

8.500 HOME AND COMMUNITY-BASED SERVICES FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES(HCBS-DD) WAIVER

8.500.102 SERVICE PLAN AUTHORIZATION LIMITS (SPAL)

8.500.102.A The service plan authorization limit (SPAL) sets an upper payment limit of total funds available to purchase services to meet a Client's ongoing service needs within one (1) service plan year.

8.500.102.B The following services are not subject to the service plan authorization limit: non-medical transportation, dental services, vision services, assistive technology, home accessibility adaptations, vehicle modifications, health maintenance activities available under the Consumer Directed Attendant Support Services (CDASS), home delivered meals, life skills training, peer mentorship, and transition setup.

8.500.102.C The total of all HCBS-SLS services in one service plan shall not exceed the overall authorization limitation as set forth in the federally approved HCBS-SLS waiver.

8.500.102.D Each SPAL is assigned a specific dollar amount determined through an analysis of historical utilization of authorized waiver services, total reimbursement for services, and the spending authority for the HCBS-SLS waiver. Adjustments to the SPAL amount may be determined by the Department and Operating Agency as necessary to manage waiver costs.

8.500.102.E Each SPAL is associated with one of the six support levels determined by an algorithm which analyzes a Client's level of support service need as determined by the SIS assessment, and additional factors including which includes exceptional medical and behavioral support needs and whether a Client meets the definition of Public Safety Risk-Convicted identification as a community safety risk.

8.500.102.F The SPAL determination shall be implemented in a uniform manner statewide and the SPAL amount is not subject to appeal.

8.500.102.G There shall be an Exception Review Process implemented by the Department and/or Utilization Review Contractor (URC) to allow a Member's SPAL and/ or HCBS unit limitations to be exceeded in specific situations.

1. In order for a Client to be eligible for the Exception Review Process, the following shall be demonstrated:

a. The Client must be at risk for seeking an emergency Developmental Disability (DD) waiver enrollment when one of the following criteria such as listed below are not currently being met through other Long-Term Services and Supports (LTSS) and or State Plan services:

i. Medically fragile with skilled care needs:

ii. Behavioral and/or Mental Health needs:

iii. Criminal convictions and/or law enforcement involvement;

iv. Risk of homelessness;

v. Mistreatment, Abuse, Neglect, Exploitation (MANE) reports with potential need to remove from home;

vi. Extreme danger to self/others;

vii. Caregiver capacity or;

viii. 1:1 supervision needed.

—b. The Client must demonstrate current utilization of SPAL within 10% of current limitation; or

c. The Client must demonstrate current utilization of Home and Community-Based Services (HCBS) up to current specific HCBS unit limitation(s).

i. The Client may demonstrate using up to the current specific HCBS unit limitation through a service plan that will exhaust units prior to their regularly scheduled monitoring.

2. When eligibility for the Exception Review Process has been identified, the Case Manager (CM) shall send the following documentation to the URC for review:

a. "Request for Exception Review Process" form;

b. Service Plan;

c. PAR; and,

d. Any documentation from current providers that demonstrate need to exceed service limitation caps for additional planned services.

3. The URC shall review and approve or deny the Exception Review Process requests made.

a. The URC shall complete a review of the submitted documentation and send notice to the CM outlining the outcome.

i. The outcome letter shall include the denial reason, the approval reason, and/or any information on partial approvals or negotiated outcomes.

b. The URC shall complete the review in accordance with timelines as identified in their contract.

4. The Exception Review Process shall not be used in place of a Support Level Review or request for a Support Intensity Scale (SIS) reassessment. Provider rates shall not be changed based on the outcome of the Exception Review Process.

5. The Exception Review Process shall be applied to Members across the state in a uniform manner, but outcomes shall be based on individual needs and circumstances. The Exception Review Process outcome is not subject to appeal.