

Provider Notice Manual (PNM) Title: CFI Specialized Rate Requests	Number: 23-21
	Effective Date: November 1, 2023
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	Reviewed By: Kristina Ickes

Purpose: The purpose of this PNM is to clarify the process for requesting specialized rates for certain CFI services and the parameters in which the rate can be authorized.

Definitions

Specialized Rate means a provider payment rate developed to support CFI participant care that is beyond the scope of standard care, is based solely on an increased participant need or a special provider need and is considered when the cost of providing for those additional needs is not adequately reflected in the standard published rates. The Department approves specialized rates on a case-by-case basis.

BEAS Form 3790: BEAS has created this form to organize and streamline the process for requesting a specialized rate, however it is optional at this time. If the Case Management Agency (CMA) or Provider chooses not to utilize the form, a rate request will still be accepted as long as the procedures below are followed, and the information listed on the form is still provided to the department via email.

Procedure

- 1) For a provider specialized rate to be considered, the case manager should complete the Information Section and Section 1 of BEAS form 3790, or provide the information in these sections in their email request. They will identify and document that the request is person-centered. Documentation must include the date of the request, the name of the participant, the name of the Case Management Agency (CMA), the name and contact information of the Provider, the type of service that the Specialized Rate is being requested for (services available for a specialized rate are listed on form 3790 in a drop down list) and an explanation of the need that lead them to seek a specialized rate.
- 2) The case manager must also attest that the need for the specialized rate, as defined above, is based on the needs of the participant, or special provider need.
 - a) Specialized rates will not be approved for:
 - i) A lack of staff within the network (including decreased staffing on the weekends), unless the case manager requests the services needed at a standard rate from providers in the network and can document via BEAS form 3790 Section 1 or in their email request that they have exhausted their search prior to requesting a specialized rate, as described in (3) below.
 - ii) An increased pay rate due to staff licensure
 - iii) Increased travel expenses to address staffing issues
- 3) Case managers must request the services needed at a standard rate from all providers in the network and attest via BEAS form 3790 Section 1 or in their email request that they have exhausted their search prior to requesting a specialized rate. If the department determines that the search was not exhausted, the specialized rate will be denied or sent back to the case manager with further instructions. The department reserves the right to request verification of the provider search from the case manager. The department maintains an updated list of all enrolled providers within

the network and shares this monthly with the CMAs. A copy of this list can also be provided to the case manager upon request.

- 4) Once steps 1-3 have been completed by the case manager, Section 2 of BEAS form 3790, or the information requested in this section, should be completed by the Provider for both Agency Directed and Participant Directed (PDMS) CFI Services. They will need to document their assessment and justification for the specialized rate request. They will document the specialized participant or provider need(s), verify that the cost of providing for those additional needs is not adequately reflected in the standard calculated rates, and enter an explanation and justification for the rate request. Please note, the specialized rate cannot be approved for a service that exceeds the scope of the provider's licensure.
- 5) Section 3 is for Agency Directed services only and the information should be completed on BEAS Form 3790 or submitted via the email request by the Provider. This section is where the provider will document the rate at which they can achieve the specialized service. The provider will also:
 - a) Complete or document via the email request the rate calculation section of BEAS form 3790 to ensure that 80% of the increase in the rate will be passed on to the individual staff member providing the service to the participant.
 - b) Document the timeframe needed for the specialized rate based on the needs of the participant. The specialized rate can be valid for 60, 90 or 120 days, or in some instances up to 365 days (one year). There is an "other" option that the provider can use to fill in any timeframe and justification, and should be used for scenarios when 60, 90, 120 or 365 days does not meet the participant's needs. The department will review the timeframe request along with the rate justification prior to approval or denial. If the department believes that a different timeframe should be used, the provider and case manager will receive notification via CFISpecialrate@dhhs.nh.gov prior to a decision being entered. If the provider and/or case manager does not agree with the department's decision, they may submit additional justification. A new BEAS Form 3790 or email request and standard rate provider search will be required for the specialized rate to be authorized beyond the approved timeframe.
- 6) If the participant is receiving PDMS, Section 4 or the information requested in this section, is to be provided by the Financial Management Service (FMS). This is where the FMS will verify the rate request and the rate needed to meet that request based on their calculation that takes into account FICA, FUTA and SUTA.
- 7) To submit a Specialized Rate Request, BEAS Form 3790 Specialized Rate Request, or the information requested in each section, must be fully completed or documented and emailed to the department at CFISpecialRate@dhhs.nh.gov
- 8) Once BEAS Form 3790 or the email request has been reviewed by the department, the case manager, provider, and FMS will receive notification of approval, denial or an additional information request via email from CFISpecialRate@dhhs.nh.gov in accordance with RSA 541-A. If the department needs additional information or to review the comprehensive care plan, they will request a copy from the case manager within 5 business days of receiving the service authorization in accordance with He-e 805.05(d).
- 9) If the specialized rate is approved, the case manager may then submit a service authorization for the chosen provider and specialized rate amount per the guidelines in He-E 801.06.

<u>Responsibility:</u> Case Management Agencies, Personal Care Providers
<u>Resources:</u>
<u>Attachments:</u> BEAS Form 3790- CFI Specialized Rate Request form