Commonwealth of Massachusetts

Executive Office of Health and Human Services



Department of Developmental Services

FY2021 - FY2022 Close & Open Training April 13, 2021



- Part I
- RFR Update
- Key Dates
 - o Webinars
 - FY21 Deadline
 - FY22 Deadline
- Ready Pay
- Change in Contractor Identity
- FMIS
- Chapter 257: Rates Resetting
- Employment and Day



- Part II
 - Shared Living
 - ALTR
 - Occupancy & Start Up
 - Final Thoughts/Questions



- All Open RFRs are being transitioned to COMMBUYS only submission
- Providers *do not* need to re-apply for these RFRs
 - Adult Long Term Residential Services
 - Shared Living

Proposals submitted in response to Open Enrollment RFRs are evaluated on a quarterly basis



New RFRs:

DDS is expanding Assistive Technology services and creating new Remote Supports & Monitoring service. Initial procurements will be for 3 years.

- Assistive Technology
 - Currently posted on COMMBUYS Responses due May 20
 - Evaluation and Training
 - Purchase of AT Equipment/Devices & subscriptions
 - Limited qualification 10-15 Providers
- Remote Supports & Monitoring
 - Will be posted on COMMBUYS in April
 - Live two-way monitoring and support through use of remote monitoring technology



- Support Services Qualifying List (SSQUAL-10) will be re-bid during FY22.
 - All providers will need to re-qualify
 - RFR to be posted during Q3 of FY22
 - New contracts start July 1, 2022
- Services Included:
 - Family Navigation
 - Respite (Recipient Home, Caregiver Home, Site-Based)
 - Adult Companion
 - Family Training
 - Behavioral Supports and Consultation
 - Peer Supports





- Operational and Occupancy ALTR Amendments excepted
- Upcoming Webinars
 - May 4 Contract Forms
 - May 11 Startup, Capital, Occupancy Rates
- May 31 FY21 Occupancy Rate Applications
- June 11 FY22 Paperwork Deadline



- No changes to Ready Pay policy
 - Eligible Codes: 3150, 3153, 3163, 3798
 - Annual Value greater than \$250,000
 - Contracts eligible in FY21 will remain eligible in FY22
 - New contracts will not be eligible
- Exception Process for Financial Hardship
 - Submit request to Regional Contract Manager by May 1
 - Demonstrate nature of financial hardship
 - Identify value of ready payments required to address hardship
 - Central Office will review requests and provider financial ratios and make determination



90 Days Notice

- DDS requires at least 90 days notice of mergers, affiliations, consolidations or acquisitions.
- Providers must coordinate changes in contractor identity with DDS regardless of whether DDS is Principal Purchasing Agency (PPA) or Provider has contacted other Departments
- Changes impact multiple DDS systems
- Providers using EIM must communicate changes to Virtual Gateway Customer Services



Contract Assignment

- In the case of a merger/acquisition, DDS must approve transfer (assignment) of contracts to the new organization
- Provider must complete the Change in Contractor Identity Checklist and submit to DDS for review
 - DDS will review proposed services of new organization
 - Services must be in best interest of DDS and provide individuals with equal or better care
 - Provider will be unable to bill until assignment is complete



- FMIS is a new financial management system going in to effect for FY22
- System is currently only DDS facing
 - Budget Tracking
 - Planning
 - Allocation Management
- Scope of system to expand over time with integration to other DDS applications
 - May lead to changes in some provider facing reports and documentation

Rates Resetting: July 1, 2021

- Community-Based Day Supports 101 CMR 415.00
- Community-Based Day Supports
- Nursing Facility Active Treatment
- Supported Employment Services 101 CMR 419.00
- Individual Supported Employment
 - Ongoing Supports rate previously sourced from CIES regulation being integrated into 101 CMR 419
- Group Supported Employment
- Transportation (ISE only)

Rates Resetting: January 1, 2022

- Family Stabilization
 101 CMR 414.00
- Family Support Navigation
- Respite: Recipient's Home; Caregiver's Home; Site Based
- Adult Companion
- Family Training
- Behavioral Supports and Consultation
- Peer Support
- FSS-21 Services
- AWC Admin Fee





FY21 Year End Amendments

- DDS issued amendment guidance dated April 5, 2021
 - Covers Activity Codes: 3163, 3168, 3181, 3285, 3664
- DDS will only process upward amendments
 - Contracts with excess balances will not be adjusted downwards
 - Open balances may be left to revert
- Contract values capped based on:
 - Funding level programs would have received at the standard reimbursement rates
 - Full utilization
- Providers will continue to be reimbursed at current enhanced rates
- Billing submitted in excess of the total contract value will not be reimbursed



FY21 Amendment Process

- Providers must submit an updated FY21 roster with the following guidance:
 - FY21 names and weekly authorization amounts
 - Standard rate (*no enhancements*)
 - Maximum of 50 weeks (can be less for programs that operate on shorter calendar)
 - Maximum of *95% utilization*

The total value listed on the Service Summary Form may not exceed the total amount calculated by the roster



FY21 Amendment Process – Roster Example

Standard	DDS Roster	- Day/Work and Supp	t		
FISCAL YEAR	2021			Amendment #	
Provider Name	BC Provider,	Inc		Activity code:	3163
Doc ID:	INTF2100B021	DD \$3163H		Unit Rate:	\$24.80
Date:	7/1/2020			Unit Type:	HOUR
Site Address:	125 Main St, B	oston, MA 02110		Program Weeks:	50
				Utilization Adjustment	95%
Unit r	ate is CBDS Lev	el B for FY21	Program wee	eks cannot exceed 50 Utilization adjustment canno	ot exceed 95%





FY21 Amendment Process – Roster Example (cont.)

				Engagement Data				
Last Name	First Name	Start Date	End Date	Max Units per Week	Negotiated Units		Total location	
Smith	James	7/1/2020	6/30/2021	15.0	713	\$	17,682.40	
Jones	Matt	7/1/2020	3/31/2021	15.0	556	\$	13,788.80	
Huffman	Oliver	4/15/2021	6/30/2021	15.0	143	\$	3,546.40	
					0	\$	-	
			Total:	45.0	1,412.00	\$ 3	35,017.60	



FY21 Amendment Process – Roster Example (cont.)

Roster Summary	Units	Allocation		
Subtotal Roster:	1,412.00	\$ 35,017.60		
Subtotal Unit Change:	0	\$-		
Total:	1,412.00	\$ 35,017.60		





FY21 Amendment Process – SSF Example

Version #	Brief Description	Dates of Service	Number of Units	Unit Rate	Unit Type	Estimated Expenditure
Initial	Community Based Day Supports	07/01/20 - 06/30/21	TBD	\$24.80	Hour	\$17,682.40
2	Community Based Day Supports	07/01/20 - 03/31/21	TBD	\$24.80	Hour	\$13,788.80
3	Community Based Day Supports	04/15/21 - 06/30/21	TBD	\$24.80	Hour	\$3,546.40
Totals:			0.00			\$35,017.60
		I funding to new line so t e) matches the SSF tota		ocation on the	e roster (se	e previous



FY22 Negotiations

- Providers will submit new FY22 rosters
 - Rosters should reflect current program enrollments
 - Individuals who are enrolled but not currently attending program due to COVID-19 should still be listed
 - FY21 authorized service levels should be carried forward
 - Maximum of **95% Utilization Adjustment**
 - Maximum of **50 weeks**
 - Rate is the *standard rate* for the program *using the new proposed rates*



FY22 Negotiations

- Roster and Service Summary Form will list the new proposed rates
 - If there are changes to rates in the final regulation DDS will reimburse providers using the final rate, not the rate on the SSF
- Service Summary Forms will be *established at 60% of roster amount* to start FY22
 - There is still significant uncertainty about program utilization during FY22
 - DDS will observe utilization and may add/remove funds to contracts during year based on need



FY22 Negotiations – Roster Example

Standard D	DS Roster - Day/Work	and Support		
FISCAL YEAR	2022		Amendment #	
Provider Name:	ABC Provider, Inc		Activity code:	3163
Doc ID:	INTF2200B021DDS3163H		Unit Rate:	\$25.36
Date:	7/1/2021		Unit Type:	HOUR
Site Address:	125 Main St, Boston, MA 02110		Program Weeks:	50
			Utilization Adjustment:	95%
i	Unit rate is CBDS Level	B for FY22		
		Program weeks car	nnot exceed 50	

Utilization adjustment cannot exceed 95%





FY22 Negotiations – Roster Example (cont.)

	Circt Name				Engagement Data			
Last Name	First Name	Start Date	End Date	Max Units per Week	Negotiated Units	Total Allocation		
Smith	James	7/1/2021	6/30/2022	15.0	713	\$ 18,081.68		
Huffman	Oliver	7/1/2021	6/30/2022	15.0	713	\$ 18,081.68		
					0	\$-		
			Total:	30.0	1,426.00	\$ 36,163.36		



FY22 Negotiations – Roster Example (cont.)

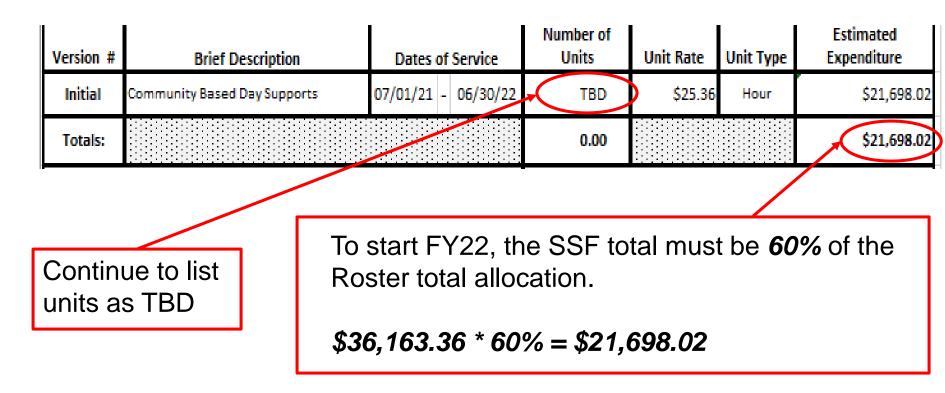
Subtotal Roster:	1,426.00	\$ 36,163.36
ubtotal Unit Change:	0	\$ -
Total:	1,426.00	\$ 36,163.36

\$36,163.36 * 60% = \$21,698.02





FY22 Negotiations – SSF Example







Billing Policies

- Guidelines for virtual delivery of day services remain in place to start FY22
 - Allowable virtual services remain the same
 - Providers must continue to report attendance using separate attendance status codes for virtual and in-person services
- Employment and Day program rate enhancements are set to expire on June 30, 2021





- No change to rates for FY22
- Providers must submit updated offset information
- Blended rate established in ICMS. Units managed through Service Summary Form



- FY22 ALTR contracts will fully annualize new rate structure and incorporate changes approved by Area
- DDS will be implementing new ICMS module for calculating blended rates and creating reports to start FY22
 - New reports are similar in design to previous ICMS
 - Normal process for amendments. Amendments will not need to be processed through Central Office
- The 5.25% Day Staffing add-on that was implemented for FY21 will not continue in to FY22





FY 2022 Contract: 143350 J DDS3153D

Site Rate Components

Model Rate Value SU Type Previous Units Units Changed Total Units Value add-on DCII FY21 \$21.02 Hour 0 1,050 1,050 \$22,071.00 add-on MedClin RN FY21 \$60.80 Hour 0 26 26 \$1,580.80 add-on MedClin Clinician \$53.22 Hour 0 52 52 \$22,071.00 add-on MedClin Clinician \$53.22 Hour 0 52 52 \$22,077.44 add-on VehUpgrd \$13.51 Day 0 181 181 \$2,445.31 Total Add-On Value: Total Add-On Value: \$590,851.87 \$590,851.87 \$590,851.87 Beverly: #B BSID: 333068 \$1,772.94 Day 347 4 4 1,388 \$615,210.16 7/1/2021 to 6/30/2022 I09.0C FY21 \$1,772.94 Day 347 4 4 1,388 \$615,210.16 site Model Totals: 1,388 \$615,210.16 S0 </th <th>Site Kate Compon</th> <th>ентэ</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Site Kate Compon	ентэ							
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3153 Report - Rate Computation

[New Search] [Retu			[5	ervice Summary	[Rate	Comput	ation] [Site Detail]	
FY 2022	Cont	ract: 1433	50	19. M	DDS3153D			
2018		an sheri a		(VC				
Current Annual Value Computation (before blended rate is created)				То	tal Billing Uni	ts		Value
Current Base Value of Sites					31,23	0		\$13,010,709.48
Current Add-On Value								\$663,338.81
Current Annual Value								\$13,674,048.29
Program Offsets		Prior Of	fset		Amount Ch	anged		Total Offset
Excess Occupancy		\$	0.00		(\$2,5	00.00)		(\$2,500.00)
Total Offset	5:	\$	0.00		(\$2,5	00.00)		(\$2,500.00)
Net Annual Value:								\$13,671,548.29
Rate Rounding Adjustment:						\$8		
Amount to be Billed:								\$13,671,557.10
Rate Computation								
YTD Billing								\$0.00
Balance								\$13,671,548.29
Remaining Units to be Billed								31,230
Current Blended Rate								\$437.77
Rate History and Reconciliation								
Rate# Dates of Service		Previous Units		anged Units	Total Units	Blende	ed Rate	Total
1 7/1/2021 to 6/30/2022		0	3	31,230	31,230	5	\$437.77	\$13,671,557.10
	otals:	0	3	1,230	31,230			\$13,671,557.10



ALTR – Ongoing Contract Management

- New ALTR rate structure intended to require fewer adjustments
 throughout year
- Purchased Capacity & Total Capacity will typically remain the same when there is a vacancy
 - Total Capacity is the total possible capacity if all beds are filled. Value only changes due to permanent changes in total program size
 - Purchased Capacity is the total number of "slots" being purchased by DDS. Slots are typically still purchased when there is vacancy
- Capacity values have very significant impact on site funding and are only modified due to structural changes in how program is funded





- Adding a new site typically has very small impact on overall blended rate of contract
- Adding sites primarily just adds funding to overall contract during most of fiscal year contract will have sufficient funding to absorb new billing
- Individuals will immediately be enrolled to contract and provider can bill for them at current rate
- Billing Units Hold adjustments until later
 - Changes don't impact contract value, only the blended rate
 - A single adjustment may be made in latter part of fiscal year to account for vacancies and utilization during year – *changes do not need to be updated in real time.*



- The practice of "re-slotting" sites when a vacancy occurs is no longer required
- Site will retain same total capacity and purchased capacity
- For long-term vacancies, Provider and Area should discuss needs of remaining individuals and adjust staffing pattern and rate model if needed
- Later in fiscal year, review number of days that site had vacancies and adjust billing units



Residential Absence Policy – FY21

- Due to multiple rate structures in effect during FY21, absences are being considered discretely for each rate period
 - DDS has already reviewed and approved billable absences for the Jul-Dec rate period
 - No additional absence units will be approved for this period
- Billable absence requests for Jan-Jun may be submitted once all attendance for FY21 has been entered and approved in EIM
 - Providers may submit Billable Absence Request Form to Area Director for any unbilled units remaining in contract
 - Providers do not need to submit the absence policy worksheet



Residential Absence Policy – FY22

- Approved Absence Policy operates under same principles in new rate structure
- DDS will be issuing updated guidance and worksheet but overall mechanics remain the same
- Goals:
 - Reimburse Providers for costs incurred when individuals are absent from program
 - Maximize revenue from HCBS Waiver claiming
- Core Principles:
 - Utilization factor embedded in residential rates "pre-pays" for certain number of absences
 - 18 days per individual per year
 - Pre-paid units for each individual are pooled across contract
 - Provider must demonstrate that these pre-paid days have been exhausted prior to being awarded absence units



Residential Absence Policy – FY22

- Submit completed Worksheet to Area Director (or ABI Coordinator) and Regional Contract Office
- Area Director will review and approve/deny request
 - If program has vacancies, billing units must be adjusted in contract prior to approving absences
- Only after the AD has approved request, Provider submits supplemental SDR in EIM billing the absence units. Code for Absence Units in EIM is "A" or "AA"





- Billing of unapproved absences
 - There are NO circumstances where Providers may bill absence units without prior approval
 - ISP approved absences do not count as prior approval
 - Any absences entered before approval will result in rejection of monthly invoice.
 - DDS conducts monthly reviews of paid absence units
 - Any absence billing submitted and paid in error must be corrected
- Worksheets submitted with significant errors delay review and approval process
 - Attend webinar
 - Worksheet data must align with ICMS and billing in EIM



- Central Office will generate initial FY22 Occupancy Worksheets based on the recently completed FY21 Worksheets.
- Provider updates offsets
- New sites may only be added after the provider has received an occupancy rate assignment from Central Office
- Maintenance adjustments will be frozen at current value
- Area Office pre-authorization in writing is required for capital improvements to existing sites



- **Prior** approval from the Region is required in writing
- Spending before contract is signed **cannot** be reimbursed
- Startup expenditures end when 1st person moves in
- The Start-up cap for all programs is \$50K with no sub-cap exceptions
 - ABI Start-Up exceptions in place during FY21 are no longer in effect

Occupancy Rate Applications (ORA, formerly NSO)

- Occupancy Rate Applications are due within 60 days after 1st person move-in
- New Occupancy Rate Applications must be submitted by **May 31**
 - No FY21 reimbursement will be made unless the ORA has been submitted by May 31.
 - Sites that open during June will be reimbursed on a cost basis
- Applications submitted during June will not be reviewed until July. Rate assignment will be effective for FY22.
- Providers encouraged to attend May 11 webinar on completing ORA



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- This presentation will be posted to the DDS POS Contracts website for reference
 - https://www.mass.gov/lists/dds-contracts-information

Questions