Ohio Department of Developmental Disabilities

Competency-Based Training and Longevity Add-On

Effective July 1, 2018

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About the Add-On

An add-on rate is an amount "added-on" to the regular rate of reimbursement available for certain services.

The Competency-Based Training and Longevity Add-On adds \$0.39 per 15-minute unit to the regular reimbursement rate for routine homemaker/personal care, or Homemaker/Personal Care (HPC) services.

Providers can only bill at this higher rate for routine HPC provided by eligible providers. More on applicable services.

Direct support professionals (DSPs) interested in obtaining the add-on rate must meet the following conditions to be eligible:

- Two years of paid, full-time or equivalent experience providing support to people with developmental disabilities. <u>More on experience required.</u>
- Completion of 60 hours of applicable training. More on applicable training.

Applicable Services

The add-on is only applied when eligible DSPs provide routine HPC.

The add-on does not apply to On-site/On-call, participant-directed HPC, or *any service* other than routine HPC.

Two Years of Full-Time Experience

To be eligible for this add-on, DSPs must have two years (or the equivalent 4,160 hours) of experience providing hands-on support to people with developmental disabilities.

That is 4,160 hours of paid work, providing services authorized through Level One, SELF, or Individual Options waivers (see a full <u>list of waiver services</u>), providing services in an intermediate care facility for individuals with intellectual disabilities, better known as an ICF ¹, or providing services funded by local resources, such as county board-funded programs like supported living or respite.

These hours do not have to be consecutive, nor do they need to be from the same agency or job.

Hours can be part-time, intermittent, seasonal, or occasional work over any period.

Hours of experience may include hours worked in other states. ²

¹ Revision May 30, 2018, to clarify that experience providing services in an intermediate care facility is also applicable.

² Revision June 8, 2018, to clarify out-of-state experience is acceptable.

Completion of 60 Hours of Applicable Training

Access to this add-on requires 60 hours of applicable training. DSPs are responsible for tracking hours of applicable training that they have successfully completed.

Training that applies toward this add-on includes:

- Completion of Ohio DSPATHS Certificate of Initial Proficiency or Certificate of Advanced Proficiency, regardless of when it was completed,
- or any combination of the following courses completed, within the last five years:
 - Any online course offered through DirectCourse accredited by the National Alliance of Direct Support Professionals.
 - Online courses offered through Relias that have been accredited by the National Alliance of Direct Support Professionals.
 - o Any other NADSP Accredited Course.
 - In-person DSPATHS seminars, offered by the Ohio Alliance of Direct Support Professionals, with content accredited by the National Alliance of Direct Support Professionals, see oadsp.org/training.
 - Online or in-person training courses that have been approved by the Ohio Department of Developmental Disabilities (DODD).

Courses that do not apply toward the 60 hours of training for the add-on rate include:

- any courses that were a part of the provider's initial DSP training,
- or any courses taken to meet annual training requirements.

Courses must have been completed within five consecutive calendar years of the application for the add-on. More about how to apply for the add-on.

Applying for DODD Approval of Training

One of the options for DSPs and independent providers to receive the Longevity Add-On is to take training approved by DODD. For training to be approved by DODD and count

towards the 60 hours, the following is needed:

Requirements of Training:

- Must submit Competency-Based Add-On application to dspdevelopment@dodd.ohio.gov at least 30 days prior to the delivery of course material.
- Approval must be obtained prior to delivery of course material.
- Be a minimum of one hour in length. After one hour, partial hours may be approved in 30-minute increments.
- Provide certificates of completion to each participant with the course name, course number, hours approved, date of participation or delivery that corresponds with information on the application submitted to DODD, and the name of the participant.
- If the training is delivered online, there must be a requirement for each participant to demonstrate proficiency through testing.

Applying for the Competency-Based Add-On

DSPs and/or their agency will track the hours of applicable training that they have successfully completed and submit documentation when they reach 60 hours.

Documentation of completed training may include:

- a DSPATHS Certificate of Initial or Advanced Proficiency,
- training certificates or transcripts from DirectCourse or Relias Learning,
- a certificate from in-person DSPATHS seminars offered by the Ohio Alliance of Direct Support Professionals,
- and a certificate from a DODD certified training.

No re-certification or re-application is needed to maintain the add-on rate. Once obtained, the DSP remains eligible indefinitely and can be billed through any employer. Agency employees who later become independent providers may follow the process for independent providers and apply for the add-on with proof of training and experience.

Provider Agency DSPs

Proof of Experience

Employees of a provider agency must submit proof of experience to their employer, in a manner prescribed by the employer, before the add-on can be applied. The agency will review these documents and verify two years of work experience. The agency may use the department's Employment Experience form or develop one of its own.

The form is for agency records only. Agency employers should verify employment based on their typical procedures and may request reference letters or other forms of verification for the employment listed on this form. The Employment Experience form does not need to be submitted to DODD. ³

Hours of experience must total two years, or the equivalent 4,160 hours of providing hands-on support to people with developmental disabilities, prior to applying for the add-on (no earlier than June 1, 2018).

Proof of Training

Employees of a provider agency must submit proof of training to their employer, in a manner prescribed by the employer, before the add-on can be applied.

³ Revision June 28, 2018, to add an agency provider-specific Employment Experience form.

Once the agency has verified the information, the agency may bill for hours of Homemaker/Personal Care or HPC services provided by an eligible DSP using a billing code that reimburses the agency at a higher rate. More on this billing code.

The agency is required to maintain verification of related experience and training for each DSP for whom the add-on is billed.

Independent Providers

Upon completion of 60 hours of applicable training, independent providers will submit both their proof of training completion and proof of experience to the department for verification, through the Provider Services Management or PSM application, uploading all supporting documentation before submitting for review.

Proof of Experience

Independent providers who wish to include hours of experience as a paid employee of a provider agency must submit statements on letterhead, which include:

- the name and signature of a human resources representative,
- agency contact information,
- employment dates,
- and the total number of hours paid for providing services.
 More about applicable services.

Hours of experience as an independent provider of Level One, SELF, or Individual Options waivers services must be submitted using the department's <u>Employment Experience form</u>, then submitted through PSM.

Hours of experience must total two years, or the equivalent 4,160 hours of providing hands-on support to people with developmental disabilities, prior to applying for the add-on (no earlier than June 1, 2018).

Proof of Training

Independent providers may submit proof of 60 hours of successfully completed training by uploading course transcripts and certificates, indicating hours and courses completed, into PSM (no earlier than June 1, 2018).

The department will review all documents submitted and verify that requirements of the add-on are met.

Independent providers will receive notification that they are eligible to bill hours of HPC using a billing code that reimburses the provider at a higher rate. <u>More on this billing</u> code.

Proof of Training: Using DirectCourse⁴

A transcript of courses successfully completed is available through DirectCourse. After logging in to DirectCourse, learners can find a link to their transcript on their homepage or by using <u>instructions provided</u> by the department.

The DirectCourse transcript shows all the courses a learner has taken and totals the contact hours for each course successfully completed.

Courses are marked as complete when the learner passes the course with a grade of 80 percent or higher.

Total Contact Hours indicates the total hours the learner has successfully completed, reflecting only the hours completed with an 80 percent or higher.

All the contact hours completed in DirectCourse apply toward the add-on.

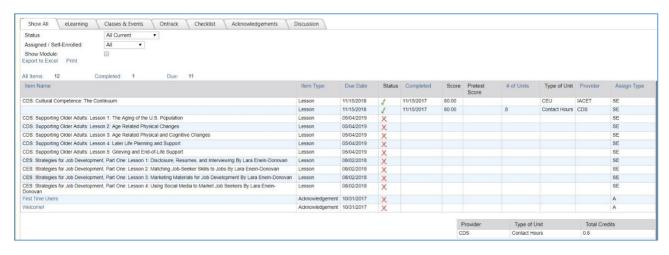


Figure 1: Example of DirectCourse transcript showing a learner who has successfully completed 0.8 contact hours.

⁴ Revised August 10, 2018, to include information regarding available transcripts and to clarify total contact hours.

Budget and Billing

The Medicaid maximum rate for the add-on is \$0.39 for each 15-minute unit of routine HPC.

This add-on is state-funded, meaning DODD is paying the non-federal share.

Budgeting

The cost of the add-on would not be attributed to the person's ODDP range or waiver budget limitation.

County boards of developmental disabilities will continue to project units of HPC but will not project the number of units to which the add-on will apply.

Since county boards will not be able to predict when a DSP who is eligible for this add-on rate will be scheduled to provide routine HPC services, this will not be included in the cost projection tool within Medicaid Services Systems or MSS. County boards will continue to project and authorize services using the typical procedure codes (APC, FPC, etc.).

Billing

Providers bill new HPC "Q" codes contained in the appendix to the HPC rule.

Independent providers who have been determined by DODD to be eligible for the addon will have the ability to submit claims using designated procedure codes that will pay the additional \$0.39/unit for routine HPC claims.

Agency providers must determine which employees are eligible for the add-on. When those employees deliver routine HPC, the agency may submit claims using the designated procedure codes that will pay the additional \$0.39/unit. This will enable the agency to pay the eligible employees an additional \$1.00/hour when delivering routine HPC.

A provider will add the \$0.39 add-on amount to the input rate of the claim per qualified DSP. When a multi-staff billing code is used, agency providers enter the number of qualified DSPs who meet the criteria for the add-on in the staff size billing field. <u>See Table 1.</u>

Billing the Add-On in DRA⁵

For service dates effective July 1, 2018 and after, the daily rate application (DRA) within Medicaid Service Systems or MSS has functionality to allow providers to enter hours of Routine HPC services provided by DSPs eligible to receive the add-on.

When entering actuals, first, enter the total hours of routine HPC provided. Then any hours of routine HPC provided by a DSP eligible for the add-on is entered into the Competency-Based Hours field in the daily rate application or DRA. When an amount is entered into the Competency-Based Hours field, DRA will build the bill file with the service code AQL.

The bill file will indicate the total rate for each person receiving services and the amount of the total that is competency-based, ensuring that the add-on rate does not encumber the waiver participant's PAWS budget for services.

If no hours are added in the Competency-Based Hours field, the bill file will build with the ADL service code.

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⁵ Revision July 24, 2018 to add Billing the add-on in DRA information

Table 1

1	Individual Options	AQC	Add \$0.39 to rate
Staff	Waiver	Age	Add \$0.55 to fate
	Level One Waiver	FQC	
2	Individual Options	AQW	Add \$0.39 per qualified staff to rate; and
Staff	Waiver		Enter number of qualified staff in "staff size"
	Level One Waiver	FQW	
3 Staff	Individual Options Waiver	AQX	
	Level One Waiver	FQX	
4 Staff	Individual Options Waiver	AQY	
	Level One Waiver	FQY	
5 Staff	Individual Options Waiver	AQZ	
	Level One Waiver	FQZ	

Examples

Please note that all rates in the example are based on the Medicaid maximum rates in Clark county. A complete listing of Medicaid maximum rates for Homemaker/Personal Care (HPC) can be found in appendix A of OAC 2-9-30. They may not reflect a provider's Usual Customary Rate (UCR). A UCR is the rate that a provider would charge an individual not participating in a Medicaid waiver who is receiving the same or similar service. This is a rate that a provider, whether an independent provider or an agency provider, will need to determine.

Example 1:

An independent provider who is qualified for the Longevity Add-On is serving one person on the IO waiver. The Medicaid Maximum HPC rate is \$5.18/unit. The provider adds \$0.39 to the unit input rate and bills AQC at \$5.57/unit.

Example 2:

Agency provider has one direct support professional (DSP) who is qualified for the Longevity Add-On and is serving one person on the IO waiver. The Medicaid Maximum HPC rate for agency providers is \$5.86/unit. The provider adds \$0.39 to the unit input rate and bills AQC at \$6.25/unit.

Example 3:

Agency provider has two DSPs who are both qualified for the Longevity Add-On and they are serving four people on the IO waiver. The Medicaid Maximum HPC rate for two DSPs serving four people is \$12.56/unit. The provider bills AQW at \$13.34/unit (12.56+0.39+0.39) and the agency enters "2" in the staff size field to indicate that both DSPs are qualified for the Longevity Add-On.

Example 4:

Agency provider has two DSPs serving four people on the IO waiver. One DSP is qualified for the Longevity Add-On and one DSP is not. The Medicaid Maximum HPC rate for two DSPs serving four people is \$12.56/unit. The provider bills AQW at \$12.95/unit (12.65+0.39) and the agency enters "1" in the staff size field to indicate that one DSP is qualified for the Longevity Add-On.