

Cost of Care Adjustment Request (COCA) Instructions

A Cost of Care Adjustment (COCA) Request (DSHS form 06-124 per DDA Policy 6.02) is to be submitted by the residential agency in Excel format within 10 business days of the request end date. Cost of Care Adjustment is intended to cover the necessary costs to maintain uninterrupted services due to the loss of economies of scale to clients remaining in the home when there is a temporary absence of a household member.

Note: all items in red font will auto populate from other entries.

Section A Client Information

Name of the client who is out of the home temporarily.

Specify the residential agency name.

Check the program type SL for Supported Living, GH for Group Home, GTH for Group Training Home.

Date the request is being submitted to your assigned Resource Manager.

Type in the daily rate per the contract for the time period of the request for the client who is out of the home.

Refer to the Exhibit C for details as clients may have multiple rate changes throughout the year.

Type in the provider number.

Section B Names of Persons Remaining at the Address

Type in the name of the remaining household members impacted by the absence.

Section C Adjustments

Check the box that applies to the temporary absence; if reason is "death" type in the date the client died.

Check "other" and describe if none of the other options are appropriate.

Type in the dates of the requested adjustment. The total number of days will be auto-populated.

If the absence crosses a calendar month record the days of the first month on the first line and then list the dates of the second month if applicable on the second line.

You may request up to the total daily rate. This can be found in Exhibit C in your contract on column V.

Section D Justification for remaining household members

Include a justification that supports the need to maintain the support of the remaining housemates due to the loss of economies of scale.

Section E Explanation of needed support to client who left.

List the units requested for the time period of the request.

If the need crosses a calendar month record the units of the first month in the first blank on line 23 and the units of the second month, if applicable on the second blank on line 23.

Select the client's urban designation from the drop down.

Provide an explanation of the circumstances requiring the need for additional staff and the anticipated length of the need, including an explanation of how the amount was determined. (i.e. units per day or do the units vary depending on the day, weekends vs. weekdays). if situation is emergent include the name of the DDA staff you contacted and the date you contacted them.

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Section C

- Rm will check the applicable Exhibit C to confirm the Rate does not exceed the daily rate for the absent client.

Section F cost of care adjustment

- Select a client from the list in section B.
- Number of days, total rate authorized and max total cost will auto populate from section C.
- Fill in the calendar month and service code.
- Provider ID will auto populate from section A.

Section G staff add on

- List absent client and number of units authorized. Select from the drop down, based on urban designation either Non-MSA \$23, MSA-\$24 or King-\$25.
- Total rate will auto populate.
- Determine if staff add on is waiver funded or not and select appropriate service code.
- Provider ID will auto populate from section A.