

**Implementation Guidelines
Individual Options and Level One Waivers
Homemaker/Personal Care-On-Site/On-Call Rate Increase
and Transportation Rate Increase
Effective January 1, 2014**

Effective for services delivered **on or after 1/1/2014**:

- the base rate for Transportation services under the Individual Options (IO) and Level One (L1) waivers is increasing to \$0.45 per mile
- the base rate for Homemaker/Personal Care-On-site/On-call (HPC-OSOC) under the IO and L1 waivers is increasing to \$2.70* per 15-minute unit for agency providers
- the base rate for HPC-OSOC under the IO and L1 waivers is increasing to \$1.90* per 15-minute unit for independent providers

*See OAC 5123:2-9-30-Appendix A for the new rates adjusted for Cost of Doing Business

- DODD is preparing a listing for each county to identify individuals who have either of these services currently authorized in PAWS and/or identified in CPT/MSS for dates of service on or after 1/1/2014.
- The Cost Projection Tool (CPT) within the Medicaid Services System (MSS) and the Payment Authorization for Waiver Services (PAWS) system will be available after December 6, 2013 for cost projecting and service authorization using the newly increased rates.

Transportation

- The Medicaid Billing System (MBS) will begin paying the new Transportation rates (service codes ATN and FTN) for dates of service on or after 1/1/2014 for claims submitted by providers indicating the new rate as the provider's charge for the service.
- PAWS plans that do not have enough total dollars available to cover the cost of the higher rate will need to be revised at some point prior to the end of the service span. It is important to note, however, that MBS does not look to PAWS for rate information as PAWS does not house rate information, so it is not necessary to revise every PAWS plan that has Transportation on it prior to 1/1/2014. This can be done over time, as needed.
- As cost projections are done in CPT/MSS, Transportation services entries that are authorized using Span as the Frequency Period (not using Day, Week or Month) will need to be split into entries that do not cross the 1/1/2014 effective date of the rate increase. This will allow entries for dates of service through 12/31/2013 to be projected at the current rate and entries for dates of service on or after 1/1/2014 to be projected at the increased rate. Upon completion of the updated cost projection, the PAWS plan will be to be revised to reflect the newly authorized amounts.

HPC-OSOC not billed as part of a Daily Billing Unit

- MBS will begin paying the new HPC-OSOC rates (service codes AOC, AOW, AOX, AOY, AOZ, FOC, FOW, FOX, FOY, FOZ, EOC, EOW, EOX, EOY, EOZ) for dates of service on or after 1/1/2014 for claims submitted by providers indicating the new rates as the provider's charge for the service.
- PAWS plans that do not have enough total dollars available to cover the cost of the higher rate will need to be revised at some point prior to the end of the service span. It is important to note, however, that MBS does not look to PAWS for rate information as PAWS does not house rate information, so it is not necessary to revise every PAWS plan that has HPC-OSOC (PAWS roll-up codes A44, F44 and E44) on it prior to 1/1/2014. This can be done over time, as needed.
- As cost projections are done in CPT/MSS, HPC-OSOC entries that are not identified on the HPC Calendar and are authorized using Span as the Frequency Period (not using Day, Week or Month), will need to be split into entries that do not cross the 1/1/2014 effective date of the rate increase. This will allow entries for dates of service through 12/31/2013 to be projected at the current rate and entries for dates of service on or after 1/1/2014 to be projected at the increased rate. Upon completion of the updated cost projection, the PAWS plan will be to be revised to reflect the newly authorized amounts.

HPC-OSOC billed as part of a Daily Billing Unit

- If HPC-OSOC incorporated into a Daily Billing Unit (service codes ADL and ADP), MSS/CPT will need to be updated as close to 1/1/2014 as possible to allow the Daily Rate Application (DRA) to correctly calculate the daily amounts to be billed by providers for dates of service on or after 1/1/2014.
- If the implementation of the increased rates for HPC-OSOC causes the projected daily rate for one or more individuals in a site to exceed \$403.98 on a regular basis, the county may have to consider contacting the Department for assistance with a DRA exemption. This can be done via email to MSSSupport@dodd.ohio.gov.

Level One Enrollees

- If the implementation of the increased rates causes the cost of services for an individual enrolled on the Level One waiver to exceed the \$5,000 annual cost cap, it is acceptable to utilize a portion of the Emergency Benefit (\$8,000 over each three year period of enrollment) within the waiver to prevent a reduction in Medicaid services. If the utilization of the Emergency Benefit is insufficient to accommodate the increase cost of services as a result of the rate increase, services will need to be revised to fit within existing budget limitations.
- The county may have to consider contacting the Department for assistance with a DRA exemption in the rare cases where a person enrolled on a Level One

Waiver is residing in an MSS site that uses the DRA and the person receives HPC-OSOC. This can be done via email to MSSSupport@dodd.ohio.gov.

ODDP Ranges and Prior Authorization

- If the implementation of the increased rates causes the cost of services for an individual enrolled on the Individual Options (IO) waiver to exceed the top of the ODDP range, it is acceptable to request a Prior Authorization (PA) for the additional funds needed.
- If the implementation of the increased rates causes the cost of services for an individual enrolled on the Individual Options (IO) waiver to exceed the previously approved PA funding level, it is acceptable to request a budget adjustment to the previously approved PA for the additional funds needed.
- In order to allow these budget adjustment requests to be handled as expeditiously as possible, please follow the steps below:
 - Name your CPT version “rate increase”
 - Page 2 of IRF :
 - Check all boxes “yes”
 - Enter “Rate Increase” into both “rationale” boxes
 - Under PA Criteria, select Medical Condition, and copy and paste “Rate Increase”
 - No uploads of ISP or other documents are necessary

Please contact the DODD Support Center at 1-800-617-6733 with specific questions or concerns.