

## Temporary COCA Process for Providers Effective April 1<sup>st</sup> 2020

### Instructions to providers:

1. April 1<sup>st</sup>, all clients received a temporary rate increase. Prior to requesting **any** COCA, the provider needs to review and consider if Temporary Rate Increase funds will adequately meet the need of the request. If the provider has funding to cover the COCA request, a COCA request should not be submitted. The provider must include in their email that they have reviewed all contract funds including the temporary rate increase and existing funds do not cover the cost. The provider statement will be transferred onto the COCA form returned back to the provider as verification of the provider's review.
2. If a COCA request is submitted by the provider, the provider will continue to use Form 06-124 Cost of Care Adjustment (COCA).
3. The provider will continue to follow the instructions on the form.
4. The provider will take the **additional following steps** when marking the "Reason for Temporary Absence" selection to indicate this is a COCA request related to COVID 19.
  - a. The provider will check the box that applies to the temporary absence **AND** check the "Other" box and write COVID 19 in the space provided.

Example 1: Client went to the hospital due to COVID 19

| REASON FOR TEMPORARY ABSENCE                                     |  |
|--|--|
| <input checked="" type="checkbox"/> Admitted to medical facility | <input type="checkbox"/> Admitted to nursing facility      |
| <input type="checkbox"/> Social leave                            | <input type="checkbox"/> RHC respite                       |
| <input type="checkbox"/> In jail                                 | <input type="checkbox"/> Death; date: <input type="text"/> |
| <input checked="" type="checkbox"/> Other: <b>COVID 19</b>       |  |

If a client went to the hospital for a reason other than COVID 19, but is tested and is found to have COVID 19, the provider will indicate on the COCA that it is COVID 19 related as shown in Example 1.

- b. If a family member picked up a client and took them home due to COVID 19 provider will check the "Other" box and write "Staying with family due to COVID 19" in the space provided.

Example 2: Clients family picked him up to stay with them due to COVID 19

| REASON FOR TEMPORARY ABSENCE  |  |
|---|--|
| <input type="checkbox"/> Admitted to medical facility                                 | <input type="checkbox"/> Admitted to nursing facility      |
| <input type="checkbox"/> Social leave   | <input type="checkbox"/> RHC respite                       |
| <input type="checkbox"/> In jail  | <input type="checkbox"/> Death; date: <input type="text"/> |
| <input checked="" type="checkbox"/> Other: <b>Staying with family due to COVID 19</b> |  |

**How the COCA will be processed by DDA:**

1. RMs continue to review COCA requests that are in line with the current Policy.
2. Prior to processing and making a payment on ANY COCA, RMs will verify :
  - a. The provider included in their email that they have reviewed all contract funds including the temporary rate increase, and existing funds do not cover the cost.
  - b. The RM will cut and paste from the provider email the request statement in the “Review Comments” text box.

3. Before any COCA request can be processed, the RM will complete a manual calculation. The reason for the manual calculation is to add the temporary rate increase dollars to the COCA amount auto calculated in RRDD.
  - a. COCA requests do not automatically populate the Hold Harmless component in RRDD.
  - b. The temporary rate increase has been added to the Admin Hold Harmless (HH) component in RRDD with the bulk update.
  - c. The RM will add the total amount in the Hold Harmless component to the automatically populated Total COCA Daily Rate.

Example: Where to find the Admin Hold Harmless on the Exhibit:

| a            | b           | c            | d                   | e             | f                   | g                   | h                    | i                   | j                    | k                        | l                  | m                      | n                    | o               | p          | q                    | r         | s            | t             | u                   | v                | w          | x          |
|--------------|-------------|--------------|---------------------|---------------|---------------------|---------------------|----------------------|---------------------|----------------------|--------------------------|--------------------|------------------------|----------------------|-----------------|------------|----------------------|-----------|--------------|---------------|---------------------|------------------|------------|------------|
| Program Name | Client Name | Client P1 ID | Rate Effective Date | ISS Tier Rate | ISS Daily Tier Rate | Prof Svcs Hrs PCD 1 | Prof Svcs Hly Rate 1 | Prof Svcs Hrs PCD 2 | Prof Svcs Hly Rate 2 | ISS Prof Svcs Daily Rate | ISS CRST Tier Rate | ISS Hold Harmless Rate | Total ISS Daily Rate | Admin Tier Rate | Admin Hold | Admin CRST Tier Rate | Cert Rate | Transp. Rate | Other Non-ISS | Total Non-ISS Daily | Total Daily Rate | P1 Service | Revision # |
|              |             |              | 01/01/2020          | 4             | \$331.09            | 0.00                | \$0.00               | 0.00                | \$0.00               | \$0.00                   | \$6.15             | \$0.00                 | \$337.24             | \$47.17         | 97.53      | \$1.54               | \$2.36    | \$4.54       | \$0.00        | \$56.34             | \$393.58         | SA716-3604 | 200200     |

The RM will take the dollar amount in column P from the corresponding rate exhibit and add it to the Total Daily COCA rate produced by RRDD.

**Column P + Total Daily COCA rate in RRDD = New COCA rate**

DEVELOPMENTAL DISABILITIES  
 COST OF CARE ADJUSTMENT (COCA)

| SECTION A. ABSENT CLIENT  |  |                                     |   |
|---|--|-------------------------------------|---|
| ABSENT CLIENT NAME<br>[REDACTED]  | CLIENT P1 ID<br>[REDACTED]   | PROVIDER NAME<br>[REDACTED]         | DATE SUBMITTED<br>01/20/2020  |
| AFFECTED CLIENTS<br>[REDACTED]  | <input type="checkbox"/> \$PH  | PROVIDER CONTACT<br>[REDACTED]      | PROGRAM TYPE<br><input checked="" type="checkbox"/> SL <input type="checkbox"/> GH <input type="checkbox"/> GTH |
|   | COCA PAYMENT START DATE<br>01/16/2020  |                                     | COCA PAYMENT END DATE<br>01/16/2020   |
|   | ONGOING COCA?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                                     | INITIAL DEPARTURE DATE<br>N/A   |
|   | REASON FOR TEMPORARY ABSENCE<br><input type="checkbox"/> Admitted to medical facility <input type="checkbox"/> Admitted to nursing facility<br><input type="checkbox"/> Social leave <input type="checkbox"/> RHC respite<br><input checked="" type="checkbox"/> In jail <input type="checkbox"/> Death (date):<br><input type="checkbox"/> Other: |                                     |   |
| SECTION B. COVERED COSTS  |  |                                     |   |
| COVERED COSTS   | CLIENT ASSIGNED FOR AUTHORIZATION<br>[REDACTED]  | ASSIGNED CLIENT P1 ID<br>[REDACTED] | SERVICE CODE<br>SA720, U1   |
| ISS Shared Support \$171.91   | ISS CRST \$6.15  | Shared Professional Services \$0.00 | Administrative Tier Rate \$47.17  |
| Administrative CRST \$1.54  | TOTAL DAILY RATE<br>\$226.77   | NUMBER OF DAYS<br>1                 | TOTAL PER MONTH<br>\$226.77   |
| APPROVED BY (DDA RMA/DESIGNEE)<br>[REDACTED]  |  |                                     | APPROVAL DATE<br>01/27/2020   |
| COMMENTS  |  |                                     |   |
| REVIEW COMMENTS<br><div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Provider submitted in email the following: "The RM will cut and paste from the provider email the request statement"</p> <p>COCA Daily rate is \$226.77 + \$97.53 temporary rate increase = \$324.30 New COCA rate Per Day</p> </div> <div style="text-align: right; margin-top: 10px;"> <div style="border: 1px solid black; background-color: #4F81BD; color: white; padding: 5px 20px; display: inline-block;">Provider 1 Payment</div> </div> |  |                                     |   |

d. The RM will enter a comment on the COCA that shows the manual calculation.

Ex: COCA Daily rate is \$X.XX + temporary rate increase \$X.XX = New COCA rate \$X.XX per day.

e. This is the total Payment the RM will enter in CARE for the COCA payment.

f. This process will allow the RM to avoid a paper process, avoid printing and scanning any documents to the provider, or the rates unit as all information will be captured in the "review comment" section.

- g. RM can then use e-mail to send a copy of the processed COCA to the provider.
4. RM will continue to authorize Shared and Admin dollars for all shared households using RRDD.
  5. RM will continue to authorize Admin only dollars for single person households (SPH) and households that are Residential Service Levels 1, 2, and 3 that are not sharing any supports using RRDD.