



From: Sarah Grey, Director of Service Management  
Kelly Goodfellow, Finance Director  
Margie Sved, MD, Medical Director  
Michelle Zechmann, Director of Community Programs

RE: Rate and Authorization Changes

November 21, 2008

This memo is to inform consumers, families, CFAC, providers and other stakeholders that The Durham Center has determined the need to institute additional authorization protocols and rate changes for non-Medicaid services. These updates are in addition to changes instituted in September and October of this year, and reflect ongoing discussions about budget issues in these difficult economic times. These changes are necessary to preserve services for those at highest risk.

All services will be required to be authorized via paper authorization submissions with updated Person-Centered Plans or Service plans. Providers of non-Medicaid services must put forward a good faith effort to assist consumers to obtain Medicaid or HealthChoice for Children. For Medicaid recipients under age 21, EPSDT authorizations for services not normally covered by Medicaid should be requested and denied before requesting limited state and local funding. Services under state and local funding may be time-limited in nature.

**Community Support Team** -- Effective immediately, no new consumers will be added to Community Support Team. For existing consumers, as authorizations come up for renewal, it is expected that there will be a step-down in services after 2 authorization cycles and proof of actively seeking Medicaid.

**ACTT**—reauthorizations for ACTT services must show evidence of application for Medicaid or recent denial letter from Medicaid. A Medicaid denial must be appealed. Without such evidence the service will be reauthorized for a 30 day period to allow for Medicaid application. It is critical that follow-through with applications occur.

**Psychosocial Rehabilitation** –Effective immediately, no new consumers may be authorized for this service using state and local funds.

**Developmental Therapies/Personal Assistance** -- On October 1, 2008, we informed stakeholders of the need for a waiting list for new services under Developmental Therapies (DT) and Personal Assistance (PA), based on our current year budget and spending level to date. At this time, this waiting list continues in place as we anticipate beginning the new CAP waiver system implementation scheduled to begin soon.

Additionally, we have determined the need to make service reductions for consumers currently receiving these services. These reductions will begin on January 1, 2009 to allow consumers and families time to work with providers about these changes. Most consumers of these services will receive a reduction in service hours of 2-3 hours per week effective January 1, 2009. Appeal notices will be sent in the month of December as the authorizations currently in place are adjusted.

Finally, we have determined the need to reduce the rate for Developmental Therapies. The new rate will be effective December 1, 2008 and will be equal to the personal assistance rate at both the paraprofessional level and will be paid at \$6.19 for Professional level services. Additional services at the Professional level will not be approved at this time.

**Day Activity** – Effective immediately, no new consumers may be added to Day Activity.

**Community Respite** – Effective December 1, 2008, the rate for this service will be reduced by 25%