

Meeting summary for ID/DD Member Call (11/06/2024)

Quick recap

Debbie discussed the upcoming budget process, the implementation of a permanent quality program for Ads, and the ongoing conversations with CMS regarding the 80/20 Medicaid reimbursement rule. She also led a discussion about the implementation of compliance processes for providers, the community integration add-on, and the potential changes to the ICF program. Lastly, she provided updates on the Department of Medicaid's EVV provider lookup dashboard, the upcoming changes to the Ohio ISP, and the ongoing lawsuit regarding the Department of Labor's overtime rule.

Next steps

- Providers to check the EVV provider lookup dashboard and report back if it works for DD providers.
- Providers to continue efforts to input plans into Ohio ISP system before January 1st survey deadline.
- Debbie to attend and report back on the Department of Labor overtime rule motion hearing on Friday.
- Providers to submit adjustments for waiver claims with dates of service July 1, 2024 or after through DODD's EMBS system.
- ICF providers to email Debbie with any regulations they want CMS to review for potential revision.
- Providers to contact Debbie if county boards attempt to remove community integration add-on despite meeting requirements.

Summary

Budget Process and Quality Measures

Debbie discussed the upcoming budget process with Director Houck, emphasizing the need for a sustainable workforce and potential wage increases. She also mentioned that the department is considering the implementation of a permanent quality program for Ads, with further discussions planned for later this week. Regarding the Access Rule, Debbie shared that the department is focusing on quality measures and that they don't anticipate any new data reporting requirements for providers. She also mentioned a broader process involving a work group to determine final quality measures for all states and waivers, which will not be finalized until March 2025.

80/20 Medicaid Reimbursement Rule Discussion

Debbie discussed the ongoing conversations with CMS regarding the 80/20 Medicaid reimbursement rule. She mentioned that CMS is considering the distinct services

required for payment adequacy and compensation, with habilitation services being part of the reporting only piece of the rule. Debbie also noted that while CMS has not yet officially confirmed this, their conversations with CMS and other national associations suggest this is the direction they are leaning. She emphasized the need for continued participation in these conversations and the goal of getting CMS to clarify that the 80/20 provision does not apply to habilitation services. Debbie also mentioned the upcoming Nasty's conference and the potential for advocacy through the legislature. Stephen and Pete added their thoughts, with Stephen referring to Robert Kennedy Jr. and Pete suggesting a potential agenda item.

CMS and HCBS Settings Rule Discussion

Pete and Debbie discussed the potential direction of CMS, particularly in relation to the implementation of the Hcbs settings rule. They highlighted the need for CMS to use a similar approach for payment adequacy as they have for payment transparency. Debbie also provided an update on a meeting with the department's Provider Compliance Work Group, which focused on the agency tool and the CMS Hcbs settings rule. The group discussed concerns about the extent to which certain requirements should be applied, with Debbie emphasizing the importance of individual choice and flexibility in service provision. The conversation ended with an understanding that the department would not take the concept of individual choice too far, particularly in relation to direct support professionals.

Compliance Processes and Provider Concerns

Debbie led a discussion about the implementation of compliance processes for providers. She highlighted the need for more conversations and understanding rather than just black and white compliance. There were concerns raised about the interpretation of modifications and their classification as rights restrictions. Debbie also addressed the issue of multiple compliance reviews for providers, stating that the department is changing the process to one full compliance review in the region with the most services, along with site visits for the settings rule. Lastly, she mentioned the community integration add-on for day services, which was a topic of discussion.

Community Integration Add-on Concerns Discussed

Debbie discussed the ongoing conversations about the community integration add-on, which cannot be used in settings created to serve people through the Medicaid waiver. She mentioned that there were concerns about providers creating locations to provide services but billing the community integration add-on without people leaving and going elsewhere. Debbie also highlighted the need for further conversation about the use and eligibility of the add-on, and the importance of not tying it to specific goals and outcomes. She also mentioned that some county boards were reviewing the add-on's use and urged the team to contact her if they faced any issues. Lastly, she shared her participation in a small group meeting with CMS representatives to discuss the creation of an ICF work group.

ICF Program Changes and Updates

Debbie discussed the potential changes to the ICF program, including the possibility of revising certain requirements. She also mentioned the denial of their request for an advisory group due to insufficient staff at CMS, but noted that CMS is considering revising some requirements. Debbie asked for any additional regulations providers would like CMS to review for the ICF program. Josh provided an update on the Department of Medicaid's EVV provider lookup dashboard and the upcoming changes to the Ohio ISP. Debbie also mentioned the ongoing lawsuit regarding the Department of Labor's overtime rule and the final report on the blueprint work group. She reminded the team that adjustments for waiver claims dated July 1, 2024, or after can now be submitted on the Dodd's EMBS system.

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