

## RESHAB RATE CHANGE FREQUENTLY ASKED QUESTIONS

Questions	Answers
<b>Why is Reimbursement changing for Residential Habilitation Agencies?</b>	Rates for Supported Living (SL) services provided by Residential Habilitation Agencies are being updated based upon information received through a cost survey completed by Myers and Stauffer, the Department's accounting firm.
<b>When do the rates go into effect?</b>	Changes to reimbursement rates for hourly, high, and intense supported living services will be effective for claims with dates of service July 1, 2018, and forward.
<b>Does the reimbursement change impact a participant's budget for the Adult Developmental Disabilities Program?</b>	<p>The budget calculation for high and intense supported living completed on or after June 20, 2018, will reflect the new reimbursement rates.</p> <p>However, participants accessing DD services will continue to have access to the highest budget they have ever received as required by the injunction in K.W. vs. Armstrong, NO. 1:12-cv-00022-BLW (D. Idaho).</p>
<b>Do participants need to do anything to their plans to accommodate the rates?</b>	<p>No. Plans that have been submitted and are in the review process will be adjusted by Department staff to reflect the new rates.</p> <p>Reimbursement rates for claims related to supported living services approved on current plans or addendums will be adjusted by Medicaid to allow payment consistent with the new 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>DD Waiver plans or addendums submitted July 15, 2018, and later must request Residential Habilitation—Supported Living services using the new supported living reimbursement rates.</p>
<b>Are participants on the Adult Developmental Disabilities program able</b>	Yes. As long as service requests are made consistent with IDAPA rule requirements and limitation, the services are clinically appropriate, and are

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<b>to purchase other DD services if budget dollars remain after the plan cost is adjusted to reflect the new rates for supported living services?</b>	approved and prior authorized by the Department.
<b>Will the hourly supported living cost cap be affected by the change in reimbursement rates?</b>	Effective July 1, 2018, the adjusted daily cap is \$268.09 per day for hourly supported living in combination with developmental therapy, community supported employment, and adult day health.
<b>How will the new rates affect plans requesting hourly supported living?</b>	<p>Participants receiving hourly supported living will receive a calculated budget that does not reflect the new rates. Therefore, participants requesting hourly supported living services may submit a plan for the upcoming plan year that exceed their assigned budget as a result of increased cost due to the new rates. These hourly supported living plans 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>In addition, any addendum submitted to modify a DD participant's existing hourly supported living plan 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>
<b>Will ResHab agencies serving participants on the A&amp;D Waiver be affected?</b>	Yes. Changes to reimbursement rates for hourly, high, and intense supported living services will be effective for claims with dates of service July 1, 2018, and forward.

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<b>Does the rate change impact participants on Self Direction?</b>	<p>Not directly. However, 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>For example, a reasonable alternative could be the cost of supported living services.</p>
<b>Will agencies receive a new notice of decision (NOD) when the new rates go into effect?</b>	<p>The Department does not anticipate that a NOD will be generated by the Molina Medicaid billing system for these changes.</p>
<b>For adults receiving Developmental Disability services, will an Exception Review be required if the new rates cause a submitted plan or addendum to be overbudget?</b>	<p>No. For participants requesting high or intense supported living services whose budget notice does not contain a budget calculated using the new rate, plans can be submitted over budget (to the extent necessary to accommodate new SL rates) without an Exception Review.</p> <p>For participants requesting hourly supported living, Department Care Managers will continue to review and adjust their plans as needed and Exception Reviews do not need to be submitted.</p>