

Introduction

The Community Provider Network of Rhode Island (CPNRI) and the Provider Council have reviewed the (New England Consortium System Organizations) NESCO scope of work and understand the rate review will include a quantitative, qualitative, structural analysis of services for employment and day services. NESCO will support the State to develop payment rates and determine the adequacy of reimbursement rates as well as in comparison to prevailing approaches and provide options for alternative payment models for the Division of Developmental Disabilities who authorize and fund these services.

The provider community is eager to assist the Department and NESCO to conduct a thorough rate review that will result in an understanding of service cost and cost components that will ultimately “Ensure accurate and adequate reimbursement to providers of waiver services facilitates the right services being available to individuals receiving community-based long-term services and supports”¹. The following comments are submitted to support the rate review underway and to provide considerations as the rate review process is formulated.

1 <https://www.medicaid.gov/medicaid/hcbs/downloads/rate-setting-methodology.pdf>

Considerations

- **Project Timeline:** Establish clear expectations for the community stakeholders through a project schedule and timeline that clearly depicts the process of engagement with stakeholders and timelines for assessment and analysis.
- **Comprehensive Rate Review:** Ensure rates are reviewed comprehensively to ensure adequacy and stability for **all** services provided to individuals with intellectual and developmental disabilities. The goal of the rate review is to assess the adequacy of the reimbursement rate in comparison to prevailing approaches. The current rate model is constructed on a base rate assumption that influences all services. To achieve an understanding of adequacy of rates, it is necessary to assess the full array of services and assumptions included in the current reimbursement model. Additionally, rates have not been examined in over seven years particularly as programs and service models are changing. A full rate review and rebasing is necessary.

- **Information Exchange:** Development of rate methodology protocols that will be used to establish service rates including; selected assumptions, data elements, (claims data, interviews, financials etc.) and analysis and validation methods that will inform the development of service rates.
- **Regional Analysis:** Include regional wage comparisons and service rate comparisons.

Process

NESCO Conducted Interviews:

- In person interview with providers, consumers, and internal Division staff on the process of eligibility through the provision of service.
- Interview administrative, fiscal, and program staff at agencies to glean operational understanding of business process to the provision of service.
- Provider interview selection should representative sample-varying provider types, size, geographical location and agency service type offerings.

Information Collection

- Development in partnership with Providers, a cost reporting tool or method of evaluation that will assess costs for all services provided by Developmental Disability Organizations (DDOs) that has consistent definitions and standard guidelines according to Center for Medicaid and Medicare rate methodology setting.
- Assess current assumptions such as productivity factor, attendance, employee related expenses, supervisor/training, vacancy factor, transportation, vehicle depreciation factors etc.

Analysis

- Modify or project assumptions to include new regulations, policies, and certification standards (person-centered planning process, community-based individualized programming etc.) that are reflective of expected service delivery model.

Considerations

Utilization Patterns: As the review is conducted, the Provider Network would like to highlight the limitation of utilization patterns or claims analysis. The current payment methodology structure was developed on a center-based programming model. While this model has been slowly transitioning to a community-based model, the billing system has not followed that transition kept pace. Exclusive examination of utilization or claims will not fully inform the rate setting process.

Billing Process: Currently the billing process is a manual process that has been challenging administratively. There is limited uniformity in practice and adjustments are consistently made at the Department level. For this reason, trends and assumptions will need to consider varying practices and methods of billing to interpret trends and anomalies.

Conclusion

The rate review is welcomed by the provider community and is a needed process to ensure the not only the stability of the service delivery system, but also offers the possibility to produce the needed flexibility to transform our service delivery models. As highlighted in Project

Sustainability Commission, the system is in transformation and the expectations are high for the State to provide a system that is responsive to the needs of our community. The Provider Networks are deeply committed to ensuring the vision of a person-centered system that provides meaningful outcomes for the individuals it serves is a reality. To achieve this, it is necessary we fully understand what it will cost to support this vision as well as the most efficient methods for reimbursement.

Thank you for the opportunity to provide some high-level recommendations to inform the rate setting process. The Provider Networks appreciate the opportunity to be active partners in this process and look forward to working with the selected vendor.

KEVIN NERNEY

General:

All models for service should be based on the individual having the budget necessary for their support needs. Any rate or rate design which requires or encourages segregation (such as ratios for number of Consumers:Staff) should not be considered. The funding for an individual should only be for that individual unless they otherwise request to pool their funds for a specific purpose.

All funding should include both flexibility within a set annual amount as well as the ability to tap into additional funds for extraordinary circumstances such as a hospitalization or new employment.

Funding should be individualized and directly controlled by the person receiving the services along with assistance from trusted allies and family when requested.

Specific:

Shared Living - Owned by Consumer:

Ensure that funding is available across all imaginable living arrangements, particularly where a consumer owns/rents a property and a caregiver and/or their family move in with them (with in single or multi family home). There needs to be consideration of providing the caregiver or the consumer with a stipend to allow this to happen. It is available in many other states.

Support for people who are hospitalized:

Ensure that staff that know and can assist the individual are allowed to stay with the person during hospitalization, even after admittance to the hospital. There are multiple methods to accomplish this including: retainers waivers (42 CFR §441.301(b)(1)(ii)), having the hospital pay the support staff, or state only funding.

Family Support:

There needs to be some way to assess the availability and general health and strength of a person's natural supports when determining funding levels. Often this is family, but could also be neighbors, faith community, or a circle of friends. Currently the SIS only looks at a person's own innate support needs. But the same person with the same skill level or support need level, could have very different support needs if they were living alone, living with a large healthy, family; living with a single aging parent; or perhaps a household with a grandparent with alzheimer's and a sibling with even more significant

support needs. Same person -- vastly different support needs that are never measured or taken into account. DDD used to have a very simple questionnaire which they called a Situational Assessment and this helped take into account some of these circumstances.

Support Coordination/Person Centered Planning for Self Direction:

Currently, For people who self-direct -- The state authorizes a fee for "plan-writers" whose responsibility historically was to meet with the person and their representative and write a plan that reflected the persons interests, needs and met state approval. Since the inception of SDS over 20 years ago, that rate has been \$500 for an initial ISP and \$350 for a renewal. It has never changed. However, since that time things that have been asked of "plan-writers" have included writing S109s and S106s (requests for additional funds), submitting ICE-RF forms and variances and explaining a lot of the BHDDH rules and regulations to the person -- now expectations for conducting preparatory meetings and person-centered planning session (perhaps) and acting as brokers and the lead coordinator if the person is involved with more than one provider. --- all for a flat fee of \$350 (with possible additional \$180.54 if they are also helping pull together a career development plan). This rate is not written anywhere, but the state will not authorize higher payment for this role.

There is no ongoing "support coordination" available to people who self-direct unless they pay for it out of their budget. Often people need every penny of their budget for direct supports. Many people have family who act in this role and prefer it that way, but some people and families really need and want ongoing managerial support and check-ins to see if all is going as planned. This need should be recognized and allowed for under self-directed supports.

KELLY DONOVAN

One of the things I have noticed is that if there is a staff change while an individual(s) is at or partaking in an event outside of their home, the individual(s) has to cut their activity short. This is a major problem for individuals who wish to continue said activity. There should be a way for individuals to still continue their activity while there is a shift change.

There are also cases in which in a group home, an individual is not interested in participating in an activity outside of the house but still has to come along anyway due to the lack of staffing or if an individual wishes to get together with a friend/family member in the community, all the individuals within the group home end up coming as well. People should be able to have their designated time to themselves and opportunities to be involved in community activities.

Self-advocate – ‘K’

Funding needs to be individualized and based on what that person may need to remain in the community. Providers need to shift from providing a standard 8 to 2 or 9 to 3 program of services to providing whole life services with the different domains of life such as employment healthcare etc. relying on natural supports in family members as much as possible There needs to be out reach two families and agencies on the public transportation system in the accessibility features already being used on the public

transit system example all buses are equipped with wheelchair ramps in audible ADA announcements for people who are blind also the free low income bus pass that is offered to people with disabilities is also extend it to the direct support professional to where they can ride the bus for free as well this is both for Rhode Island and in Massachusetts providers need to hire a well-trained workforce to work with the population at reasonable rates Providers need to be more open to working with the community example excepting volunteers as needed were working with outside organizations and people interested in working with the population Remove the drivers license requirement as this is a barrier to employing a workforce that may not have transportation or hiring people with disabilities who cannot drive but are more than willing to do the work All sites should be in populated areas area is not isolated from potential employment or public transportation Used technologies to include those even with communication needs into the community Rely less on group homes in overtime shift to share living and or encourage family members to provide support There are some things that don't require money to change such as having less restrictive policies and a more compassionate workforce you also can encourage peer mentors to provide some support Less talk in the community on what a person can't do in more on what a person can do and offer Gifts and talents I hope this helps a little bit if you need any clarifying feel free to let me know thank you