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