

Meeting summary for ID/DD Member Call (01/29/2025)

Quick recap

Debbie discussed the recent developments in Federal policies and their potential impact on Medicaid funding, as well as updates on two meetings that took place on Monday. She also addressed ongoing issues with the Waiver Work Group, the challenges faced by the Department in providing nursing services, and the need for simplification in the administration's approach. Lastly, Pete discussed the department's plan to implement a stop loss approach with certain county boards, the ongoing discussions about the implementation of the Sis, and the need for more input from providers regarding their concerns and goals related to the MRC.

Next steps

- Providers to provide feedback on priorities for MRC reform (simplification, predictability, consistency) to OPRA.
- OPRA to follow up with the department regarding provider inclusion in discussions about Ohio ISP simplification efforts.
- Providers to prepare for EVV claim denial implementation for DD waiver services starting October 1st.
- OPRA to review data from the department on EVV claim matching percentages before October implementation.
- Providers to ensure access to the email address used for Salesforce applications ahead of the verification requirement starting tomorrow evening.

Summary

Federal Policies and Medicaid Funding

Debbie discussed the recent developments in Federal policies and their potential impact on Medicaid funding. She explained that the Trump administration had issued executive orders, which were mostly about reversing Biden's orders, and none of them were specific to Medicaid. She also mentioned that the new administration had paused communications with the field and pulled back some Federal rules. A memo from the Office of Management and Budget (OMB) asked Federal agencies to pause activities related to the Trump executive orders, but it did not specifically mention Medicaid. However, a new memo from OMB clarified that programs like Medicaid and SNAP will continue without any pause.

Medicaid Access Rule and Reconciliation

Debbie discussed the recent lawsuits and a Federal judge's temporary block on funding, which was related to the Medicaid access rule. She mentioned that the new

administration would review all the regulations implemented under the previous administration, including the Medicaid access rule, and decide on their continuation or modification. Debbie also mentioned the possibility of overturning some of the current regulations through the reconciliation process. She encouraged the team to reach out to her if they encountered any concerning changes. Debbie then provided updates on two meetings that took place on Monday: the waiver work group and the waiver redesign group. She handed over the discussion to Pete for further updates.

SSA Denials and Healthcare Assessment

Debbie reports that many SSAs have been denying the new Healthcare Assessment service, which covers Station MD, due to miscommunication about its usage requirements. OACB has provided updated guidance to SSAs to clarify the authorization process and explain that monthly usage is not required to qualify for the service. Debbie advises giving the SSAs a couple of weeks to implement this guidance and requests to be informed of any continued denials. She also mentions upcoming waiver changes planned for July 1, including moving service animal funding to assistive technology and evaluating how to maintain services for individuals traveling for extended periods.

Vocational Services and Community Integration

Debbie discussed the ongoing work on a small group project and the update from Keith Banner regarding vocational related services. She expressed concerns about the elimination of the community integration rate for the new best service and the exclusion of provider-owned settings from the group employment supports. Debbie also mentioned the escalation of concerns regarding the use of the community integration rate and the need for additional conversations about the service's delivery in a community integrated setting. Lastly, she brought up the upcoming 5-year review of the waiver nursing rule and the lack of provider representation in the nursing collaborative, expressing concerns about the changes being considered.

Challenges in Providing Nursing Services

Debbie discussed the challenges faced by the Department in providing nursing services to individuals under the Hpc. She highlighted the issue of the process requiring people to utilize State plan nursing under their Medicaid card first, which often leads to a lack of services when the State plan's limit is reached. She also mentioned that the current system isn't well-suited for small, intermittent needs, leading to gaps in service. Keith agreed with Debbie's assessment, noting that they often have to provide nursing services themselves due to the unavailability of reliable home health agencies.

Waiver Work Group and Reporting Issues

Debbie discussed the ongoing issues with the Waiver Work Group, particularly regarding the CMS access role and the reporting requirements. She mentioned that the group is considering changes to the Ohio ISP to meet the needs of the access rule,

which requires states to report information on all waivers and services. Debbie also noted that the access rule might be on the chopping block due to potential legislation or regulatory changes. She promised to keep the team updated on any developments from the Waiver Work Group meetings. Pete then took over to discuss the waiver modernization group, mentioning a recent meeting where several topics were discussed.

Stop Loss Approach and Cis Implementation

Pete discussed the department's plan to implement a stop loss approach with certain county boards for high cost waiver cases. The department is seeking 10 million dollars per year in state funding for this initiative, which will also draw down federal funds. The county boards that can participate in this program will be identified based on certain criteria. Pete also mentioned the department's decision to move to the Cis for both HPC and adult day services, despite previous complaints about the challenges associated with this move. The department maintains that they have valid reasons for this decision.

Simplifying Administration and Ohio ISP

Pete discussed the need for simplification in the administration's approach, highlighting the duplication of assessments and the potential for further complications. He mentioned that the department is considering using existing tools to gather information through technology bots to populate fields in the Ohio ISP. Debbie suggested that the Ohio ISP could be used to create plans for individuals and set their funding levels, which the department agreed to explore further. The department also agreed to include provider representation in future discussions. The implementation of this technology is expected by the end of the fiscal year.

Sis Implementation and MRC Reform

Pete discussed the ongoing discussions about the implementation of the Sis, which had been delayed for at least two years. He noted a shift in the group's stance, with some members questioning the necessity of the Sis and considering alternative pathways. Pete also highlighted the group's decision to proceed with the reform of the Mrc, despite the delay in the Sis implementation. He mentioned that the group had expressed concerns about revenue predictability, consistency, and simplification. The group's future plans and potential reevaluation of the Sis were left open for further discussion.

Addressing MRC Concerns and Solutions

Pete and Debbie discussed the need for more input from providers regarding their concerns and goals related to the MRC. Debbie emphasized the significant problems created by the reconciliation process and suggested that a solution should address all concerns, not just one. She also proposed the idea of a residential habilitation service paid at a daily rate based on assessed needs. Debbie encouraged the team to share their thoughts on alternative solutions that could be more predictable, consistent, and easier to implement.

Medicaid EVV Implementation and Phases

Pete discussed the department of Medicaid's plan to finalize the next phases of Electronic Visit Verification (EVV) implementation, which will lead to the denial of claims without a match. He mentioned that home health services were initially pushed back but are now scheduled for March 1st. Pete also noted that the department of Medicaid is considering removing add-ons and simplifying the process. Lastly, he highlighted that October 1st marks the start of phase 5 of their 7-phase implementation, which will affect waiver services.

Salesforce Email Verification and Denial Rates

In the meeting, Debbie and Pete discussed the need to assess the percentage of claims that would deny in order to avoid a significant impact on service provision. They also mentioned a new requirement for email verification when accessing Salesforce applications, which was set to be implemented the following day. Debbie encouraged everyone to be prepared for this change, especially those using different email addresses. No further questions or concerns were raised before the conversation ended.

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