

Rules 5123-9-22, 5123-9-30, 5123-9-34
Clearance Period: March 7-20, 2018
Comments Received with Department's Responses

5123-9-30 (Homemaker/Personal Care)

Comment	By Whom	Department's Response
(F)(7): The Ohio Provider Resource Association (OPRA) values all the work the Department undertook to get the rate modification funds appropriated during the state budget process last summer. With all of the uncertainty during the last budget process, we recognize this was a heavy lift for the Department. OPRA also appreciates all the collaboration with billing and agency providers to develop a billing method since the state budget was passed. OPRA is extremely excited for the opportunity to incentivize Direct Support Professionals to continue their education and improve their supports to individuals with intellectual and developmental disabilities.	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	We appreciate the support of OPRA and other organizations that helped secure the additional state funding from the General Assembly that enables us to provide the rate modification.
(F)(7): Many Ohio Provider Resource Association (OPRA) members have expressed frustration with the branding of this initiative. Some of the branding makes it seem that the potential pay increase from the rate modification is applicable to all Direct Support Professionals (DSP). Agency administrators are finding themselves repeatedly having to explain the rate modification and subsequent wage increase is only applicable to Routine Homemaker/Personal Care. DSPs are increasing confused by the seemingly conflicting messages. OPRA would appreciate if the Department would offer some clarification to the field that reiterates the rate modification is only applicable to the services outlined in (F)(7).	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	We will strive for more concise messaging moving forward.
(F)(7): Is this for when individuals are with staff? Does this also include "on behalf of" Homemaker/Personal Care services for individuals?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	The Staff Competency rate modification may be paid whenever qualified staff are providing Routine Homemaker/Personal Care.
(F)(7): Do staff get this when they are doing "cost of doing business" (training, in-services, etc.) or non-billable items?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	The rule governs provision of Homemaker/Personal Care. How the agency provider pays staff who are engaged in other pursuits is at the discretion of the agency provider. The rate modification applies to all units of Routine Homemaker/Personal Care delivered by qualified staff.

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(F)(7): Can we as an agency add additional requirements for the Staff Competency rate modification?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	No; an employer cannot impose additional requirements for staff to be eligible for the Homemaker/Personal Care Staff Competency rate modification. Eligibility is based on criteria established by the Department in rule 5123-9-30.
(F)(7): What happens if the majority of long-term staff don't take advantage of this?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	Nothing.
(F)(7): What happens if the rule changes and this is no longer an option for long term staff?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	If the rule were amended to remove the rate modification, it would not be available.
<p>(F)(7): How do we cover admin cost before this goes into place? Example: A lot of work making sure we are meeting the requirements and developing and maintaining records (human resource, billing, and payroll).</p> <p>This will cause much more work every week for administration to make sure staff are getting paid correctly and that we are getting paid correctly, how do we cover that cost? We may even have to hire another staff to ensure this is done correctly.</p> <p>We have over 100 employees, how if only one or a couple do this, does this cover all the admin cost for this?</p>	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	That is at the discretion of the agency provider. The proposed rate modification is \$0.39/15-minute unit (i.e., \$1.56/hour). The intent is for employees who meet the requirements to receive a \$1.00/hour increase. The additional \$0.56/hour may be used to offset administrative costs.
(F)(7): Our payroll runs before we are paid by the state, how do we make sure we get reimbursed for the services?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	By providing services and submitting claims for reimbursement in accordance with rules governing the services.
(F)(7): What if we overbill? And don't receive payment from the Payment Authorization for Waiver Services? Do staff still get paid the add-on? When we will not get paid for those services?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	The State will pay an agency provider for a properly submitted claim for services delivered by staff who meet the requirements.
(F)(7): When claims are denied will the add-on be denied also?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	Yes.
(F)(7): Does this meet all Wage and Labor requirements?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	It is the agency provider's responsibility to ensure it complies with wage and hour regulations. Paying qualified staff higher hourly wages however, does not create a conflict.

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(F)(7): When we have to bill the county board for single support hours, do staff still get the add-on?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	We are not sure we understand your question, but if you are referring to locally-funded services, the answer is "no." The rate modification applies only to Routine Homemaker/Personal Care delivered to individuals enrolled in Home and Community-Based Services waivers.
(F)(7): Will the state have help on hand to help providers figure out how to do this add-on, well in advance of the rule changing? Giving providers plenty of time to have things in place. Seminars, Webinars, Conference?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	Yes. Guidance materials will be issued in advance of the effective date of the rule (projected to be July 1, 2018).
(F)(7)(a)(i): What is full-time equivalent?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	Full-time equivalent is 2,080 hours per year.
(F)(7)(a)(i): 5 years/24 months of full-time -- So a staff can work 2 years full-time 5 years ago and be able to get add-on, but a staff that has worked part-time for the whole 5 years does NOT get the add-on?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	Paragraph (F)(7)(a)(i) was revised to remove the requirement that the work experience be completed within the past five years. To be eligible for the Homemaker/Personal Care Staff Competency rate modification, a staff member would have to have worked at least two years (the equivalent of 24 months, 4,160 hours, or 16,640 fifteen-minute units) providing direct services to individuals with developmental disabilities.
<p>(F)(7)(a)(i): What style of previous employment documentation will be required (e.g., W-2s, references, etc.)? If a W-2 is required how do we know that they worked as a direct care staff? What if the staff previous employer is no longer in business?</p> <p>What is acceptable documentation certifying a Direct Support Professional has worked two years in the field? How does a current employer verify past work if the former employer is no longer in business?</p>	<p>Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.</p> <p>Christine Touvelle, Policy Analysis, Ohio Provider Resource Association</p>	<p>Agency providers may accept from their employees whatever documentation they traditionally accept to verify employment history. A W-2 form is acceptable but not required. A pay stub or a signed reference or letter from the Chief Executive Officer or Human Resources Director of a former employer is acceptable. If the former employer is no longer in business, an agency provider may accept a signed attestation from the staff member. For new hires, verifying whether someone worked in a direct care position may be accomplished in conjunction with completing reference checks required by paragraph (C)(1) of rule 5123:2-2-02 (<i>Background Investigations for Employment</i>).</p> <p>The Department is developing a form to be submitted by independent providers to summarize relevant employment experience. The form will include spaces (similar to the employment history page on a traditional employment application) for the independent provider to describe his or her experience as an agency employee or an independent provider and dates of service. The form will be available for agency providers to use, if desired. Use of the form may make it easier for an agency provider to substantiate the employment history of the employee, if asked during a compliance review or audit.</p>

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<p>(F)(7)(a)(ii): Will there be an alternate process for training approval if a Direct Support Professional (DSP) completes a training curriculum not accredited by the National Alliance of Direct Support Professionals (NADSP) or on the Department's online training center?</p> <p>If a DSP completed a curriculum previous to the development of this rate modification but the curriculum was not accredited by NADSP, is there a process for the DSP or agency provider to get the training to count toward the 60-hour training requirement?</p>	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	The only training accepted at this time is that which is competency-based and accredited by the National Alliance of Direct Support Professionals. Please note however, that paragraph (F)(7)(a)(ii) was revised so that a Professional Advancement Through Training and Education in Human Services (PATHS) or DSPaths Certificate of Initial Proficiency or Certificate of Advanced Proficiency will meet the requirement regardless of when the Certificate was issued.
(F)(7)(a)(ii): Providers asked if they can start taking classes now so they can get the provider rate increase when the rule goes into effect. Also, are there specific classes a person is supposed to take?	Judy Fetterolf, Service and Support Administrator, Portage County Board of Developmental Disabilities	<p>Yes; direct care staff are encouraged to get started on the classes. Classes are available free of charge at the Department's website: http://dodd.ohio.gov/Training/Pages/default.aspx</p> <p>A guidance document outlines all of the courses that are accepted: http://dodd.ohio.gov/Communications/Lists/Posts/Post.aspx?ID=913</p>
(F)(7)(a)(ii): What if staff are working so much they don't have time to do the 60 hours of training?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	Staff must have completed the required training in accordance with paragraph (F)(7)(a)(ii) of the rule in order for the agency provider to be eligible for the rate modification. To support staff who choose to complete the training, the Department has made web-based courses available free of charge. Staff may take the courses whenever their schedules permit.
(F)(7)(c): Does an agency provider have to send in the required documentation to make sure the criteria is met? What kind of billing and payroll records do we need to keep?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	No. Paragraph (F)(7)(c) of the rule sets forth that the employing agency provider is responsible for reviewing verifying, and maintaining documentation that demonstrates that a staff member meets the criteria. Department staff may request the documentation for purposes of a compliance review or audit.
(F)(7) & Appendix A: How much goes to direct care staff and how much to admin cost?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	The Homemaker/Personal Care Staff Competency rate modification has been consistently presented by the Department as resulting in a \$1.00/hour increase for staff which has been supported by the provider associations that helped secure the additional state funding from the General Assembly that enables us to provide the increase. That leaves \$0.56/hour to offset administrative costs.
(F)(7) & Appendix A: How do we get paid when billing through the Daily Rate Application (DRA)? This rule addresses 15-minute billing not day rate billing. Congregate settings with multiple staff but only one meets the requirements and we bill through the DRA -- How are we to do this?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	It is possible to bill the Homemaker/Personal Care Staff Competency rate modification for qualified staff who deliver services in a DRA setting. The Department will be issuing guidance for how the rate modification is claimed. Essentially, providers will specify the number of hours delivered by qualified staff.
(F)(7) & Appendix A: We pay per minute not in 15-minute increments, so would this be figured differently?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	The rate modification is paid at \$0.39 for each 15-minute unit of Routine Homemaker/Personal Care delivered by qualified staff, regardless of the method used by an agency provider to pay its staff.

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(F)(7) & Appendix A: Will this money be added on the Payment Authorization for Waiver Services (PAWS)? In the Cost Projection Tool? Will we have to add in the staffing patterns?	Melanie Davis, Billing Administrator, Concepts In Community Living, Inc.	No; since county boards of developmental disabilities will have no way to project the number of units that will be delivered by qualified staff, the rate modification will not be included on cost projections or PAWS. County boards will continue to authorize the number of units necessitated through the person-centered planning process. A competency-based claim will pay for an agency, as long as sufficient number of units are available.

5123-9-22 (Community Respite) and 5123-9-34 (Residential Respite)

Comment	By Whom	Department's Response
The Ohio Provider Resource Association (OPRA) and its member agencies are extremely grateful for the reimbursement rate increases for both Community Respite and Residential Respite services. These increases were greatly needed! While OPRA and its members are thankful for the rate increases, there is some concern that in (F) under Payment Standards in both rules the budget available for individuals on level one waiver was not also increased. OPRA is worried this rate increase may reduce the amount of overall services outlined in (F)(4) an individual can receive through his or her level one waiver budget limitations. In the Common Sense Initiative Business Impact Analysis, question 9 mentions Department staff conducted an analysis and found the increase is not expected to impact most budgets. OPRA is interested in viewing this analysis.	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	Department staff who developed the analysis will contact you to discuss.

5123-9-34 (Residential Respite)

Comment	By Whom	Department's Response
Residential Respite is not intended to be an all-inclusive rate, so room and board payments should also be paid when services are delivered in a licensed residential facility. The response from county boards of developmental disabilities when agencies ask for room and board is inconsistent across the state.	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	Room and board is based upon available resources of a county board.
There is confusion in Intermediate Care Facilities (ICF) about how provided therapies and other services available in the state plan should be billed.	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	Before accepting an individual for a respite stay, an ICF must determine it is able to meet the individual's needs. An ICF cannot bill Residential Respite and Medicaid State Plan services for the same individual. In some situations, a county board or a family may agree to pay for additional therapy services during the stay. ICFs may contact us with specific questions as needed.
There is also confusion regarding reimbursement and the amount of time an individual receives respite services, especially when an individual receives more than 24 hours of but less than 48 hours.	Christine Touvelle, Policy Analysis, Ohio Provider Resource Association	Department staff are available to provide clarification and technical assistance as needed.