

# STATE OF ALASKA

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

*DIVISION OF SENIOR AND DISABILITIES SERVICES  
OFFICE OF THE DIRECTOR*

**FRANK H. MURKOWSKI  
GOVERNOR**

*P.O. BOX 110680*

*JUNEAU, ALASKA 99811-0680*

*PHONE: (907) 465-3372*

*FAX: (907) 465-1170*

### Program Memo

**RE:** Compression to 342 days of service for providers of Residential Supported Living Services (RSLA)

**To:** DSDS Providers

**From:** Rod Moline, Ph.D. Director

**Date:** November 9, 2006

The recent regulation changes standardized compression for RSLA providers to 342 days which allows for providers to have either 365 or 342 days of services prior authorized in order to capture the annual costs associated with providing services to an Older Alaskan or Adult with Physical Disabilities Medicaid Waiver recipient. Before these regulations RSLA's received prior authorizations for 365 days at either regulatory or negotiated rates established with the Division of Senior and Disabilities Services.

Now a provider may opt to capture the same costs in 342 days of billing that they captured in 365 days of billing prior to the implementation of these changes in regulation. As a result there are now two rates available for a provider from which to choose and will result in the same reimbursement for an annualized plan. Attached is the new regulatory rate schedule which reflects these changes. Providers who have a negotiated rate will receive this calculation in the mail from DSDS in the next two weeks. Questions regarding these rates may be addressed to Kevin Perron at 269-3666.

In the future, a provider may inform the Care Coordinator responsible for submitting the cost sheet on behalf of a resident which rate and compression to use. While the RSLA provider remains responsible for providing 365 days of service they may capture their costs in 342. For plans which are implemented for less than one year a compression rate may be used which is equivalent to the 342/365 compression or 6.3%.

If a plan was submitted since August 24, 2006 and a provider wishes to have their prior authorization amended as outlined above then they should contact Cindy Sandusky (clients' L-Z) or Billy Cornelius (clients' A-K) at 269-3666.

	2002	2002	2002	COMPRESSED RATE			
	\$32.48	\$43.91	\$17.13	Full Rate	Full Rate	Adult Day Care > 2	Basic
	\$43.91	\$55.33	\$17.13	2006	2006	days per week	Service
	ADC	Basic Rate	Augmented	365 day rate	342 day rate	342 day rate	342 day rate
<b>ANC &amp; SE</b>	<b>2003</b>	<b>2003</b>	<b>2003</b>				
AFC	\$32.93	\$44.52	\$17.37	\$70.54	\$75.28	\$43.80	\$56.17
AR I	\$44.52	\$56.10	\$17.37	\$82.12	\$87.64	\$56.17	\$68.53
AR II	\$56.10	\$67.68	\$17.37	\$93.70	\$100.00	\$68.53	\$80.89
<b>Southcentral</b>							
AFC	\$34.25	\$46.30	\$18.06	\$73.01	\$77.92	\$45.21	\$58.06
AR I	\$46.30	\$58.34	\$18.06	\$85.05	\$90.77	\$58.06	\$70.91
AR II	\$58.34	\$70.39	\$18.06	\$97.10	\$103.63	\$70.91	\$83.78
<b>Interior</b>							
AFC	\$37.87	\$51.20	\$19.98	\$79.83	\$85.20	\$49.07	\$63.30
AR I	\$51.20	\$64.52	\$19.98	\$93.15	\$99.41	\$63.30	\$77.51
AR II	\$64.52	\$77.84	\$19.98	\$106.47	\$113.63	\$77.51	\$91.72
<b>Southwest</b>							
AFC	\$43.80	\$59.21	\$23.10	\$90.96	\$97.08	\$55.40	\$71.84
AR I	\$59.21	\$74.61	\$23.10	\$106.36	\$113.51	\$71.84	\$88.28
AR II	\$74.61	\$90.01	\$23.10	\$121.76	\$129.95	\$88.28	\$104.71
<b>Northwest</b>							
AFC	\$45.44	\$61.44	\$23.97	\$94.06	\$100.39	\$57.15	\$74.23
AR I	\$61.44	\$77.42	\$23.97	\$110.04	\$117.45	\$74.23	\$91.28
AR II	\$77.42	\$93.40	\$23.97	\$126.02	\$134.50	\$91.28	\$108.34

AFC=Adult Foster Care  
AR I=Adult Residential I  
AR II= Adult Residential II