

Meeting summary for ID/DD Member Call (08/28/2024)

Quick recap

Debbie discussed the recent HCBS Conference, concerns regarding the 80-20 provision, and the complexities of reporting on Medicaid payments. She also shared updates on various programs and systems, including the Ads quality pilot, staff training payments, and issues with the Ohio ISP and Dodd system. Lastly, she addressed the strict interpretation of ICF regulations, the importance of ICF providers staying updated with their surveys and notifications, and the upcoming Advanced Partnership Summit.

Next steps

- ICF providers to attend the Ohio ISP training session on October 1st from 1:30-3:30 PM to provide input on needed training areas.
- ICF providers experiencing significant claim denials due to level of care issues to contact Debbie for potential bridge payment discussions.
- ICF providers to carefully review and classify MUIs to avoid unintended employment consequences under strict ODH interpretations.
- Providers to review draft changes to the agency compliance tool and provide feedback to Debbie before January 1st implementation.

Summary

HCBS Conference and Medicaid Access

Debbie discussed her and Pete's recent attendance at the HCBS Conference in Baltimore, which was primarily for State government workers. She highlighted the Medicaid access role as the key topic, with various sessions on different aspects. The guidance on defining rehabilitation and the requirements for services with both habilitation and personal care components was awaited but no additional information was given. Debbie emphasized that providing comments was beneficial and encouraged the team to use the provided email address for feedback.

Debbie Addresses 80-20 Provision Concerns

Debbie discussed concerns regarding the 80-20 provision, particularly its application to certain rehabilitation services. She emphasized that rehabilitation services, including residential, day, and pre-vocational services, should fall under habilitation and be excluded from the 80-20 provision. However, she noted that the CMS did not agree with this interpretation. Debbie stressed the importance of advocating for guidance from CMS and highlighted the significant time it would take for states to implement these requirements, given the long reporting and provision timelines. She also pointed out that

providers would need to ensure their systems could accommodate the reporting requirements.

Medicaid Reporting Challenges and Solutions

Debbie discussed the complexities and challenges of reporting on Medicaid payments, particularly in relation to direct care compensation, self-directed services, and facility-based versus non-facility-based services. She emphasized the difficulties providers face in accurately separating these categories, especially with individuals who frequently switch between community and facility-based services. Debbie also noted that states seemed more focused on compliance with various requirements, such as critical incident and quality measure requirements, than on payment adequacy reporting. Lastly, she highlighted a growing interest in serving people with intensive behavioral supports, although no large-scale successful programs were shared. She offered to provide more information on a nonprofit organization that helps people with intellectual and developmental disabilities start their own businesses.

FTC Ruling, Overtime Rule, Ads Pilot

Debbie shared that the court ruled the Federal Trade Commission cannot enforce the proposed non-compete clause ban rule, which was good news for providers using such clauses for now, though an appeal is possible. She mentioned awaiting a ruling on the Department of Labor's overtime rule before its January 1 effective date. Josh provided updates on the Ads quality pilot, stating they are awaiting performance targets for year two's pay-for-outcomes portion from the DoD, and participating providers will have a meeting on September 16 to discuss the targets. Additionally, year two staff training payments were expected that week.

Provider Data Issues and System Updates

Josh informed the team that a number of providers had submitted data that didn't qualify for the staff training payment, and they would be receiving an email from the Department asking them to confirm their data. He encouraged providers to reach out if they thought they had qualified. He also shared good news about a delay in the implementation of claims denial for mismatched or missing ebb records, pushing it back from October 1st to January 1st. Debbie then discussed the progress of the Ohio ISP and Dodd system, with almost 50% of their plans now in the system. She announced a training session for lcs providers on October 1st, and expressed concern about lcf providers struggling with claims submission in the new Pnm system, noting that she had not received any updates from the Department of Medicaid on this issue.

Level of Care Transfer and Patient Liability Issues

Debbie identified a major issue with the level of care information transfer between systems, specifically from Ohio benefits to Pnm and then to the fiscal intermediary, which is causing incorrect level of care and claim denials. This problem is impacting new admissions and renewals, potentially delaying payments for three months. Debbie

has raised the concern with the Department of Medicaid and is awaiting an update. She also addressed the ongoing issue of incorrect patient liability deductions in claims, which is causing inaccurate payments. She urged the team to keep track of these discrepancies for future reconciliation.

Strict Interpretation of ICF Regulations Discussed

Debbie emphasized the strict interpretation of the ICF regulations by the Department of Health, which prohibits the employment of individuals with a known history of abuse, neglect, or misappropriation. She highlighted that even minor incidents, if substantiated, could lead to an individual being placed on the abuser registry and unable to work in an ICF. Debbie advised providers to have discussions with investigators to challenge the classification of incidents and to consider transferring employees to waiver services if they cannot be terminated. She also stressed the importance of reporting any substantiated incidents to the Department of Health immediately. Gina raised concerns about the potential for employees to move between providers undetected if not on the abuser registry. Debbie acknowledged this issue, but no specific solution was provided.

ICF Providers, Compliance Work Group, and Summit

Debbie emphasized the importance of ICF providers staying updated with their surveys and notifications, as they may be reviewed at any time. She also informed the team about the first meeting of the Provider Compliance Work Group, which was discussing changes to the agency compliance tool for waiver services. Debbie encouraged everyone to review the draft tool, provide feedback, and nominate exceptional staff for the Ohca Excellence award. She also reminded the team about the upcoming Advanced Partnership Summit, which brings together providers and county boards to discuss service improvements. No questions were raised during the meeting.

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