

KDADS STANDARD POLICY

Policy Name:	Extraordinary Funding	Policy Number:	M2016-044
Division:	Home and Community Based Services (HCBS)	Date Established:	7/1/2007
Applicability:	HCBS for Intellectual/Developmental Disabilities	Date Last Revised:	11/16/2015
Contact:	KDADS IDD Program Manager	Date Effective:	06/01/2016
Policy Location:	Community Services & Programs Commission	Date Posted:	11/16/2015
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Purpose

The purpose of this policy is to replace policy number 2014-55 “Extraordinary Funding for KDADS Services.”

Summary

Extraordinary funding provides additional funding to support participants 18 or older with intellectual and/or developmental disabilities with extraordinary service needs. This funding is based on the participant’s assessed health and welfare needs while receiving HCBS day and/or residential waiver supports. This policy establishes the process and requirements for requesting and determination of extraordinary funding.

Policy

A. General Policy

1. A persons’ eligibility for extraordinary funding will be determined by the results of the uniform extraordinary funding tool. The complete tool and associated worksheets can be found at the following location under “IDD Extraordinary Funding”: <http://www.kdads.ks.gov/provider-home/forms>
2. All requests for extraordinary funding must be submitted by the day or residential provider to the participant’s MCO.
3. When reviewing the request, the MCOs will consider other community resources, third party sources and/or Medicaid-covered benefits available to the participant.
4. If the person has other primary insurance, the MCO may request the denial of needed services from the primary insurance.
5. The special tier is an enhanced tier corresponding to the participant's assessed tier. Providers requesting a tier other than the participant's assessed tier shall apply for an individualized rate.

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6. Individualized rates must be calculated following the same guidelines as the special tier threshold calculation.
7. MCOs will complete all new extraordinary funding determinations within 30 days of receiving all required documentation and in accordance with this policy.
8. For persons whose services have been reimbursed with extraordinary funding and who are transferring to a new community service provider (CSP), transferring to a new MCO, or are moving to a new location with the same provider, the CSP providing service is required to submit a new request for extraordinary funding to the MCO within 60 days of transition. The MCO will complete a review to assess the need for continued extraordinary funding in the new location, and will continue extraordinary funding until there has been sufficient time for review and a decision has been made.

B. Reassessments

1. Persons whose services are reimbursed with extraordinary funding must resubmit a new extraordinary funding request annually. This request must be sent at least 60 days prior to expiration of the current extraordinary funding authorization.
2. Persons who transitioned to the community from a qualifying institution using Money Follows the Person, and whose services have been reimbursed with extraordinary funding, will be reassessed at least annually regardless of the year when extraordinary funding began. This request must be sent at least 60 days prior to expiration of the current extraordinary funding authorization.

C. Termination of Extraordinary Funding

1. Extraordinary funding will be terminated if ineligible at the time of review. If, based on the uniform tool, and/or any recent assessments completed by the MCO, a person is determined to no longer be eligible for extraordinary funding; the person's extraordinary funding will return to the regular tier rate prospectively. The MCO will send notification to the community service provider as indicated within C.2., below.
2. If the participant's tier changes in the middle of the review year, the MCO may require documentation of the continued need for extraordinary funding. If no documentation is submitted, the MCO may utilize the documentation submitted for the previous extraordinary funding review to determine extraordinary funding eligibility at the new tier score. The MCO shall notify the community service provider if extraordinary funding is no longer approved. This notification shall include the date extraordinary funding will end.
3. Community Service Providers (CSP) shall not refuse to serve a participant based on his/her tier and related reimbursement rate. Such refusal shall constitute a violation of the affiliation agreement established between the CSP and the Community Developmental Disability Organization (CDDO) and licensure requirements.

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4. If the MCO denies the extraordinary funding request, this is considered an administrative denial. The MCO will issue the provider an administrative denial letter, which includes the date the regular tier rate will go into effect. The MCO is not required to issue an administrative denial letter to the member, because denial of an extraordinary funding rate does not constitute a service reduction. Community service providers may not refuse to serve a participant, or reduce the level of services below the amount needed to ensure the participant's health and safety, based on his/her tier and related reimbursement rate.

D. Dispute Resolution Process

1. MCO Denial/Termination of Extraordinary Funding:
 - a. If a community service provider for whom a person served has been reimbursed with extraordinary funding disagrees with the termination of extraordinary funding, the provider may appeal with the participant's MCO following the process outlined within the administrative denial letter issued by the MCO. Pending the results of the appeal, reimbursement will return to the regular tier rate on the date indicated in the administrative denial letter.
 - b. If the MCO denies extraordinary funding through the appeal, the community service provider can request an administrative reconsideration from KDADS within 10 days of the MCO's appeal decision.
 - c. Upon administrative reconsideration, should KDADS overturn the MCO denial, the extraordinary funding will be restored until the next scheduled review time or as provided in this policy (see termination of Extraordinary Funding), and the MCO shall be required to authorize a continuation of extraordinary funding.

Process

A. Existing Requests waiting for Extraordinary Funding

1. Participants currently waiting for extraordinary funding, and participants for whom extraordinary funding has been extended pending this policy, will be reviewed by the MCO upon the adoption of this policy. The MCO may contact the community service provider to request additional information needed for review.
 - a. The MCO will make a final determination about extraordinary funding and notify the community service provider through either an Authorization Letter or an Administrative Denial Letter, with the decision. The MCO will complete and submit a 3161 if the cost of care changes.
 - b. There will no longer be a waiting list for extraordinary funding upon adoption of this policy. No additional provider requests will be added to a waiting list for extraordinary funding.

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B. New Requests for Extraordinary Funding

1. Prior to accepting a new request for extraordinary funding, the MCO shall work with the provider to ensure the provider has tried all other health and/or behavioral health service options offered by the MCO.
2. MCOs will consider new requests for extraordinary funding if the participant has an extraordinary need and meets one of the following criteria:
 - a. The participant is transitioning out of a nursing facility, a public or private intermediate care facility for participants with intellectual disabilities (ICF/IID), correctional facility, or a psychiatric residential treatment facility (PRTF) if the participant is age 18 or older;
 - b. Due to a health or safety need, the participant is at imminent risk of placement into a nursing facility, correctional facility or public or private ICF/IID, or;
 - c. The participant is the subject of a confirmed case of abuse, neglect or exploitation related to an extraordinary behavioral or health condition.

C. Submitting Extraordinary Funding Requests

1. All required documents in the “Documentation” section below must be submitted before the MCOs will begin reviewing extraordinary funding renewal requests.
2. Additional documentation may be requested to complete the review process. The MCO will contact the provider and request any additional information that may be needed. This documentation must be provided to the MCO within 10 business days of the date the request was made.
3. A community service provider who does not submit extraordinary funding requests to the MCO with all required documentation by the submission due date, as established by this policy, may have extraordinary funding terminated.
4. Extraordinary funding request will be submitted to each MCO utilizing the email addresses listed below.
 - a. **Amerigroup:** ksltssidd@amerigroup.com
 - b. **United:** uhcksltss@uhc.com
 - c. **Sunflower:** Send documentation to the Sunflower Regional Case Management email inboxes. The map with the addresses is available online at www.sunflowerhealthplan.com
 - i. **Western:** Region1cm@sunflowerhealthplan.com
 - ii. **Salina:** Region2cm@sunflowerhealthplan.com
 - iii. **Topeka:** Region3cm@sunflowerhealthplan.com
 - iv. **Kansas City:** Region4cm@sunflowerhealthplan.com
 - v. **Wichita:** Region5cm@sunflowerhealthplan.com
 - vi. **Southeast:** Region6cm@sunflowerhealthplan.com

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Documentation Requirements

A. Documentation

1. **Uniform Extraordinary Funding Tool:** Information on the approved tier rate, justification level previously assigned, and if this is an initial request or if this is a renewal request must be included in the documentation submitted. If the request is for an MFP member, indicate the date the funding is requested to begin.
 - a. For guidance on how to complete the extraordinary funding, please review the “Extraordinary Funding Guide” for completing the documentation. This guide is available at the following location: <http://www.kdads.ks.gov/provider-home/forms>.
2. **Summary Page:**
 - a. **Staffing Needs:** Describe the reason extraordinary funding is needed to meet the participant’s needs. Include information about current or needed staffing ratios, current strategies to protect the participant, provide supports, and address the specific extraordinary medical or behavioral needs. Include information about any professional supports that are being built into the cost that are not already covered by another health insurance and/or a duplication of services (i.e. behavioral health, nursing, therapies, dietician etc.).
 - b. **Behavioral Issues:** Include information about recent changes in circumstances and increased needs that may not be indicated in the participant’s person-centered support plan or behavior support plan. Identify previous service or supports used within the past year. Indicate whether the need for extraordinary funding could be reduced if other strategies, services and/or supports were available.
 - c. **Medical Needs:** Describe the extraordinary medical needs that require additional supports including medication, medical technology, specialized treatments, history of hospitalization, emergency room visits, and medical appointments.
 - d. **Additional Staff Training:** Describe current staff training completed for all staff. Identify additional staff training needed, how often it will occur, and when it was completed, length of training and cost of specialized training. Include a description of how this training meets the participant’s specific need for services. The training must be specific to meeting the extraordinary needs of the participant. It cannot be training that is provided within the normal course of business.
 - e. **Equipment/Supplies:** Describe the current equipment needed, include the ratio of participant’s served using the equipment, cost to purchase and maintain requested equipment and whether it is a request for a one time purchase, assistive services or home modification to meet the participant’s assessed need.
 - i. Identify all equipment and supplies, needed and used by the participant, including equipment and supplies covered by a third party insurance or Medicare.

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- ii. Equipment and supplies not eligible to be paid for by Medicaid, may only be included if needed specifically for the participant, and for the reason extraordinary funding is being requested.
- iii. Only the amount needed above normal and customary use may be included. The amount requested must be quantified above and beyond normal and customary use, with the reason provided.
- iv. If staffing support, and/or equipment and supplies are being requested for the use of remote monitoring technology, describe within this section and the staffing section how the cost of the remote staff and/or equipment is being included within the staffing schedule and equipment and supplies sheet. The provider must also describe how the technology is utilized for the individual, and how the cost is divided across all persons using the technology. The MCO may request a copy of the consent or service agreement between the provider and the participant related to the use of remote monitoring.
- f. **Conclusion:** Describe the likely outcome if extraordinary funding is not granted or renewed for the participant based on the participant's assessed needs. The outcome cannot be that the provider terminates or reduces services below the amount needed to meet the basic health and safety needs of the participant.

3. Threshold Calculation Worksheet

- a. Please see and use the form currently available on the HCBS website. The method for calculating the vacancy factor and administrative costs may be reviewed by the MCO.

4. Average Hourly Wage Calculation Worksheet

- a. The cap for staff benefits is 20%. This also applies to individualized rates. Providers may not use more than this amount when calculating staff salary and benefits.
- b. The MCO may review the cost calculations and request additional documentation to determine actual cost per day for staff salary, benefits, taxes and administrative costs.
- c. If other professionals are listed in the threshold calculation worksheet, such as nursing or behavioral services staff, the summary must include a description of what these staff are doing to meet the needs of the participant and include the number of hours it takes to complete such tasks for the participant.

5. Training

- a. If training is listed as a cost of extraordinary funding, documentation must be submitted indicating the specialized training needed for the individual that is above and beyond the training provided as a normal course of business for the provider. The explanation of the specialized training should be tied to the reason for the extraordinary funding request.

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- b. A maximum of \$1.60 per day is allowable for extraordinary funding consideration and may be included in the EF Rate calculation. Actual cost must be identified for any amount under \$1.60 per day. The MCO may request documentation showing proof of completion of training and type of training completed.

6. Equipment and Supplies

- a. **Non-covered Equipment/Supplies:** Only items specific to the participant, and above the normal cost of doing business may be requested and included in the calculation for extraordinary funding
 - i. For example, non-sterile gloves, bed pads, or other equipment used by home health staff, HCBS staff, or staff from any other paid company for universal precautions are considered content of service and will not be paid separately; unless justified as being specific to the participant, and beyond normal and customary use.
 - ii. Equipment and supplies covered by a third-party payer or Medicare should be identified but should not be included in the extraordinary funding rate calculation.
- b. **Covered Equipment/Supplies:** only the portion of the cost of monitoring and adaptive equipment such as alarms, cameras, or cell phones, etc., specific to the assessed needs of the participant, will be considered.
 - i. The calculation of the total cost divided by the number of participants using the equipment must be included within the request. The description of the cost for electronic monitoring will be included within the written summary as described above.
 - ii. The need should be specific to the reason for the extraordinary funding request and documented accordingly in the Person-Centered Support Plan and Behavior Support Plan.

7. Direct Care Staffing Form

- a. Submit day supports or residential supports form (as appropriate for the extraordinary funding request)
- b. Include all staffing ratios and general description of activities, supports and services provided including behavioral health services, services not reimbursed with extraordinary funding, and supports and services provided by informal supports (such as weekly family outings in which a day or residential staff is not present or required to provided supports and services)
- c. Up to eight hours a day may be included within a staffing form for a day services request. The day services staffing form may include more than five days per week, but may not exceed more

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than 40 hours per week. Any hours reflected on the day services staffing form may not be duplicated on a residential staffing form. This calculation is only to be utilized for the purpose of calculating day services cost for the threshold. A provider is limited to billing up to 25 hours or 100 units per week.

8. Additional Documents

a. Person Centered Support Plan

- i. Plan must be dated within the last 365 days, reflecting the member's current needs and supports, identify any services and/or supports previously tried that have failed and identify any current modifications and/or related updates.

b. Behavior Support Plan

- i. If the request for extraordinary funding is for behavioral needs, a current behavior support plan (BSP), addressing the behaviors that are the reason for the request, must be submitted. The plans must be dated within the last 365 days and current behavior modification strategies which have been attempted and related updates must be provided.
- ii. Current summarized and interpreted medical and behavioral data (as appropriate). The data must be specific to the BSP, and must include more than the BASIS data.
- iii. If there is an Individual Justice Plan (IJP), that plan and any related information must be provided.

c. Physical Health Profile

- i. Health Information (including the most recent evaluations, appointments, medications, interventions, and medical personnel)
- ii. To prevent duplication, if the integrated service plan or extraordinary funding request includes a need/request for specialized nursing care, then wellness monitoring will not also be authorized.
- iii. Current summarized and interpreted medical and behavioral data (as appropriate).

d. Audit For Individualized Rates

- i. Persons served for whose services have been reimbursed with extraordinary funding at an individualized rate above the super tier rate must include the appropriate audit of costs for services provided at the time of reassessment. If a provider requests an individualized rate, the MCO may seek confirmation that the provider is not also receiving special tier rates for other participants. The MCO may refuse to approve an individualized rate for a provider that is receiving special tier rates for other participants.

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- ii. Please note that additional documentation may be requested by the MCO to complete the review. If the MCO requests additional documentation, the information must be provided within 10 business days.

e. Audit for Super Tier Rates

- i. Persons served for whose services have been reimbursed with extraordinary funding at the super tier rate must include the appropriate audit of costs for services provided at the time of reassessment.
- ii. Please note that additional documentation may be requested by the MCO to complete the review. If the MCO requests additional documentation, the information must be provided within 10 business days.

Quality Assurance and Program Integrity

A. MCO Responsibilities

1. The MCOs must report extraordinary funding to the state on the state-approved report, which will include status of the persons served who have services reimbursed with extraordinary funding, authorizations for extraordinary funding, review date, approvals and denials including reasons for denials, and dates of communication to the community service provider of the status of extraordinary funding. The report will be required each quarter and due by the 15th day of the month following the end of each quarter. Periods covered for each quarter shall be Jan through March; April through June; July through September; and October through December.
2. The MCO will also be responsible for ensuring quality assurance and program integrity for extraordinary funding. This may include reviewing extraordinary funding forms, requesting additional information, and monitoring services and supports. MCOs will notify any provider of concerns related to extraordinary funding and address any critical incidents related to persons receiving extraordinary funding for their services.

B. KDADS Responsibilities

1. KDADS will continue to monitor extraordinary funding and review the extraordinary funding report on a quarterly basis to ensure the health, safety and welfare of the persons served who have services reimbursed with extraordinary funding.
2. KDADS will review a sample of the denials or terminations of extraordinary funding on a quarterly basis to ensure compliance with all KDADS quality assurance, program integrity, and licensing requirements. If issues are identified, KDADS shall notify the respective MCO and coordinate remediation activities.

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Authority

Waiver Authority

1915(c) HCBS IDD Waiver – KS.0224.R05.00 (IDD) – effective July 1, 2014

State Authority

KanCare RFP Section 2.3.6.6 – Reimbursement for In-Network Providers

K.S.A. 39-1806 – IDD System of Funding

K.A.R. 30-64-25 – Uniform Access to Services Regardless of Severity of Disability

Contact Information

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Related Information

Uniform Extraordinary Funding Tool: <http://www.kdads.ks.gov/provider-home/forms> Located under “IDD Extraordinary Funding”.