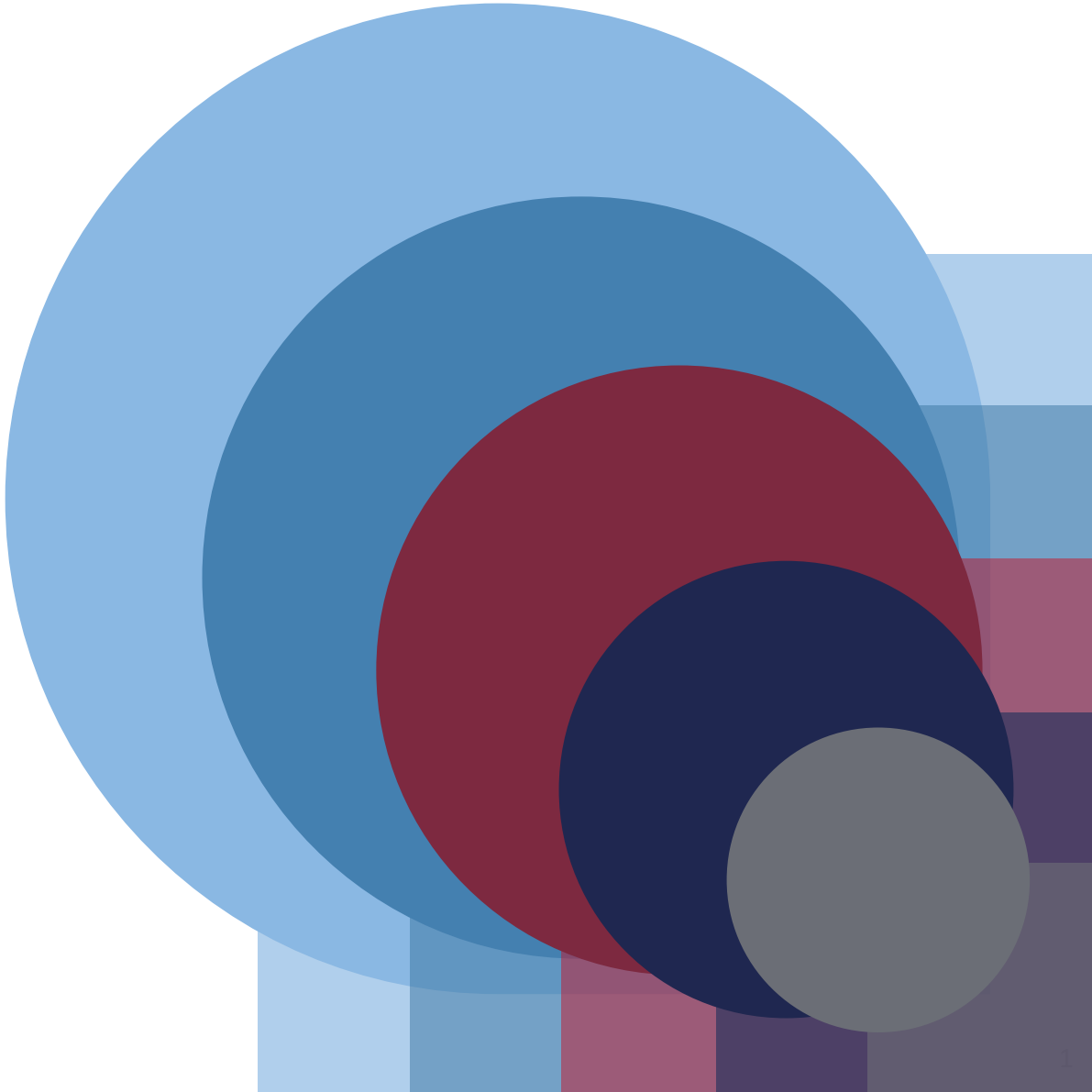
JULY 15TH, 2026

Waiver Modernization Project

Acuity Workgroup



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HPC Congregate Approach

HPC Congregate | Acuity-Based Rate Options

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Overview of options and considerations related to future state HPC congregate rates

GRANULARITY — *BILLING* — **SIMPLICITY**

15MIN CURRENT STATE

- Exact staffing ratio
- Exact 15-minute unit
- Acuity-based add-on reflection

15MIN HOME SIZE & ACUITY

- Acuity-based staffing ratio, adjusted to home size
- Exact 15-minute unit
- Acuity-based add-on reflection

15MIN ACUITY

- Acuity-based staffing ratio
- Exact 15-minute unit
- Acuity-based add-on reflection

DAILY ACUITY

- Acuity-based staffing ratio
- Acuity-based hours per diem
- Acuity-based add-on reflection

EXACT REIMBURSEMENT — *REIMBURSEMENT* — **AVERAGED REIMBURSEMENT**

SAME — *CONGREGATE VS NON-CONGREGATE* — **DIFFERENT**

CONSIDERATIONS

- **Exact tracking** of time and service delivery for billing
- **Less predictable reimbursement** due to day-to-day billing adjustments to service plan projections and reimbursement
- **Less incentive to leverage Remote Support**, due to advantages of cross-subsidization

- **Reimbursement reflects costs over time** rather than per exact 15-minute unit
- **Less incentive to serve lower acuity** individuals or parity based on home size

Feedback Discussion Questions

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Outlining key discussion questions to navigate and drive decision making related to HPC congregate acuity-based rate options

1. **Which option aligns best with current practices for time tracking and service delivery documentation?**
   Consider options that feel like an extension or re-application of current processes rather than those that create net new or additional documentation needs and processes

2. **Which option are you most comfortable with when it comes to a reflection of staff time?**
   Consider options that reflect the level of detail you expect and would hope for in a given reimbursement rate as it relates to staff time delivered

3. **Which option are you most comfortable with when it comes to reflection of individual need?**
   Consider options that allow service rendered to be accurately and appropriately based on the individuals that need them and the options that simplify this acuity-based allocation

4. **Which option creates the least administrative burden?**
   Consider options that ease oversight of billing, verification that services billed match services rendered, and adjustments to service plan and staff scheduling

5. **Which option best translates into future state?**
   Consider options that align best to how you envision future state given the current CMS environment, transition from MRC, and translation from how rates are billed today

6. **Which of the above considerations are most important to you and the stakeholders you represent?**

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HPC 15 Minute Options

Congregate HPC 15-Minute Staffing Options

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Outline of options to simplify the congregate HPC 15-minute rate structure

CURRENT STATE

STAFFING RATIOS

SEPARATE RATES FOR GROUP SIZE AND STAFF SIZE

ROLL IN STAFFING

IN ACUITY

STAFFING RATIOS ASSUMED IN TIER

IN HOME SIZE

RATES VARIED BY HOME SIZE

STAFFING RATIOS ASSUMED IN TIER

*Note that across options additional dollars historically associated with add ons will be incorporated into the rates to account for higher needs of higher acuity individuals. The extra amounts can support providers with additional training / specializations to serve individuals with more complex needs.

15-Min | Current State

Outline of option to keep the current staffing ratio model that exists today, but incorporating acuity into fee schedule rates

CURRENT STATE

ACUITY ADJUSTED

Acuity assumption limited to additional staff specialization needs to serve person. **Staffing lives completely outside of the rate** and is captured in the number of **people that are being served by 15-min unit.**

Provider bills the rate for **each person** based on their acuity tier and number of people receiving the service.

EXAMPLE RATE TABLE

Acuity Tier	Staffing Ratio			
	1:1	1:2	1:3	1:4+
1	$$	$	$	$
2	$$$	$$	$$	$
3	$$$$	$$$	$$$	$$

BENEFITS

- **Exact reimbursement** for services delivered
- **Simpler transition** from current state billing practices and **same application to non-congregate billing**

CONSIDERATIONS

- Time tracking and **billing complexity**
- **Fluctuation in rate billed** throughout the day and throughout the year

15-Min | Roll In Staffing by Home Size & Acuity

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Outline of option to use a roll in staffing by home size approach to flatten staffing ratios

ROLL IN STAFFING

HOME SIZE

Acuity assumption limited to additional needs to serve person. **Staffing lives both within and outside of the rate** and is captured in the number of **people residing in a home as well as individual acuity.**

Provider bills the rate for **each person** based on their acuity tier and number of people in their home.

EXAMPLE RATE TABLE

Acuity Tier	Home Size			
	1	2-3	4-5	6+
1	$$	$	$	$
2	$$	$	$	$
3	$$	$$	$	$
4	$$$	$$	$$	$
5	$$$$	$$$$	$$$	$$

BENEFITS

- Opportunity to **reallocate staff time by** acuity while still reflecting appropriate sharing by rolling in home size
- **Simpler for providers** to bill by limiting staffing ratio adjustments throughout the day

CONSIDERATIONS

- Determine what is **'home size'** and **requirements for it to change**

15-Min | Roll In Staffing by Acuity

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Outline of option to use a roll in staffing by acuity approach to flatten staffing ratios

ROLL IN STAFFING

IN ACUITY

Acuity assumption includes additional needs to serve person and assumed staffing ratio. **Staffing assumptions** are **built** into acuity tiers.

Provider bills the rate for **each person** based on their acuity tier.

EXAMPLE RATE TABLE

Acuity Tier	Staffing Assumption	Rate
1	Mostly Shared	$
2	Mostly Shared	$$
3	Some Alone	$$$
4	More Alone	$$$$
5	Mostly Alone	$$$$$

BENEFITS

- **Aligns** payment more directly to **expected support** intensity
- **Simplifies** rate structure by **reducing staffing-specific code** variation
- Creates a **clear link** between **acuity** and **reimbursement**

CONSIDERATIONS

- **Providers** who serve people with lower acuity who live in smaller homes may experience greater impacts

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HPC Daily Rate Approach

Acuity-Based Daily Rate Model Components | Overview

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Breaking down the different components of the proposed approach and highlighting

APPROACH COMPONENT	DECRIPTION & REASONING	END GOAL
1 ACUITY-BASED DAILY RATE	• **Streamlined rate model** and reimbursement for individuals of like needs that aligns to CMS expectations • **Limit volatility** from roommate schedules and services • Shift away from **splitting costs** for budget purposes	• Focus service planning discussions on **hours rather than dollars** • Create a **consistent reimbursement structures** for providers
2 SEPARATE NIGHT BILLING	• Focus overnight support **needs on health & safety** • Shift away from **splitting overnight costs** for budget purposes • **Increase accuracy** during the day	• **Focus OSOC delivery** for those who may need it • **Incentivize Remote Support** • Enhance **provider capacity**
3 PARTIAL RATES	• Reflect hours that may **not meet full day service minimums** • Limit instances of **billing the 15-minute unit** • Provide a **lower-hour alternative** for high acuity individuals to attend **day programs**	• Reflect **time-served more accurately** • Leverage in **service planning meetings** to **project time**
4 THERAPEUTIC LEAVE DAYS	• Reflect current billing processes & **limit change** • Establish maximum to **align with CMS guidance and approval**	• Create a **smoother transition** • Cover portion of **costs to maintain staff** • **Alleviate impact** to projected revenue

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Next Steps

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Acuity Workgroup Timeline

Overview of upcoming provider discussions

Live Discussions	OCTOBER 2025 Kickoff & Intro to Acuity	NOVEMBER 2025 Acuity Philosophy & Process Flow	JANUARY 2026 Acuity Build Approach Option	FEBRUARY 2026 Acuity Rate Component Detail	APRIL 2026 Acuity Rate Approach	MAY 2026 CMS Considerations	JULY 2026 Daily vs 15-min Approaches

AUGUST WORKGROUP

REGARDING:

- Strategized acuity-based rate approach

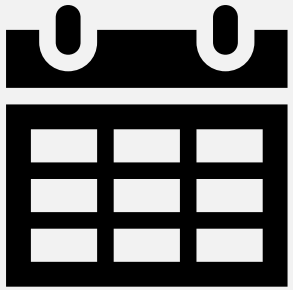
SEPTEMBER WORKGROUP

REGARDING:

- Acuity based rate model proposal

Feedback may be solicited offline prior to and after meetings.

Next Steps



CONSOLIDATE FEEDBACK ON ACUITY APPROACH

Provider Workgroup Members

Deadline: July 24th

IDENTIFY NEXT MEETING

DODD/Deloitte/Workgroup Members

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Appendix

Acuity Model Terminology

Associations members raised that several interRAI terms are new and it would be beneficial to define them in a glossary

TERM	DEFINITION
Acuity	• How much **relative care or support a person needs**. If someone has a higher acuity, they may need more help.
Acuity-Based Rates	• A payment system for service providers that is **based on the level of care a person needs**. People with more complex needs will have an overall higher amount paid to providers for their care.
Support Level	• Support levels will be developed **based on someone's relative need compared to their peers (acuity)**. The interRAI assessment will help figure out these support levels. Support levels will **include budget amounts, similar to how the ODDP had funding ranges. Support levels will also help with suggested service bands** and **determine reimbursement tiers for providers.**
Acuity Reimbursement Tier	• An individual's support level will align them to an acuity reimbursement tier, to be used for providers in billing. If someone needs specialized help (like complex care) the provider will get paid more. The number of **acuity reimbursement tiers may vary depending on the service.**
Service Band	• A service band **recommends a range of support hours (per week, per month)** that are common for those in each support level. These recommendations can support person-centered planning conversations with your support team.

Data Sources for Acuity Build

Overview of the data sources to be utilized in the acuity rate build.

interRAI Data

INTERRAI DATA will tell us what someone's case mix or relative needs are. This information paired with Ohio data will help to inform support level groupings and rate reimbursement tiers.

Claims Data

HISTORICAL CLAIMS DATA informs per person volume of services, what the cost of the services are, and the combination of services utilized. This will help to determine support level groupings and service bands, as well as how many hours of services are typically used by each acuity tier and typical staffing patterns.

Budget Data

BUDGET DATA will help us understand overall spend and what proportion of spend is currently allocated to add-ons to reflect those costs in the future. This data also informs costs outside of individual budgets, like provider competency and overtime costs, to be reflected in future state rates.

MRC Data

MRC DATA will give us detailed information on how someone's projections are currently built with staffing ratios, units, and add-ons. This information will help us to build HPC congregate daily rates by identifying where typical usage falls across acuity tiers and how staffing differs. The MRC data may also be leveraged to help understand staffing ratios and ability to share services across populations.

All data sources will be utilized to understand different aspects of acuity across populations. The interRAI data will be crucial to understand relative needs identified through a standardized and normalized tool while the historical data will be used to determine how the Ohio waiver population is grouped into acuity tiers, what the costs are associated with each acuity tier, and how the actual utilization is used to adjust rates.

General Acuity | Overnight Example

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

Benny is Acuity Tier 3 and needs HPC overnight for intermittent medical needs per his OhioISP

ILLUSTRATIVE MODEL

Tier	Full Rate	Minimum to Bill Full Day Rate
1	$100	6
2	$160	8
3	$230	10
4	$450	12

BENNY | ACUITY TIER 3

WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day Hours*	10	13	11	10	12	15	14
Needs Overnight?	8	7.5	6	8	6	8	8
Billing	*1 Full Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*

Provider **bills as planned and expected** per Benny's acuity tier and service plan needs documented

HPC Daily Rate | Partial v Full Example

Overview of partial rate approach and how they may function in future state

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EXCEPTIONS

3

PARTIAL RATES

- Unscheduled changes
- Address interaction with other services

4

THERAPEUTIC LEAVE DAYS

- Absences

POTENTIAL SCENARIOS & MODEL

1. ***UNPLANNED:*** To account for low-utilization days and avoid instances of 15-minute billing
2. ***UNANTICIPATED INTERACTION:*** *Allocation of other services does not fit within anticipated acuity-based daily rate hours*

ILLUSTRATIVE MODEL

Tier	Minimum to Bill Partial Rate	Minimum to Bill Full Day Rate	Partial Rate	Full Rate
1	2	6	$50	$100
2	2	8	$80	$160
3	2	10	$115	$230
4	2	12	$225	$450

General Acuity | Partial vs Full with Overnight Example

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

Benny is Acuity Tier 3 and needs HPC overnight for intermittent medical needs per his OhioISP

Benny prefers to spend time at day programs during the week rather than stay in the home.

ILLUSTRATIVE MODEL

Tier	Minimum to Bill Partial Rate	Minimum to Bill Full Day Rate	Partial Rate	Full Rate
1	2	6	$50	$100
2	2	8	$80	$160
3	2	10	$115	$230
4	2	12	$225	$450

B E N N Y | A C U I T Y T I E R 3

WEEK	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day Hours*	16	3	5	5	3	8	14
Needs Overnight?	8	7.5	6	8	6	8	8
Billing	*1 Full Day + 1 HPC Night*	*1 Partial Day + 1 HPC Night*	*1 Partial Day + 1 HPC Night*	*1 Partial Day + 1 HPC Night*	*1 Partial Day + 1 HPC Night*	*1 Partial Day + 1 HPC Night*	*1 Full Day + 1 HPC Night*

Provider **bills as planned** for day and night but uses partial days since Benny's participation in day programs is unexpected compared to his peers.

Partial Rate | Example

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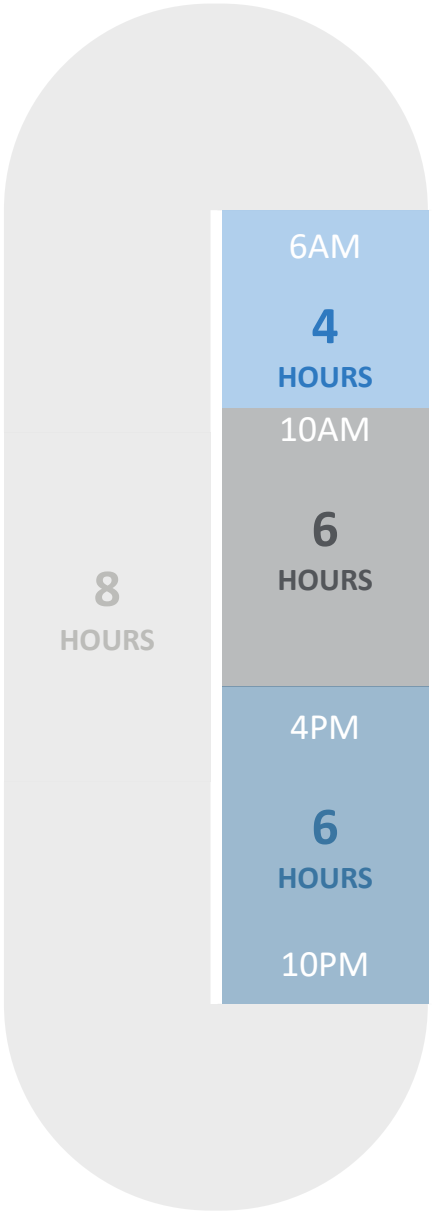
Overview an example of how partial rates may be allocated or utilized for exceptions



TYPICAL DAY

JENNY: *Acuity Tier 2*
Jenny attends day programs

FULL DAY RATE

JOHNNY: *Acuity Tier 3*
Johnny attends day programs

FULL DAY RATE

JANIE: *Acuity Tier 4*
Janie attends day programs

PARTIAL RATE

ATYPICAL DAY

JENNY: *Acuity Tier 2*
Jenny attends day programs
Jenny comes home as usual

FULL DAY RATE

JOHNNY: *Acuity Tier 3*
Johnny attends day programs
His family picks him up from day programs to celebrate his birthday

PARTIAL RATE

JANIE: *Acuity Tier 4*
Janie attends day programs
Janie comes home as usual

PARTIAL RATE