

“Cutting through Confusion”

All Member Webinar

February 25, 2022

- **Welcome & Updates**
- **HB169 recap & current status**
- **Outstanding questions**

Upcoming Education

3/2: Philanthropy Networking Gathering- From Resident to Donor

3/3: Palmetto Medicare Update for Hospice

3/8: Housing Professionals Web Series (LeadingAge NY)

3/9: STAT Survey Tips and Tactics – Assessments and Care Plans

3/10: Activity Professionals Zoom Fellowship Meeting

3/10: Palmetto Medicare Update for Home Health

3/29: Hospice Clinical Bootcamp

3/30-3/31 Hospice & Palliative Nurse Review Course

<https://leadingageohio.org/aws/LAO/pt/sp/education>

New Year. New Initiative. New Learning Opportunities.

<https://leadingage.org/members/new-year-new-initiative-new-learning-opportunities>



Welcome & Updates

- Upcoming all-member calls
 - March 9 @ 11:30am: Healthcare Staffing Agencies
 - March 23 @ 11:30am
- Advocacy in Action
 - Second Monday of each month
 - March 14 @ 10am

HB 169 Appropriations

- \$529 M for home and community based services (Aging, Medicaid & DoDD waivers, behavioral health, state plan home health)
- \$300 million for nursing facilities
 - Must be spent on “direct care costs” and excludes administrators, executive leadership, contractors, agency costs
- \$33 million for assisted living
- \$23 million for hospices
- Also included funds for ICFs, rural/critical access hospitals

- Key priorities
 - Urgency
 - Equity (getting relief to who needs it most)
- Key limitations
 - Existing data
 - Rules / “bureaucracy”
 - Maximizing the federal match (FMAP)

ODM's “original plan”

- Appropriation amounts were calculated based on 10% of Medicaid claims, across provider types
- HCBS: An estimated 10% of Medicaid claims, via MITS
- Nursing facilities
 - 75% distributed based on Medicaid days (ppd);
 - 25% distributed based on QIP points-per-day (no exclusion)
 - via MITS
- Assisted living: distributed on per-licensed bed basis, via OAKS
- Hospice: distributed as 10% of Medicaid claims, via MITS

**ROAD
CLOSED**

**←
DETOUR**



Two major hurdles

- Per CMS:
 - If ODM uses Medicaid utilization to calculate payments, they must distribute funds using the same mechanism they use for paying providers
 - Fee for service (MITS) and Medicaid managed care plans
 - Anytime state Medicaid departments want to require managed care plans to pay a specified amount to providers (i.e., a “pass-through”), they need permission from CMS through a specified process (“preprint”)

What this means: Nursing facilities

- Able to identify a workaround
- 75% of funds (\$225 million) will be distributed on a per-certified bed basis
- 25% of funds (\$75 million) will be distributed on a per-point, per-certified bed
 - Bottom 25% of providers based on points NOT excluded
- Draft rule: “direct care” includes any staff not specifically excluded by HB169 (may include dining, housekeeping, etc.)
- No additional audit requirements

What this means: Assisted living

- No changes!
- Per certified bed
- No payment for assisted living waiver
- Via OAKS system

What this means: HCBS

- State plan home health, PASSPORT, OHCW, DoDD waivers, MyCare
 - Home care & adult day providers
- Providers will receive a payment for each of the state Medicaid programs they participate in.
- Lump-sum payments will come via MITS & managed care plans
- Estimated 10% of claims
- Utilization based on 11/1/2020 - 10/31/2021

What this means: hospice

- Reduced from \$23 million to \$3.7 million because room & board was excluded
- Room & board was deemed “duplicative payment” to nursing homes
- Will receive payments based on hospice services via MITS and Medicaid managed care plans

Outstanding questions...

- When will payments come?
 - Granular detail on how payments will be calculated.
- When will ALs be able to register with OAKS?
- Will ODM share provider payment grid with associations?
- What levers does ODM have to compel plans to pass funds to providers timely?
- What are plans for remaining \$19.3 million already appropriated for hospices?

Questions?

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