

## **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 30 days of the occurrence. Cost of Care Adjustments are intended to cover the necessary costs of ISS staff support and/or administrative costs to continue uninterrupted services to clients when there is a temporary absence of a household member.

### **Top Line**

- Name of the client who is out of the home temporarily
- Specify the residential agency name
- Check the program type SL for Supported Living or GH for Group Home/Group Training Home.
- Date the request is being submitted to your assigned Resource Manager

### **Section A Client Information**

- 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 total ISS hours for the client out of the home for the time period of the request.
- Type in the individual and shared hours for the client out of the home which should add up to the total ISS hours. Refer to the rate assessment economies of scale worksheet to determine the individual hours of support. Subtract that number from the total ISS hours which will determine the shared hours for the household.

### **Section B Address and Names of Persons Remaining at the Address**

- Address of the household
- Names of each roommate and total ISS hours per contract for each person. Refer to your Exhibit C for details.
- Indicate a single person household if applicable

### **Section C Adjustments**

- Check the box that applies to the temporary absence; specify location and date of admission / departure from the home.
- Check "other" if the client has passed away and indicate the date of decease.
- Type in the dates of the requested adjustment. The total number of days will be auto-populated.
- COCA requests are submitted month-to-month. If the client continues to be absent past the end of the month, type the last day of the month in the "return date" box and make a comment in the justification section. You will need to submit another COCA request for the following time period.
- Check the box indicating whether or not the COCA is ongoing or continuing. If yes, type in the initial departure date.
  
- Check the box that applies to your COCA request..
- The Total Rate includes ISS hours/administrative/transportation and professional services (such as DBT; Interpretation Services; Skilled Nursing; Staff Lodging) amounts if applicable. Refer to your Exhibit C. Enter all of the rate components in the section to the right. The total rate will autopopulate.
- Administrative Only may include the transportation and professional services amounts if applicable. Enter the administrative rate in the section to the right.
- Reduced ISS Hours and/or Administrative - tab over and specify the number of ISS hours requested and type in the benchmark rate for that specific month. The line will auto-populate the ISS daily rate. Type in the administrative rate requested and any applicable Professional Services amounts and it will auto-populate the total daily amount along with the total request for the dates indicated in the section above. This reflects the total amount of funding requested.

### **Section D Justification**

- Explain how the hours requested will be utilized for the remaining clients in the home. It is necessary to include clear and detailed justification highlighting the need for for any hours being requested (shared and individual hours). Specifically indicate the utilization of those hours. Wording must pertain to the client needs in the household and not be related to the need to maintain current staffing patterns. If the person is receiving Community Protection supports, explain the supervision needs required of the individual, it is not enough to identify that the person is a Community Protection participant..

- For administrative/non-staff and shared hours requests, the justification can be the need to maintain habilitative, health and safety needs of the remaining housemates along with continuing to maintain overhead operating duties of the agency.
- For any requests that require staff to be with the client while in a Medicaid setting, indicate in the justification section that you are requesting a staff add-on. A COCA cannot pay for any staff hours when the client is in a Medicaid-based facility. Explain what is unique about the individual that requires the additional support. If the request is for more than the client's daily rate, the agency must submit the request on the Staff Add-on DSHS Form # 15-379. A COCA cannot be authorized to pay more than the daily rate per the residential contract.
- Sign and date the COCA form and attach a staffing schedule to indicate how the additional staff will be utilized.
- Submit to your Resource Manager via secure email.

The Resource Manager will fill out sections E and F to include comments and recommendations. If discrepancies are noted, the request may be returned for further review and/or information.

The Resource Manager will submit the request to the Resource Manager Administrator for final review and approval. The requestor will receive a signed copy of the request along with a copy of the authorization for your files.

If any COCA is expected to go beyond 90 days, an exception request must be submitted and approved prior to the end of the 90 day time period. Submit the request to your Resource Manager. The Regional Administrator will make the final decision. Utilize DDA Form #05-010 Rule Exception Request for such requests.

If a client leaves the program, the agency will notify the Resource Manager and have a discussion whether a COCA request or a rate assessment for the clients sharing the household is most appropriate.