

ICF IID ENHANCED PAYMENT PROGRAM (EPP)

**Quarterly Submission Requirement
2023**



Program Mission

Provide enhanced payment for ICFs/IID that meet set targets for vocational and/or day service program.

Offset the costs incurred by ICFs/IID in the delivery of vocational and/or day service programs.

Support participation in vocational and/or day service program.

Today's Topics

- Vocational and day service quarterly requirement
- Timeline for quarterly submission
- Program documents
- Friendly reminders

Vocational and Day Service Quarterly Requirement



Program Hour Requirement(s)

Vocational Services

Facilities will provide 20 hours of vocational services to at least 40% of their residents each week. Residents must participate at least 9 out of 12 weeks.

Program Hour Requirement(s)

Day Services

Facilities will provide 20 hours of day services to at least 60% of the **remaining** residents not participating in the vocational services each week. Residents must participate at least 9 out of 12 weeks.

Timeline for Quarterly Submission





Quarterly Submission

| DATA COLLECTED – FOR THE MONTHS OF: | THE DATA COLLECTION MONTHS - SUBMISSION DEADLINE OF 5 P.M. | PAYMENT - LAST WEDNESDAY OF THE MONTH |
|--|---|--|
| October 1 st -December 31 st | Jan. 30 th | February |
| January 1 st -March 31 st | April 30 th | May |
| April 1 st -June 30 th | July 30 th | August |
| July 1 st -September 30 th | Oct. 30 th | November |

*If *submission deadline* date falls on a weekend or holiday, submission will be due the next business day at 5 p.m.

Quarterly Submission



ICF IID program workbook will be provided to all participating facilities on the **15th day of the month prior** to the data collection period.



Participating facilities will submit the ICF IID program workbook quarterly.



Facilities will utilize the vocational workbook for vocational participants and the day service workbook for day service participants.



ICF.EnhancedPayment@okhca.org

Program Documents



Quarterly EPP Workbook

ICF IID Program Workbook Facility Information

| | | | | |
|---|---|----------------------------------|----------------------------------|--|
| 1 | FACILITY NAME: -----> | | PROVIDER ID # ----> | |
| 2 | PREPARER'S NAME: -----> | | PREPARER'S EMAIL: --> | |
| 3 | | | | |
| 4 | RESIDENT NAME | EMPLOYEE | TOTAL WEEKS | TOTAL VOCATIONAL |
| 5 | List the names of ALL residents participating in the vocational services. DATA COLLECTION PERIOD IS FOR JULY AUGUST SEPTEMBER 2023 | List the employees participating | Total weeks met out of 12 weeks. | List total hours for EACH participant the the period |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |

Facilities must complete the top two rows with facility information.

Quarterly EPP Workbook

ICF IID Program Workbook Facility Information (Cont.)

| FACILITY NAME: -----> | | PROVIDER ID # -----> | | TOTAL FACILITY RESIDENT COUNT: -----> |
|--|---|-----------------------|---|--|
| PREPARER'S NAME: -----> | | PREPARER'S EMAIL: --> | | PREPARER'S CONTACT PHONE NUMBER: -----> |
| RESIDENT NAME | EMPLOYEE/STAFF NAMES & CREDENTIALS | TOTAL WEEKS | TOTAL VOCATIONAL SERVICE HOURS | INDIVIDUAL PLAN 42 CFR 483.440 |
| List the names of ALL residents participating in the vocational services. DATA COLLECTION PERIOD IS FOR JULY AUGUST SEPTEMBER 2023 | List the names of all staff participating in the program out of | | List total hours for EACH participating resident for the the period MM/DD/YYYY. | Provide the date of the recent IPP/Resident Care Plan for EACH participating resident. |
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The months you will report on will be listed here.

Quarterly EPP Workbook

ICF IID Program Workbook Facility Information (Cont.)

| FACILITY NAME: -----> | | PROVIDER ID # -----> | |
|--|---|---|--|
| PREPARER'S NAME: -----> | | PREPARER'S EMAIL: --> | |
| | | | |
| RESIDENT NAME | EMPLOYEE/STAFF NAMES & CREDENTIALS | TOTAL WEEKS | TOTAL VOCATIONAL SERVICE HOURS |
| <p>List the names of ALL residents participating in the vocational services.</p> <p>DATA COLLECTION PERIOD IS FOR JULY AUGUST SEPTEMBER 2023</p> | <p>List the employee/staff names assigned to each participating resident for vocational services.</p> | <p>Total weeks met out of 12 weeks.</p> | <p>List total hours for EACH participating resident for the the period MM/DD/YYYY.</p> |
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List EACH individual with first and last name that participated during the data collection months.

Quarterly EPP Workbook

ICF IID Program Workbook Facility Information (Cont.)

| FACILITY NAME: -----> | | PROVIDER ID # -----> | |
|--|--|----------------------------|--|
| PREPARER'S NAME: -----> | | PREPARER'S EMAIL: --> | |
| RESIDENT NAME | EMPLOYEE/STAFF NAMES & CREDENTIALS | TOTAL WEEKS | TOTAL VOCATIONAL SERVICE HOURS |
| List the names of ALL residents participating in the vocational services. DATA COLLECTION PERIOD IS FOR JULY AUGUST SEPTEMBER 2023 | List the employee/staff names assigned to each participating resident for vocational services. | Total weeks _____ of _____ | List total hours for EACH participating resident for the the period MM/DD/YYYY |
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List by name and credentials EACH employee that worked alongside EACH listed resident.

Quarterly EPP Workbook

ICF IID Program Workbook Facility Information (Cont.)

| FACILITY NAME: -----> | | PROVIDER ID # -----> | |
|---|--|----------------------------------|---|
| PREPARER'S NAME: -----> | | PREPARER'S EMAIL: --> | |
| | | | |
| RESIDENT NAME | EMPLOYEE/STAFF NAMES & CREDENTIALS | TOTAL WEEKS | TOTAL VOCATIONAL SERVICE HOURS |
| List the names of ALL residents participating in the vocational services. DATA COLLECTION PERIOD IS | List the employee/staff names assigned to each participating resident for vocational services. | Total weeks met out of 12 weeks. | List total hours for EACH participating resident for the the period MM/DD/YYYY. |
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List TOTAL WEEKS and then list TOTAL HOURS participated in both day and voc. List separately.

Quarterly EPP Workbook

ICF IID Program Workbook Facility Information (Cont.)

| | | |
|---|---|---|
| TOTAL FACILITY RESIDENT COUNT: -----> | | TOTAL RESIDENTS PARTICIPATING IN VOCATIONAL SERVICES: -----> |
| PREPARER'S CONTACT PHONE NUMBER: ----> | | DATE COMPLETED BY PREPARER: ---> |
| | | |
| INDIVIDUAL PLAN 42 CFR 483.440 | PLAN INCLUDES | PLAN INCLUDES |
| Provide the date of the most recent IPP/Resident Care Plan for EACH participating resident. | The language in the individual plan is descriptive, respectful, empowering, and comprehensive to the resident in describing their vocational services. (Ch | The individual plan describes the benefit of vocational services to the resident and provides several examples. It is specific, detailed, and reflected in the listed outcomes. the Dropdown List) |
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List DATE of most recent IPP/Resident Care Plan for EACH participating resident.

Quarterly EPP Workbook

ICF IID Program Workbook Facility Information (Cont.)

| | | | |
|--|---|---|--|
| TOTAL FACILITY RESIDENT COUNT: -----> | | TOTAL RESIDENTS PARTICIPATING IN VOCATIONAL SERVICES: -----> | |
| PREPARER'S CONTACT PHONE NUMBER: ----> | | DATE COMPLETED BY PREPARER: ---> | |
| INDIVIDUAL PLAN 42 CFR 483.440 | PLAN INCLUDES | PLAN INCLUDES | PLAN INCLUDES |
| Provide the date of the most recent IPP/Resident Care Plan for EACH participating resident. | The language in the individual plan is descriptive, respectful, empowering, and comprehensive to the resident in describing their vocational services. (Choose From The Dropdown List) | The individual plan describes the benefit of vocational services to the resident and provides several examples. It is specific and reflected in (Choose From The Dropdown List) | Action steps describe how vocational services are a benefit to the participating resident. |
| | AGREE DISAGREE | | |
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Answers must represent what is IN the resident IPP/CARE PLAN. A drop down is provided of each row allowing for AGREE or DISAGREE response.

Friendly Reminders



Friendly Reminders

- Quarterly workbook must be complete to receive program reimbursement.
- Documentation submitted for quarterly due date is for the previous 3 months only. Refer to slide 8.
- Quarterly submission is utilized to pull supporting documentation (IPP, CARE PLAN) during facility audit.
- Quarterly document must be submitted to ICF.EnhancedPayment@okhca.org.
- Employees who work as direct care staff will be reported on the quality-of-care report.
- Employees who work as vocational and/or day service staff will be reported on the quarterly EPP workbook.

OHCA ICF EPP Quality Team

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