DAP Residential Rate Implementation Provider FAQ's (Update 10/26/2023)

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1. **What is a base rate?**

- This is the lowest minimum rate that will be paid based on the individual's needs. It is based on the auxiliary grant amount.

2. **Why is the base rate based on the auxiliary grant?**

- DAP are state general funds or public pay. Due to that it will need to align with other public pay options for supervised residential living options.

3. **Why are you changing DAP now?**

- DAP funds are general state funds that are designed for moving individuals from state psychiatric institutions. They are payor of last resort and require monitoring and utilization management to free up additional funds for more discharges. To create consistency, predictability, and sustainability DAP needs a model for identifying residential rates. This assures that patients are receiving the services they need, and providers are being paid for those services consistently across the state.

4. **How are needs determined?**

- Any patient discharging to a residential setting from a state psychiatric facility utilizing public pay funds will be assessed utilizing the Uniformed Assessment Instrument. This UAI identifies residential needs. Those are translated to the DAP rate tool to determine the patients "tier" or rate.

5. **How often is the UAI or assessment done?**

- This is done at discharge and at least annually thereafter. A provider can request an update be completed if the needs have changed.

6. **Can the patients rate decrease?**

- Yes, if their skills or behavior improve then the rate may change. The goal is for patients to gain skills to move to more independent settings.

7. **Who does the UAI?**

- Hospital staff at initial discharge and then community staff thereafter. UAIs completed by the providers cannot be used for rate setting. However, it's expected the CSB or community staff complete the UAI face to face with the individual and in communication with providers to assure accuracy.

8. **Why is the NGRI fee only one time?**

- This fee as incentive recognizes that NGRIs represent a higher risk. However, the individual's need should be represented in the UAI and the provider will be paid for serving those needs.

9. **If an individual has to be moved to an additional home, does a new UAI have to be done or will the original UAI follow them. Also, if the individual goes into the hospital, will there be a new UAI required?**
- The original UAI can follow them if done within the last 12 months, however if the person has a change in functioning or needs then it can be redone to reflect those needs. If the person is hospitalized and the needs changed a new one should be completed.

10. **Does the additional fee only apply to new admissions?**
- Yes, one-time fees for NGRI, licensure status, arson, training or sex offender status is one time at admission to the facility.

11. **Will providers have a particular contract to sign?**
- Yes, a provider agreement is still required with DAP funds. This is maintained between the CSB and the provider. DBHDS will specify language to be included, but otherwise the contracts will be the CSB or regional template.

12. **DSS requires additional forms when submitting a UAI for approval. Are those forms also required? Such as the DMAS 96 or communication form.**
- This process does not affect any current requirements for DMAS forms required for AG. Those will still be required if you currently use those forms.

13. **Will there be a difference in pay for licensed and unlicensed home?**
- No, rate differential for licensure status other than the one-time incentive for licensed homes.

14. **Is the one-time incentive per facility or per individual?**
- The one-time fee is specific to the admitted patient. If you accept two patients, you will get that fee per patient.

15. **What if a provider refuses the rate?**
- The provider has the right to refuse the rate and the individual can be placed in another facility.

16. **What about bridge plans?**
- Bridge DAP plans are plans in which DAP is covering until patient benefits are obtained are not affected by this process.

17. **What is a customized rate?**
- A customized rate is a rate requested for specific services above and beyond what is assessed by the UAI and behavioral assessment. There are four services in which a customized rate may be requested for: Transitional Services, 1:1 Line of site supervision and support; 2:1 line of site

supervision and support and programmatic oversight. These services will be reimbursed based on what level staff are providing the service.

18. How does the request for a customized rate work?

- The application will be sent by the DAP coordinator to the regional approval committee. If approved by the regional committee the application goes to the custom rate committee who meets twice monthly. This committee of 5 will review and vote on the request.

19. Is there a pay difference for a private room?

- No, room structure is not considered reimbursable.

20. What time-period of behavior is reviewed in the behavioral assessment?

- The period of review for behavior is the last 30 days.

21. Can current approved DAP plans remain at the current rate or be "grandfathered in"?

- No, By June 30,2024 all current plans will be assessed and converted to the new rate structure.

22. Is there certain documentation needed from the providers for the bx?

- Providers are expected to incorporate any behavioral needs identify in the behavioral assessment into the plan of care. Documentation will be expected to show the level of need and interventions of that provider.

23. Will the contract have specific services be included/outlined?

- Contract should outline specific payment requirements and for any customized rate the service identified should be clearly outlined in the contract/provider agreement.

24. What services does this apply to?

- This structure applies to supervised residential services including group home, ALF, Memory Care or Nursing home in which DAP funds are requested.