DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: COST OF CARE ADJUSTMENT   POLICY 6.02
FOR NON-FACILITY BASED PROGRAMS

Authority:RCW 71A.12.060
Chapter 275-26-097 WAC

PURPOSE

It is the purpose of this policy to set forth the provisions and procedures under which the Division of Developmental Disabilities (DDD) will reimburse the cost of care for supporting clients in non-facility based programs when their programs or residence is temporarily at less than full capacity.

SCOPE

This policy applies to existing or new non-facility based programs, including Intensive Tenant Support, Regular Tenant Support and Supportive Living programs state-wide. Individual attendant care providers are not covered under this policy.

POLICY

A.   The daily rate in a DDD non-facility based residential program is based on the cost of care per resident when the program is operating at full capacity.

B.   A cost-of-care adjustment may be authorized under the following circumstances:

     1.   As part of a resident "phase-in" process when a new program is being developed or an existing program is being expanded;

     2.   In an existing residential program when a resident moves out, either permanently or temporarily, and there is no other resident available to move in immediately or the resident's home must be maintained until her/his return.

PROCEDURES

A.   Determination of Rates

         1.   Cost-of-care adjustment rates shall be determined as follows:

                a.   For new or expanding programs, the cost-of-care per day per resident when the program or household is, or will be, operating at full capacity (regular daily rate), multiplied by the total number of residents when the program or household is operating at full capacity, divided by the number of residents actually in residence temporarily, minus the regular daily rate shall equal the cost-of-care adjustment rate for each resident actually in residence; or

                b.   In the case of existing programs, the rate for a cost-of-care adjustment will be the regular contracted rate for the resident who is moving out divided by the number of remaining residents.

B.   Request for Adjustment

         The residential programs will request a cost-of-care adjustment monthly in writing on a form supplied by the division (refer to Attachment 1). Please use this form to adjust the cost of care to the remaining people in a living unit when one or more residents are not there. Information on referrals received must be included on the form.

C.   Approvals

         All cost-of-care adjustment requests must be approved by the regional manager or designee.

EXCEPTIONS

Exceptions to the provisions of this policy may be approved by the Regional Manager or designee based on information submitted on the department's standard Policy Exception Request form, DSHS 05-010(X).

DEFINITIONS

"Cost-of-care adjustment" means a reimbursement adjustment intended to cover the necessary costs of non-variable staff support and administration to provide services to residents during a time when their residence is temporarily not at full capacity.

SUPERSESSION

Division Policy Directive: 415
Issued February 1992

Approved: */ s / Norm Davis*   Date: 12/30/1993
               Director, Division of Developmental Disabilities

**COST OF CARE
ADJUSTMENT REQUEST**

Vendor Name: _____   Date: _____

Program Type: _____

Phone Number: _____

1.   Contracted capacity of program: _____ residents at _____ per day.

2.   _____ residents actually living at address as of __/__/__ (Date)
     (number)

3.   Names of persons living at _____
                                    (address)

     Name _____

     Name _____

     Name _____

4.   Dates adjustment requested from _____ to _____

5.   Reason for adjustment: Being held for_____
     Roommate match needed for_____
     Other (explain)_____

6.   Names of referrals received   Accepted

     _____   _____ Yes _____ No

     _____   _____ Yes _____ No

     _____   _____ Yes _____ No

     Explanation: _____

     _____

     _____

Vendor Signature _____   Date _____

7.   Cost of Care Adjustment

	Regular daily rate/resident	$100.00
X	Total resident capacity at address	x___4
=	Total cost per day of the program	=$400.00
÷	Number of residents actually at address	÷___3
=	Temporary cost of care per day per resident	=$133.00
-	Regular daily rate/resident	-$100.00
=	COST-OF-CARE ADJUSTMENT/day/resident	=$ 33.00

[ ] Approval _____   Date _____

[ ] Disapproval _____
                (DD Regional Manager/Designee)

Comments: _____

cc: DDD Field Services
        Residential Vendor