

SUPREME COURT DECISION: RESHAB RATE CHANGE FREQUENTLY ASKED QUESTIONS

Questions	Answers
Why is Reimbursement changing for Residential Habilitation Agencies?	On March 31, 2015, The Supreme Court of the United States ruling overturned the decision of the United States District Court for the District of Idaho Order in the case of Inclusions Inc., et al v. Armstrong et al, Case no. 1:09-cv-00634-BLW which increased reimbursement rates on April 12, 2012. As a result of the Supreme Court of the United States' ruling, the state is reinstating rates previously approved by the Centers for Medicare & Medicaid Services for hourly, high, and intense supported living services.
When do the reimbursement rates change?	Changes to reimbursement rates for hourly, high, and intense supported living services will be effective for claims with dates of service February 1, 2016, and forward.
Does the reimbursement change impact a participant's budget?	Those participants who accessed supported living services through the Developmental Disability (DD) Waiver since April 12, 2012, forward had their budgets adjusted to reflect the increased reimbursement rates for hourly, high and intense supported living services. After February 1, 2016, participant budgets will not be adjusted for participants who indicate they will be accessing hourly, high or intense supported living services in the upcoming plan year. However, participants accessing DD services will continue to have access to the highest budget that they have ever received as required by the preliminary injunction in K.W. vs. Armstrong, No. 1:12-cv-00022-BLW (D. Idaho).
Can a DD participant use the budget dollars that remain after the rate reduction to purchase other services?	Yes. As long as service requests are made consistent with IDAPA rule requirements and limitations and the services are approved and prior authorized by the Department.

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<p>Do participants need to do anything to their plans to accommodate the rate change?</p>	<p>No. Plans that have been submitted and are in the review process will be adjusted by Department staff to reflect the updated rates.</p> <p>Reimbursement rates for claims related to supported living services approved on current plans or addendums will be auto adjusted to allow payment consistent with the updated reimbursement rates.</p> <p>No addendums are necessary unless a participant is making a change in the type and frequency of supported living services on their current service plan.</p> <p>Plans or addendums submitted February 1, 2016, and later must request Residential Habilitation—Supported Living services using the updated supported living reimbursement rates.</p>
<p>Will ResHab agencies serving participants on the A&D Waiver be affected?</p>	<p>No. The United States District Court for the District of Idaho Order in the case of Inclusions Inc., et al v. Armstrong et al, Case no. 1:09-cv-00634-BLW which increased reimbursement rates on April 12, 2012, did not apply to A&D services. Therefore, this reimbursement change will not impact A&D waiver participants.</p>
<p>Does the rate change impact participants on Self Direction?</p>	<p>Through prior authorization of Support and Spending plans, the Department will ensure rates negotiated for supports and services for participants who live in their own home or apartment reflect the prevailing market rate and are cost effective when compared to the costs of reasonable alternatives.</p>
<p>Will agencies receive a new notice of decision (NOD) when the rates change?</p>	<p>Depending on how the most current prior authorization (PA) for supported living services was created by the Department, an agency may or may not receive a new NOD. Regardless of whether an agency receives a NOD, reimbursement rates for supported living services will be paid according to the updated reimbursement rates for claims with dates of service February 1, 2016, and forward.</p>
<p>Will the hourly supported living cost cap be affected by the change in reimbursement rates?</p>	<p>Effective February 1, 2016, the adjusted daily cap is \$193.61 per day for hourly supported living in combination with developmental therapy, community supported employment, and adult day health.</p>

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	<p>Any addendums submitted to modify services for dates of service February 1, 2016, and forward on a DD participant's existing plan, and that plan includes hourly supported living services, will be reviewed to assure the array of services are within the adjusted daily cap, meet criteria for assessed needs, and provide for the participant's health and safety.</p>
<p>Does IDHW have plans to do a reimbursement rate study for DD supported living services?</p>	<p>The Department evaluates provider reimbursement rates and conducts cost surveys when access or quality indicators reflect a potential issue. The existing quality assurance process is designed to identify indicators of quality or access through regular and ongoing review of annual and statewide access and quality reports the Department has not encountered any access or quality issues that would prompt a reimbursement change for any DD home and community based services (HCBS).</p> <p>Because we are committed to ensuring that our participants have access to quality HCBS services, we have published administrative rules in IDAPA 16.03.10.037 that detail our procedure on how we evaluate provider reimbursement rates to comply with 42 U.S.C. 1396a(a)(30)(A) to ensure payments are consistent with efficiency, economy, and quality of care. Should the criteria outlined in rule be met, Idaho Medicaid will evaluate provider reimbursement rates.</p>
<p>What if a participant needs help transitioning to a new provider?</p>	<p>One of the responsibilities of the Targeted Service Coordinator is to assist participants in gaining access, coordinating or maintaining services. Crisis service coordination hours are available if criteria in IDAPA 16.03.10.721.04 is met. If necessary, the Department's crisis team or Bureau of Developmental Disability Service's staff will assist providers, Targeted Service Coordinators, and participants to transition to a new provider or to identify alternate care arrangements.</p>
<p>What should providers be aware of when deciding to terminate supported living services to a participant?</p>	<p>Decisions to terminate services to a participant must be consistent with IDAPA and the provider agreement. Criteria includes written notification of termination, development of a transition plan, department approval of the transition plan and services may not be terminated if it poses a threat of endangerment to the participants or others. For more information, see IDAPA 16.04.17.302.06 and the Provider Agreement, Residential Habilitation Agency Additional Terms, Section A-6.</p>