

OCDD New Opportunities Waiver (NOW) Complex Care Supplemental Payment

Louisiana Office for Citizens with Developmental Disabilities

Objectives

- ▶ Describe/define the criteria to receive the complex care supplemental payment for
 - Behavioral Support Complexities
 - Medical Complexities for Delegable Tasks
- ▶ Identify the documentation required for submission
- ▶ Describe the process for submitting a request

Purpose of Complex Care Supplemental Payment Option

- ▶ Provide funds for ADDITIONAL SUPPORT to individuals who
 - have complex medical and/or behavioral needs
 - Are at risk for institutionalization due to inability to access waiver provider services/retain direct support/access other professional services outside waiver
- ▶ Time limited
- ▶ Focused on positive outcomes/achieving stability

Criteria for Complex Behavioral Support

- ▶ Two of the following three:
 - Specific behavioral program/procedures OR daily support for therapy homework/use of coping skills (criteria i.1)
 - Physical intervention by staff routinely (based on professional guidance) (criteria 1.2)
 - Supervised period of time “away” needed weekly (criteria i.3)
- ▶ Due to above requires one of the following (criteria ii):
 - “Higher credentialed” staff
 - Higher qualified supervision

Documentation & Review for Complex Behavioral Support

Handout & Examples

Criteria for Complex Medical Support

- ▶ Two of the specified delegable tasks related to:
 - Tracheostomy
 - Gastrostomy/jejunostomy
 - Catheterization/colostomy
 - Oxygen care
 - Simple wound care
- ▶ Due to above provider incurs one of the following:
 - Costs for additional staff training/recruitment
 - Costs for additional nursing hours

Documentation & Review for Complex Medical Support

Handout & Examples

Process for Requesting Supplemental Payments

Initial Request

- ▶ Provider will request supplemental payment
- ▶ Support Coordinator and Provider will complete the Screening Tool
- ▶ Provider will submit required documents to Support Coordination Agency
 - Attachment F and Attachment G for behavioral, including
 - ◆ Professional plan for physical intervention
 - ◆ Specific structure schedule and instructions
 - ◆ Professional assessment and recommendations
 - Attachment L for medical, including
 - ◆ Current RN assessment
 - ◆ Completed RN Delegation Forms

Initial Request (continued)

- ▶ SCA Prepares Revision Request
- ▶ SCA Submits Revision Request, Screening Tool, and Provider Documents to LGE
 - Revision Request is for 90 Days for Initial Submittals
- ▶ If LGE Concurs with Request, Submit SORC Packet to OCDD CO
- ▶ SORC Reviews Packet and Responds (Approval/Denial)
- ▶ SRI Releases Prior Authorization for 90 Days

Quarterly Reporting

▶ Provider must submit Quarterly Report

■ Behavioral

- ◆ Challenges Encountered – Overview
- ◆ Methods Employed to Mitigate
- ◆ Progress in Number or Severity of Incidents from previous Quarter
- ◆ Additional services, staff, or credentialed staff required

■ Medical

- ◆ Changes in health status based on RN Assessment
- ◆ Charts completed for delegable medical tasks
- ◆ Medical appointments and hospitalizations
- ◆ New Signs and Symptoms to monitor (requires revision to D and L)

Quarterly Reporting (continued)

- ▶ Support Coordination submits Quarterly Report to LGE
- ▶ Support Coordination submits revision through end of CPOC year
- ▶ LGE reviews Quarterly Report and approves/denies revision

Annual Requirements

- ▶ Updated Screening Tool submitted annually
- ▶ Updated provider documents and professional assessments/recommendations are required
- ▶ Quarterly Reports Submitted with SORC Request
- ▶ Annual Revision for CPOC Year

Questions/comments/reactions