



CABINET FOR HEALTH
AND FAMILY SERVICES

Exceptional Supports Training
Presented By: Haley Hammond & Courtney
Casebolt
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The Purpose of Exceptional Supports

- Exceptional supports are for the sole purpose of ensuring the health, safety and welfare of the waiver participant.
- Under no circumstances shall a support be approved because a waiver recipient chooses not to attend day services or for the staffing ease of the direct service provider.
- Requested by a participant and the participant's team; and
 - (b) That due to an extraordinary circumstance related to a participant's physical health, psychiatric issue, or behavioral health issue is necessary to:
 1. Be provided in excess of the upper payment limit for the service for a specified amount of time; and
 2. Meet the assessed needs of the participant.

Services Included in Exceptional Supports

RATES

- Be based on the **ACTUAL COST** of providing the service
- Not exceed twice the upper payment limit
- Exceptional Supports may be requested for up to a year not to exceed LOC

Services available for Increased Rates

- Community access services
- Day training that is not provided in an adult day health care center
- Personal assistance
- Respite
- Residential Level I – three (3) or fewer residents
- Residential Level I - four (4) to eight (8) residents
- Residential Level II – twelve (12) or more hours.

Slide 3

0 Should we say Exceptional support instead of rates. Technically it's not about the rate we are requesting, its about the additional needs of a participant.

, 2023-10-27T15:02:01.885

CC(0 0 Updated to reflect Exceptional support

Casebolt, Courtney (BHDID/Frank, 2023-10-30T15:42:40.800

Services Included in Exceptional Supports UNITS

- Each service has a Limited amount of Units
 - If the team agrees that more units are needed to ensure health, safety, and welfare then additional units may be granted through exceptional supports for available services
 - CCT units may be requested for no more than **6 months**
1. Consultative clinical and therapeutic services (CCT)
The regulation allows for 160 CCT units (13 units per month)
 2. Person centered coaching
1,320 units per year
 3. Personal assistance
64 units (16 hours per day)
Any combination of day training, community access, personal assistance, or any hours of paid community employment or on-site supported employment service shall not exceed sixteen (16) hours per day.
 4. Respite
3,320 units per year (830 hours)

Slide 4

- 0** Should this say a limited amount of units
, 2023-10-27T15:04:42.882
- CC(0 0)** We changed to Limited amount and plan to reference this verbage when presenting "Traditional amount of units" is the language used to refer to the 13 per month allowed in the reg. (we often refer to traditional amount in LOI's)
Casebolt, Courtney (BHDID/Frank, 2023-10-30T15:53:47.497
- 1** Should this reference the any combination of DT, CA, PA or any hours of paid community or onsite supported employment?
, 2023-10-27T15:11:27.717
- CC(1 0)** Added the language from the reg
Casebolt, Courtney (BHDID/Frank, 2023-10-30T15:54:11.164

Where to start with an Exceptional Request

Within one business day of the person-centered team meeting, the case manager shall submit the exceptional support packet to the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). Submission through the MWMA system is preferred as it provides a more efficient method to process the request. Further, the case manager shall send written notification of the date and time of submission to the service provider(s) who will be implementing the exceptional support.

The packet must contain the following:

- i. Name and identifying information of recipient
- ii. Description of the exceptional supports being requested
- iii. Specific description of challenges presented by the waiver recipient and interventions provided that have resulted in the request. Dates, times, location of occurrences must be included
- iv. Summary notes of the person centered team meeting held to determine if the request for exceptional support was appropriate. Notes should include signatures of the team members and date, time and location of the meeting. For emergency meetings held by conference call, a confirmation email from each team member shall be included
- v. Updated Plan of Care with exceptional service documented
- vi. If this is an on-going or repeat request, description of any interventions taken by the Person-Centered Team to stabilize the challenges. Please describe the results of the interventions
- vii. Detailed cost analysis using the approved Rate Determination Template for all requests for Unit Cost Increases

- Refer to the SCL Provider Letter A-49
- <https://www.chfs.ky.gov/agencies/dms/dca/waivers/sclproviderlettera49.pdf>

Exceptional Support Timeline

The date of submission is the date the complete and accurate packet is submitted

- *Exceptional Supports cannot be Backdated*
- *Requests can be made 30 days prior to the start date of the service*

- **Within ONE Business day of the person-centered team meeting**
 - *Example: Team Meeting on Friday at noon the packet needs to be submitted sometime on Monday*
 - *If team meeting occurred and time is needed to gather documents and CM cannot submit within 1 business day the team may reconvene via email and submit within 1 business day along with the original sign in sheet/summary notes*

Team Meeting

Must Occur Prior to Requesting Exceptional Supports

The Following Documents Must Be Submitted:

- Sign-in Sheet (Guardian/Participant must be included)
- Summary notes (meeting minutes) is a document showing discussion between team members to determine if the request for exceptional supports are appropriate
- Must include that all team members agree to exceptional supports request
- Please keep in mind that an email of attendance cannot be accepted as team meeting documents (*meeting minutes/sign in sheet with guardian/participant must be included*)

Requesting Units

- **Ensure Traditional units are within 30 days of being exhausted**
 - *Include units that have been utilized but not yet billed*
- **Description of Exceptional Supports**
 - *Detailed description of what the team is requesting*
 - *How the units will be utilized to benefit the person*
 - *Why is traditional amount insufficient*
- **Specific description of challenges presented and interventions provided that have resulted in the request**
 - *Incident Reports*
 - *Detailed behavioral data that includes **Dates, Times, Location of Occurrences and Interventions** provided at the time of the request*
- **Description of interventions taken by the team to stabilize challenges and the results of those interventions**
 - *PCC*
 - *Crisis team involvement*

Requesting Rates

Rate Sheet

The Medicaid approved Rate Determination Sheet found in the A-49 letter must be submitted

<https://www.chfs.ky.gov/agencies/dms/dca/waivers/sclproviderlettera49.pdf>

SCL Exceptional Supports Rate Determination

Provider Name:				
Participant Name:		SSN:	MAID :	

*Please note: *If a rate increase for residential services is approved through the Approved Exceptional Supports process - Rate increase will not be allowed for any other services.*

Additional 1:1 Residential Staffing Needs		Additional 1:1 Adult Day Training Staffing Needs	
Residential Hourly Gross Pay Rate		ADT Hourly Gross Pay Rate	
Total 1:1 Weekly Hours		Total 1:1 Weekly Hours	
Weekly Total Cost:		Weekly Total Cost:	
Daily Residential Rate Requested:		ADT Unit Rate Requested:	

Additional Services:
If there are requests for additional rates for other services, please submit detailed cost related information

Residential Level 1 Rate Sheet Information

- **Residential Hourly Gross Pay Rate**
 - *This rate must be the actual hourly pay rate paid to staff*
- **Total 1:1 Weekly Hours**
 - *This is the total hours per week that an additional staff will be present to provide 1:1 support*
- The expectation is the daily residential rate requested is the **Actual Cost**

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Additional 1:1 Residential Staffing Needs	
Residential Hourly Gross Pay Rate	
Total 1:1 Weekly Hours	
Weekly Total Cost:	
Daily Residential Rate Requested:	

Slide 11

0 Would this be the actual cost of the provider or the actual cost of the employee. The overhead will be the same no matter if the person is being paid additional wages or regular wages

, 2023-10-27T15:17:52.193

CC(0 0 We refer to the Actual Cost since that is how it is stated in the payment reg. We shortened it to Actual Cost. Let us know if that sounds better

Casebolt, Courtney (BHDID/Frank, 2023-10-30T15:59:57.495

Day Training Rate Sheet Information

- ADT hourly Gross Pay Rate is the actual pay rate paid to staff
- **Total 1:1 Weekly hours**
 - *This is the total amount per week the 1:1 will provide supports at Day Training*
- **Weekly Total Cost**
 - *The actual cost for the provider*
- **Unit Rate Requested**
 - *The actual unit rate requested by provider*
- **Additional Information Needed**
 - *Documentation that the person wants to attend Day Training*
 - *Information on other options the team has attempted for the persons day*

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Additional 1:1 Adult Day Training Staffing Needs	
ADT Hourly Gross Pay Rate	
Total 1:1 Weekly Hours	
Weekly Total Cost:	
ADT Unit Rate Requested:	

Slide 12

0 This reads funny
, 2023-10-27T15:19:11.474

CC(0 0 We corrected the statement.
Casebolt, Courtney (BHDID/Frank, 2023-10-30T16:03:15.761

Rates

Residential Level 2

- Request to pay the FHP a higher rate to provide relief staff
 - *Include Traditional Rate pay of the FHP to the provider*
 - *Include the new increased rate paid to the FHP with exceptional supports*
 - *Minimum weekly amount of relief that will be provided to prevent caregiver burnout*

Personal Assistance & Respite

- Include amount being requested to pay staff
- Include attempts made to obtain staff at the traditional rate

The Rest of the Packet...

- **Description of Exceptional Supports**
 - *Level of Supervision*
 - *Hours*
 - *Documentation of active support the 1:1 is providing*
- **Specific description of challenges presented and interventions provided that have resulted in the request**
 - *Incident Reports*
 - *Detailed behavioral data that includes Dates, Times, Location of Occurrences and Interventions provided at the time of the request*
- **Description of interventions taken by the team to stabilize challenges and the results of those interventions**

Level of Supervision

Hours 1:1 Supervision is being Requested

- **If request is less than 168 hours weekly include hours of the day**
 - *Total 1:1 Weekly Hours = 84*
 - *9am to 9pm 7 days per week*
- **If request includes Sleeping Hours**
 - *Include detailed description of sleep patterns; active support the 1:1 provides during sleep hours; level of supervision*

Level of Supervision

- **The level of supervision the 1:1 will be providing. For example:**
 - *Arms Reach*
 - *Line of Sight*

Exceptional Support Decisions

- **Approval**

Services Approved & Prior Authorization

- **Denial**

Services Denied with letter documenting appeal rights

- **LOI-Incomplete**

Item is missing from packet submitted and start date will need to be adjusted to the date information is submitted

- **LOI-Clarification**

Clarification needed on information submitted; Start date can be maintained, as long as, information is received within 3 days

Keep in mind that the comment when responding to LOI's are part of the Medicaid Document (Be Professional when Corresponding)

Modifying a Previously Approved Request Transitioning to a new provider

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- **Documents that Must be Included:**
 - *Team Sign in Sheet*
 - *New Rate Sheet Confirming no changes to hour of support and pay rate (rate increase)*
- **Ensure Approval Remains Consistent**
 - *Level of Supervision*
 - *End Dates*
 - *Rates*
- **Timely Submission**

Slide 17

0 Transitioning to a new provider - what does timely submission mean here?
, 2023-10-27T15:25:32.735

CC(0 0 We were going to talk about how it needs to be submitted in a timely manner. We don't have a specific date.
Casebolt, Courtney (BHDID/Frank, 2023-10-30T16:06:45.711

For Assistance with Exceptional Supports
Please Contact:

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