NEW HAMPSHIRE
DHHS
DEPARTMENT OF
HEALTH & HUMAN SERVICES

Special Session: Residential Service Providers
Cost of Care, Out of Service Days, and Room and Board
DD Waiver & ABD Waiver

Bureau of Developmental Services

Agenda

1. Readiness Training Schedule
2. Billable Units
    1. Billable Days
    2. Out of Service Days
3. Room and Board Overview
4. Cost of Care Overview
5. Question and Answer

Readiness Training Schedule

Readiness Training Schedule

Scheduled Readiness Trainings	
Trainings	**Months**
Service Authorization (Service Coordination Meeting)	**April**
Service Planning (Service Coordination Meeting)	**April**
Medicaid (NASDDDS)	**April**
Rules (Service Coordination Meeting)	**May**
Provider Rule	**May**
Crisis Policy/Sentinel Events (Service Coordination Meeting)	**May**
Claims Submission	**June**

Training schedule is subject to change.

Readiness Training Schedule

BDS is committed to providing support to service coordinators in preparation for 7/1.

BDS Provider Readiness Meetings

- **BDS Monthly Connection with Service Coordination and Intake Departments**
  - Every 2nd and 4th Wednesday of the month from 2-3:30pm.

    https://teams.microsoft.com/l/meetup-join/19%3ameeting_YmVmNDM1MDMtNDhhMS00MDE4LWEwM2MtMTJiNDdlZWUzZjQ4%40thread.v2/0?context=%7b%22Tid%22%3a%22992deae9-1c4c-42c8-a310-5088af55ba74%22%2c%22Oid%22%3a%22c3986336-a59e-4f47-aa37-cd2e72c8db70%22%7d
- **BDS Bi-Weekly Provider Readiness Open Office Hours**
  - Every other Tuesday starting March 28th from 11-12pm.

    https://nh-dhhs.zoom.us/j/85809901209?pwd=bnEyM0FrdzZXZWVXOWF4b0tPanRpQT09
    Meeting ID: 858 0990 1209 Passcode: 201101
- **BDS Monthly Provider Meeting**
  - Every 4th Wednesday of the month from 10-11:30am

    https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZWZjYTBjMjUtMzg2Yi00MDYxLWEyYWYtZDFkYmU1NTk3YTYy%40thread.v2/0?context=%7b%22Tid%22%3a%22992deae9-1c4c-42c8-a310-5088af55ba74%22%2c%22Oid%22%3a%227adcb656-a0c6-49b6-992c-55d9d43565e7%22%7d

Billable Units

Billable Units

Moving into Direct Bill, BDS wants to clarify billable residential habilitation days to ensure that all providers understand and are set up to bill residential services 365 days/year.

For some providers this may mean no change but for others this is a change to current operations; depending on your contract with your AA.

To accomplish this, BDS plans to:

a) **Using the existing, total budget amount already approved for a participant, allocate that budget amount across 365 days.**

b) **Continue to allow for billing for services in hospital settings as allowed under the waivers.**

c) **Ensure the total budget funds needed, and approved in a service budget, are available to the billing provider.**

Out of Service Days

To ensure alignment with Federal guidance, BDS is releasing guidance on out of service days based on the Olmstead Letter #3, that states:

"*States that choose to make payments to be made for personal assistance retainers must also specify the limits that will be applied to this service. The personal assistance retainer time limit may not exceed the lesser of 30 consecutive days or the number of days for which the State authorizes a payment for "bedhold" in nursing facilities.* "

Currently the Skilled Nursing Facility rules identifies 30 out of bed days. To ensure alignment with federal guidance, BDS will:

a) **Starting 7/1/23 only allow 30 out of service days for residential habilitation**

b) **Develop a new billing code to track out of service days**

c) **Continue to allow for billing for services in hospital settings as allowed under the waivers**

d) **Release further guidance outlining what is defined as an allowable/billable out of service day under residential habilitation**

e) **Establish a process to flag when out of service days are approaching the maximum amount and meet with the service coordinator and residential provider to evaluate needs**

Room and Board

Room and Board

In accordance with 42 CFR § 441.310(a)(2), room and board expenses are a non allowable waiver expense.

Room and Board payments are made from individual's income by the individual or guardian directly to the agency or entity providing residential services.

Room and board are not allowable budget items and BDS ensures that Medicaid waiver funds are not used for room and board by requiring:

- **That a budget is submitted for each individual clearly delineating non-Medicaid revenues which are used to pay for Room and Board, typically, Social Security income.**
- **The Room and Board amount is subtracted from the amount total prior to the Medicaid funding amount being expressed.**

Room and Board

BDS has limited room and board state general funds to support the individual to meet the cost of room and board when receiving 24/7 staffed residential habilitation services. BDS maintains a general fund pool of $2M for DD Waiver and $375K for ABD Waiver service participants that is allocated for approved costs on a first come first served basis.

To access these funds, the service provider must first:

- **Submit a request for DHHS Room and Board funds to the participant's service coordinator**
  - **The request must include:**
    - **Copy of the lease or mortgage**
    - **Proof of utility cost**
    - **Food expenses**
    - **Documentation showing removal of program related expenses regarding use of residential space for staff purposes**
    - **Application for housing, food stamps**
    - **Documentation of individual's earned or unearned income**

Room and Board

The 24/7 Residential service providers must submit an invoice for approved room & board expenditures, with supporting documentation to the Department (BDS) no later than the 15th working day of the month following the month in which the services were provided. The 24/7 residential providers must ensure each invoice:

- Includes the 24/7 residential provider's Medicaid Provider #, legal name, address and phone number.
- Is submitted in a form that is provided by or otherwise acceptable to the Department.
- Identifies the individuals' name and address.
- Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
- Identifies the individuals' overall cost less the associated 3rd party revenue received.
- Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to: time sheets, payroll records, receipts for purchases, proof of expenditures, and remittance advices from insurances billed, as applicable. Remittance advices do not need to be supplied with the invoices, but should be retained to be available upon request.
- The Department (BDS) will review and approve or request more information from the provider.
- Once the Department (BDS) approves, they will submit to Finance to process for payment through the administrator of the room and board dollars.

Cost of Care

Cost of Care Contributions

Cost of Care contributions are the amount some participants are required to contribute to the cost of their total service care as established under He-M517.03(a)(5).

- Currently, Area Agencies, as the only current Medicaid-enrolled billing provider, collect the cost of care liability for all services. Further, under current MMIS operations, whichever Medicaid service for a participant is billed first is obligated the full Cost of Care amount.

- DHHS has reviewed both the Cost of Care operational process as well as re-evaluated who under the Developmental Disability and Acquired Brain Disorder Waivers will be required to contribute to the cost of care.

As a reminder, for individuals who work and are Medicaid eligible, are automatically not required to participate in Cost of Care through Medicaid for Employed Adults with Disabilities (MEAD) and Medicaid for Employed Older Adults with Disabilities (MOAD)

Cost of Care Policy

The Cost of Care policy outlines which waiver participants will be required to contribute to the cost of care as well as how cost of care will be obligated to the rendering service provider post July 1, 2023, as direct billing goes into effect.

- BDS has made a change to the Cost of Care to only apply only to individuals residing in 24/7 Staffed or Enhanced Family Care settings.

- This change should:
  1. Reduce the number of individuals paying cost of care
  2. Reduce the burden of all providers collecting cost of care
  3. Reduce challenges where cost of care was being assigned to the first billed claim

- The Cost of Care Policy can be found at https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/bdsmemococ.pdf

Cost of Care Policy Contribution Groups

Effective July 1, 2023, a monthly cost of care contribution calculation will only be completed for individuals accessing DD Waiver Residential Habilitation services. No other DD Waiver service participants will have a cost of care contribution calculated.

- Individuals who reside in an independent living setting, including their family's home, will have the maximum Standard of Need (SON) allowance applied, which is 300% of the SSI Federal Benefit Rate (FBR), or $2,742 as of 1/1/2023.

- There will be no change to the SON allowance for individuals who reside in a 24/7 staffed residence or enhanced family care (EFC) home.

- No additional changes to the frequency or calculation for cost of care contributions are being changed as part of this policy.

- No changes to the ABD SON or cost of care calculation are being made.

Question and Answer