



DHS Waiver Rates System Webinar Recording

Moderator: Matt Knutson
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Operator: You may begin your conference.

Introduction

Matt Knutson: Hello. Thank you for attending this Rates Management System Training Overview and Demonstration. My name is Matt Knutson and I'm a member of the Fiscal Policy Unit in Disability Services at DHS. As a little background, in 2007, CMS informed Minnesota that we needed to develop more consistent rates structure. After years of stakeholder involvement and work, we have a new system. Goals of the systems are to establish rates that are equitable, consistent and transparent allow choice and portability for consumers reflect the individualized nature of services and promote quality.

A major benefit of the system is that people will have increased choice of providers in geographic areas where they receive services. The Rates Management System which we will demonstrate today will go live on Monday the 9th and a few final tests are being completed this week. This little breakdown of how rolling implementation over the next year. Beginning January 1st of 2014, all new service authorizations for framework services must use the rates management system. All adjustments to service authorizations that affect the unit rate will also needs to use the rate management system, and all renewing service authorizations for framework services must use the rate management system as reassessment and reauthorization occurs.

By December 31st of 2014, all service authorizations for framework services must use the rate management system. I would like to stress that people whose service agreements end 12/31 should be a very high priority right now because there are only three weeks between the date the rate management system open, and the end of the year. A legislature authorized the new rate structure in 2013 session. And part of this legislation says that existing recipient's rates must stay within plus or minus a half of

percent for the first two years of implementation. Then, the existing individual rates must not increase or decrease by more than 1 percent in 2016, 2017, and 2018.

We referred to this as banding. More information about banding will be available online, on our manual and on our December 16th webinar. This chart shows different services and the respective payment methodologies. Respective independent model services, the big portion in the middle are the framework rates built into the rates management system tool which we will demonstrate today. Across reimbursement services listed to the right are market rate services, and the remainder of the services in the far right column are our predetermined rates.

Now, we'll discuss the flow of information required to enter a rate agreement. There are data collections worksheets our providers can fill out. Providers can then send these worksheets to a lead agency. Lead agency staff enters the information into the rate management system to provide a rate. That rate is entered into MMIS to authorize payment. These data sheets are critical and lead agencies and providers should begin communicating about the exchange process soon.

In this PowerPoint, there's a link to the rates management system worksheets and we can also find them through Google. I'll give a little overview. If I could type this in, not very well. So you can just go to Minnesota DHS forms it pops right up. Go into the e-document search engine and type in rates management system, RMS, worksheet. In here, you'll see this first document, RMS worksheet/page and it provides a list of all worksheets that are available. There is an (adult day) 15 minute, (structured day) 15-minute sheet, and (adult day) daily sheet, (foster care, SLS) daily, prevocational services, (structured based) (inaudible) daily sheet, prevocational daily hourly, and customized living services, 24-hour customized living services, and residential care services.

Click on one and go to the right place. There it is. You can see that this is a fillable form. I'm the provider today, (populated today's date) you can just fill in the rest of the information, print this off and send this to a provider – or provider can send this to a lead agency. Now, I'm going to turn the PowerPoint or the presentation over to my colleague (Jenny Lewis) who will demonstrate the functionality of the rates management system.

Rates Management System Demonstration

Jenny Lewis: The Rates Management system is accessed through the SSIS system. If you have SKIS access, you would use the ribbon at the top and click on Tools. And one of the options should be the Disability Waiver Rate System. If you click on the Disability Waiver Rate System, that should bring you to this stage.

The first thing you do is click search by PMI. It brings us to the client page. I will enter in the PMI number and a date of birth, and click Search. You can see here and it would be shadowy print that brought up the name (John Peterson) with a matching date of birth and PMI number.

I'll click on the service plan. The service plan shows me that this recipient already has a CADI waiver that started 12/1 and ends 11/30 in the system. I could certainly select this plan and continue editing it. I'll show you how to add a new plan. Again, this is the CADI recipient where you will make the start date, 12/6 of 2013. And we'll say that this waiver will go through June 30th of 2014. There is it. Here is the span that I've just created. In short, selected and then put show services.

So, these are services that are available to (John Peterson) on the CADI waiver. These are all a framework services on the CADI waiver. I'm going to start by selecting customized living. To select the service, I'd click the box, click Save. And now, you see customized living services is underlined. It's a link now I can click on it. And when I click on it, this brings me to the service page.

I'll enter in an NPI number and click Find. The system reference the file and found this provider named test provider one. The county of residence for this consumer is Freeborn. And I'm going to the leave the service start page with the start data on the waiver span and the service end date with the end date of the waiver span. Although either of these fields are editable. But if you don't touch them, they will default to your waiver span date.

Now, I'm going to my services. I'm going to select the group of services to see my menu. I will pick ADL assistance. Now, when I choose the subservice from ADL assistance, these are all my choices. I will say we need assistance saving next to assistance bathing probably with a unit for assistance bathing for an hour. So here, we're talking about hours per day, an assistance bathing for (John Peterson).

For the residential services, we're talking about an average day. So, if it's – everyday looks the same for (John), that's relatively simple. If (John) has weekdays, as well as a certain weekends that looks different due with average set out of her whole week, or perhaps every third week of the month would differ than you would average it out over a month. It's really about the service plan and understanding (John's) needs to identify what is an average for (John).

So, assistance bathing hours per day. We'll say (John) needs three quarters of an hour. I'll add that service. Notice for units, you can enter two decimal places behind the

zero. So, we have an assistance bathing by an hour. Three quarters of a unit is \$18.54. So, that's just the first of my services. I'll add socialization. And I want to – because it's a group of services, it's just a way to categorize all the discrete services that are available on the customized living tool.

So, I'll choose dinner prep and he has one dinner prep per day. So, we added that service. I'll go back and say some mental health management to manage anxiety. He has let's say two hours a day. And we'll say (John) has the assistance making appointments. And we'll say provide summoning devices. 'Cause that's your (due) one because the unit are months. And then, we provide summoning device. It's say for in one lump sum per month 'cause here we're going to enter 0.03 and add that service.

We have the list of services that make up the customized living and click calculate. When I calculate and come back down to my blue bar, the blue bar will tell me that we're talking about customized living, and the procedure code for customized living is T2031 with no modifiers. These are the start and end days of the service and the provider number. And now, here's the historic rate, the service, the system automatically reference, what was the authorization in place for the purposes of banding.

And the system found that on December 1st of 2013 there was a rate for the service and the system for \$5. So Rates Management System tells us that this framework rate is \$76.43. So, the final rate is the historic rate plus or minus a half a percent.

So, the final rate is \$5.03. This blue bar is really important, it's really the summary of what's happening on those page and you can print this page and use it to go into the MMIS system to actually authorize this service and authorization in that MMIS should match the information in the blue bar.

Additionally you can use a print screen function to print this page and send it to the provider, so that the provider understands what are the component services, how much time is being allocated for each of them and what's the resulting rate that will be authorized.

Assuming that I have done that, I printed this out, sent it to the provider and the provider agrees that this will meet the needs of the consumer and this is the package of services we've discussed. This was gone through the lead agency waiver view and this approved the budget and that come into the Rates Management system and I'm going to lock the record.

Once I locked the record, I'm no longer able to edit any of the boxes, locking the record is an important piece of functionality. It allows us to understand exactly when a record should have an exact match in MMIS. I'll close this one.

And it's worth noting I can go back in. That data is still there for that person and I can add another customized leading service with the same or another provider.

So, if I've locked it and discover that I've made an error or that something has changed, I'll come back in, add a new service and now this will be the correct one, and when I entered all the component information into this one I would lock it.

Let's check customize living. We'll see that (John) also needs (adult day) 15 minutes. Again, I click the box, press the save button, and now (adult day) 15 minutes is underlined so I can select it. In this case I am using test provider one and that my service start date it's the same as the service span that the service is probably only going to go through the end of the year. You have to choose corporate or family. Adult day, I'll choose corporate. The county of residence in this case is Washington. So total number of 15-minute units between the service starts and end dates is the next field of entry, we'll say that there are (80) 15-minute units, and the average staff ratio is one to two.

Again, the top ratio is an average of the span. We understand that people have different staff ratios at different times in a day, different days of the week, different weeks.

The next box is average individual direct care 15-minute unit between service start and end dates. So of the 80 units that I've identified for Adult day 15 minutes between the date span, how many of those will be utilizing LPN staff? And this is not LPN staff doing general nursing oversight or any of the other nursing functions that might be part of the provision of this service generally but this is LPN or in this case RN that's specifically accessing or treating.

So if we're talking about nurses training staff or if there's any other sort of shared function that's not average individual direct care, it's really only assessment and treatment. So we'll say that four of these 15-minute units using LPN and none used RN.

For every service the customization option is none or deaf hard of hearing please see the website or the definition documents for the CBSM for the definition of the deaf hard of hearing customization as it relates back to the screening document scores we'll say that there is no customization. I'll calculate.

And now, I have a red box here or a red print that tells me that we banded to the weighted average authorized rate for the provider. For day and unit based services, if a service was not in place in December of 2013, any new services that start will be banded to the weighted average of that provider in that County.

So our rate file went in reference any authorizations in place for the provider number – for this provider number on 12/1 of 2013 for the (adult-day) 15-minute procedure code. It didn't find an exact match so the banding information down here, the historic rate, that red text to the top tells you that what is banding against is the weighted average (file).

So again, the services (total) down here we have adult day 15-minutes. It's S50-100 with no modifiers start and end days, the provider number is a start rate of \$3. The RMS framework rate is \$40.22 so the final rate to be authorized is \$3.02. The information here is really – it's informational only. It tells you that if you want us to know what \$3.02 per unit times 80 units is that we're talking about \$241.60 being spent for this line in this span. Again, lock the record and close it.

Jenny Lewis: Are we going to enter a DD service agreement. Enter a PMI. And the data first, there is (Peter Johnson) down here. Now, click on (Peter Johnson) service plan. This time I will select an existing service plan and show the services. (Peter) happens to already have some of the serviced that I'm going to show you. SLS corporate daily, we'll come down and say we're going to add a new one – the provider number.

SLS corporate daily provider is test provider three, which is adult corporate, adult SLS, County residence this time is Dakota. I'll leave the service span is the same as the waiver span from one of 14 to 12/31 of 13, and the number of days within the certain end date, we'll say there are 30.

Now, we have to enter a number of pieces of information about staffing. I want to quickly review the definition. On site staffs are direct care staff who are physically present in the setting and they can be away for sleep. Again, these are averages, so your day is maybe different but use the sort of smallest common set that you can to determine an average that maybe a day, it maybe a week or a month or a number of month, it may even be a year.

Awake hours that are on site, we're talking about in a day, so the max is not 24. If we were double staffed all day, we would answer 48 in this box. If we were single staffed

for eight hours, we'd enter 8 in this box. So, it's a number of staff hours, not the number of hours staffed. So, I will go ahead and enter 30 onsite awake hours.

Asleep hours or for direct care staff who are allowed to sleep, but are available to respond to planned or unplanned participant events. We'll say there are eight asleep hours in a day. We'll say that there are two shared awake hours, and there are four residents. The number of resident should be the licensed capacity or the occupancy, whichever is greater. And then the number of remote monitored residents. So, for this remote awake hours, how many people are sharing those, let's say there's three people, so was the shared direct care staff.

Now we're talking about the individual direct care staff. An individual direct care staff are brought in – to always to provide support as a one to one interaction, specific to an individual client's need. So where shared staffing a normal staffing in residential environments where their staff members may be providing a service for a particular point in time, like a shower to any given resident where they're acting in a one on one way. But they're available to other members of the home in other situations.

When we're talking about individual direct care staff, these are staff that are brought in specifically to respond to the needs of an individual client. And if that individual client did not have that specific need, you wouldn't bring in that staff.

We'll say that you bring in an individual staff for two hours a day and they're awake, we don't have individuals asleep for this participant. All nursing and residential is considered individual. And again we're talking about assessment and treatment. So we're not talking about (med setup), we're not talking about staff training or general oversight, only assessment and treatment that requires an LPN or RN.

We'll say in a day, there is a quarter hour of LPN, a quarter hour of RN. And the individual remote awake hours, we'll say there are none. The transportation options in these residential settings are no transportation, standard vehicle which would generally be the case, or an adapted vehicle with a lift.

So a standard vehicle is any vehicle that is not an adapted vehicle with a lift. And when we speak about vehicle with a lift or without a lift, we're talking not about what is available at the site or what this particular recipient needs. So the transportation maybe provided in a vehicle with a lift but if this recipient if (Peter Johnson) doesn't need a lift, I would select standard vehicle.

Again, I have the customization option and I'll choose no customization. And I'll calculate my rate. We're not going to band at this time. So that start rate is not available in the RMS and that's what I expected. So we come down here and in the blue bar of this service that I've just selected.

(SLS) corporate daily, (T2016) with a U9 modifier, the start and end date and the provider number, again, historic rate was not found. So it's zero. The framework rate is \$299.24, so the final rate is \$299.24. A piece of information if all 30 days in the span use, that's \$8,977.20. Again, once I click this out, I send it to the provider. If they agree with this, then and the rate is approved (within) the lead agency for authorization, I'll come back and I'll lock this record. After which, it cannot be altered.

Come back here to my service menu for the (DD) waiver. This time I'll choose the DT&H daily. And then I'm going to add a new one. I have test provider three as my provider, services, DT&H daily will be provided between 12/01 and 12/31. The county where this person lives, we'll say (Rock). And here's the total day units between the start and end date. We'll say there are 15. And the average staffing ratio is one to four. Here we're asking the average individual direct care staff hours per day. So in an average day, we'll say that this person has one LPN hour and no RN hours. We'll go ahead and customize it.

And then the next box is total daily to-from DT&H transportation amount for full day DT&H, the transportation is calculated in the authorization, but it's calculated by the lead agency. So the lead agency would come into this box and tell me that \$18 is the amount of daily to-from DT&H transportation. I'll calculate. Again here is the DT&H daily, (T2020) between the states span for this provider, there was no historic rate, the framework values that I entered resulted in \$127.62, the \$18 was added to the final rate for a total of \$145.62 for each of these daily units.

It's worth noting that DT&H daily is six hours and includes transportation. The other full day services, adult day, structured day and prevocational services are six hours and do not contain transportation. I'm going to choose supported employment services. I'll add a new one. Yes, that's provider number three again. Service start and end date, we'll truncate this. So it's going from 12/01 of 2013 to 12/10 of 2013. The county residence in this case is (Meeker).

For supported employment on the (DD) waiver, one to one is the only option that you can choose. If it was a CADI plan or any non-(DD) plan, I could choose the staff to recipient ratio) to one to two or one to three. Then the total 15-minute (units) within you're start and end date. Also for non-employment, service units are 15 minutes, so

you have a 15-minute units between here, so there are 20. We won't customize this service and we'll calculate. (T2019), there is no historic rate, \$7.03 is the final unit rate and there were 20 units for a total of \$140.60 cents.

I want to note also that while this is an internet-based tool, using the back button in the browser is still advised. We really want to ask you to use the buttons at the bottom of the application to close or to come back to the home or search by PMI.

(Jenny Lewis): We'd like to thank you for your time and attention today. We want to remind you of the rate box e-mail. It's (dsd.rates@state.mn.us). We'd also like to ask lead agencies to utilize your Rate's primary contact. Each lead agency has a rate primary contact. The intention there is both to funnel communication to the department and from the department to lead agencies. Maybe identify or e-mail your rate primary contacts first. Thank you!

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