

Customized Rate Form RA-18 and Form RI-18 Application Guidance Document

General Information	<ul style="list-style-type: none"> • The application should be submitted as a collaborative effort between the provider, the CSB support coordinator, the individual and their authorized representative. The support coordinator should be copied on the email when the application is submitted. • It is important that the customized rate application is submitted with sufficient details that provide the review committee with an understanding of the individual’s exceptional support needs. This is accomplished by completing the customized rate application in its entirety. <ul style="list-style-type: none"> ○ All sections of the application are reviewed by the committee and used to determine approval. Information which is left blank or noted “see supplemental documentation” will not be considered. ○ The application should provide a clear picture of the individual’s support needs. Supplemental data should be submitted such that the information listed in the application can be verified. ○ It is not acceptable to cut and paste information from other sources such as a previously submitted customized rate application, the Individual’s Support Plan or Behavioral Support Plan. • In the event that an individual has recently begun receiving services and limited information is available, the provider should make every attempt to collect information and data from the support coordinator, family, or from other sources. If the application is approved, providers should expect that the application is approved on a contingent 3-6 month basis to allow time for the provider to collect the necessary information required for full approval. • Applications are processed in the order in which they are received and can take up to 30 days to process. You will be contacted if additional information is needed in order to process the application. • Providers will be asked to be available during the scheduled committee review in the event that the reviewing committee has additional questions as it relates to the submitted application. • Individuals who fall in SIS© levels 1-5 will be reviewed by a Customized Rate Consultant prior to committee review and may experience longer processing times-not to exceed 30 days. <ul style="list-style-type: none"> ○ Once a completed application is received, the Customized Rate Consultant will contact the provider to arrange a time to discuss the application. ○ If the Customized Rate Consultant determines that additional resources are available to the individual or there is insufficient documentation provided, the application can be denied prior to committee review. • If technical support is needed as it relates to the customized rate application, please send an email to: DBHDScustomizedrate@DBHDS.Virginia.gov.
Section 1: Individual Information	<ul style="list-style-type: none"> • This section of the application should list the individual’s name, date of birth and other identifying information. • Current DSM-V diagnosis is synonymous with mental health diagnosis
Section 2: CSB Behavioral Health Authority Information	<ul style="list-style-type: none"> • This section of the application should include the individual’s assigned community services board (CSB) and support coordinator information. • The provider should send a copy of the customized rate application to the Support Coordinator once complete.
Section 3: Provider Information	<ul style="list-style-type: none"> • Provider point of contact- should be the person <u>best able to answer questions related to the individual’s support needs</u> and the person who will be available during the customized rate review committee for questions in regards to the application. • Provider business address-This is the address that customized rate correspondence will be mailed to include the Notice of Action (NOA) letter informing the provider of the application decision. • Which supports are requested-Providers should pay special attention to the use of OR within the application. Where OR is listed; only one service can be selected. In example the provider can request 1:1 with specialized staffing, <u>or</u> 1:1 with standard staffing. • Standard staffing is defined as direct support professionals who do not meet the following criteria: <ul style="list-style-type: none"> ○ Possess a college degree <u>or</u> ○ Have specialized licensing/certification such as CNA, RBT <u>or</u> ○ specialized training <u>or</u> ○ any combination of the above <u>and</u> significant experience working with the population • Specialized staffing- is defined as direct support professionals who do meet the above mentioned criteria. • 1:1 support- is defined as one staff assigned to provide supports to the individual requesting a customized rate. <u>This staff cannot have any other assigned duties and must be within arm’s distance of the individual.</u> • 2:1 support- is defined as two staff assigned to provide direct support to the individual requesting a customized rate. These staff cannot have any other assigned duties and must be within arm’s distance of the individual. • Program oversight- is defined as high level support and expertise which is not available through contracting for

	<p>professionals which are Medicaid vendors. These staff must meet minimum eligibility criteria as follows:</p> <ul style="list-style-type: none"> ○ Possess a Master's level degree or ○ Bachelor's degree with additional certifications in specific areas of expertise (e.g., Bachelor of Science in Nursing and Registered Nurse) <ul style="list-style-type: none"> ● Providers must select the services for which they are requesting the customized rate within section 3. Regardless of supplemental information submitted, services which are not selected within Section 3 will not be considered for approval during the application review.
<p>Section 4: Staffing</p>	<ul style="list-style-type: none"> ● Credentials/Program Oversight- Within this section the provider should list all staff who meet the criteria for program oversight and who provide one or more of the following supports: <ul style="list-style-type: none"> ○ Direct support staff training, especially as it relates to changes in care plan; training which is evidenced based and/or evidence driven requiring adherence to support protocols. ○ Develop protocols and implement the processes that deliver effective and safe, evidence driven interventions/plans of care resulting in outcomes that improve the daily life of the individual. ○ Monitor medical and/or behavioral data to assure proper implementation of protocols, including changing the protocols as needed as an individual navigates his or her environment successfully. ○ Serve as a liaison and provide expert opinion during hospitalizations or crisis interventions to ensure that protocols are maintained and/or amended as needed to reduce or prevent future hospitalizations (whether medical or behavioral). For individuals with a history of, or who are at risk of law enforcement involvement, staff must ensure that law enforcement and others are advised, trained or connected to mitigate the risk of legal system involvement or action. ○ Oversee overall medical or behavioral supports to ensure supports are effective and coordinated with external providers, CSBs, and emergency services and that protocols address when and how to involve external providers. ● If approved, program oversight is based on the specified staff providing the support and, as such, it is critical that Form SFR-18 is included with the application and that the staff listed has submitted with the application a copy of their degree, license, or transcript. ● The provider should include the average time monthly that the listed staff engages in programmatic support as outlined above <u>for the individual requesting a customized rate</u>. ● The staff's salary information must be listed on Form SFR-18 for consideration.
<p>Section 5: One to One support</p>	<ul style="list-style-type: none"> ● The provider should give a detailed description of why 1:1 supports are needed to ensure the safety of the individual or those around him or her. There should be a clear indication of what risks might occur if these supports were not in place. ● If submitting an annual application, the provider should also include a summary of any changes to the individual's support needs since the previous review period. ● The provider should list each of the individual's support needs separately on the rows provided and give an estimation of both the duration (time the support typically takes) and the frequency (how many times per day) the support occurs. ● Total requested 1:1 with standard staffing-this area of the application should list the total number of 1:1 supports requested within a 24 hours period which are to be provided by staff who does not meet the criteria for specialized staffing. ● Total requested 1:1 with specialized staffing-this area of the application should list the total number of 1:1 supports requested within a 24 hours period which are to be provided by staff who does meet the criteria for specialized staffing. ● There should not be an overlap in hours between standard and specialized staffing (i.e., 6 hours of 1:1 standard and 6 hours of 1:1 specialized should equate to a total of 12 hours of 1:1 in a 24 hour period).
<p>Section 6: Two to One support</p>	<ul style="list-style-type: none"> ● The provider should give a detailed description of why 2:1 supports are needed to ensure the safety of the individual or those around him or her. There should be a clear indication of what risks might occur if these supports were not in place. ● If submitting an annual application, the provider should also include a summary of any changes to the individual's support needs since the previous review period. ● The provider should list each of the individual's support needs separately on the rows provided and give an estimation of both the duration (time the support typically takes) and the frequency (how many times per day) the support occurs. ● Total requested 2:1 with standard staffing-this area of the application should list the total number of 2:1 supports requested within a 24 hours period which are to be provided by staff who does not meet the criteria for specialized staffing. ● Total requested 2:1 with specialized staffing-this area of the application should list the total number of 2:1 supports requested within a 24 hours period which are to be provided by staff who does meet the criteria for specialized staffing. ● There should not be an overlap in hours between standard and specialized staffing (i.e., 6 hours of 2:1 <i>standard</i> and 6 hours of 2:1 <i>specialized</i> should equate to a total of 12 hours of 2:1 within a 24 hour period).
<p>Section 7: Behavioral Support</p>	<ul style="list-style-type: none"> ● The provider should <u>always complete this section</u> for individuals who experience challenging behaviors, regardless of the individual's SIS level or if the primary support need is not related to challenging behaviors. ● Individuals who experience challenging behaviors should have a plan for support that includes identifying the challenging

	<p>behavior and creating a more appropriate and healthy replacement behavior. This information should be listed in Section 7 of the application; the provider should use the drop down menu to indicate if the behavior has been increasing, decreasing or stable over time.</p> <ul style="list-style-type: none"> • Interventions provided by staff, contractors, or other professionals should be listed within the application to include the average frequency and duration of the specific intervention. • A list of hospitalizations or crisis support services should be included in this section. • Behavioral data supporting the application should be submitted with the application to include graphed data, ABC data, behavioral support plan, crisis plan, and serious incident reports. • For annual applicants, a clear description of changes to overall support needs or interventions should be included.
Section 8: Medical Support	<ul style="list-style-type: none"> • The provider should <u>always complete this section</u> for individuals who experience challenging medical conditions, regardless of the individual's SIS level or if the primary support need is not related specifically to medical conditions. • The provider should list all medical supports individually on the rows provided and include the frequency and duration of each support listed within the appropriate box dependent upon what staff provide the specified support as follows: <ul style="list-style-type: none"> ○ Supports provided only by an RN ○ Supports provided only by an LPN ○ Supports provided only by DSP/CNA or other direct support related staff • The provider should include any medical hospitalizations or medical services that have occurred to include annual check-up, lab work or emergency room visits. • If applying for an annual customized rate the provider should describe any changes to overall support needs since the previous review period. • Appropriate documentation should be included with the application such that all application verbiage can be verified to include medication administration records, medical protocols, and doctor visit summaries.
Section 9: Overnight Supports	<ul style="list-style-type: none"> • This section should be completed for all applicants. It is especially critical for providers who are requesting 1:1 support during the overnight hours. • The provider should list each support separately in the rows provided and include the average frequency and duration of the support provided. • For annual applicants any changes to overnight sleep patterns or support needs should be included. • Data supporting the verbiage included in the application for overnight supports should be included with the application.
Section 10: Day Activities	<ul style="list-style-type: none"> • The provider should list all formal day supports currently approved via Waiver, and also include any activities that the individual participates in during the day that are not covered or requested by Waiver. • The provider should include an explanation of why community supports are not accessed through the Waiver <i>where applicable</i>. • A copy of the individual's day schedule should be included with the application. • Barriers to accessing services should be described. In the event that the individual has been denied support for any service, evidence of such should be included with the application. • Individuals who are currently on a waitlist for services should include with their application evidence of waitlist status.
Section 11: Funding	<ul style="list-style-type: none"> • The customized rate is reserved for individuals who cannot be served within the standard rate model for the specified service due to exceptional support needs. As such, the provider should outline in this section what attempts have been made to provide the needed services and the associated barriers that have been experienced. • For annual applicants, it is expected that individuals are always supported within the least restrictive environment. As such, the provider should detail what <i>attempts</i> have been made to reduce 1:1 or 2:1 supports in a <u>safe environment</u> over the course of the plan year and explain any successes or failures. • Based on the need for additional staffing for 1:1, 2:1 or program oversight, the provider should list the financial needs necessary to support the individual and explain specifically why the support needs of the individual cannot be met with existing funding. • For annual reviews, the provider is mailed a Notice of Action form (NOA). Within the NOA recommendations are often made. The provider should indicate in <i>Section. 11</i> what recommendations were made and provide an explanation for any recommendations which were not adopted since the previous review period. Failure to provide evidence of an <i>attempt</i> to adopt recommendations made by the committee may result in a denial. • It is recognized that sometimes not all pertinent information can be included within the application prompts. As such a section is included to provide additional information that the provider feels is important as it relates to the support needs of the individual.
Section 12: Supporting Documentation	<ul style="list-style-type: none"> • Section 12 lists all of the necessary supporting documentation which is required when submitting an application. Providers should select all documentation that has been included with the application. Where not included, the provider should summarize why the corresponding documentation has not been included.