DODD, OACB & OPRA
Best Practices Guidelines
Completing & Revising MSS/CPT/DRA

Staff from the Ohio Department of Developmental Disabilities, the Ohio Association of County Boards and the Ohio Provider Resource Association have worked together to offer the following information in the spirit of simplifying and improving the overall process related to cost projection and billing through the Daily Rate Application (DRA). This document is intended to provide guidance to county boards and providers on communication and coordination of CPT/DRA and PAWS processes. It is not intended to replace procedures that are already established and are working well locally.

COMMUNICATION

Ideally, county boards/COGs and providers should be working collaboratively when developing services and supports for individuals. Mutual respect and trust are paramount within the relationships of all team members. Communication is critical throughout the entire service planning process, especially when completing and/or changing staffing patterns in CPT. Communication is the most effective when it occurs prior to changes being made in order to allow for all involved to effectively plan for the implementation of the changes and also to evaluate the potential impact resulting from the change.

Generally speaking it is most efficient when providers have edit access to CPT. County boards should grant *provider edit access* to CPT to providers who have been adequately trained, have requested the access, and agree to follow county board CPT procedures. All entries and changes made in CPT by the county board/COG or the provider need prior written notification to all involved parties.

PREPARATION AND INFORMATION GATHERING

In anticipation of the ISP process and the service plan entry into CPT, the SSA and provider(s) will need to discuss and identify existing and anticipated services and supports needed by the individual. These discussions will enable the SSA to avoid omissions in the cost projections for those in the site. In order to reasonably predict Typical Staffing Patterns, team members need to be aware of day program/work schedules, activities and information on family visits, etc.

It is extremely important that the Individual Service Plan (ISP) and the CPT reflect as accurately as possible the service needs of the individual. The CPT allows for needed homemaker/personal care services to be reflected in both the HPC Calendar area and the Unscheduled Services area based in the predictability level of the services.

HPC Calendar:

HPC services that are reasonably predictable should be entered into the HPC Calendar area within CPT.   Typical Staffing Patterns for days that can be reasonably predicted should be utilized as much as possible. This should be done for days including but not limited to:

- Weekdays, weekends, day program closure days including projected calamity days,
- Each individual's program, work and activity schedules
- Each individual's projected family visit schedule and planned vacations
- Appropriate staff to individual ratios that ensure the successful implementation of ISPs as written and to ensure the health and welfare of each individual residing in the setting.

Unscheduled Services - HPC Time – consists of all staffing needs identified in the ISPs that *are not otherwise covered in the Typical Staffing Patterns.* Care should be taken to ensure that staff already identified in the Typical Staffing Patterns is *not duplicated* in unscheduled time.

Example: Two individuals share services in a setting at a typical ratio of 1:2, one individual consistently attends a day program and the other individual does not. The weekday staffing pattern identifies 1:1 during the day for the individual who does not attend a day program.

In this case, when the other individual does not attend the day program and is also home, an SSA can appropriately account for this by **EITHER**:

- Creating an additional staffing pattern for those contingency days for the HPC calendar with a ratio of 1:2; **OR**
- Removing the 1:1 time on the contingency days from the regular staffing pattern on the HPC Calendar and those contingency days entered in each individual's Unscheduled Services are at 1:2.

If these contingencies are not properly accounted for, the result may be that more hours of service are being scheduled than can actually be delivered (i.e. more than 24 hours per day in a single-staffed site). Another unintended consequence may that the rate can be artificially diluted if the contingencies are projected at ratios that have lower rates. Both of these results may result in a provider being reimbursed less than anticipated based on the projection while delivering service hours as needed and appropriate.

Information needed to project Unscheduled Services time includes but is not limited to:

- Appointments – the number of appointments predicted annually (use last 12 months as a starting point) and amount of staff time associated with transporting to and from the appointment as well as time spent at the appointment, if not already reflected in a Typical Staffing Pattern.
- Day Program Absences – the number of absences (use last 12 months as a starting point) due to illness or refusal, if not already reflected in a Typical Staffing Pattern.
- Staff time spent on transporting individuals if performed by staff not already included in the Typical Staffing Patterns.
- Staff time spent on individual outings and recreation if performed by staff not already included in the Typical Staffing Patterns.

If applicable, it is also important to consider other HPC needs including but not limited to:

- Staff time spent on managing consumer finances if performed by staff not already included in the Typical Staffing Patterns.
- Staff time spent on scheduling appointments if performed by staff not already included in the Typical Staffing Patterns.
- Staff time spent on grocery or supply shopping if performed by staff not already included in the Typical Staffing Patterns.
- Staff time spent on cleaning or laundry if performed by staff not already included in the Typical Staffing Patterns.
- Staff time spent on pickup and delivery of medications if performed by staff not already included in the Typical Staffing Patterns.

Unscheduled Services – Transportation - Team members should gather information concerning mileage related to activities outlined in the ISP. Providers should keep track of mileage by ratio in their billing software to bring to ISP meetings. This may also include mileage necessary to complete the activity or task when the individual is not in the vehicle. For example, if an individual is not able to, is unwilling to or cannot go to the grocery store when groceries are being purchased for them, this may be authorized as Transportation in the ISP.

ENTERING DATA INTO CPT

Now that CPT has been in use for an extended period of time, it is become evident that careful attention should be paid when entering information, particularly for sites that will be billed using the DRA. It has become clear that minor revisions to staffing patterns throughout the course of the year can have a serious impact on a provider's ability to be properly reimbursed. Daily rates include both the services identified on the HPC calendar and the unscheduled contingency services that are included in the cost projection. As even minor changes are made to either the staffing patterns or the unscheduled services in the middle of a span, it causes a change to the daily rate for every day in the plan. A revision to either the HPC information on the HPC Calendars or to the Unscheduled Services information can easily result in retroactive changes in the daily rate and force the provider to submit adjustments to previously paid claims**. As ODJFS moves toward strict enforcement of adjustment filing timelines, this could ultimately result in a provider's inability to be properly reimbursed.**

This concern is less significant in sites that typically experience very few changes over time. It becomes a more serious risk in sites that are subject to more unpredictable service delivery. This risk can be greatly reduced in these types of sites if the Manage Provider and DRA Provider Spans area within the Manage Providers section of CPT is effectively utilized in conjunction with the appropriate handling of Unscheduled Services. In these sites that are difficult to predict and subject to frequent revision, it is generally best to establish several shorter DRA Provider Spans for a provider so that as HPC Staffing Patterns are revised throughout the year, the revisions will not impact the daily rates calculated by the DRA for DRA Provider Spans that ended prior to the effective date of the change. At the same time, when entering HPC information into the Unscheduled Services area for sites that will be billed through the DRA, it is better to enter data for shorter periods of time that coincide with the established Provider Spans.

For all sites, Typical Staffing Patterns must be entered into CPT and applied to the HPC Calendar, and unscheduled HPC time and mileage information must be entered into the Unscheduled Services area as well. **This can be done by the CB/COG or providers who may have been given access to CPT.**

If the provider enters the information:

- The county board/COG grants the provider Edit access to the CPT. Agreed upon timeframes should be established for this work to be completed (such as 5 working days). Providers may choose to utilize the Staffing Pattern Details Report in CPT to assist them in this process.

- Once the Provider enters the information and saves the version, email is sent to county board/COG indicating completion. County board/COG then reviews CPT information entered. Agreed upon timeframes should be established for this work to be completed (such as 5 working days).

- If any changes are required based on the county board/COG review, they should be communicated to the provider for the review. County board/COG can make changes via direct entry into CPT *or* via an email to the provider detailing the needed changes. If the changes are made directly into CPT by the county board/COG, an email to the provider is still needed to summarize the changes. Agreed upon timeframes should be established for this work to be completed (such as 5 working days).

- Once CPT process is complete, county board/COG finalizes and authorizes and communicates completion to the provider. Agreed upon timeframes should be established for this work to be completed (such as 3 working days).

- Once the provider concurs, the county board completes PAWS. Agreed upon timeframes should be established for this work to be completed (such as 3 working days). The county board should then send communication to provider verifying PAWS has been transmitted to DODD.

- **Once the CPT has been finalized, authorized and submitted to PAWS, Provider Edit access should be unchecked until needed again.**

If the CB/COG enters the information:

- Agreed upon timeframes should be established for this work to be completed (such as 5 working days). Once the county board/COG enters the information and saves the version, email is sent to the provider indicating completion.

- Provider then reviews CPT information entered. If there are any changes needed based on the provider review, they should be communicated to the county board/COG for review. Provider can make changes directly into CPT via Provider Edit access *or* via an email to the county board/COG detailing needed change. If the changes are made directly into

CPT by the provider, an email to the county board/COG is still needed to summarize the changes. Agreed upon timeframes should be established for this work to be completed (such as 5 working days).

- County board/COG reviews changes. Agreed upon timeframes should be established for this work to be completed (such as 3 working days). Once CPT process is complete, county board/COG finalizes, authorizes and communicates completion to the provider. Agreed upon timeframes should be established for this work to be completed (such as 3 working days).

- Once provider concurs, county board completes PAWS. Agreed upon timeframes should be established for this work to be completed (such as 3 working days). Communication to provider verifying PAWS has been transmitted to DODD.

- **Once the CPT has been finalized, authorized and submitted to PAWS, Provider Edit access should be unchecked until needed again.**

ISP REVISIONS THAT IMPACT MSS CPT/DRA

The following are examples of situations that would appropriately warrant an ISP revision:

- Long-term changes to Typical Staffing Patterns applied to the HPC calendar. Note: adjusting staffing patterns in congregate settings for ratio variances may be too cumbersome and unnecessary in many circumstances.
- Significant changes in the need for Unscheduled Services - HPC time. Note: adjusting staffing patterns in congregate settings for ratio variances may be too cumbersome and unnecessary in many circumstances.
- An individual moves in to or out of a site
- Individuals in a site no longer "share services"
- Other unplanned, extended absences from the site

Beyond these types of significant changes, it is important to note that ANY changes to CPT for HPC services, either identified on the HPC Calendar or in the Unscheduled Services area, require re-authorization, re-finalization, end dating of the existing DRA span and the creation of "new" DRA provider spans, whether or not an ISP revision was required. This then forces the provider to have to recalculate daily rates and resubmit claims. Providers and county boards/COGs may request a revision to an ISP when changes are needed. It is important to note, however, that frequent ISP changes to accommodate small fluctuations in service delivery patterns increase the administrative costs to all involved and often may only yield a small net difference in actual funding, and may delay or, in some extreme cases, prevent proper reimbursement to providers.

Each county board/COG should have a standardized process in place for receiving requests for ISP revisions. Providers should be made aware of these processes and should be expected to follow them. A sample Plan Revision Request form is attached to this document that can be used

by providers to help standardize requests and ensure that county boards/COGs receive appropriate, pertinent information regarding the requested revision.

Ideally, the same process outlined above for the completion of CPTs with established timeframes should also be employed with revisions. ***It is imperative that needed changes be communicated as soon as possible.***   Once the need for a change is identified, all involved should be informed. As often as practical and possible, revisions should be proposed to take effect on a future date. The Provider should not bill past the proposed DRA span end date until the DRA span is spilt and the new span is processed. This will minimize the number of claims that are paid incorrectly and will require subsequent adjustment.

CLOSING

On behalf of DODD, OACB and OPRA, we hope you have found this information helpful. If you have specific questions, please send them via email to MSSSupport@dodd.ohio.gov or contact the DODD Support Center at 1-800-617-6733, Option 2.

Thank you.