

Instructions for Use of Customized Living Tools - Component Rates

Background:

The Elderly Waiver (EW) Customized Living and 24 Hour Customized Living (CL/24CL) Provider Input Worksheet is part of the EW CL/24CL Excel workbook developed by the Aging and Adult Services division of the Minnesota Department of Human Services (DHS) to comply with federal requirements that the state develop and implement a state-wide rate-setting methodology for CL and 24CL by January 1, 2010.

The Provider Input Worksheet includes:

- Component rates established by the Department of Human Services for home management and supportive services, as well as home care aide, home health aide, and registered nurse services, per 2009 legislation.
- Information completed by the licensed home care provider and used to establish the hourly component service rate for congregate meals, and transportation and socialization services when they are shared or provided to a group. This information must be provided for each Housing with Services setting in which CL and/or 24CL are delivered by the provider completing the Provider Input worksheet.
- Charge for means for summoning assistance for each setting, up to a maximum of \$30 per month.

In order to reduce lead agency and provider administrative burden, and as part of the implementation plan for the required use of the DHS-issued CL/24CL rate-setting tool kit by January, 2010, DHS will be collecting the information contained in this worksheet from all enrolled CL and/or 24CL providers through September 1st, 2009 via an on-line form. Upon completion, statewide information about shared service component rates will be added to the Excel workbook for all Housing with Services establishments that provide CL and/or 24CL under the EW program throughout the state.

However, if lead agencies (counties, tribes, and managed care organizations) choose to use the rate-setting tool prior to January 1, 2010, information about component rates for shared services must be collected from each provider, and for each Housing with Services establishment in which the provider delivers CL and/or 24CL service.

Persons Responsible to Complete the Provider Input Worksheet

The provider who is enrolled in Minnesota Health Care Programs (MHCP) as the licensed provider of EW CL/24CL service must complete the Worksheet and submit their proposal to the lead agency for review and negotiation. If an enrolled Class A or Class F provider delivers CL/24CL in more than one registered Housing with Services establishment, the Class A or

Class F provider must complete a worksheet for **each** Housing with Services establishment in which they deliver services to EW consumers.

Lead agency¹ staff responsible for negotiating contracts with waiver providers will review the provider's proposal. The lead agency may, at its discretion, request verification from the provider of staffing reported, and the average numbers of residents reported as served. The final hourly component rates approved for shared socialization, transportation and congregate meals should result from discussion and negotiation between the lead agency and the provider.

The Provider Input Form, the Provider Information Form, and the Individual CL/24 CL Service Delivery Plan and Authorization: The Tool Kit

After completion of the Input worksheet, the information provided will populate the *Provider Information Form*. This Form provides the dollar amounts that are used when completing an individual's CL/24CL service delivery plan in order to create an individual service plan and help calculate the amount to be authorized for those services.

The Individual CL/24 CL Service Delivery Plan is completed by the person's case manager or care coordinator who, with the consumer, will determine what services are needed, how frequently and for what duration, and whether these services will be part of the CL or 24 CL service plan. The case manager will complete the service plan, indicating how many units of each service will be authorized, and whether services will be individual or shared (when applicable). This information, when combined with the information contained in the Provider Information Form, generates a preliminary monthly total amount for these services.²

Completing the Provider Input Worksheet

Provider Information

- **Housing with Services Provider Location:** This is the physical site registered as a Housing with Services establishment. Include the business name and the address information for the setting.
- **Home Care Licensed Agency:** This is the home care agency name of the enrolled, licensed CL/24CL provider and the address information for the agency.
- **Home Care License(s):** This is the Class type and license number of the enrolled provider delivering services in the Housing with Services establishment listed.
- **NPI:** This is the National Provider Identifier number that the provider has associated with their enrollment in MHCP.

¹ The lead agency may be a county, a managed care organization, or a tribe under contract with DHS to manage and administer the EW program.

² This amount is not necessarily the amount that will be authorized by the case manager or care coordinator.

- **Services Offered:** The provider indicates whether customized living, 24 hour customized living, or both services are offered at this Housing with Services establishment.
- **Program Name and Description:** optional information a provider may wish to communicate. For example, a 5-person setting that specializes in serving people with moderate to high needs for personal care.
- **Start Date:** This is the date that the component rates are effective for purposes of contracting.
- **End Date:** This is the end date of the contract.

Hourly Services Sections

These sections are organized around and capture:

- Component services categories that are allowable under the EW CL/24CL service definition
- The hourly component rate established by DHS for each component service category
- Shared services for which an hourly component rate will be calculated based on information completed by the provider.

Component Service Categories: Each of the component service categories includes a description of the direct care and other tasks staff can provide within the service category. Hourly rates are based on the competency level required of the staff to complete tasks listed under each category.

- **Transportation:** Transportation can be provided either one-to-one or in groups. Transportation can be purchased using both a mileage rate and a driver rate. The Input Worksheet captures the information needed to establish the rate for shared transportation and shared mileage. Transportation does NOT include medical transportation to and from medical appointments or other health care providers³.
- **Socialization:** Like transportation, socialization can be provided either one-to-one or in groups. The Input Worksheet captures the information needed to establish the rate for shared socialization, and allows the provider to define small group and/or large group socialization separately,
- **Congregate Meals:** This section applies to **congregate meals** and allows for the calculation of a per-meal staff cost associated with food preparation, service, and clean up on a per-meal basis.

³ Transportation necessary to access to health care providers is a Medicaid State Plan service, and is not authorized as part of the EW community support plan. The cost for medical transportation is not part of nor is it applied to the individual's EW community service budget cap.

- **Means for Summoning Assistance:** Can be purchased up to a price of \$30 per month if this assistance is needed and will be included in the monthly authorized rate. The individual must be able to use the type of device to effectively summon assistance or to notify staff of the need for assistance.⁴

Hourly Rate for Component Services

The hourly component rates⁵ listed in the Worksheet are those established by DHS in consideration of 2009 legislative requirements. These rates will only change if the Legislature grants increases or requires decreases in the comparative rates used and described below. If this occurs, DHS will update the tool to reflect these changes. Counties and tribes may not negotiate the DHS-established hourly component rates, nor can managed care organizations (MCOs) who rely on county- or tribally-contracted HCBS providers to make up the MCO's provider network.

- For home management/homemaking/support service, the hourly rate is equal to the hourly fee-for-service (FFS) homemaker rate of \$17.42, effective July 1st, 2009.
- For home health care aide (HHA) and delegated nursing services, the hourly rate is 90% of the FFS rate limit for HHA of \$31.00 or \$27.18, effective July 1st, 2009.
- For home care aide service, the hourly rate is the *average* of the home management and 100% the home health care aide rate or \$23.81, effective July 1st, 2009.
- The hourly rate for a licensed nurse is \$32.85 and can only be used for medication setups. This rate limit is also effective July 1st, 2009.
- The mileage rate is the per mile rate allowed for FFS waiver transportation, or \$0.550 per mile, effective July 1st, 2009.
- The driver hourly rate is the home management/homemaking/support service rate.

⁴ Alternatively, personal emergency response systems can be authorized as a separate service under Extended Supplies and Equipment and provided by an enrolled Extended Supplies and Equipment provider ONLY in combination with customized living. Note that personal emergency response systems cannot be authorized as a separate item for EW participants authorized for 24 Hour customized living services.

⁵ These rates represent the rate for an hour of service. An individual customized living or 24 hour customized living service delivery plan can and typically will include units of any given component service of less than an hour. In this case, the time and price will be calculated as such.

Completing the Shared Services Portion of the Provider Input Worksheet

How to Report “Average Number of Residents” in the Worksheet

“Average number of residents” is used in all shared services sections of the Provider Input worksheet. When indicating the average number of residents, the provider must include the average number of residents receiving the services described under the staffing described, regardless of payor.

- **Average Number of Residents Participating in Group Socialization in the Housing with Services Establishment:** This number will establish an average per-person share of one hour of staff time that supports group socialization.⁶ A simple way to calculate this average is to use the average number of residents who typically participate in activities *per staff assigned to support the activities*. For example, a typical socialization activity may include 8 residents and 1 staff. In this example, report the average number of residents as 8. In other settings, a typical socialization activity may include 8 residents and 2 staff. In this case, report the average number of residents as 4 (8 residents/2 staff). The provider may choose to complete information for either or both small and large group socialization services.
- **Average Number of Residents Receiving Group Non-Medical Transportation:** This number will establish the per-person share of an hour of group transportation as well as the per-person share of mileage associated with group transportation.⁷ Use the average number of residents who typically share a trip.
- **Average Number of Residents Scheduled to Receive Meals and Snacks** on a per meal basis is required to calculate the per meal cost within the congregate meal delivery “program.”

How the Provider Input Worksheet Populates the Elements on the Provider Information Component Rates Form

Shared Transportation Information

Driver rates: The amount for an individual share of a group driver rate is based on the component rate for the driver time divided by the average number of residents indicated as, on average, receiving group transportation. The hourly driver rate for one rider is the rate for the driver time.

Mileage rates: The individual share of the mileage rate associated with group transportation is the mileage rate divided by the number of residents indicated as, on average, receiving group transportation.

⁶ An individual’s service delivery plan may include less than an hour of any given service, and may also include both individual and shared service.

⁷ For transportation, an individual’s service delivery plan may include both individual and group transportation, and should include both driver and mileage amounts, whether individual or shared.

Socialization

The group socialization hourly rate is the hourly rate for home management/homemaking/support service divided by the average number of residents indicated as receiving group socialization (for either or both small and large group socialization).

Congregate Meals

The per-meal amount is based on the number of staff hours reported as needed for food preparation, service, and clean up for each meal and snack(s), divided by the number of residents indicated as scheduled to receive each meal and/or snack(s).

Means for Summoning Assistance

This is the monthly rate, up to the limit of \$30⁸.

Licensing and Other Reviews and the Rate Setting Tool Kit

The staff hours reported in the Provider Input Worksheet are to be used for purposes of rate-setting for EW clients, and have no connection to licensing requirements or reviews. Providers are responsible under their licenses to deliver planned services to each individual they serve, regardless of payor.

How the Provider Information Form Works with the Individual CL or 24 Hour CL Service Delivery Plans and Authorization

The case manager or care coordinator will develop the CL service delivery plan based on assessed needs, the participant's choices and preferences, and the allowable component services available under the CL and 24 Hour CL service definitions for the Elderly Waiver program. With the exception of congregate meals⁹, when using the Individual Care Plan form, no component service dollar amounts will be calculated or can be authorized if there is no documented need for the service (e.g. if staff time is indicated as needed for assistance with bathing, a cost for that assistance will not be calculated if there is no need for assistance in bathing reported in the assessment information).

The CL service delivery planning tool is loosely organized around the component service categories. The case manager or care coordinator must indicate the units of each component service he or she is including in the preliminary service delivery plan. The number of units planned should be an accurate reflection of how much staff time will be needed to meet the

⁸ This amount should not be included in an individual's customized living service plan when a personal emergency response device or system has been authorized in combination with customized living services under Extended Supplies and Equipment.

⁹ Congregate meals can be included in the Individual CL Plan even when no need is assessed in meal preparation for the individual when congregate meals are the only meal option in a shared living setting.

person's needs on a typical daily, weekly or monthly basis. The number of units planned can be based on daily, weekly, or monthly units of time. If daily or weekly units are used, the electronic individual service planning tool will automatically calculate these units as total monthly hours of service. As noted, the plan can include both individualized and shared services.

The electronic services planning tool will also automatically calculate the monthly dollar amounts for the monthly units of services indicated, based on the rates from the Provider Information Form, the person's assessment information, and planned units of service. This calculation will also include the per-meal rate and the rate for summoning assistance.

In the table below, component services are outlined with the rate that will be applied to authorized units of that service, based on the staff level needed to deliver a particular component service.

Component Rates Used Within the Individual Service Delivery Plan

Service	Negotiated Component Rate Applied
Dressing	Home Care Aide
Grooming	Home Care Aide
Bathing	Home Care Aide
Eating (NOT meal preparation)	Home Health Aide
Bed Mobility or Positioning	Home Health Aide
Transferring	Home Health Aide
Walking or Mobility	Home Health Aide
Continence (Toileting)	Home Health Aide
Medication Administration	Home Health Aide
Medication Reminders	Home Care Aide
Therapeutic Exercises	Home Health Aide
Insulin Injections	Home Health Aide
Behavioral or Cognitive Support Service	Home Care Aide
All Home Management Services	Home Management/Support Service
Driver (shared or 1:1)	Home Management/Support Service
Staff for Socialization (shared or 1:1)	Home Management/Support Service

All Supportive Services	Home Management/Support Service
Special Diets (prescription)	Home Care Aide
Delegated Clinical Monitoring	Home Health Aide

Step-by-Step Instruction for Completing the Provider Input Worksheet

The previous sections provided more detailed background information about the construction of and policy reflected in the Provider Input Worksheet. The steps below summarize *how* to complete in the Input Worksheet.

1. Complete the Housing with Services and Licensed Provider Information sections.
2. Determine the average number of residents who participate in group socialization and group transportation.
3. If congregate meals are delivered at the setting, determine the number of staff hours that are spent, on an average daily basis, in food preparation, service, and clean up for meals and snacks. Note that cutting up food, buttering bread etc., are considered part of meal preparation and should be included in computation of meal prep time.
4. Determine the average number of residents who are scheduled to eat each meal and snack.
5. Indicate a monthly charge for means for summoning assistance, if applicable to the setting.
6. Print and, or electronically forward the Provider Information Worksheet to the lead agency for approval or negotiation. Include information about how staff hours and/or average number of residents was calculated if the provider has used any kind of allocation basis in computing these figures.