

Attendance Sub-Committee
Meeting Minutes
March 25, 2010

In attendance: Pat Bourne, Judy Dowd, Peter Mason, Jerry Brennan, Paula Pfistner, Sandie Lavoy, Paul Rosen Joe Drexler was able to join for the last few minutes

Peter explained that the April payment to providers will equal February's actual and March's estimate. The agencies will receive a PDF document which outlines how the payment was calculated.

Peter shared a PowerPoint presentation with the intent of giving the history of the current rate calculation. The PowerPoint will be emailed to the group for future reference/use. The following are the major highlights:

- CMS drives the reimbursement based on choice, control and access for independence, health and quality of life.
- CMS review criteria and billing validation methods address three essential tests. They are:
 1. The individual was eligible for Medicaid waiver payment on the date of service
 2. The service was included in the participant's approved service plan
 3. The services were provided.
- The system of care needs to be traceable.
- There are about 3,100 people in the fee for service system – both residential and day.
- The attendance factor is needed because it is a mechanism to provide an increase to the rate in order to provide the necessary funding for the staff when a participant is absent from the program. The concept is to make up for the difference between the 2 types of day funding – group and individual.
- The 90% was developed by reviewing the attendance data available at the time and by factoring in an adjustment to allow for growth due to more of an emphasis by providers in encouraging individuals to participate in the program in order to increase attendance.
- The 90% has been used since 2005 and starts with 260 days and allows for 35 days off per year which includes holidays, sick time and vacation time.
- When developing this rate, other states were contacted for data. Other states' data needs to be reviewed carefully in order to identify the criteria used, as you can't just compare percentage rates – you need to look at what when into factoring the rate.
- The 90% attendance factor creates provider efficiencies – with the definition of efficiency being staffing flexibility/scheduling and creativity.

The presentation ended and Peter was thanked for sharing it with the group. He will provide it to people via email.

Pat asked if there are any other states that have been successful in transitioning. Peter stated that all the states were struggling and that there is a lot of contention between the states and their provider systems.

When asked why the department is participating in the waiver, it was noted that it increases reimbursement to the state from the federal government and therefore the department received

less cuts. Judy felt that this was not the case and the funding is more related to the clients and their needs, not the fact that the state receives a reimbursement from the feds.

Pat reinforced the charge of the committee - to identify the criteria which go into determining an attendance factor and to make a recommendation to the committee of a reasonable attendance factor - based on the information garnered.

Discussion was held on February attendance results, attached. In summary – 4684 services were authorized. 286 were not entered into the attendance system. These providers have been contacted. Using 19 days, the attendance average was at 80.7%. It was noted again that February had 3 ‘snow’ days which impacted the majority of the providers. 126 individuals had “0” attendance and the resource managers are contacting agencies to correct the data if there were input errors. It was agreed by the committee that this information will become more valuable as we continue to look at the upcoming months.

Paul asked Paula if those individuals who are served in ICF day service facilities should or shouldn't be included in the fee for service waiver system – should they be covered under the same payment system?

Next Steps:

It was suggested and agreed that the committee look at data presented by service type and the percent of attendance. It was also suggested that it be reviewed by agency and service type – denoting numbers rather than specific agency names. Peter believed that reports could be produced with this data.

It is agreed that the group needs to look at data from other states. The State trade associations will be asked what is the current information available from other states and if they have the detailed information to back that up. This will be helpful when re-contacting states to gather current information.

Factors to consider in determining the attendance factor – these areas were identified as needing to be looked at as we move through the process...

PTO for those receiving services

Provider efficiencies

Special circumstance review

Reasonable absences of non-disabled

Efficiency factors and at what percent should they be included

The meeting schedule for the next two meetings are: April 8th and May 6th at 9:30am at 460 Capitol Avenue, Hartford (DDS).

Submitted by,

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