

Attachment 1: Data Request for Provider Specific Adjustments

Since the cost report data submitted for state fiscal year (SFY) 2007/2008 reflect costs in that SFY, those data must be supplemented to develop the prospective payment rates for SFY 2009/2010. The Office of Developmental Programs (ODP) is issuing this supplemental data request to collect data in order to make two types of adjustments. First, the SFY 2007/2008 cost report data must be adjusted to account for the service definition changes that will be effective July 1, 2009, which clarify that day program providers are responsible for all required staffing needs for waiver participants attending their programs and that residential providers are responsible for all transportation to and from the day program for waiver participants to whom they provide residential habilitation. Second, SFY 2007/2008 data must be adjusted to account for mid-year changes in staff to accommodate a waiver participant's change in need (IESF) that resulted in additional staff costs that are included in the cost report for only a partial year for SFY 2007/2008 or not at all for SFY 2008/2009.

Please use the attached Excel file, "Attachment1.xls", to complete and submit the requested supplemental data in electronic format by January 23, 2009. The file contains four worksheets:

- **"Certification" Worksheet** – This worksheet contains provider-identifying information and the certification of an authorized officer of the provider.
- **"Residential-Day Program" Worksheet** – This worksheet contains the information related to residential providers that currently have staff accompanying waiver participants to a day program, and to day program providers that will become responsible for these staff costs effective July 1, 2009.
- **"Residential Transportation" Worksheet** – This worksheet contains the information related to residential providers that do not currently provide transportation to and from a day program and will become responsible for these costs effective July 1, 2009.
- **"IESF" Worksheet** – This worksheet contains the information related to residential providers that had a staffing change prior to SFY 2009/2010 as the result of a waiver participant's change in need. Please note this worksheet includes: 1) staff changes that occurred in SFY 2007/2008 and are only partially reflected in the cost report and 2) staff changes in SFY 2008/2009 that are not reflected in the cost report at all, but known at the time this data request is completed.
- **"Comments" Worksheet** – This worksheet is included for the provider to give supporting documentation and information related to the supplemental data request.

If any of these changes applies to you, please complete the appropriate worksheets. If a specific change does not apply to you, and you therefore do not need to complete all worksheets, please indicate which changes do not apply to you in the "Comments" worksheet of the Excel data request. If none of the changes applies to you, please submit the Excel file, confirming in the "Comments" worksheet that none of the changes applies to you.

Each provider submitting information in response to this supplemental data request should submit a single file, regardless of the number of cost report files submitted, renamed as *Attachment1_XXXXXXXXX.xls*, where “XXXXXXXXXX” is the provider’s 9-digit MPI number. Please email completed data request files to odpcostreporhelp@mercer.com.

Detailed instructions for completing the supplemental data request are set forth below. Questions related to the form or instructions may be submitted electronically to the ODP website at www.odpconsulting.net (located under “What’s New?”). If you have specific questions about this request or data submission, please contact odpcostreporhelp@mercer.com.

Residential Staff in Day Programs (“Residential-Day Program” Worksheet)

The costs for a residential direct care worker who accompanies a waiver participant to a day program are currently reflected in the data for the residential provider and are included in the rate for residential habilitation. Effective July 1, 2009, these staff costs must be reflected in the rate for the day program, consistent with the change in the service definitions. As such, the salary and employee-related expenses (ERE) costs reported by residential providers impacted by this change will be decreased and the salary and ERE costs for the corresponding day program provider will be increased. The attached table should be completed by ALL residential and day program providers. Providers that render both residential and day program services and already shifted these salary and ERE costs in the data submitted in the cost report and providers who are not affected by this change do not need to provide additional information, but should provide confirmation in the “Comments” worksheet that no adjustment is necessary, specifying the reason. Detailed instructions for how to complete each column are set forth below. Please note that the data request is limited to costs associated with waiver participants. Do not include base-funded costs.

Column	Instructions
1 – Site Name	Please enter the name of the site that will have a decrease or increase in staffing due to the change in provider staffing responsibility.
2 – Site Address	Please enter the street address of the site identified in column (1).
3 – City	Please enter the city in which the site identified in column (1) is located.
4 – County	Please enter the county in which the site identified in column (1) is located.
5 – Location Code	Please enter the location code for the site identified in column (1).
6 – Procedure Code and Applicable Modifier	Residential Providers – Please enter the procedure code, and modifier(s) if applicable, to which costs were assigned in the cost report. Day Program Providers – Please enter the day program procedure code, and modifier(s) if applicable, for which residential staff persons have provided support.

Column	Instructions
7 – Cost Report File Name	Please enter the name of the file in which the site identified in column (1) was included in the cost report.
8 – Number of Staff	Residential Providers – Please enter the number of staff persons at the site identified in column (1) that have accompanied waiver participants to day programs. Day Program Providers – Please enter the number of staff persons that will be added to current staff levels at the site identified in column (1) to replace the support that has been provided by residential program staff.
9 – Total ANNUAL Salary and ERE	Please enter the total ANNUAL salary and ERE related to the staff persons identified in column (8).
10 – Total Staff hours per WEEK	Please enter the total weekly number of staff hours scheduled for the staff persons identified in column (8). Example, a provider with two full-time employees that accompany waiver participants to a day program would enter 80 in this column.
11 – Hours at Day program per WEEK	Please enter the total number of staff hours each week related to a day program for the staff persons identified in column (8). Example, a provider with two employees, each scheduled to spend 25 hours each week accompanying a waiver participant to a day program, would enter 50 in this column. <i>Please note Column 11 is a subset of Column 10.</i>
12 – Other Provider Name(s)	Residential Providers – Please enter the name(s) of the day program provider(s) to which your staff at the site identified in column (1) have accompanied waiver participants to a day program. Day Program Providers – Please enter the name(s) of the residential provider(s) that currently send staff to your program at the site identified in column (1) to support waiver participants at the day program.

Residential Transportation to Day Program (Residential Transportation Worksheet)

The costs for transporting a waiver participant receiving residential habilitation to and from a day program by a provider other than the residential provider are not reflected in the cost report data for the residential provider and are currently not included in the rate for residential habilitation. Effective July 1, 2009, these transportation costs must be reflected in the rate for residential habilitation, consistent with the change in the service definitions. The attached table should be completed by ALL residential providers. Providers that have already included these transportation costs in the data submitted in the cost report and providers who are not affected by this change do not need to provide additional information, but should provide confirmation in the “Comments” worksheet that no adjustment is necessary, specifying the reason. Detailed instructions for how to complete each column are set forth below.

Column	Instructions
1 – Site Name	Please enter the name of the site that will have an increase in transportation costs due to the change in the service definitions.
2 – Site Address	Please enter the street address of the site identified in column (1).
3 – City	Please enter the city in which the site identified in column (1) is located.
4 – County	Please enter the county in which the site identified in column (1) is located.
5 – Location Code	Please enter the location code for the site identified in column (1).
6 – Procedure Code and Applicable Modifier	Residential Providers – Please enter the procedure code, and modifier(s) if applicable, requiring an adjustment to include transportation costs.
7 – Cost Report File Name	Please enter the name of the file in which the site identified in column (1) was included in the cost report.
8 – Total ANNUAL Transportation Cost	Please enter the total annual cost for transportation of residents at the site identified in column (1) to and from a day program.
9 – Name of Current Transportation Provider(s)	Please enter the name(s) of the provider who is currently transporting residents at the site identified in column (1) to and from a day program.

Mid-year Changes in Staff to Meet Change in Need (IESF Worksheet)

The cost report does not reflect the annual salary and ERE costs for direct care workers added by a residential provider to provide increased support to waiver participants who have experienced a permanent change in need during SFY 2007/2008 or any salary and ERE costs for such staff added during SFY 2008/2009. Therefore, the cost report data must be adjusted to reflect the annual cost for these additional staff persons in developing the rate for the residential services for SFY 2009/2010. The attached table should be completed by ALL residential providers. Providers who are not affected by this change do not need to provide additional information, but should provide confirmation in the “Comments” worksheet that no adjustment is necessary. Please note this table should include ONLY those staff persons that were added as the result of an IESF change. Detailed instructions for how to complete each column are set forth below.

Column	Instructions
1 – Site Name	Please enter the name of the site with an increase in staffing due to an IESF change. Please note that each row can only contain information related to a single IESF change (although it is possible for a single IESF change to require the addition of multiple staff). A site with additions to staff resulting from multiple IESF changes must be reported on multiple lines.
2 – Site Address	Please enter the street address of the site identified in column (1).
3 – City	Please enter the city in which the site identified in column (1) is located.
4 – County	Please enter the county in which the site identified in column (1) is located.

Column	Instructions
5 – Location Code	Please enter the location code for the site identified in column (1).
6 – Procedure Code and Applicable Modifier	Please enter the procedure code, and modifier(s) if applicable, to which costs were assigned in the cost report.
7 – Cost Report File Name	Please enter the name of the file in which the site identified in column (1) was included in the cost report.
8 – Number of Staff	Please enter the number of staff person(s) at the site identified in column (1) that were added as the result of the IESF change.
9 – Total ANNUAL Salary and ERE	Please enter the total ANNUAL salary and ERE costs related to the staff person(s) identified in column (8).
10 – Date Staff Began	Please enter the date the staff added as the result of the IESF change began working for the provider. Example, a provider with additional staff that began working on April 15, 2008 would enter 4/15/08 in this column.

Comments Worksheet

Please use this worksheet to provide any information you believe will clarify or explain the data submitted in the other worksheets.