

CCCW Residential Rate Transition – January, 2017

ROCK COUNTY 2016



Residential Rates - CCCW

Care and Supervision

Room and Board

Room and Board Rate

Room and Board will remain the same as of January 1, 2017

APPENDIX 1 C									
Room and Board 2016									
2016 Cap \$828 Food Share \$194									
	Owner Occupied AFH			Corporate AFH/CBRF			RCAC		
	Rent	Room & Board	Daily Rate	Rent	Room & Board	Daily Rate	Rent	Room & Board	Daily Rate
Rock	\$ 449.00	\$ 643.00	\$ 21.14	\$ 572.00	\$ 766.00	\$ 25.18	\$ 634.00	\$ 828.00	\$ 27.22
Rusk	\$ 473.00	\$ 667.00	\$ 21.93	\$ 476.00	\$ 670.00	\$ 22.03	\$ 634.00	\$ 828.00	\$ 27.22
Sauk	\$ 525.00	\$ 719.00	\$ 23.64	\$ 582.00	\$ 776.00	\$ 25.51	\$ 634.00	\$ 828.00	\$ 27.22
Sawyer	\$ 408.00	\$ 602.00	\$ 19.79	\$ 542.00	\$ 736.00	\$ 24.20	\$ 634.00	\$ 828.00	\$ 27.22
Shawano	\$ 472.00	\$ 666.00	\$ 21.90	\$ 475.00	\$ 669.00	\$ 21.99	\$ 634.00	\$ 828.00	\$ 27.22
Sheboygan	\$ 468.00	\$ 662.00	\$ 21.76	\$ 556.00	\$ 750.00	\$ 24.66	\$ 634.00	\$ 828.00	\$ 27.22
St. Croix	\$ 634.00	\$ 828.00	\$ 27.22	\$ 634.00	\$ 828.00	\$ 27.22	\$ 634.00	\$ 828.00	\$ 27.22

NEW PLACEMENTS

- CCCW utilizes a residential rate setting methodology to ensure consistency and predictability in residential rates
- Methodology utilized for the majority of residential placements
- Long Term Care Functional Screen (LTCFS) used to determine “acuity” or level of support a member needs
- Rates based on how MCO is reimbursed by the State

Long Term Care Functional Screen (LTCFS)

- Statewide tool used to determine functional eligibility for Family Care
- Determines how MCO's are paid
- Is included within the residential rate calculation for providers
- Includes questions related to the type, frequency, and amount of assistance a person may need

Long Term Care Functional Screen (LTCFS)

- **LTCFS Includes:**
 - Activities of Daily Living (ADL's) - Bathing, dressing, toileting, transferring, mobility, and eating
 - Instrumental Activities of Daily Living (IADL's) Meal preparation, managing medications and treatments, money management, and using the telephone
 - Cognition, behavior, diagnoses, medically oriented tasks, transportation, employment, and other chronic conditions that affect how a person functions
- **LTCFS** completed at least every 365 days to determine member's ongoing functional eligibility for the Family Care Program, or revised as a member's condition changes
- Strive to keep **LTCFS** as accurate as possible – Discuss any discrepancies with the member's assigned IDT staff

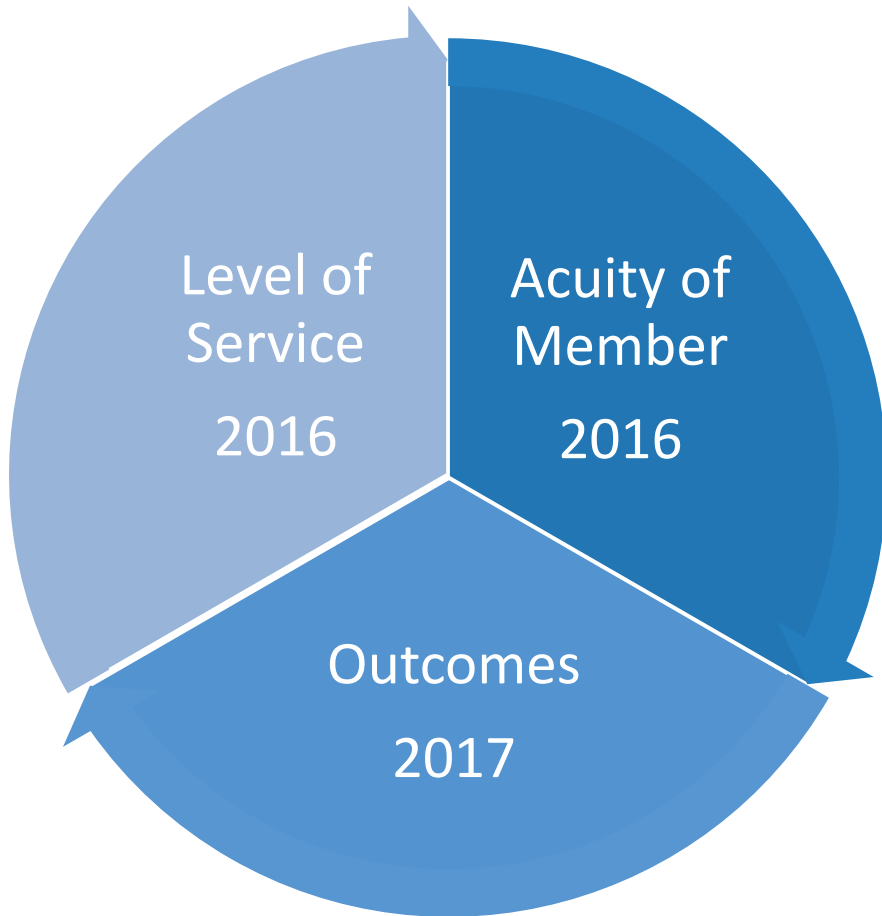
Residential Rate Methodology

Key Concepts

- Each target group has their own acuity calculation (ID/DD; PD; FE)
- The acuity calculation utilizes the member's monthly regression value from our capitation formula and divides by 10
- The acuity score is determined by the LTCFS (and restrictive measures approval if ID/DD)
- Acuity scores between 0 – 899 will use the rate tool to determine the rate
- Acuity scores greater than 899 will use the outlier budget process to determine the rate
- The rate is dependent upon the member's acuity score and the provider's location category
- The same rate table is used for all target groups
- Each location has a pre-determined category assignment (Category 1, 2, 3, 4, or 5)

Residential Rate Methodology

What does the tool consist of?



- Residential Rate Methodology comprised of 3 component areas:
 - **Acuity of Member** – Based upon the LTCFS
 - **Level of Service** – Includes services not captured within the Acuity of the member
 - **Outcomes** – Reimbursement opportunity for providers that meet established outcomes

Categories

Facility Type	Category 1	Category 2	Category 3	Category 4	Category 5
Previous Base or Tier Values	B1	T1, T2	B2, B3, B4, B7, B8	Memory Care, B5	B6, B9
OO AFH	X		X		
Target Group	DD, FE, PD		DD, FE, PD		
General Member Acuity Served	Low-Moderate		Low-Moderate		
Staffing Model	Owner Only		Owner + Staff		
Overnight Care	Usually Sleep Staff		Sleep or Awake Staff		
Behavioral/Medical Specialties	Possibly		Usually		
Corporate AFH			X	X	X
Target Group			DD, FE, PD	DD, FE, PD	DD, FE, PD
General Member Acuity Served			Low – Moderate	Moderate - High	High
Staffing Model			Dedicated Staff	Fluid Staff	Fluid Staff
Overnight Care			Sleep or Awake Staff	Usually Sleep Staff	Usually Awake Staff
Behavioral/Medical Specialties			Usually	Always	Always
CBRF 1-8 Bed			X	X	X
Target Group			DD, FE, PD	DD, FE, PD	DD, FE, PD
General Member Acuity Served			Low – Moderate	Moderate - High	High
Staffing			Dedicated Staff	Fluid Staff	Fluid Staff
Overnight Care			Sleep or Awake Staff	Usually Sleep Staff	Usually Awake Staff
Behavioral/Medical Specialties			Usually	Always	Always
CBRF >8 Bed		X		X	
Target Group		FE and PD Only		FE and PD Only	
General Member Acuity Served		Low - High		Dementia/Alzheimer	
Staffing		Large Supervised Setting		Large Supervised Setting	
Overnight Care		Awake		Awake	
Behavioral/Medical Specialties		Usually		Always	
RCAC		X			
Target Group		DD, FE, PD			
General Member Acuity Served		Low - Moderate			
Staffing		Up to 28 Hours per Week			
Overnight Care		Sleep or Awake Staff			
Behavioral/Medical Specialties		Usually			

Acuity Component

Acuity	Category 1	Category 2	Category 3	Category 4	Category 5
0-49	\$ 15	\$ 30	\$ 30	\$ 30	\$ 30
50-99	\$ 20	\$ 30	\$ 30	\$ 30	\$ 30
100-149	\$ 25	\$ 30	\$ 30	\$ 30	\$ 30
150-199	\$ 32	\$ 43	\$ 47	\$ 51	\$ 55
200-249	\$ 37	\$ 52	\$ 59	\$ 64	\$ 69
250-299	\$ 45	\$ 60	\$ 72	\$ 77	\$ 84
300-349	\$ 53	\$ 70	\$ 84	\$ 88	\$ 97
350-399	\$ 60	\$ 81	\$ 91	\$ 101	\$ 106
400-449	\$ 68	\$ 90	\$ 98	\$ 114	\$ 122
450-499	\$ 76	\$ 100	\$ 110	\$ 126	\$ 135
500-549	\$ 83	\$ 105	\$ 115	\$ 139	\$ 149
550-599	\$ 91	\$ 109	\$ 122	\$ 146	\$ 163
600-649	\$ 99	\$ 116	\$ 131	\$ 154	\$ 175
650-699	\$ 107	\$ 123	\$ 138	\$ 163	\$ 188
700-749	\$ 114	\$ 129	\$ 146	\$ 170	\$ 202
750-799	\$ 120	\$ 135	\$ 156	\$ 182	\$ 216
800-849	\$ 122	\$ 144	\$ 166	\$ 193	\$ 229
850-899	\$ 123	\$ 152	\$ 176	\$ 205	\$ 243

- **Acuity Band Value** - The acuity numbers are added together for an overall acuity score. An acuity score falls into an acuity band
- **Provider Categories**- Based upon target group, average acuity of the members served, staffing model, overnight care, and behavioral/medical specialties

Identified Outcome Payments

2018 Implementation for Rock County Providers

- **Provider's Internal Quality Initiatives** – Providers identify an outcome(s) they plan to work on in 2017 related to quality
- **Influenza Vaccination** - Reimbursement through an outcome based payment to providers who demonstrate a commitment to ensuring their residents are provided options for gaining access to flu clinics
- **Behavioral Support Planning** – Offers additional compensation for providers who support members with complex behaviors and assist members through the use of a behavioral support plan
- **Employment/Community Involvement** – Grant opportunity to explore options for residential providers to support members becoming more actively involved in their local communities

Transition Logic

To determine what transition rate would be used, all members were run in the new methodology and assessed accordingly:

- Rate is within +/- 5% of the regression model rate per LTCFS information pulled on October 24, 2016 – New rate will be proposed (tool rate)
- If rate was < 42% or > 125% of the regression value, new rate will be proposed on rate sheet
- If rate does not meet above parameters, rate will remain the same
- Outlier rates for acuity over 899 or rate > \$250/day will be reviewed member-by-member through individual provider meetings

Transition Example

Member Target Group = DD

Member Acuity = 594

Location Category = Category 5

Current Rate = \$163

Methodology Rate = \$169

Difference = \$+6

Percent Difference: $\$+6 / 169 = +4\%$

USE METHODOLOGY RATE SINCE WITHIN +/- 5%

Transition Example

Member Target Group = DD

Member Acuity = 585

Location Category = Category 5

Current Rate = \$179

$\$179 \times 30.4 \text{ days}$

Methodology Rate = \$163

$\$5,441.60 / \$5,852.98 = 93\%$

Difference = \$-16

Percent Difference: $\$-16 / 163 = -9\%$

NOT WITHIN +/- 5% - Rate will not be changed – No new proposed rate

Residential Reviews

Significant Change of Condition (COC) Review—Providers seeking a rate change due to a member's significant change of condition are reviewed on a weekly basis.

Outlier Review –Occurs when a member's support needs are unique and complex and fall outside of the residential rate methodology. This review will require providers to submit budgets and staffing information for each member. The information will be reviewed to determine if the per hour rate is within the \$18-22/hour guideline currently utilized.

Provider Category Review – Opportunity for providers to request a review if their services appear to be at a higher level than the category to which they were initially assigned.

**Forms are available for providers to complete in order to request a review (found on the CCCW website under the provider tab).



Reviews

Forms are available for providers to complete in order to request a review (found on the CCCW website under the provider tab). If you are contacted by a provider with questions about rates, the methodology, or if you have questions please direct them to:

Jennifer Harris at (715) 236-5059 | jennifer.harris@communitycarecw.org

Krista Love at 715-638-2760 | Krista.Love@communitycarecw.org

Colleen Seemann at 715-996-1624 | Colleen.Seemann@communitycarecw.org



Thank you for joining us!

For questions – contact:

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