Over the last several months, the Department of Behavioral Health and Developmental Disabilities (DBHDD) has been reviewing participants’ assessments, Individual Support Plans (ISP), budget allocations and Prior Authorizations (PAs) to ensure that assessed and documented needs are financially supported, when appropriate, through Medicaid Waiver funding. We also ensured it was the participants’ choice to receive services based on their assessed and documented needs.

**Action Steps:**

In November 2012, DBHDD moved all rates to the Medicaid maximum rate.

Between November 2012 and January 2013, participants who had an assessed and/or documented need for Community Residential Alternative (CRA) services had a budget allocation increase to provide the 324 days of Community Residential Alternative (CRA).

In Phase 1, we identified participants who had an assessed need for community-based day services (Community Access Group, PreVoc) that was documented in the ISP but the participant’s budget/allocation did not allow for all units documented in the participant’s ISP (up to the Medicaid maximum of service to be purchased). Identified steps were followed so that participant’s budgets could be increased (a negative budget in this case is permissible) and therefore the participant’s Prior Authorizations (PAs) were revised to support all of the units of service that the participant needed and chose to utilize (up to the Medicaid maximum units at the Medicaid maximum rate).

In Phase 2, we identified participants who had the need for community-based day services (Community Access Group, PreVoc) documented in their assessments, but the ISP or budget allocation did not currently reflect 5 days of service (it was in the ISP at one time, but currently not documented in the ISP due to lack of participant funding/allocation). Identified steps were followed so that the participant’s ISP (through an addendum process) was updated to document the assessed need, the budget allocation could be increased to fund the documented day service need and the PA could be revised to pay for assessed and documented levels of service (up to the Medicaid maximum units and at the Medicaid maximum rate). A negative budget in this case is permissible. We noted that participants who received Community Residential Alternative (CRA) services could only purchase 5760 units total of Community Access Group (CAG), Pre Vocational, Supported Employment Group (SE-G), Supported Employment Individual (SE-I) and Community Access Individual (CAI) combined.

Moving forward, it is business as usual. Participants and their teams will meet at the annual review (or addendum meeting if level of care changes occur) and discuss the participants’ choices and assessed needs. Needs will be documented in the ISP and a Request for Additional Services (RFAS) will be made through the current process. If there has been a level of care change and assessments need to be updated to reflect a new/emerging need(s), such assessment should be completed prior to the ISP/called meeting for review at the meeting. Please remember, if the assessed need can be funded through the State Plan, it cannot be funded through the Medicaid Waiver Program.
Prior to the ISP, the team will have already addressed funding issues for assessed and ISP documented needs for community-based day services through the service allocation and budget adjustment projects. The ISP will continue to reflect services to support the participants’ needs based on the Phase 1 and Phase 2 project. Should there be assessed needs beyond community-based day services (Community Access Group, PreVoc) an RFAS for those services will be needed (new CRA, CLS, SMS, etc.).

**Annual Individual Support Plan Meetings**

When a participant’s annual Individual Support Plan (ISP) meeting occurs, the team needs to fully review assessed support needs. If there is an assessed support need, the need should be documented in the ISP. As noted above, if there are assessed support needs that are unfunded beyond community-based day services, an RFAS should be requested.

There is a limited population of individuals who receive community-based day services but did not fall into the Phase 1 or Phase 2 process. Based on current Medicaid Waiver standards and requirements, funding will be approved to meet the assessed and documented needs for community-based day services (Community Access Group, PreVoc). When completing the participant’s budget, it is permissible to have what appears to be a negative balance on the budget for the addition of community-based day services (Community Access Group, PreVoc). After Regional Office review, the Division of DD will allocate funds to the participant’s budget to ensure the participant has funding to support assessed and documented needs at the maximum Medicaid rate (i.e. Community Access Group <CAG> 5760 units at $3.04 per unit).

A component of this project may occur when there is an assessed need that is urgent and needs to be addressed prior to the annual recertification and ISP. In this case, the customary process for using an RFAS is used, and an addendum is held to address those emerging urgent support needs.

**Utilization review at ISP meeting:**

As part of the budget review at the participant’s ISP meeting, Support Coordination will need to evaluate the service units utilized by the individual over the last year. Below are two examples based on the maximum Medicaid units for Community Access Group of 5760 units:

**EXAMPLES**

1. A participant chooses not to attend a Community Access day program on Fridays and the choice is documented in the ISP. This would mean that the maximum units should be 4608 units (4 days a week with 24 units per day <96 units>, 4 weeks a month <384 units>, 12 months a year <4608 units>). This example can be compounded by the actually days the Community Access provider is open.

2. If the Community Access provider is closed for whatever reason (holidays, spring break, summer break) for more than 20 days, then the total number of available units based on the program’s service delivery days would decrease the utilization of units (Community program ABC is closed for 10 holidays, 2 weeks at Christmas, 1 week for spring break, and 1 week during the summer. Community program ABC is closed 30 days, therefore the maximum Community Access units would be 5520.)