

Residential Rate Review Protocol For Providers

Purpose

Residential rates are established using the contracted Residential Rate Methodology. Residential rates are determined at the time of placement and/or annually. Rates may only be established outside of the transition or contracted Rate Methodology by following one or more of the formal review protocols outlined in this document.

Definitions

Community Care Connections of Wisconsin (CCCW) Website: mycccw.org

Long Term Care Functional Screen (LTCFS): The State's standardized eligibility tool to determine functional eligibility for Wisconsin long term care programs. At CCCW, the LTCFS is used to determine the member's acuity score based on the state determined regression model.

Significant Change of Condition (COC): A Significant Change of Condition involves significant changes in a person's condition which are expected to last longer than six to eight (6-8) weeks. A significant change of condition may involve a change in the ability to complete Activities of Daily Living/Independent Activities of Daily Living (ADL's/IADL's), decline in behavior to the point where relationships are problematic and increased interventions are needed, and/or a significant medical changes that now require skilled nursing care provided by staff at the facility.

New Enrollment: Defined as a member enrolled in the last 60 days to the Managed Care Organization (MCO). The LTCFS is reviewed for accuracy between the team and provider. A new LTCFS may be completed if both the team and provider agree the enrollment screen did not accurately capture the member's needs.

New Enrollment Review: When a provider does not feel the rate accurately captures the care and supervision needs of a new enrollment, they submit a Provider Request for Rate Review form within 60 days of enrollment. If the rate changes, the rate will be backdated to the date of enrollment if the enrollment screen was not accurate at the time of enrollment. *Please note: if the member has a significant change of condition after enrollment, this would fall under the COC process.*

Outlier: A member with very unique and complex support needs that the standardized rate tool is unable to capture. These members tend to have complex behavioral and/or significant medical needs. This typically includes members with an acuity over 899.

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Provider Category Assignment: As part of the residential methodology each facility is assigned a category which reflects the level of service provided.

Rate Review Process for Providers

Significant Change of Condition Request *and* New Enrollment Review:

1. Provider submits a thoroughly completed Provider Request for Rate Review Form located on the provider tab of the CCCW website to residentialreview@communitycarecw.org.
2. Provider receives an automatic email response indicating the form has been received.
3. The Community First Living Options Coordinator (CFLO Coordinator) reviews the form to make sure it is filled out completely.
 - a. If the form is not filled out completely, the CFLO Coordinator emails the provider asking them to complete the missing information. The provider is notified that the review will not be processed/completed until the missing information has been filled out and sent back to the residential review email box.
 - b. Once the form is filled out completely, the internal review process is initiated.
4. The internal review process ideally results in a decision within 30 days. If there is a delay in the process, the provider is sent an update with the anticipated decision date.
5. The provider receives a written response to their request.
 - a. If the rate is changed due to a significant change of condition, the rate is back dated to the date that CCCW received the completed Provider Request for Rate Review form.

Outlier Review:

1. Provider submits the CCCW standardized budget and staffing templates located on provider tab of CCCW's website to residentialreview@communitycarecw.org.
2. Provider receives an automatic email response indicating the information has been received.
3. CFLO Coordinator forwards the document(s) to IDT staff to review the staffing patterns.
4. Budget is reviewed via internal review process. A decision is ideally made within 30 days. If there is a delay in the process, the provider is sent an update with the anticipated decision date. Budget is approved if staffing and supports meet member needs. For budgets that are out of alignment with member needs, additional information will be requested from the provider. Information requested may include specific staffing patterns for home and member.
5. The provider receives a written response with the final decision of the outlier rate request.

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Provider Category Review:

There are two reasons to have a category reviewed. The first is if the assigned category does not appear accurate for a facility. The second is for a facility that is planning on changing the level of supports/services provided. For all reviews for the first reason, please follow the process outlined below. For the second reason, please contact the Community Resources (CR) department via Contracting@communitycarecw.org to discuss in advance of making change.

1. Provider submits a Category Review Request located on the provider tab of CCCW’s website to residentialreview@communitycarecw.org.
2. Provider receives an automatic email response indicating the form has been received.
3. Internal review of request is completed ideally within 30 days. Provider may receive a request for additional information and any communication regarding if a decision is delayed with an estimated date for decision.
4. The provider receives a written response with the final decision related to their request.

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