The Excellence Network

Our purpose:
Igniting and fueling a passion for living life to the fullest through Learning, Innovation and Collaboration

Meeting Minutes

5/18/18

LCBDD Admin. office, 195 Union St, Newark

- **Old Business/Updates**
  - Provider Guide Plus- website rolled out state-wide on May 14th. Has anyone taken a look at the site or worked on their profile? https://providerguideplus.com/
  - Building a Better DSPOhio Provider Profile training on 4/25/18. The presentation slides are attached to mtg. minutes e-mail. and also available here: http://www.opra.org/wp-content/uploads/2018/04/DSPOhio-4.25.2018-Webinar.pdf

- **New Business**
  - Competency-based Longevity Add-On approved! Effective July 1, HPC services provided through all DODD waivers by a qualified DSP are eligible for an add-on of $1.56/hour (except On-sit/On-call). DODD's expectation is for the DSP to receive $1/hr. and the Agency retains the rest. (More info. attached to email.)
  - Daily Rate Application (DRA) changes- Gary Smith on upcoming changes to the DRA. Please share the slides (attached to email) with your billing folks. (Slides attached to email.)
  - Restrictive Measures data- SCs having difficulty obtaining from Providers. Generally requested by 5th of each month. Rule requires being time-limited and having strategy to fade measures. Ninety-day reviews for approving continuation must include data analysis. Please let us know if you have suggestions to improve this process.
  - Outcomes & Action Plans discussion- on June15th Kelly Ferenbaugh from DODD will be joining us to discuss Outcomes, Action Plans, documenting progress towards an Outcome, and Learning Logs. Please bring your questions about helping develop Outcomes, what to do with unclear Outcomes, helping people achieve their Outcomes, documenting people's progress, and getting info. back to the team.

- **Miscellaneous**
  - Medicaid #s- will not be added to the *imagine* IS. Providers are encouraged to have their own systems to obtain this info. (as needed) from people they serve and their teams.
    - Service Coordinators are often adding this info in the "Natural / Community / Other Contributing Resource" section of the ISP. SC processes staff is working to make this more consistent. Please let David know if it's not happening.
  - Remote Monitoring presentation- we are looking to bring in presenters to explain the financial case for providing these services.
    - NEWS FLASH-On 5/24/18 Ohio became a Technology 1st state. The idea is to ensure technology is considered as part of all service and support plans for people with disabilities. People and their families can explore how supportive technology can enable them to be more productive and included in their community. This is not a "technology-only" policy. Instead, the goal is to help people learn more about how to use technology to better their lives. Learn more here: http://dodd.ohio.gov/Communications/Lists/Posts/Post.aspx?ID=972

(continued)

- Remember to have a signed ISP in place authorizing services BEFORE providing any services (barring an emergency situation). Otherwise you may not be able to be paid.
- When Hiring- if you have questions about a prospective employee please call David or Brandi. We'll tell you anything we know or can find out.
- **Color Run!** On Sept. 8th the Gathering Place plans to host a color run at Geller Park in Heath. This is planned to be a community event, and they are looking for help and donations. Please contact Samantha Culver for details at 740-618-3575.

Next Mtg. – 10:00, Friday, 6/15/18

Outcomes & Action Plans discussion

with DODD staff

CSS training center, 640 Industrial Pkwy, Heath, OH 43056

Billing the Competency-based Add-on

The authorization process for Homemaker/Personal Care in CPT/PAWS will not change. HPC will still be authorized on PAWS as A/F/E22 and ADL. County boards will not be entering differing codes for qualified staff, and the cost of the new add-on will not impact individuals' budgets. Providers, however, will need to bill the correct service codes to receive the additional reimbursement.

Independent providers must submit proof of experience/training to DODD through PSM to be able to bill the new "Q" codes referenced below.

All agencies certified to deliver HPC will also be able to bill the "Q" codes for qualified staff. Employees of agencies must submit proof of experience/training to their employer. The agency is responsible ensuring proper claims submission for qualified staff.

Service Codes:

15-minutes

- If there are no trained staff, the standard 15-minute single staff and multi-staff codes can be used. (i.e. APC, AMW/X/Y/Z, FPC, FMW/X/Y/Z, EPC, EMW/X/Y/Z)
- New codes for staff sizes of 1-5 will be used if there is as least one of the staff that have the training.
- Proposed codes (Q is for qualified):
    - AQC EQC FQC
    - AQW EQW FQW
    - AQX EQX FQX
    - AQY EQY FQY
    - AQZ EQZ FQZ

- For these codes specifically, staff size can be re-purposed to indicate the number of qualified staff serving and assume that if the multi-staff code is being used that more than one staff is there.

Example: 2 staff (only one has competency based training), 5 individuals, 2 hours.

Each claim per individual

Code = AQW (2 staff code)

Group size = 5

Staff size = 1 (to indicate the trained staff)

Units = 8

- The appropriate add-on amount will be calculated based on $0.39 cents per qualified staff member.
- The total unit cost, including all applicable add-ons, will need to be input into the Service Rate field in the claim.
- The number of qualified staff cannot exceed the multi-staff code that the service code indicates.
  For example, AQX is a three-staff code. Staff size cannot exceed 3.
  Staff size for any of the "Q" codes cannot be "0"

- An adjustment will be determined only if there is a difference in rate, units, group or county. This will allow for multiple groupings of qualified caregivers.

Daily

- If there are no trained staff, the standard ADL service code can be used.
- New service code will need to be used if there is as least one of the staff that have the training.
- Proposed code (Q is for qualified):
    - AQL

- The contractor reference number field will be used to indicate the amount of the claim that is covered by the add-on for qualified staff.
- Work within DRA will need to be completed to allow for providers to indicate the total number of hours and total number of hours provided by qualified staff into the actuals.
- DRA will have to calculate the rates with the add-on as well as calculating for each daily rate the "portion" of the add-on costs. The "portion" of add-on cost will feed to the reference field in the bill file. This ensures that only the non-competency based costs encumber the PAWS and allow for match calculations.
- An adjustment will be determined only if there is a difference in rate or the contractor reference field.

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19 MAR

Add-On Incentivizes Training, Longevity

by System Account in Guidance Memos

This is a guidance memo from the Ohio Department of Developmental Disabilities. To print this memo, select "CTRL" and "P" on your keyboard.

*Updated Mar. 16, 2018

On July 1, 2018, the Ohio Department of Developmental Disabilities will begin offering an incentive for experienced direct care staff who have also completed approved training, pending Centers for Medicare and Medicaid Services (CMS) approval.

The initiative is a response to the needs voiced by stakeholders to address a shortage of direct service providers felt across the state. The requirements for receiving the additional reimbursement were designed to have minimal administrative impact while empowering direct service providers to advance professional goals.

Upon CMS approval, independent providers and agency direct support staff interested in obtaining the add-on rate must meet all of the following conditions in order to be eligible for the proposed add-on rate

- Two years' full time equivalent experience in providing direct support to people with developmental disabilities; experience may be accumulated over any period of time and include part time hours
- Completion of 60 hours of applicable training

Training applicable toward 60 hours needed for the add-on

- Completion of Ohio DS PATHS Certificate of Initial Proficiency or Certificate of Advanced Proficiency, regardless of when it was completed, or
- 60 training hours of courses accredited by the National Alliance of Direct Support Professionals offered through Relias and/or Direct Course College of Direct Support

Courses must be completed after Jan. 1, 2012, and fall within the past five consecutive calendar years from the date the last course was completed.

Courses that are not applicable toward 60 hours of training for the add-on rate include

- any courses that were a part of the provider's eight-hour initial direct support provider training,
- any courses that are taken as to meet annual training requirements,
- the requirements of rule 5123:2-17-02 (MUI),
- the rights of individuals set forth in sections 5123.62 to 5123.64,

- and the role and responsibilities with regard to services, including person-centered planning, community integration, self-determination, and self-advocacy, (5123:2-2-01).

Free courses

DODD has made web-based courses through Direct Course available free of charge. Independent providers or employees of agencies may create accounts and log in on any device with an internet connection to take courses.

Instructions on creating an account, logging in, and taking the free courses are available at dodd.ohio.gov/training.

Approval for Add-On

Direct service providers will track the hours of applicable training they have completed.

Direct service providers working as employees of a provider agency will provide their employer with certificates as proof of successfully completed training once they have completed 60 hours of applicable training.

- The employer will review a transcript of completed courses or course certificates and verify two years of work experience, after which the employer can bill for that direct care provider's hours of HPC using a billing code that will reimburse the provider at a higher rate.
- Agency providers will be required to maintain verification of each direct service provider's related experience and training for whom the add-on is billed.

Once they have completed 60 hours of applicable training, independent providers will be required to submit the forms developed by DODD for verification of experience and training requirements, along with transcripts and/or certificates indicating the number of hours and courses completed. After DODD reviews the documentation and confirms the requirements have been met, the independent provider will receive notification that he/she is eligible to bill hours of HPC using a billing code that will reimburse at the add-on rate.

No re-certification is required to maintain the add-on rate. Once obtained, the provider remains eligible indefinitely.

Billing the Add-On

The cost of the add-on would not be attributed to the person's ODDP range or waiver budget limitation. County boards will continue to project units of HPC but do not project the number of units to which the add-on will apply.

Providers bill new HPC "Q" codes contained in the appendix to the HPC rule.

Provider will add the $0.39 add-on amount to the input rate of the claim per qualified staff member. When a multi-staff billing code is used, Agency providers enter the number of qualified staff who meet the criteria for the add on in the staff size billing field.

1 Staff	Individual Options Waiver	AQC	Add $0.39 to rate
	Level One Waiver	FQC	

2 Staff	Individual Options Waiver	AQW	Add $0.39 per qualified staff to rate; and Enter number of qualified staff in "staff size"
	Level One Waiver	FQW	
3 Staff	Individual Options Waiver	AQX	
	Level One Waiver	FQX	
4 Staff	Individual Options Waiver	AQY	
	Level One Waiver	FQY	
5 Staff	Individual Options Waiver	AQZ	
	Level One Waiver	FQZ	

Examples

Independent provider who is qualified for the add on serving 1 person on the IO waiver in Clark county: the regular HPC rate for independent providers is $4.36/unit. The provider adds $0.39 to the unit input rate and bills AQC at $4.75/unit.

Agency provider has 1 staff who is qualified for the add on serving 1 individual on the IO waiver in Clark county: the regular HPC rate for agency providers is $5.04/unit. The provider adds $0.39 to the unit input rate and bills AQC at $5.43/unit.

Agency provider has 2 staff who are both qualified for the add on serving 4 individuals on the IO waiver in Clark county: the regular HPC rate for 2 staff serving 4 individuals is $10.80/unit. The provider bills AQW at $11.58/unit and the agency enters "2" in the staff size field to indicate that both staff are qualified for the competency add on.

Agency provider has 2 staff serving 4 individuals on the IO waiver in Clark county, 1 staff who is qualified for the add on and 1 staff who is not qualified: the regular HPC rate for 2 staff serving 4 individuals is $10.80/unit. The provider bills AQW at $11.19/unit and the agency enters "1" in the staff size field to indicate that 1 staff is qualified for the competency add on.

(Previous guidance memo regarding add-on available here.)

posted on Monday, March 19, 2018 at 3:14 PM

There are no comments for this post.

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Shared Services Site Cost Application

April 2018 SEC

Shared Services Sites

40% live with one other person
30% live with 2 other people
20% live with 3 other people
5% live with 4 other people
1% live with 5 other people
1% live with 6 other people
1% live with 7 or more other people, up to 14

10-15% are moving in or out of a site at any given time

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Today: How it works

The DRA (Daily Rate Application) is used to calculate the cost and hours for people who live together and share services today.

A cost projection (CPT) is created for each person. The dollars and hours are combined, and DRA produces a provider hourly rate for the span.

The provider submits a DBU (Daily Billing Unit) for each person. The DBU is based on actual hours of service at the site and the provider hourly rate.

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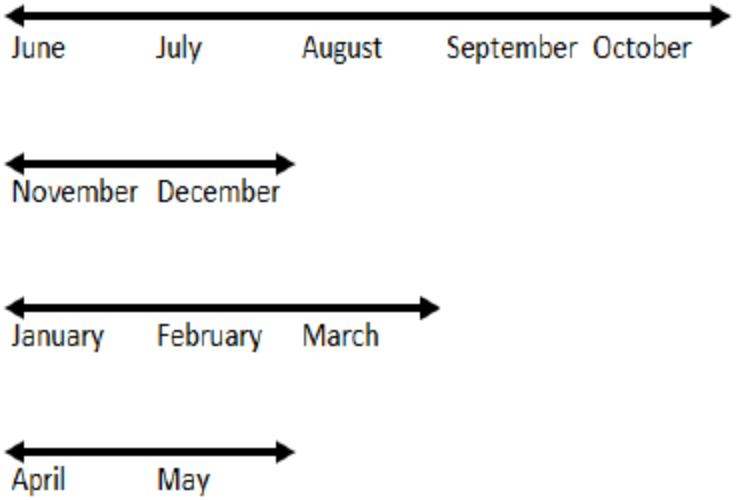
TODAY

However, changes to plans often break up a plan into many different spans throughout the year.

Site: Byrd Home



Jim's Plan Changes:

And Gene's plan changes

And David's plan changes

Provider hourly rate: $19.04

Provider hourly rate: $19.02

Provider hourly rate: $18.55

Provider hourly rate: $16.55

Provider hourly rate: $17.08

Provider hourly rate: $19.08

Provider hourly rate: $19.81

Provider hourly rate: $18.08

Provider hourly rate: $16.25

Provider hourly rate: $17.41

Problem: Billing

Lose-Lose

- Changes are missed or never discussed
- Audits sees a DBU change that the provider did not bill for, or know about, until the audit
- Providers ask for small amounts of units to be added to plans
- County boards reduce plans, this is sometimes done long after delivery and billing (12 months later)

Problem: Staff Time

Assumption	County Board	Provider
Staff hours per change	3.5	1.5
FTE (with benefits)	$75,000	$50,000
Productivity (/2080 hours)	80%	80%

60,000 appx hours SSAs spent on CPT changes

17,000 appx hours providers spent on CPT changes

50% of those hours were spent on making unnecessary changes

33 SSAs worked full time for an entire year for no benefit to people served, county boards, or providers

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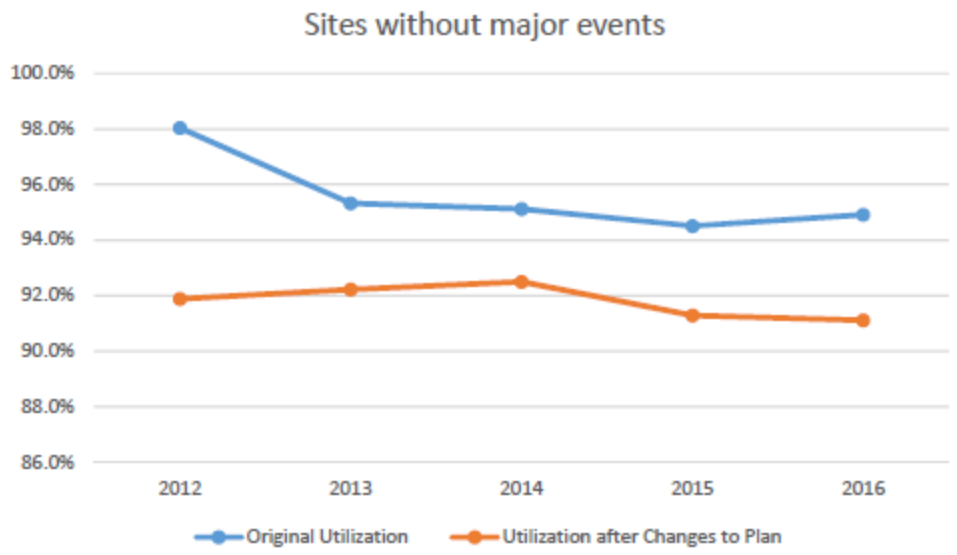
Problem: Plan Updates

When money is added to plans that need to be changed, too much money is added.

On average, this makes utilization worse by 5%



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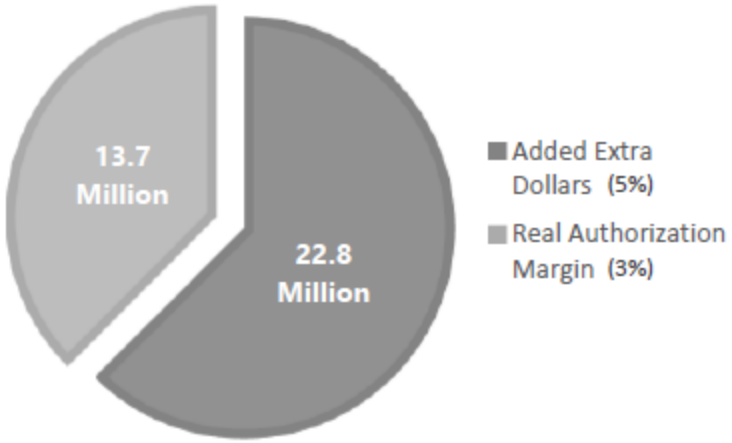
Problem: Availability of Funds

The authorized dollars that remain at risk, or authorized but not used, is on average about 8%. That 8% includes 4-5% of added, but not needed, costs.

Since we know that 5% of that services is not needed, **the real utilization margin for authorizations is 3%.**



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Proposed Change

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NEW

Site: Byrd Home

	June	July	August	September	October	November	December	January	February	March	April	May
Hours:	589.68	746.92	735.94	708.47	729.25	671.29	713.44	743.64	693.17	730.68	700.08	730.71

MSS calculates the number of hours and the rate at the beginning of the year.
The DBU is the same on each day of the month.

June	DBU
Jim	$175.32
Gene	$119.73
David	$132.56

NEW

Providers know what they will get paid each day of that month.

Providers can enter actual hours weekly or monthly.

When the actual hours are within 3% of the projected hours for the month, no changes are made to the plan. The provider gets paid the projected cost for that month.

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NEW

Providers can enter actuals and generate DBU billfiles each week or each month.

June Hours:

3% above	607.37
projected hrs	589.68
3% below	571.99

Week 1	145 hours
Week 2	160 hours
Week 3	150 hours
Week 4	97 hours
Total	552 hours

In this example the provider enters hours weekly. The total hours are 19.99 hours less than 571.99.

MSS/DRA generates a billfile that adjusts the previous 3 weeks of billing and creates claims for the 4th week.

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NEW

Providers can enter actuals and generate DBU billfiles each week or each month.

June Hours:

3% above	607.37
projected hrs	589.68
3% below	571.99

Week 1	145 hours
Week 2	160 hours
Week 3	150 hours
Week 4	157 hours
Total	612

In this example the provider enters hours weekly. The total hours are 4.63 hours more 607.37.

The provider is paid the for the 607.37 hours (which is the same payment as 589.68). The 4.63 hours are discussed by the team. If the 4.63 hours are agreed upon, MSS/ DRA generates a billfile that adjusts the claims for the month to include those hours as reflected in an updated CPT.

NEW

How often will plans change?

We only saw major cost changes when people moved in/out, or started/ended day services.

Scenarios that require a plan change are not limited to those events, but in all cases documentation must be shared to support the need for the site cost change.

Will it work? (data)

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Example from analysis

To test the 3% margin, plans from past years were compared to the actual hours submitted by providers.

The CPT was run in months, and actual hours were averaged across the number of days in the span.

Green months are when actuals are +/- 3% of projected hours

Example Site A

Problem: Staff Time

This workflow from the pilot project shows staff hours dedicated to 1 DRA change.