

Meeting summary for ID/DD Member Call (07/02/2025)

Quick recap

The meeting covered various updates on state budget decisions, regulatory changes, and healthcare program developments. Discussions included the governor's vetoes on budget items, OSHA modifications, Medicaid-related issues, and changes to assessment tools and programs for individuals with disabilities. Additionally, federal budget implications and future planning for Medicaid services were addressed, emphasizing the need for efficiency and preparation for potential financial challenges.

Next steps

- Steve to follow up with the new permanent DODD director regarding the RFP for vent beds once they are appointed.
- Debbie and Jason to monitor implementation of the new MUI rule and gather feedback from providers on any issues or changes in county focus.
- Providers to review and share DODD's new Ohio ISP resources with their MUI staff.
- OPRA to inquire with the Governor's office about plans for addressing potential Medicaid funding impacts if the federal debt ceiling bill passes.
- Providers to consider ways to gain efficiencies and simplify processes in preparation for potential future Medicaid funding pressures.
- Providers to look for DODD communications in mid to late July regarding the NRI assessment tool implementation, including web updates, FAQs, and virtual town halls.
- Providers to register staff for DODD's July 31st training on background check basics.

Summary

State Budget Veto Updates

Debbie discussed the state budget, highlighting that Governor DeWine vetoed 67 items, including language related to the Personal Needs Allowance (PNA) increase and Electronic Visit Verification (EVV) requirements. She explained that while the PNA increase was vetoed due to concerns about backdating, the money remains allocated, and the increase will likely be implemented through rulemaking. Debbie also noted that the governor vetoed language preventing EVV denials before payment, which will now proceed as planned for October 1st for certain waiver services. Additionally, she mentioned that the governor vetoed property tax-related requirements, preferring to form a workgroup to address the issue, though there is a possibility of the legislature overriding this veto.

OSHA Updates on COVID-19 and Masks

Debbie informed the group about two recent OSHA developments. First, she noted that OSHA is rescinding COVID-19 reporting requirements, though this aligns with the administration's broader trend of reducing COVID-19 regulations. Second, Debbie shared that a new notice of proposed rulemaking was issued this

morning regarding changes to medical evaluation requirements for the respiratory protection program, which may simplify requirements for N95 masks. Debbie emphasized that these proposed changes are not yet final and that current medical evaluation requirements should still be followed until the new rules are finalized.

ICF Overpayment Claims Process Update

Debbie discussed concerns about overpayment claims for ICF providers, particularly regarding patient liability issues that could result in large financial recoupments. Medicaid acknowledged the 30-day reconsideration timeline was unrealistic and promised to establish a new process with additional time, though not unlimited, with an updated email to providers expected soon. Debbie also reminded the group that waiver claims payments would be delayed to Monday due to the July 4th holiday.

MUI Rule and ICF Updates

Debbie discussed the new MUI rule that took effect over the weekend, sharing additional resources that were not included in the Monday memo. She encouraged team members to share these resources with their MUI staff and to report any issues or changes in county focus to Jason or herself. Debbie also noted that ICF reimbursement rates for fiscal year 2026-2027 have not yet been finalized, with Ashley Mckenney's committee still working on them. Finally, she mentioned upcoming webinars for waiver providers, county boards, and ICF providers regarding updates to the Ohio ISP.

Medicaid Rule Updates for ICFs

Debbie discussed updates on the Medicaid access rule compliance and new assessments for ICF providers. She explained that 24 additional questions and two new assessments (PHQ-2/9 and 88) will be implemented, but these are not required for ICF providers. Debbie noted that the updates in Salesforce will occur on July 17, with new questions and assessments starting August 1. She emphasized that ICF providers should participate in the upcoming webinar specific to ICF providers to understand the changes. Debbie also mentioned the Department's webinar on the ADS quality pilot program, where Keith Banner stated intentions to continue the program in the future, pending data review and Medicaid compliance.

Vent Beds Program Future Planning

The group discussed the future of a vent beds program, with Debbie noting that while there was an intention to continue it in some form, there was no specific timeline provided. They agreed to wait for a new director to be appointed before pursuing the RFP process further, as the previous director had not finalized the terms of the RFP. Stephen shared that Director Houck had expressed support for expanding the program at Hattie Larham Center, limited to vent-dependent residents only, but the group decided to hold off on advocacy until the new director was in place. Chelsea highlighted the urgent need for more vent-dependent beds, as they frequently receive requests from people unable to access the current limited capacity.

Federal Budget Bill Update

Pete provided an update on the federal budget bill, noting that the Senate passed their version, which includes provider tax reductions starting in 2027, contrary to earlier hopes that these reductions would be removed. He explained that the bill is now in the House, where there is pressure to pass it despite differences between the House and Senate versions. Pete predicted that opposition might crumble under pressure, as has happened in previous stages. He discussed the financial implications for Ohio, highlighting the need to prepare for changes in provider taxes, even if they are not immediate. Debbie emphasized the importance of thinking about future efficiencies and simplification in Medicaid services, given the financial pressures ahead.

NRI Assessment Tool Implementation Update

The meeting focused on updates regarding the NRI assessment tool, which will replace the DDP and AI to improve evaluation of individual needs and develop an acuity-based reimbursement rate. Jason explained that the department is finalizing the contract with NRI, collaborating with county boards to determine assessors, and emphasizing integrator reliability through robust training. The implementation will be funded by general revenue funds, with county boards responsible for assessor costs, and a diverse sample of 1,100 people across the state will be used to refine the acuity rate modeling. The department plans to launch external communications in mid-July, including web updates, FAQs, and virtual town halls, targeting families, providers, and county board leadership. Additionally, a reminder was given about the July 31st provider training on background check basics, an important topic often cited in licensing reviews.

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