

### **Consistent Themes:**

- Phased in/incremental approach
- Increase group sizes (#'s range from 12-15), no larger than 15. Do not include DSPs as counted within the group size, only people served.
- Keep cohorts but we need to further outline some details of these cohorts.
- Continue STEP options, allow option to access a facility within STEP, as needed
- Appendix K renewal in 2021. **Must keep in mind dates and possibility of new/renewal to Appendix K.**
- Administrative Review
- Need to closely monitor larger group sizes as positive cases continue to rise

### **Approach 1: Incremental Steps (Starting point: OHCA Proposal and OPRA Rate proposal 3#)**

- **Beginning on January 1, 2021:**
  - Revise ODH order on adult day services to expand group size to 12 people per cohort. Exclude staff from the group size calculation.
  - Acuity B rate would be paid for all participants assessed at Acuities A & B. Individuals assessed as Acuity C (pre-pandemic) will remain at Acuity C.
  - Reimburse Acuity C at the Acuity C level (traditional codes) and all other center-based services at the Acuity B level (change restart codes to Acuity B rates)
  - STEP services continue to be available (Ohio submits another Appendix K) and reimbursed as they are now. Allow ability to drop into facilities when needed.  
**Potential concerns here related to combination facility/community services already are available through community integration add on to ADS/VH.**
  - Encourage greater use of remote day supports via technology (Appendix K) where applicable.
  - Continue to allow day services in alternative settings (Appendix K). **We need to keep in mind the length of Appendix K and state of emergency ending possibilities.**
  - Encourage families to provide transportation when able to reduce demand of NMT.
  - Maintain budget limitations with administrative review to be utilized in situations where no other services are available to meet the individual's needs and costs are projected to exceed budget limitations or person's needs require smaller staffing ratios than would typically be utilized at AAI acuity

level. **Note:** If system continues as currently developed with payment of Restart codes, but at B rate, there would not be the need for an Administrative Review process, just ensure understanding of this

- **Beginning on April 1, 2021**

- Revise ODH order on adult day services to expand group size to 15 people per cohort. Continue to exclude staff from the group size calculation.
- Return to funding services based on AAI acuity levels (traditional codes) for center-based services.
- STEP services continue to be available (Ohio submits another Appendix K) and reimbursed as they are now. Allow the ability to drop into facilities when needed.
- Encourage greater use of remote day supports via technology (Appendix K) where applicable.
- Continue to allow day services in alternative settings (Appendix K)
- Encourage families to provide transportation when able to reduce demand of NMT.
- Maintain budget limitations with administrative review to be utilized in situations where no other services are available to meet the individual's needs and costs are projected to exceed budget limitations or person's needs require smaller staffing ratios than would typically be utilized at AAI acuity level.

**Approach 2: Flexible group size**

- Beginning on January 1, 2021
  - Revise ODH order on adult day services to expand group size to 14 people per cohort. Exclude staff from the group size calculation.
  - Allow group sizes of up to 14 for those who feel they are able to do so. For those providers who wish to maintain smaller group sizes, enable payment structure based on staff intensity. Example:
    - Acuity A: 1:12-14
    - Acuity B: 1:6-11
    - Acuity C: 1:1-5

Providers would submit a plan for approval with the county board and bill at one of the 3 ratio groups above. **(We would need to outline more detail here.**

**Potential complexity is of concern for short-term implementation)**

- STEP would continue but allow flexibility for dropping into a facility, when needed.

### Items for conversations:

- **Group Size and Cohorts:** Cohorts must be maintained to the extent feasible, but provider can develop contingency plans if individuals or staff are absent. (daily?, all the time?, as needed? any flexibility?)
- **Transportation:** Throughout the pandemic, agencies have been providing non-medical and transportation services, maintaining distances and operating at a reduced capacity, at the traditional rate. Addressing transportation reimbursement will be critical in any 'new normal' model, including continued distancing and services in smaller groups. **Note: a request that has additional costs associated must be approved by both ODM and OBM, however DODD can include a request.**
- **Emergency and Appendix K:** We hope that a renewal application for Appendix K ensures the flexibilities stated above, but also considers emergency funding for providers who are threatened by either a virus outbreak or potential further shutdown. Considering the ending of the county-funded Acuity C rate in January, we propose the opportunity for retainer or emergency rate enhancements through Appendix K. . Note: a request that has additional costs associated must be approved by both ODM and OBM, however DODD can include a request.