

## Meeting summary for ID/DD Member Call (06/26/2024)

### Quick recap

The team discussed various operational changes including new draft rules, upcoming system changes for Icf Providers, and the introduction of a new administrative review process for incidents in the mui category C. There were also discussions about changes in hospitalization diagnoses and reporting requirements, and the management of the waiver waiting list issue. Lastly, updates were provided on legislative matters, the decision to keep the allowance of cameras voluntary in ICS and waiver facilities, and potential changes to the Department of Labor's overtime rule.

### Next steps

- Debbie will provide updates on the Coalition's activities and legislative efforts in the next meeting.
- Pete will continue to monitor the lawsuit against the Department of Labor's overtime rule and update the team on any developments.
- ICf providers who bill currently admits and will bill through the new P. And M. will review their claim history for any unprocessed recruitments and reach out to Debbie if they identify any potential major issues.

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### Summary

#### RDS Connection Issues and OCCA Call Delay

Debbie and Josh had a brief discussion about connection issues with Rds, which Josh confirmed were not on his end but on Debbie's internet. After resolving the connection, they welcomed Pete who had left his previous meeting early due to its duration. The team waited for more members to join before starting the weekly OCCA DD member call. Debbie also shared that she was back from vacation but was experiencing issues with her air conditioning.

#### New Draft Rules and Sand Data Updates

Debbie discussed new draft rules revising the provider certification role and residential facility licensure role to eliminate the requirement for a high school diploma or GED, and to allow for 16 and 17 year olds to work in certain capacities. These changes are expected to be completed by September, prior to the expiration of the current one-year waiver. Debbie also reminded the team about forthcoming changes to the electronic visit verification system, Sand Data, which is creating a new mobile app to be rolled out from July. Lastly, she mentioned that the Department of Medicaid will conduct bridge trainings to explain these changes, and a link to these trainings will be included in the next news bites.

### **Upcoming Changes and Revalidation Importance**

Debbie reminded the team about the upcoming changes for Icf Providers and those using the waiver nursing service billed through Mits. She emphasized that the system would be down from Friday and the new Pnm functionality for claims entry was expected to be up by Sunday. She urged the team to submit any last-minute claims before the system cut-off at 5 pm on Friday and to contact her if they encountered any issues accessing the new system or processing claims on Monday. Debbie also stressed the importance of paying attention to the revalidation dates for their Icf providers, warning that failure to do so could result in termination of their Medicaid provider agreement and a loss of ability to file claims or be paid for services for a considerable time.

### **DSP Compensation Survey and Mui Rule**

Debbie emphasized the importance of completing the Dsp compensation survey by the end of June, highlighting that over a thousand providers were on a list of those who hadn't finalized it. She advised providers, especially those with multiple provider IDs, to ensure they correctly completed the survey and to contact Dodd if they had any issues. Josh then discussed a proposed change to the Mui rule, specifically a new administrative review process, and sought feedback from the group on whether this change was acceptable.

### **New Mui Category C Incident Review Process**

Josh discussed a new administrative review process for incidents in the mui category C, which would replace full investigations. He clarified that the process would be initiated by an individual's provider, who would be responsible for filling out an official form with detailed information about the incident. This new approach would require providers to document the incident more formally than before, including details like symptoms, responses, and diagnoses at discharge. The form would also include a section for team collaboration and a prevention plan. Josh sought feedback on whether this additional formalization would be beneficial.

### **New Form Impact on Workload Discussed**

Josh presented a new form and sought feedback from the team on whether it would increase work for providers and if it would be counterproductive to their goal of simplifying administrative processes. Gina raised concerns about the additional workload for waiver providers, who would now have to initiate, follow through with, and formally submit the form, which was previously handled solely by the county board. Debbie questioned whether the waiver providers already had staff doing similar tasks or if the department would need to create new positions to handle this. Christy noted that the new process would reduce work for the IA agent. However, Tim and others indicated that the new process would indeed require more work.

### **Hospitalization Diagnoses and Reporting Changes**

There was a discussion about the changes in hospitalization diagnoses and reporting requirements. Tim questioned the need for a diagnosis at the end of hospitalization and the change allowing for diagnosis alterations during hospitalization. Josh clarified that the aim was to focus reporting on specific diagnoses that needed more scrutiny. Debbie and Chelsea raised concerns about the potential for reporting failures due to workload and timeline issues. Gina confirmed that diagnoses should only be reported if confirmed at discharge and were not already part of the patient's plan, emphasizing the importance of timely reporting and avoiding unnecessary investigations.

### **Waiver Providers' Concerns and Waiting List Update**

Josh discussed concerns raised by waiver providers and indicated that there were ongoing discussions with other associations regarding similar issues. He noted that a formal rule filing process was likely to begin soon, but there was still an opportunity for input before then. He urged providers to share any additional thoughts or concerns. Debbie then handed over to pete, who provided an update on the waiver waiting list issue. pete explained that the debates primarily revolved around the responsibilities of county boards in the waiting list process. He noted that the state would require all county systems to feed into the state system by July 1, 2025.

### **Improving Waiting List Management and Services**

pete discussed the need for a better system to manage waiting lists and immediate needs. He highlighted that a waiting list assessment should be completed within 60 days and that individuals with immediate needs should be placed on a waiver. There was a debate over whether calendar or business days should be used to measure this timeframe. pete also identified a gap in the current system, which was the lack of clarity over what services individuals would receive, and the potential for individuals to fall through the cracks due to unavailable alternative services. He announced that there would be a more defined process for documenting these recommendations and following up on them.

### **Rule Clearance Process Update**

pete announced that the meetings regarding the rule clearance process will cease and the clearance process will proceed. He mentioned that there would be a news update summarizing the major changes, and the clearance process would provide an opportunity for public comment, which they would review and share if relevant. pete also clarified that by July 1, 2025, county boards should either be connected to the State system or use the State system to send in assessments. Debbie asked about tracking the time period from waiver issuance to service provision, but pete stated that this wasn't a part of the current rule, even though it had been discussed.

### **Budget Constraints and Legislative Updates**

Debbie emphasized that a lack of budget should not always be the deciding factor in denying individuals their assessed needs, and discussed the process for securing waivers and prior authorization requests. Pete then provided an update on various legislative matters, highlighting that the session is drawing to a close but could extend into the fall due to uncertainties. He also mentioned an IP meeting concerning Lauren's law, which was set to discuss the use of a draft.

### **Voluntary Cameras Decision and Pending Bills**

Pete discussed the decision made in an IP meeting to keep the allowance of cameras voluntary in ICS and waiver facilities, following a previous committee decision that had made it a requirement. This decision was endorsed by the committee and passed, despite not being on the legislative calendar. Pete also mentioned other pending bills, including one related to ICS and medication aids, and another concerning peer group 5 ICSFs. He expressed uncertainty about when these bills would be considered by the Senate.

### **Medication Aid Language and Labor Updates**

Pete reported that they were working to preserve the medication aid language in 144, which had faced opposition from the Board of Nursing. They had received positive feedback from their lobbyist that the issue might be resolved. However, this had not been confirmed yet. Debbie then discussed two updates. Firstly, she reminded everyone to monitor the situation with the Department of Labor's overtime rule, which could lead to changes from July 1st. Secondly, she warned ICF providers that they may face takebacks from the Department of Medicaid during the transition to a new fiscal intermediary, and asked them to contact her if this happens. Finally, she announced that due to low attendance, the next week's meeting would be canceled.

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