

MEMORANDUM

TO: Admitted Claimants' Families

November 25, 2024

FR: Dawn McCoy, MPP, Executive Director

RE: Program Update 11-25-2024

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In the coming weeks, a few changes are forthcoming, based on the feedback that you shared via emails, calls, and the recent **Program Satisfaction Survey**. With the expectation of improvements, the Program changes below become effective January 1, 2025.

With these modifications, our team is prepared to assist with your inquiries and requests for support and provide responses accordingly. As always, please send any questions via email to [admasst@vabirthinjury.com](mailto:admasst@vabirthinjury.com).

### Online Portal

- Inquiries and requests from admitted claimants' families, agencies, vendors, etc. will be streamlined via an online portal (HIPAA-compliant, secure portal) on the Program's website launching on January 1, 2025.
  - An app version of this portal will be available for mobile devices.
  - Fax and U. S. mail options will still be acceptable submission formats for those who are not able to access the portal.
- Forms (PDF download, online fillable, or paper) are on the Program's website.
- Video, audio, and written tutorials for using the online portal will be available soon.

### Timesheets, Caregivers, and Agency Invoices

- Admitted claimants' families will be provided with both paper (PDF download) and online/digital options for submission of timesheets. Email submissions will no longer be accepted, beginning January 1, 2025.
- Timesheet reimbursement requests will be processed as follows:
  - All timesheets must be received before 8:00 A.M. each Thursday to be included in the following week's check run, and the next available direct deposit run. Prior Program month family care submissions have the same submission deadline but will not be paid until the 15<sup>th</sup>. Details follow:
    - Example – Timesheets submitted before 8:00 A.M. on January 16<sup>th</sup> are eligible for processing on January 23<sup>rd</sup> as checks and on January 30<sup>th</sup> as Direct Deposit, as long as the package is complete, accompanied by all required supporting documentation, in compliance with the

current nursing order on file, contain no over-lap or duplication of another caregiver's hours, and are otherwise compliant with applicable law, regulations, policies, and/or procedures.

- Admitted claimants' family care timesheets are processed on the 15<sup>th</sup> of each month for the prior Program monthly period. The Program monthly schedule can be found on the Program's website. Timesheets covering dates before the prior Program month will be processed each week for checks on the 15<sup>th</sup> and on the 30<sup>th</sup> for Direct Deposit participants.
  - Example – Family Care Timesheets for weeks ending March 9<sup>th</sup> through April 6<sup>th</sup> are eligible for reimbursement on April 15<sup>th</sup> as Direct Deposits and on April 17<sup>th</sup> as checks, as long as the package is complete, accompanied by all required supporting documentation, in compliance with the current nursing order on file, contain no over-lap or duplication of another caregiver's hours, and are otherwise compliant with applicable law, regulations, policies, and/or procedures.
- Admitted claimants' independent care timesheets are processed each week on Thursdays as checks only.
- Submitted timesheets must be received in completed packages before processing can be completed. Incomplete packages will be held until all information is received.
  - Admitted claimants' family care timesheets must include a timesheet for all authorized family caregivers, for each week included in that Program month. All authorized independent care timesheets and Agency timesheets/schedule for the same period must be provided while the family care timesheets are provided to the Program, or before the processing deadline.
  - Admitted claimants' Independent Caregiver timesheets must include a timesheet for all authorized Independent Caregivers for each week submitted.
- Submitted timesheets will be processed on the next applicable payment processing date available after confirmed receipt of the completed package of timesheets.
- All agency invoices and timesheets must be signed off on by the caregiver (employees of the agency) and by the admitted claimant's parent or guardian (the employer of the agency) before they can be submitted to the Program for processing.
- Agency invoices must be submitted to the Program before any requests for reimbursement for expenses of care provided by family caregivers or independent

caregivers for the same time periods are submitted to the Program to avoid duplication of caregiver hours.

- Timesheets will be reviewed to confirm a 12-hour max hours/day (within a 24-hour timeframe) for family caregivers, a 16-hour max hours/day for independent caregivers, and a 40 max hours /week for each caregiver. Combined caregiver hours should not exceed the approved nursing ordered hours, nor have overlapping shifts between caregivers.
- Caregiver certifications and pay rate increase requests must be made via the portal, prior to submitting the timesheets and must be approved before the reimbursements are requested.

### **Nursing Orders**

- Current year nursing orders must be on file for all admitted claimants and accompany a signed provider letter (on business letterhead) with an explanation about the level of care and hours of care allocated as medically necessary for the admitted claimant because of the birth-related neurological injury.
- Current nursing orders must be on file before any reimbursements can be processed. Expired orders will cause a delay in payment processing.

### **Travel Reimbursement**

- As noted in the Program's Handbook, admitted claimant families must obtain authorization for reimbursement of medically necessary travel of more than 100 miles from an admitted claimant's home before the travel occurs. Additionally, such reimbursement requests must be submitted with the required supporting documentation. Requests and copies of the supporting documentation will be submitted via the secure, online portal, beginning January 1, 2025.

### **Vans**

- All van related requests or inquiries must be submitted via the portal beginning January 1, 2025. An initial response can be anticipated within seven (7) business days. Most claims concerning vans should be able to be resolved within thirty (30) business days.

### **Admitted Claimant Forms**

- Program forms will be available from the Program's website with a paper (PDF download) or online/digital option.

### **Claim Reimbursement Requests \***

- Claim Reimbursement Forms, Requests for Travel/Approval and Caregiver Rate Change Requests must be submitted via the Program’s online portal (going live on January 1, 2025).
- See the attached updated Benefit Plan Administrators (BPA) or Program roster to designate where you send your claim reimbursement requests, beginning January 1, 2025, and going forward.

\*Any response times noted above do not apply if any decision is appealed.

### **Trust Home and Home Modification Inquiries**

- Beginning January 1, 2025, inquiries regarding housing matters (i.e., rental assistance, Trust Homes, long-term care facilities, or home modifications) must be submitted via the online portal.
- A Program team member will acknowledge your request within 48 hours (about 4 days) and will reply regarding the next steps within these approximate timelines:
  - 30 business days for any new home modification projects
  - 3-5 business days for any home projects in process
  - 1-3 business days for any Trust Home issues or to report a concern

### **Supplies**

- Admitted claimants’ parents/guardians will need to order diapers, wipes, gloves, pads, incontinence products, and any other supplies themselves and submit reimbursement requests through the Program’s Third-Party Administrator, BPA, from January 1, 2025, going forward.
- No packaged meals or food will be ordered or reimbursed by the Program. However, effective January 1, 2025, expenses for medically necessary supplements and/or probiotics may be reimbursed by submitting claims through BPA with the requisite supporting documentation, such as a letter of medical necessity or prescription, itemized invoices, and receipts/proof of purchase.

### **Customer Service Inquiries**

- Inquiries regarding the above can be directed to the Contact Us page to submit via the Inquiry/Request For Information Form. Emails will no longer be accepted.
- Any inquiries regarding the status of a Program benefit, Claim Reimbursement Form (in process, past, or forthcoming) or third-party processing inquiries must be made through the above online portal.

### **Agency Reimbursement**

- Agency invoices must be submitted to the Program for review and consideration as of January 1, 2025.
- All agency invoices must be reviewed and signed off by claimants' families giving authorization for payment.

### **BPA Processing**

See the accompanying roster which shows which types of claims are to be submitted through BPA for processing. Please be sure to submit all required supporting documentation with each reimbursement request to avoid delays in receiving reimbursements. BPA has been advised that reimbursement requests must be processed efficiently and quickly.

To reduce delay in processing, admitted claimants and their healthcare providers should submit all claims intended for processing by BPA to the following address:

Benefit Plan Administrators, Inc.  
P.O. Box 21392  
Eagan, MN 55121

FAX: 612-469-2508