

QUESTIONS FROM CONSUMERS/FAMILIES/ADVOCATES

“I’ve Heard That…”

1. Part of the reason for these changes is that CCBs spend too much money on administration and they haven’t been very efficient.

Response

The reason the changes are being made is to provide CMS with a clear audit trail of how Medicaid funds are being spent to provide specific services for each person enrolled in the waiver.

2. Beginning July 1, 2006 there will be major changes in the way services are delivered to clients.

Response

Every effort is being made to minimize impacts to service delivery. The primary changes for immediate attention for Comprehensive Services relate to provider billing practices and the determination of interim rates. The clarification of training requirements and topics and the selection of the intensity tool to be used as part of the resource assignment process for use beginning July 2007 is also being worked on. The state and CCBs, in their case management role, are committed to communicating clearly with consumers about any changes that may affect them.

3. Each client will be assigned an individual rate on an interim basis and that will be the amount of money that is available to purchase services for them.

Response

Interim rates are being established for each of the nine services available under the HCB-DD Comprehensive Services waiver. The rates for residential and day habilitation will be identified in 7 standard tiers. Rates for other services will be either a flat standard rate or the usual and customary cost for the service.

4. That each consumer will be tested using a standardized tool and that will be how their permanent rate will be established.

Response

A standardized intensity tool is being selected by the State and will be used in the future as part of the uniform rate setting methodology for the waiver. It will be used

to capture information about the person's level of need for supports. The score on this tool will be part of the information used to determine the level of resources that will be available to pay for services.

5. That clients can't be involved when the standardized assessment tool is completed.

Response

The tools being considered all presume that the client can participate in providing information to the extent they are interested or able.

6. That a consumer can't appeal the rate that gets assigned to them.

Response

Rates are not appealable. If there is a reduction in services provided to the person, that is appealable.

7. Each consumer can find out what their rate is by asking their case manager.

Response

A mechanism for communicating this information will be established so that details about rates are provided in a consistent manner.

QUESTIONS FROM PROVIDERS AND CCBS

1. How do these changes affect the "provider of last resort" role of CCBS?

Response

There has never been an absolute requirement that CCBS function as a direct service provider if no other provider can be found to serve an individual. The CCB, as the case management agency, does retain the responsibility for continuing efforts to locate appropriate resources for an individual and to advocate on their behalf in order to remove barriers to receipt of services.

2. Once uniform rates have been established, can a CCB still use local mill levy resources to either enhance rates or provide more waiver services to people on the waiting list?

Response

There is no state imposed restriction on the use of local mill levy funds to enhance rates, however these enhancements cannot be matched with Medicaid funds. DDD and HCPF are currently exploring ways that would allow local funds to be matched with Medicaid funds to create a way that additional people from the waiting list can be served. How mill levy and other locally raised funds are used is a local decision, so there is no state requirement that they be used in any particular program or for any specific purpose.

3. What will happen if an interim rate assigned to a client is too low to meet their needs and the current provider refuses to continue serving them?

Response

This should not happen as every effort is being made to align the rate assigned to each client with the amount of resources previously available for their services. If no provider agrees to serve the client because of the rate, discussion will be initiated between the CCB and DDD to explore how the situation should be resolved. No person can lose the place they live while these issues are being worked out.

4. How long will it be before providers are told what the rates for the people they serve?

Response

Service providers will be told about interim rates as soon as they are established and agreed upon by DDD and HCPF. They will be notified by CCBs at the same time CCBs are given this information by the State.

Posted 6/15/06