

An Overview of the Transitions DD Waiver Phase-Out

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History of the Transitions DD Waiver

- 2001: Centers for Medicare and Medicaid Services (CMS) discovered people with different levels of care enrolled in the Ohio Home Care Waiver
- 2002: The Ohio Department of Medicaid (ODM) carves out the TDD Waiver to serve people with habilitative needs

History of the Transitions DD Waiver

- 2011: House Bill 153 authorizes the transfer of TDD from Medicaid to the Ohio Department of Developmental Disabilities (DODD)
- 2013: DODD and county boards begin administering and providing case management for TDD

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History of the Transitions DD Waiver

- 2014: Stakeholder group proposes changes to expand provider options for people enrolled in TDD
- 2015: CMS approves plan to phase-out TDD and serve people through other waivers

Reasons for the Phase-Out

- Individuals/families continue to struggle with finding TDD providers
- The TDD services are much more restrictive than those in other waivers and offer little/no opportunity for community integration
- TDD was designed to serve people with more intermittent or medical needs and was not designed to provide habilitation and/or promote independence

Phase-Out Process: Dates

Projected transfer dates were based upon annual redetermination dates

- 7/1/15 – 6/30/16: Individuals with limited nursing needs will transfer
- 7/1/16 – 6/30/17: Individuals who require Private Duty Nursing and/or TDD Nursing services will transfer

Phase-Out Process: Dates

- Transfer dates may be changed upon request of the individual.
- Dates may be delayed through May 2017.

Phase-Out Process: Waivers

Individuals may choose to enroll in

- Level One Waiver – This waiver offers limited residential supports
- SELF Waiver – DODD's only participant-directed waiver. Maximum of \$25,000/year for children or \$40,000/year for adults
- Individual Options (IO) Waiver

Phase-Out Process: Providers

- All providers received one-year provisional certification for services similar to those provided under TDD
- No action is required to receive provisional certification
- Provisional certification spans are based upon initial projected transfer date of individual(s) served
- These provisional dates CANNOT be changed

Phase-Out Process: Providers

Provisional certification spans:

- **7/1/15 – 6/30/16:**
Individuals transferring 7/1/15 – 12/31/15
- **1/1/16 – 12/31/16**
Individuals transferring 1/1/16 – 6/30/16
- **7/1/16 – 6/30/17**
Individuals transferring 7/1/16 – 12/31/16
- **1/1/17 – 12/31/17**
Individuals transferring 1/1/17 – 6/30/17

Phase-Out Process: Providers

- Providers must submit an initial application for certification PRIOR to end of provisional certification period
- An initial application for certification may be submitted early.
 - If submitted prior to 1/1/16, the fee for certification may be waived by submitting an email to TDDinbox@dodd.ohio.gov.
 - An application must be submitted to provide additional services, such as transportation
 - An application must be submitted in order to be certified earlier than the provisional certification period.

Major Differences: Certification

- All providers will need to meet the certification requirements outlined in rule 5123:2-2-01, which may include:
 - High school diploma/GED
 - First Aid and CPR training
 - 8 hours of continuing education

Major Differences: Billing

- Providers will no longer submit claims directly through MITS, with the exception of IO nursing claims
- Providers will submit claims through DODD's Medicaid Billing System (MBS)
 - Providers must create a user account
 - Providers are encouraged to attend a billing training (Check training page on DODD's website)
- Providers may continue to work with a billing agent

Major Differences: Services

Level One, SELF, and IO offer a broad array of adult day waiver services, including

- Supported/Integrated Employment
- Vocational Habilitation
- Adult Day Supports
- Non-medical Transportation

Major Differences: Services

- Homemaker/Personal Care
 - May be used to help people become more active in community events/activities
 - Includes available rate modifications for providers serving people with more complex medical or behavioral needs
 - Has an on-site/on-call component that may be authorized when the provider must be on-site, but does not have to remain awake

Major Differences: Services

- Shared Living
 - Paid providers who live with an adult they serve may only be authorized to provide Adult Family Living or Adult Foster Care
 - Typically reimbursed on a daily rate
 - Funding is based upon the individual's being fully integrated into the household routine
 - Not a reduction in service to the person, but may result in a change in reimbursement for the provider
- *It is important to address any concerns prior to transferring from TDD

Major Differences: Services

- Medication Administration and other health-related tasks
 - May be performed by staff, other than nurses, who have proper training and/or nursing oversight
 - Medication administration requires certification (cert 1)
 - 14 hours initial
 - 2 hours annual

Major Differences: Services

- Medication Administration and other health-related tasks
 - J/G tube feedings require certification (cert 2) and delegation by a registered nurse (RN)
 - Initial – Must have cert 1, plus 4 hour add-on training for cert 2
 - Ongoing – 2 hours to maintain cert 1, plus an additional 1 hour for cert 2 and annual skills demonstration

Major Differences: Services

- Medication Administration and other health-related tasks
 - Insulin injections require certification and delegation by an RN
 - Initial – Must have cert 1, plus 4 hour add-on training for cert 3
 - Ongoing – 2 hours to maintain cert 1, plus an additional 1 hour for cert 3 and annual skills demonstration
 - Other health-related tasks may be delegated by an RN to unlicensed personnel

Major Differences: Services

- Medication Administration and other health-related tasks
 - Family delegation is permitted under section 5123.47 of the Ohio Revised Code
 - Allows family members who live with an individual to delegate health-related tasks to independent providers who are not licensed health care providers (LPNs/RNs)
 - Families assume responsibility for training and oversight of the unlicensed providers
 - If the county board determines the family delegation to pose a risk to the individual's health/safety, the family member may no longer authorize unlicensed workers to provide care

Major Differences: Services

- Private Duty Nursing
 - This is a service provided through a person's Medicaid card, not through the waiver
 - It is for individuals who require nursing shifts that are greater than 4 hours
 - County boards cannot authorize Private Duty Nursing for anyone enrolled in Level One, SELF, or IO Waivers
 - Referrals must be sent to the Ohio Department of Medicaid (ODM)
 - A nurse from ODM assesses the individual and determines the amount of Private Duty Nursing the person may receive

Major Differences: Services

- Individual Options Nursing
 - This service will be available through the IO Waiver 7/1/16.
 - County boards will complete an assessment to determine what supports are available to perform health-related tasks
 - All requests for IO Nursing will be sent to DODD for review and approval
 - IO Nursing will only be authorized when no other resource is available, such as
 - Unpaid supports
 - Private insurance
 - Medicare
 - Medicaid state plan nursing
 - Personnel certified to administer medications
 - Personnel to whom an RN has delegated tasks

Major Differences: ODDP

- Ohio Developmental Disabilities Profile (ODDP)
 - Only used for the Individual Options Waiver
 - Indicates funding levels at which people with similar needs can typically be served
 - **DOES NOT** determine the person's actual service authorization
 - Authorizations are based upon current assessed needs
 - If a person requires an authorization that is greater than the ODDP funding range, the person may request prior authorization from DODD

Major Differences: PAWS

- Payment Authorization for Waiver Services (PAWS)
 - Used with Level One, SELF, and IO
 - Application in which county boards enter the number of units of service and the amount available to be billed by EACH provider
 - Providers may only submit claims for services authorized in PAWS
 - All changes with providers/services must be communicated to the Service and Support Administrator so that PAWS may be updated, as needed



Frequently Asked Questions

Will individuals be able to request a state hearing to appeal the decision to be disenrolled from TDD?

Yes. DODD will issue due process notices when individuals are disenrolled from TDD. These hearing rights are not issued by county boards. A person may remain enrolled in TDD, if a hearing is requested within 15 days of receiving the notice.

Remember, a hearing is not required to change the transfer date. That date may be changed at any time.

There will be no opportunity for individuals to remain enrolled in TDD past the phase-out date (6/30/17).

If individuals are unhappy with the services or the level of service authorized under the Level One, SELF, or IO Waiver, may they return to TDD?

No. Since the TDD waiver is being phased-out, individuals no longer have the ability to “re-slot” or return to TDD after enrolling in another waiver.

When individuals transfer from TDD, will the service authorization be the same?

County boards are required to authorize services based upon current assessed needs. As a result, there is no guarantee that the same services will be authorized from year to year or that services will be authorized at the same level from year to year.

For a service to be authorized, it must be determined to be “medically necessary,” in accordance with Medicaid and DODD rules. This includes, but is not limited to, ensuring the service is

- The most efficient, cost-effective way to meet assessed needs
- The only way of meeting the need because no other resources are available

Can a state hearing be requested to appeal the reimbursement rate under Adult Family Living or Adult Foster Care?

No. An individual may request a hearing whenever a service is denied, reduced or terminated, or if the person believes the level of service authorized to be insufficient to meet his needs. However, the reimbursement of a provider is not appealable.

Will individuals transferring from TDD to other waivers need a new level of care assessment?

No. The county board will only need to submit a change of waiver request (NICS) to DODD. When doing so, the county board will include an attestation that someone has verified that the person continues to meet the eligibility criteria for enrollment in the waiver.

When individuals transfer from TDD, will they still have the option to choose a provider under the Consumer-Supplied Training Option (CSTO)?

No. All providers must meet the requirements specified in rule 5123:2-2-01. DODD is able to waive some certification requirements when such a waiver is supported by the county board.

If people transfer from TDD early, can the provider's provisional certification date be moved to an earlier date?

No. Provisional certification dates cannot be changed. However, providers may submit an initial application for certification to be able to provide services sooner. Providers submitting applications prior to 1/1/16 may submit an email to TDDinbox@dodd.ohio.gov to have the certification fee waived.

How will providers know if their provisional certification span was assigned?

Providers should check their account in DODD's provider certification wizard (PCW) to see their provisional certification spans for Level One, SELF, and IO services. County boards should also check PCW to verify spans prior to transferring individuals from TDD to other waiver. Questions or concerns with provisional certification spans should be directed to 1-800-617-6733.

What is “delegated nursing?”

A registered nurse has the ability to delegate certain tasks to be performed by staff who are not nurses. This has been widely used since 1989 in accordance with chapter 4723 of the Ohio Revised Code and chapter 5123:2-6 of the Ohio Administrative Code. In 2003, additional changes were effective which allowed unlicensed staff with certification 1 to administer medications without nursing delegation.

The RN must make sure the person’s condition is stable and staff are thoroughly trained to complete the tasks. The RN is responsible for ongoing oversight.



Questions?