predictable community-based supports and center-based supports costs (currently labeled ‘day programs’)
  - Increase ability to flexibly allocate dollars across services
  - Update budgets to reflect revised rates

Move Employment Supports Outside of Budget Limits

- Stakeholders expressed concerns about the use of employment supports quickly consuming individuals' budgets due to higher rates for these services
- Current budgets assume that individuals receive a mix of shared center-based and community-based day program services
  - When used, employment supports are charged against this budget allocation
  - However, employment supports are substantially more costly (on an hour-by-hour basis) than these services
  - As a result, if an individual chooses to access employment supports, they can afford fewer hours of service than individuals choosing day programs
- To support Employment First goals, it is recommended that employment supports be available without budget limits
  - That is, an individual can receive employment supports *in addition to* their existing budget amounts
  - Allows individuals to pursue employment knowing they will have access to the supports they need to be successful in their jobs without having to give up other needed services

Establish Predictable Community-Based and Center-Based Support Costs

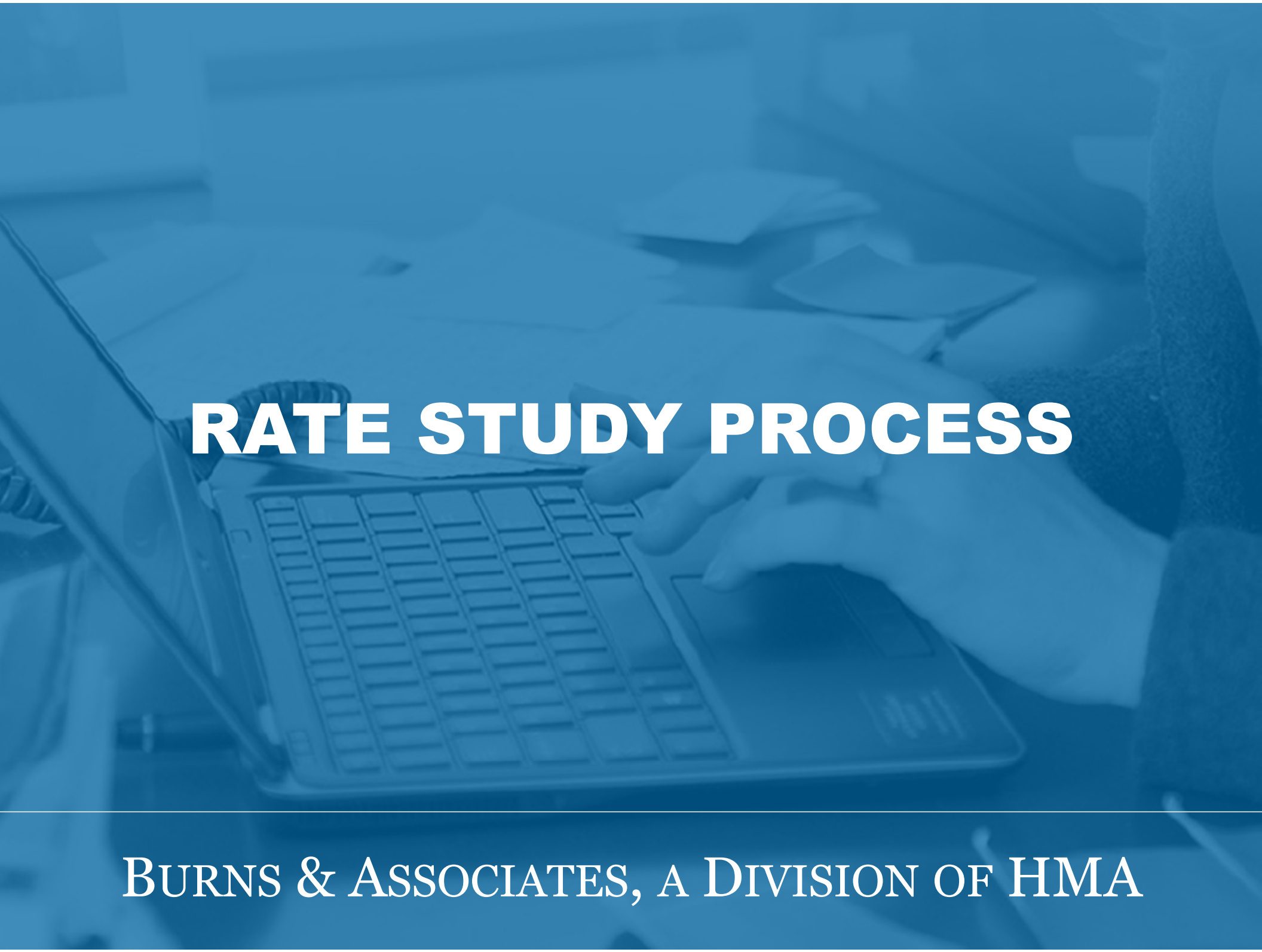
- Rates for community-based and center-based services are tiered with higher rates for services with more intensive staffing (lower staffing ratios)
- Current budgets are based on an individual's assigned tier, but actual billing is based on the program's staffing ratio, which the individual has no control over
  - If an individual is in a program with a more staffing intensive ratio than assumed in their budget, they will not be able to access as many hours of support as assumed in their budget
  - Since individuals generally do not know the ratio that their program will bill, they do not know how many hours of service their budget will be able to afford
- As part of the rate recommendations discussed later, it is proposed that billing be based on an individual's assigned tier regardless of the program's actual staffing ratio
  - For example, providers would bill the same rate for everyone assigned to Tier A rather than the current practice of billing based on ratio regardless of assigned tier
  - This change would ensure an individual and all of their providers know exactly how many hours of support an individual is able to access

Increase Ability to Flexibly Allocate Dollars Across Services

- Stakeholders expressed a need for greater flexibility within the individual budgets
- Currently, individual budgets are actually a combination of several 'sub-budgets' that cover different groups of services
  - For example, the individual budgets for individuals living in an apartment or house include allotments for Case Management, Community-Based Support, Overnight Support, Day Program, Transportation, and Professional Services
- Propose that most sub-budgets be rolled together, allowing individuals to manage to an overall budget by choosing the services that best meet their unique needs
  - Would apply to Community-Based Supports, Day Program, Transportation, Overnight Shared Supports, and Respite
  - Would exclude services with a fixed cost that must be accounted for
    - Group Home and Shared Living Arrangement (an individual cannot choose to use fewer days of support)
    - Case Management
    - Professional Services (which should be available as needed)

Update Budgets to Reflect Revised Rates

- Budgets are established by multiplying the assumed amounts of services that an individual will receive by the rates for those services
  - Thus, when rates change, budgets need to be updated to ensure that individuals are able to access the same amount of service
    - These updates are consistent with BHDDH's current practices when rates change



RATE STUDY PROCESS

BURNS & ASSOCIATES, A DIVISION OF HMA

Summary of Approach

- Comprehensive study of provider payment rates as well as billing policies and units
  - Process involved consideration of service requirements, stakeholder input, and benchmark cost data from multiple sources to develop detailed and transparent rate models
  - Rate models developed independent of budgetary considerations (cost impact will be considered as part of implementation planning)
- Goals
  - ***Fairly account for providers' costs.*** Rates aim to reflect the direct and indirect costs providers incur to deliver services consistent with the state's requirements and individuals' service plans
  - ***Support programmatic goals.*** Rates should further the program's goals such as supporting individuals' independence and community engagement
  - ***Provide flexibility.*** Rates should be consistent with flexible service delivery
  - ***Reduce administrative burden.*** The rate study considered opportunities to reduce administrative complexity while maintaining accountability
- Given the postponement in reviewing the assessment framework, proposed rates reflect current tier assignments (that is, no changes to the existing five-tier model)

Summary and Goals of Independent Rate Model Approach

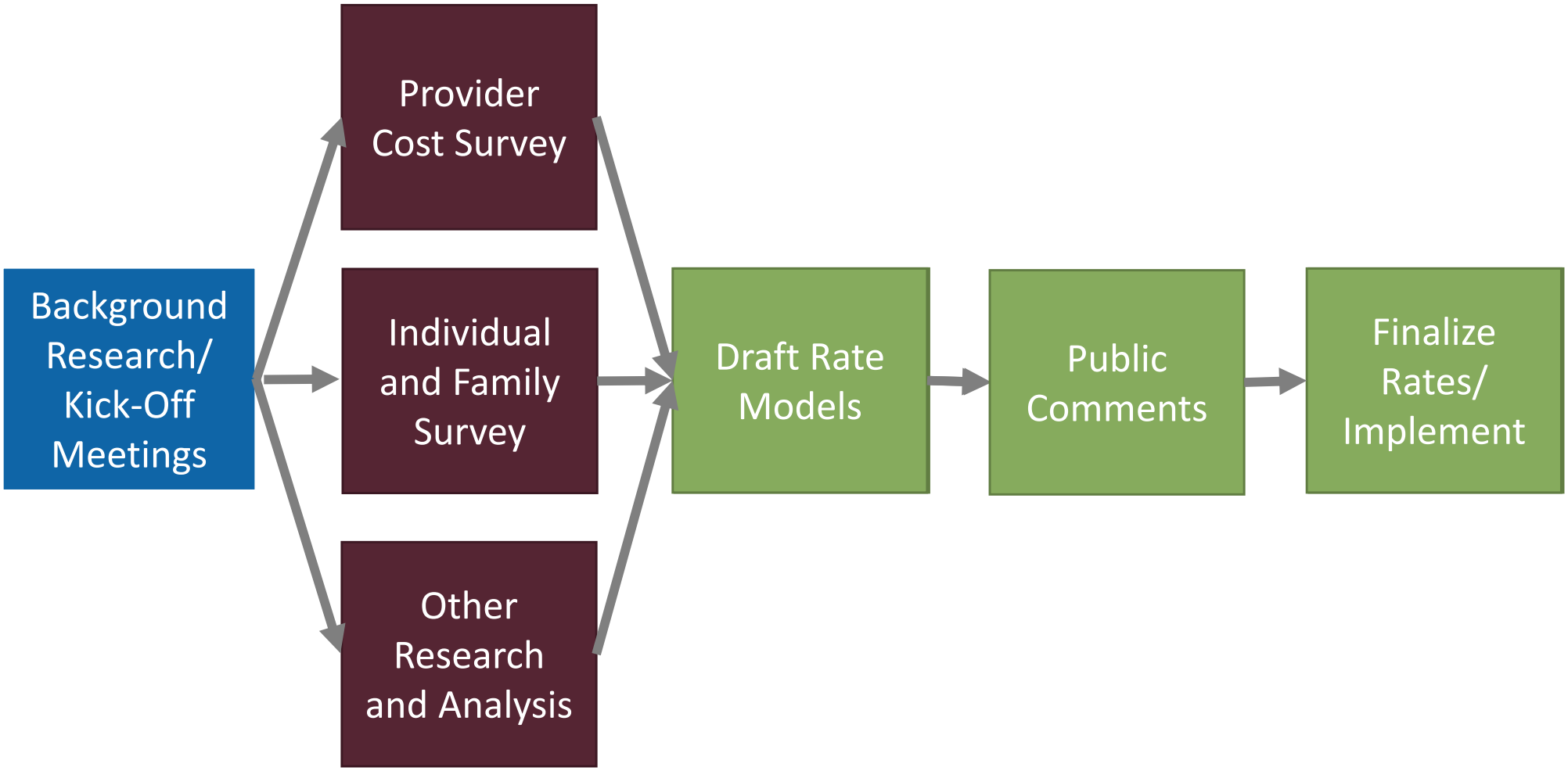
- Rate models should reflect the reasonable costs providers incur to deliver services consistent with the state's requirements and individuals' service plans

- Consider data from multiple sources rather than depending on any single source
  - Policies, rules, and standards
  - Provider and stakeholder input (e.g., provider survey, public comments)
  - Published sources (e.g., BLS wage data, IRS mileage rates)
  - Special studies (e.g., benchmarking rates to other states' programs)

Benefits of Independent Rate Model Approach

- Transparency
  - Models detail the factors, values, and calculations that produce the final rate
- Ability to advance policy goals/objectives
  - For example, improving direct care staff salaries or benefits, reducing staff-to-client ratios, incentivizing community-based services, etc.
- Efficiency in maintaining rates
  - Models can be scaled and adjusted over time to account for inflation or changes to specific cost factors (e.g., IRS mileage rate)

Rate Study Process



Background Research and Kick-Off Meetings

- "When you've seen one I/DD system…you've seen one I/DD system"

- Comprehensive review of the state's service array
  - Review of state and federal requirements (e.g., Rhode Island's consent decree, CMS' final rule on community integration)
  - Review of billing units and appropriate limitations
  - Identify opportunities to improve existing services
  - Consider new services to address gaps in the system of supports

- Meet with stakeholders to discuss opinions on current services and rates and potential opportunities for improvement

Provider Survey

- Design and administration of survey to collect data regarding costs and service delivery issues (e.g., direct care staff productivity, staffing ratios, and mileage)
  - Presented draft instrument to providers for feedback to ensure completeness and understandability
  - Results inform, but do not dictate, rate model assumptions
- Technical assistance
  - Written instructions
  - Recorded webinar to walk-through the survey
  - Dedicated contact for questions
- Analysis of survey results
  - Received surveys from 24 of 35 providers that accounted for 86 percent of services delivered in fiscal year 2021
  - Performed desk reviews of submitted surveys
  - Performed statistical analysis

Individual and Family Survey

- Short online survey to collect insights from service recipients and family members
  - Are you happy with the ways you can use your funding?
  - Do you feel the funding is enough to meet your needs?
  - Do you have the information and resources needed to self-direct services?
  - What do you like about your current services?

- Received 61 responses
  - 7 service recipients
  - 54 family members

Individual and Family Survey (cont.)

- Overall, more respondents were satisfied (than not) with the amount and uses of funding and liked the opportunity to self-direct services
- Respondents have concerns about finding, recruiting, and retaining well-trained direct support staff and identified several needs
  - More assistance finding providers
  - Increased compensation for direct support staff
  - More training opportunities for direct support staff and natural supports
- Respondents expressed several desires for the service array
  - More opportunities for social interaction with peers and community
  - Opportunities to continue using online courses/supports after public health emergency ends
  - Broader transportation services and vehicle modifications
- Individuals felt information and resources should be more accessible using plain language and easy to navigate websites

Other Research and Analysis – Stakeholder Discussions

- Provider meetings
  - February 2022 – Introductory meeting to provide overview
  - March 2022 – Review and discussion of provider survey design
  - August 2022 – Four listening sessions for providers to offer targeted input
    - Fiscal Intermediary
    - Shared Living
    - Day/Employment
    - Group Homes
- Individual and family members meetings
  - May 2022 – Introductory meeting and listening session
  - June 2022 – Follow up meeting and listening session
  - August 2022 – General listening session on current concerns and issues

Other Research and Analysis – Benchmark Data

- Individual costs
  - Rhode Island specific wage data from Bureau of Labor Statistics and wage inflation data from Bureau of Economic Analysis
  - Rhode Island specific health insurance data from the U.S. Department of Health and Human Services' Medical Expenditure Panel Survey (MEPS)
  - Internal Revenue Services' standard mileage rate

- Benchmarking against comparable services in other states
  - Payment rates
  - Service requirements

Draft Rate Model Development

- Determine rate model 'variants' (that is, a single service may have multiple rates to account for various differences)
  - Individuals' levels of need (affecting staffing levels, staff qualifications, etc.)
  - Service setting (e.g., facility or community-based)
  - Staff qualifications and training (e.g., RNs and LPNs)

- Develop rate model structures and populate with detailed service and cost assumptions (e.g., staff wages and benefits, staffing levels, transportation, etc.)
  - Consider results of research and analysis
  - Assumptions are not mandates (i.e., a provider does not have to pay the wage assumed in the rate)

Draft Rate Model Structure

DSP Wages

\+ DSP Benefits

\+ DSP 'Productivity' (billable hours)

\+ Program-Specific Factors (e.g., staffing ratio, facility, mileage)

\+ Program Support (e.g., supervision, quality assurance)

\+ Administration

= **Total Rate**

Public Comments

- Post rate models and supporting materials online
  - Present to providers and stakeholders
  - Record webinar to explain the proposals
- Accept written comments
- Review and summarize comments

Finalize Rate Models and Implement

- Revise rate models based on public comments as warranted

- Provide implementation support as necessary
  - Estimate fiscal impact and provide support in state budget process
  - Create briefing materials
  - Develop phase-in plan as needed
  - Provide support with 1115 waiver amendments

RATE STUDY RECOMMENDATIONS

BURNS & ASSOCIATES, A DIVISION OF HMA

Summary of Results

- Overall, proposed rates would increase provider revenues by 20 to 25 percent compared to current (fiscal year 2023) rates
  - These increases are in addition to the substantial rate increases – generally 30 to 35 percent – granted during the last two fiscal years
  - Rate increases vary by service with the largest increases associated with services that have not been adjusted in recent years
  - A very small handful of proposed rates for individual services are lower than current rates (but higher than the rates in place prior to the recent increases)
- Propose to eliminate a few services, with the supports consolidated in other services
  - Support Coordination (internal coordination costs bundled into program support function in other rates)
  - Home-Based Day Programs (covered by increased staffing in residential models; there will continue to be a process to request additional staff hours)
  - Job Retention (replaced with new model that pay providers based on individuals' work hours)

Summary of Results (cont.)

- Propose to establish a few new services
  - Supervised Living (provides a shared residential model that is less intensive than group homes; would replace some existing Non-Congregate Residential models)
  - Enhanced Shared Living Arrangement (accounts for instances when the home provider is responsible for an individual's total care)
  - Remote Supports (offers an option to increase individuals' independence outside of full-time residential services)
  - Companion Room and Board (accommodates living arrangements where an individual has a live-in roommate who provides formal (paid) or informal support)
  - Workplace Assistance (provides personal care in the workplace when an individual does not need supports from a job coach)
  - Peer Supports and Family-to-Family Training (connects individuals to others with lived experience to help navigate systems of care)

Wage Assumptions – Bureau of Labor Statistics Data

- Appendix A of the rate model packet

- Rhode Island wage data published by the Bureau of Labor Statistics used as the starting point for establishing market-based wage assumptions
  - *Comprehensive*. Wage levels are published for more than 800 occupations based on data from 1.2 million establishments representing 57% of the employment in the United States
  - *Cross-industry*. It is not limited to a single industry so estimates for a given occupation are representative of the overall labor market
  - *Regularly updated*. Released once per year – in late March for the previous May (so most recent data published in March 2022 reflects May 2021 survey data)
  - *State- (and local-) specific*. Data is published for individual states and sub-state regions ('metropolitan statistical areas')

Wage Assumptions – Accounting for Wage Growth

- BLS wage data is inflated to January 2024 (the midpoint of the potential first full fiscal year of implementation) based on two considerations
  - Increasing statewide minimum wage
  - General wage inflation

- Consideration of statewide minimum wage
  - Rate study does not consider direct support to be a minimum wage job, but the wages for direct support professionals are impacted as the minimum wage increases
  - Minimum wage increasing from $11.50 per hour in May 2021 to $14.00 in January 2024
  - HMA-Burns has developed and tested a formula to predict the impact that a rising minimum wage will have on current wages accounting for both spillover (rising minimum wage impacts extend to lower-income workers already earning more than a minimum) and compression (minimum wage impacts decline as the beginning wage increases)

Wage Assumptions – Accounting for Wage Growth (cont.)

- Consideration of general wage growth
  - Using data from the Bureau of Economic Analysis for net earnings growth in Rhode Island
  - Assume 14.37 percent based on 12 months at 8.0 percent (most recent annual figure) and remaining months at 3.5 percent (ten-year average)

- Each BLS wage value is increased by the greater of the estimated impact of the increasing minimum wage or the general wage inflation amount
  - Wages are further adjusted to comply with the commitment to support a starting DSP wage assumption of $20 per hour

Wage Assumptions – Crosswalking BLS Occupations to BHDDH Services

- For each service, BLS occupations are chosen to represent staff qualifications
  - For some services, there is a direct match between the staff providing services and a specific BLS occupation (e.g., the BLS has a classification for registered nurses that can be used for nursing services)
  - For other services, there is not a one-to-one match
    - For example, the BLS combines direct support professionals with staff in other industries in the home health and personal care aide classification
    - This classification may not represent the varied roles of DSPs so the rate models construct a weighted average of multiple BLS classifications

BLS Standard Occupational Classification	Weighting	Median Wage (Adjusted)
31-1120 Home Health & Personal Care Aides	70%	$16.12
31-1131 Nursing Assistant	10%	$20.40
31-1133 Psychiatric Aides	10%	$25.41
39-9032 Recreation Workers	10%	$16.64
Weighted Average Wage		**$17.53**

Wage Assumptions – DSP Wage Floor

- An action plan agreed to between the state and the Court overseeing the consent decree, commits BHDDH to supporting a starting DSP wage of $20 per hour
- To determine an average wage based on a $20 starting wage (a wage 'floor'), the rate study makes an assumption regarding the range of wages
  - According to the BLS data for home health and personal care aides (the job classification to which DSPs are assigned), the difference between the 10th and 90th percentile wages (the lowest and highest published estimates) is $4.28
  - The rate models add one-half of that amount ($2.14) to the wage floor to establish an average DSP wage assumption of $22.14
- Any wage assumption below $22.14 based on the standard methodology described above is increased to this amount to comply with the action plan
  - HMA-Burns recently completed a study of DSP wage assumptions in 26 states' rate studies and the proposed DSP wage in the Rhode Island models will be the highest of any state (no other state is above $20)

Wage Assumptions – Comparison to Provider Survey Results

+ Wage assumptions included in the rate models are substantially higher than wages reported through the provider survey

Service	Provider Survey[1] (No. of Surveys)	Proposed Rate Models	Percentage Difference
Residential Habilitation	$17.94 (9)	$22.14	23%
Community-Based Supports	$17.57 (12)	$22.14	26%
Day Program	$17.27 (9)	$22.14	28%
Transportation	$17.04 (9)	$22.14	30%
Job Assessment and Development	$18.32 (7)	$33.34	82%
Job Coaching	$16.84 (9)	$33.16	97%
Job Retention	$21.82 (6)	$33.16	52%
Support Facilitation	$17.57 (3)	$27.54	57%

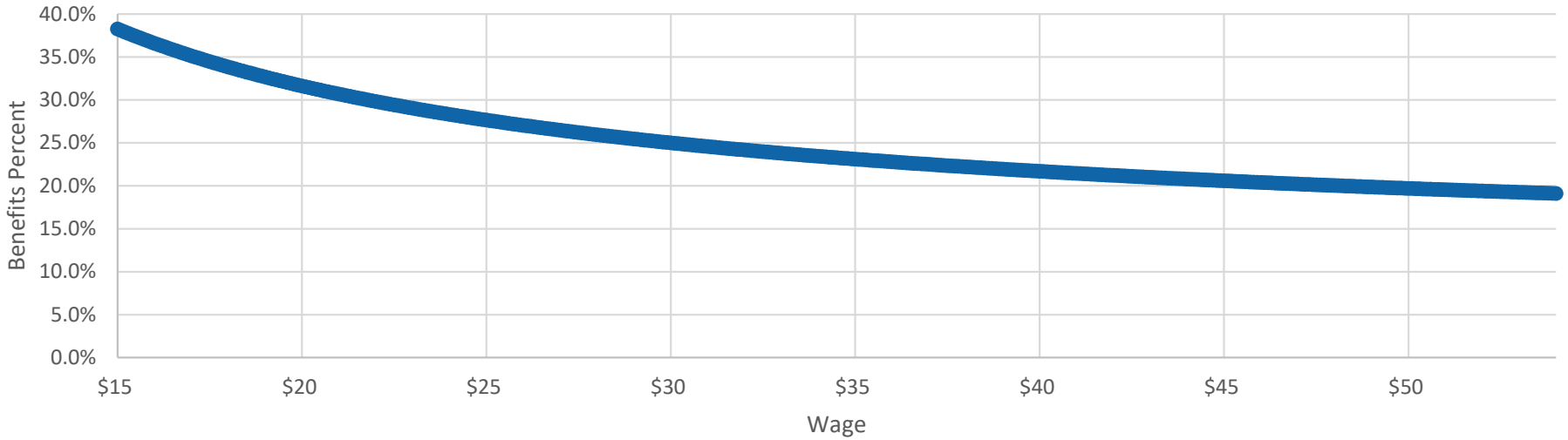
[1] Based on the calculated weighted average without outliers among employees, excluding employees reported as having supervisory responsibilities and contractors.

Payroll Tax and Fringe Benefit Assumptions

- Benefit assumptions for direct care staff
  - 25 paid days off per year (holiday, vacation, and sick leave)
  - $561.38 per month for health insurance
    - Based on an assumed employer cost for a mix of employee only, employee plus-one, and family coverage options (take-up rate, mix of plans, and employer share of costs based on Rhode Island specific data from U.S. DHHS' Medical Expenditure Panel Survey)
  - $100.00 per month for other benefits (e.g., retirement, dental, etc.)
- Payroll taxes
  - Social Security and Medicare payroll
  - Unemployment Insurance
    - Federal tax at 0.60 percent on first $7,000 in wages
    - Employment Security tax at 0.98 percent (new employer rate in 2022) on first $24,600 in wages
  - Job Development Fund tax at 0.21 percent on first $24,600 in wages
- Workers' compensation rate of 4.09 percent

Payroll Tax and Fringe Benefit Assumptions (cont.)

- Benefit assumptions are translated to benefit rates by wage level
  - Rate models include the same benefit assumptions for all direct care staff
  - Paid time off is treated as a productivity adjustment (reduction in billable hours) rather than calculated as part of the benefit rate
  - Since certain benefit assumptions are fixed, the benefit rate declines as the wage increases
    - For example, the $521.45 assumed for health insurance represents a larger percentage of the wage of someone making $15.00 per hour than for someone earning $50.00 per hour
  - Benefit rate assumed in rate models, by wage level (excludes paid time off)



Productivity Assumptions

- Productivity adjustments are intended to recognize costs associated with direct care workers' non-billable responsibilities
  - Ensures providers are compensated for activities that they cannot bill directly, such as the time direct support staff spend in training or traveling between service encounters
  - Example
    - An employee earning $15 per hour (wages and benefits) and working 40 hours per week earns $600 per week
    - However, if the employer can only bill for 30 hours per week, a productivity adjustment of 1.33 is required (work hours divided by billable hours)
    - Thus, the agency must be able to bill $20 per service hour ($15 multiplied by 1.33) to cover the cost of wages and benefits

Productivity Assumptions (cont.)

- Assumptions are detailed within the rate model packet
- Standard assumptions
  - All services include 200 annual hours for paid time off (25 days as noted in the benefits assumptions section, an average of 3.85 hours per week)
  - All rate models include 40 annual hours for training (0.77 hours per week)
  - Most services include 1.00 hour per week for supervision and employer time
- Other productivity adjustments included in each rate model and the assumed amount of time spent on each are more variable across services
  - Time spent on travel between service encounters
  - Individual planning meetings
  - Program set-up/ clean-up
  - Recordkeeping and reporting
  - Missed appointments
  - Employer network development

Administration and Program Support

- Rate models include funding for agency administration and program support expenses

- Program support funds activities that are program-specific, but not billable
  - Functions include supervision, training, program development and oversight, quality monitoring, and coordination of care activities
  - Costs include wages and benefits of staff performing these functions, other expenses supporting these functions (e.g., facility-related costs, travel), insurance, etc.

- Administration funds activities that are not program-specific
  - Examples include executive management, accounting, human resources
  - Costs include wages and benefits of staff performing these functions, other expenses supporting these functions (e.g., facility-related costs, travel), information technology costs, consulting expenses, etc.

Administration and Program Operations (cont.)

- Program support funded as a fixed daily amount to account for differences in individual and group services and in high-cost and low-cost services
  - Services generally provided on a one-to-one basis are funded at $30 per day per direct care worker while group services are funded at $60 per day

- According to the provider survey, program support equals about 14 percent of provider revenues
  - Overall, the rate models increase program support funding to about 20 percent of provider revenues (based on fiscal year 2021 rates) to account for several factors
    - To accommodate the elimination of the Support Coordination service as part of the transition to conflict-free case management although providers will retain some responsibilities such as coordination of services with other providers (Support Coordination equaled about 2.3 percent of provider revenues in fiscal year 2021)
    - To account for increases in wages and other expenses
    - To support investment in program infrastructure

Administration and Program Operations (cont.)

- Rate models include 10 percent of the total rate for administration

- Although the administrative *rate* is less than the 10.8 percent reported in the provider survey, administrative *funding* is increased because the 10 percent administrative rate applies to a larger spending base
  - Using a current rate of $100 rate as an example
    - Current administrative costs would be $10.80 ($100 x 10.8%)
    - The proposed rates represent an overall increase of about 20 percent so the $100 rate would become $120 and funded administrative costs would be $12.00 ($120 x 10%)
    - The overall 11 percent increase in administrative funding (the $1.20 increase compared to the current $10.80 cost total) is intended to account for increases in wages and other expenses

Group Homes – Bases of Rates

- Proposed rates vary by home size
  - Separate rates for homes with 3 or fewer residents, 4 or 5 residents, and 6 or more residents
    - Home size based upon licensed capacity
  - ***Accounts for providers' costs.*** Per-person costs are higher in smaller homes due to the need to cover certain fixed costs (e.g., base staffing)
  - ***Supports programmatic goals.*** Smaller homes can offer more home-like, individualized services

- Proposed rates continue to vary based on assessed need
  - ***Accounts for providers' costs.*** People with greater support needs generally require more intensive staffing

Group Homes – Staffing Assumptions

- Rates based on staffing assumptions that vary based on home size and level of need (see Appendix D of the rate model packet)
  - Models distinguish between 'peak' daytime hours, non-'peak' daytime hours and overnight hours
  - Non-peak hours assume that most residents will spend some time engaged in paid or unpaid activities away from the home
  - Individuals may have different schedules so all staffing models allow for 24-hour staffing
    - ***Provides flexibility.*** With all staffing models covering 24-hour staffing, each individual's schedule should reflect their person-centered goals without an expectation that all individuals spend the same 30 hours per week away from the home
    - Since all staffing models provide sufficient funding for 24-hour staffing, the In-Home Day Program service would be eliminated

Group Homes – Staffing Assumptions (cont.)

- Staffing models produce the assumed amount of staffing that each resident contributes to the home based on their level of need
  - Staffing models are not intended to be prescriptive and actual staffing plans are expected to meet the needs of the home and its residents
  - Example for 4 and 5 bed homes

	Tier A	Tier B	Tier C	Tier D	Tier E
Base Staff Hours					
Hours in a Week	168.0	168.0	168.0	168.0	168.0
'Peak' Daytime Hours	82.0	82.0	82.0	82.0	82.0
Non-'Peak' Daytime Hours	30.0	30.0	30.0	30.0	30.0
Overnight Hours	56.0	56.0	56.0	56.0	56.0
Number of Staff on Shift During 'Peak' Daytime Hours	1	2	2	2	2
Number of Staff on Shift During Non-'Peak' Daytime Hours	1	1	1	2	2
Number of Staff on Shift During Overnight Hours	1	1	1	2	2
Total Base Staff Hours	**168.0**	**250.0**	**250.0**	**336.0**	**336.0**
'Floating' Staff Hours					
Floating FTE per Week	1.00	0.00	1.00	0.00	1.00
Total Floating Staff Hours	**40.0**	**0.0**	**40.0**	**0.0**	**40.0**
Total Hours per Home per Week	**208.0**	**250.0**	**290.0**	**336.0**	**376.0**
Hours per Resident per Week	**46.2**	**55.6**	**64.4**	**74.7**	**83.6**

Group Homes – Exceptions to Staffing Assumptions

- A separate 'customizable' model will be used when an individual requires more staffing support than assumed in their assigned rate
  - Since staffing supports are shared, providers will need to demonstrate both individual need and that they are delivering the total amount of staffing in the home for which they are funded across all residents
  - Increase in funding is limited to more staffing based on demonstrated need and an approved staffing plan

Group Homes – Rates for Specialized Homes

- A ‘customizable’ model will be used to support the development of homes designed to meet individuals’ specialized needs (e.g., high behavioral needs, autism spectrum disorder, etc.)
  - Model allows for the determination of the type of staff providing care (DSPs, certified nursing assistants, registered behavior technicians, licensed practical nurses, registered nurses, board certified behavior analysts) and the number of staffing hours provided by each
  - Other costs (e.g., program support and administration) remain fixed, consistent with assumptions in standard group home models
  - ***Supports programmatic goals.*** Allows for the development of homes to meet identified community needs
  - ***Provides flexibility.*** Recognizes that each specialized home will be different and that not all future needs can be identified today

Group Home – Proposed Rates

Service and Variation		Billing Unit	Current Rate[1]	Proposed Rate[2]	% Change
Tier A	3 or Fewer Bed Homes	Day	$181.91	$361.94	99%
	4 or 5 Bed Homes	Day		$304.52	67%
	6 or More Bed Homes	Day		$278.11	53%
Tier B	3 or Fewer Bed Homes	Day	$181.91	$399.54	120%
	4 or 5 Bed Homes	Day		$357.28	96%
	6 or More Bed Homes	Day		$315.15	73%
Tier C	3 or Fewer Bed Homes	Day	$256.89	$436.58	70%
	4 or 5 Bed Homes	Day		$406.66	58%
	6 or More Bed Homes	Day		$358.37	40%
Tier D	3 or Fewer Bed Homes	Day	$414.29	$511.77	24%
	4 or 5 Bed Homes	Day		$464.46	12%
	6 or More Bed Homes	Day		$395.96	(4%)
Tier E	3 or Fewer Bed Homes	Day	$464.32	$590.35	27%
	4 or 5 Bed Homes	Day		$514.41	11%
	6 or More Bed Homes	Day		$435.24	(6%)

[1]Proposed rates are based on a 344-day billing so current rates have been converted to a 344-day equivalent for comparative purposes

[2]Does not include the impact of additional billing for unbundled professional services

Supervised Living – Bases of Rates

- ***New service*** to replace *some* existing Non-Congregate Residential models and *some* Overnight Supports models to encourage further development of a residential option that is less intensive than a group home and offers greater independence
  - Allows individuals who do not live together to share staffing support (for example, in an apartment complex with individuals in different units)
  - Staff must be onsite during waking hours when residents are present
    - Amount of direct support will vary by individual based on their need
  - Overnight staff may be onsite and awake, or asleep/ on-call and available to respond within 5 minutes based on the needs of the residents
    - Separate rates based on overnight staffing
  - ***Supports programmatic goals.*** Fills an identified gap in services for individuals who do not need the level of supervision provided in a group home, but need greater access to supports than available through intermittent Community-Based Supports
- Existing Non-Congregate Residential models that do not include onsite coverage during waking hours will transition to Community-Based Supports

Supervised Living – Staffing Assumptions

- Rates based on staffing assumptions that vary based on level of need (see Appendix E of the rate model packet)
  - Like the Group Home rates, Supervised Living rate models distinguish between 'peak' daytime hours, non-'peak' daytime hours and overnight hours
  - Non-peak hours assume that most residents will spend some time engaged in paid or unpaid activities away from the home
  - Individuals may have different schedules so all staffing models allow for 24-hour staffing
- Staffing models produce assumed amount of staffing that each resident contributes to the home based on their level of need
  - ***Accounts for providers' costs.*** People with greater support needs generally require more intensive staffing
- Additionally, a separate 'customizable' model will be used when an individual requires more staffing support than assumed in their assigned rate
  - Increase in funding is limited to more staffing based on demonstrated need and an approved staffing plan

Supervised Living – Proposed Rates

Service and Variation		Billing Unit	Current Rate[1]	Proposed Rate[2]	% Change
Tier A	Awake Overnight	Day	$181.91	$254.75	40%
	Asleep/ On-Call Overnight	Day		$198.03	9%
Tier B	Awake Overnight	Day	$181.91	$304.64	67%
	Asleep/ On-Call Overnight	Day		$247.92	36%
Tier C	Awake Overnight	Day	$256.89	$357.05	39%
	Asleep/ On-Call Overnight	Day		$300.29	17%
Tier D	Awake Overnight	Day	$414.29	$406.88	(2%)
	Asleep/ On-Call Overnight	Day		$350.18	(15%)
Tier E	Awake Overnight	Day	$464.32	$444.31	(4%)
	Asleep/ On-Call Overnight	Day		$387.60	(17%)

[1]Proposed rates are based on a 344-day billing so current rates have been converted to a 344-day equivalent for comparative purposes

[2]Does not include the impact of additional billing for unbundled professional services

Shared Living Arrangement – Bases of Rates

- Proposed rates continue to vary based on assessed need
  - Rates vary based on differences in intensity of agency oversight (monitor caseload) and payment to home provider
  - ***Accounts for providers' costs.*** People with greater support needs generally require more intensive supervision
- Recruitment costs are incorporated in the rate and are amortized over time based on billing after placement
  - As with other services, there is no pre-service billing
- Propose to standardize agency oversight standards by requiring a monthly home visit regardless of tier
- Consistent with current practices, Respite is directly billable so these costs are not bundled into the Shared Living Arrangement rate models

Shared Living Arrangement – Payment to Home Providers

- Assumed payment to the home provider (single largest component of rate)
  - Current rate assumptions are unchanged since originally established
    - Proposal significantly increases assumed payments based on length of time without an adjustment and a review of other states' assumptions

- In addition to the standard model, proposal adds rates for models where the Shared Living home provider is responsible for the total care of the individual (that is, the individual does not receive other paid or unpaid day or employment services)
  - Rate models assume 20 percent increase in the payment to the home provider
  - This enhanced service will require additional oversight

Shared Living Arrangement – Proposed Rates

Service and Variation		Billing Unit	Current Rate[1]	Proposed Rate	% Change
Tier A	Standard	Day	$76.24	$147.08	93%
	Enhanced	Day		$203.41	167%
Tier B	Standard	Day	$93.04	$164.77	77%
	Enhanced	Day		$224.63	141%
Tier C	Standard	Day	$118.13	$187.27	59%
	Enhanced	Day		$250.67	112%
Tier D	Standard	Day	$141.51	$209.77	48%
	Enhanced	Day		$296.04	109%
Tier E	Standard	Day	$141.51	$227.46	61%
	Enhanced	Day		$317.26	124%

[1]Proposed rates are based on a 344-day billing so current rates have been converted to a 344-day equivalent for comparative purposes

Residential Services – Professional Supports

- Individualized professional services are 'unbundled' from the 24-hour residential services (Group Homes, Supervised Living, Shared Living Arrangement) and will be separately billable as they are for individuals living in their family home
  - ***Accounts for providers' costs.*** The level of professional services needed will vary by individual and will not necessarily be tied to assessed support need

- Generalized professional services (e.g., clinical oversight) are part of the program support and administrative allowances

Residential Services – 344-Day Billing Year

- Daily rates for 24-hour residential services (Group Homes, Supervised Living, Shared Living Arrangement) are based on a 344-day billing year
  - Allows a provider to earn a full year of revenue after billing 344 days thereby holding providers harmless for up to 21 absences per year
  - Since providers are paid for a full year of services after 344 days, they are limited to 344 billing days during a member's plan year
  - ***Accounts for providers' costs.*** Pays providers (indirectly) for up to 21 absences recognizing that most costs are fixed in the short-term
- Rate calculations
  - Based on assumptions related to wages, staffing, etc., model calculates per member, per week cost
  - Model then divides weekly cost by 7 to create daily cost, multiplies by 365 to set annual cost, and divides by 344 days to account for occasional absences
  - Rates based on a 344-day billing year are about 6.1 percent higher than rates based on a 365-day year

Respite – Bases for Billing

- Propose adding multi-person rates when Respite is shared by a group of individuals (for example, siblings)

- Threshold for billing daily rate increased to 16 hours
  - ***Accounts for providers' costs.*** Funding the first 16 hours of support per day based on full DSP wage and benefit costs ensures that providers can pay comply with state and federal labor laws

Respite – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Hourly, 1:1	15 Min.	$7.71	$11.17	45%
Hourly, 1:2	15 Min.		$6.32	
Hourly, 1:3	15 Min.		$4.28	
Daily, 1:1	Day	$277.56	$696.53	151%
Daily, 1:2	Day		$370.00	
Daily, 1:3	Day		$248.39	

Remote Monitoring – Overview

- New service that covers support provided by staff at a remote location
  - Assumed to be a shared support (that is, one remote staff person provides oversight of multiple individuals)
  - Available to individuals who are not in a full-time residential program such as a Group Home or Shared Living Arrangement
  - Individual interactions with support staff may be scheduled, on-demand, or in response to an alert
  - Replaces some Overnight Supports models
  - ***Supports programmatic goals.*** Service model supports individuals' independence
- Service components
  - Equipment, which can vary based on the needs and preferences of the individual
  - Monitoring time to cover the cost of the remote staff person
  - In-person response when needed

Remote Monitoring – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Monitoring	15 Min.	-	$2.62	-
In-Person Response	15 Min.	-	$12.24	-

Companion Room and Board – Overview

- New service to cover the cost of room and board of a companion/ roommate living with the individual
  - Companion may or may not provide direct support (which would be authorized as Community-Based Supports)
  - Payment rate will be based on the actual cost of the living arrangement (equal to half of the cost of the home's rental and utility expenses) plus 10 percent for the administrative fee of the agency
  - ***Supports programmatic goals.*** Service model supports individuals' independence

Community-Based Supports and Center-Based Supports – Description

- Community-Based Supports offer flexible, person-centered services to support individuals in their homes and communities
  - ***Reduces administrative burden.*** Consolidates existing Community-Based Supports and Community-Based Day Program services
  - Services in the community available to individuals regardless of any residential service they receive
    - Not subject to any time of day restrictions
  - ***Provides flexibility.*** Services in the home can be used to support individuals in a variety of settings (living in their family home, living in a home purchased by their family, sharing supports with a roommate with disabilities)
    - Services in the home cannot be billed for individuals receiving a residential service paid on a per diem basis (Group Home, Supervised Living, Shared Living Arrangement)
  - Includes both shared service models and one-to-one services

Community-Based Supports and Center-Based Supports – Description (cont.)

- Center-Based Supports offer flexible, person-centered services delivered in a provider's facility
  - Allows for the development of programs to meet specific needs (such as a program tailored for older persons or individuals with autism)
  - Not subject to any time of day restrictions

Community-Based Supports and Center-Based Supports – Bases of Rates

- Proposed rates continue to vary by location of service
  - Programs that are community-based except for the use of a central 'hub' space used to meet individuals' personal care needs and/or for meals can bill all support hours at the community rate (including time spent at the hub)
  - ***Supports programmatic goals.*** Higher rates for community-based supports are intended to encourage more integrated services

- Service definition will be expanded as needed to cover supports currently provided and billed under Prevocational Services
  - ***Reduces administrative burden.*** Consolidation of services reduces the need to separately plan and track the use of these services

Community-Based Supports and Center-Based Supports – Bases of Rates (cont.)

- Proposed rates for group services continue to vary based on assessed need
  - Each tier is associated with an assumed staffing ratio

Service	Tier A	Tier B	Tier C	Tier D	Tier E
Center-Based Supports	1:5	1:5	1:4	1:3	2:5
Community-Based Supports	1:3	1:3	2:5	1:2	2:3

  - Assumed staffing ratios better reflect current programs and reduce the range across tiers since most programs include individuals with a range of needs
    - ***Accounts for providers' costs.*** Individuals with greater support needs generally require more intensive staffing
  - As noted earlier, services will be billed based on an individual's assigned tier rather than the ratio being provided at a given time
    - Programs must be staffed to meet the lowest assumed ratio (1:5 in the community and 1:3 at a center) regardless of the individuals served
    - ***Reduces administrative burden.*** Providers will not have to track ratios (other than meeting than the minimum requirement)
- In addition to group rates, there would continue to be a one-to-one rate for community-based services

Community-Based Supports and Center-Based Supports – Bases of Rates (cont.)

- Proposal continues billing in 15-minute increments
  - ***Provides flexibility.*** Allows individuals to mix and match services and providers
  - ***Supports programmatic goals.*** Allows for targeted higher rates for community-based supports to encourage mixed programs (those that have both center-based and community-based activities) to spend more time in the community

- Rate models include an absence factor
  - ***Accounts for providers' costs.*** Rate models recognize that providers' costs for group services are generally fixed regardless of whether a given individual misses a day or attends a partial day

Community-Based Supports and Center-Based Supports – Proposed Rates

Service and Variation		Billing Unit	Current Rate	Proposed Rate	% Change
Tier A	Center-Based	15 Min.	$1.38	$3.30	139%
	Community-Based	15 Min.	$2.01	$5.57	177%
Tier B	Center-Based	15 Min.	$1.59	$3.30	108%
	Community-Based	15 Min.	$2.01	$5.57	177%
Tier C	Center-Based	15 Min.	$2.26	$4.00	77%
	Community-Based	15 Min.	$4.67	$6.58	41%
Tier D	Center-Based	15 Min.	$3.45	$5.21	51%
	Community-Based	15 Min.	$9.56	$8.05	(16%)
Tier E	Center-Based	15 Min.	$9.47	$6.15	(35%)
	Community-Based	15 Min.	$9.56	$10.64	11%
1:1	Community-Based	15 Min.	$9.47	$12.24	29%

Job Discovery and Job Development – Overview

- Discovery and development activities are currently covered under a single service definition (Job Assessment and Development)
  - Proposal would establish two separate services to better specify the goals of each
- Job Discovery – includes engaging an individual in self-discovery as well as consultation with other people in the individual's life to develop employment goals or a career plan for the individual
  - Will be limited to 40 hours per plan year
- Job Development – includes activities to assist individuals in securing employment consistent with their career plan (as applicable), including job search and matching, coordination of opportunities on behalf of an individual (such as contacting potential employers), and assistance with obtaining a job (such as helping with resumes or planning for interviews)
  - Will be limited to 200 hours per plan year
  - Rate model includes a productivity assumption for general employer development to permit job developers to establish a network of employers willing to hire people with disabilities

Job Discovery and Job Development – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Job Discovery	Hour	$60.18	$69.96	16%
Job Development			$78.40	30%

Job Coaching – Bases of Rates

- Services cover supports provided to individuals to reinforce job-related skills with specific focus on the individual's ability to maintain employment
- Propose to reimburse providers based on the number of hours that an individual works rather than the number of hours of support provided
  - Would replace current monthly Job Retention and 15-minute Job Coaching rates
  - Rates would be tiered based on two factors
    - Level of need (assigned tier) – based on the assumption that individuals with greater needs will need more supports to maintain employment
    - Length of time on the job – rates would be higher during the first six months on the job as the job coach helps the individual acclimate
  - ***Supports programmatic goals.*** Consistent with Employment First goals, incentivizes providers to work with individuals to increase their work hours (when appropriate) and to fade unnecessary supports
- This reimbursement model requires assumptions related to the ratio of individuals' work hours and the amount of support they receive
  - This data is not yet available so implementation of the rates will be delayed until it can be collected

Personal Care in the Workplace

- New service for individuals who do not need job coaching, but require assistance with personal care needs in the workplace

- Service is intended to leverage current job coach workforce (that is, rather than providing personal care assistance, job coaches will be able to focus on assisting individuals who need employment supports)

- Proposed rate is equal to Community Supports rate, but will use a different billing code to allow for tracking and reporting of workplace-based supports

Job Coaching and Personal Care in the Workplace – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Job Coaching	15 Min.	$9.69	TBD[1]	-
Personal Care in the Workplace	15 Min.	-	$12.15	-

[1]Actual rates will depend on assumed ratio of total worked hours to support hours received, but the rate prior to that adjustment is $17.67 per 15 minutes

Group Supported Employment – Overview

- No significant changes proposed for Group Supported Employment
  - Billing would continue to be based on the staffing ratio

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Group Employment, 1:2	15 Min.	$5.57	$8.48	52%
Group Employment, 1:3	15 Min.	$3.88	$5.75	48%
Group Employment, 1:4	15 Min.	$3.03	$4.38	45%
Group Employment, 1:5	15 Min.	$2.52	$3.56	41%
Group Employment, 1:6	15 Min.	$2.18	$2.99	37%

Transportation - Bases of Rates

- Service to transport an individual between their home and their job, community-based support, or center-based support

- Rather than rate tiers, proposed rates vary based on the number of individuals transported on a one-way trip
  - Separate rates for transporting one individual, two or three individuals, and four or more individuals
  - ***Accounts for providers' costs.*** Rate models recognize that, similar to other shared services, providers' per-person costs vary based on the number of individuals served (for example, a higher per-person rate is needed for a trip with one individual than for a trip with multiple individuals)

- Transportation billing alternative rules would remain the same to support extended travel needs and alternative modes (such as using ride share services)

Transportation – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Tiers A-C	One-Way Trip	$10.62	-	
Tiers D-E	One-Way Trip	$18.64	-	
Individual Trip	One-Way Trip	-	$35.46	
2-3 Person Trip	One-Way Trip	-	$25.05	
4+ Person Trip	One-Way Trip	-	$14.92	

Peer Supports and Family-to-Family Supports – Overview

- Stakeholders noted that navigating the service delivery system can be complicated for individuals with I/DD and their families
  - To complement support available through case management and agency providers, the study proposes to establish new Peer Supports and Family-to-Family Training services
  - Would allow individuals and family members with lived experience and who have been trained to assist others in enhancing the quality of life of other individuals with I/DD
  - ***Supports programmatic goals.*** Adds supports to facilitate the sharing of information across individuals receiving services and their families, with the intent of improving outcomes and satisfaction
- Rate model assumes that individuals and families providing services do this work part time, which impacts benefit and productivity assumptions

Peer Supports and Family-to-Family Supports – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Peer Supports	15 Min.	-	$11.65	-
Family-to-Family Training	15 Min.	-	$11.18	-

Professional Services – Bases of Rates

- Consolidates multiple existing services for supports provided by licensed practitioners
  - Professional Services while at Day Program
  - Community-Based Supports by Professional Staff
  - Natural Supports Training by Professional Staff
    - Natural Support Training by other staff (labeled the "standard" rate) will be billable as Community-Based Supports
  - Professional Staff hours currently bundled into residential rates
  - ***Supports programmatic goals.*** Ensures that individuals have access to the professional-level services they need regardless of their living arrangement or the other services they receive

- Providers will be able to bill for both direct supports and certain "on-behalf of" activities such as participation in assessments and planning meetings, care plan development, and training paid and unpaid caregivers to support the individual

Professional Services – Bases of Rates (cont.)

- Proposed rates vary by practitioner
  - Psychiatrist
  - Psychologist (also cover board certified behavior analyst, BCBA)
  - Physical therapist/ occupational therapist/ speech-language pathologist
  - Registered nurse
  - Licensed social worker
  - Licensed mental health counselor/ licensed marriage and family therapist
  - Interpreter
- Proposed rates vary by location (office/ clinic/ telehealth, and home/ community)
- ***Accounts for providers' costs.*** Rate models recognize that the cost to employ (or contract with) a psychiatrist is much greater than the cost of a licensed mental health counselor and that community-based services are more costly than office-based services due to travel expenses and lower productivity

Professional Services – Proposed Rates

Service and Variation		Billing Unit	Current Rate[1]	Proposed Rate	% Change
Psychiatrist	Office/ Telehealth	15 Min.	$13.13	$60.78	363%
	Home/ Community	15 Min.		$72.30	451%
Psychologist/ BCBA	Office/ Telehealth	15 Min.	$13.13	$19.90	52%
	Home/ Community	15 Min.		$24.22	84%
Registered Nurse	Office/ Telehealth	15 Min.	$13.13	$19.76	50%
	Home/ Community	15 Min.		$24.07	83%
Therapist (OT/ PT/ SLP)	Office/ Telehealth	15 Min.	$13.13	$23.40	78%
	Home/ Community	15 Min.		$28.34	116%
Licensed Social Worker	Office/ Telehealth	15 Min.	$13.13	$19.76	50%
	Home/ Community	15 Min.		$24.06	83%
Lic. Counselor/ LMFT	Office/ Telehealth	15 Min.	$13.13	$15.80	20%
	Home/ Community	15 Min.		$19.40	48%
Interpreter	Office/ Telehealth	15 Min.	$13.13	$13.41	2%
	Home/ Community	15 Min.		$16.60	26%

[1]Displaying current rates for Community-Based Professional Support and Day Program; current Natural Supports Training rates are lower (so the percentage changes will be larger)

Vehicle Modifications – Overview

- New service to pay for adaptations or alterations to a privately-owned vehicle that is the individual's primary means of transportation and for any equipment needed to make the vehicle accessible to the individual
  - Requires prior approval from BHDDH
  - May not be used to purchase a vehicle or for general repairs or maintenance
  - Not available for vehicles owned or leased by a service provider
- Would be limited to $15,000 every five years (equal to the most common limit in states that offer this service)
- ***Supports programmatic goals.*** Responds to stakeholder feedback and eliminates a barrier to community access for individuals who live independently or with natural supports and need an adapted vehicle

Support Facilitation and Fiscal Intermediary – Overview

- Current Support Facilitation service covers both information and assistance with self-direction and fiscal intermediary services
  - Rates for current service are tiered
- Propose separate services and rates for Support Facilitation and Fiscal Intermediary
  - Support Facilitation provides information and assistance for self-direction (assisting with selecting staff, developing a schedule, etc.)
  - Fiscal Intermediary provides payroll services
- ***Accounts for providers' costs.*** All individuals who self-direct need Fiscal Intermediary services, but not all participants require Support Facilitation; those who do need Support Facilitation require varying levels of support, which may not be related to their assessed tier

Support Facilitation and Fiscal Intermediary – Proposed Rates

Service	Billing Unit	Current Rate	Proposed Rate	% Change
Support Facilitation	15 Min.	-	$15.87	-
Fiscal Intermediary	Month	-	$150.18	-

NEXT STEPS

BURNS & ASSOCIATES, A DIVISION OF HMA

Public Comments

- Draft recommendations are published for public comment at https://www.burnshealthpolicy.com/rhodeislandratestudy/
  - Webinar will be recorded to walk-through recommendations
- Written comments should be submitted to bsmith@healthmanagement.com will be accepted until October 24
- All comments will be reviewed and summarized
  - Consolidated document of comments and responses will be published
- Revise rate models based on public comments as warranted

Stephen Pawlowski

spawlowski@healthmanagement.com

(602) 466-9840

3030 North 3rd Street, Suite 200

Phoenix, Arizona 85012

www.healthmanagement.com/who-we-are/burns-associates/