

**MEDICAID TRANSFORMATION GRANT PROPOSAL**

**Ohio Medicaid Concept Four: Ohio's Virtual Front Door to Long Term Services and Supports**



**STATE OF OHIO  
Ohio Department of Job and Family Services  
Ohio Health Plans**

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## **Ohio Medicaid Concept Four: Ohio's Virtual Front Door to Long Term Services and Supports**

### **PROJECT SCOPE**

Ohio's project will result in a virtual front door for Ohioans accessing long term services and supports. This front door will be an automated, web-based infrastructure that will create a virtual single entry point that is paperless, seamless to consumers, flexible, and more importantly places the consumer in the driver seat. The project proposal outlined within this document is part of Ohio's strategy to balance the long term services and supports structure. A virtual front door will meet a variety of consumer and programmatic needs. Consumers and providers will have easy access to many sources of support. The virtual front door will provide information on providers, including quality indicators and certification information, allowing consumers to choose quality health care providers in a variety of settings. The comprehensive single needs assessment will result in options for consumers to choose from including available home and community based services, Medicaid and non-Medicaid and will provide information and referral for all available programs and providers. The virtual front door will become Ohio's post-acute care strategy aimed at reducing prolonged stays in institutional settings and enhance choice for consumers to receive services in the setting chosen and by the providers chosen.

### **GOALS**

Through this initiative, Ohio will accomplish the following: 1.) Build the foundation for a virtual front door changing how consumers access long term services and supports achieving the Money Follows the Person vision. 2.) Plan, design and recommend integration architecture geared toward achieving defined outcomes enumerated in the grant proposal to include, but not be limited to a consumer options interface linking needs to services regardless of payer source, logic driven functional eligibility decisions, data driven state policy setting, and the building blocks toward a unified budget for long term services and supports. 3.) Development of a Comprehensive Single Needs Assessment.

### **BUDGET**

We are requesting funding for year one of \$1,156,118 and year two of \$1,007,241 for a total of \$2,163,359.

### **IMPROVEMENT TO THE EFFICIENT AND EFFECTIVENESS OF MEDICAID**

Medicaid Transformation funding will be used to lay the foundation for a virtual front door to long term services and supports for all Ohioans. The virtual front door will connect to Ohio's MMIS and eligibility replacements systems under development and will eventually be a one stop access point for Ohioans with long term services and supports need regardless of payer source. A virtual front door and its added benefits (e.g. a comprehensive single needs assessment, more accuracy in projecting costs and monitoring quality of services to care needs) will aid Ohio in assuring the efficient, effective, and high-quality management of the Medicaid program.

### **EXPECTED OUTCOME**

This proposal will result in a seamless, coordinated, flexible, choice-driven, efficient system achieving 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 they want, and if needs change, services and supports change accordingly.*

## **Ohio Medicaid Concept Four: “Ohio’s Virtual Front Door to Long Term Services and Supports”**

### ***Statement of Project /Need (15 points)***

The Office of Ohio Health Plans (OHP) in the Ohio Department of Job and Family Services (ODJFS) is the single state agency for Medicaid in Ohio. In this role, OHP oversees the delivery of a variety of services in compliance with state and federal regulations. Among those services are the long term services and supports needed by eligible Ohioans, including those with physical disabilities, mental retardation and developmental disabilities and the aged.

Ohio’s project will result in a new “front door” for Ohioans with long term service and support needs. This “front door” will be an automated, web-based infrastructure that will create a virtual single entry point that is paperless, seamless to consumers, flexible, and more importantly places the consumer in the driver seat. The project proposal outlined within this document is part of Ohio’s strategy to balance the long term service and support structure. Ohio’s project is consistent with the CMS DEHPG 2007-2009 strategic action plan to place the consumer at the center of the support system, to create balance, ease access points to a seamless, coordinated, flexible system, to provide consumers the tools needed to lead “self-determined lives”, and to promote the sustainability of the Medicaid program.

Ohio was a first round recipient of a Money Follows the Person (MFP) grant committed to developing ways to not only educate consumers about the long term services and supports available throughout the state, but to provide them with meaningful choices for both where and how they receive needed services. In early 2007, OHP led a focus group made up of consumers and their families, advocates, providers, local administrators and state agencies to develop the mission, vision and values of the MFP initiative. The vision and values clearly support Ohio’s need for a “virtual front door to long term services and supports”.

Ohio is seeking to change the system to meet the MFP vision: Ohioans who need long-term services and support . . . *get services and supports they need in a timely manner in settings they want from whom they want, and if needs change, services and supports change accordingly.* Value statements critical to change include: “increased choice and integration into the community”, “personal responsibility in making decisions”, “high quality and flexible *choices* in services, settings, and caregivers”, “a cost-efficient and responsive long-term services and supports system”, “seamless access to, and administration of, services”, and “investment in innovation”.

As the State has contemplated the development and implementation of MFP, Ohio has determined that the work to increase both the number and types of long term services and supports must be coupled with efforts to broaden access to programs by simplifying the way consumers are linked to the services that best meet their needs. Ohio’s Medicaid program serves approximately 59,000 Ohioans via eight home and community based waiver programs, 94,000 through nursing facilities, 7,500 through ICFMR facilities and about 375,000 through the Medicaid state plan from any of about 45,000 active Medicaid providers or through managed care plans. Access to services span across multiple delivery systems. Consequently, eligible consumers and their families seeking assistance are oftentimes overwhelmed by the prospect of selecting from among a myriad of different Medicaid programs offered through local entities such as Area Agencies on Aging (AAA), County Departments of Job and Family Services

(CDJFS), or County Boards of MR/DD (CBMR/DD). The time needed to conduct the exercise of identifying and selecting a program can not only serve as a deterrent to apply for enrollment, but may cause consumers and their families to prematurely end their search for an appropriate community based program and settle for institutionalization despite available alternatives.

Because Ohio is a “home-rule” state, OHP contracts with 88 County Departments of Job and Family Services (CDJFS) to perform Medicaid financial eligibility determination functions. The CDJFS' also administer and perform eligibility and enrollment functions for other publicly funded programs such as food stamps, cash assistance, child care, child support, and child welfare.

With oversight from OHP, a number of Cabinet level Sister State Agencies (Departments of MR/DD, Aging, Mental Health, Alcohol and Drug Addiction) administer certain aspects of Medicaid home and community based services through waivers or state plan services. Sister State Agencies have relationships with regional or county-based entities that either administer or directly provide Medicaid services to consumers. Medicaid financed long term services and supports are organized for individuals age 60 plus; younger individuals with physical disabilities; individuals with mental health and addiction treatment needs; and individuals with mental retardation and developmental disabilities. Responsibility for serving these population groups resides with the respective Sister State Agencies. These state agencies operate programs for discrete and defined target populations for services and have developed programs and access points for “their” target population. Key functional and financial eligibility determinations are made largely through paper submission by an array of local entities with state policy oversight. Barriers resulting from Ohio’s current system include:

- ◆ Strong local control over services and eligibility determination makes it difficult to create a unified approach to customer access. Beyond the number of stakeholders who are affected by any attempts to transform the system, county and regional systems vary in the extent to which they are able to devote precious capacity to access improvement. This has led to unevenness in the quality of the assistance consumers receive.
- ◆ Access issues for consumers are driven by the fragmented organization of long term services and supports in Ohio. This fragmentation leads to inconsistent and uneven development of state policy, and manifests itself in the fact that there is no single point of entry into the system.
- ◆ Much like the state agencies and programs, non-profit information and referral providers are locally organized and possess varying degrees of capacity to provide services.
- ◆ Currently, a single reliable statewide source of information does not exist.
- ◆ The current institutional structure is driven by provider submission of need whereas, the community structure is driven by assessment and coordination by service planning teams and local/state partnerships once again resulting in the inability for consumers to drive service delivery.
- ◆ At the local level, workers in any one system are not necessarily familiar with the services and supports available through other systems. Consumers with needs in multiple systems may, as a result, end up in facility-based programs when they might have been able to live at home with better inter-system coordination. The most vulnerable fall through the cracks (e.g. consumers with dual MR/MH or traumatic brain injury).
- ◆ Staff at the access point agencies have been trained to determine eligibility for programs rather than to provide assistance to consumers.

- ◆ Consumers and informal caregivers are not aware of the assets that do exist that can help them to navigate the fragmented system. While in part this is due to the very nature of a fragmented system, it is also true that consumers tend to seek information about long-term services and supports only at a time of crisis.
- ◆ Ohio has a fragmented budgeting system where multiple state agencies are allocated long term service and support dollars. The lack of data results in budget allocations that do not meet the needs and choices of consumers, but rather creates silos where consumers are funneled where dollars exist (often toward institutional placement).
- ◆ Often the door to institutional care follows an acute episode resulting in prolonged placement and system driven decision-making.

To achieve the vision and values of Ohio's commitment to balance the long term service and support structure, OHP and partner state agencies seek to create a virtual single point of entry, a virtual front door to long term services and supports.

A virtual front door will meet a variety of consumer and programmatic needs. The electronic single needs assessment will support consumer choice by evaluating consumer need and providing information and referral for all available programs and providers. The system will link with existing resources, information and referral, and service delivery systems. By working with existing delivery systems, consumers and providers will have easy access to many sources of support. Currently, there are a variety of information and referral sources in Ohio including the Aging Disability Resource Network in northern Ohio, the Area Agencies on Aging, the County Boards of MR/DD, [ohio.networkofcare.org](http://ohio.networkofcare.org), [Connectmeohio.org](http://Connectmeohio.org), [benefitscheckup.org](http://benefitscheckup.org), and others. In addition, existing case management structures will connect to the virtual front door linking existing resources and providing opportunities for regional collaboration, a necessary component to linking consumers to services and supports.

The virtual front door will provide information on providers, including quality indicators and certification information, allowing consumers to choose quality health care providers in a variety of settings. The comprehensive single needs assessment will result in options for consumers to choose from including available home and community based services, Medicaid and non-Medicaid.

New policy in support of the virtual front door will require periodic reassessment of consumers regardless of setting to ensure that service provision matches need on an ongoing basis. It is anticipated that the system will enable hospital discharge planners to connect consumers to appropriate post-acute care thereby assuring that community care settings are offered and possibly reducing post hospital institutional placements.

The needs assessment results will be stored electronically and made part of a consumers electronic medical record. Making this information available across providers and delivery systems can improve the quality of services to the consumer and improve continuity of care. Because the data will be available electronically, opportunities for diversion from institutional services can be identified and offered to consumers more often.

The single needs assessment can also be used to collect key indicators from consumers seeking HCBS waiver enrollment when there are waiting lists. Ohio maintains waiting lists on every HCBS waiver during at least part of the year. MR/DD waivers traditionally have waiting lists, but tracking the needs of consumers on those waiting lists is difficult in the paper based system. Because of this, the waiting lists contain individuals who are not likely to meet functional eligibility. By collecting key indicators, determining which consumers are likely to meet which eligibility requirements, will allow the waiting lists to be more accurate. The

information and referral options will also improve access to other services while on the waiting list.

Data collected in the needs assessment process will not only provide benefits for individual consumers, but will allow policy makers to better predict future need and to make programmatic changes that are responsive to consumer needs. The information from the single needs assessments can be analyzed against care plans and service delivery to assure that consumers have access to necessary services. Program design will benefit from this data analysis by creating better benefit packages responsive to consumer needs and identifying the providers and services that are needed by consumers, especially for home and community based alternatives to institutional care. Planning for future needs would also be improved as the system will provide a better profile of consumers using long term services and supports.

OHP believes that this project proposal is an innovative approach to improving the effectiveness and efficiency of Medicaid because the project:

- ◆ is “value driven”. The virtual front door places the consumer in the driver seat.
- ◆ seeks to “provide transparency in health care that allows consumers to compare the quality and price of services so they can make informed choices” among providers. The project will create one place for consumers to go to match needs with available services, Medicaid and non-Medicaid.
- ◆ creates an “incentive to choose providers based on value”. The project will create a location for consumers to collectively rate quality and access measures and peer comments on provider quality.
- ◆ “collects and reports performance data, promotes comparable quality measures, and creates efficient data collection”. For the first time, the State will be able to analyze trends across long term services and supports and make budget and policy decisions to better serve Ohioans in need.
- ◆ “creates a common, secure, electronic infrastructure to expand information sharing”. The project will encourage regional collaboration geared toward a consumer vision of quality choice driven care.
- ◆ involves “initiatives to collaborate to improve community health, build an IT infrastructure, ensure access to data, report value data, and promote consumer involvement”. The project will be based on consumer driven need, interactive to consumers and more efficient and effective for the State.
- ◆ provides more cost efficient options for care and data necessary for the efficient and effective management of long term services and supports. This project is innovative for Ohio and other states because it is an approach that eventually will create one door to services regardless of payer source, will be consumer driven from the outset, and will result in regional collaboration, better care management, effective long term planning, and data driven policy.

***Project Justification (15 points)***

Project efficiency and effectiveness is best answered by looking at how the virtual front door will improve the Medicaid system from an administrative perspective as well as from a consumer perspective.

From an administrative perspective, the project will result in decreased costs, more efficient use of staff resources and more effective decision-making. So far in state fiscal year 2007, Ohio has received approximately \$44 million in federal financial participation in

administrative costs associated with assessment, eligibility and service planning. The current system provides little inter-rater reliability; it is difficult to monitor compliance and accuracy and there is limited access to data in order to perform data analysis for program integrity or for policy development. OHP, as the single state agency, takes the role of oversight and integrity seriously. Centers for Medicare and Medicaid Services (CMS) staff have frequently indicated the desire for OHP to have better management of long term services and supports provided by sister state agencies. Currently OHP lacks the ability to adequately monitor services without expending numerous staff resources. A virtual front door and its added benefits (e.g. a comprehensive single needs assessment, access to data to monitor inter-rater reliability of eligibility determinations, ability to project costs and monitor quality of services to care needs) will aide OHP in assuring the efficient, effective, and high-quality management of the Medicaid program. Most importantly, OHP will have the ability to assure CMS that delegated functions are well managed by the state Medicaid agency.

Ohio currently uses a paper based assessment system for functional eligibility and pre-admission screening and resident review determinations and the various delivery systems use different needs assessments. Information is retained in separate files or systems or agencies so consumer information is neither portable nor easily accessible across delivery systems.

With the current paper based system and no access to a comprehensive review of consumer needs, assessments and functional eligibility determinations are oftentimes performed after care decisions have been made while consumers are not always aware of the range of options available. Choices are not necessarily presented based on consumer need. By creating a single electronic assessment function, analysis of quality of care will be enhanced with the availability of assessment data. Information and referral resources can be more accurately targeted to consumers based on individual need.

A more comprehensive single needs assessment that is electronic and easier to use and submit will not increase the costs, but will add many benefits for consumers, providers and the Medicaid program as a whole. Current program integrity activities retrospectives identify individuals receiving services whom may no longer meet the level of care needed to remain eligible for certain services. The current system cannot be used to identify those consumers proactively or identify alternatives for needed services. With a web-based comprehensive single needs assessment, corresponding changes in Medicaid policy, conducting regular reviews of consumer needs, and timely access to data will assure that services are delivered to consumers who are eligible to receive them, and that available alternatives are identified at the front door for those no longer meeting the applicable eligibility criteria following improvement from short term rehabilitation stays.

Ohio has many initiatives underway to provide home and community based options for long term services and supports. Home and Community Based Waiver services in Medicaid have increased by over 18,000 waiver slots in the past 5 years, with additional growth continuing in the current state budget proposal. The Home First program allows Ohioans over age 60 in nursing facilities to enroll in the PASSPORT HCBS waiver by creating waiver slots when there are waiting lists. The Ohio Home Care Waiver prioritizes disabled adults in NFs so they are at the head of the waiting list for community services when that waiver is fully enrolled. Ohio's Money Follows the Person program will help move over 2,000 Ohioans from hospitals, nursing homes and ICFs-MR over the next few years. In the MRDD system, the Martin Settlement will provide HCBS waiver services to 200 Ohioans living in institutions today. The virtual front door including a comprehensive and accessible single needs assessment will contribute to the

success of these initiatives and will lead to Ohio's success in meeting the vision mentioned in the statement of project need. In summary, Ohio's virtual front door will save administrative costs and increase choice and flexibility for consumers, both worthy goals for Ohio with potential for other State Medicaid programs.

***Project Goals and Outcomes (15 points)***

Through this project, Ohio seeks to build a virtual front door to long term services and supports. In order to build the virtual front door, Ohio requests grant funding for planning, design and development of integration architecture that will meet the following outcomes:

- ◆ include a comprehensive single needs assessment available through a web based system that supports consumer and programmatic needs, connects to information and referral sources, and results in functional eligibility determinations. The needs assessment will evaluate the service needs for all populations including those people with mental illness, mental retardation and/or developmental disabilities, aged, and other disabilities. In addition, data from the needs assessment, when matched with service utilization and quality indicators can determine future service needs. Ongoing program design will be data driven based on service delivery and comprehensive needs assessment data.
- ◆ contain logic to provide a recommendation on functional eligibility for approval by state evaluators. Recommendations will be made based on information obtained in the single needs assessment and will replace Ohio's manual system. Benefits for OHP from the single point of entry include: improved inter-rater reliability, a comprehensive single needs assessment that supports care planning, and assessment information that is accessible and becomes part of the consumer record.
- ◆ include the components necessary to protect information in a manner that allows access to data by consumers, Centers for Independent Living (CIL), County Boards of MRDD (CBMRDD), Alcohol and Drug Addiction Mental Health (ADAMH) Boards, County Departments of Job and Family Services (CDJFS), Brain Injury Association of Ohio (BIAOH), Area Agencies on Aging (AAA), hospital discharge planners and many others.
- ◆ support a post-acute care strategy leading to trained local access points (e.g. hospital discharge planners and development of a hospital protocol) and the requirement that consumers are provided all options prior to hospital discharge with follow-up by local entities. Without the virtual front door, Ohio would seek the use of the Minimum Data Set (MDS) as a data source for follow-up and diversion strategies much like the State of Pennsylvania. A virtual front door will allow greater efficiencies as well as support greater flexibility and consumer driven decision-making than the use of the MDS, which is provider driven and lacks inter-rater reliability. This component will support the CMS Post-Acute Care Reform Plan under Section 5008 of the Deficit Reduction Act.
- ◆ collect PASRR (Pre-Admission Screening and Resident Review) information, including information about the reasons for exempted stays. PASRR data collection will provide for on-going monitoring and compliance with PASRR requirements and for enhancing service delivery. As mentioned previously, the system will support the monitoring of post acute care consumers and will identify consumers needing reviews at expiration of exempted stays.
- ◆ link with existing federal and state systems (Ohio's long term care partnership program, ConnectMeOhio.com, Aging Disability Resource Centers, MFP, BenefitsCheckup.org, AAA,

CBMRDD, BIAOH, CIL etc.), including provider information and quality indicators when available.

- ◆ provide consumers and their families with information on available service options. The system will include links to Medicaid and non-Medicaid available services and supports.
- ◆ become a component of the consumer electronic record viewed by primary care physicians, practitioners and service planning teams.
- ◆ drive state policy setting to better meet the needs of consumers with long term care needs by providing data to support the development of new benefit packages and assist in defining acute versus long term care needs and services.
- ◆ result in better management of acute and long term home health and other state plan benefits by providing data for the trending of care needs, opportunities for consumers to rate quality and for the state to monitor effective and efficient care.
- ◆ include a component to better manage waiting lists for home and community based services. Approximately 25,000 older adults and consumers with disabilities and/or MR/DD are waiting for services. Ohio will be able to establish minimum key indicators for functional eligibility for waiver services collected through the single needs assessment. Ohio will replace multiple manual and sometimes duplicative waiting lists with a comprehensive and more manageable list. Additionally, program eligibility criteria will be used to screen program applicants to assure that consumers placed on waiting lists are likely to meet eligibility. The assessment can be updated as needs change and the information and referral options will be available to consumers at any time.
- ◆ have added capacity to connect financial and functional eligibility in an efficient manner at the local level where consumers are, and may eventually result in the adoption of statewide, effective “presumptive eligibility”.
- ◆ include connection to Medicaid providers. Over the next biennium, Ohio will likely phase providers into a term limited provider agreement process. Presently, OHP has multiple inactive providers in the system impeding access. The virtual front door will have capacity to create a link to active Medicaid providers, access for providers to “advertise” skills and training, and more importantly an ability for consumers to rate the quality of Medicaid providers.
- ◆ connect to the Ohio Decision Support System providing opportunity for state policy makers to measure the accuracy of budget projections and guide future development of data driven policy. Ohio presently does not have the ability to make targeted decisions about where to allocate limited resources. The “front door” infrastructure will support Ohio’s movement toward a unified long term care budget and will result in more accurate budget projections so that consumers have access to the most flexible and desired options.
- ◆ support long term care planning by providing health care information necessary for Ohioans to plan for future long term care needs. The system will connect to the Department of Insurance Senior Health Information Program, the soon to be effective Long Term Care Partnership Program and any future Ohio initiatives around a Healthcare Exchange.
- ◆ support planning for working Ohioans with disabilities by connecting to information and options connected to a Medicaid buy-in program (an initiative likely to result from Ohio’s 08/09’ biennial budget).

Ohio intends to make use of the virtual front door mandatory for anyone requiring PASRR as well as those seeking Medicaid covered long term services, institutional and

community services, in addition to those needing home health services for periods exceeding 90 days.

Although Ohio's separate state agencies currently have individual information technology systems, the state has undertaken a multi-year planning and implementation process to completely reform Ohio's antiquated Medicaid Management Information System with a Medicaid Information Technology System (MITS). MITS, designed based on the Federal MITA architecture, will build on Ohio's existing Data Warehouse and Medstat Decision Support Systems to create a common Medicaid information technology system across agencies and overcome existing interoperability concerns among systems. Ohio's virtual front door will connect to the new MITS under development as well as connect to the soon to be overhauled eligibility system known as the Benefit Eligibility Network.

***Estimated Impact to Beneficiaries (15 points)***

Ohio estimates that all Ohioans in need of long term services and supports will have impact statewide. As mentioned in the statement of the project, over 600,000 are known to have impact in the near term. As multiple Ohio initiatives move forward, greater access to Medicaid long term services and supports will occur through future Medicaid expansions, initiatives around buy-in, and Ohioans purchasing long term care insurance taking advantage of Ohio's nearly developed Partnership program. More and more Ohioans will access the virtual front door making the need for such a system critical to efficient and effective management of the Medicaid program.

The greatest impact is expected to be positive to consumers and necessary to move the system toward a seamless, flexible, choice-driven approach where consumers can live "self-determined lives".

***Description of Magnitude of the Transformation/System Change (15 points)***

Ohio, like many states, is engaged in balancing the system for consumers in need of long term services and supports. The magnitude of the transformation outlined in this project is ambitious, but Ohio is ready. As mentioned earlier, OHP engaged stakeholders in the development of a mission, vision, and values for MFP. MFP in Ohio is not just about transitioning consumers from institutional settings to the community. Ohio is serious about balancing the system as evidenced by the number of initiatives soon to be approved by Ohio's new Governor and the General Assembly. These initiatives include MFP, development of a unified budget, increased home and community based waiver capacity, diversion programs like Home First, and continuation of the nursing facility transition program known as Access Success. Further evidence of the readiness for change is Ohio's acknowledgement that the long term service and support system is about all people; the child with autism, the adult with a traumatic brain injury, the adult with mental illness, etceteras. Ohio stakeholders are ready to face the challenges, great and small and committed to change.

Ohio has spent much time researching best practices in other states and considers this project the "best of all worlds" and "comprehensive in scope". The Ohio project proposal will replace multiple assessments used to determine eligibility with a single needs assessment. The proposal is not meant to replace existing infrastructure, but rather to enhance or wraparound existing infrastructure when needed, build new infrastructure where none exists and replace infrastructure components that no longer make sense. Ohio hopes to give back to partner states by developing a virtual front door that may prove helpful across Ohio borders. Ohio's virtual

front door is envisioned to be a connection to Medicaid and non-Medicaid resources, a mechanism to capitalize on all care options in the hope that Medicaid is accessed only when necessary and appropriate. The virtual front door is for all Ohioans, those with long term needs now and those with potential for long term needs in the future. It will be a planning tool with choice, flexibility, and integrity. Examples of some of the benefits to partner states are outlined in the following paragraphs.

The current system in Ohio provides for a needs assessment when services are being sought, often after the decision making process has been completed. In many instances, consumers and their families are not able to identify service options that may be available and could meet their needs. In these instances, it is sometimes too late to take advantage of the choices in services that are available. By putting a comprehensive single needs assessment on the web and linking it with existing resources used by consumers and professionals, choices can be offered before decisions are made. Using the needs assessment to present options to consumers and providers will improve access to home and community based services and divert consumers who wish to stay in the community from what is often the default choice of institutional services. Using the system to augment the level of care determination with service options based on the needs assessment will provide consumers with a more comprehensive picture of the options available.

The system will also support ongoing choices for consumers by making regular updates of the needs assessment and regular re-determinations of level of care administratively feasible and enforceable. Identifying consumers entering nursing facilities for post acute stays or planned short term stays and triggering regular follow-ups will reduce the number of consumers with extended stays caused by lack of access to information and referral for home and community based services. This system could integrate with ongoing Federal initiatives, such as the Post-Acute Care Reform Plan for Medicare and work to remove the “silos” identified by CMS’s Policy council because information on services in all care settings would be included in the results of the single needs assessment for consumers.

Ohio’s current system for functional eligibility for Medicaid long term services and supports is designed to assure that consumers meet level of care. While the functional eligibility instrument collects information about consumer needs, the data system collects only the outcome of the assessment. While this assures that consumers are eligible for services, it does not provide sufficient data for robust policy development. In addition, because of the variety of professionals who complete the forms and evaluate consumers, it is difficult to assure consistency across the determinations. With the information about the assessments maintained in patient records across the state, program integrity activities do not have ready access to the information about consumers receiving long term services and supports. Audits and PERM (Payment Error Rate Measurement) findings have questioned consumer level of care and the system is not designed to accommodate ongoing updates to those assessments, except in cases of significant changes of condition.

By creating an electronic front door for needs assessment and functional eligibility for long term supports and services, Ohio will make strides to collect consistent data on consumer needs and the system will contain logic to provide a recommendation on functional eligibility for approval by state evaluators. Having consistent, electronic data will allow evaluators to review recommendations with greater accuracy and will improve the systems efficiency by moving information quickly through the review process. The electronic evaluation will also improve

quality in the system by assuring appropriate determinations and comprehensive needs assessments throughout the service delivery system.

***Description of Sustainability of the Project (15 points)***

First, Ohio will continue to support the electronic front door and single needs assessment because of improved efficiency and quality in the system. Level of Care and PASRR are required functions of the Single State Medicaid Agency and improving the efficiency and effectiveness of both of those programs are important goals for OHP. The additional benefits of the more comprehensive assessment will support ongoing initiatives in quality and cost containment for institutional and home and community based services. In addition, initiatives such as MFP, Access Success and HCBS waivers and home care services rely on accurate needs assessments and will have the virtual front door as an integrated component supporting systems change in those areas.

Second, Ohio will take the system further by supporting the development of outcomes with some outcomes merging into future design and implementation of a new claims and eligibility system. The web portal and data will be incorporated or connected to Ohio's MITS design as part of MMIS replacement. The framework for the system is already incorporated into the requirements for that contract in anticipation of new processes. Additionally, as Ohio moves forward in designing the new eligibility network replacing Ohio's antiquated CRIS-e system, components of the virtual front door will be incorporated.

***Evaluation Plan (15 points)***

Evaluation of this project will occur in multiple settings as part of the overall evaluation process at OHP and to integrate the project with existing initiatives. The web based system will be evaluated as part of design and development for the MMIS replacement system. OHP will incorporate reviews of the accuracy of needs assessment and functional determinations will be reviewed as part of OHP's ongoing quality oversight processes. These include the Institutional Quality Improvement Organization (QIO) and ongoing waiver oversight.

Given that the virtual front door is a goal under MFP, evaluation will also occur through development of outcome measures necessary to measure progress for the MFP initiative.

The Institutional QIO, Permilion, will review functional eligibility for nursing facility and ICFMR facility residents in the summer of 2007. This review will establish a baseline. OHP also will conduct evaluations as part of waiver oversight and a repeat of the Permilion review will be done after at least one year after implementation. As part of ongoing oversight and quality improvement, OHP conducts independent reviews to assess the overall performance of all Medicaid waivers, to measure compliance in problem areas when necessary, and to generate performance data for key measures that are not measured by other means. These reviews are intended to generate valid findings that relate directly to domains of federal compliance articulated in the HCBS quality framework or other criteria established by federal laws, rules, or guidance.

If awarded this grant, Ohio is committed to all reporting and evaluation components required under section 1903(z)(3)(C)(ii) and (iii).

***Description of Project Implementation Readiness (15 points)***

Ohio has some mechanisms for providing universal screening for persons seeking long term care, but not the systems to support full implementation of that potential. The PASRR screening identifies all individuals, regardless of payer, seeking to enter nursing facilities, but this screening is limited at this time and does not provide a needs assessment resulting in service options. The Aging Network offers in-person assessments for anyone seeking nursing facility admission and seniors needing long term services and supports. That program has recently expanded to provide long term care consultations to more individuals receiving or seeking to obtain services. People seeking enrollment on Medicaid HCBS waivers obtain an assessment at the time of enrollment and Access Success, Money Follows the Person, the Martin Settlement and Home First present opportunities to assess individuals in institutions seeking community services. To support these activities Ohio is identifying what indicators should be included in a comprehensive needs assessment. In addition, resources to support successful models for long term services and supports are being catalogued, building the catalogue of available options that will be presented to consumers by the system. Local and regional entities, CILs, AAAs, advocacy and provider organizations are involved in planning processes for these initiatives and are available to discuss collaborative opportunities to continue to support robust information and referral resources, and OHP is encouraging Regional Local Collaborative development.

The MFP Balancing Group is reviewing the front door for long term care services as part of a larger strategy. In reviewing how consumers are assessed for long term services and supports, this group will review the processes and standards used in Ohio and look for opportunities to design a front door that provides consumers with access to needed services with choice in how those services are delivered. This group will bring stakeholders, including providers, consumers, advocates and state officials together in reviewing these options. This presents an opportunity to develop a comprehensive needs assessment that has broad support and applicability.

Ohio currently offers HCBS options through 8 Medicaid waivers, which are available to persons with disabilities, the aged, and those with MRDD. In addition, the state plan home health care options provide services for consumers in the community and are available to those with long term needs. Ohio has made a commitment to offering alternatives to institutional care through the waivers, Access Success, MFP and the Martin Settlement and will continue to do so. A comprehensive, accessible, electronic needs assessment is important to continue that commitment.

Ohio is bringing up a new MMIS and CRIS-e system that can use the data collected in the needs assessment for program integrity, policy development, care planning and quality assurance. Provisions for an electronic assessment for functional eligibility and PASRR are included in the requirements for the new system, so continuing this functionality is part of that design.

## **Project Timeline**

Prior to grant award, Ohio will task the MFP Balancing Workgroup to begin work on defining the front door from a policy perspective with specific focus on Ohio Administrative Code rule and operations changes. Ohio will also define deliverables and monitor the progress of the Permedion review of the front door to institutional care which will provide data to guide changes in policy and the design of the virtual front door envisioned in this grant proposal. Both of these tasks will occur between June and November 2007.

October 2007 – June 2008

Task 1 - Request for Proposal work to establish business and technical requirements, design and recommend integration architecture.

Task 2 –Review current assessments and develop the clinical component of the virtual front door known as the comprehensive single needs assessment. Review and development will occur via a subgroup of the MFP Balancing Workgroup with the Pre-Admission Manager as lead (guidance and work completed by Assessment Design Staff).

June 2008 – March 2009

Consultant development of business and technical requirements including the “as-is” and “to-be” state, design work, and recommendations of integration architecture.

***Budget (30 points)***

	<b>October 1 2007 – September 30, 2008</b>	<b>October 1, 2008 – March 31, 2009</b>
<b>Personnel/Fringe Benefits:</b>		
<u>OHP State Staff (description below)</u>		
Pre-Admission Manager (1 FTE)	\$99,469	\$52,221 \$39,882
Assessment Design Staff (Nurse/LISW – 1 FTE)	\$75,967	
Business Analyst (1 FTE)	\$75,967	\$39,882
Project Manager (1/2 FTE)	\$45,089	\$23,671
<b>General Office Supplies and Maintenance for OHP State Staff (3.5 FTE's)</b>	\$14,371	\$7,544
<b>General Equipment for OHP State Staff (3.5 FTE's)</b>	\$2,555	\$1,341
<b>Consultant through RFP to develop business and technical requirements for phase 1 and 2</b>	\$842,700	\$842,700
<b>TOTAL</b>	\$1,156,118	\$1,007,241
<b>GRAND TOTAL</b>		<b>\$2,163,359</b>

**Note: Ohio requests that the Medicaid Transformation Grant cover the costs associated with planning, design, and recommendations toward integration architecture with select components to be merged into MITS and BEN following conclusion of the grant period.**

Brief Description of State Staff

The Pre-Admission Manager is responsible for connecting policy to operations. This staff person will coordinate activity with stakeholders to review all policy (including revised code and administrative code) pertaining to the “front door” and will recommend changes necessary to create efficiencies as well as place the consumer in the driver seat.

The Assessment Design staff is responsible for managing the clinical design of a comprehensive single needs assessment. The design staff will support the pre-admission manager in setting policy to meet pre-determined goals.

The Business Analyst and Project Manager will guide development of the RFP and manage the virtual front door through its design phase. A Business Analyst will provide the documentation and coordination of the IT development and a Project Manager will work to assure the project proceeds smoothly.

Summary Narrative of Cost Estimates:

Personnel costs are based on average salaries and fringe benefits for classification of positions per Ohio law inflated by 5% in the second year.

General office supplies, maintenance and equipment is based on average costs for current State staff (\$4,106 per year for supplies and maintenance and \$730 per year for equipment) inflated by 5% in the second year.

Consultative costs were derived by looking at past deliverables associated with another Ohio IT project pertaining to the development of business and technical requirements, design and integration purchased through a formal Request for Purchase (RFP) process two years ago, inflated forward by 6% each year.