



ODP Communication

PROVIDER PAYMENT FOR START-UP (per Chapter 51) AND FAMILY LIVING INITIATIVE

ODP Communication Number: Announcement 055-16

The mission of the Office of Developmental Programs is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's Everyday Lives Conference - September 14-16, 2016 - Hershey, PA- Registration Now Open

AUDIENCE: Unlicensed and Licensed Waiver Funded Residential Habilitation Providers, Supports Coordination Organizations (SCOs), and Administrative Entities (AEs).

PURPOSE: This is to announce the procedures for providers to use to request funding for individual waiver participants who are new to family living/life sharing and start-up costs associated with the provision of residential habilitation services. This also describes the process used to bill for approved startup funds.

BACKGROUND: ODP has established the following procedure codes in order to support the requirements of 55 Pa. Code Chapter 51 (specifically Chapter 51 § .111) and to promote Family Living/ Lifesharing:

W0085 - Startup fee for the providers of residential habilitation
W1016 - Family Living/life sharing Initiative

These codes were effective July 1, 2013. For Fiscal Year (FY) 16-17, ODP will accept requests that meet the criteria for services initiated on or after July 1, 2016. These procedure codes are not in HCSIS and will **not** be included or authorized in ISPs. All claims submitted to PROMISE for these procedure codes will suspend for review by ODP Claims Resolution staff and approved for payment if there is an exception approval on file. **The provider should use the date of the approval letter as the date of service (DOS) when billing the claim.**

DISCUSSION:

This communication explains the criteria for provider payment of start-up costs (under Chapter 51) and for the life sharing initiative requests and issues the form that providers will use to make a payment request.

While a provider may seek reimbursement under both categories, each residential habilitation provider is only eligible for a maximum of \$5,000 per person.

NOTE: If an individual is eligible for the Money Follows the Person Initiative (MFP), please follow Informational Packet # 045-14, Announcement #032-15, and Announcement #018-16.

In order to ensure that requests are consistently recorded, tracked, and processed in a timely manner, ODP will continue using a standard procedure and corresponding form, to record information. ODP will review requests to ensure that providers met the established criteria and, if approved, will provide advance notification to the provider that payment for claims with these procedure codes may occur.

1. **Family Living/Life Sharing Initiative** – ODP developed this pilot program to support providers in the development and promotion of life sharing. Payment can occur if a person in the Consolidated Waiver, receiving services in their own home or a community home, moves to a life sharing home, or a newly enrolled waiver participant begins to receive life sharing services. ODP will not approve reimbursement when an individual moves from one life sharing home to another life sharing home or from one provider rendering life sharing to another life sharing provider.

- Providers requesting payment need to provide a brief description of how they intend to use the funds, which are expected to offset life sharing development costs and/or expand life sharing activities.
- ODP expects that these development funds will assist the agency in continuing to offer a long lasting and successful life sharing relationship to new life sharing participants
- The date of service documented on the request form and claim should reflect the start date of the life sharing service.
- **Expenses must be incurred on or after July 1, 2016, and claims must be submitted no later than May 1, 2017 to ensure the claims pay no later than June 30, 2017.**
- No claims will be paid after June 30, 2017. If a provider will be unable to bill so that the claim is submitted by May 1, 2017, they should notify ODP so the funds could be allocated for another individual who could receive services during the fiscal year.
- **In FY 16-17, the amount available to fund this initiative still needs to be determined. Providers may submit requests to ODP and these requests will be**

reviewed on a first come basis and placed on a tracking list. Once the availability of funds is determined during FY 16-17, providers will be notified if they can bill for initiative funds.

2. **Start-up (Under Chapter 51)** - Start-up costs are intended to support the person's move and, as indicated in Chapter 51, are limited to a new participant to the provider. Funding for start-up is subject to the availability of funds. Funding is not available for costs incurred during the previous fiscal year. **Claims may only be submitted on or after the effective date of waiver enrollment and start date of the waiver-funded service.**

- **Start-up costs include the following:**

- Costs to prepare long lived assets for their intended use (including but not limited to furniture)
 - Costs to acquire inventory (included but not limited to household goods, food, supplies)
 - Costs to internally develop assets (including but not limited to training new staff)
 - Costs incurred in connection with existing contracts (including but not limited to vendor contracts)
- These funds are capped at \$5,000 per person new to residential habilitation services. Start-up funding may be obtained for more than one person in the home, up to the home's approved program capacity.
 - Only actual costs incurred/funds expended up to the cap may be submitted for payment.
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 - Requests must include the name of the person(s) and site-specific information. Receipts must be submitted to the Regional Fiscal Officer (RFO) upon request.
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Attachment A includes the form and instructions.

Please direct any questions to your Regional Fiscal Officer (RFO).

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Please direct any questions to your Regional Fiscal Officer (RFO).

INSTRUCTIONS FOR COMPLETING THE “START-UP REQUEST FORM” TO RECEIVE FUNDS AS A RESIDENTIAL HABILITATION PROVIDER AS SPECIFIED UNDER § 51.111 FOR START-UP OR LIFE SHARING INITIATIVE FUNDS

PURPOSE: *This request form should only contain the request for funds for one waiver participant. However, if a waiver participant qualifies for multiple initiatives (i.e. Chapter 51 and Life Sharing), the requests may be completed on the same form. If a provider is requesting start-up funds for other individuals within the same residential habilitation service location or other service locations if specified in the initiative criteria, then the provider must complete a separate form for each waiver participant. All information is mandatory to process the request.*

- Step 1: The person completing the request form shall enter the provider’s name on the first blank space provided on the form.
- Step 2: By completing the Request Form, the provider is affirming that funds will be used in accordance with the requirements set forth under § 51.111 for Chapter 51 start-up and Life Sharing Initiative requirements.
- Step 3: Please place an “X” in the checkbox (es) next to the reason(s) why you are requesting funds from ODP. Please note that a provider can qualify for funds under each category, start-up under §51.111 or Life Sharing Initiative separately and distinct from each other, if they meet the requirements for each initiative. However, the maximum combined amount is \$5,000. For Life Sharing Initiative requests please complete the Explanation section with a description of the intended use of these Initiative startup funds.
- Step 4: Please enter the contact information for the person who would answer any question ODP may have while reviewing this request. Please include the contact person’s name, phone number and email address.
- Step 5: Please enter the provider’s 9-digit MPI*number that matches the cost report that was submitted and as it appears in HCSIS. If different, list the 9-digit MPI that will support the waiver participant, 4-digit service location code (SLC), Recipient Identification Number (MCI), and the dollar amount requested (not to exceed \$5,000 per person). Please enter the Individual’s Name and Start Date of Service. **If start date of service is pending, enter TBD (to be determined). Please note that while approval may be given for pending start date, no billing may occur until start date is confirmed.**
- Step 6: The remainder of the form will be completed by ODP after a determination has been made as to the availability of funds and whether the request meets criteria for approval.

Please e-mail this form to the ODP Regional Program Manager, copying the Regional Fiscal Officer, associated with the AE who will authorize services for the waiver participant identified. Enter “Start-Up Request Form” in the e-mail subject line.

**ATTACHMENT A
START-UP REQUEST FORM**

_____ (Enter Provider Name) is requesting approval for funds for a waiver participant new to the provider. By making this request, the provider above is affirming that funds will be spent in accordance with start-up under §51.111 and/or Life Sharing Initiative requirements. Please check the box or boxes that apply to your particular request. I am applying for:

Chapter 51.111 Start-Up Requests
<input type="checkbox"/> Start-up costs relating to one-time activities related to opening a new facility (including but not limited to furniture) <input type="checkbox"/> Start-up costs to introducing a new product or service <input type="checkbox"/> Start-up costs to initiating a new process in an existing facility <input type="checkbox"/> Start-up costs to activities related to organizing a new entity
Life Sharing Initiative Requests
<input type="checkbox"/> Start up for Life Sharing Initiative
EXPLANATION: Enter an explanation for the use of requested funds

Contact Person's Name	
Contact Person's Phone Number	
Contact Person's e-mail address	

*COST REPORT MPI: 9-digit SERVICING MPI: 9-digit	4-digit Service Location Code (SLC)	Recipient Identification Number** (RID)/MCI	Amount Requested (not to exceed \$5,000 per person) ***
			\$

Individual's Name _____ Registered AE _____ Start Date of Service _____

***** FOR INTERNAL USE ONLY *****			AUTHORIZATION Sign/Date:
ODP Regional Office Decision	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	
ODP Funding Availability	<input type="checkbox"/> AVAILABLE	<input type="checkbox"/> NOT AVAILABLE	

* If a provider has multiple MPI numbers, then enter the MPI number under which the cost report was submitted
 *** Documentation, including receipts for Chapter 51 funds, must be made available upon request
 *** The claim submitted can only be for the maximum amount spent which may not be the maximum amount approved in this request