Intermediate Care Facilities for Individuals with Intellectual Disabilities
Vision for ICF-IID program

- Department released “White Paper” outlining a vision for the future of the ICF-IID program
- Smaller program, more targeted to individuals with complex needs
- Focus will be on smaller facilities and allowing more individuals to receive home and community based services
- Will be following national trends and DOJ efforts in other states
What is Voluntary Conversion?

- Department initiative to allow providers to convert funding used for ICF bed to fund a home and community based waiver
- Allows individuals who would prefer to be served in a HCBS setting to do so
- Allows individuals the added benefits of more choice in their daily activities
- Understand that it may not be a match for everyone
Things to Consider

• Typically a waiver provider does not own the home that the individual resides in. However, this is allowable in licensed settings.

• Some capital funding may be available to support cost of new homes.

• Where will future populations choose to receive services?
  • Waiver services are experiencing growth and institutional services are stagnant or declining
  • Business growth opportunities
Home and Community-Based Service Waivers
Waiver Basics
What is a HCBS Waiver?

• A HCBS waiver is an option under Section 1915(c) of the Social Security Act that allows states to offer eligible individuals an alternative to institutional services.

• Individuals who are eligible for Medicaid and have a level of care that would entitle them to services in an institutional setting may waive that entitlement and receive services in a community setting.

• Individuals who participate in HCBS waivers administered by DODD must have an ICF (DD) level of care.
How are HCBS Waivers Funded?

• Funding is provided in part by federal dollars and in part by a combination of state and local county board of DD dollars.

• HCBS waiver funding is managed through either:
  1. Individual cost caps; or
  2. An aggregate cost cap (the overall cost to operate the waiver is equal to or less than the cost of institutional services).
Enrollment

Medicaid eligibility is required for enrollment on an HCBS waiver. Individuals apply for Medicaid through their county Department of Job and Family Services (DJFS), typically with assistance from the Service and Support Administrator (SSA) at the county board of DD.

- Income and resource considerations are modified for waiver eligibility determination.

- Individuals may be assigned a monthly Patient Liability obligation as a condition of eligibility. This is similar to a spend down for an ICF resident.

- Individuals must go through the Medicaid redetermination process at least annually.
Enrollment

- Waiver enrollment allocations are coordinated by county boards of DD through a quarterly request process to DODD.

- There is currently a waiting list for HCBS services in the DD system.

- Individuals who live in ICFs may also be on DODD’s waiting list for HCBS services. Approximately 35% of individuals residing in ICFs are currently on the waiting list for waiver services.

- Individuals who request HCBS services in conjunction with current DODD initiatives, such as ICF Conversion, may be eligible for priority enrollment.
Enrollment

• Once the allocation request is approved by DODD, county boards of DD complete the enrollment process with the individual and/or their family/representative. The application packet includes:
  – Initial Waiver Enrollment Application
  – Freedom of Choice
  – Protective Level of Care
  – Functional Assessment
  – Psychological Evaluation
  – Medical Evaluation
  – Other waiver specific tools/forms

• Upon completion, the enrollment packet is submitted to DODD for eligibility determination.
Provider Certification

- Providers of DODD HCBS services are certified through the Provider Certification Wizard (PCW), which is a web-based tool managed by DODD.

- Certification is offered at the service level, so providers are able to select which waiver service(s) they wish to offer.

- DODD HCBS provider certification is time-limited. Currently, initial certification is for a one-year period followed by three-year renewal periods.

- The service-specific provider qualifications are found in Section 5123:2-9 of the Ohio Administrative Code.
Provider Certification

- There are fees associated with certification based upon the type of provider, services selected, and certification type (initial or renewal).

<table>
<thead>
<tr>
<th>Fee Schedule</th>
<th>Initial Certification (1 year)</th>
<th>Renewal Certification (3 years)</th>
<th>Add Service(s) During Term of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent / Sole Proprietor</td>
<td>$50.00</td>
<td>$100.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Small Agency</td>
<td>$300.00</td>
<td>$800.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Large Agency</td>
<td>$700.00</td>
<td>$1,600.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>ICF (Respite Only) or Unpaid Support Broker or Licensed Facility Only</td>
<td>No Fee</td>
<td>No Fee</td>
<td>No Fee</td>
</tr>
</tbody>
</table>

- Services may be added in conjunction with the renewal process at no additional fee.
Free Choice of Provider

- Freedom for individuals to choose among all qualified providers is a basic tenet of HCBS waivers.
- Individuals may choose to receive services from independent providers, agencies, or a combination.
- Individuals may select any provider who has an Ohio Medicaid agreement and who meets the provider qualifications outlined by DODD for that service.
Provider Search Tool

• Information regarding certified HCBS waiver providers is made available to individuals and families through the Provider Search Tool on DODD’s website.

• Providers can customize the Provider Search Tool (by using the Update Demographic feature in PCW) to indicate items of interest to individuals and families, such as in which areas of the state (counties) they are willing to deliver services and whether or not they are accepting new customers.
Limitations

HCBS Waivers do not:

• Provide payment directly to a waiver participant or guardian.
• Pay for guardianship services.
• Pay for room and board expenses, except in certain respite situations, and for a limited number of home-delivered meals.
• Pay for institutional services other than short-term respite services.
Limitations

HCBS Waivers do not:

• Pay for services otherwise available under the Medicaid State Plan.
• Pay for vocational services funded by the Bureau of Vocational Rehabilitation.
• Pay for services covered by IDEA, which are the responsibility of local school districts.
Limitations

HCBS Waivers do not:

- Pay for general home repair or modifications; however, home and environmental modifications/adaptions for accessibility purposes may be covered.
- Pay for the purchase of items of general utility; however, adaptive equipment and adaptations to items of general utility for accessibility purposes may be covered.
Service and Support Administration
Service and Support Administration

- The Service and Support Administrator (SSA) at the local county board of DD serves as the “single point of accountability” for individuals enrolled in waivers.

- SSA duties and responsibilities are outlined in Ohio Administrative Code 5123:2-1-11.

- Must be provided by county board employees/contractors who meet the requirements specified in Ohio Administrative Code 5123:2-5-02.
Service and Support Administration

• SSA functions include:
  • Assessing need for services
  • Developing/revising service plans
  • Establishing budgets
  • Assisting with provider selection
  • Coordinating services
  • Monitoring implementation of service plans
Individual Service Plans

All services reimbursed through DODD HCBS waivers must be identified on the individual service plan (ISP) for the waiver participant.

• An ISP is a written description of the services, supports and activities to be provided to an individual.

• ISPs are developed by the individual and their team focusing on the individual’s strengths, interests and talents.

• ISP teams include the individual, SSA, their representative/guardian, service providers and others as requested by the individual.

• ISPs include both waiver and non-waiver services integrating all sources of supports, including alternative services available to meet the needs and desired outcomes of the individual.
Individual Service Plan

All ISPs shall:

• Assist the individual to engage in meaningful, productive activities and develop community connections

• Indicate the provider, the frequency, and the funding source for each service and activity

• Specify which services will be coordinated among which providers and across all appropriate settings for the individual.

• Be updated at least annually
Individual Service Plan

All ISPs shall be reviewed and revised as appropriate under any of the following circumstances:

• At the request of the individual or a member of the individual's team;

• Whenever the individual's assessed needs, circumstances or status changes;

• As a result of ongoing monitoring of ISP implementation, quality assurance reviews, and/or identified trends and patterns of unusual incidents or major unusual incidents; or

• If a waiver service is reduced, denied, or terminated by DODD or ODJFS.
Waivers operated by DODD
DODD Administers 4 HCBS waivers.

- **Level One (L1) Waiver** – Has an individual cost cap and currently serving just over 11,000 individuals.

- **Self-Empowered Life Funding (SELF) Waiver** – Has individual cost caps for children and adults and is DODD’s first participant-directed waiver.

- **Transitions-Developmental Disabilities (TDD) Waiver** – Previously administered by ODJFS as an adjunct to the Ohio Home Care Waiver.

- **Individual Options (IO) Waiver** – Comprehensive waiver currently serving approximately 17,000 individuals and operates with an aggregate cost cap.
Level One Waiver

- Individual budget limitations
  - Up to $5,000.00 per waiver year for a combination of homemaker/personal care, respite, and transportation
  - Up to $6,000.00 over three years for emergency response systems, specialized medical equipment, and environmental accessibility adaptations
  - Up to $8,000.00 over three years for emergency assistance (excludes informal respite)
  - Acuity-based individual cost caps for adult day array services and non-medical transportation
- Requires prescreen for health and safety due to relatively low annual, individual cost cap for personal assistance services.
Level One Waiver

Service Package

- Homemaker/Personal Care
- Transportation
- Informal Respite
- Institutional Respite
- Environmental Accessibility Adaptations
- Specialized Medical Equipment & Supplies
- Personal Emergency Response Systems
- Adult Day Support
- Vocational Habilitation
- Supported Employment – Community
- Supported Employment – Enclave
- Supported Employment – Equipment
- Non-medical Transportation
SELF Waiver

- Requires prescreen for participant direction
- Budget authority is required for at least one service
  - Not available for Adult Day Supports, Vocational Habilitation, Supported Employment-Enclave, and Non-medical Transportation
- Employer authority may also be chosen by the individual
  - Common Law Employer
  - Co-Employer
  - Applies only to Support Brokerage, Community Inclusion, Participant/Family Stability Assistance, Integrated Employment, Participant-directed Goods and Services
SELF Waiver

Service Package

• Support Brokerage
• Community Inclusion – Personal Assistance
• Community Inclusion - Transportation
• Integrated Employment
• Participant/Family Stability Assistance
• Functional Behavioral Assessment
• Clinical/Therapeutic Intervention
• Participant-directed Goods and Services

• Remote Monitoring
• Remote Monitoring Equipment
• Community Respite
• Residential Respite
• Adult Day Support
• Vocational Habilitation
• Supported Employment – Enclave
• Non-medical Transportation

*Services in bold are only available through SELF.*
SELF Waiver

Budget Limitations

• Adults - $40,000 per waiver year

• Children - $25,000 per waiver year
  • Children are defined individuals who are age 22 years or younger, unless eligible for Adult Day Array services or Integrated Employment
SELF Waiver - Budget Limitations

**Adults** - $40,000/year Individual Cost Cap

- **Annual Service Limitation of $8,000**
  - Support Brokerage

- **Annual Service Limitation of $1,500**
  - Functional Behavioral Assessment

- **Annual Service Limitation of $5,000**
  - Remote Monitoring Equipment

- **Annual Service Limitation of $25,000 for any Combination of the following services:**
  - Community Inclusion
  - Residential Respite
  - Community Respite
  - Remote Monitoring

- **Services with No Annual Service Limitation (other than the $40,000 Cost Cap)**
  - Participant-Directed Goods and Services
  - Participant/Family Stability Assistance
  - Clinical/Therapeutic Intervention
  - Integrated Employment

- **Annual Service Limitation Based on AAI Group and CODB**
  - Adult Day Support
  - Vocational Habilitation
  - Supported Employment-Enclave

**Children* - $25,000/year Individual Cost Cap**

- **Annual Service Limitation of $8,000**
  - Support Brokerage

- **Annual Service Limitation of $1,500**
  - Functional Behavioral Assessment

- **Annual Service Limitation of $5,000**
  - Remote Monitoring Equipment

- **Services with No Annual Service Limitation (other than the $25,000 Cost Cap)**
  - Community Inclusion
  - Residential Respite
  - Community Respite
  - Remote Monitoring
  - Participant-Directed Goods and Services
  - Participant/Family Stability Assistance
  - Clinical/Therapeutic Intervention

- **Annual Service Limitation Based on CODB**
  - Non-Medical Transportation
Transitions – DD Waiver

• Enrollment is limited to individuals with pending Ohio HomeCare disenrollment

• Agency providers must be Medicare-certified, or otherwise accredited, home health agencies

• Provider enrollment and provider reimbursement functions continue to be performed by ODJFS
Transitions – DD Waiver

Service Package

- Personal Care Aide
- Waiver Nursing
- Supplemental Transportation
- Home-delivered meals
- Home Modifications
- Adaptive/Assistive Devices
- Emergency Response Systems
- Out-of-home Respite
- Adult Day Health Centers
Individual Options
Waiver
Individual Options Services

- Homemaker/Personal Care
- Transportation
- Adult Foster Care
- Adult Family Living
- Residential Respite
- Community Respite
- Environmental Accessibility Adaptations
- Adaptive/Assistive Equipment
- Remote Monitoring
- Remote Monitoring Equipment
- Home-delivered meals
- Nutrition Services
- Social Work Services
- Interpreter Services
- Adult Day Support
- Vocational Habilitation
- Supported Employment – Community
- Supported Employment – Enclave
- Supported Employment – Equipment
- Non-medical Transportation
Ohio Developmental Disabilities Profile (ODDP)

• Standardized instrument to assess relative needs and circumstances of individuals enrolled in the IO waiver
• Used to ensure that people with similar needs have access to comparable levels of service
• ODDP responses determine individual funding range
• DODD utilizes a Prior Authorization process through which an individual may request funding for services that exceeds the maximum value of the ODDP-assigned funding range
Ohio Developmental Disabilities Profile (ODDP)

- There are nine (9) ODDP-assigned funding ranges.
- Funding range maximums are adjusted based on eight (8) Cost of Doing Business Categories
- The funding range is applied to all services except:
  - Adult day array services
  - Non-medical transportation
Ohio Developmental Disabilities Profile (ODDP)

<table>
<thead>
<tr>
<th>CODB Category</th>
<th>Funding Range 1</th>
<th>Funding Range 2</th>
<th>Funding Range 3</th>
<th>Funding Range 4</th>
<th>Funding Range 5</th>
<th>Funding Range 6</th>
<th>Funding Range 7</th>
<th>Funding Range 8</th>
<th>Funding Range 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$18,626</td>
<td>$32,427</td>
<td>$46,228</td>
<td>$60,029</td>
<td>$73,830</td>
<td>$87,631</td>
<td>$112,556</td>
<td>$137,481</td>
<td>**</td>
</tr>
<tr>
<td>2</td>
<td>$18,819</td>
<td>$32,763</td>
<td>$46,707</td>
<td>$60,651</td>
<td>$74,595</td>
<td>$88,539</td>
<td>$113,722</td>
<td>$138,906</td>
<td>**</td>
</tr>
<tr>
<td>3</td>
<td>$19,012</td>
<td>$33,099</td>
<td>$47,186</td>
<td>$61,273</td>
<td>$75,360</td>
<td>$89,447</td>
<td>$114,889</td>
<td>$140,330</td>
<td>**</td>
</tr>
<tr>
<td>4</td>
<td>$19,205</td>
<td>$33,435</td>
<td>$47,665</td>
<td>$61,895</td>
<td>$76,125</td>
<td>$90,344</td>
<td>$116,055</td>
<td>$141,755</td>
<td>**</td>
</tr>
<tr>
<td>5</td>
<td>$19,398</td>
<td>$33,771</td>
<td>$48,144</td>
<td>$62,517</td>
<td>$76,890</td>
<td>$91,263</td>
<td>$117,221</td>
<td>$143,179</td>
<td>**</td>
</tr>
<tr>
<td>6</td>
<td>$19,591</td>
<td>$34,107</td>
<td>$48,623</td>
<td>$63,139</td>
<td>$77,655</td>
<td>$92,171</td>
<td>$118,387</td>
<td>$144,604</td>
<td>**</td>
</tr>
<tr>
<td>7</td>
<td>$19,784</td>
<td>$34,443</td>
<td>$49,102</td>
<td>$63,761</td>
<td>$78,420</td>
<td>$93,079</td>
<td>$119,554</td>
<td>$146,028</td>
<td>**</td>
</tr>
<tr>
<td>8</td>
<td>$19,977</td>
<td>$34,779</td>
<td>$49,581</td>
<td>$64,383</td>
<td>$79,185</td>
<td>$93,987</td>
<td>$120,720</td>
<td>$147,543</td>
<td>**</td>
</tr>
</tbody>
</table>

** Funding Range 9 does not have a set limitation other than the overall aggregate cost cap for the IO Waiver.
Cost Projection

• County Boards of DD utilize the Cost Projection Tool (CPT) within DODD’s comprehensive Medicaid Services System (MSS) to project the cost of services identified in the ISP for each individual on an annual basis.

• If the total projected costs for the waiver year are within the ODDP-assigned funding range for the individual, the county board of DD submits a Payment Authorization for Waiver Services (PAWS) electronically to DODD.

• If the total projected costs for the waiver year exceed the ODDP-assigned funding range, the individual may request a Prior Authorization to access the additional needed funding.
The Payment Authorization for Waiver Services (PAWS) is utilized by DODD’s Medicaid Billing System (MBS) to determine if claims are eligible for reimbursement based on the ISP for the individual.

- The PAWS is recipient-specific and identifies:
  - Approved waiver providers
  - Waiver services authorized for each provider to deliver
  - Maximum number of units of each service to be reimbursed to each provider
  - Maximum dollars to be reimbursed to each provider for each service
  - Time period for which each service and provider are authorized to be reimbursed.
Payment Authorization

- Claims are only processed for reimbursement if identified on an enrolled PAWS plan.
- Providers are given access to the PAWS system, so that they can stay aware of currently authorized services.
- Providers receive alerts via email if a PAWS plan that names them as an approved provider is submitted or updated by the county board of DD.
- Claims submitted to DODD that are not identified on an enrolled PAWS plan, or that exceed the established unit or dollar limitations, are rejected by MBS and listed on provider Error Reports that are available for review by the provider on-line in MBS.
Homemaker/Personal Care

• Includes:
  • Assisting with activities of daily living
  • Performing homemaking tasks
  • Assisting with medication administration
  • Helping with money management
  • Running errands
  • Skills development
Homemaker/Personal Care

- Base Rate model structure
  - Begins with Bureau of Labor Statistics (BLS) data for Ohio and then factors in:
    - Employee Related Expenses (ERE),
    - direct care supervision costs,
    - supervisory ERE, productivity adjustments, and
    - administration costs
  - Resulting rates are for 15-minute units of service.
  - Base Rate then adjusted for:
    - Cost of doing business categories
    - Provider type (independent/agency)
    - Number of individuals served
  - On-site/On-call rate for overnight hours when provider must be present, but not awake. On-site/On-call services are limited to 8 hours per day.
Homemaker/Personal Care

HPC Rates

• The total HPC rate paid to a provider increases as additional individuals are served at the same time.

• The total HPC rate is then divided by the number of individuals receiving services to determine the rate paid by each individual.

• This structure is designed to encourage shared services by increasing the total reimbursement to the provider while reducing the overall cost to each individual served.

• The total HPC rate stops increasing at four (4) individuals. More than four individuals may be served at the same time, but the rate does not continue to increase.
## From the Provider Perspective

<table>
<thead>
<tr>
<th>CODB Category</th>
<th>Serving 1 Individual</th>
<th>Serving 2 Individuals</th>
<th>Serving 3 Individuals</th>
<th>Serving 4 or More Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>$4.52</td>
<td>$4.83</td>
<td>$5.29</td>
<td>$5.87</td>
</tr>
<tr>
<td>Category 2</td>
<td>$4.57</td>
<td>$4.88</td>
<td>$5.34</td>
<td>$5.93</td>
</tr>
<tr>
<td>Category 3</td>
<td>$4.61</td>
<td>$4.93</td>
<td>$5.40</td>
<td>$6.00</td>
</tr>
<tr>
<td>Category 4</td>
<td>$4.66</td>
<td>$4.98</td>
<td>$5.45</td>
<td>$6.06</td>
</tr>
<tr>
<td>Category 5</td>
<td>$4.71</td>
<td>$5.03</td>
<td>$5.51</td>
<td>$6.12</td>
</tr>
<tr>
<td>Category 6</td>
<td>$4.75</td>
<td>$5.09</td>
<td>$5.56</td>
<td>$6.18</td>
</tr>
<tr>
<td>Category 7</td>
<td>$4.80</td>
<td>$5.14</td>
<td>$5.62</td>
<td>$6.24</td>
</tr>
<tr>
<td>Category 8</td>
<td>$4.85</td>
<td>$5.19</td>
<td>$5.67</td>
<td>$6.30</td>
</tr>
</tbody>
</table>

## From the Individual Perspective

<table>
<thead>
<tr>
<th>CODB Category</th>
<th>Services Not Shared</th>
<th>Services Shared by 2 Individuals</th>
<th>Services Shared by 3 Individuals</th>
<th>Services Shared by 4 Individuals</th>
<th>Services Shared by 5 Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>$4.52</td>
<td>$2.42</td>
<td>$1.76</td>
<td>$1.47</td>
<td>$1.17</td>
</tr>
<tr>
<td>Category 2</td>
<td>$4.57</td>
<td>$2.44</td>
<td>$1.78</td>
<td>$1.48</td>
<td>$1.19</td>
</tr>
<tr>
<td>Category 3</td>
<td>$4.61</td>
<td>$2.47</td>
<td>$1.80</td>
<td>$1.50</td>
<td>$1.20</td>
</tr>
<tr>
<td>Category 4</td>
<td>$4.66</td>
<td>$2.49</td>
<td>$1.82</td>
<td>$1.51</td>
<td>$1.21</td>
</tr>
<tr>
<td>Category 5</td>
<td>$4.71</td>
<td>$2.52</td>
<td>$1.84</td>
<td>$1.53</td>
<td>$1.22</td>
</tr>
<tr>
<td>Category 6</td>
<td>$4.75</td>
<td>$2.54</td>
<td>$1.85</td>
<td>$1.54</td>
<td>$1.24</td>
</tr>
<tr>
<td>Category 7</td>
<td>$4.80</td>
<td>$2.57</td>
<td>$1.87</td>
<td>$1.56</td>
<td>$1.25</td>
</tr>
<tr>
<td>Category 8</td>
<td>$4.85</td>
<td>$2.59</td>
<td>$1.89</td>
<td>$1.57</td>
<td>$1.26</td>
</tr>
</tbody>
</table>
HPC Rate Modifications (Add-ons)

- Rate modifications are available for individuals with intensive medical needs, intensive behavioral needs, and in conjunction with ICF/DC initiatives.
- Rate modifications only apply only to waking hours, not on-site/on-call services.
- Rate add-on values:
  - $0.12/unit for medical assistance rate modification
  - $0.63/unit for behavior support rate modification
  - $0.52/unit for community inclusion rate modification (ICF/DC initiatives)
Homemaker/Personal Care

• Qualifications for medical assistance rate modification:
  • Requires food/medication through feeding tube;
  • Requires insulin through injection/pump;
  • Requires delegated oxygen administration; or
  • Requires other delegated nursing task/procedure
Homemaker/Personal Care

• Qualifications for behavior support rate modification:
  • Assessed within last 12 months to be a danger or potential danger to self/others; and
  • Have a behavior support plan; and
  • Receive ongoing behavior support services from licensed, certified, or specially trained professional; and
  • Have a “yes” response to at least 4 items in question 32 of the ODDP or requires a structured environment to prevent behavior that is destructive to self/others
Homemaker/Personal Care

• Qualifications for community inclusion rate modification:
  • $0.52 per 15 minutes of routine homemaker/personal care
  • Individual was a resident of an ICF-IID or former ICF-IID that converted some or all of its beds to providing services under the IO waiver immediately prior to enrollment
Homemaker/Personal Care

Daily Rate Billing for Shared Services

• When services are delivered in a congregate setting, or site, costs are projected for each individual within the site using the 15-minute unit model to account for staff to individual ratios.

• The resulting individual cost projections are combined to calculate the total cost and total projected service staff hours needed for the site, which then is converted to an hourly rate.

• The provider then enters the actual number of staff hours delivered in the site into DODD’s Daily Rate Application (DRA), which generates the appropriate daily rate to be billed for each individual served.

• This option allows for service documentation to be kept at a daily level rather than at the administratively more cumbersome 15-minute unit level.
Transportation

• May be used to access waiver and other community services, activities, and resources

• Rates are based upon number of individuals transported
Adult Foster Care

- Can only be provided to individuals age 18 and over
- Provider must live with the individual
- Provider cannot be related to the individual
- Provider shall not provide a residence and deliver services to more than three individuals in the home
- No more than four individuals with developmental disabilities may reside in the home
Adult Foster Care

• Includes:
  • Assisting with personal care
  • Performing household tasks
  • Assessing/monitoring/supervising to ensure health, safety, and welfare
  • Community access
  • Skills development

• All services provided are part of the daily rhythm of life that occurs when people live together.
Adult Foster Care

• Rates based on:
  • Cost of doing business category
  • Provider type (independent/agency)
  • Number of individuals served
  • The individual’s ODDP funding range
• Daily rates
Environmental Adaptations

• Accessibility adaptations must
  • Ensure health, welfare, and safety
  • Enable greater independence
  • Be necessary to prevent institutionalization

• Excluded are adaptations that
  • Are of general utility
  • Offer no direct medical/remedial benefit
  • Add to total square footage of the home

• Budget limitation: $7,500.00 per project
• May not be available for licensed homes
Adult Day Waiver Services

- Non-residential services
  - Adult Day Support
  - Vocational Habilitation
  - Supported Employment – Community
  - Supported Employment – Enclave
  - Supported Employment – Equipment

- Not included in the funding ranges established by the ODDP

- Staffing and funding levels determined by Acuity Assessment Instrument (AAI)
Adult Day Waiver Services

Acuity Assessment Instrument (AAI)

- Standardized instrument utilized by DODD to assess the relative non-residential services needs and circumstances of an adult individual compared to other adult individuals.
- Assigns individuals to one of four staff intensity groups.
- Each staff intensity group has a corresponding budget limitation that is adjusted based on the Cost of Doing Business Category of the county in which the services are delivered.
- Reimbursement rates for Adult Day Support and Vocational Habilitation are also based on the staff intensity group for each individual served.
### Staff Intensity Groups

**Staff to Individuals Ratios:**
- **Group A-1** – 1:16
- **Group B** – 1:6
- **Group A** – 1:12
- **Group C** – 1:3

### Budget Limitations

<table>
<thead>
<tr>
<th>CODB Category</th>
<th>Adult Day Array Services</th>
<th>Non-Medical Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A-1</td>
<td>Group A</td>
</tr>
<tr>
<td>1</td>
<td>$9,480</td>
<td>$9,480</td>
</tr>
<tr>
<td>2</td>
<td>$9,540</td>
<td>$9,540</td>
</tr>
<tr>
<td>3</td>
<td>$9,660</td>
<td>$9,660</td>
</tr>
<tr>
<td>4</td>
<td>$9,780</td>
<td>$9,780</td>
</tr>
<tr>
<td>5</td>
<td>$9,840</td>
<td>$9,840</td>
</tr>
<tr>
<td>6</td>
<td>$9,960</td>
<td>$9,960</td>
</tr>
<tr>
<td>7</td>
<td>$10,080</td>
<td>$10,080</td>
</tr>
<tr>
<td>8</td>
<td>$10,140</td>
<td>$10,140</td>
</tr>
</tbody>
</table>
Administrative Review

• Similar to the Prior Authorization process associated with the assignment of ODDP funding ranges

• Process available to individuals who believe their staff intensity assignment and budget limitation prohibit access to chosen adult day waiver services

• This process is not applicable to individuals with placement in staff intensity group C.
Non-medical Transportation

- Transportation used by individuals solely to access adult day array services
- Rates based on
  - Cost of doing business categories
  - Type of transportation provided
    - Per-trip
    - Per-mile
    - Commercial vehicles
Non-medical Transportation

- Per-trip
  - Provided in a non-modified vehicle with a passenger capacity of 9 or more; or
  - Provided in a modified vehicle
  - Rates are per person

- Per-mile
  - Provided in a non-modified vehicle with passenger capacity of 8 or fewer
  - Based on number of passengers, including waiver and non-waiver
  - Includes the cost of the vehicle driver
Claims and Provider Support
Claims Processing

For all DODD administered waivers, except for Transitions-DD:

• Services are authorized by county boards of DD through the Payment Authorization for Waiver Services (PAWS) system.

• Claims are submitted directly to DODD electronically through the Medicaid Billing System (MBS).
Claims Processing

- Providers may submit claims as often as they choose.
- Claims are processed once a week.
- All claims received by noon each Wednesday are included in the claims processing cycle for that week.
- Claims are adjudicated (approved/denied) by ODJFS through the Medicaid Information Technology System (MITS).
- The claims processing cycle takes 16-21 days from submission to reimbursement.
Common Billing Concerns

• Prior to transmission to ODJFS, all claims are screened by DODD for general validity, including:
  • Correct name information
  • Correct Medicaid Recipient Number
  • Valid Date
  • Provider is certified for the billed service
• Claims rejected by MBS and listed on provider Error Reports that are available on-line in MBS for review by the provider.
• Any claim rejected as an error must be corrected and resubmitted prior to reimbursement.
Common Billing Concerns

• As the ISP process is not currently directly linked to the PAWS system in an electronic manner, it often takes time for changes to an ISP to be properly reflected in the PAWS system.

• The majority of claims errors are PAWS related:
  • Billing before the PAWS is available
  • Billing in excess of units and/or dollars authorized in PAWS

• If a PAWS does not properly reflect the information contained in the ISP, providers should work with the county board of DD to have the necessary revision submitted.
DODD Provider Support

• DODD’s website at dodd.ohio.gov has a “For Providers” section that is updated regularly with useful information.

• DODD sends memos and updates to providers via email when important information becomes available.

• The DODD Support Center at 1-800-617-6733 offers live technical assistance Monday through Friday from 8:00 am to 4:00 pm.

• Provider billing training sessions are offered monthly in Columbus.
Projecting Waiver Reimbursement
Data Needed to Project Costs

Routine Weekly Schedule
- Staff-In and Out times
- Individual-In and Out Times
- Note special assignments, e.g. 1:1 staffing
- Transportation mile estimates and ratios
- Individualized Day program activity—e.g. Work enclave
- Does anyone go anywhere without staff, e.g. church?
- What type of overnight supervision does the individual need? OSOC or HPC (awake).
Data Needed to Project Costs

Use a chart to project routine schedules, e.g. Weekdays and Weekends

<table>
<thead>
<tr>
<th>Day of the week: Individual present (X)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8 Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midnight to 5 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5:15 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5:30 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5:45 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6:15 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6:30 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6:45 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7:15 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7:30 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7:45 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8:15 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8:30 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8:45 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9:00 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9:15 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
Data Needed to Project Costs

- Costs are looked at from the Individual’s perspective, not the facility’s
- Need to project units and ratios for each person
- Waivers do not cover overlapping shifts
- There are no Therapeutic Leave Days
- Time away from the facility, e.g. planned vacations, home visits & camps
- Adjust ratios each time someone is away.
- How does each person get to their day program, who drives, how many miles?
Calculating HPC Reimbursement

Typical individual waiver estimate sheet
- Stays home during day (1:1 hours)
- Does not include a Behavior or Medical Rate add-on
- Does not include an ICF-waiver rate add-on
- Requires present and awake staffing at night

<table>
<thead>
<tr>
<th>HPC - Routine</th>
<th>Ratio</th>
<th>Units</th>
<th>Freq</th>
<th>Span begin</th>
<th>Span end</th>
<th>Eff Rate</th>
<th>Units</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>APC</td>
<td>1:1</td>
<td>160</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>4.75</td>
<td>8,343</td>
<td>$39,628.57</td>
</tr>
<tr>
<td>APC</td>
<td>3:4</td>
<td>0</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>3.65</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>2:3</td>
<td>20</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>3.28</td>
<td>1,043</td>
<td>$3,420.57</td>
</tr>
<tr>
<td>APC</td>
<td>1:2</td>
<td>132</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>2.54</td>
<td>6,883</td>
<td>$17,482.46</td>
</tr>
<tr>
<td>APC</td>
<td>1:3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.85</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:4</td>
<td>308</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>1.54</td>
<td>16,060</td>
<td>$24,732.40</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

32,329 $85,264.00
Calculating HPC Reimbursement

Typical individual waiver estimate sheet

- Stays home during day (1:1 hours)
- Does not include a Behavior or Medical Rate add-on
- Includes one-year ICF-waiver rate add-on

<table>
<thead>
<tr>
<th>HPC - Routine</th>
<th>Ratio</th>
<th>Units</th>
<th>Freq</th>
<th>Span begin</th>
<th>Span end</th>
<th>Eff Rate</th>
<th>Units</th>
<th>ICF-W</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>APC</td>
<td>1:1</td>
<td>160</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>4.75</td>
<td>8,343</td>
<td>4,338</td>
<td>$43,966.86</td>
</tr>
<tr>
<td>APC</td>
<td>3:4</td>
<td>0</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>3.65</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>2:3</td>
<td>20</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>3.28</td>
<td>1,043</td>
<td>542</td>
<td>$3,962.86</td>
</tr>
<tr>
<td>APC</td>
<td>1:2</td>
<td>132</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>2.54</td>
<td>6,883</td>
<td>3,579</td>
<td>$21,061.54</td>
</tr>
<tr>
<td>APC</td>
<td>1:3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.85</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:4</td>
<td>308</td>
<td>Week</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>1.54</td>
<td>16,060</td>
<td>8,351</td>
<td>$33,083.60</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
<tr>
<td>APC</td>
<td>1:1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.75</td>
<td>0</td>
<td>0</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

32,329  16,811  $102,074.86
Calculating House Reimbursement

Individual costs are calculated and totaled to get the home’s reimbursement.

- Estimate Day costs based on limits set by the AAI score
- Include any other waiver service costs
- Note individual differences—John at home 24/7; George goes to CB workshop; Bill & Roger attend day program operated by the provider.

### House summary

<table>
<thead>
<tr>
<th>Home Supports</th>
<th>John</th>
<th>Bill</th>
<th>Roger</th>
<th>George</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker-Personal Care- 15-minute unit</td>
<td>$102,075</td>
<td>$58,108</td>
<td>$58,108</td>
<td>$54,145</td>
</tr>
<tr>
<td>Transportation</td>
<td>$750</td>
<td>$750</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>Residential Respite*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive/Assistive Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DAY SUPPORTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Habilitation</td>
<td>$</td>
<td>$17,940</td>
<td>$29,880</td>
<td>$-</td>
</tr>
<tr>
<td>Adult Day Supports</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Supported Employment-Community</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Supported Employment-Enclave</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>$</td>
<td>$9,456</td>
<td>$9,456</td>
<td>$9,456</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$102,825</td>
<td>$86,254</td>
<td>$98,194</td>
<td>$64,351</td>
</tr>
<tr>
<td><strong>House Total</strong></td>
<td>$351,624</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DODD can assist you with the tools needed to calculate a home’s reimbursement through the Individual Options Waiver. Let us know how we can help.
Thank you.

Have a wonderful day.