

Policy Committee

January 26, 2026





Today's Agenda

- DODD Waiver Work
 - InterRAI
 - July Waiver & Rule Changes, including GES/BEST
 - Acuity Based Rates Discussion
 - DODD Compensation Survey
 - OPRA Modernization Plan
 - Other/Hot Topics
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Waiver Work



Updates & Discussion

- InterRAI
 - July 2026 Rule Changes
 - Remote Supports – team decision re: provider of record
 - Vehicle Mods – align w/ODM (move a mod from one vehicle to another)
 - July Waiver Amendments
 - Environmental Accessibility Adaptations
 - Adult Day Service – settings in response to OIG report (fire extinguishers, chemicals, exit routes)
 - GES/BEST
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Acuity Based Rates: DODD Goals

- Alignment with broader waiver modernization work
 - Create a sustainable waiver program structure
 - Streamline acuity across waivers, budgets, services, and rates
 - Promote simplicity and consistency for persons served, families, providers, and county boards
 - Boost equitable access and provision of services for persons served
 - Also:
 - Predictable payments
 - Limit “cross subsidization”
 - Simplify billing
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Acuity Based Rates: Context

- DODD wants to replace MRC – mixed feedback from providers
 - Proposed daily rate structure – group asked for other options (i.e., weekly) to address flexibility and simplicity
 - DODD proposed partial day rate, full day rate, plus a night rate...
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Warning before I share the next slides...

HPC Daily Rate | Partial & Full Day Option

DRAFT

Deloitte.



Outlining alternative approach to HPC daily rate structure, incorporating feedback from providers

CHANGES TO APPROACH

Instead of an “all or nothing” approach to bill the daily rate with hard minimums, **a partial rate could be introduced** for the following purposes:

- Limit ‘under utilization’ exceptions
- Account for individuals with **high acuity, who prefer to attend day programs**
- **Maintains predictable billing** and **limits** reconciliations, oversight, or **unplanned days** requiring EVV

PRIOR ILLUSTRATIVE MODEL

Tier	Average Staffing	Hours	Rate	Minimum to Bill
1	1:6 – 1:2	6-10	\$100	6
2	1:4 – 1:2	8-12	\$160	8
3	1:3 – 1:1	10-14	\$230	10
4	1:2 – 2:1	12-16	\$450	12

POTENTIAL ILLUSTRATIVE MODEL

Tier	Average Staffing	Partial Hours	Full Hours	Partial Rate	Full Rate	Minimum to Bill Full Day Rate
1	1:6 – 1:2	2-6	6-10	\$50	\$100	6
2	1:4 – 1:2	2-8	8-12	\$80	\$160	8
3	1:3 – 1:1	2-10	10-14	\$115	\$230	10
4	1:2 – 2:1	2-12	12-16	\$225	\$450	12

STATE SPOTLIGHT | IOWA

- ✓ Transition to acuity-based per diems using **partial & full day options**
 - ✓ During **transition to a new standardized assessment**
- ✓ Restructured **billing from prospective cost-based to acuity-based per diem**
 - ✓ Upon **new acuity build** for program

HPC Daily Rate | Therapeutic Leave Days

DRAFT

Deloitte



Introducing a new feature of future acuity-based HPC daily rates to transition current billing patterns with the DBU and MRC

WHAT ARE THERAPEUTIC LEAVE DAYS?

Days for which the individual is absent from the home, with the intention to return, in a setting other than a long-term care facility

CURRENT POLICY

Provider may bill for **any day for which the individual is a resident in the home** and not in an ICF or NF, **total hours and billing** is monitored through the **reconciliation process**

UPDATED POLICY

Why change from Old Policy?

- *Introducing Per Diem Hour Minimums*
- *Partial & Full Day Hour Assumptions*
- *Updating Reconciliation and Recalculation Approaches*

How May Policy Change?

Limit or cap the number of eligible 'Therapeutic Leave Days' for a provider to bill the per diem

- ✓ Align to CMS best practices to ensure approval
- ✓ Manage costs
- ✓ Monitor days billed when an individual is not present
- ✓ Limit reconciliation and oversight
- ✓ Maintain current practices to bill when services are not rendered to the individual



HPC Daily Rate | Comprehensive Optional Approach Example

DRAFT

Deloitte.



Conceptualizing how HPC daily rate considerations would be introduced in practice for providers and outlining potential benefits and considerations

Tier	Staffing	Partial Hours	Full Hours	Partial Rate	Full Rate	Minimum to Bill Full Day Rate
3	1:3 – 1:1	2-10	10-14	\$115	\$230	10

INDIVIDUAL A ACUITY TIER 3								
WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Actual Hours*	16	3	5	5	3	8	14	54
Rate Hours	12	6	6	6	6	6	12	54

Individual A leaves every weekend in the summer to go on vacation with their family resulting in 24 Therapeutic Leave Days

State Limits Therapeutic Leave Days to 30 days per year

The provider may bill for those 24 absences during the summer.

Provider is left with 6 Therapeutic Leave Days to bill for the rest of the year for unscheduled absences

The 24 Therapeutic Leave Days give the provider $\$115 * 24 = \2760

Cover the cost of

- Increased staffing ratios in home
- Maintaining hired staff

DODD Compensation Survey



DODD Compensation Survey Analysis

- Why this matters
 - DODD Report shows average/median across provider agencies...not what the majority of DSPs are making.
 - The distribution is extremely skewed
 - A small number of very large agencies (1,030 FTEs, 620, 572, etc.) employ huge numbers of DSPs
 - There is a long tail of small agencies employing very few DSPs (many under 10 FTEs, even under 5)
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DODD Compensation Survey

- 133 agencies (8.8% of providers) employ a majority of Ohio's DSP workforce (by FTE).
 - More than half of Ohio's DSP FTEs are employed by the largest 133 agencies.
 - Most DSPs (by FTE) work for a relatively small share of agencies — fewer than 1 in 10.
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DODD Compensation Survey

- More than 50% of DSPs make over \$18/hr
 - The agencies who pay the most, have the highest longevity
 - Turnover is 25% higher in the agencies paying below \$19/hr
 - Vacancy rates were about the same across the board
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