

Meeting summary for ID/DD Member Call (01/24/2024)

Quick recap

Debbie Jenkins discussed the recent guidance on remote support services, emphasizing the importance of specifying details in the person-centered plan. She clarified that remote support is not an on-demand service and must be provided by an awake staff person. She also shared information about the waiver modernization effort and concerns about the discrepancy between the average wages and the rate model for Dsp compensation. Furthermore, Josh Anderson discussed the status of the Arpa funds application process and the challenges of obtaining reimbursement through the Medicaid State Plan for equipment. Lastly, Debbie Jenkins discussed changes in the Electronic Visit Verification (Ev) program and the plan to fully utilize exemptions for live-in direct care workers.

Summary

Remote Support Guidance Discussed

Debbie Jenkins discussed the recent guidance issued by the department on remote support services. She highlighted the importance of specifying the details of the remote support service in the person centered plan, such as the hours, days, equipment used, and the responsibilities of the remote support provider. Debbie also clarified that remote support is not an on-demand service and it must be provided by an awake staff person. She shared that the guidance also addressed inappropriate billing scenarios and exceptions. Debbie ended the discussion by inviting questions on the remote support guidance.

Waiver Modernization and Data Discussion

Debbie Jenkins shared information about the waiver modernization effort and a short PowerPoint presentation from the Department. The presentation was in response to the team's request for a better understanding of the data received from Deloitte as part of the provider collection tool. Debbie highlighted that while the Department felt the response was good, the data was based on only 27 provider responses. She further clarified that the data will not be used in the actual rate calculations but could help the Department understand where there are issues with the current reimbursement and inform their process for adjusting the reimbursement methodology. Debbie also discussed potential concerns regarding the use of benefit percentages from the data in future rate models.

DSP Wage and Benefit Rate Model Discrepancy Discussed

Debbie Jenkins discussed the discrepancy between the average wages and the rate model for Dsp compensation, with the concern that people were using some of the

money for employee-related expenses or benefits instead of the base wage. She also noted that with the increase in wage, many employees were no longer eligible for benefits, which could lead to increased costs. Pete van Runkle questioned the definition of benefits and employee-related expenses used in the rate model. Debbie Jenkins also brought up that the current Hpc rate model includes 30% of the Dsp average wage for employee-related expenses, compared to 16% in the presentation data. The discussion concluded with Josh Anderson set to provide updates on employment services.

Arpa Funds, Medicaid, Adult Day Quality Pilot, Waiver Work Group, Residential Respite

Josh Anderson discussed the status of the Arpa funds application process, which is currently awaiting approval from the department of Medicaid. He indicated that the initial July start date is uncertain and may be pushed back to January. He also mentioned the Adult Day Quality Pilot, which is underway, and a provider meeting scheduled for February 20th. Josh also attended the Waiver Work group meeting, where he discussed draft rules related to residential respite and specialized medical equipment. He expressed concerns over the lack of clarity on the determination of abuse and neglect versus normal wear and tear of equipment.

Medicaid Equipment Reimbursement Challenges

Josh Anderson discussed the challenges of obtaining reimbursement through the Medicaid State Plan for equipment. He highlighted that the rates offered under this plan are often not sufficient to support vendors, leading to resistance from county boards and advocacy groups. There were concerns about the timing of the process, with fears that the delay in accessing needed equipment could negatively impact access to care. Pete van Runkle questioned the difference in reimbursement rates between the State Plan and the waiver. Josh also noted that the Department of Medicaid staff on the call were following protocol, which requires going through the State plan before reimbursement under the waiver. Debbie Jenkins pointed out that this service has been around for a while and the addition of this rule was surprising. Chelsea Pozderac mentioned a related discussion at the northeast Ohio ISP meeting.

Technology, Approval, and Respite Billing Concerns

Chelsea Pozderac raised concerns about providers potentially overwriting or overprescribing technology supports, bypassing proper approval channels. Debbie Jenkins echoed these concerns, noting a discrepancy between the department's push for technology and the requirements placed on plans. Debbie shared information about a new system, the Rapid Response System, designed to address technology needs of individuals with disabilities. She mentioned that this system, previously only available for waiver plans, would soon be extended to ICF plans. The system allows providers to submit proposals for technology solutions to a grant. Debbie also reminded the team about a memo regarding residential respite billing in 15-minute units, which started on January 1.

Electronic Visit Verification Program Changes

Debbie Jenkins discussed the changes in the Electronic Visit Verification (Ev) program. She clarified that the billing of homemaker personal care in 15-minute units had always required Ev, but the introduction of residential respite billing in 15-minute units was new. She mentioned that the Department of Medicaid was planning to split the Ev rule into four different roles with varying requirements. Debbie also talked about the removal of the verification requirement for Dd services, noting that this contradicted the original purpose of Ev. She promised to share the new rules with the team once they were available.

GPS, Device, and Claim Changes in EV Program

Debbie Jenkins discussed changes in the use of GPS technology under the Electronic Visit (EV) program. She explained that individuals will now have the option to not use GPS, with providers marking locations as either home or community. She also mentioned a change in the process of state sand data devices, with providers now receiving devices instead of individuals. There were concerns raised about the cost of lost or damaged devices. Debbie Jenkins also discussed the plan to fully utilize exemptions for live-in direct care workers. Lastly, she mentioned the upcoming denial of claims for non-matching EV records by Medicaid, but noted that the timeline for this process is yet to be determined.

Winter Weather Alert, Minimum Wage Case, and Scam Warning

Debbie Jenkins discussed several important topics during the meeting. She reminded everyone about a new health and welfare alert regarding winter weather and encouraged everyone to review these alerts regularly. She also shared an article about a court case in Ohio related to minimum wage for individuals with disabilities under a 14 certificate, which she found particularly interesting. Finally, Debbie warned about a scam where people posing as officials from the Department of Disability (Dod) were asking for personal information. She advised caution and verification through the official call center if anyone receives such calls.

Next steps

- Monitor the use of specialized medical equipment under the waiver rule.
- Debbie will share more information about the technology grant for ICF providers when it becomes available.

AI-generated content may be inaccurate or misleading. Always check for accuracy.