

Customized Rate-Frequently Asked Questions

1. How do I ensure privacy when submitting a customized rate application?

DBHDS uses Virtru to ensure information is secure when sending. If you are unfamiliar with this service or not registered, you can email: dbhdscustomizedrate@dbhds.virginia.gov and request a secure email. Once received, you will be prompted to register with Virtru.

2. I use a different secure email server; can I use this service to submit my application?

Unfortunately, we do not accept emails from other servers however if you are having difficulty submitting information, please contact us at dbhdscustomizedrate@dbhds.virginia.gov and we will work with you to solve the problem.

3. I am accepting a new individual into my service that already is approved for a customized rate with another provider. Do I still need to complete a new customized rate application?

Yes, customized rates are approved based on the provider submitted application. Therefore, if the individual is new to your service/home you should submit a new, initial application.

4. What application should I use?

Residential applications (Form RI-18) should be used for the following services: Group Home, Sponsored Residential, and Supported Living. Day applications (Form DI-18) should be used for the following services: Community Coaching, Group Day and In-home Supports. If the individual is already approved for a customized rate an annual application should be used: Residential-Annual (Form RA-18), or Day-Annual (Form DA-18). Additional information can be found by reviewing the Provider Information-Forms notice located at www.dbhds.virginia.gov.

5. Approximately how long does the approval process take once the application is received?

Applications are reviewed based on the order in which they are received and typically take less than 30 days from the time a completed application is received. Applicants are processed differently based on the individual's assigned SIS© level. Those falling in SIS© levels 1-5 must be reviewed by a Customized Rate Consultant (CRC) prior to being reviewed by the Customized Rate Review Committee (CRRC). This process can take 3-4 weeks in total and typically includes an onsite review. Individuals who fall in SIS© level 6-7 go directly to the committee for review and typically take much less time. It is important to note that applications cannot be reviewed by the CRC or the committee until a **completed** application is submitted. As such, it is important to review the provider guidelines located at www.dbhds.virginia.gov and ensure that applications are submitted with all required supporting data and supplemental documents. Applications that are pended due missing information can take an extended period of time and are closed by DBHDS after 30 days of inactivity.

6. Can we submit a customized rate application for the specified amount of funding that we plan to pay our direct support staff based on the high intensity support needs of the individual?

No, customized rates cannot be requested for a specific dollar amount and are not approved based on the funding need of the provider. Rather, customized rates are approved based on the demonstrated support needs of the individual. However, providers who employ staff meeting criteria outlined in the provider guidelines (See Specialized Staffing) are often approved at a higher rate for 1:1 and 2:1 support hours based on the intensity of the individual's support needs.

7. Can we request compensation for a manager/supervisor to manage staffing patterns and staff?

Although the customized rate cannot be requested for a specific dollar amount, it is possible that some of the costs associated with employing high level programmatic staff are included within the approved customized daily rate. To qualify, providers must demonstrate that the employed programmatic staff meets minimum qualification as outlined in the provider guidelines located at www.dbhds.virginia.gov.

8. Does the application process for customized rates consider approval of funding for a van, electronic devices, employee training or environmental modifications?

No, customized rates are strictly based on the individual's support need, e.g., increased staffing supports, a need for higher qualified staff to provide support, and/or, a need for high level programmatic staff. The customized rate does not consider or cover the costs of any environmental modifications, equipment, cost of living, or other business related costs.

9. Does the customized rate replace the current rate, or is it approved in addition to the standard rate for the approved service?

The customized rate is an increase on the standard rate for the approved service. When requesting a service authorization for the approved customized rate, providers should end the service authorization for the standard rate for the requested service and submit a new request for the approved customized rate.

10. How will I know if my customized rate application was approved?

Once a decision has been made a notice is mailed to the provider within 5-7 business days. The notice of action (NOA) will detail the committee decision and if approved, the rate approved, the number of 1:1/2:1 hours approved, the effective begin/end date, and will also include recommendations which may be required prior to the annual renewal.

11. An individual new to my service might need a customized rate but I don't have any current data. Can I still apply?

Yes, although it is recommended that an individual is served within the service for at least 3 months prior to applying for a customized rate; the customized rate committee understands that this may not always be the best option. Individuals who are new to your service or who have not yet been accepted into the service can still apply for a customized rate however, providers will need to contact the CSB Support Coordinator, family, and previous providers and submit as much information as possible such that the committee can clearly understand the individual's support needs. Most often, individuals who do not have sufficient data at the time of approval are

approved for a contingent 3-6 month period allowing the provider additional time to collect and submit data required for a full term approval.

12. An individual that I serve is currently receiving a customized rate and recently received a change in their SIS score. Will this affect my rate?

In short, the answer is maybe. Providers are required to report any changes in the individual's status that might result in change to the standard rate. This includes changes in bed capacity for group home services and changes in the individual's SIS© score. However, not all SIS© score changes will result in a change to the customized rate.

13. I was denied a customized rate, what are my options?

Providers who were denied a customized rate have two options, (1) reapply following a 30 day waiting period and provide additional information which was not provided previously to support the application and need, or (2) appeal the rate within 30 days to the Department of Medical Assistance Services (DMAS).

14. Where can I find out more about customized rates?

All customized rate forms and guidance documents can be located by visiting our webpage at: <http://www.dbhds.virginia.gov/developmental-services/waiver-services>

15. I still have questions, who should I contact?

You can submit your questions to dbhdscustomizedrate@dbhds.virginia.gov or contact Carrie Ottoson at: 804-774-4472