Pre-Vocational and Group Employment Support Workgroup Meeting

Ohio Department of Developmental Disabilities

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Agenda

- NMT to CIE Survey
- Review of NMT to CIE Rate Assumptions and Draft Rates
- NMT to CIE Next Steps

NMT to CIE Survey

The NMT Provider Survey was released shortly after the last workgroup meeting and responses were due January 5, 2024. The survey consisted of 5 questions and providers were asked to prioritize modified vehicle trip and cost information.

- 5 surveys were submitted with one supplemental survey
- Responses varied in completeness and consistency of responses
- Survey responses generally informed:
 - Time assumptions load/unload, documentation, vehicle check, and wait times
 - Vehicle costs replacement and annual costs
 - Vehicle service expectancy annual miles and years in service
 - Absences or "no show" rate



Proposal Feedback Specific to NMT to CIE

2 out of the 6 proposal feedback responses included comments related to NMT for CIE

- Vehicle registration, vehicle inspections and insurance expenses should be considered fixed costs included in the base rate.
- 2. Modified vehicles are more expensive to purchase and have higher replacement costs (e.g., replacing the wheelchair tie downs and lifts are typically only made for \$10k lifts and then need to be replaced).
- 3. There should not be a limit on the number of miles that can be authorized/billed per trip. two responses
- 4. The rate for modified vehicles should consider the extra door to door time to transport an individual with a wheelchair.
- 5. Support for incorporating the cost of doing business categories, as this is consistent with current NMT along with other HCBS waiver services.



Overview of Revised NMT to CIE Rate Framework

- Workgroup consensus: Rate framework includes a base "per trip" component and a "per mile" add-on component.
 - All rates assume a single rider, not a shared ride
- **Proposed rate model framework:** Four different rate types billed on a per trip basis. Within each rate type, there are rates for three different mileage bands.

	Mileage Bands				
Non-Modified Vehicles	0-15 Miles	16-30 Miles	31+ Miles		
Rate type 1 – agency rate (base trip component + miles * per mile component)	X	X	X		
Rate type 2 – independent provider rate (base trip component + miles * per mile component)	X	X	X		
Modified Vehicles	0-15 Miles	16-30 Miles	31+ Miles		
Rate type 3 – agency rate (base trip component + miles * per mile component)	X	X	X		
Rate type 4 – independent provider rate (base trip component + miles * per mile component)	X	X	Χ		

Note: the *0-15 miles* mileage band assumes an average trip of 10 miles, the *16-30 miles* mileage band assumes an average trip of 23 miles, and the *31+ miles* mileage band assumes an average trip of 40 miles.



Key Rate Model Assumptions

Model Input	Assumption	Source	Notes and considerations
Wages	•\$18.70 per hour	•DSP Provider Group 2 from ADS proposal with 38.08% wage increase (see Appendix A for wage details)	•All services include a transportation provider and scheduler/dispatch position
Total Employee Related Expense (ERE) load	•37.5% applied to the wages	•IRS federal tax requirements, state unemployment insurance rates, and BLS benefits (healthcare, retirement, and workers compensation insurance)	•All wages are applied an ERE adjustment, regardless of agency / independent provider status
Paid time off and training	•239 annual hours	•Aligns with ADS proposal	•13% adjustment factor is applied to the total minutes per unit
Administration, overhead, and support	•7% for independent providers•15% for agency providers	•Adjusted from ADS and HPC values, assuming lower overhead for transportation	
Absences ("no show") adjustment	•2% of all scheduled services	 Provider reported information in the NMT to CIE survey 	•Due to limited survey responses these values were rounded to the nearest whole percent



Key Rate Model Assumptions (Continued)

Model Input	Assumption	Source	Notes and considerations
Loading time	 4 minutes for non-modified vehicles (2 minutes each trip) 20 minutes for modified vehicles (10 minutes each trip) 	•Provider reported information in the NMT to CIE survey	•Time to load/unload individual to/from vehicle per trip
Support time	•15.5 minutes per trip for both non-modified vehicles and modified vehicles	•Provider reported information in the NMT to CIE survey	 Documentation – 8 minutes Vehicle check – 2.5 minutes Wait time – 5 minutes
Vehicle costs	 \$0.67 per mile for non-modified vehicles \$0.73 per mile for modified vehicles 	 Non-modified vehicles align with the IRS standard mileage rate for 2024 Modified vehicles are based upon a separate modified vehicle build (\$68,000 replacement vehicle, average annual costs of approximately \$9.6k, average 8 years of service, and 25,000 annual miles) 	•Limited survey responses for non-modified vehicles were unreliable and the responses calculated to a rate that was below the 2024 IRS standard mileage rate



Proposed Banded Rate Per-Trip Values

Total payment rate by provider type, vehicle type, and trip length

Note: One "Total Trip" rate is paid for each trip. The rate components are shown for illustrative purposes.

Provider Type	Vehicle Type	Trip Length	Assumed Average Miles	Base Rate Component	Per Mile Rate Component	Total Trip Rate
Independent	Non-Modified	0-15 Miles	10	\$ 11.39	\$ 2.17	\$ 33.10
Independent	Modified	0-15 Miles	10	20.74	2.25	43.27
Agency	Non-Modified	0-15 Miles	10	12.46	2.38	36.21
Agency	Modified	0-15 Miles	10	22.69	2.47	47.34
Independent	Non-Modified	16-30 Miles	23	\$ 11.39	\$ 2.17	\$ 61.32
Independent	Modified	16-30 Miles	23	20.74	2.25	72.56
Agency	Non-Modified	16-30 Miles	23	12.46	2.38	67.09
Agency	Modified	16-30 Miles	23	22.69	2.47	79.39
Independent	Non-Modified	31+ Miles	40	\$ 11.39	\$ 2.17	\$ 98.22
Independent	Modified	31+ Miles	40	20.74	2.25	110.86
Agency	Non-Modified	31+ Miles	40	12.46	2.38	107.47
Agency	Modified	31+ Miles	40	22.69	2.47	121.29

Note: Base cost and per mile costs are rounded, so total trip rate may not align with (base cost) + (per mile cost * assumed average miles) due to rounding.



Proposed Banded Rate Per-Trip Values - Detail

Total payment rate detail by provider type, vehicle type, and trip length

Provider Type	Vehicle Type	Trip Length (Miles)	Direct Service Employee Salaries & Wages	Indirect Service Employee Salaries & Wages	Employee Related Expenses	Transportation & Fleet Vehicle Expenses	Administration, Program Support & Overhead	No Show Allowance
Independent	Non-Modified	0-15	\$ 8.19	\$ 7.66	\$ 5.94	\$ 8.38	\$ 2.27	\$ 0.66
Independent	Modified	0-15	14.39	7.66	8.26	9.13	2.97	0.87
Agency	Non-Modified	0-15	8.19	7.66	5.94	8.38	5.32	0.72
Agency	Modified	0-15	14.39	7.66	8.26	9.13	6.96	0.95
Independent	Non-Modified	16-30	\$ 16.82	\$ 9.82	\$ 9.98	\$ 19.26	\$ 4.21	\$ 1.23
Independent	Modified	16-30	23.02	9.82	12.30	20.99	4.98	1.45
Agency	Non-Modified	16-30	16.82	9.82	9.98	19.26	9.86	1.34
Agency	Modified	16-30	23.02	9.82	12.30	20.99	11.67	1.59
Independent	Non-Modified	31+	\$ 28.11	\$ 12.64	\$ 15.27	\$ 33.50	\$ 6.74	\$ 1.96
Independent	Modified	31+	34.31	12.64	17.59	36.50	7.60	2.22
Agency	Non-Modified	31+	28.11	12.64	15.27	33.50	15.80	2.15
Agency	Modified	31+	34.31	12.64	17.59	36.50	17.83	2.43

Note: Totals may not align with "Total Trip Rate" on the prior slide due to rounding.



Next Steps

DODD will work to prepare materials for future waiver amendments, inclusive of claims processing system adjustments.



Limitations

The information contained in this presentation has been prepared for the Ohio Department of Developmental Disabilities (DODD).

This presentation is intended to represent preliminary rate framework assumptions and rate setting considerations for DODD and NMT stakeholders. This presentation should not be used for any other purpose. The contents of this presentation are not intended to represent a legal or professional opinion or interpretation on any matters. No portion of this presentation may be provided to third parties without Milliman's prior written consent. In the event such consent is provided, this presentation must be provided in its entirety.

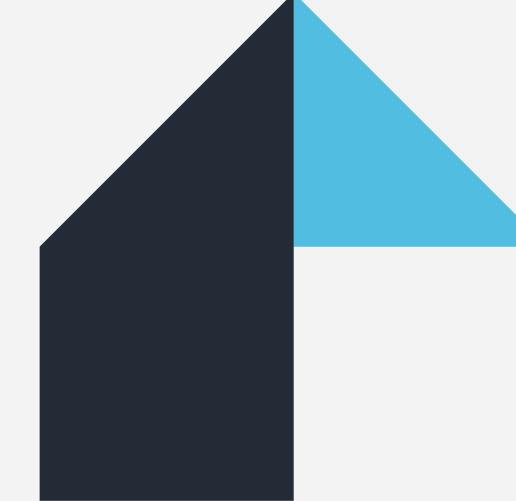
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Jeremy Cunningham and Kenneth Cox are members of the American Academy of Actuaries and meet the Qualification Standards of the Academy for performing the analyses contained herein. To the best of our knowledge and belief, this information is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.



Appendix A – Provider Groupings from ADS Proposal





Wage Comparison – Survey vs Proposed Wages

Proposed model wages were informed by information from the historical wages underlying Ohio DODD provider rates, provider survey information, and CY2024 rate adjustments.

	(A)	(B)	(C) = (A) / (B)	(D)	(E) = (D) / (B)
Provider Grouping	Survey Median Wage (True Wages) ¹	Assumed Wage As of 1/1/2024 ²	Wage As % of Survey	Assumed Wage As of 7/1/2024 ³	Wage As % of Survey
Direct Care Staff 1 – Facility-based DSP, Transportation Aide, Homemaker / Personal Care (HPC)	\$ 14.00	\$ 16.56	118.3%	\$ 17.49	124.9%
Direct Care Staff 2 – Med Cert 1: Facility-based DSP, HPC, Community-based DSP Community-based DSP ,Transportation Professional	\$ 14.28	\$ 17.71	124.1%	\$ 18.70	131.0%
Direct Care Staff 3 – Med Cert 2: Facility-based DSP, HPC, Community-based DSP Group Employment Services, Job Coach / Individual Employment Supports	\$ 14.63	\$ 17.75	121.4%	\$ 18.74	128.1%
Direct Care Staff 4 – Med Cert 3: Facility-based DSP, HPC, Community-based DSP Job Developer, Job Coach with CESP, Behavior Technician	\$ 16.15	\$ 21.53	133.3%	\$ 22.73	140.7%
Direct Care Staff 5 – Job Developer with CESP, Supports Coordinator Assistant / Habilitation Coordinator (Case Manager)	\$ 17.78	\$ 24.06	135.3%	\$ 25.40	142.9%

Notes:



¹⁾ Wages used to calculate relative wages by provider grouping exclude certain values, including those that did not reflect higher wages for higher credentialed employees.

²⁾ Assumed wage assumes base ADS wage of \$12.66 with a trend factor of 30.81%, consistent with proposed rules documented here: https://dodd.ohio.gov/forms-and-rules/rules-under-development/rule_updates

³⁾ Assumed wage assumes base ADS wage of \$12.66 with a trend factor of 38.08%, consistent with proposed rules documented here: https://dodd.ohio.gov/forms-and-rules/rules-under-development/rule_updates

⁴⁾ Assumed base ADS wage of \$12.66 is consistent with historical ADS rate models provided by DODD on March 14, 2022.

Appendix B – Sample NMT Rate Approaches in Other States





Colorado Developmental Disabilities Waiver

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2023	Eff	Rate ective 01/2023	Unit Value	Comments
	Non-Medical Transportation, Outside Denver County Maximum of 508 units (trips) per Service Plan year (all mileage bands including public conveyance).										
Mileage Band 1 (0-10 Miles), Outside Denver County	T2003	U3				\$	9.64	\$	12.46	1 Trip	
Mileage Band 2 (11-20 Miles), Outside Denver County	T2003	U3	22			\$	14.38	\$	23.28	1 Trip	
Mileage Band 3 (Over 20 Miles), Outside Denver County	T2003	U3	TF			\$	21.91	\$	31.67	1 Trip	
Non-Medical Transportat Maximum of 508 units (trip				ar (all n	nileage	band	s includi	ng pu	blic conv	eyance).	
Mileage Band 1 (0-10 Miles)	T2003	U3						\$	13.22	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22				-	\$	24.62	1 Trip	Effective July 1, 2023
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF				-	\$	33.42	1 Trip	

Payment rate varies based on:

- Geographic location
- Mileage band

Source: Colorado Department of Health Care Policy and Financing. June 1,2023. Home and Community Based Services: Developmental Disabilities. Accessed online: https://hcpf.colorado.gov/sites/hcpf/files/DD%20SLS%20CES%20July%202023-2024%20Rate%20Schedules%20v1.2.pdf



Louisiana Non-Emergency Medical Transportation

Procedure Code	Service Description	Pickup Rate
T2003	Non-emergency transportation encounter/trip	\$13.50* + \$1.10/mile
A0130	Non-emergency transportation wheelchair van	\$21.50* + \$1.30/mile
A0090	Non-emergency transportation per mile – vehicle provided by individual (family member, self, neighbor) with vested interest	\$0.36/mile

^{*}Base rate is applicable to each leg of the trip

Payment rate varies based on:

- Base rate and mileage rate
- Type of vehicle
- Agency versus vehicle provided by individual

Source: Louisiana Department of Health. January 1, 2022. Louisiana Non-Emergency Transportation (NEMT) Rates. Accessed online: https://www.lamedicaid.com/provweb1/fee_schedules/NEMT_RATES.pdf



[†] Mileage calculations begin at 0 miles

Pennsylvania Adult Autism Waiver

Payment rate varies based on three mileage bands.

Service Name	Unit of Service	Procedure Code	Statewide Fee
Transportation Trip	Zone 1 (greater than 0 and up to 10 miles)	W7274	\$17.85
	Zone 2 (greater than 10 miles and up to 30 miles)	W7275	\$32.14
	Zone 3 (over 30 miles)	W7276	\$36.51

Source: Pennsylvania Department of Health and Human Services. October 1,2021. Fee Schedule Rates for Adult Autism Waiver Services. Accessed online: <a href="https://www.dhs.pa.gov/Services/Disabilities-Aging/Documents/Adultw20Autismw20Waiver/Proposedw20Fee520Schedulew20Autismw20Auti



Example of Transportation Rate Model Components – Pennsylvania

Wages and Employee Related Expenses

- Direct Care Wages Drivers and Aides
- Other Program Staff Wages Dispatcher
- Employee related expenses health insurance and other benefits, federal and state withholdings
- Paid time off
- Training

Additional Assumptions

- Full time / part time staff split
- Productivity: number of trips per hour
- · Productivity: Absentee factor
- Staffing ratios: Dispatcher to driver, aide to recipient
- Vehicle lease / depreciation
- Insurance
- Vehicle repairs and maintenance
- Fuel
- Administration percentage

Source: Pennsylvania Department of Health and Human Services. Transportation Trip Assumptions Log. Accessed online: https://www.dhs.pa.gov/providers/Providers/Documents/ODP/Public%20Notices%20Related%20to%20Rates/ODP%20FY%2018%2019%20Trans%20Trip%20MRWG_Assumptions%20Log_080218.pdf

This presentation is intended to facilitate discussion regarding HCBS payment rate development and is not complete without oral comment



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Appendix C – Draft NMT to CIE Rate Components





Draft Rates – Modified Vehicle Trips

	Ohio Department of Developmental Disabilities							
	Non-Medical Transportation	(NMT) to Competitive In	tegrated Employment	(CIE)				
	<u>l</u>	ndependent Rate Model						
Ref.	Description	Base - Independent Modified	Per Mile - Independent Modified	Base - Agency Modified	Per Mile - Agency Modified			
Α	Direct Service Employee Salaries & Wages	\$ 7.75	\$ 0.66	\$ 7.75	\$ 0.66			
В	Indirect Service Employee Salaries & Wages	\$ 6.00	\$ 0.17	\$ 6.00	\$ 0.17			
С	Employee Related Expenses	\$ 5.15	\$ 0.31	\$ 5.15	\$ 0.31			
D	Transportation & Fleet Vehicle Expenses	\$ 0.00	\$ 0.91	\$ 0.00	\$ 0.91			
Е	Administration, Program Support & Overhead	\$ 1.42	\$ 0.15	\$ 3.34	\$ 0.36			
F	No Show Allowance	\$ 0.41	\$ 0.05	\$ 0.45	\$ 0.05			
G	Total Rate	\$ 20.74	\$ 2.25	\$ 22.69	\$ 2.47			



Draft Rates – Non-Modified Vehicle Trips

	Ohio Department of Developmental Disabilities							
	Non-Medical Transportation	(NMT) to Competitive Int	tegrated Employment	(CIE)				
	<u> </u>	dependent Rate Model						
Ref.	Description	Base - Independent	Per Mile - Independent	Base - Agency	Per Mile - Agency			
Α	Direct Service Employee Salaries & Wages	\$ 1.55	\$ 0.66	\$ 1.55	\$ 0.66			
В	Indirect Service Employee Salaries & Wages	\$ 6.00	\$ 0.17	\$ 6.00	\$ 0.17			
С	Employee Related Expenses	\$ 2.83	\$ 0.31	\$ 2.83	\$ 0.31			
D	Transportation & Fleet Vehicle Expenses	\$ 0.00	\$ 0.84	\$ 0.00	\$ 0.84			
Е	Administration, Program Support & Overhead	\$ 0.78	\$ 0.15	\$ 1.83	\$ 0.35			
F	No Show Allowance	\$ 0.23	\$ 0.04	\$ 0.25	\$ 0.05			
G	Total Rate	\$ 11.39	\$ 2.17	\$ 12.46	\$ 2.38			

