

Meeting summary for ID/DD Member Call (12/18/2024)

Quick recap

The team discussed the importance of entering bed hold days for 2024 before the end of the year and the release of an updated FAQ document on outcome-based payments. They also discussed the final version of the Never Alone Act, the upcoming effective date of a bill, and the challenges faced by healthcare providers. Lastly, they discussed the recent submission of proposals by state agencies, the upcoming conference, and the potential implications of the Sok legislation and the Access Rule.

Next steps

- OHCA members to enter bed hold days for ICF members before the end of the year.
- OHCA to provide education to members on the Never Alone Act as the effective date approaches.
- OHCA members to submit questions about the Never Alone Act to OHCA staff for inclusion in the upcoming educational webinar.
- OHCA to host a free member educational webinar on the Never Alone Act in late February or early March.
- OHCA to continue working with the coalition to develop common budget asks by the end of the year.
- OHCA members to consider attending the ANCOR conference in April using the provided discount code.

Summary

Entering Bed Hold Days and FAQ

Debbie is driving and participating in the meeting via audio only. Josh reminds everyone to enter their bed hold days for 2024 before the end of the year, as the system does not allow requests for the next year after January 1st. Josh also mentions that DODD released an updated FAQ document on outcome-based payments, which he shares in the chat. Pete mentions that there are tornado sirens audible during the call.

Recurring Payments and Educational Scholarships

Josh discussed the addition of a new question in a document regarding recurring payments for individuals using individual employment supports. He also clarified the Family Medication Administration policy, stating that family members can administer medication without a certification if they live with the individual or provide shared living services. Lastly, he announced the opening of applications for the Educational Scholarship Program, which offers awards for full-time staff working towards a

healthcare-related degree. Debbie added that all members should have received a poster to promote the scholarship.

Never Alone Act and Advocacy Rights

Pete discussed the final version of the Never Alone Act, which was recently passed by the State legislature. The Act aims to ensure that no one in a congregate care setting, including licensed Dd settings, homes, hospitals, skilled nursing, assisted living, and inpatient hospice facilities, dies alone. The Act allows individuals to appoint an advocate who can be with them at any time they wish, overriding any visitation policy. The Department of Health will develop information about the right to appoint an advocate for those being admitted to these settings. Pete clarified that the Never Alone Act is not part of the Licensure Law for licensed Dd facilities and is not a condition of licensure. Enforcement would be through an injunction, primarily by the advocate or the resident, and there is no provision for suing and getting money or damages.

Upcoming Bill, Webinars, and Workforce Report

Pete discussed the upcoming effective date of a bill and the provision of educational webinars to explain its provisions. He encouraged attendees to submit questions in advance to ensure they are addressed during the webinars. Pete also introduced the annual workforce crisis report from Anchor, which documents workforce challenges across the country. He noted that while national data indicates stagnant issues, Ohio's data suggests improvements in staffing and service offerings. Pete promised to share more information about Ohio's data in the future.

Healthcare Challenges and Advocacy Strategy

Pete discussed the challenges faced by healthcare providers, including turning away new referrals, discontinuing programs, and delaying the launch of new programs. He also mentioned the impact on case managers, who were struggling to connect people with services and delivering services in areas with few options. Pete indicated that these findings would inform their advocacy strategy for the upcoming budget bill. He also mentioned ongoing work with a diverse coalition to develop common asks for the budget and to prepare for advocacy efforts. The goal is to finalize these asks by the end of the year.

State Agency Proposals and Budget Discussion

Pete discussed the recent submission of proposals by state agencies to the Office of Budget and Management, which became public records. He noted that these proposals were preliminary and could change significantly before being incorporated into the Governor's budget. Pete expressed some disappointment with the lack of detail in the proposals, particularly regarding funding for workforce development and waiver rates. However, he emphasized that these were not the final decisions and that further discussions and potential changes could occur before the final budget is presented.

Pete also mentioned the possibility of legislative advocacy and the need to protect or add to the proposals depending on the final budget.

OEC Benefits and DC Government Changes

Pete discussed the upcoming conference in April and the benefits of being a member of the OEC, including a 100% stake in anchor and an \$80 discount off registration for the conference. He also mentioned the changes in the DC government due to the new Republican majority in the Senate and the need for a continuing resolution to fund the government through March. Pete highlighted the elimination of the age limit on Medicaid buy-in as a significant victory for the D and Dd space, but noted that the Sok legislation has not been included.

Sok Legislation and Access Rule Discussion

Pete discussed the potential implications of the Sok legislation and the Access Rule. He expressed concern about the Sok legislation not being a strong piece of legislation, despite their support for it. He also mentioned a potential demonstration program for Hcvs waiver services for individuals who don't meet an institutional level of care. Pete also highlighted the Access Rule's 80/20 provision and its potential impact on services like homemaker and personal care. He noted that the Access Rule requires annual reporting on Hcbs waiting lists, which is set to become statutory. Lastly, he mentioned the plan to authorize a new technical assistance program to help states transition away from 14 C sub minimum wage programs and into community integrated employment.

Station MD Funding for ICFs

Debbie shares that the state-funded pilot program for ICF providers to utilize Station MD will continue until June 30, 2025, as the Department of Medicaid is still working to get approval from CMS on how to fund it for the ICF program. Pete explains that there were concerns about whether Station MD funding for ICFs should already be covered in their cost reports and rates, but providers were pushing back on this. With the pilot extension until June 2025, providers have more time to resolve this issue.

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