

Ohio DODD Waiver Modernization

Assessments Provider Discussion

April 2025



Agenda

Discussion topics and meeting goals

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Discussion Topics

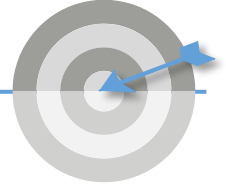
Assessment Status (15 min)

InterRAI Background (15 min)

Future State (10 min)

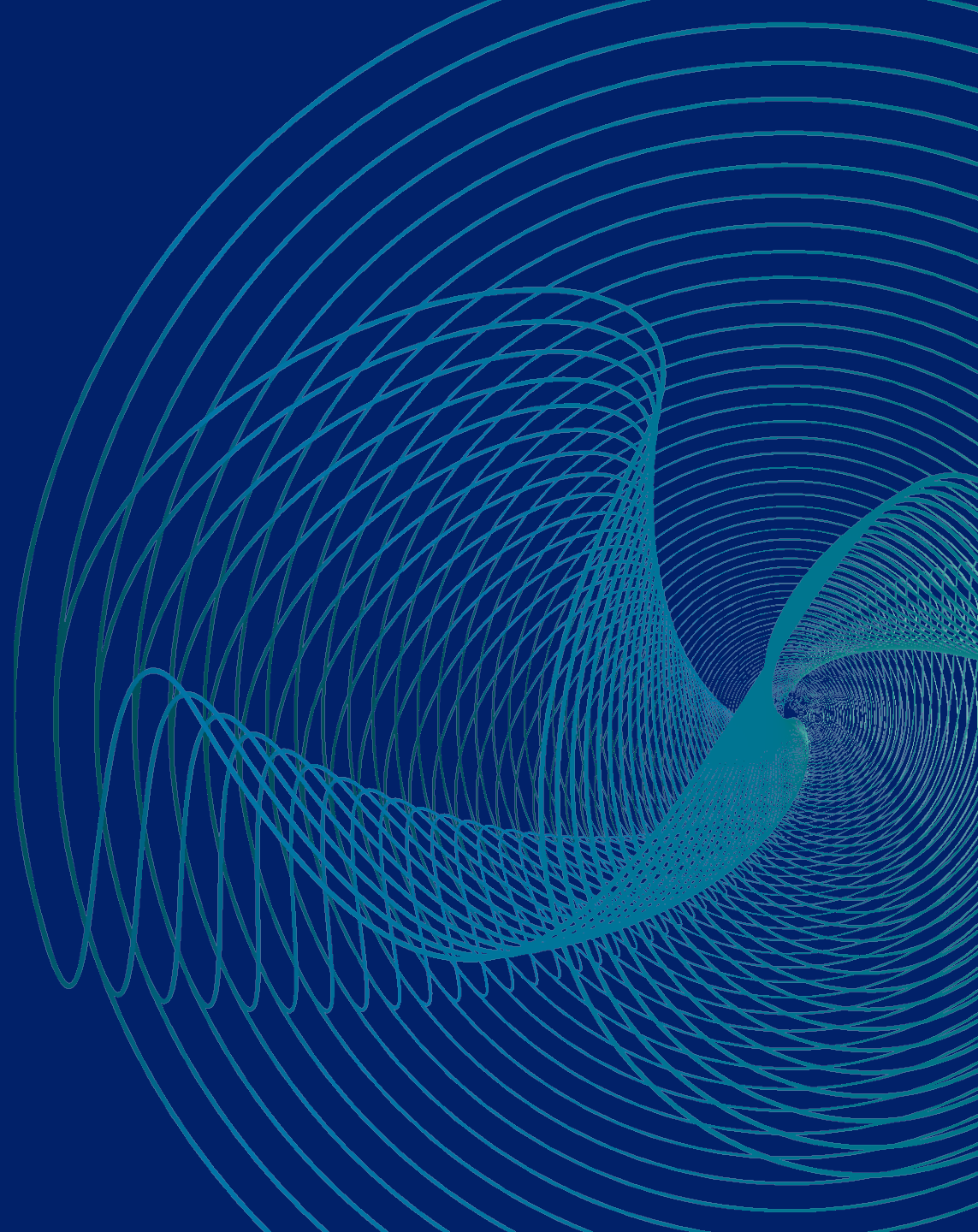
Implementation Plan (10 min)

Meeting Goals



- 💡 **Assessment Status:** Share information on current status of outstanding assessment decision
- 💡 **interRAI Background:** Regroup on interRAI background including assessment logistics and outputs of the assessment.
- 💡 **Future State:** Share information on how assessments can be used for acuity rates and service bands in the future.
- 💡 **Implementation Plan:** Share proposed plan for implementation of the new assessment.

Assessment Status



State Partner Feedback - Overview

Highlighting key takeaways from various stakeholder groups – people served, families, providers, and counties – that drove the initiatives to transition towards a new assessment and acuity-based rates.

KEY STAKEHOLDER FEEDBACK

 Better **assess individual support needs**

 Structure a more **consistent assessment process**

 Build **rates** that accurately reflect **support and skills provided**

 **Reduce complexity of budgeting and prior authorization process**

GROWTH AREAS

STAKEHOLDER TOWNHALLS	PROVIDER SURVEY FEEDBACK	COUNTY BOARD SURVEY FEEDBACK
ODDP questions were not detailed enough to accurately reflect the level of support in the answer	Large administrative burden associated with tracking individual funding and budgets	Lack of acuity-based rates drives providers to serve lower needs individuals
Sensitivity of ODDP scores – ranges, budgets, and rates – dramatic shift with 1-2 answers changed	Desire to implement an assessment process to update acuity that is less burdensome than current state	Provider specialists should be paid accordingly for skills and high-risk behavior management
Insufficient assessment questions related to medical and communication tasks and needs.	Prior authorization process is administratively burdensome and distracts from care delivery	Rates, budgets, and assessment process is inconsistent across and within waivers which can be confusing and complex for individuals and families
		Funding ranges and rates lack the specificity or reflection of the unique needs of children

Assessment Update

Update on assessment decisions and highlighting key components of the decision process

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Why the interRAI?



Meets DODD goals to implement a **strengths-based, standardized assessment tool**



Positive feedback on the tool in conversations with states using the interRAI



Covers the **breadth of questions** and topics to support **acuity-based rates***



Shorter assessment than current process and other standardized assessment options



Opportunity to **add components** of other interRAI tools **in the future**

PROPOSED APPROACH

Replace the current ODDP and AAI with **interRAI** standardized assessment tools in an expedited implementation timeline, targeting a go-live of 1/1/27

Why Now?

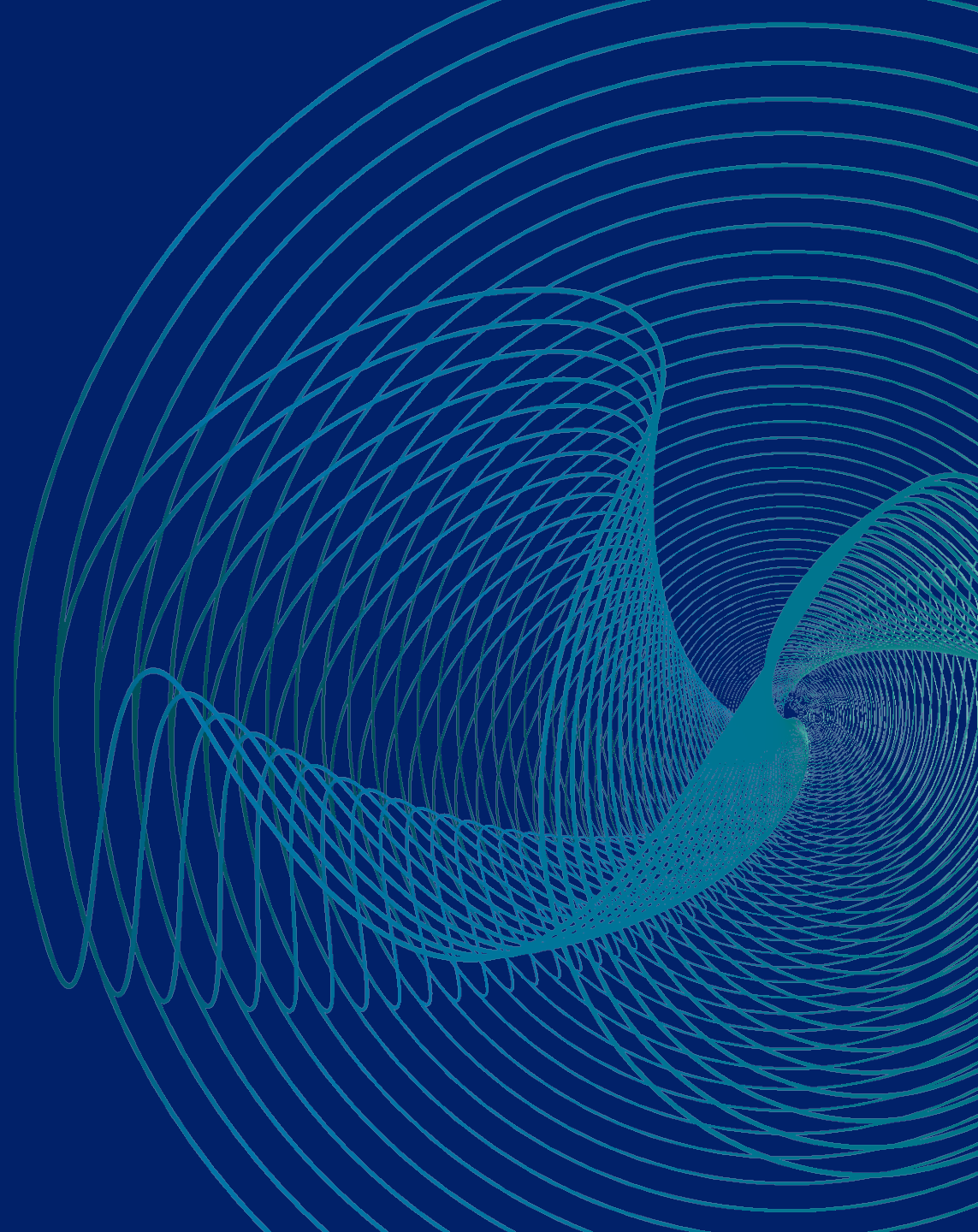


There are technological and operational considerations driving the targeted timeline:

DODD is looking to **transition away from the current MRC**. By **aligning assessment implementation with the decommissioning of the MRC**, it will **remove the need for an interim rate strategy** and therefore, the **burden of multiple transitions for providers**.

*Based on research and conversations with other states using the interRAI and their use cases

InterRAI Background



InterRAI Overview

The interRAI – ID is a tool available to assess individuals with IDD.

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GENERAL

01

Assessment Logistics



- ~**1.5 hr** assessment duration
- Assessors **may use any information available to them** to answer questions, including observations of the individual's behavior
- There are three different assessments that are included in interRAI's suite of tools available based on age for the IDD population: **InterRAI – ID** (18+ years), **ChYMH-DD** (3-18 years), **Early Years** (0-3 years)

02

Assessment Outputs



- **Clinical Assessment Protocols (CAPs); Outcome Scales; Case-mix classification**

03

Contracting/ Licensing



- All users need to obtain a **free license** to use interRAI assessments (research or user license)
- Licensing requires **royalty payments** for use of intellectual property.
- Licensing requires **de-identified data to be shared** with interRAI for research

04

Assessor Training



- **In-depth training available** for a train the trainer approach
- Stakeholders report training being **less time consuming than SIS/AAIDD**

05

Technology



- InterRAI does not produce software – **states must license through third-party vendors** who computerize the system to collect data
- InterRAI provides a list of possible third-party software vendors

ADDITIONAL DETAILS



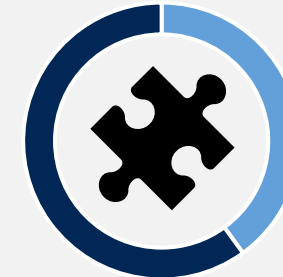
INTERRAI-ID

104



INTERRAI CHYMH-DD

149



~75%

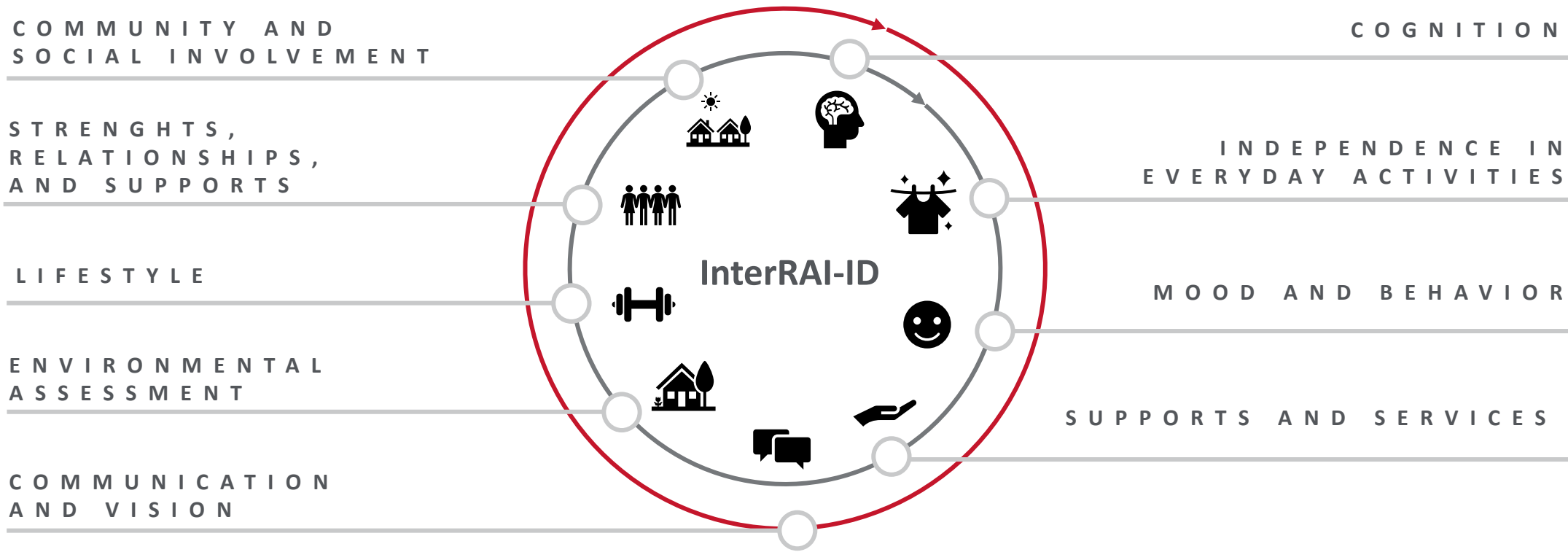
Of questions on the interRAI CHYMH-DD have overlap with the interRAI – ID Assessment.

States currently using or exploring using interRAI for IDD community:



InterRAI-ID Comprehensive Assessment

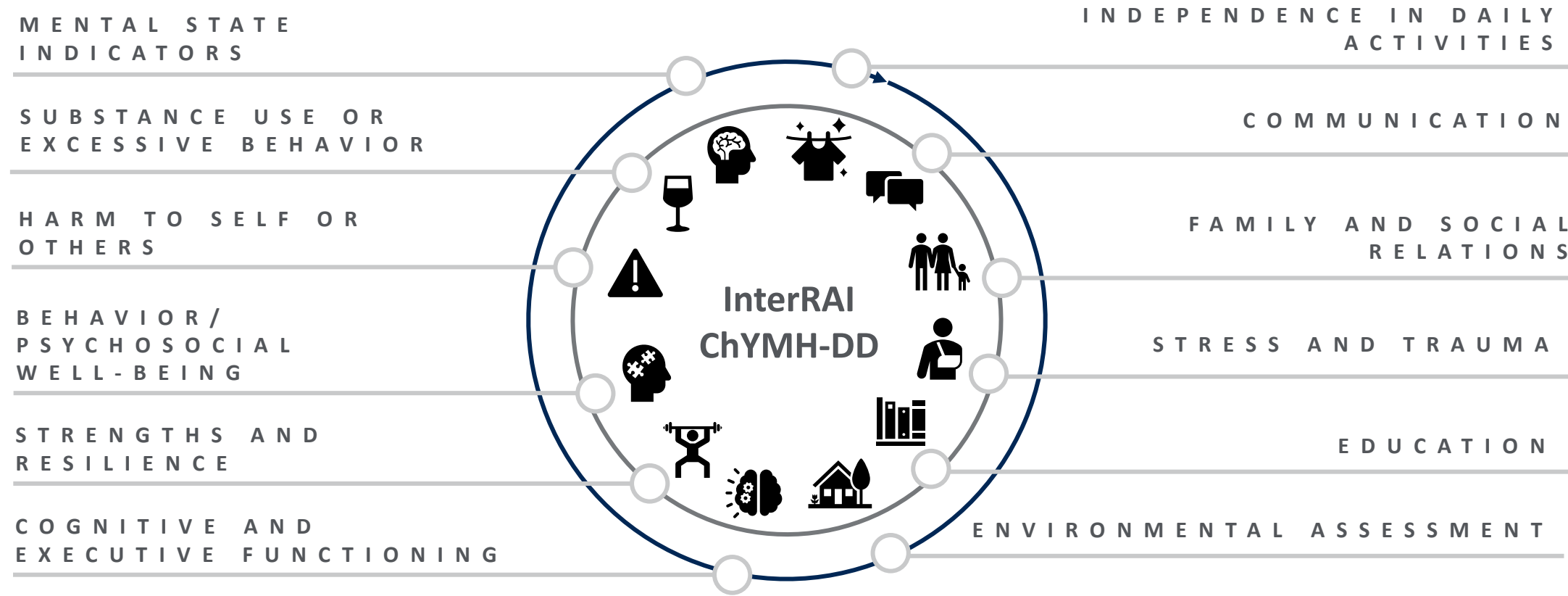
Core assessed items of the interRAI-ID tool



Additional questions related to identification, intake, and medical status are captured in alternate assessment sections.

InterRAI ChYMh-DD Comprehensive Assessment

Core assessed items of the interRAI ChYMh-DD tool



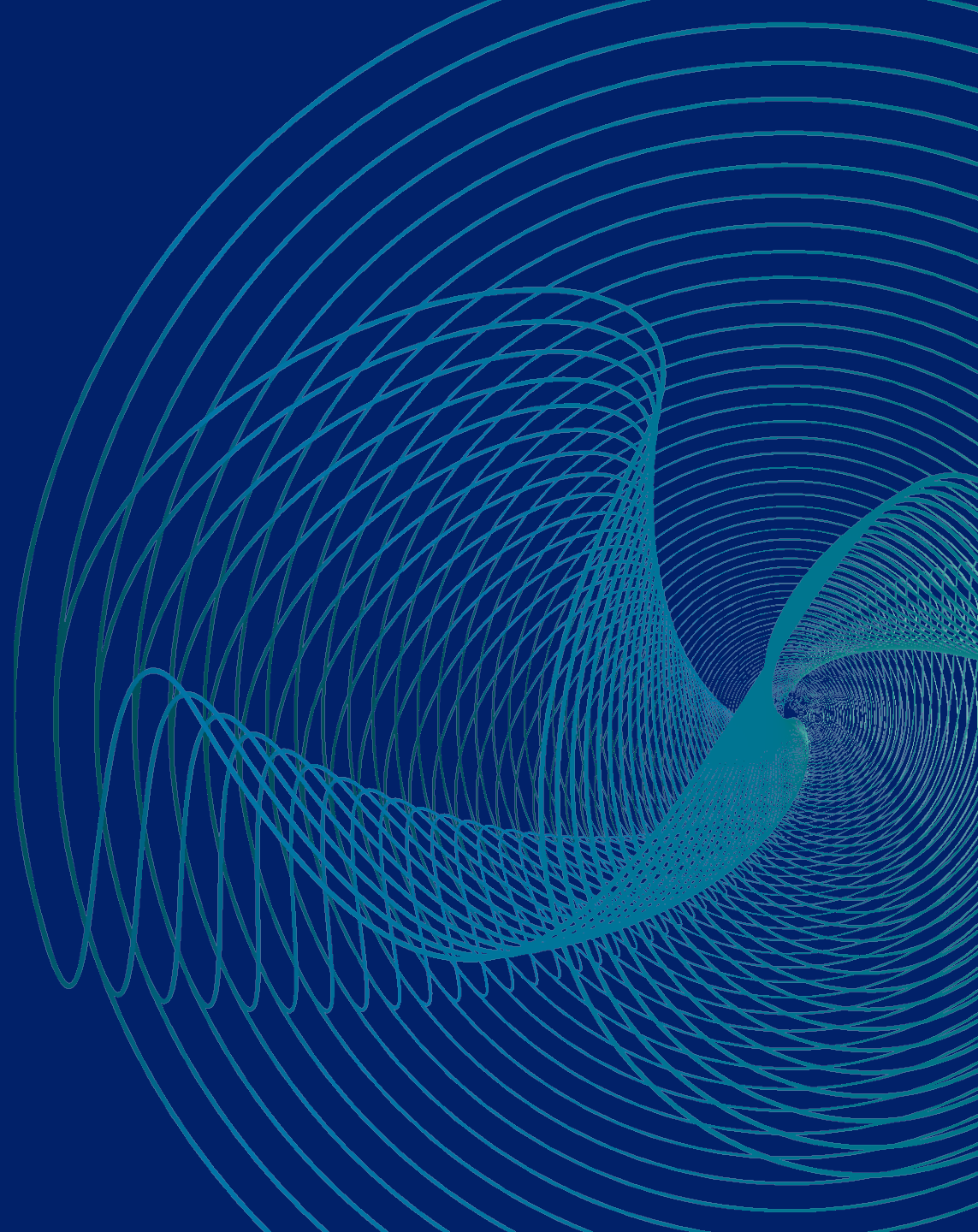
Additional questions related to identification, intake, and medical status are captured in alternate assessment sections.

Resources available for Ohio to leverage for acuity tier determination and service allocation management

interRAI instrument systems collect information once and use it for multiple purposes to support clients/patients, care professionals, managers, and administrators.

OVERVIEW	COLLABORATIVE ACTION PLANS (CAPs)	STATUS AND OUTCOME MEASURES	RESOURCE ALLOCATION
	<p>Support continuity of care planning by providing common protocols across settings. CAPs are based on systematic reviews of international literature and large interRAI data holdings</p> <hr/> <p>There are 7 CAPs imbedded within the ID instrument:</p> <ol style="list-style-type: none">1. Abuse by Others2. Communication3. Continence4. Injurious Behavior5. Meaningful Activities6. Mental Illness7. Social Relationships	<p>Various scales and indices imbedded within each interRAI instrument used to evaluate an individual’s clinical status.</p> <hr/> <p>Summary measures/scales for ID include:</p> <ul style="list-style-type: none">- Cognitive Performance- Activities of Daily Living- Depression- Aggressive Behavior	<p>Case-mix systems classify people into groups that are homogeneous in their resource use. They also provide meaningful clinical descriptions of individuals in a group. Can be applied to reimbursement, for comparing populations across settings, and for staffing.</p> <hr/> <p>Adults:</p> <ul style="list-style-type: none">• The Case-Mix Groups for Developmental Disability (CMGDD) <p>Children and Youth:</p> <ul style="list-style-type: none">• Resource Intensity for Child and Youth Algorithm (RiChY); Child and Youth Resource Intensity Algorithm (ChYRI)

InterRAI Tool and DODD Future State



Anticipated Future State

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The interRAI assessment tool will inform service bands, acuity tiers (and acuity-based rates), and approaches to service allocation management. There are outstanding decisions that will need to be confirmed as we define the implementation approach goals

Purpose

Methodology



Acuity Tiers

Reimburse providers based on the complexity / intensity of individual's needs

- + Develop **assessment-informed acuity-tiers** to replace the current 9 ODDP Budget Levels



Service Bands

Provide estimated levels of need for individuals based on assessment results to better inform service planning

- + Leverage interRAI outputs & applications to **establish service bands** for IO waiver individuals
- + Service bands will be measured in **hours over a selected period of time** (e.g. weeks)
- + Outputs leveraged from interRAI can include **raw data, status and outcome measures, or case-mix algorithms**

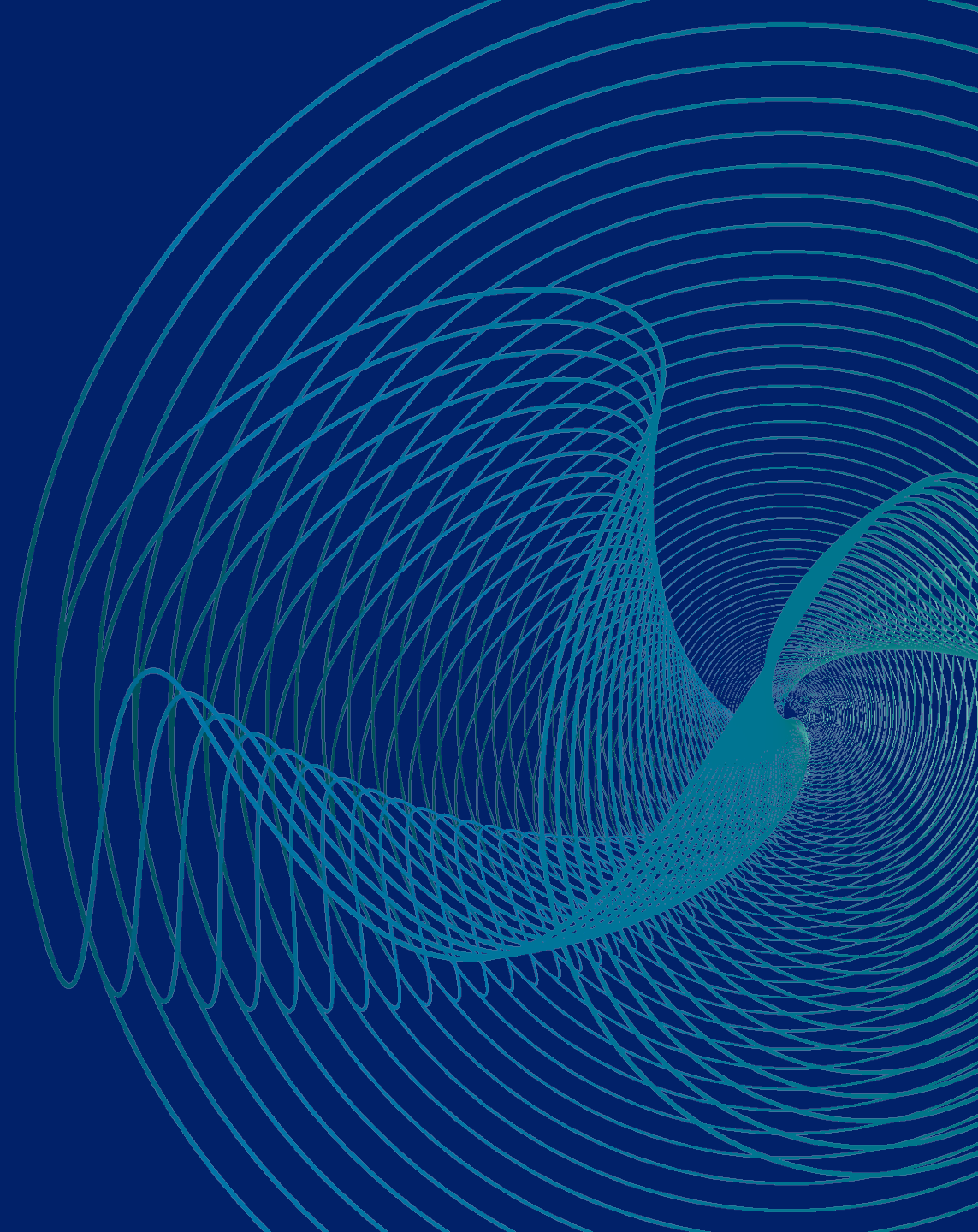


Service Allocation Management

Structure management of individual options waiver costs using information gleaned from assessment results

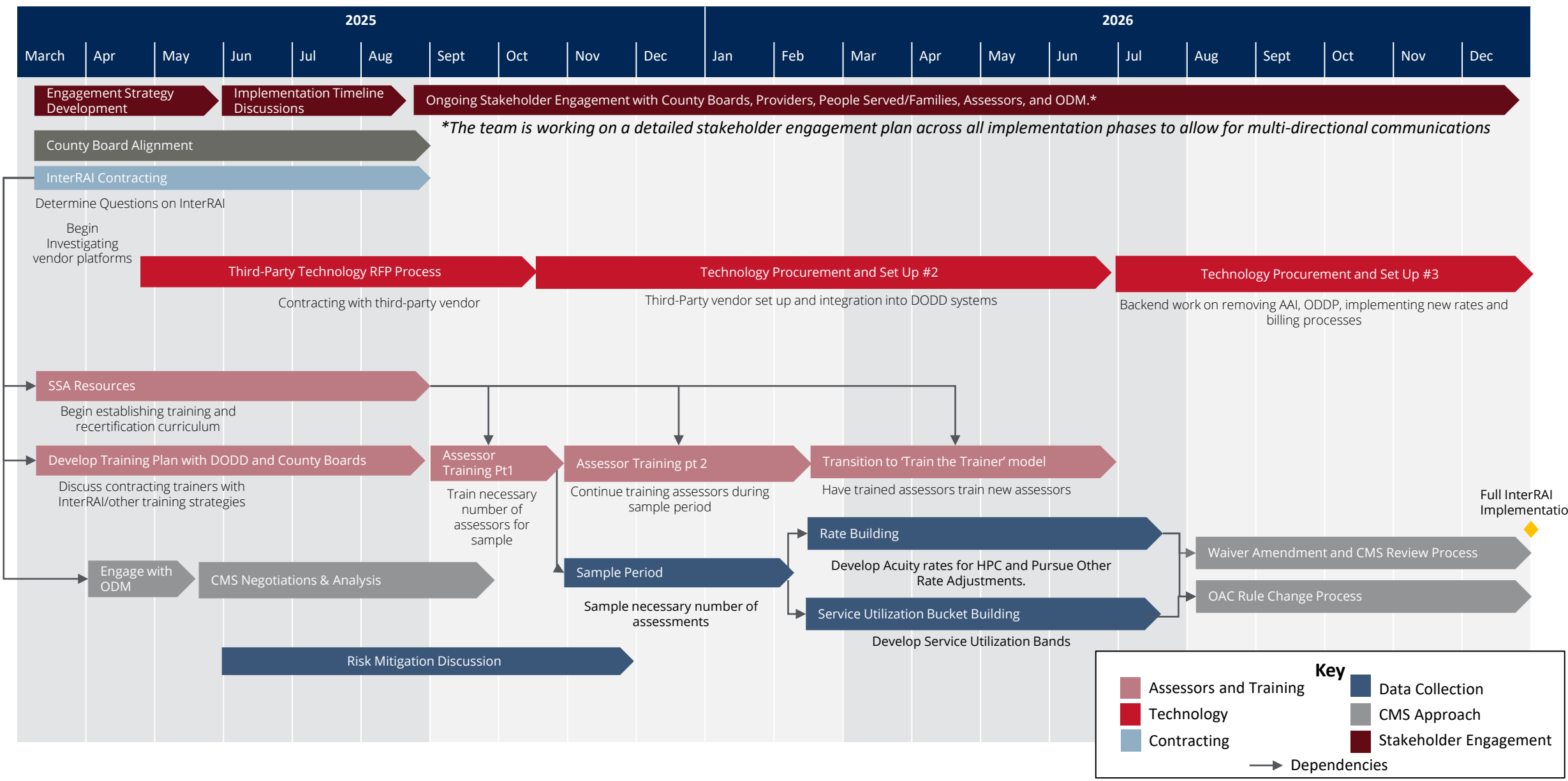
- + Transition from a target dollar amount budget to a **service-based budget approach**
- + Establish **prior authorization** process for individuals a certain percentage outside of their assigned range as well as top spenders
- + **Retroactive reviews** across acuity tiers

Implementation Plan



InterRAI Implementation Timeline

Timeline below is based on a January 2027 implementation



Assumptions of Implementation

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Determine components of interRAI implementation that may impact timeline and amount of time needed for different components

ASSUMPTIONS



Technology set up **complete** for **sample data collection**



Standardized interRAI assessment with no supplemental questions for initial launch



Limited time for stakeholder **back and forth** on initial decisions and rate building process



Simplified **risk mitigation strategies** for providers and an **effective rate building process**



Acuity-based rates will begin with **HPC as a priority service** and then potentially expand to Shared Living, Residential Respite, and other related services.

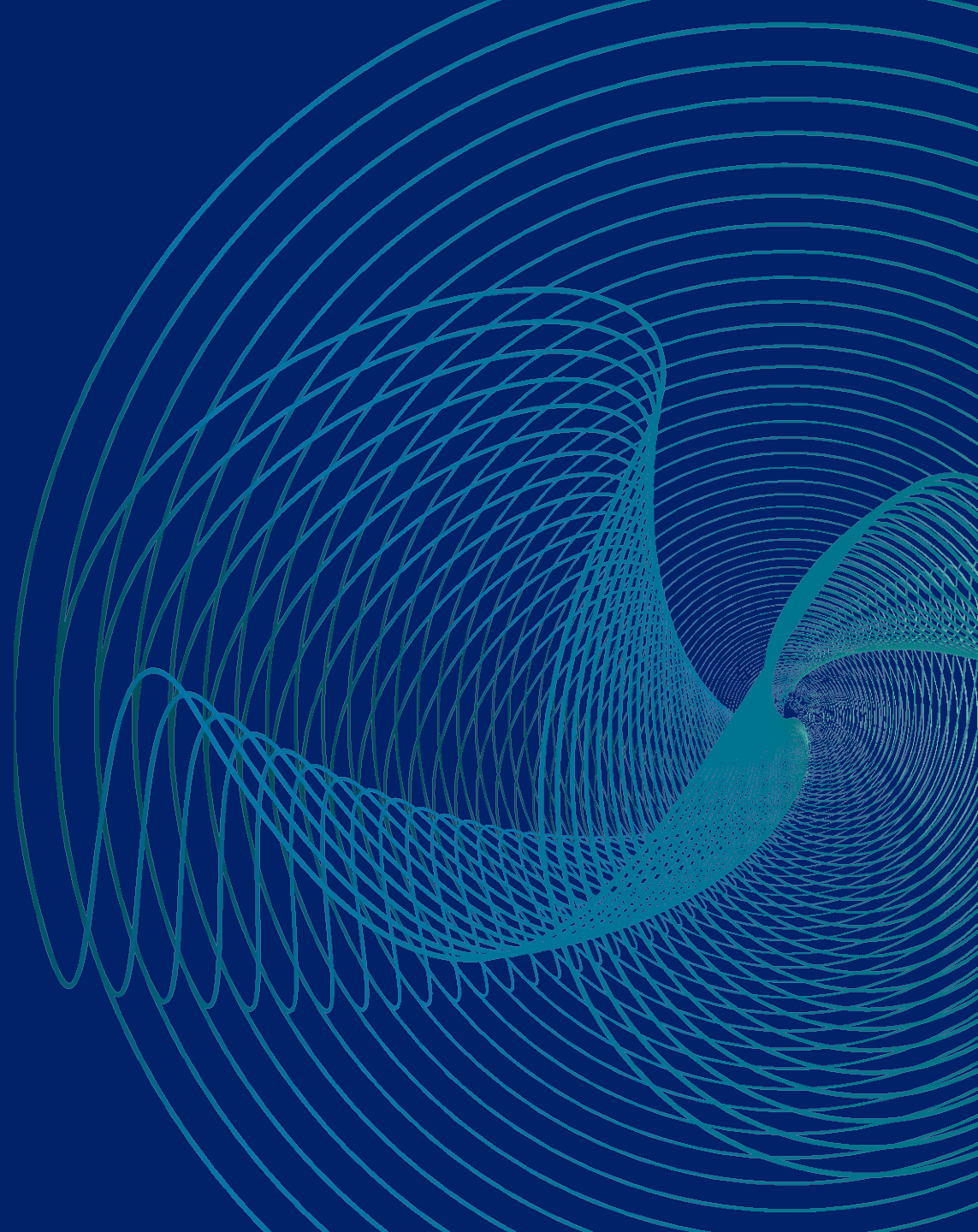


Timely **Training of Assessors** once decision is made for who assessors will be.



Population assessed prior to go-live is not the complete population of waiver individuals.

Next Steps



Next Steps

Discuss DODD next steps and future conversations

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DODD is working through contracting logistics with interRAI.



DODD will discuss implementation plan for assessments and acuity rates with stakeholders in the coming weeks.



Next Meeting: TBD