

The Centers for Medicare and Medicaid Services (CMS) approved rate increases for Community Respite and Residential Respite proposed by the Ohio Department of Developmental Disabilities (DODD). These rate changes will be effective July 1, 2018. The new rates are posted in the appendices to rules 5123-9-22 and 5123-9-34, which are located [here](#).

Residential Respite

The rules define Residential Respite and set forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service. The new rates for Residential Respite are also available in appendix A to Ohio Administrative Code 5123:2-9-34 under the “Rules Under Development” link on DODD’s website. This rule with the revised rates is scheduled to be effective July 1, 2018.

The rates are as follows:

Agency Providers			
Entity Type	Billing Codes	Rate through 6/30/18	Rate effective 7/1/18
ICF/DD	ALI, FLI, SLI	\$200.00	\$212.00
Licensed Facility	ALN, FLN, SLN	\$130.00	\$137.80
DODD Agency	ALR, FLR, SLR	\$130.00	\$137.80

Community Respite

Community Respite can be delivered in a Full Day, Partial Day, or Fifteen Minute billing units. See appendix A for Ohio Administrative Code 5123:2-9-22 under the “Rules Under Development” link on DODD’s website. The rates are as follows based on Cost of Doing Business Category and relevant Medical and/or Behavioral add-ons:

FULL DAY – Billing Codes ARN, FRN, SRN

Agency Providers								
	No Rate Modification		Medical Add-On		Behavioral Add-On		Medical and Behavioral Add-On	
CODB Category	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18
1	\$143.97	\$157.66	\$151.65	\$165.34	\$184.29	\$197.98	\$191.97	\$205.66
2	\$145.46	\$159.29	\$153.14	\$166.97	\$185.78	\$199.61	\$193.46	\$207.29
3	\$146.95	\$160.93	\$154.63	\$168.61	\$187.27	\$201.25	\$194.95	\$208.93
4	\$148.44	\$162.56	\$156.12	\$170.24	\$188.76	\$202.88	\$196.44	\$210.56
5	\$149.93	\$164.19	\$157.61	\$171.87	\$190.25	\$204.51	\$197.93	\$212.19
6	\$151.43	\$165.83	\$159.11	\$173.51	\$191.75	\$206.15	\$199.43	\$213.83
7	\$152.92	\$167.46	\$160.60	\$175.14	\$193.24	\$207.78	\$200.92	\$215.46
8	\$154.41	\$169.09	\$162.09	\$176.77	\$194.73	\$209.41	\$202.41	\$217.09

PARTIAL DAY – Billing Codes ARD, FRD, SRD

Agency Providers								
	No Rate Modification		Medical Add-On		Behavioral Add-On		Medical and Behavioral Add-On	
CODB Category	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18
1	\$44.07	\$47.21	\$47.07	\$50.21	\$59.82	\$62.96	\$62.82	\$65.96
2	\$44.53	\$47.70	\$47.53	\$50.70	\$60.28	\$63.45	\$63.28	\$66.45
3	\$44.99	\$48.19	\$47.99	\$51.19	\$60.74	\$63.94	\$63.74	\$66.94
4	\$45.44	\$48.68	\$48.44	\$51.68	\$61.19	\$64.43	\$64.19	\$67.43
5	\$45.90	\$49.17	\$48.90	\$52.17	\$61.65	\$64.92	\$64.65	\$67.92
6	\$46.36	\$49.66	\$49.36	\$52.66	\$62.11	\$65.41	\$65.11	\$68.41
7	\$46.81	\$50.14	\$49.81	\$53.14	\$62.56	\$65.89	\$65.56	\$68.89
8	\$47.27	\$50.63	\$50.27	\$53.63	\$63.02	\$66.38	\$66.02	\$69.38

15 MINUTE – Billing Codes ARF, FRF, SRF

Agency Providers								
CODB Category	No Rate Modification		Medical Add-On		Behavioral Add-On		Medical and Behavioral Add-On	
	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18	Rate through 6/30/18	Rate effective 7/1/18
1	\$1.76	\$1.89	\$1.88	\$2.01	\$2.39	\$2.52	\$2.51	\$2.64
2	\$1.78	\$1.91	\$1.90	\$2.03	\$2.41	\$2.54	\$2.53	\$2.66
3	\$1.80	\$1.93	\$1.92	\$2.05	\$2.43	\$2.56	\$2.55	\$2.68
4	\$1.82	\$1.95	\$1.94	\$2.07	\$2.45	\$2.58	\$2.57	\$2.70
5	\$1.84	\$1.97	\$1.96	\$2.09	\$2.47	\$2.60	\$2.59	\$2.72
6	\$1.85	\$1.99	\$1.97	\$2.11	\$2.48	\$2.62	\$2.60	\$2.74
7	\$1.87	\$2.01	\$1.99	\$2.13	\$2.50	\$2.64	\$2.62	\$2.76
8	\$1.89	\$2.03	\$2.01	\$2.15	\$2.52	\$2.66	\$2.64	\$2.78

DODD is currently working to update its various Medicaid systems (i.e., MSS, MSS/PAWS, MBS) to accommodate this upcoming rate increase. While the new rates are not effective until July 1, 2018, DODD anticipates the new rates being available in the Medicaid Services System (MSS) on May 18, 2018, to enable county boards to update cost projections and service authorizations, as needed.

Level One Enrollees

- If the implementation of the increased rates causes the cost of services for an individual enrolled on the Level One waiver to exceed the \$5,325 annual cost cap, it is acceptable to use a portion of the Emergency Benefit (\$8,520 over each three-year period of enrollment) within the waiver to prevent a reduction in Medicaid services. If the Emergency Benefit is insufficient to accommodate the increase cost of services as a result of the rate increase, services will need to be revised to fit within existing budget limitations.

ODDP Ranges and Prior Authorization

- If the implementation of the increased rates causes the cost of services for a person enrolled on the Individual Options (IO) waiver to exceed the top of the ODDP range, it is acceptable to request a Prior Authorization (PA) for the additional funds needed.
- If the implementation of the increased rates causes the cost of services for an individual enrolled on the Individual Options (IO) waiver to exceed the previously approved PA funding level, it is acceptable to request a budget adjustment to the previously approved PA for the additional funds needed.
- In order to allow these budget adjustment requests to be handled as expeditiously as possible, please follow the steps below:

- Name your CPT version "rate increase"

Page 1 of the IRF:

- Enter a signature date that is the date of the PA submission. It is not necessary to obtain the individual's/guardian's signature for "rate increase" situations.
- Enter the requested dollar amount that matches the CPT

- Page 2 of IRF :

- Check all boxes "yes"
- Enter "rate increase" into both "rationale" boxes
- Under PA Criteria, select Medical Condition and copy paste "rate increase"

- No uploads of ISP or other documents are necessary

- **Send an email to PADOC2@dodd.ohio.gov**

- The subject line of the email should state "rate increase" and include the PA number
- Paste a screenshot of the CPT budget summary in the in the body of the email
- The county board will receive a reply to the email indicating that the prior authorization request has been processed
- Please note that all prior authorization requests that include environmental accessibility adaptations and specialized medical equipment must have the

medical necessity, quote, and ISP uploaded to MSS. The request will be considered priority however remains subject to the standard review process.

If you have questions, please contact the DODD Support Center at 800-617-6733.