

SC & ISC Training: IDD Connects ISP Service Summary Review

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

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Today's Topics

- **Community Residential Alternative & Respite Overview**
 - Policy
 - Categories & Rates
 - Level of Need
 - Capacity - Community Residential Alternative (CRA)
 - Host Home/Life Sharing Settings
 - ISP & Prior Authorization Development (CRA)
 - In Home & Out of Home Respite
 - ISP & Prior Authorization Development (Respite)

Community Residential Alternative & Respite Services

Services Defined

Community Residential Alternative Services

These services are targeted for people who require intense levels of residential support in small group settings of four or less, foster homes, or host home/life sharing arrangements and include a range of interventions with a particular focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.

These services are only available in the Comprehensive Supports Waiver Program (COMP).

Respite Services

Respite Services provide brief periods of support or relief for family or other unpaid caregivers of individuals with disabilities. Respite is provided in the following situations: 1) When families or other unpaid caregivers are in need of support or relief in order to leave the home for periods during the day or overnight; 2) When the individual needs relief or a break from the caregiver; 3) When relief from caregiving is necessitated by unavoidable circumstances, such as a family emergency.

These services are available in the Comprehensive Supports Waiver Program (COMP) and New Options Waiver Program (NOW) and is an option for self-direction.

Community Residential Alternative & Respite Services

Policy

Community Residential Alternative Services - Policy

Comprehensive Supports Waiver Program (COMP) Part III, Chapter 2300

Basis for Reimbursement & Reimbursement Rates

- Chapter 2300, Section 2308
- Appendix A

Respite Services - Policy

Comprehensive Supports Waiver Program (COMP)
Part III, Chapter 3100

New Options Waiver Program (NOW)
Part III, Chapter 2600

Basis for Reimbursement & Reimbursement Rates

- Chapter 3100, Section 3108 (COMP)
- Chapter 2600, Section 2608 (NOW)
- Appendix A

Community Residential Alternative

Categories & Rates

Community Residential Alternative – Categories & Rates

| Residential Setting | Residential Capacity | Category | Rate |
|----------------------------|-----------------------------|--------------------------|-------------|
| Group Home | 3-Person | Category 1 (Level 1) | \$210.32 |
| Group Home | 3-Person | Category 2 (Level 2) | \$276.92 |
| Group Home | 3-Person | Category 3 (Level 3,4) | \$308.05 |
| Group Home | 3-Person | Category 4 (Level 5,6,7) | \$326.85 |
| Group Home | 4-Person | Category 1 (Level 1) | \$182.29 |
| Group Home | 4-Person | Category 2 (Level 2) | \$253.05 |
| Group Home | 4-Person | Category 3 (Level 3,4) | \$282.43 |
| Group Home | 4-Person | Category 4 (Level 5,6,7) | \$299.67 |
| Group Home | 5-Person | N/A | \$186.94 |
| Host Home | 1-2 Person | Category 1 (Level 1) | \$160.06 |
| Host Home | 1-2 Person | Category 2 (Level 2) | \$198.40 |

*2-Person Group Home Residents Are Authorized With 3-Person Group Home Rates

Respite Services

Categories & Rates

Respite Services – Categories & Rates

| Respite Setting | Service Name | Category | Unit of Service | Annual Maximum |
|-----------------|------------------------------------|------------|-----------------|----------------|
| In Home | Respite - 1 Member | Category 1 | \$5.17 | \$4,935.17 |
| In Home | Respite - 2 Member | Category 1 | \$2.85 | |
| In Home | Respite - 3 Member | Category 1 | \$2.07 | |
| In Home | Respite - 1 Member | Category 2 | \$5.17 | \$6,731.24 |
| In Home | Respite - 2 Member | Category 2 | \$2.85 | |
| In Home | Respite - 3 Member | Category 2 | \$2.07 | |
| Out of Home | Respite - 15 Minutes - Out of Home | Category 1 | \$5.17 | \$4,935.17 |
| Out of Home | Respite - 15 Minutes - Out of Home | Category 2 | \$5.17 | \$6,731.24 |
| Out of Home | Respite - Daily | Category 1 | \$164.52 | \$4,935.60 |
| Out of Home | Respite - Daily | Category 2 | \$224.39 | \$6,731.70 |

Community Residential Alternative & Respite Services

Level of Need

Community Residential Alternative and Respite Services – Level of Need

Community Residential Alternative Services and Respite Services are delivered according to **level of need**, or Assessment Level, which correspond to rate categories, or 'tiers', which reflect the fact that individuals with more significant needs require more intensive supports. Each waiver individual's **level of need** is determined by the Health Risk Screening Tool and the Supports Intensity Scale. Detailed description of the assessed levels and correlation to need categories can be reviewed at:

<https://dbhdd.georgia.gov/residential-and-respite-cost-study>

Descriptions of Assessment Levels

Figure 3: Descriptions of Assessment Levels*

| | |
|----------------|---|
| Level 1 | Individuals in this level have largely mild support need and little to no support for medical or behavioral conditions. They can manage many aspects of their lives independently or with monitoring and prompting rather than physical assistance. This includes activities like bathing, dressing, and eating, as well as activities such as shopping or accessing the community. |
| Level 2 | Individuals in this level have modest-to-moderate support needs and little to no support for medical or behavioral conditions. Although they need more support than those in Level 1, their support needs are minimal in a number of life areas. |
| Level 3 | Individuals in this level have little to moderate support needs as in Levels 1 and 2, but they also have significant support needs due to medical or behavioral conditions. |
| Level 4 | Individuals in this level have moderate-to-high support needs, requiring more frequent supports that may include physical assistance in several daily life activities. |
| Level 5 | Individuals in this level have the most significant support needs, generally requiring frequent physical assistance in numerous daily life activities. |
| Level 6 | Individuals in this level have exceptional medical conditions that result in the need for enhanced supports (in terms of the amount or specialization). |
| Level 7 | Individuals in this level have exceptional behavioral challenges that result in the need for enhanced supports (in terms of the amount or specialization). |

* Adapted from research and materials produced by the Human Services Research Institute

Assessment Levels Criteria


| Figure 4: Assessment Levels Criteria | | | |
|---|---------------------------------|-------------------------|--------------------------------|
| Assessment Level | Supports Intensity Scale | | Health Risk Screening Tool |
| | Sum of Sections 2A, 2B, and 2E* | Section 1B (Behavioral) | |
| 1 | 8 to 24 | Less Than 7 | Low Risk (HCL 1-2) |
| 2 | 25 to 30 | Less Than 7 | Low Risk (HCL 1-2) |
| 3.1 | 0 to 30 | 7 to 10 | Low Risk (HCL 1-2) |
| 3.2 | 0 to 30 | Less Than 11 | Moderate Risk (HCL 3-4) |
| 4 | 31 to 36 | Less Than 11 | Low or Moderate Risk (HCL 1-4) |
| 5 | 37 to 52 | Less Than 11 | Low or Moderate Risk (HCL 1-4) |
| 6 | Any | Less Than 11 | High Risk (HCL 5-6) |
| 7 | Any | 11 to 26 | Any |
| *Section 2A relates to Home Support Needs, 2B to Community Support Needs, and 2E to Health and Safety Needs | | | |

Crosswalk of Assessment Levels to Rate Categories

| Figure 5: Crosswalk of Assessment Levels to Rate Categories | | | |
|---|--------------------------|-------------------------|-----------------------------------|
| Assessment Level | Group Home Rate Category | Host Home Rate Category | Respite - Overnight Rate Category |
| 1 | Category 1 | Category 1 | Category 1 |
| 2 | Category 2 | | |
| 3 | Category 3 | | |
| 4 | | | |
| 5 | Category 4 | Category 2 | Category 2 |
| 6 | | | |
| 7 | | | |

Community Residential Alternative and Respite Services – Level of Need

An individual's Level of Need (Assessment or 'Support' Level) is determined by DBHDD using a web-based system developed by the Human Services Research Institute (HSRI).



VERITY ANALYTICS
Developed by HSRI

Verity Analytics Platform

Georgia Department of Behavioral Health and
Developmental Disabilities (DBHDD)

Please Sign In to Verity Analytics

Email

Password

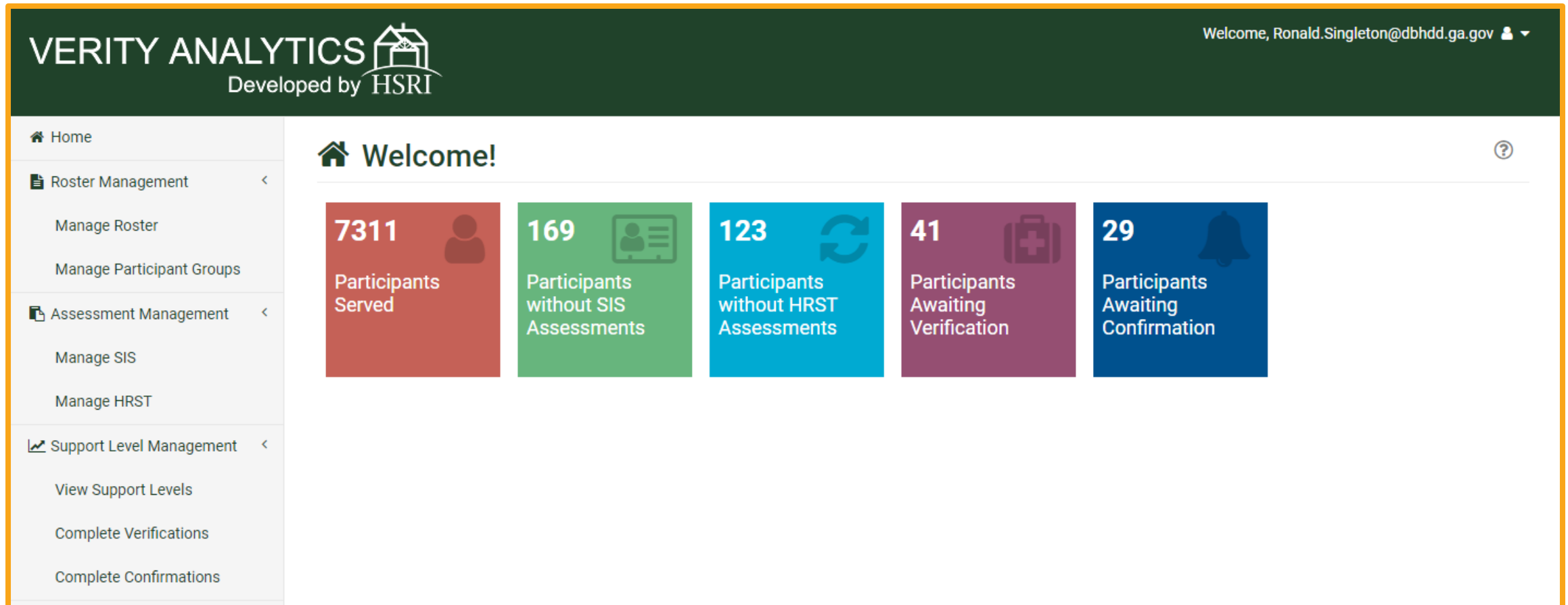
Login

Sign Up

[Forgot Password?](#)

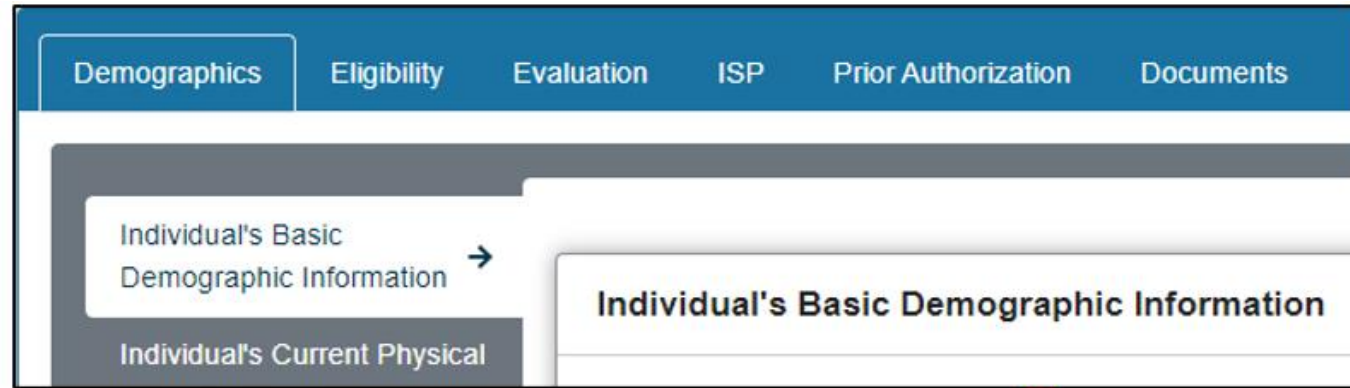
Community Residential Alternative and Respite Services – Level of Need

Verity Analytics, a system developed by the Human Services Research Institute (HSRI) and accessible only by the staff of DBHDD.



Assessment Level: “Old” Location

IDD Connects: Assessment Level Location

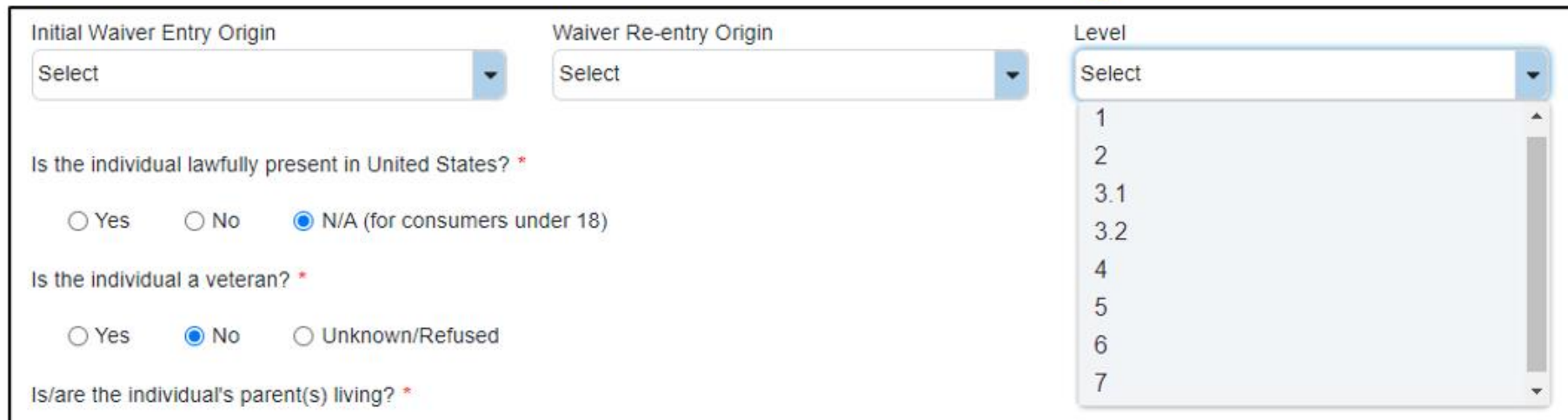


Demographics Eligibility Evaluation ISP Prior Authorization Documents

Individual's Basic Demographic Information →

Individual's Current Physical

Individual's Basic Demographic Information



Initial Waiver Entry Origin: Select

Waiver Re-entry Origin: Select

Level: Select

1
2
3.1
3.2
4
5
6
7

Is the individual lawfully present in United States? *

☐ Yes ☐ No ☒ N/A (for consumers under 18)

Is the individual a veteran? *


☐ Yes ☒ No ☐ Unknown/Refused

Is/are the individual's parent(s) living? *

Assessment Level: “New” Location

IDD Connects ISP Service Summary

| Service Summary | | |
|-----------------|------------------|---------------|
| Status | Assessment Level | Modified Date |
| Completed | | |



Assessment Levels are imported from Verity Analytics into IDD Connects weekly.

Assessment Level: History (Evaluation Tab)

Demographics

Eligibility

Evaluation

ISP

Prior Authorization

Documents

Outcomes & Support Notes

Services

Individual 360

Appeals

Letters

Pre-Eligibility Recommendations

Discipline Specific Assessments

Diagnosis Summary

Clinical Recommendations

HRST/SIS

Assessment Level History →

Clinical Mailbox

View legacy I&E Screening information

Assessment Level History

| Last Update | Update Reason | Assessment Level | Modified On | Level Changed | Status Details | Status | SIS ID | SIS Assessment Date | HRST Assessment Date | HCL |
|-------------|---------------|------------------|-------------|---------------|----------------|-----------|---------|---------------------|----------------------|-----|
| 08/19/2023 | NEW HRST | 4 | 08/19/2023 | N | Final Level | FINALIZED | 1725907 | 04/18/2023 | 08/19/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |
| 04/18/2023 | NEW SIS | 4 | 02/14/2023 | Y | Final Level | FINALIZED | 1725907 | 04/18/2023 | 02/14/2023 | 4 |

1 2 3 4 5 10

Assessment Level: Key Points to Remember

- Assessment levels are currently used for Community Residential Alternative and Respite Services
- Assessment levels are not applied to individuals residing in a Group Home licensed for 5 beds or more
- Assessment levels are determined by the SIS and the HRST and are finalized within Verity Analytics
- A change in an assessment level may *or* may not result in a change in category/tier
- A decrease in an assessment level must be reviewed by DBHDD prior to updating the Service Summary

Community Residential Alternative Capacity

Community Residential Alternative – Capacity (Group Homes)

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy. Healthcare Facility Regulation (HFR), a division of the Department of Community Health (DCH), is responsible for licensing facilities in Georgia.

<https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation>

Licensed Group Home settings (2) are as follows:

Community Living Arrangement (CLA)

- Provider-operated residence with license capacity approval of four or fewer residents.

Personal Care Home (PCH)

- Provider-operated residence with license capacity approval of four or fewer residents.

DBHDD recognizes several Group Homes throughout Georgia that are licensed for five or more residents. New group homes with more than five beds have not been permitted for several years, but existing homes have been permitted to continue operating. If one or more vacancies occur such that there are three or four members in the home, the provider may seek to limit the home's licensed capacity to three or four members. However, the provider will not be able to later seek to place more than four members in that home. The rate for members in homes with more than four residents is \$158.67 per unit.


Community Residential Alternative – Capacity Verification



Licensed **Capacity** verification can be done using either of the two methods below:

1. Healthcare Facility Regulation's (HFR) Find a Facility website:
➤ <https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>
2. A copy of the provider's HFR license/permit



Community Residential Alternative – HFR Website

<https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>



| | Name <small>↑↓</small> | Facility Type <small>↑↓</small> | Address <small>↑↓</small> | City <small>↑↓</small> | State <small>↑↓</small> | Zip <small>↑↓</small> | County <small>↑↓</small> | Bed Capacity <small>↑↓</small> | Telephone <small>↑↓</small> | Effective Date of License <small>↑↓</small> |
|---|--|---------------------------------|---------------------------|------------------------|-------------------------|-----------------------|--------------------------|--------------------------------|-----------------------------|---|
|  |  | COMMUNITY LIVING ARRANGEMENT | 5723 SAINT THOMAS DRIVE | LITHONIA | GA | 30058 | DEKALB | 3 | 7709121055 | 02/12/2016 |
| | Name | Facility Type | Address | City | State | Zip | County | Bed Capacity | Telephone | Effective Date of License |

Community Residential Alternative – HFR License/Permit

| | | | |
|--|--|---|--|
|  | | GEORGIA DEPARTMENT OF COMMUNITY HEALTH | |
| STATE OF GEORGIA | | | |
| COMMUNITY LIVING ARRANGEMENT PERMIT | | | |
| This is to certify that a permit is hereby granted to | | | |
| _____ | | to maintain and operate a | |
| (Name of Governing Body) | | | |
| Community Living Arrangement named as _____ | | for <u>4</u> residents. | |
| (Name of Residence) | | (number served) | |
| Said residence and premises are located at _____ | | | |
| (Street) | | | |
| in <u>MARTINEZ</u> | | County of <u>COLUMBIA</u> , Georgia. | |
| (City or Town) | | (Zip Code) | |
| Permit effective date is <u>Wednesday, August 19, 2020</u> and remains in effect unless revoked or suspended. | | | |
| "This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. Secs. 31-7-1 and 37-1-22 and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued." | | | |
| THIS PERMIT IS NOT TRANSFERABLE | | PERMIT NO. _____ | |
| In Witness Whereof, we have hereunto set our hand this <u>25TH</u> day of | | AUGUST, <u>2020</u> | |
| GEORGIA DEPARTMENT OF COMMUNITY HEALTH | | HEALTHCARE FACILITY REGULATION DIVISION | |
| | |  | |
| | | Melanie Simon, Division Chief | |

Community Residential Alternative – Current Rates (Group Homes)

Bed Capacity: 2 & 3



Bed Capacity: 4



Bed Capacity: 5+



| Capacity | Procedure Code | Rate |
|----------|----------------|----------|
| 3 PERSON | T2033-U1-UP | \$210.32 |
| | T2033-U2-UP | \$276.92 |
| | T2033-U3-UP | \$308.05 |
| | T2033-U4-UP | \$326.85 |

| Capacity | Procedure Code | Rate |
|----------|----------------|----------|
| 4 PERSON | T2033-U1-UQ | \$182.29 |
| | T2033-U2-UQ | \$253.05 |
| | T2033-U3-UQ | \$282.43 |
| | T2033-U4-UQ | \$299.67 |

| Capacity | Procedure Code | Rate |
|----------|----------------|----------|
| 5 PERSON | T2033-U5-UR | \$186.94 |

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy.

Community Residential Alternative – Group Home Rate Scenario

Bed Capacity: 5+



All three residents living in a Group Home licensed for 5 will all receive the rate associated with a **5 Person** home.



3 Residents

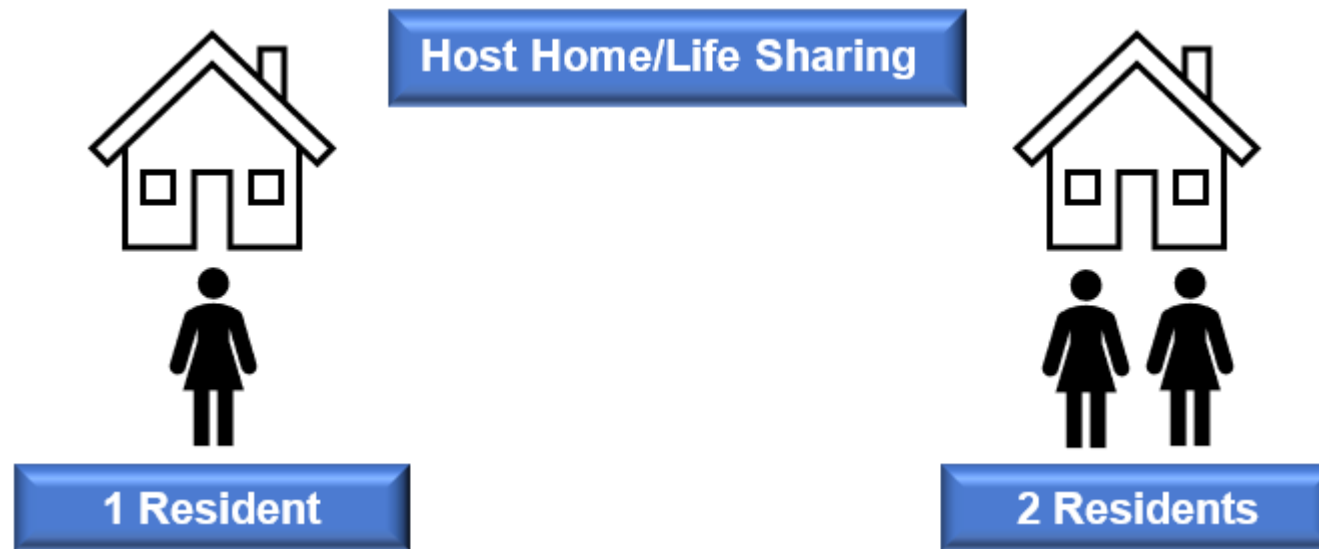
Rate per resident: \$186.94

Community Residential Alternative

Host Home/Life Sharing Site

Community Residential Alternative – Host Home/Life Sharing

Host Home/Life Sharing sites are not required to be licensed. Host Home/Life Sharing service rates are based on the category or tier of each resident. The overview of this process can be found in the **'Assessment Levels Overview – Revised'** document on the DBHDD Residential and Respite Cost page located on this site: <https://dbhdd.georgia.gov/residential-and-respite-cost-study>.



| Category | Procedure Code | Rate |
|------------|----------------|----------|
| CATEGORY 1 | T2017-U1 | \$160.06 |
| CATEGORY 2 | T2017-U2 | \$198.40 |

Community Residential Alternative

Individual Service Plans & Prior Authorizations

Individual Service Plan Review Policy (Policy Stat)

The Service Planning Process and Individual Service Plan Development, 02-438

<https://gadbhdd.policystat.com/policy/11222352/latest>

C. Responsibilities of Each Team Member


3. Responsibilities of other planning team members include the following tasks:


- c. Service providers are required to review each annual ISP, within the online case management system, within five (5) business days following draft approval, and contact the SC or ISC with any concerns about service delivery,


Community Residential Alternative – Service Summary

Four Potential Residential Settings

Service Summary

 [Refresh](#)





Status


Assessment Level

Modified Date

Date Completed

In-Progress

6



| | <input type="checkbox"/> | Service Description | PA Approved | Detailed Service Description |
|---|--------------------------|-----------------------------------|-------------|------------------------------|
| 1 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Category 4 - 3 Person |
| 2 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Category 4 - 4 Person |
| 3 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Group Home - 5 Person |
| 4 | <input type="checkbox"/> | Community Residential Alternative | | CRA - Category 2 - Host Home |

1

10

Community Residential Alternative – Service Summary – Step #1

Identify the Setting and Capacity

Residential Setting: A Group Home at **2381 Rimmele Drive, Lawrenceville, GA**

| Facility Type ↑↓ | Address ↑↓ | City ↑↓ | State ↑↓ | Zip ↑↓ | County ↑↓ | Bed Capacity ↑↓ | Telephone ↑↓ | Effective Date of License ↑↓ |
|------------------------------|--------------------|---------------|----------|--------|-----------|-----------------|--------------|------------------------------|
| COMMUNITY LIVING ARRANGEMENT | 2381 RIMMELE DRIVE | LAWRENCEVILLE | GA | 30044 | GWINNETT | 2 | 6785184156 | 03/23/2005 |

Verification Options: HFR Website **or** a License from HFR (From Provider)

Community Residential Alternative – Service Summary – Step #2

Review the Assessment Level

| Service Summary | | |
|-----------------|------------------|---------------|
| Status | Assessment Level | Modified Date |
| Completed | | |

Verification Option: Field Office (Not Provider Agency)

Community Residential Alternative – Service Summary – Step #3

Verify the Category Based on Assessment Level


Assessment Level of 6: Category 4 (Group Home) or Category 2 (Host Home)


| Figure 5: Crosswalk of Assessment Levels to Rate Categories | | | |
|---|--------------------------|-------------------------|-----------------------------------|
| Assessment Level | Group Home Rate Category | Host Home Rate Category | Respite - Overnight Rate Category |
| 1 | Category 3 | Category 1 | Category 1 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | Category 4 | Category 2 | Category 2 |
| 6 | | | |
| 7 | | | |


Community Residential Alternative – Service Summary – Step #4

Adjust Service Summary Accordingly

Service Summary

 Refresh





Status

Assessment Level

Modified Date

Date Completed

Completed

6

| Detailed Service Description | Recommendation From/Date | Amount | Unit | Frequency |
|------------------------------|--------------------------|--------|--------|-----------|
| CRA - Category 4 - 3 Person | | 344.00 | Day(s) | Annually |

1

10

| Amount | Unit | Frequency | Duration of Service |
|--------|--------|-----------|---------------------|
| 344 | Day(s) | Annually | 12 Months |

Community Residential Alternative – Service Summary – Scenario #1

Service Summary Update: Capacity Change

Service Summary

Refresh

Status

Completed

Assessment Level

6

Modified Date

Date Completed

| Detailed Service Description | Recommendation From/Date | Amount | Unit | Frequency |
|------------------------------|---------------------------|--------|--------|-----------|
| CRA - Category 4 - 3 Person | <div>Version Change</div> | 344.00 | Day(s) | Annually |
| CRA - Category 4 - 4 Person | | 344.00 | Day(s) | Annually |

1

10

| Amount | Unit | Frequency | Duration of Service | Both Service Lines |
|--------|--------|-----------|---------------------|--------------------|
| 344 | Day(s) | Annually | 12 Months | |

Community Residential Alternative – Prior Authorization – Scenario #1

Prior Authorization Update: Capacity Change

| | | | | | SAME PROVIDER |
|-----------------------------|----------------|-------|------------|------------|---------------|
| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 4 - 4 Person | T2033-U4-UQ | 224 | 5/1/2023 | 12/31/2023 | HOMES R US |

| | | | | | DIFFERENT PROVIDER |
|-----------------------------|----------------|-------|------------|------------|--------------------|
| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 4 - 4 Person | T2033-U4-UQ | 224 | 5/1/2023 | 12/31/2023 | RESIDENTIAL INC |

Community Residential Alternative – Service Summary – Scenario #2

Service Summary Update: Assessment Level Change

Service Summary

Refresh

Status

Assessment Level

Modified Date

Date Completed

Completed

4

| Detailed Service Description | Recommendation From/Date | Amount | Unit | Frequency |
|------------------------------|---------------------------|--------|--------|-----------|
| CRA - Category 4 - 3 Person | <div>Version Change</div> | 344.00 | Day(s) | Annually |
| CRA - Category 3 - 3 Person | | 344.00 | Day(s) | Annually |

1

10

| Amount | Unit | Frequency | Duration of Service | Both Service Lines |
|--------|--------|-----------|---------------------|--------------------|
| 344 | Day(s) | Annually | 12 Months | |

Community Residential Alternative – Prior Authorization – Scenario #2

Prior Authorization Update: Assessment Level Change

| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
|-----------------------------|----------------|-------|------------|------------|------------|
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 3 - 3 Person | T2033-U3-UP | 224 | 5/1/2023 | 12/31/2023 | HOMES R US |

Community Residential Alternative – Service Summary – Scenario #3

Service Summary Update: Setting Change

Service Summary

Refresh

Status

In-Progress

Assessment Level

6

Modified Date

Date Completed

| Detailed Service Description | Recommendation From/Date | Amount | Unit | Frequency |
|------------------------------|---------------------------|--------|--------|-----------|
| CRA - Category 4 - 3 Person | <div>Version Change</div> | 344.00 | Day(s) | Annually |
| CRA - Category 2 - Host Home | | 344.00 | Day(s) | Annually |

1

10

| Amount | Unit | Frequency | Duration of Service | Both Service Lines |
|--------|--------|-----------|---------------------|--------------------|
| 344 | Day(s) | Annually | 12 Months | |

Community Residential Alternative – Prior Authorization – Scenario #3

Prior Authorization Update: Setting Change

| | | | | | SAME PROVIDER |
|------------------------------|----------------|-------|------------|------------|---------------|
| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 2 - Host Home | T2017-U2 | 224 | 5/1/2023 | 12/31/2023 | HOMES R US |


| | | | | | DIFFERENT PROVIDER |
|------------------------------|----------------|-------|------------|------------|--------------------|
| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 2 - Host Home | T2017-U2 | 224 | 5/1/2023 | 12/31/2023 | RESIDENTIAL INC |


Community Residential Alternative – Service Summary – Scenario #4


No Service Summary Update: Location/Provider Change

- Group Homes: No Change with Bed Capacity Regardless of a Location or Provider Change
- Host Homes: No Change to Category or Tier Regardless of a Location or Provider Change

Service Summary

 Refresh





Status

Assessment Level

Modified Date

Date Completed

Completed

6

| Detailed Service Description | Recommendation From/Date | Amount | Unit | Frequency |
|------------------------------|--------------------------|--------|--------|-----------|
| CRA - Category 4 - 3 Person | | 344.00 | Day(s) | Annually |

1

10

| Amount | Unit | Frequency | Duration of Service |
|--------|--------|-----------|---------------------|
| 344 | Day(s) | Annually | 12 Months |

Community Residential Alternative – Prior Authorization – Scenario #4

Prior Authorization Update: Location/Provider Change

- Group Homes: No Change with Bed Capacity Regardless of a Location or Provider Change
- Host Homes: No Change to Category or Tier Regardless of a Location or Provider Change

| | | | | | SAME PROVIDER |
|------------------------------|----------------|-------|------------|------------|---------------|
| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 2 - Host Home | T2017-U2 | 224 | 5/1/2023 | 12/31/2023 | HOMES R US |

| | | | | | DIFFERENT PROVIDER |
|------------------------------|----------------|-------|------------|------------|--------------------|
| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
| CRA - Category 4 - 3 Person | T2033-U4-UP | 120 | 1/1/2023 | 4/30/2023 | HOMES R US |
| CRA - Category 2 - Host Home | T2017-U2 | 224 | 5/1/2023 | 12/31/2023 | RESIDENTIAL INC |

Respite Services

In Home & Out of Home

Respite Services – Key Facts

- **In Home Respite**

- Services provided in the individual's own or family home.
- The unit of service is 15 minutes or \$1 = 1 unit for self direction.
- Annual maximum of \$4,935.17 for Category 1.
- Annual maximum of \$6,731.24 for Category 2.

- **Out of Home Respite**

- Services provided outside the individual's own or family.
- The unit of service is 15 minutes, daily or \$1 = 1 unit for self direction.
- Annual cap of 30 units for daily services.
- Annual maximum of \$4,935.60 for Category 1.
- Annual maximum of \$6,731.70 for Category 2.
- Approved providers may deliver out of home respite services in a host home managed by a Community Residential Alternative provider or in a licensed Personal Care Home, Community Living Arrangement, or Child Caring Institution.




Respite Services

Individual Service Plans & Prior Authorizations

Respite Services – Service Summary

Five Potential Options

Service Summary

 [Refresh](#)  


Status

Assessment Level






Modified Date

Date Completed

In-Progress




| | <input type="checkbox"/> | Service Description | PA Approved | Detailed Service Description |
|---|--------------------------|---------------------|-------------|--|
| 1 | <input type="checkbox"/> | Respite Services | | Respite - In-Home - 15 min |
| 2 | <input type="checkbox"/> | Respite Services | | Respite - Daily - Category 1 |
| 3 | <input type="checkbox"/> | Respite Services | | Respite - Daily - Category 2 |
| 4 | <input type="checkbox"/> | Respite Services | | Respite - Out of Home - 15 Min - Category 1 (Eff 3/1/202 |
| 5 | <input type="checkbox"/> | Respite Services | | Respite - Out of Home - 15 Min - Category 2 (Eff 3/1/202 |

  1   10 

Respite Services – Service Summary – Step #1

Review the Assessment Level

| Service Summary | | |
|-----------------|------------------|---------------|
| Status | Assessment Level | Modified Date |
| Completed | | |



Verification Option: Field Office (Not Provider Agency)

Respite Services – Service Summary – Step #2

Verify the Category Based on Assessment Level




Assessment Level of 6: Category 2

| Figure 5: Crosswalk of Assessment Levels to Rate Categories | | | |
|---|--------------------------|-------------------------|-----------------------------------|
| Assessment Level | Group Home Rate Category | Host Home Rate Category | Respite - Overnight Rate Category |
| 1 | Category 1 | Category 1 | Category 1 |
| 2 | Category 2 | | |
| 3 | Category 3 | | |
| 4 | | | |
| 5 | Category 4 | Category 2 | Category 2 |
| 6 | | | |
| 7 | | | |

Respite Services – Service Summary – Step #3

Adjust Service Summary Accordingly

Service Summary

 [Refresh](#)  

Status

Completed

Assessment Level

6

Modified Date

Date Completed

| Detailed Service Description | Recommendation From/Date | Amount | Unit | Frequency |
|--|--------------------------|--------|---------|-----------|
| Respite - Daily - Category 2 | | 15.00 | Day(s) | Annually |
| Respite - Out of Home - 15 Min - Category 2 (Eff 3/1/202 | | 120.00 | Hour(s) | Annually |

1

10

Daily and 15 Minutes Combined Cannot Exceed the Annual Maximum

Respite Services – Prior Authorization

Prior Authorization

| Service Name | Procedure Code | Units | Start Date | End Date | Provider |
|---|----------------|-------|------------|------------|-------------|
| Respite - Daily - Category 2 | S5151-U1-UJ | 15 | 1/1/2023 | 12/31/2023 | RESPITE INC |
| Respite - Out of Home - 15 Min - Category 2 (Eff 3/1/2021) | S5150-U3 | 480 | 1/1/2023 | 12/31/2023 | RESPITE INC |

Please Contact the Field Office Operations Analyst for Prior Authorization '**Unit**' Updates

Common Circumstances for Service Summary Updates

- Increase or Decrease of ‘Amount’ or ‘Duration of Service’
- ‘Category’ Change as a Result of an Increase or Decrease of an Assessment Level
- Change or Update in Service Delivery Option:
Traditional/Self Direction

Questions

