

**PROCESS FOR DEVELOPING A LON-BASED TRANSITION PLAN FOR
POS CONTRACTED PROVIDERS**

All providers will work with the primary region to develop a provider specific plan to move the agency from legacy funding to LON based rates.

Implementation Date	July 1, 2013
Required to Transition	All Day Providers
Required to Develop a Transition Plan	Providers that will have their total annual authorizations increased/decreased more than 10% or a total of \$ 50,000 whichever is less.
Required to move to the Rates for July 1, 2013	Providers that will have their total annual authorizations increased/decreased no more than \$ 10,000 or 2% whichever is less.

- Providers will review information received by DDS that identifies the affect the transition to LON-based rates will have on the participants in their program. The information will include all participants with a Contract Service Authorization (CSA) or a Vendor Service Authorization (VSA).
- Providers will meet with the region to discuss any issues or perceived errors in the information.
- Providers are expected to come to the financial meetings with specific details on areas they believe are in error regarding individual authorizations, Level of Need (LON) concerns, or Utilization Resource Review (URR) issues.
- Providers that identify a participant with an incorrect LON must be prepared to identify the specific questions within the LON tool that they feel are not an adequate assessment of the individual's skill level.
- At the conclusion of the meeting, the regions may schedule a second meeting to review any changes or corrections that have been made and to review the Provider's Transition Plan on the established format.
- The region will review and verify any issues identified by the provider. If there is an error in the calculation, the regions will notify Central Office.
- Providers will develop a Transition Plan.

- Individuals who the regions identify as needing to have the LON redone will request that the participant's team revise the LON as soon as possible.
- Individuals who have been identified as needing to be reviewed by the URR committee will be scheduled for review as soon as possible.
- The region will review and approve the Transition Plan taking the following areas into consideration:
 - Staffing Ratios
 - Organizational and Programmatic changes
 - Wage and Benefit changes
 - Administrative and General changes
 - Realistic Utilization projections
 - Realistic Increase/Decrease in the Number of Consumers
- Regional Resource Management will complete new authorizations for the selected individuals effective 7/1/13.
- The Provider will implement the approved strategies according to the dates identified in the provider's Transition Plan.
- The region will adjust the authorizations of the identified participants to reach the provider's yearly target figure (1/6th of the total difference between current funding and the LON-based allocation).
- Each successive year at the annual financial meeting, the Provider and the Region will discuss the provider's position to the rates and implement the strategies that have been identified in the Transition Plan. The region will adjust the authorizations of the identified participants to reach the provider's yearly target figure (1/6th of the total).