ICF IID ENHANCED PAYMENT PROGRAM

VOCATIONAL & DAY SERVICES

2023

PROGRAM OVERVIEW

PROGRAM OVERVIEW

Provide enhanced payment for ICFs/IID that implement and maintain a vocational and/or day service program.

The purpose of the enhanced payment is to offset the costs incurred by ICFs/IID in the delivery of vocational and/or day service programs.

Residents who qualify for the enhanced program cannot receive the same services or reimbursement under another program.

PROGRAM REQUIREMENTS

- Program participant must be 18 years of age to participate in vocational program.

- Facility must meet service hour requirement(s) for vocational and/or day services.

- Program participant must reside in an ICF IID home.

- ICF IID Enhanced Payment Program Attestation.

- ICF IID Enhanced Payment Program Annual Facility Service Plan.

- ICF IID Enhanced Payment Program Annual Facility Outcomes Report.

- Quarterly Care Criteria.

VOCATIONAL SERVICES

Provides paid employment in a structured vocational training program for residents outside of the resident's home.

The type of work will vary, but each provider must meet the specific program qualifications for participation.

Vocational service programs provide pre-vocational services training that prepares the residents for employment in a structured educational program.

These programs will utilize either a certified job coach or a designated staff to provide services.

Vocational programs may include sheltered employment, ongoing employment support, job skills training and/or workshop experience in the community.

DAY SERVICES

A day service program is a life enrichment program that is conducted in a dedicated service location.

The organized scheduled programming will vary but must meet the specific program qualifications for participation.

Day service programs provide diverse opportunities for residents to participate in the broader community based on the resident's specific care plan.

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.

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.

VOCATIONAL & DAY SERVICES REQUIREMENT EXAMPLES

Participation Requirement Residents must participate 9 out of 12 weeks		
Total Residents	Vocational Services (20 hours to at least 40% of residents)	Day Services (20 hours to at least 60% of the remaining residents not participating in vocational services)
10 Residents	4 Residents (10 Residents x 40% = 4 Residents)	4 Residents (6 Residents x 60% = 3.6 Residents)
15 Residents	6 Residents (15 Residents x 40% = 6 Residents)	5 Residents (9 Residents x 60% = 5.4 Residents)

PROGRAM SUBMISSION DEADLINES

DATA COLLECTION PERIOD	SUBMISSION DEADLINE 5:00pm	PAYMENT 4th WEDNESDAY OF THE MONTH
October, November and December	Jan. 30	Feb.
January, February and March	Apr. 30	May
April, May and June	Jul. 30	Aug.
July, August and September	Oct. 30	Nov.

- 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 <u>submit</u> the ICF IID Program Workbook <u>quarterly</u>.

- Participating facilities will submit to: <u>ICF.EnhancedPayment@okhca.org</u>.

When the submission date falls on the weekend or a holiday, submission will be due the next business day by 5:00 pm.

FACILITY PROFILE PAGE

User Profile

Note: Please take a moment to verify your user profile before proceeding.
Click "Save Profile" to save your changes and continue to your default screen.

Medicaid/User ID: **Auto populated**

State ID: **Auto populated**

Friendly Name: **Auto Populated**

NSGO Name: NA

E-mail: **(multiple emails must be separated by comma.)**

Password: **(will prompt you to change routinely)**

Facility Admin/Owner:

# of Licensed Beds:

Save Profile

Make sure to hit save profile to save any changes

ANNUAL CARE CRITERIA REQUIREMENT

Submission of ICF IID Enhanced Payment Program Attestation

Submission of ICF IID Enhanced Payment Program Facility Service Plan

Submission of ICF IID Enhanced Payment Program Facility Annual Outcomes Report

Facilities will submit the Attestation, Facility Plan, and Facility Outcome Report to: ICF.EnhancedPayment@okhca.org.

ANNUAL CARE CRITERIA REQUIREMENT (CONT.)

OKLAHOMA HEALTH CARE AUTHORITY
ICF IID ENHANCED PAYMENT PROGRAM ATTESTATION
Vocational and Day Services Program

Name of Facility

Address

Name of Authorized Person, Title/Position | Date

Signature of Authorized Person, Title/Position | Date

The Oklahoma Health Care Authority (OHCA) is requiring an attestation from all providers who receive additional funds through the vocational and day treatment program(s). Providers shall review the document requirements and attest the funds will be used for purposes outlined below.

Please mark all that will be part of your facility plan:

☐ Facility will implement and maintain a vocational and/or day treatment service(s) program to benefit the resident(s).

☐ Facility attest that dollars allocated under this program are not duplicative of payment under any other service.

☐ Facility will identify a separate location identified for day and/or vocational services.

☐ I attest and will provide the following documents upon OHCA request:

- OHCA program forms including but not limited to attestation, facility plan, outcomes report.
- Submission of ALL facility resident names participating in service.
- Hours completed.
- Staff inclusive to vocational and/or day services; including name and credentials.
- Receipts: cost reports demonstrating cost to provide service, transportation etc.
- Participating resident(s) treatment service assessment (Identify the benefit of the service on resident quality of life. (Daily living; emotional well-being; level of independence etc.)

Failure to provide documentation will cause loss of program dollars.

Please submit your facility attestation to:
ICF.EnhancedPayment@okhca.org

ANNUAL CARE CRITERIA REQUIREMENT (CONT.)

ICF IID ENHANCED PAYMENT PROGRAM FACILITY SERVICE PLAN

1. What steps will your facility take to implement a vocational and/or day service program for your residents? Please be specific on the facility implementation process.

(EXAMPLES: contract with a 3rd party sheltered workshop; develop and implement workshop onsite etc., active treatment plan for an individual; overall facility plan on the implementation of a vocational program; a tracking log of resident progress and/or regression etc.)

2. How will you ensure that the vocational program is appropriate for able bodied residents?

(EXAMPLE: comprehensive functional assessment (CFR42 CFR 483.440(c)(3)).   individual program plan (42 CFR 483.440(c) external assessment; interdisciplinary team meetings etc.)

3. How will you ensure the vocational program is benefiting your resident over time?

(EXAMPLE: Program Monitoring and Change (42 CFR 483.440(f) Program Documentation (42 CFR 483.440(e)

Please provide any additional information supporting a vocational program in your facility.

Signature of Authorized Person, Title/Position   Date

Please submit your facility service plan to:
ICF.EnhancedPayment@okhca.org

QUARTERLY CARE CRITERIA REQUIREMENT

Facilities will enter the ICF IID Program Workbook to OHCA.

Facilities will submit the ICF IID Program Workbook to ICF.EnhancedPayment@okhca.org.

Facilities will submit the Member Care Plan upon OHCA request.

QUARTERLY CARE CRITERIA REQUIREMENT
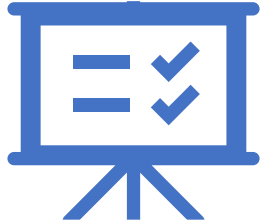# ICF IID PROGRAM WORKBOOK

Resident Individual Plan-Vocational

FACILITY NAME: ABC FACILITY

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.	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 residents for the the period MM/DD/YYY.	Provide the date of the most recent IPP/Resident Care Plan for EACH participating resident.
John Doe	King James, Mary James	9	125	5/1/2023
			125	
TOTAL RESIDENT COUNT				
16				
TOTAL RESIDENT PARTICIPATING				
8				

QUARTERLY CARE CRITERIA REQUIREMENT
ICF IID PROGRAM WORKBOOK (CONT.)

Resident Individual Plan-Day

FACILITY NAME: ABC FACILITY

RESIDENT NAME	EMPLOYEE/STAFF NAMES & CREDENTIALS	TOTAL WEEKS	TOTAL DAY SERVICE HOURS	INDIVIDUAL PLAN 42 CFR 483.440
List the names of ALL residents participating in the day services.	List the employee/staff names assigned to each participating resident for day services.	Total weeks met out of 12 weeks.	List total hours for EACH participating residents for the the period MM/DD/YYY.	Provide the date of the most recent IPP/Resident Care Plan for EACH participating resident.
John Doe	King James, Mary James	9	189	5/7/2023
			189	
TOTAL RESIDENT COUNT				
16				
TOTAL RESIDENT PARTICIPATING				
9				

AUDIT REQUIREMENT

Participating facilities will be audited at least once annually

Participating facilities will be contacted via email and phone when selected for audit

Program audits will be completed as desk or onsite audit

PROGRAM
RATE METHODOLOGY

PROGRAM RATE METHODOLOGY

Payment Allocation

- Seventy percent (70%) of available funds will be allocated to Vocational Services Rate.

- Thirty percent (30%) of available funds will be allocated to Day Services Rate.

- Available funds ($14.95 per patient per day): $10.46 will be allocated to Vocational Services Rate and $4.49 to Day Services Rate.

Rate Components

- Each rate will consist of a Direct Cost Component and an Other Cost Component.

- Direct costs are the costs for activities or items easily traceable to the day services and/or vocational services programs. These items include salaries and wages of day services and vocational staff, and job coaches.

- Other costs are overhead costs attributable to the provision of day and vocational services. For example, utilities not already paid for by Medicaid.

PROGRAM RATE METHODOLOGY (CONT.)

Vocational Services ($10.46)

- Direct Cost Component: $7.32 (70% of available funds)
  - o This rate component will be different for each facility.
  - o For the first year of the program, this component will be the same for all providers.

- Other Cost Component: $3.14 (30% of available funds)
  - o This rate component will be the same for all eligible facilities.

PROGRAM RATE METHODOLOGY (CONT.)

Day Services ($4.49)

- Direct Cost Component: $3.14 (70% of available funds)
  - This rate component will be different for each facility.
  - For the first year of the program, this component will be the same for all providers.
- Other Cost Component: $1.35 (30% of available funds)
  - This rate component will be the same for all eligible facilities.

PROGRAM REIMBURSEMENT

Payment will be in the form of a lump-sum payment made to facilities on a quarterly basis

Payment amount = (Vocational Services Rate) + (Day Services Rate) x Medicaid Paid Days

($10.46 + $4.49) = (14.95 x 1500) = $22,425

PROGRAM COST REPORTING

New Expense Fields Added For Vocational & Day Services Costs

- Salary & Wages
- Outside Professional Fees
- Office Expenses
- Other Expenses

PROGRAM COST REPORTING (CONT.)

SALARY & WAGES AND OUTSIDE PROFESSIONAL FEES

SALARY & WAGES

- Vocational Services Staff (ICF ONLY)
- Day Services Staff (ICF ONLY)

OUTSIDE PROFESSIONAL FEES

- Vocational Services Staff (ICF ONLY)
- Day Services Staff (ICF ONLY)

PROGRAM COST REPORTING (CONT.)

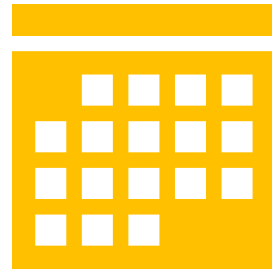## OFFICE & OTHER EXPENSES

OFFICE EXPENSES

- Vocational Services Cost (ICF ONLY)
- Day Services Cost (ICF ONLY)

OTHER EXPENSES

- Other Vocational Services Cost(ICF ONLY)
- Other Day Services Cost (ICF ONLY)

ALLOCATION OF DIRECT COST COMPONENT POOL OF FUNDS

Starting in year two (2), the Direct Cost Component of Vocational Services Rate and Day Services Rate will be calculated using relative direct costs reported by each provider on the annual cost report.

ALLOCATION OF DIRECT COST COMPONENT POOL OF FUNDS (CONT.)

Direct Cost Component of the Vocational Services Rate will be calculated based on the following cost data:

- Vocational Services Staff - (Salaries & Wages Schedule)
- Vocational Services Staff - (Outside Professional Fees Schedule)
- Vocational Services Cost - (Office Expenses-Schedule)

ALLOCATION OF DIRECT COST COMPONENT POOL OF FUNDS (CONT.)

Direct Cost Component of the Day Services Rate will be calculated based on the following cost data:

- Day Services Staff, Activities Director, Other Activities Staff - (Salaries & Wages Schedule)
- Day Services Staff - (Outside Professional Fees Schedule)
- Day Services Cost - (Office Expenses Schedule)

PROGRAM ACCOUNTABILITY OF SERVICE

Cost Audit

- Each facility will be audited annually as part of the annual cost report reviews to ensure only allowable costs are reported.

- Payments will be recouped from facilities that report unallowable costs. Additional audits can be conducted anytime at the discretion of OHCA.

- The cost audits will be in addition to the quarterly quality reviews.

VOCATIONAL & DAY SERVICES COST REPORT AUDIT

ENHANCED PAYMENT FOR VOCATIONAL AND DAY SERVICES COST REPORT EXPENSE AUDIT										
PROVIDER ID#			**PROVIDER NAME:**							
SALARY & WAGES COSTS			**OUTSIDE PROFESSIONAL FEES**			**OFFICE EXPENSES**			**OTHER EXPENSES**	
VOCATIONAL SERVICES STAFF			**VOCATIONAL SERVICES STAFF**			**VOCATIONAL SERVICES COST**			**OTHER VOCATIONAL SERVICES COST**	
JOB DESCRIPTION	**TOTAL COST**		**JOB DESCRIPTION**	**TOTAL COST**		**EXPENSE DESCRIPTION**	**TOTAL COST**		**EXPENSE DESCRIPTION**	**TOTAL COST**
Program Assistant	$28,000					Workshop Materials	$ 6,000.00			
Job Coach	$ 29,000.00									
Program Manager	$ 33,000.00									
	$ -									
TOTAL	**$90,000**		**TOTAL**	**$0**		**TOTAL**	**$6,000**		**TOTAL**	**$0**
DAY SERVICES STAFF			**DAY SERVICES STAFF**			**DAY SERVICES COST**			**OTHER DAY SERVICES COST**	
JOB DESCRIPTION	**TOTAL COST**		**JOB DESCRIPTION**	**TOTAL COST**		**EXPENSE DESCRIPTION**	**TOTAL COST**		**EXPENSE DESCRIPTION**	**TOTAL COST**
Program Assistant	$ 28,000.00									
Program Manager	$ 33,000.00									
TOTAL	**$ 61,000.00**		**TOTAL**	**$ -**		**TOTAL**	**$ -**		**TOTAL**	**$ -**

PROGRAM TRAINING

- Upcoming program trainings available every Thursday in July:

  o July 20, 2023: 2-3 p.m.
  o July 27, 2023: 2-3 p.m.

  Please contact ICF.EnhancedPayment@okhca.org for additional questions or to request additional training.

- Ensure your email on the PFP/QOC provider portal is updated.

- Remember you can add multiple emails on the PFP/QOC provider portal by using a , (comma)

FREQUENTLY ASKED QUESTIONS

- When will our facility start turning in the annual information?
  - o Facility attestation and facility service plan must be completed by 7/31/2023.

- When will our facility start turning in the quarterly information?
  - o Facility workbook must complete beginning October 2023.

- Can the same CNA who works in the facility go with the member to vocational or day treatment?
  - o You cannot duplicate billing under the same employee/staff.

FREQUENTLY ASKED QUESTIONS (CONT.)

- What if we have several members who are out due to unforeseen circumstances? Will they be counted against meeting our metric?
  - o Members not meeting 20-hour requirement for vocational or day services will be reviewed on a case-by-case basis.

- What if we lose a staff who is working with a member in vocation or day services? Can we temporarily use another employed staff, or do we wait until we can hire for the position?
  - o Facilities may use additional current employee/staff if they are qualified and are not duplicative billing.

OHCA PROGRAM TEAM

Fred Mensah   Director

Fred.Mensah@okhca.org

Jennifer Wynn   QA Manager

Jennifer.Wynn@okhca.org

Irene Sanderson   QA Senior Analyst

Irene.Sanderson@okhca.org

Kim Potter   Finance Manager III

Kim.Potter@okhca.org

Lionel Haumpo   Financial Manager II

Lionel.Haumpo@okhca.org

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

oklahoma.gov/ohca
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767