

Resource Coordination Coalition of Maryland

Workgroup Report on Service Units and Billing

POSITION:

1. While the FY14 review of resource coordination billable service hours reflect an overall average below the maximum cap (36% - 64%), there will be people each year who have extremely high utilization (more than 200% over the cap) and those who are very stable (28% below the cap).
2. As evidenced in the data, it is clear there is no effort on the part of resource coordination providers to reach the maximum allowable units for persons served in order to generate revenue; providers are making every effort to respond to individual needs as appropriate.
3. Based on this initial data, the current allocation of units by service category does not appear to be entirely valid. It does not appear to capture the wide variation of individualized level of support needs, nor account for staff turnover and impact on related time factors. The current unit allocations were devised several years ago before the advent of additional TCM services and obligations were known and required.
4. Providers lost a great deal of revenue in FY14 because of over-utilization for a small number of consumers. Assessing utilization in the aggregate does not capture this issue.
5. It is estimated that an average caseload would present about 5% extremely high utilization need, 15% high-utilization need, and 10% low-utilization need, with the remaining 70% falling in the average range noted above.
6. Resource coordinators must have the flexibility to respond to the needs of people they serve.
7. Agencies must not be required to provide services without compensation if they are to remain fiscally viable.
8. The current system for requesting additional units is unnecessarily overly restrictive, very subjective, and is administratively labor-intensive for both DDA and the provider.
9. This system should allow reimbursement for the time it takes staff to develop the individual summaries, information and response to inquiries needed to request additional service units.
10. Just as direct service providers have supports-based individual budgets that belong to the person, RC service units should have the same basis to assure adequacy of services.
11. RC providers need to be able to bill for more than one resource coordinator providing services to the same individual in the same day in order to respond to emergencies, provide coverage, provide continuity of service, and to be responsive.
12. Alternative to the 15 billing unit system to be explored and evaluated.

RECOMMENDATION 1 - REVISE ADDITIONAL UNIT REQUEST CRITERIA

Per the Quick Reference Guide for Requesting Additional Units, "Requests for additional units will be reviewed to meet at least one of the following criteria:

- A crisis or emergency situation that meets the defined criteria for the crisis resolution priority (even if the individual is not currently in that category), including requests for individuals whose crisis occurred earlier in the fiscal year;
- Transitioning Youth (TY) who are new to the DDA and have been found eligible for TY funding in the current fiscal year; or
- Complex transfers between providers."

These limitations are overly-prescriptive and not based on any real experience. The range of reasons for going over the allocated units in the first year included:

- Incident report follow-up with visits and related meetings;
- Multiple RFSC's; hospitalizations; interim meetings; updates; redeterminations
- Working with family-members who are anxious and very demanding of staff time during changes, as well as negotiations to retain and/or find alternate providers when families are consistently dissatisfied (and often known to most providers);
- Complex issues related to transition from nursing homes and forensic centers; frequent meetings required by the SETT; difficulty securing provider services to meet intensive support needs, especially for court-involved people; transition from hospitals and mental health facilities;
- Working with people whose needs are not well-met by local community supports, such as married people with children and CPS involvement, people with active drug/alcohol issues, people with significant mental illness and related treatment issues, and people whose families depend on their benefits for survival of the household.

The criteria to request additional units must allow for some discretion on the part of the RC provider agency and it's staff in addition to Regional Office review, and should include much broader consideration, i.e.,

- Crisis situation has occurred during the fiscal year
- Issues of service provider requiring changes for persons served, to include additional oversight or selection of an alternate provider.
- Maintain Waiver and Medical Assistance edibility and enrollment; process re-determination in an efficient and effective manner
- Medical and behavioral challenges
- Prevention of crisis
- Significant life change has occurred that impacts services
- Complexity of need impacts ability to secure and/or retain service provider
- Family demands upon the service provider and/or the RC provider staff
- Multiple incident reports, RFSC's, interim meetings, or other events requiring special follow up

This, however, should not be considered an all-inclusive list. The criteria must be broad enough to allow for consideration of cases that are not pre-determined. In addition, the time it takes RC staff to create the summary report to request additional units must be billable.

RECOMMENDATION 2 - PROVIDE TRAINING FOR REGIONAL OFFICE STAFF

Stated reasons for denial of requests for additional units vary greatly across people and Regions. Some of those presented are even disrespectful, especially considering that the consequence is non-payment for services rendered. These have included:

- Notes not uploaded into PCIS2 (notes will not upload if insufficient units are available)
- “Micromanaging” (not defined)
- Email should not take more than 6 minutes (overly subjective)
- Cannot approve the requested 10 units because you have 8 units remaining (we were instructed to request at 75% of units used prior to end of the year)
- RC is working too much with this person (subjective and insufficient information for management to address)
- Units are not allowed over this cap (reason for the request?)

In addition to training for RO staff, it would be helpful to also have guidelines for denial of additional units, to include a requirement for clear documented explanation as to the reason for denial.

RECOMMENDATION 3 - ESTABLISH A TY CATEGORY

The support needed to guide Transitioning Youth and their families through the process of needs assessment and securing the right adult services can vary greatly from family to family. We support the recommendation made by the Waiting List Workgroup that DDA create a specific category for the TY year with an allocation of 168 units.

RECOMMENDATION 4 - ASSURE SUFFICIENT ALLOCATION OF UNITS FOR ALL LEVELS OF SERVICE

The Quick Reference Guide notes that “unit limits are associated with payment; therefore they do not restrict service delivery to people if excessive units are spent by resource coordination providers”. This statement implies and reinforces a perception of RC agencies trying to manipulate the payment system for financial gain. The FY14 data shows this is not the case. Providers must have financial viability in order to function, and it is not a reasonable business practice to require work product without payment. Service unit limits to be associated with the person.

RECOMMENDATION 5 - REASSESS THE UNIT ALLOCATIONS

Per the report from DDA on utilization in FY14, the overall average showed under-utilization, yet most RC providers lose revenue due to over-utilization for a small group of people. Work with providers to develop a more realistic allocation system using data and provider experience.

RECOMMENDATION 5A - AGGREGATE UNIT ALLOCATION

Example - Community Coordination:

- Total # of consumers assigned to agency = N
- Total # of units allocated per person assigned = N x 212

- Total fiscal year units = 212 x N

Assumption:

- High-utilization needs: 20% x 212 N
- Average utilization needs: 70% x 212 N
- Low-utilization needs: 10% x 212 N

Result:

- Total # of units allocated per-person across agency is the same : 212 N (Cost-Neutral to DDA)
- No need to request additional units (No Revenue loss for RC providers)

RECOMMENDATION 5B - TIERED-SERVICES UNIT ALLOCATION

Tiered-Services within each service category, using fiscal year data to project high/average/low utilization and pre-assign units accordingly.

RECOMMENDATION 6 - NEGOTIATE WITH YEAR-1 PROVIDERS

Providers in the first year of operation must have some time to build capacity and become stable. This is more difficult in a retrospective fee-for-service system. While the capital advance is helpful, the timing for repayment is critical and should support operational stability if we are to assure choice of RC providers for people.