

Q&A for Supports Waiver EVV Implementation

Questions and Comments Regarding the Supports Waiver Implementation

February 29, 2016

1. Since the max units per day are 20, what will happen if we check-in an individual for more than 20 units on a given day? Will it be automatically disallowed in the system or will it result in an individual's coming up short of units for the year? I ask this for several reasons. Our program has historically operated on a 6.5 hour day. All our NOW clients will continue on the 26 units per day schedule. Our SW individuals amount to only 20% of those we will be checking in. For these reasons it would be easier to train our staff to maintain the same schedule for everyone rather than having them recognize the difference in the individuals' funding sources. **The provider will be reimbursed for the 20 units even if there is more units that are checked in. The provider will not come up short at the end of the year and there will be no problems with billing.**
2. Good Afternoon, my biggest concern today is that we now have to go through LRS if we begin a new mobile work crew. We are meeting with an entity this afternoon to try to get a cleaning contract going. I'm in a small town and this would be HUGE for us. I can't wait on LRS. Plus, we were told that LRS has no money and would be unable to help us in any way; so what's the point. This is really impeding the process and is only hurting us. Document that you have attempted to get with LRS. **The individual can still be put on the mobile crew, but every effort should be made to access LRS funding first.**
3. Firstly, we have been training using one code for the whole day. One week later, we will need to train them to use two codes for the day. **There are no services going from one code to two codes. If you are referring to transportation in the Supports Waiver, you are not required to clock in and out for transportation, nor enter this into LaSRS. You would still just use the one Day Hab service code.**
4. Secondly, they took something simple and made it complicated without any added benefit. With the new criteria we will bill in 15 min increments changing the code from ERT to Day Hab with no added benefit. This more than doubles the labor involved in tracking the clients. I know the theory is we will get to bill individuals who stay at our facility less than 5 hours, but the loss we had from this was inconsequential compared to the increase in labor for tracking every 15 mins. – **ERT and Day Hab both have new billing codes. I am not sure what is meant by “changing the code from ERT to Day Hab”. If the service definition changed such that you are now providing Day Hab instead of ERT, then you should receive a revision to change the service. SRI will automatically**

crosswalk old codes to new codes **for the same service**. If you are going from one service to the other, you must clock in and clock out.

5. Now that time is essential, having 30 people arrive at 8:00am, it is impossible to check them all in at once. When checking them in you have to assign to individual staff and often choose between different procedure codes. We lose 5 to 10 minutes on people from start to finish which adds up to dollars lost for time they are there. **You can set up a group that has only the service for which you want to clock in. For instance, if you have participants that receive Day Hab the first hour or two of the day, you can set up those participants where you only have the option of clocking in for Day Hab only. Not all services require a staff to be assigned. The ones that do are because of a limited ratio per the program.**
6. It would be nice to permanently assign people to groups or individual staff and edit if there is a change. Individuals stay in the same group on a daily basis unless a staff is absent. This would save time. **The system allows providers assign recipients and procedure codes to “groups” to facilitate efficient clock in and clock out based on assignments. It does not allow participants to be assigned to workers, as the worker must be present to provide the service.**
7. The system times out too quickly. If you step away from desk or get distracted you have to log back in. Waste of time. **There is a 15 minute time limit due to HIPAA.**
8. **“Group employment cannot be provided on the same day as day hab because this service unit is 1 plus hours.” What does this mean? Please provide the program manual name and page number of this reference for clarification.**
9. **“Volunteering MUST be part of...” Please explain further what the role of volunteering is. Volunteering can be a part of career planning which enables an individual to explore opportunities for employment of their choosing.**
10. **Will providers need to have groups of comprised of all NOW recipients and all SW recipients for billing purposes? No**
11. Most of the day programs in Region 6 are longer than 5 hours per day. Does this mean that all our individuals will have to start attending only 5 hours per day? **The billing is currently done on a daily rate- and so the individual had to be there at least 5 hours- so they could be there longer but it was still the same rate. But if the individual left before the 5 hours, the provider did not get to bill. When I made the changes, I based it on a 5-hour day (9-2) which is what the majority of programs run- so that is why I divided by 5 hours instead of 6 or 7. So if the provider bills for 20 units (5 hours) they will receive the same money that they are currently receiving billing on a daily rate. This new billing will allow for more flexibility in the way individuals spend their day.**

Individuals could work part time and attend the day hab all on the same day. I am looking further into this question as I am not sure why they are keeping the individuals past 5 hours anyway. Time starts when the individual reaches the facility or activity they are participating in. The bus route does not count as part of the billing period even though transportation is included in the rate.

12. Do we need to complete revisions for everyone with new codes starting 3/1? SRI will crosswalk all Supports Waiver procedure codes for PA's in the system as of 2/29/16 to the new procedure code. New PA's with the new procedure codes will be downloaded on initial sign-in to LASTv2.
13. Does the person become eligible again to re-enter PreVoc if they were moved to Day Hab after the 4-year transition? No-not at this time.
14. What is the plan of action for those already in SE who have not been linked to LRS? Would we have to ensure everyone in SE has been linked to LRS? If someone is already receiving SE services and has a job, we do not have to link to LRS. Only moving forward for new recipients of SE services.