

Self-Directed Services COLA Allocation Processing Guidance & Form

This processing form is a collaboration between The Arc FMS and MedSource FMS and may be processed by both providers.

Processing Guidance

- **PLEASE NOTE: This form is used SOLELY for the purpose of allocating the 7/1/20 and 1/1/21 COLA funding as authorized based on data provided by the DDA. Please allow 5-10 business days for processing. This form must be submitted directly to the FMS for processing. PLEASE DO NOT SUBMIT THIS FORM TO THE DDA.**
- Both the **7/1/20 COLA** and the **1/1/21 COLA** authorized by DDA will be added to Participants' financial statements distributed by the FMS provider. **Please note: If the Participant's DDA approved plan and budget is dated on or after November 1, 2020, then the FMS may need to confirm with DDA if one or both COLAs have already been applied to the budgeted rates. If one or both COLAs is already applied to the budget, this impacts the authorization for FMS to process allocation requests. Processing may be delayed or denied as a result.**
- The FMS recommends Participants work with their CCS and Support Broker, if applicable, to determine how best to allocate the authorized COLA funding. Participants may submit more than one COLA Allocation Form. Participants are not required to allocate the entire amount of the authorized COLAs. Please see instructions below for requesting payrate increases.
- To ensure the FMS is able to process COLA allocations, Participants or their Authorized Representatives shall apply the authorized COLA funding in accordance with the **DDA's Cost of Living Adjustments (COLA) for Participants in Self-Directed Services Policy dated 7/1/2017.**
 - **Per the policy, Participants can use COLA funding for existing goods and services, wages, salaries and benefits only.**
COLA funding ***may not*** be used for:
 - 1) Bonus(es) for staff
 - 2) Items or Services not related to Staff Services; or
 - 3) Items or Services not covered under the DDA's waiver services
- The DDA will review requests to apply COLA funding in the circumstances noted below.
 - **Budget modifications must be submitted to DDA only if:**
 - 1) A new service, not previously authorized, is added based on the increase
 - 2) The overall changes to service increase the total budget by more than 4% exceeding the authorized COLA
- It is important to note that **not all Participants have or will receive COLA funding.** Only Participants in the Community Pathways Waiver have received their COLAs at this time. The DDA's Fiscal and Operations team are working through the COLA authorizations for Participants in the Community Support Waiver and the Family Support Waiver. Further, per the DDA, those in the following groups ***may not*** receive a COLA:
 - Participants who had a revised plan and cost detail sheet completed for their budget, as these budgets would already reflect the 4% increase
 - Participants who have or are in process of moving from PCIS2 to the new rates in LTSS*Maryland*, as the COLA has been applied to the rates in LTSS*Maryland* and will be reflected in the budget allocation developed through the detailed service authorization
- **To request a pay rate increase for employee(s), please follow these steps:**
 1. Utilize this form to allocate the COLA funding to a specific wage service. Please be sure to apply 14% for employer taxes and fees to any wage service.
 2. Once the COLA funding is allocated to the applicable wage service(s), **please submit the Employee Change Form to the FMS provider to request the pay rate increase for employees. The DDA has authorized FMS to process pay rate increases up to 8% of the current pay rate. Increase requests exceeding 8% cannot be processed.**
EXAMPLE: Current Pay Rate: \$17/hr. ($\$17 \times 1.08 = \18.36); New Pay Rate Maximum = \$18.36
 - Please remember to note the ***effective date*** of the pay rate increase on the required Employee Change Form. **Pay rate increases may be effective in the future or retroactive to 1/1/21 only.** If a retroactive payment is desired, please utilize a retroactive effective date on the Employee Change Form submitted to the FMS for processing.

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Allocation of Authorized 7/1/20 and 1/1/21 COLA Funding

SUBMITTAL:

FMS Provider	Email (Subject line: "COLA Allocation Form")	Fax
The Arc FMS	FMSParticipants@thearcccr.org	1-888-272-2236
MedSource	FMS@medsourceservices.org	1-301-560-5782

Participant Name: _____ Date of Submittal: _____

FMS (Check One): The Arc MedSource Region (Check One): CMRO ESRO SMRO WMRO

Participants may allocate COLA funding across existing budgeted services in accordance with the DDA COLA Policy so as not to exceed the 7/1/20 and 1/1/21 COLA funding as identified on the financial statement issued by the FMS provider.

COLA Funding		COLA Allocation		
DDA Authorized COLA	Amount	Waiver or FMS Code	Existing Service <small>Remember to add fringe (14%) for any wage services or taxed benefits</small>	Amount
<i>Example: 7/1/20 COLA</i>	<i>\$1500</i>	<i>Wxxxx</i>	<i>Personal Supports - Wages</i>	<i>\$1315</i>
		<i>Wxxxx</i>	<i>Personal Supports - Taxes</i>	<i>\$185</i>
<i>1/1/21 COLA</i>	<i>\$1560</i>	<i>Wxxxx</i>	<i>Personal Supports – Benefits (PTO)</i>	<i>\$1368.42</i>
		<i>Wxxxx</i>	<i>Personal Supports – Benefits Taxes</i>	<i>\$191.58</i>
<i>Example TOTAL:</i>	<i>\$3060</i>			<i>\$3060</i>
Total COLA Funding*		Total COLA Allocated*		

* Please note that the total amounts on both sides should match. All COLA funding identified on the left side should be allocated on the right side.

By signing below, please certify that this allocation request reflects COLA funding authorized by the DDA and is applied to existing (approved) service(s) as identified on the recent financial statement distributed by the FMS provider:

SDS Participant or Authorized Representative Signature/Date:

Signature or E-Signature/Stamp (Required for FMS Processing)

Date