



# Developmental disability provider webinar

Health Plan President, Jason Miller

# Objectives



- Overview of current and approved waivers through December 31, 2019
- Review of today's process including new waiver plans and revisions
- Introduction of new authorization process to be implemented December 31, 2019
- Review today's process for ordering supplies and supplemental supports
- Overview of person-centered service plan (PCSP) process

# Continuity of care period

- Through December 31, 2019, no waiver service will be denied for absence of authorization where waiver services were in place and authorized by either:
  - The Arkansas Department of Human Services (DHS) prior to implementation
  - Summit Community Care after March 1, 2019
- To stagger the authorization process, all Children's Extensive Support (CES) Waivers that expire prior to December 31, 2019, will be reviewed (via the PCSP process).
- Services will not cease if the waiver expires during the continuity of care period. **However, we do expect to review these cases as priority over those that have not expired.**

# Today's authorization process: current waivers

- Current Department of Developmental Services (DDS) Waivers will be honored through December 31, 2019.
- The expiration date does **not** mean services will stop.
- Continue to provide services of approved DDS Waivers through December 31, 2019.



# Today's authorization process: expiring waivers (renewals)

1. The care coordinator (CC) will set up a PCSP meeting with the member and providers.
2. The CC will develop the PCSP (with input).
3. The provider will submit the following to the developmental disability (DD) manager, Ashley Hubbard:
  - **ISW Budget Sheet** (calculated with the same 365 day methodology)
    - Until further notice, only include costs for supplemental services that will be incurred through December 31, 2019
  - **Authorization Form** (revisions to this form will come at a later date)
4. The DD manager will submit the forms to the Utilization Management (UM) team for review.
5. The provider will be notified of approval of services.
  - Through December 31, 2019, the original waiver will remain in effect.

# Today's authorization process: revised waivers

1. Notify the DD manager, Ashley Hubbard of the necessary emergency changes or revisions (significant change in condition, transition/provider change).
2. Revisions to the PCSP are led by the CC.
3. The provider will send **justification** and **budget sheets** to [arpassedquestions@summitcommunitycare.com](mailto:arpassedquestions@summitcommunitycare.com) if necessary.
4. The DD manager will submit revisions to the medical director for review.
5. The DD manager will send an email confirming approval.
6. The provider will ensure staff and other measures are in place for the member.



# Today's authorization process: new waiver slot

1. Notify the DD manager, Ashley Hubbard.
2. The DD manager will ensure that the CC is assigned quickly and the PCSP process is started within 30 days of choosing a provider.
3. The provider will submit the following to the DD manager:
  - **ISW Budget Sheet** (calculated with the same 365 day methodology)
    - Until further notice, only include costs for supplemental services that will be incurred through December 31, 2019.
    - Budget sheets are only needed for new waivers through December 31, 2019.
  - **Authorization Form** (continued revisions to this form will come at a later date)
4. The DD manager will submit the PCSP and *Authorization Form* to the UM team.
  - **After December 31, 2019, providers will submit authorization requests.**
5. Approval will be sent to the provider.
6. The provider will ensure staff and other measures are in place for the member.

# Today's authorization process: supplemental supports

Supplemental supports (*in lieu of services*):

- Camps
- Memberships
- Transportation
- Recreational therapies

We will honor or review supplemental supports through December 31, 2019, as authorized and paid in the current waiver plan.

New processes will be discussed at a later date.



# Revised waiver — emergency change

## Example scenario:

- Harry lives with his mother and receives supportive living (SL) services. His normal SL schedule is Monday-Friday from 3 p.m.-10 p.m. and Saturday-Sunday 8 a.m.-10 p.m. He goes to an adult day treatment facility Monday-Friday from 8 a.m.-3 p.m.
- His mother is providing unpaid natural support seven days a week from 10 p.m.-8 a.m. His mother falls ill and is unable to provide natural support. Harry does not have any other family or friends that can provide the unpaid supports during his mother's illness.

**Harry's CC and DD manager will seek approval for changes per the process outlined earlier.**

# Revised waiver — transition

Example scenario:

- Sally moves from Fort Smith where her plan is fully staffed. She has SL services with supplemental supports including art therapy. She works at her provider's office as a receptionist through supportive employment Monday-Friday from Noon-4 p.m.
- She is moving to a small town in southern Arkansas. She will be switching providers as well. The new town does not offer art therapy or supportive employment.

**Sally's CC will assist the member/guardian and the new waiver provider in revising the plan to reflect additional SL services due to the supplemental services Sally will no longer have available. The CC will submit the changes to be reviewed and authorized.**

# Key points

## In each scenario:

- The provider notified the CC or DD manager of needed/requested changes.
- The provider justified the need for the change(s).
- The PCSP was revised.
- Changes were reviewed by Summit Community Care.
- Authorization was provided by Summit Community Care.
- The provider gathered appropriate staffing for implementation.

# Durable medical equipment and Specialized Medical Services workflow

## **Today:**

- We will honor existing payment and ordering processes through the CES Waiver provider until further notice.
- Contact your CC with any supply concerns.

## **Tomorrow:**

- We will transition to the supply vendors who will bill Summit Community Care directly (to be announced).

**Providers, CCs and the member must work collaboratively to ensure the member receives their supplies.**

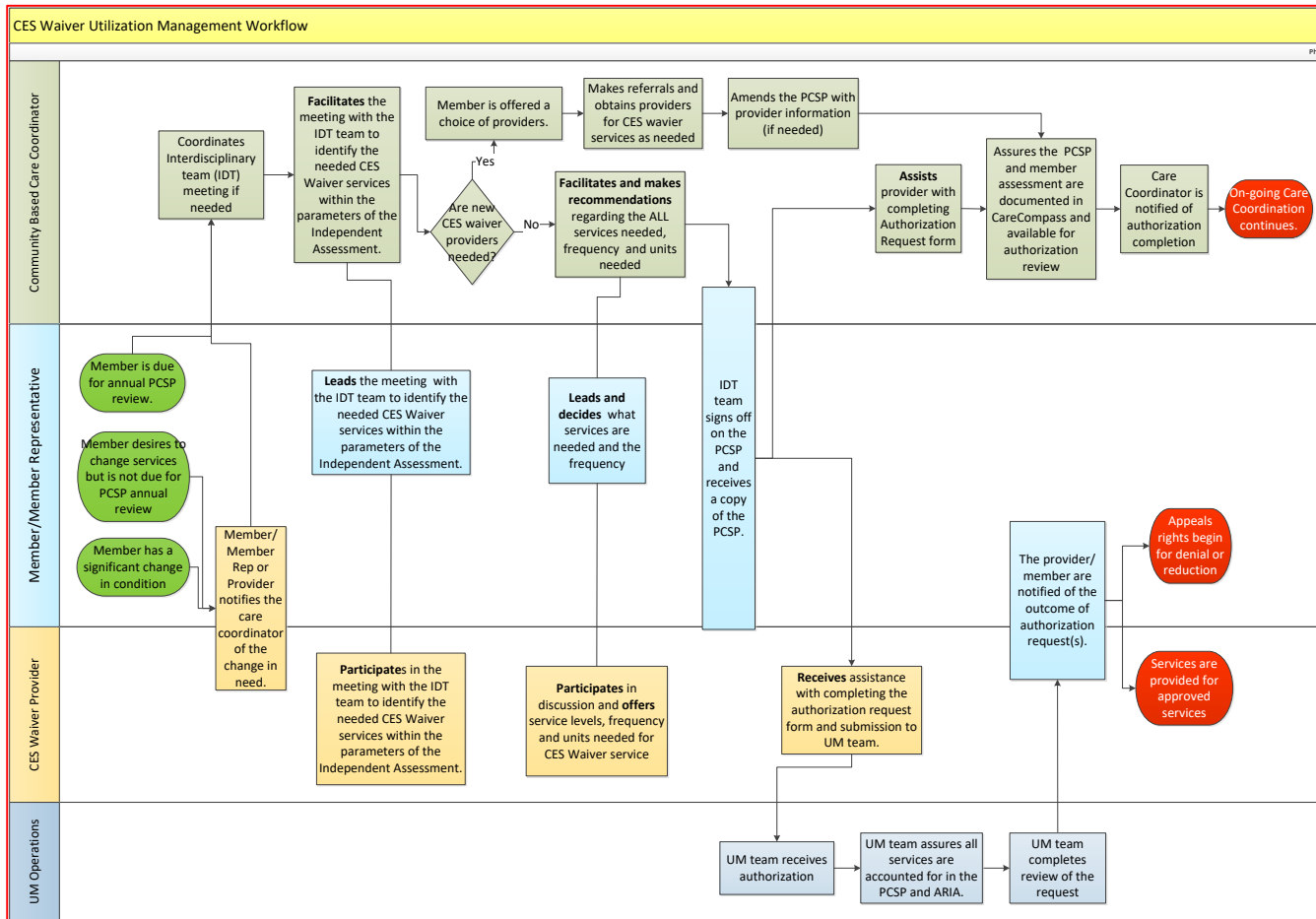
# Person-centered service plans



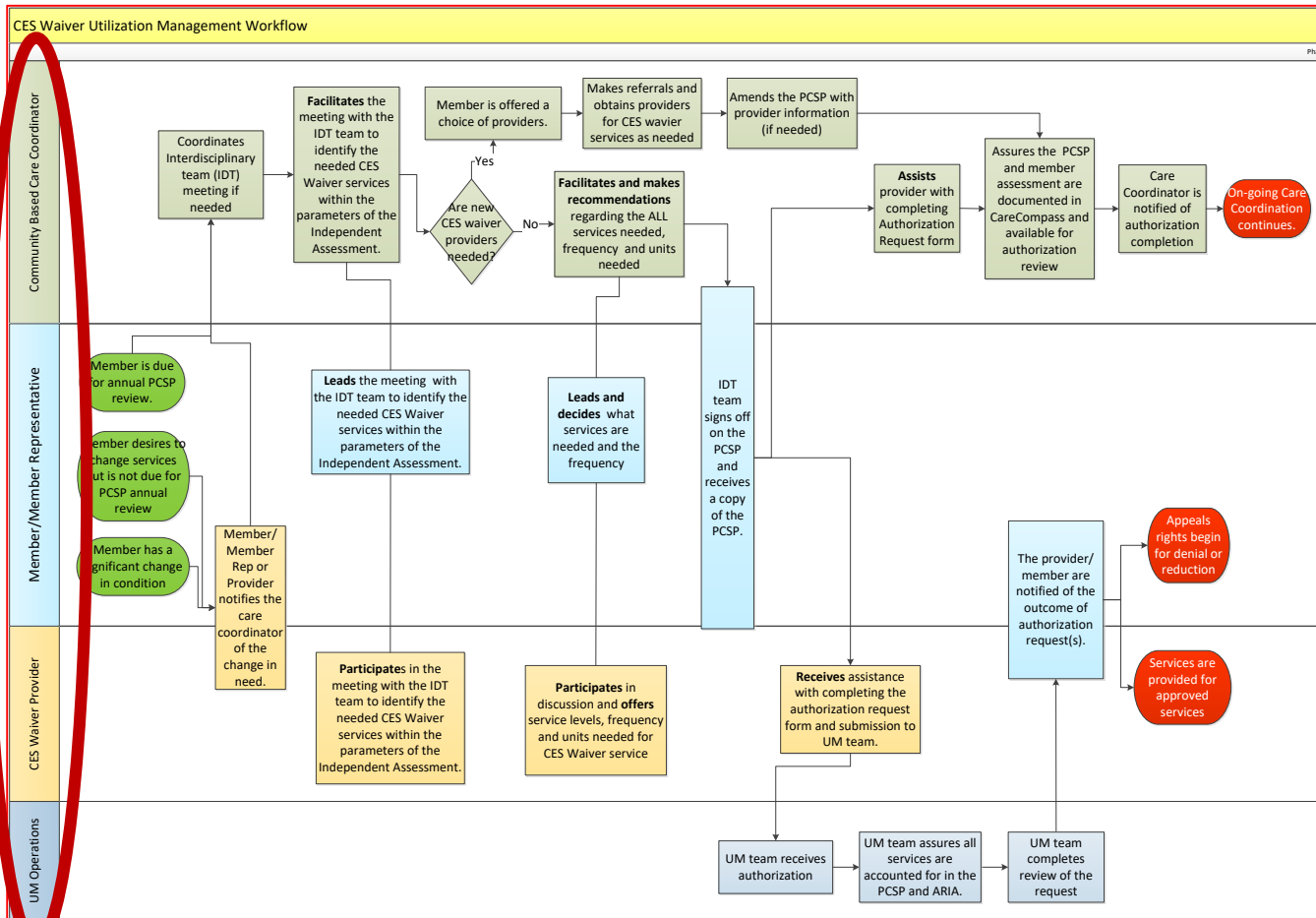
## PCSPs:

- Are developed in collaboration with the provider and member.
- Bring together all plans of care into one document.
- Serve as the foundation that services originate from.
- Can be revised if significant changes occur.
- Must be completed in the first 60 days of enrollment.
- Require that current services continue until the PCSP is completed.
- Require that all services flow from/through the PCSP, except for authorized emergency services.

# PCSP process after December 31, 2019

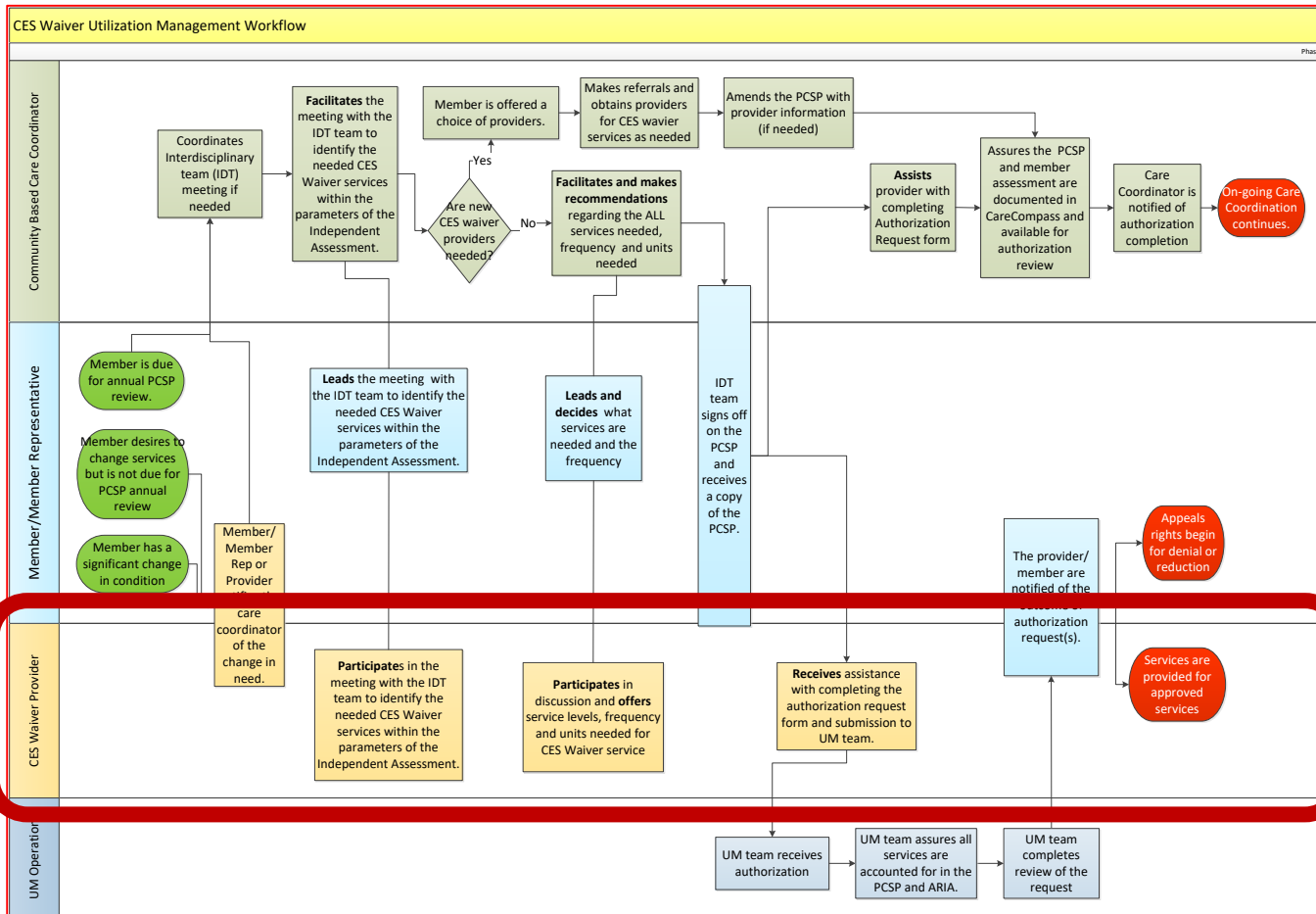


# PCSP process after December 31, 2019 (cont.)

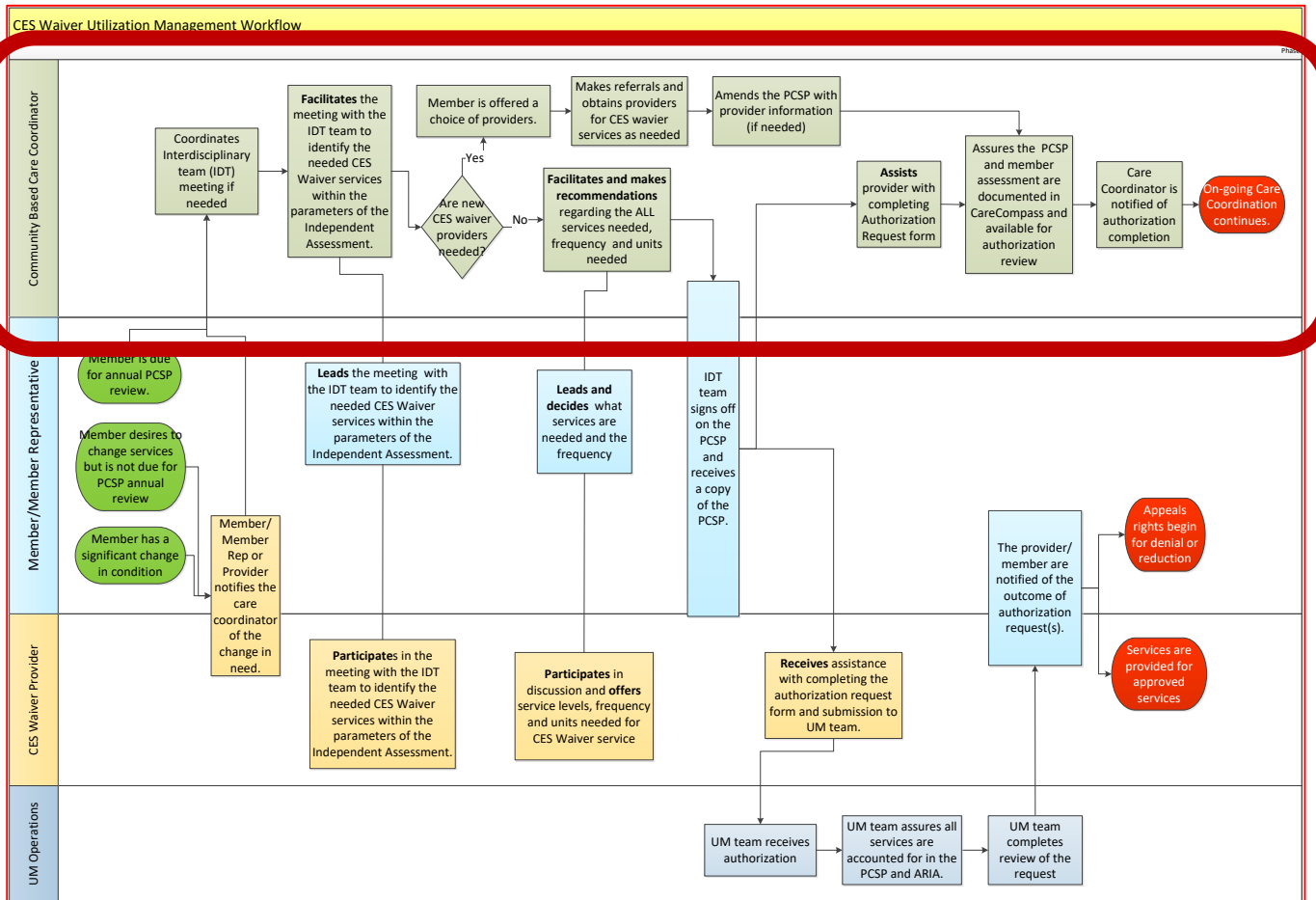




# PCSP process after December 31, 2019 (cont.)



# PCSP process after December 31, 2019 (cont.)



# PCSP process — CC role

- **The CC is responsible for coordinating with all providers who work with the member.**
- The CC obtains information from the member, guardian, etc.
- The process of obtaining information may vary among providers and members.
- The CC should be contacted if any significant changes occur (symptoms, change of address/phone number, additional services, ER/hospital visits, etc.)

# PCSP process — provider responsibilities

- Notify the CC if there are any significant changes.
- Notify the CC when eligibility is due (until the authorized representative can be changed to Summit Community Care).
- Coordinate with the CC to develop the PCSP and complete the authorization request.
- Help identify needs and other service providers involved with the member.

# Tomorrow: deliverables

- **New payment structure:**
  - Rates effective January 1, 2020; published by August 31, 2019
  - Budget sheets no longer needed after December 31, 2019
- **Defined process for durable medical equipment (DME)/Specialized Medical Services transition to vendors by September 1, 2019:**
  - DHS involvement
- **Final processes for *in lieu of* services (supplemental supports):**
  - DHS involvement
- **Process for submitting authorizations electronically via the Availity Portal/Interactive Care Reviewer (ICR) by October 1, 2019:**
  - Provider trainings: to be determined
- **Authorizations — January 1, 2020:**
  - Provider updates/training: to be determined

# Questions?

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All services referenced in this material are funded and provided under an agreement with the Arkansas Department of Human Services.