

Ohio's Balancing Plan (3/24/08)

The below plan was developed through multiple stakeholder workgroups described in Section B.4. The plan is preliminary and subject to change contingent on the balancing fund and changing state priorities. For this reason, the plan only includes strategies through June of 2009. Ohio will amend the operational protocol upon conclusion of the State budget and Unified Long Term Care Budget Processes. Implementation of Ohio's plan is contingent upon available dollars in the Balancing Fund. The plan and balancing fund will be monitored closely and amendments submitted to CMS as needed. Please note that Ohio's balancing plan was built with the recognition that true consumer choice and system balance is realized when changes are made to multiple points of the delivery system structure including, but not limited to; the entry point, assessment of need, budget, service and support access, provider access, care management, quality, continuity, and program integrity. The plan meets the MFP federal statutory objectives on Balancing, eliminating barriers to Transition, Continuity of care beyond the demonstration, and Quality.

| Strategy | Cost Impact: (New Cost, Cost Neutral, Cost Savings) | Source of Funding if New Cost | Implementation Quarter |
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| <i>Strategies initiated in Calendar Year 2008</i> | | | |
| <p>1. Ohio's biennial budget, effective on July 1, 2007, included a provision requiring the development of a plan for a Unified Long-Term Care Budget (ULTCB). The ULTCB planning period began in July 2007 and is required to end June 1, 2008, with a report to Governor Strickland and the Ohio General Assembly. The proposed budget will be implemented by Phase.</p> <p>Phase 1 – NF based services and supports Phase 2 – State Plan long term services and supports Phase 3 – ICFMR based services and supports Phase 4 – Non-Medicaid services and supports</p> | Cost-Neutral | Not Applicable | Phase 1 – SFY09 (starting in Q3 of 2008) – Transfer between lines SFY 10/11 (starting in Q3 of 2009) – direct appropriation to 4 new funding lines SFY12/13 (starting in Q3 of 2011) – |

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| | | | <p>direct appropriation to a single funding line</p> <p>Note: Remaining phases may overlap Phase 1 implementation</p> |
| <p>2. Develop Ohio statute to address the following:</p> <p>a.) Create a balancing fund to hold enhanced dollars received through Ohio's transition program. Such a fund will create transparency as well as meet the CMS requirement to invest enhanced dollars into the balancing of the long term services and supports system.</p> <p>b.) Modify the current Success Project language to provide flexibility in the use of state funds allocated in the 08/09 budget to support the transition of individuals with mental health and/or alcohol and other drug addiction needs.</p> <p>c.) Modify and/or create new language to develop a mechanism to transfer funds on an individual basis from ICFMR facilities to HCBS waivers not to exceed 100 individuals in SFY09.</p> <p>d.) Develop language to make operational the "HOME Choice Consumer Council" and "HOME Choice Advisory Council" including the appropriation of balancing funds to the Consumer Council in Q1 of 2009.</p> <p>e.) Develop language to allow self-directed health maintenance activities within ODJFS waivers.</p> <p>f.) Develop language to establish a Health Care and Direct Service Workforce Center.</p> | Cost Neutral | Not Applicable | Q2 and Q3 of 2008 |
| <p>3. Develop a State Profile of Ohio's long term services and supports system including the development of a dashboard to measure progress toward the vision that "Ohioans who need long term services and supports get services and supports they need in a timely manner, in settings they want, from whom</p> | New Cost \$500,000 | Balancing Fund | Q2 of 2008 – begin drafting background and analysis of data |

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| <p>they want, and if needs change, services and supports change accordingly”.</p> <ul style="list-style-type: none"> *Conduct as-is assessment of key system components *Conduct focus groups and/or survey *Develop dashboard *Develop forecasting model *Develop automated system | | | <p>Q3 of 2008 – conduct focus groups and develop dashboard</p> <p>Q4 of 2008 – release first draft of state profile</p> <p>Q1 of 2009 – begin development of automated dashboard and forecasting model</p> |
| <p>4. Convene the HOME Choice Consumer Council representing all Ohioans in need of long term services and supports through leadership from the Ohio Olmstead Task Force.</p> <ul style="list-style-type: none"> • 2 persons with MRDD • 2 persons who are elderly • 2 persons with physical disabilities • 2 persons representing children • 2 persons with mental illness • 2 persons with drug and alcohol addiction <p>a.) Coordinate consumer council members. b.) Develop a charter and a plan. c.) Convene first meeting of council in Q1 of 2009. d.) Develop communication tools for consumers on advocacy and community living.</p> | <p>\$100,000 each calendar year starting in Q1 of 2009</p> <p>\$50,000 in Q1 2009 only for the development of communication tools on advocacy and community living</p> | <p>Balancing Fund</p> | <p>Q3 of 2008– Planning Phase</p> <p>Q1 of 2009 – First Meeting</p> <p>Q1 of 2009 to begin work on communication tools</p> |
| <p>5. Develop the mechanism to transfer funds on an individual basis from</p> | <p>Cost-Savings</p> | <p>Not Applicable</p> | <p>Q3 of 2008</p> |

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| ICFMR facilities to HCBS waivers not to exceed 100 individuals in SFY09. | | | |
| 6. Promulgate rules to make operational the success project change related to individuals with mental illness and/or alcohol and drug addiction. | Cost-Neutral | Not Applicable | Q3 of 2008 |
| 7. Quality strategies a.) Develop a process for measuring the effectiveness of the demonstration and supplemental services. b.) Develop a process for the Q of L survey (implemented for each individual prior to discharge, 11 months post-discharge and 24 months post-discharge). | Cost-Neutral | Not Applicable | Q2 of 2008 |
| 8. Support the system of transition coordination providing balance and successful community integration to local systems of care. a.) Collaborate with the Centers for Independent Living network across Ohio as well as Area Agencies on Aging, Ombudsmen, County Boards of MRDD, ADAMH/ADAS/CMH providers, and regional Brain Injury associations. b.) Develop measures for transition coordination effectiveness to connect to the Q of L survey and to provide Ohio some input into community integration factors (e.g. community supports, housing, independent living skills, and employment) | Cost-Neutral – Funding already contained in 08/09 budget | Not Applicable | Q3 of 2008 |
| 9. Continue development of self-direction strategies. a.) Implement self-directed health maintenance activities within ODJFS NF based waivers. b.) Develop a statewide fiscal intermediary to address the HOME Choice demonstration and supplemental services with the goal of expansion to other waiver programs and self-direction initiatives. c.) Add the principles of self-direction as well as self-directed goods and services to all of Ohio’s waivers. d.) Explore the feasibility of a voucher or modified Medicaid provider agreement for goods and services. | Cost-Savings for the health maintenance activities. Cost-Neutral for fiscal intermediary due to funding already contained in the 08/09 budget. New cost for adding goods and services to | New Cost for goods and services to all waivers (c) – seek funding in 10/11 budget Potential new cost for (d) – amount yet to be determined - balancing fund. | Q4 of 2008 for (a) Q2 for 2008 for (b) Q3 for 2009 for (c) Q1 of 2009 for (d) with any costs coming out of the |

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| | all waivers. Cost of a modified agreement likely minimal, however cost of a voucher likely a new cost. | | balancing fund in Q3 of 2009. |
| 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). a.) Base changes on data. 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. | Cost-Neutral | Not Applicable | Q2 of 2008 |
| 11. Conduct a review of functional level of care through the ODJFS Permedion contract to build data components of the “front door” long range plan. | Cost-Neutral – already contained in 08/09 budget | Not Applicable | Beginning in Q2 of 2008 for NF based level of care Q4 of 2008 for the ICFMR based level of care Reports by Q3 of 2009 |
| 12. Build the Atlantes system to provide care management; *to non-waiver HOME Choice participants and tracking of all HOME Choice participants in the short term *a possible pilot of care management with all HOME Choice participants as | Cost- Neutral – already contained in 08/09 budget | Not Applicable | Q3 of 2008 for HOME Choice non-waiver participants and |

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| <p>an intermediate step * and possibly utilize the system for care management across the long term service and support delivery system in the long term.</p> | <p>*May be additional cost associated with expansion beyond ODJFS.</p> | | <p>tracking for all Q2 of 2009 for HOME Choice participants enrolled on waiver programs</p> |
| <p>13. Develop and implement a career lattice model for nurses and direct support professionals.</p> <p>a.) Ohio's model for career lattice will be developed in partnership with the Ohio Department of Development, the Ohio Board of Regents, the Ohio Dept of Job and Family Services (OHP) and (OWD) and the Governor's Workforce Policy Advisory Board. Work is already underway to develop a skills bank and stackable credentials.</p> <p>b.) Analyze the current qualifications, training and service requirements within the existing system of care and make changes to break down the “silos” and decrease state, local and provider inefficiencies to align with one nurse and one direct support worker model.</p> <p>c.) Study the current rate structure of each model.</p> | <p>New cost \$1,250,000 for (a)</p> | <p>Balancing Fund</p> | <p>Q4 of 2008 for (b) and (c) Q3 of 2009 for (a)</p> |
| <p><i>Strategies initiated in Calendar Year 2009</i></p> | | | |
| <p>14. Establish a Health Care and Direct Service Workforce Center. ODJFS, ODOD, ODH, ODMRDD, ODA, Board of Regents will establish a health care and direct service workforce center.</p> <p>a.) The center will have at least the following responsibilities: 1.) determine future workforce demand 2.) target career outreach 3.) design and maintain a data system 4.) develop statewide credentialing.</p> <p>b.) The center should explore the option of bringing persons with disabilities and persons over age 55 into the direct support worker field.</p> <p>c.) The center should explore the possibility of a statewide system to include</p> | <p>New cost for (a) and (d) Cost-Neutral for (b) and (c) \$500,000 for (a) \$750,000 for (d)</p> | <p>Balancing Fund for (a) and (d)</p> | <p>Q1 of 2009 for (a) Q3 of 2009 for (b) and (c) Q1 of 2010 for (d)</p> |

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| <p>access, oversight , and adequate payment of family and community members as approved paid providers of direct support,</p> <p>d.) The center should develop a computer-based registration and referral system for home health aides and other self-employed care/support workers (best practice from CMS report in December 2006).</p> | | | |
| <p>15. Develop regional collaboratives, through a partnership with a state level committee, to address the needs of people with disabilities in their community. A regional collaborative is defined as a broad-based group of persons, driven by persons with disabilities, including providers of affordable housing, and service and transportation supports, working together to address the needs of people with disabilities in their community (excerpt from HOME Choice Housing workgroup). Through partnership with a state level committee, these collaboratives will work to improve access to housing, transportation and supports that are integrated, accessible, and affordable. Start with:</p> <p>a.) A review of data.</p> <p>b.) Development of a charter and implementation plan to include development of pre-determined measures of success.</p> | <p>New Cost -\$250,000 for implementation start up</p> | <p>Balancing Fund</p> | <p>Q2 of 2009</p> |
| <p>16. Conduct an assessment of current MRDD acuity instruments for waiver and institutional care and potentially redesign the Individual Assessment Form (IAF) to the ICFMR Reimbursement Structure.</p> | <p>New Cost – \$750,000</p> | <p>Balancing Fund</p> | <p>Q3 of 2009</p> |
| <p>17. Increase the access of HOME Choice participants and all individuals with need to affordable and accessible housing through increased collaboration, training, and development of innovative housing strategies through the hiring of a Medicaid employee to work within the Ohio Housing Finance Agency.</p> | <p>New Cost - \$104,800 (state and federal share for 1 FTE)</p> | <p>Balancing Fund</p> | <p>Q1 of 2009</p> |
| <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> <p>a.) Begin building the policy of the new front door.</p> <p>*the entry layer is based on a “no wrong door” concept</p> <p>*the inner layer is a single point of accountability responsible for the training</p> | <p>New Cost –</p> <p>\$500,000 for (b)</p> <p>\$2,000,000 for (d)</p> | <p>Balancing Fund</p> | <p>Beginning Development of (a) - Q1 2009</p> <p>Beginning development of (b)</p> |

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| <p>and technical assistance of all “no wrong door” entry points *the outer infrastructure layer will consist of IT and management processes that provide a strong foundation of choice driven decision-making, accountability and increased efficiency across the Medicaid long term services and supports structure. b.)Development of a comprehensive, uniform assessment to act as the interface between the entry layer - “no wrong door” and the outer infrastructure layer. c.) Development of the virtual door, the outer infrastructure layer (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.</p> | | | <p>– Q3 of 2009 Beginning Development of (c) and (d) – Q4 of 2009</p> |
| <p><i>Strategies initiated in Calendar Year 2010</i> <i>Additional Strategies to be developed following completion of the ULTCB Plan, State Profile and the 10/11 Ohio biennial budget process – strategies may include potential redesign of benefit packages, NF partnership to meet consumer preferences etceteras.</i></p> | | | |
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Note:

- 1.) The quarter is based on a calendar year.
- 2.) A cost estimate is included if noted as a “new cost” only.