

Meeting Summary for ID/DD Member Call

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Quick recap

Additionally, there was a discussion on a piece of legislation that could allow individuals to file suits against providers and permit transient guests to stay in facilities under certain circumstances, concerns about an increase in citations from the Department of Health related to PRN medications, and potential solutions and grant opportunities for ISP providers.

Summary

Zoom AI Summary Testing and Medicaid Funding Discussion

pete, Debbie, and Josh were discussing the functionality of Zoom's AI summary feature. Debbie mentioned they've been testing it on some calls to evaluate its accuracy. They also shared updates about a project at Dodd, where they are working on funding a telehealth service, Station MD, through Medicaid. The service has been beneficial for individuals with intellectual and developmental disabilities, and they are now exploring how to make it available under Medicaid funding.

New Waiver Service Development

Debbie discussed the development of a new waiver service, using the approved amendment from Missouri and a recently implemented service from Pennsylvania as templates. They emphasized the importance of the service not duplicating existing ones under a State plan or other funding sources. The aim is to have the service available by July 1, 2024, subject to approval from the Centers for Medicare and Medicaid Services (CMS). The State is now working on drafting proposed rules for the new service and plans to present a first draft at their next meeting in January. The rule must be unique and not tailored for any particular vendor or organization.

Telehealth Service Expansion Plan

Debbie discussed the department's plan to expand a telehealth service, modeled after station MD, to other groups, including hospital systems. They mentioned potential interest from the Cleveland Clinic. The department is considering a monthly subscription cost for reimbursement, with rates estimated to be around \$40 in Missouri and \$30 in Ohio. The exact rate and reimbursement details are still uncertain. The department aims to file their rule by the first of April to have the service available by July 2024. Additionally, Debbie mentioned a proposal for a health services coordination waiver, but the department decided to focus on the station MD service first. They expressed hope that they could move on to a health services coordination service after this round.

Subscription Service Reimbursement Challenges

Debbie discussed the challenges related to the reimbursement of a subscription technology service under the Icf program. They explained that the Department of Medicaid has stated that such a service is not allowable under the Icf program. However, Debbie mentioned that Cms seems open to discussing how to cover this service. They plans to meet with Jesse Wyatt from the Department of Medicaid to better understand the concerns. Debbie also touched on issues with claims payments for Icf providers, specifically regarding recoupments, and the ongoing transition from the provider network management system to the new fiscal intermediary system.

Medicaid Claim Adjustments and Fiscal Intermediary System Transition Concerns

Debbie discussed the issue of claim adjustments in the Medicaid billing process. They explained that if an adjustment is needed after claims have been billed and processed, Medicaid should reclaim the money. However, if the adjustment occurs within the first or second week of the month, the mid-system doesn't have the ability to take back money from claims submitted during that week, and unreclaimed funds are transferred to a new fiscal intermediary system. Debbie expressed concern about potential issues with the transition to a new fiscal intermediary system, particularly concerning the possibility of significant credit balances that providers might have. They advised attendees to understand their credit balances and the potential impact of the new system going live in 2024.

Tool Assessment and House Bill 236 Discussion

They asked the team to examine the draft tool and provide feedback, particularly if the tool's assessment of self-medication ability differed from their own. Debbie mentioned that responses to the tool should be submitted by December 20th. Before moving on, Debbie handed over to pete to discuss House Bill 236, also known as the Never Alone Act, which they hopes will not impact their services.

Covid Restrictions and Healthcare Visitation Rights

pete discussed the issues faced by family members who were unable to visit their loved ones in healthcare facilities during the Covid period due to restrictions. They mentioned that these restrictions led to many heartbreaking situations. They also talked about the legislation that has since been passed, ensuring that people have the right to an advocate and can visit whenever they want, even to the point of quarantining with the person. They noted that this legislation applies to a broad range of providers, including residential facilities, nursing homes, mental health facilities, and veterans' homes. However, they pointed out a potential problem where this legislation could conflict with federal regulations, particularly when it comes to keeping people out in the future.

Legislation Concerns and Opposition

pete discussed a piece of legislation that would allow individuals to file suits against providers and would also permit transient guests to stay in facilities under certain circumstances. They

expressed concern that the legislation was unnecessary and poorly thought out, as there was no current problem that it was intended to address. Pete mentioned that they were working on opposing the legislation, and while there was some interest among General Assembly members, the outcome was uncertain. No further questions were raised on the matter.

Health Department's Focus on PRN Medications

Debbie raised concerns about an increase in citations from the Department of Health related to PRN medications that affect an individual's behavior. They highlighted that while these medications were previously allowed if tied to an individual's diagnosis, the Department of Health is now focusing more on these, leading to increased citations. Debbie suggested that ICF providers may want to explore alternative options or opportunities. They also mentioned an upcoming meeting with CMS to discuss any issues that providers might want to bring up. Additionally, Debbie reminded the team that the Department of Health will not issue any citations for not having plans in the Ohio ISP until January 1, 2025, giving providers more time to comply.

ISP Challenges, HCBS Arpa Funding, Workforce Grants, Creative Project Applications

Debbie addressed the challenges faced by ISP providers and discussed potential solutions, including grant opportunities from the Department of Development. They highlighted the upcoming deadline for county boards to submit applications for HCBS Arpa funded projects, emphasizing the potential for community accessibility projects and individual experiences. Debbie also suggested creative thinking for the utilization of potential workforce grants to support recruitment and retention efforts. They encouraged the group to think creatively about project funding applications, which would include various project submissions. The next meeting was announced to be held the following Wednesday at noon.

Next steps

Debbie and Josh will continue to work on developing the new telehealth service through Medicaid funding.

Becky Phillips will draft a first run of the rule for the waiver service.

Debbie will try to get a meeting with Jesse Wyatt from the Department of Medicaid to discuss concerns about the Station MD service.

Debbie will share the links to the draft self-administration assessment tool and guidance documents.

Providers should consider reviewing their practices regarding PRN medications and behavior interventions.

Providers should start working on plans for the Ohio ISP if they haven't already.

Providers should consider collaborating with their county boards on projects that could utilize HCBS ARPA funds.