

**ODJFS/Office of Ohio Health Plans
Front Door Stakeholder Group
CHARTER – Modified 06/10**

***Italics denotes changes made to charter in June 2010*

<p>Purpose/Mission: To implement recommendations from the HOME Choice (MFP) and the Unified Long Term Care Budget (ULTCB) balancing work group with focus on changes to the “front door”.</p>	<p>Guidance Team(s): HOME Choice Consumer Advisory Council HOME Choice Fiscal and Implementation Team ULTCS Workgroup</p>
<p>Sponsor(s): Erika Robbins, MFP Project Director, ODJFS Office of Ohio Health Plans</p>	
<p>Background: Ohio was selected for a CMS Money Follows the Person Rebalancing Demonstration grant. The MFP Workgroups are one component of Ohio’s MFP planning and implementation structure. The goal of this workgroup is to initiate balance to Ohio’s long term services and supports system in line with the MFP mission, vision and values.</p> <p>House Bill 119 created the Unified Long-Term Care Budget Workgroup. The Workgroup, chaired by the Department of Aging, is to develop a budget that provides consumers a choice and continuum of services, consolidates policymaking authority and budgets in a single entity, and assures the state has a cost effective long term services and supports system.</p> <p>The Front Door Rules Stakeholder Group will begin implementation of selected short term recommendations resulting from the Balancing Work Group. The selected short term recommendations are as follows (taken from Ohio’s balancing plan (Strategies #10 and #18) submitted with the MFP Operational Protocol):</p> <p>#10 Begin development and implementation of short term changes to Ohio Administrative Code rules pertaining to the “front door” of Ohio’s long term services and supports delivery system through a subgroup of the balancing workgroup. (e.g. pre-admission and resident review requirements and level of care to institutional and home and community based waiver settings as well as financial eligibility determinations).</p> <ol style="list-style-type: none"> a.) Base changes on data, including but not limited to accessible alternatives that are funded as well as accessible alternatives that are budgeted. b.) Conduct a cost-impact analysis. c.) Short term changes could include development of a children’s level of care, clarity in application, and improved quality and timeliness. d.) Develop an education and training plan to improve consumer access and consistency in application. <p>#18. Begin building the ULTCB/MFP balancing workgroup components of the new “front door” to long term services and supports addressing at least the following:</p> <ol style="list-style-type: none"> a.) Begin building the policy of the new front door. <ul style="list-style-type: none"> *the “entry layer” is based on a “no wrong door” concept *the “back room” which includes development of an information technology portal consisting of IT that provides a strong foundation of choice-driven decision-making, accountability, and increased efficiency across the long-term services and supports structure and management processes that sets forth policy and operations, including training and the development of a uniform assessment used by the “no wrong door” entry points. 	

**ODJFS/Office of Ohio Health Plans
Front Door Stakeholder Group
CHARTER – Modified 06/10**

- b.) Development of a comprehensive, uniform assessment (*uniform data collection or single screening tool*) to act as the foundation for the back room and the interface the entry layer - “no wrong door”.
- c.) Development of the virtual door, the back room (internet based with a web portal) with functionality to develop a consumer interface (e.g. search for providers, links to other websites like Benefits Bank) and to process functional determinations in a “smart” manner to improve inter-rater reliability.

Boundaries:

Ohio MFP Grant Proposal and MFP Operational Protocol as approved by CMS, the Olmstead decision and Ohio’s Olmstead Plan (known as the Ohio Access Plan – 2004 version or subsequent updates), OHP Strategic Plan, budget restraints, Ohio Revised Code, Ohio Administrative Code, Martin and other applicable lawsuit settlement(s), federal Medicaid requirements and CMS waiver requirements, ULTCB plan, Futures plan, Executive Medicaid Management Administration (EMMA).

Key Tasks:

- 1.) Develop and approve a group charter and workplan. *Charter Modified June 2010.*
- 2.) Consistent with strategy #10, propose detailed changes to Ohio Administrative Code (OAC) rules and associated processes including any forms to meet the stakeholder approved MFP mission, vision, and values. Note: Work denoted entails policy and criteria review, rule drafting, form revisions, necessary waiver/service amendments, ORC language changes (as needed) as well as staff/provider training.

The “front door” workplan is a component of Ohio’s strategic goal to balance the long term services and supports system. The “front door” work plan has the following phases and tentative timelines:

<i>Phase 1</i>	<i>Short Term PASRR Impact</i>	<i>May 2008 – May 2010 COMPLETE</i>
<i>Phase 2</i>	<i>Short Term Level of Care Impact</i> <i>(NF, ICF/MR, beginning steps toward a</i> <i>Single Screening Tool,</i> <i>Level of Care for children, MH etc.)</i>	<i>June 2010 – Jan. 2012</i>
<i>Phase 3</i>	<i>Long Term PASRR Impact</i>	<i>Feb 2012 – Jan. 2013</i>
<i>Phase 4</i>	<i>Long Term Level of Care Impact</i> <i>(Tiered System, Front Door IT changes)</i>	<i>Feb. 2014 – June 2015</i>

**Note: Phases 3 and 4 will likely occur together during the Feb. 2012 through June 2015 timeframe).*

PREADMISSION SCREENING & RESIDENT REVIEW (PASRR) PHASE 1 COMPLETED

- 5101:3-3-15.1 (JFS PAS rule)
- 5101:3-3-15.2 (JFS RR rule)
- JFS 03622 form (PASRR Identification Screen)
- 5122:21-03 (ODMH PASRR rule)
- 5123:2-14-01 (DODD PASRR rule)

**ODJFS/Office of Ohio Health Plans
Front Door Stakeholder Group
CHARTER – Modified 06/10**

NF BASED LEVEL OF CARE (LOC) -WORKGROUP #1
(co-led by Jim Rosmarin, ODA and Erika Robbins, ODJFS)

- 5101:3-3-05 (Skilled LOC)
- 5101:3-3-06 (Intermediate LOC)
- 5101:3-3-08 (Protective)
- 5101:3-3-15 (LTC Process)
- JFS 03697
- Other rules/forms (as needed/identified)

ICF/DD BASED LOC – WORKGROUP #2
(co-led by Jane Black, DODD and Erika Robbins, ODJFS)

- 5101:3-3-07 (ICF/MR LOC)
- 5101:3-3-08 (Protective)
- 5101:3-3-15.3 (ICF/MR Process)
- 5101:3-3-15.5 (ICF/MR HCBS Process)
- JFS 03697
- Other rules/forms (as needed/identified)

3.) Begin building the foundation to a uniform assessment (*uniform data collection or single screening tool*) consistent with Strategy #18.

The beginning steps are:

- Review other state examples (e.g., MA, MN)
- Review current Ohio forms/documents (e.g., PEAT, CARE, ODMRDD Assessment/Forms, other forms as needed)
- Propose a process for implementation (e.g. build in stages, use modules, connect to MITS)

For example, possible stages could be:

Stage 1 – Core data set across all systems

Stage 2 – Unique data set based on groups of people, if applicable.

Stage 2 – Modules to address specific data sets – the extras. For example, prevention from harm, caregiver/informal supports, employment, environment, nutrition, brain injury.

4.) Implement the short term as outlined in task steps 2 and 3 by using, when available, the information gathered as a part of the Permedion Study. Target Timeframe for Report on the “Nursing Facility and Waiver Functional Assessment Study”.

5.) Implement the short term as outlined in task steps 1,2, 3 and 4 by always keeping in mind the long term recommendation from the MFP/ULTCB Balancing workgroup

Recommendation 5: Ohio should explore developing a tiered model of services. This model will include an evaluation of each consumer’s needs, assignment of a funding level based on those needs, and the flexibility to react to changes in a consumer’s needs. The vision behind a tiered model is to ensure maximum choice for consumers. This recommendation is not meant to specify **how** this should be achieved, but rather to emphasize that all potential options should be explored.

- Evaluate the resources required to ensure impacted consumers receive the appropriate services and that the resources are available prior to changing level of care.

ODJFS/Office of Ohio Health Plans
Front Door Stakeholder Group
CHARTER – Modified 06/10

- To ensure consumer access to needed services, any changes to existing rules and regulations should be made in conjunction with benefit package design.
- Any changes to existing rules and regulations should be data driven to the greatest extent possible. Additionally, the impact to both the delivery system and the individual should be assessed before any changes to existing rules and regulations are made.

Guiding Principles and Ground Rules:

General principles and ground rules include:

- All meetings are open to the public. Any person is welcome to attend and listen to the discussion.
- Every effort will be made to assure that the workgroup is representative of a variety of interests relevant to the workgroup topic.
- The workgroup will utilize the Consensus Model of Decision Making meeting format.
- An agenda will be used for each meeting and will be distributed to group members at least 48 hours prior to meeting.
- Resources and work products will be posted to the website (Location TBD)
- Workgroup participants will be cognizant of the work products and policy decisions occurring through the implementation activities of the MFP, ULTCB, MRDD Futures, and ODMH TSIG.
- Participants will actively engage in discussion about the workgroup topic.
- Participants will work in a collaborative manner and will be open to change (participants will be encouraged to think beyond the current “as is” paradigm).
- Participants acknowledge that recommendations may change due to the boundaries listed above, as a result of the work occurring in other workgroups and committees or based upon receipt of additional information from a variety of sources.
- Participants acknowledge that systems/programs may use different language & will therefore work together to clarify terminology.
- Participants acknowledge that the workgroup’s recommendations are to address all populations utilizing the long term services & supports system (including those populations that are included in later ULTCB implementation phases).
- Additional ground rules will be established by the group as needed.

Estimated Date of Completion:

This group’s focus is on the implementation of short term recommendations *for Phase 2 (Level of Care)*, therefore this group is charged with completion of short term recommendations by *January 2012*.

Meeting Frequency and Duration:

See schedule for dates/locations. All meetings are held from 1:00 to 4:00pm.

- *Full Group Meetings include all members and interested parties. Requested agenda items must be reported to the lead a few days prior to the full group meeting. Agenda items for full group meetings include items that cross all three groups and items in dispute. Any member of the front door stakeholder group may ask for an item to be discussed at a full group meeting.*
- *Workgroups will break out to work on specific topic areas and report back to the Full Group as scheduled.*
- *The July/August break is inserted in the schedule to allow the interagency partners time to modify OAC rules/forms given June feedback. Beginning in October, all workgroup meetings will focus on detailed rule and form change.*
- *Groups with special interests (e.g. children, MH) are asked to join either NF or ICFDD based workgroups unless the full group determines that the topic is a “short term” change and warrants a separate workgroup. At that time, a new workgroup will form.*