**Waiver Workgroup**

**11/19/18**

Attendance: Kim Kelly (parent), Steve Mould (OHCA), Jeff Davis (OPRA), Than Johnson (OHCA), Pete Van Runkle (OHCA), Dana Charlton (OSDA), Christine Brown (OSDA), Janet Stephan (OWN), Lori Stanfa (OACB), Jerilyn George (APSI), Beth Foster (OCHCH), David Besancon (OCHCH - phone), Lisa Guliano (Butler CB - phone), Alice Pavey (Hamilton CB – phone), Kristi Williams (DODD – phone), Laura Leach (ODM), Jackie Rigutto (ODM), Amy Coey (DODD), Lyndsay Nash (DODD), Lori Horvath (DODD)

1. Reviewed latest draft of Non-medical Transportation (NMT) rule
   1. (B)(15) – Jeff suggested clarifying that a modified vehicle may include permanent modifications required to address a person’s physical or behavioral needs.
   2. (B)(16) – This draft includes an expanded definition allowing NMT to be used to transport people to post-secondary educational programs and/or internships or practicums.
   3. (D)(2) – Jeff suggested modifying the last sentence to reflect the plan shall indicate whether NMT is provided in a modified/non-modified vehicle, at the per trip rate, per mile rate, by operators of commercial vehicles and/or a combination of the above.
   4. (E)(2) – Jeff asked why the requirements were based on vehicles with 5 or more passengers, as opposed to 8. The 5-passenger vehicle was used to align with the rate breakdowns proposed by the NMT workgroup.
   5. (F)(2) – The group requested language be added to be very clear that other day/employment services or HPC may be billed concurrently with NMT per mile.
   6. (I)(1)(j) – Jeff asked why names of paid staff/volunteers was required. This had been discussed at a previous meeting during which some providers suggested this may be needed for their insurance purposes.
   7. A question was raised about the timeline for implementation. The proposed implementation date remains October 2019. However, there remains opposition from a small group of providers. Strong legislative advocacy from members of the workgroup will be required to ensure the proposed changes become effective.
   8. The proposed budget limitation increases will be reflected in OAC 5123:2-9-19. Those limits were included in the April presentation by Scott Marks. The draft rule will be shared with this group.
   9. The mileage rates specified in OAC 5123:2-9-24 will also be revised to mirror those reflected in the new NMT rule.
2. Proposed changes and expansion of Participant-directed Goods and Services (PDGS) were discussed.
   1. If PDGS were to be included in the Level One and IO Waivers, the service would be modified in SELF, so it was the same across all three waivers.
   2. The new service would be more clearly defined and could be used to purchase
      1. Commercial transportation;
      2. Non-specialized camps;
      3. Community classes;
      4. Family coaching/education;
      5. Therapies not available through the Medicaid state plan (equine, water, art, music, etc.); and
      6. Gym/community memberships
   3. To include commercial transportation, the proposed annual budget limitation for PDGS purchases would be $7,000/year.
   4. A question was raised about whether “commercial transportation” would include only transit authorities or any transportation provider. It would include all the transportation types listed in the definition of “commercial transportation” in the draft NMT rule (buses, light rail, livery vehicles, and taxis available for public use).
   5. The group reviewed high-level data regarding the types of purchases being made today through PDGS in the SELF Waiver.
      1. Additional data is requested on the total amount spent in each category and the number of users.
      2. The group requested additional information about the types of items purchased under the following categories:
         1. Gift cards;
         2. Medical;
         3. Services; and
         4. Supplements
      3. While most items being purchased today appear to be reflected in the proposed new categories, nutritional supplements would need to be purchased through the Medicaid state plan, rather than through PDGS. Some may require prior authorization by the Ohio Department of Medicaid.
   6. PDGS is used to purchase specialized medical equipment and supplies and environmental modifications for people enrolled in SELF. If PDGS is modified, as proposed above, DODD proposes adding the specialized medical equipment and supplies service and environmental modification service currently available through LV1 and IO to the SELF Waiver.
3. Adding PDGS to Level One and SELF would also require the addition of a “Support Broker” service. Based on a previous review of that service utilization, the proposed budget cap for this service for all three waivers would be $4,000/year, as opposed to the $8,000 currently available through SELF.
4. Making the changes proposed above means people enrolled in LV1, SELF, and IO would all have access to the same PDGS, Support Broker, specialized medical equipment, and environmental modification services with the same budget limitations.
5. The group discussed training necessary for implementation of the new daily billing unit rule:
   1. Clearly explain new “date of service” definition and why providers will be able to submit a claim for the new daily billing unit even on dates when the person is not physically present.
   2. Explain what happens when someone is incarcerated or hospitalized.
   3. Provide more clarity about the expectations for “good planning” (cost projecting as accurately as possible, include unscheduled services in specific months based on historical patterns of service usage, communicate effectively with other team members, etc.).
   4. Make a technical guide available.
   5. Provide responses to FAQs.
   6. DODD should be available for enhanced training for boards or providers, if offered by their respective associations.
   7. Explain that providers may submit claims on their preferred schedule (weekly, monthly, etc.).
6. The group discussed possible timelines for waiver changes.
   1. In addition to the proposed changes to NMT and participant-direction noted above, stakeholders are also seeking funding for rate increases during the upcoming budget. This may involve increases to residential and non-residential services.
   2. Below is a summary of proposed timelines:
      1. IO Waiver renewal effective 7/1/19.
         1. ODM plans to submit the renewal to CMS in February to allow sufficient time for CMS to review and for responses to any questions be submitted.
         2. The renewal will be submitted to CMS without any additional amendments to help expedite the review by CMS.
         3. No changes can be made to the waiver until the new effective date (7/1/19).
         4. The very earliest an amendment could be submitted is 7/2/19. CMS requires at least 90 days to review, meaning the earliest effective date for any amendments would be 10/2/19.
      2. Similarly, the biennial budget will likely not be approved until 7/1/19, with the earliest proposed effective date of any initiatives being 90 days after passage (10/1/19).
      3. Below are potential timelines for these proposed service changes.

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| Proposed  October 2019 implementation | Proposed  January 2020 implementation | Other options |
| * Renewal and Budget effective 7/1/19 * Amendments submitted 7/2/19 for all three waivers to include:   + NMT   + PDGS   + Support Broker   + Equipment (SELF)   + Home Mods (SELF)   + Rate increases as proposed in budget * CMS has 90 days to review. * Services are effective immediately upon approval (10/2/19), with no 30-day window between approval and implementation. | * Renewal and Budget effective 7/1/19 * Amendments submitted by 9/1/19 for all three waivers to include:   + NMT   + PDGS   + Support Broker   + Equipment (SELF)   + Home Mods  (SELF)   + Rate increases as proposed in budget * CMS has 90 days to review and approval is effective 12/1/19. * Allow 30 days between effective approval and effective date for planning, as has been recent practice. * Service/rate changes effective 1/1/20. | 1. Submit all amendments 8/1/19 with implementation beginning 11/1 (no 30-day window between approval and implementation) or 12/1. 2. Stagger amendments to submit NMT only in July for October implementation and submit remaining amendments in November for February/March implementation dates. |