RATE ADJUSTMENT IMPLEMENTATION: EARLY START PROVIDERS

December 15, 2021 December 20, 2021













Housekeeping



Interpretación en español: haga clic en el globo blanco en la parte inferior de la pantalla con la etiqueta "Interpretation." Luego haga clic en "Spanish" y seleccione "Mute original audio."



ASL interpreters have been "Spotlighted" and live closed captioning is active

This meeting is being recorded

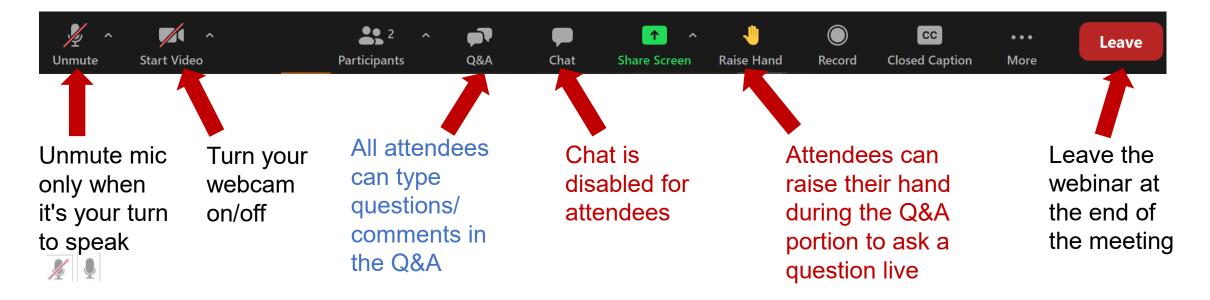


Materials are available at: https://www.dds.ca.gov/initiatives/stakeholder-events/



Answers to frequently asked questions are available at: https://www.dds.ca.gov/rc/vendor-provider/rate-study-implementation/rate-model-implementation-frequently-asked-questions/

Zoom Tips





- For attendees, your video and microphone will not be available
- You will only see/hear DDS staff and presenters on screen



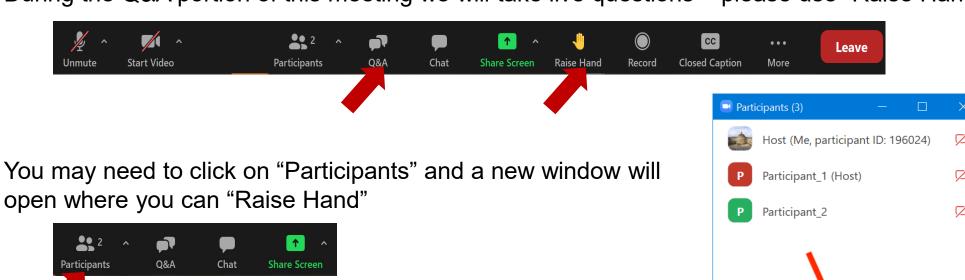
- Features will vary based on the version of Zoom and device you are using
- Some Zoom features are not available for telephone-only participants

Providing Comments

Please use "Q&A" for your questions and comments; if you prefer, you may send your questions/comments to ratesquestions@dds.ca.gov

During the Q&A portion of this meeting we will take live questions – please use "Raise Hand" to comment

Invite



Questions not answered live will be used for an FAQ document on rate adjustment implementation

AGENDA

Welcome

Background & Timeline

Health Management Associates - Burns Introduction

Process

- Data
- Compilation

Q&A

Next Steps

BACKGROUND & TIMELINE

VENDOR RATE STUDY

- Comprehensive study of vendor payment rates (ABX 2-1)
- Proposed standardized rates (based on detailed rate models) within each Regional Center for most services
- Given the significant variability in existing negotiated rates, fiscal impact varies by vendor and some have rates that exceed the applicable proposed rate
- Rate study included recommendations to simplify and standardize services (including consolidation of service codes)
- Goal to make service codes more reflective of the level and types of services provided
- For services without regulations, the rate study included the expectations on which the rate models are based

AB 136 RATE REFORM

- Enhanced person-centered, outcomes-based system
- Quality incentive program
- Phased implementation of rate models

AB 136 RATE ADJUSTMENT TIMELINE

April 1, 2022

• 25 percent of difference between March 31, 2022 rate and applicable rate model

July 1, 2023

• 50 percent of difference between March 31, 2022 rate and applicable rate model

July 1, 2025

- Full implementation of rate models with two payment components
 - Base rate equaling 90 percent of the rate model
 - Quality incentive program component of up to 10 percent of the rate model

PAYMENTS IN ADDITION TO RATE ADJUSTMENTS

DSP BILINGUAL DIFFERENTIAL

Planning in FY 2021-22
Implementation in FY 2022-23

DSP
TRAINING &
CERTIFICATION

Planning in FY 2021-22 Implementation in FY 2022-23

QUALITY INCENTIVE PAYMENTS

Implementation in FY 2022-23 and 2023-24 in addition to rate adjustments

Stakeholder input through the Developmental Services Task Force and other groups

UPDATED RATES

- Rates established in March 2019 based on data available at that time, including a \$13 per hour minimum wage
- Rates will be updated before rate adjustment calculations, to include
 - \$15 per hour minimum wage assumption
 - Updated wage inflation estimate
 - Updated health benefits cost
 - Review of workers' compensation cost
 - Updated IRS mileage rate

RATE ADJUSTMENT EXAMPLE



INFANT DEVELOPMENT PROGRAM – APRIL 2022 RATE ADJUSTMENTS

No changes to billing/authorizations required in April 2022

- If a provider has a single rate that includes all staff types delivering services, that will continue
- In coming years, work with stakeholders to set service and staffing standards

Current rates will be compared to benchmark rate models to calculate rate adjustment

 Benchmark rate models will be used to create a weighted average for each provider based on their specific staffing and location where services take place

INFANT DEVELOPMENT PROGRAM – RATE ADJUSTMENT PROCESS



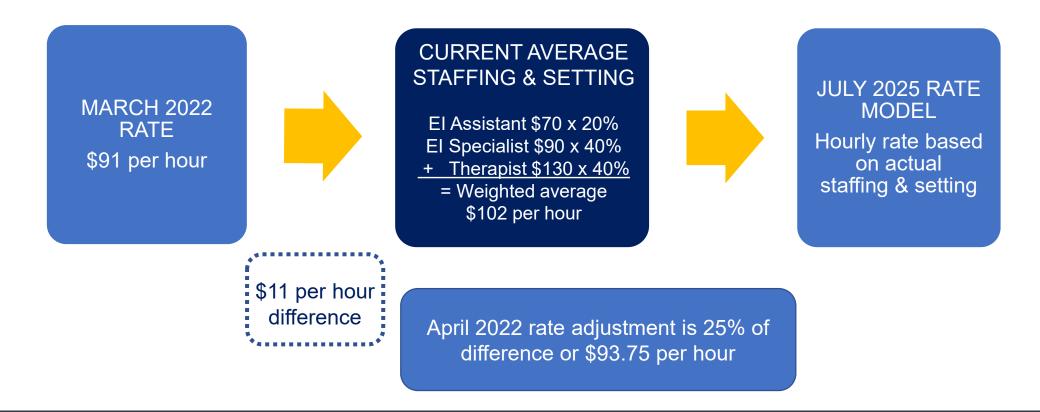


- One rate
- Based on mix of staff delivering service



- Multiple rates
- Depending on staff delivering service

INFANT DEVELOPMENT PROGRAM – RATE ADJUSTMENT EXAMPLE



BASED ON STANDARDIZED RATE MODELS, WEIGHTED AVERAGE RATE WILL VARY BY PROVIDER'S STAFF COMPOSITION, SERVICE SETTING, AND RATIOS

	Rate Model*	Provider 1				
Current Rate		\$91.00				
		Percent of Service Hours by Staff				
El Assistant	\$70.00	20%				
El Specialist	\$90.00	40%				
Therapist	\$130.00	40%				
Weighted Average Rate		\$102.00				
April 2022 Rate		\$93.75				
* Familly atmative accumulation and actual mater						

^{*} For illustrative purposes, not actual rates

PROCESS FOR DETERMINING BENCHMARK RATES

- Collect data to align with the rate models (e.g., what staff are providing services, ratios, etc.) to establish a weighted average rate
- Regional centers will receive a service detail collection form for each provider; regional centers will work with their providers to complete the form
- Forms will be accompanied by instructions for completion and definitions (e.g., criteria for early intervention assistants and early intervention specialists, etc.)

FOR THE APRIL 2022 RATE ADJUSTMENT



No changes in service code or program design

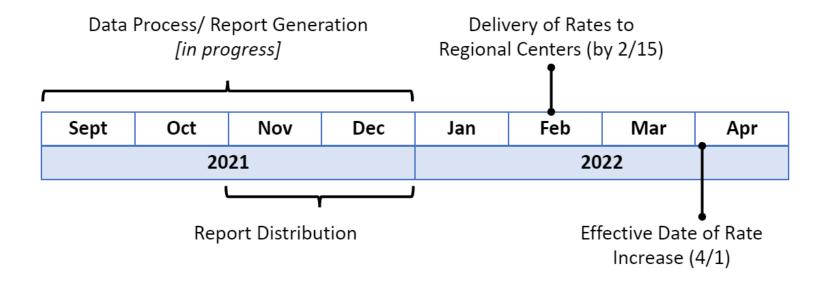


No changes to billing units (hours, days, etc.)



No rates will be reduced

DATA SHARING TIMELINE



SERVICE CODE BATCHES

- First batch of service codes sent to regional centers November 16, 2021
- Second batch of service codes sent to regional centers December 2, 2021
- Third batch of service codes including Early Start service codes targeted for distribution to regional centers by early next week
- Fourth batch of service codes targeted for distribution to regional centers before the end of the month

OUTSTANDING ITEMS

How rates for new vendorizations will be set

How incentive payments will be considered in future rate adjustments

Timing of change in unit types

Defining programmatic requirements, including staff qualifications

How hold harmless provisions will work

INTRODUCTIONS

- Known as HMA-Burns
- Conducted the vendor rate study delivered in March 2019
- Performed detailed analysis of current rates and purchase of service data to develop Alternative Nonresidential Services rates
- Assisting DDS in rate model implementation authorized by AB 136

BURNS & ASSOCIATES

A DIVISION OF HEALTH MANAGEMENT ASSOCIATES

DATA USED IN THE DETERMINATION OF RATE INCREASES

- Rates files for all vendorizations and subcodes
 - Separate files for Department-set rates and negotiated rates
 - Files combined to establish a complete listing of current unique rates based on Regional Center, service, subcode, and vendor number
- Purchase of service (POS) data ending June 30, 2021
 - POS data is being processed using the same methodology as utilized for the non-residential alternative service delivery rate calculations
 - Used to identify potential missing rates and large discrepancies compared to the rates files

PROCESSING

For many services, additional information is needed before rate increases can be calculated

For each service code, a series of reports will be developed

- Ensure all current rates have been accurately identified
- Identify the appropriate rate model for determining the rate increase (e.g., for services where rate models vary by staffing ratio, need to know the current staffing ratio for each vendorization)
- HMA-Burns will produce detailed documentation of methodology for each report

Regional Centers will be asked to review the reports to identify erroneous conclusions and/or report information needed to determine appropriate rate model

PROCESSING (CONT.)

Missing Rates Report

 Rates (by Regional Center, Service, Subcode, and Vendor) that appear in the POS data but do not appear in the rates files

Mismatched Rates Report

• Effective rates in the POS data that differ markedly (+/- 10%) from the amount appearing in the rates files

Rate Unbundling Report (see following slides)

Service Detail Collection Form (see following slides)

PROCESSING – RATE UNBUNDLING REPORT

- Instances of multiple payments being made for the same service (e.g., base service rate with administrative costs billed using separate subcodes)
- POS data used to identify when a vendor bills multiple subcodes for an individual member(s)
 - Identified combinations will be further reviewed to determine
 - 1) if the utilization occurs simultaneously in one or more months and
 - 2) if the subcode with the lower rate is less than 20 percent of the sub-code with the higher rate
 - If both criteria are met, the subcodes are presumed to be unbundled activities that are part of the same service

PROCESSING - RATE UNBUNDLING REPORT (CONT.)

- The identification of unbundled activities is intended to ensure equity between vendors
- Intent is that the cost of the unbundled rate (Admin in this example) will be added (bundled) to the service rate so a 'true' total rate can be calculated

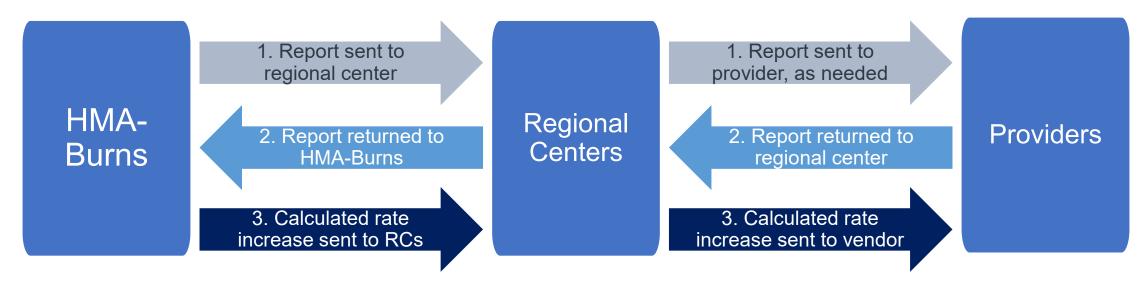
	Service Rate	Admin Subcode	Current Totals	Rate Model	Service w/ 25%	New Total
Vendor A	\$30.00	\$0.00	\$30.00	\$40.00	\$32.50	\$32.50
Vendor B	\$28.00	\$2.00	\$30.00	\$40.00	\$31.00	\$33.00

 In this example both vendors start with the same effective rate, but Vendor B receives a larger rate if the unbundled amount billed under the Admin subcode is not considered

PROCESSING – SERVICE COLLECTION DATA FORM

- Form to be used to report information needed to determine appropriate rate model for calculating the rate increase for a given vendorization
- Example of information needed to determine rate increase for a day program (since the rate models vary based on these factors)
 - Whether program meets criteria for specialized medical or behavioral
 - Staffing ratio
 - Service setting (proportion of time in center and in community)
 - For non-hourly unit types, number of hours of service being provided
 - For example, services billed using a daily unit will require average number of hours per day to determine an effective hourly rate for comparison to the rate model to allow calculation of the percentage rate increase to be applied to the rate
- Forms will feature detailed instructions and definitions to guide responses

DATA SHARING – PROCESS FLOW



- Intent is to send in four batches of service codes to allow Regional Centers to review and provide feedback in a staggered fashion
- Information will be shared via a 'secure-share' site similar to the process used for sharing non-residential alternative service delivery rates

Q&A

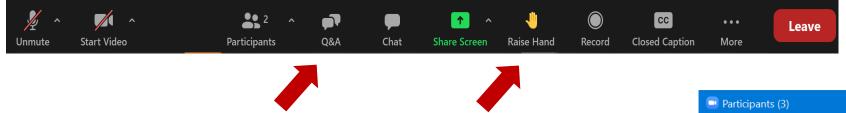
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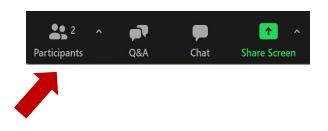
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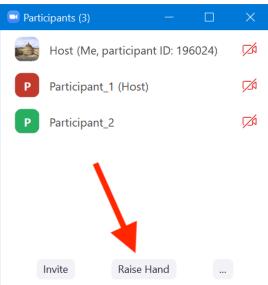
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You may need to click on "Participants" and a new window will open where you can "Raise Hand"





NEXT STEPS