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Improving Exceptional Rate Process

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Why the Improvement is Needed?

The provider community has sent many concerns about the Exceptional Rate process, including complicated and tedious process, inadequate funding to meet individuals' needs, unnecessary professional oversight, and lack of accountability. Under the leadership of DD Advisory Council, a workgroup was established to review and recommend improvements.

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Improvement Goals

- Adequate funding for individuals in service, no more & no less
- Rates that will reflect appropriate staffing levels and frequency
- Simplified process for state employees, providers & Support Coordinators
- Accountability for state employees, providers, and Support Coordinators

Improvement I – Enhanced Assessment

- Regional I & E Team will provide initial clinical review of enhanced medical and/or behavior supports for individuals from community.
- A Transition Triage Team will provide initial clinical review of enhanced medical and/or behavior supports for individuals from state hospitals.
- Regional I & E Team will provide clinical review of enhanced medical and/or behavior supports for Exceptional Rate renewal.

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Improvement II – Simplified Process

- Eliminate cover letter requirement and replace with an Exceptional Rate Request template that incorporate all required information
- Revise/reduce timeline for submission of Exceptional Rate Request from at least 90 days to at least 45 days **prior to** DOB/renewal
- When an individual changes service provider, the individual may carry the Exceptional Rate without new application.
- On the first birthday of an individual after receiving Exceptional Rate, if the clinical review finds no change of service needs, the Exceptional Rate will remain for another year until next birthday after a minimal review by the Central Office and a new approval letter sent to all pertinent parties.

Improvement III – Eliminating Exceptional Rate Tiers

- The 5 Tiers of Exceptional Rate will no longer be used.
- The Exceptional Rate amount will be based on the assessed support and/or service need(s) to include frequency and duration of service/support.
- The professional service and oversight will be based on the clinically assessed needs of individuals.

Improvement IV – Accountability for State Employees

Sender	Recipient	Time	Purpose
Regional Office	Providers	1 – 2 Days	Issues
Regional Office	Provider	5 Days	Resolution
Regional Office	DD Division	5 Days	Completed Package
DD Division	Regional Office	10 days	Decision
Regional Office	Provider	5 Days	Decision

Improvement IV – Accountability for Providers & Support Coordinators

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- Delivery of enhanced services must be documented in individual's records and consistently reflect ISP orders
- DBHDD state and Regional Office, DCH, and outside entities may conduct reviews of enhanced services paid by Exceptional Rate.
- Any out of compliance finding will be referred to Medicaid Integrity Review, which may result in recoupment and Medicaid Fraud charges.
- Contract or Letter of Agreement expectations will be developed for completing the Exceptional Rate process by Support Coordinators.

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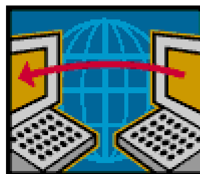
Improvement V – Improving Communication & Oversight

- Providers and Support Coordinators will receive an email alert/reminder (about the expiration of Exceptional Rate) 120 days before the expiration of the Exceptional Rate.
- An automatic notification system has been developed to notify related parties of receipt of an individual's request for an Exceptional Rate.
- The Exceptional Rate Coordinator at state level will monitor all Exceptional Rates to ensure Exceptional Rates are approved & renewed timely.
- The Exceptional Rate Coordinator will assist individuals & providers to solve problems related to Exceptional Rate.



Questions?