



Agenda

Breakfast Briefing to General Assembly

Money Follows the Person Demonstration Project

Unified Long-Term Care Budget

June 13, 2007

8:30 am – 9:30 am

Riffe Building, 77 S. High St., Floor 31, South B&C

Meeting Attendees:	Ohio General Assembly, MFP Planning and Advisory Group	
Purpose of Meeting:	To provide information and updates about Ohio's Money Follows the Person Demonstration Grant and its relation to the Unified Long-Term Care Budget	
Time	Topic	Presenter
5 minutes 8:30 – 8:35	<ul style="list-style-type: none"> Welcome 	Cristal A. Thomas , <i>Medicaid Director Ohio Health Plans, Ohio Department of Job and Family Services (ODJFS)</i>
15 minutes 8:35 – 8:50	<ul style="list-style-type: none"> Overview of Money Follows the Person Demonstration Project 	Erika Robbins , <i>Asst. Deputy Director Ohio Health Plans, ODJFS</i>
15 minutes 8:50 – 9:05	<ul style="list-style-type: none"> Unified Long-Term Care Budget 	Barbara Riley , <i>Director Ohio Department of Aging</i>
5 minutes 9:05: 9:10	<ul style="list-style-type: none"> Testimonial from Consumer Who Has Transitioned from Institutional Care to Community 	Stacey Conner , <i>Access Success Project Participant</i>
20 minutes 9:10 – 9:30	<ul style="list-style-type: none"> Questions and Answers 	Cristal A. Thomas and Barbara Riley

What is 'balance' within the context of MFP?

Creating a balanced system means;

- changing how Ohioans with long term service needs (whether aged or disabled, adult or child) access and receive services funded under Medicaid.
- allowing market forces to drive a more cost effective and quality driven system.
- placing Ohioans with long term service need in the driver seat.
- breaking down silos to service delivery.
- developing transparency in how services are funded and how state dollars are allocated to institutional, community, and acute care.
- encouraging flexible choice and personal responsibility.
- Reforming a complex multiple entry point system to a seamless single point of access and accountability.
- Improving provider flexibility and structure.

Will cost savings occur as a result of MFP in 08/09?

Minimal cost savings in 08/09 are only possible for nursing facilities due to the current occupancy rate of nursing facilities. There are about 13,000 empty nursing home beds. Nursing home occupancy currently averages about 86%. ICFMR facility savings are not projected even minimally in 08/09. Why minimal savings?.....because the beds hold value (a nursing facility bed has a current average value of \$18,000), institutional placement is an entitlement, and there are waiting lists for some community settings.

Ohio's current long term service and support structure does not support "money following a person" nor is the current structure "balanced". The MFP grant supports the vision of individual choice of where a person lives and receives services, transitioning persons who want to live in the community, and implementing a system that ensures the provision and improvement, of person-centered and quality services in both home and community-based settings.

MFP will lay the foundation for balancing Ohio's long-term service and support system in SFY 2008-2009 with cost-savings likely to follow in the next biennia.

What are some of the action steps most likely to bring balance to the system and greater cost savings beyond 08/09?

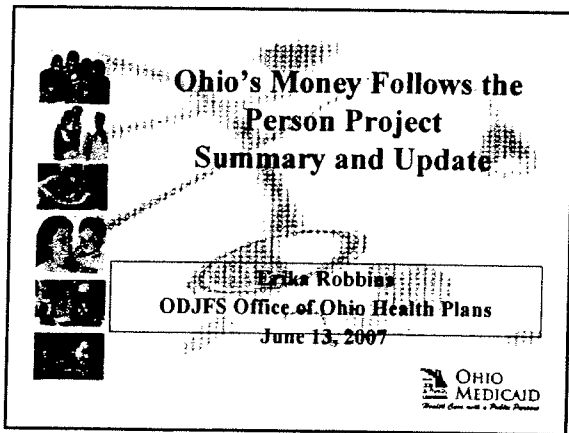
- Analyze and amend Ohio's institutional bed need and certificate of need policy (encourage a value on choice and quality, as opposed to property)
- Determine if an incentive program for bed closure is viable for Ohio
- Reform Ohio's front door to the long term service and support system by breaking down silos, improving efficiency, and providing choice of the most efficient and effective service based on need
- Create a unified budget to allow transparency and support data driven decision making
- Analyze and amend the current Medicaid service array (acute and long term) to assure appropriate and necessary service provision based on need and at the right time
- Develop a strategic Ohio transition and diversionary program understanding the barriers and addressing gaps (e.g. housing, workforce)

How can the General Assembly help?

Balance is not possible without statutory reform. The general assembly can help most by getting involved in the actions steps necessary to create a balanced system.


The benefit of a balanced system is a win for all;

- Ohioans with long term service need have greater flexibility and choice
- Providers have flexibility, training and value to meet service needs today and in the future
- Taxpayers are assured that the state dollar reaches as far as possible in an effective and efficient manner
- State policy makers have a seamless system with purchasing power and efficiencies in management



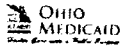
**Ohio's Money Follows the Person Project
Summary and Update**

Trinka Robbins
ODJFS Office of Ohio Health Plans
June 13, 2007



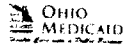
Objectives of this Presentation

- What is MFP?
- How are we organized?
- How can you help?



What is Money Follows the Person?

- A 5 year demonstration project using Federal and State Medicaid funds.
- Ohio will receive up to \$100 million in enhanced Federal funding (about 80% match rate) for services to MFP participants

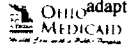


MFP is about.....

- the story of people like Mike and Anne (real story of how the system works today)
- all people with long term need (elderly, all disabilities, adults and children)
- balancing the long term service and support 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.*

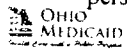
- the system adapting to the person, not the person adapting to the system.



**MFP is about.....Transition:
Identify and Relocate @ 2200 People**

locate and transition people in institutional settings who want to live in the community

supporting person-centered choices and independence by providing high quality services/ supports in that person's home.



Eligible Home and Community Settings

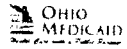
Eligible Institutional Settings

- Nursing Facilities
- Intermediate Care Facilities for people with MR/DD
- Hospitals

6 month min. combined length of stay (Set Federally – OH must follow this standard for participation)

A qualified residence =

- A home,
- An individually leased and lockable apartment, or
- A community-based residential setting with no more than four unrelated persons.



MFP Services and Supports...

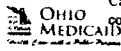
To smooth the way for people who are moving to a home setting from an institution:

Category 1: Existing waiver and state plan Medicaid services

Category 2: New "demonstration" services:

- ◆ Transition services;
- ◆ Independent living skills;
- ◆ Peer support;
- ◆ benefits coordination;
- ◆ Housing locator;
- ◆ Nutrition counseling;
- ◆ Respite;
- ◆ Day habilitation;
- ◆ Nursing
- ◆ Social work/counseling;

Category 3: One time services including: adapted home computers and services animals (no enhanced FFP)



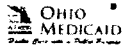
MFP is about.....

- A comprehensive strategy to address long term services and supports to all Ohioans in need.
- Ohio MFP is broader than the federal MFP. Ohio seeks to address all populations including persons who may no longer meet the federal MFP criteria (e.g. a person with mental illness residing in a NF). *Ohio Access Success* dollars will be used to support non-federal qualified MFP participants
- Building on our experience with the *Ohio Access Success Project* (a state funded project assisting nursing facility residents to move back to the community).
- Developing comprehensive transition plans before the person moves.



How are we organized?

- Interagency Steering Committee (JFS, MRDD, MH, ADAS, RSC, AGE, ODOD, OHFA, ODH)
- Planning and Advisory Committee (consumers/families, advocates, providers, local entities, state policymakers)
- Topic specific work groups:
 - Operational Processes
 - Housing
 - Workforce Development
 - Outreach & Identification
 - Services & Self Direction
 - Balancing (connected to Unified LTC budget discussions)



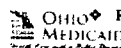
How can you help?

Help us break down barriers. MFP envisions that 08'/09' will be a test phase for determining barriers, collecting data, and recommending solutions. For example, we already know we need help with the following:

- Supply of affordable, accessible housing is much smaller than the demand. MFP funds may not be spent on housing (except for transition and modifications).
- Increase affordability of existing units.
- Help build regional collaboratives advocating in the communities where Ohioans want to live.

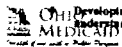
In Ohio in 2006:

- ◆ SSI amount \$603 per month
 - ◆ Rent for modest one bedroom apartment-\$515 a month
- Source: National Low Income Housing Coalition



How can you help?

- Help us bring balance to long term services and supports by:
 - ◆ Creating a unified budget to allow transparency and support data driven decision making.
 - ◆ Modifying the "front door" to long term care (PASRR/Level of Care). Review by Permedios in Summer/Fall 2007.
 - ◆ Analyzing and amending the current Medicaid service array (acute and long term) to assure appropriate and necessary service provision based on need and at the right time.
 - ◆ Analyzing and amending Ohio's institutional bed need and certificate of need policy. (A NF bed in Ohio currently has an average value of \$18,000. There is an 86% occupancy rate with approximately 13,000 empty beds).
 - ◆ Determining if an incentive program for bed closure is viable for Ohio.



Developing a strategic Ohio transition and diversionary program underpinning the barriers and addressing gaps (e.g. housing, workforce)

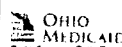
MFP Website/Contact us

Visit the MFP website for workgroup charters, participant lists and schedules:

<http://jfs.ohio.gov/OHP/infodata/MFPGGrant/info.stm>

Or Contact the:

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Ohio Department of Job and Family Services
Rhodes State Office Tower
30 E. Broad St., 32nd Floor
Columbus, OH 43215 - 3414
614-466-9280 - Phone
614-728-0799 - Fax





50 West Broad Street/9th Floor, Columbus, Ohio 43215-3363
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Ted Strickland, Governor
 Barbara E. Riley, Director

Unified Long-Term Care Budget

H.B. 119 creates a unified budget workgroup which will be chaired by the Director of the Department of Aging. The workgroup, consisting of consumer advocates, providers, and state policymakers, will facilitate a new budgeting process that:

- Provides consumers with a *choice* of services that meet the consumers needs and improve the consumer's quality of life;
- Provide an *array* of services that meet the consumer's needs throughout life;
- *Consolidates* policymaking authority and the associated budgets for long-term services and supports in a single entity (promotes *simplicity and flexibility*; and
- Assures a system that is *cost effective* and links disparate services across agencies and jurisdictions.

The workgroup is to submit an implementation plan by June 1, 2008 that incorporates:

- Recommendations regarding the *structure* of the unified long-term care budget;
- A plan outlining how funds can be transferred among involved agencies in a fiscally neutral manner;
- Identification of the resources needed to implement the unified budget in a multiphase approach starting in SFY 2009; and
- Success criteria and tools to measure progress.

The plan will consider the recommendations of the Medicaid Administrative Study Council and the Ohio Commission to Reform Medicaid – both of which recommended the establishment of a unified long-term care budget.

What is unified budgeting for long-term care?

A financing mechanism that combines a limit or *cap* on total long-term care spending with the *administrative flexibility* to manage costs within the spending limit based on the needs of consumers and the choices they make.

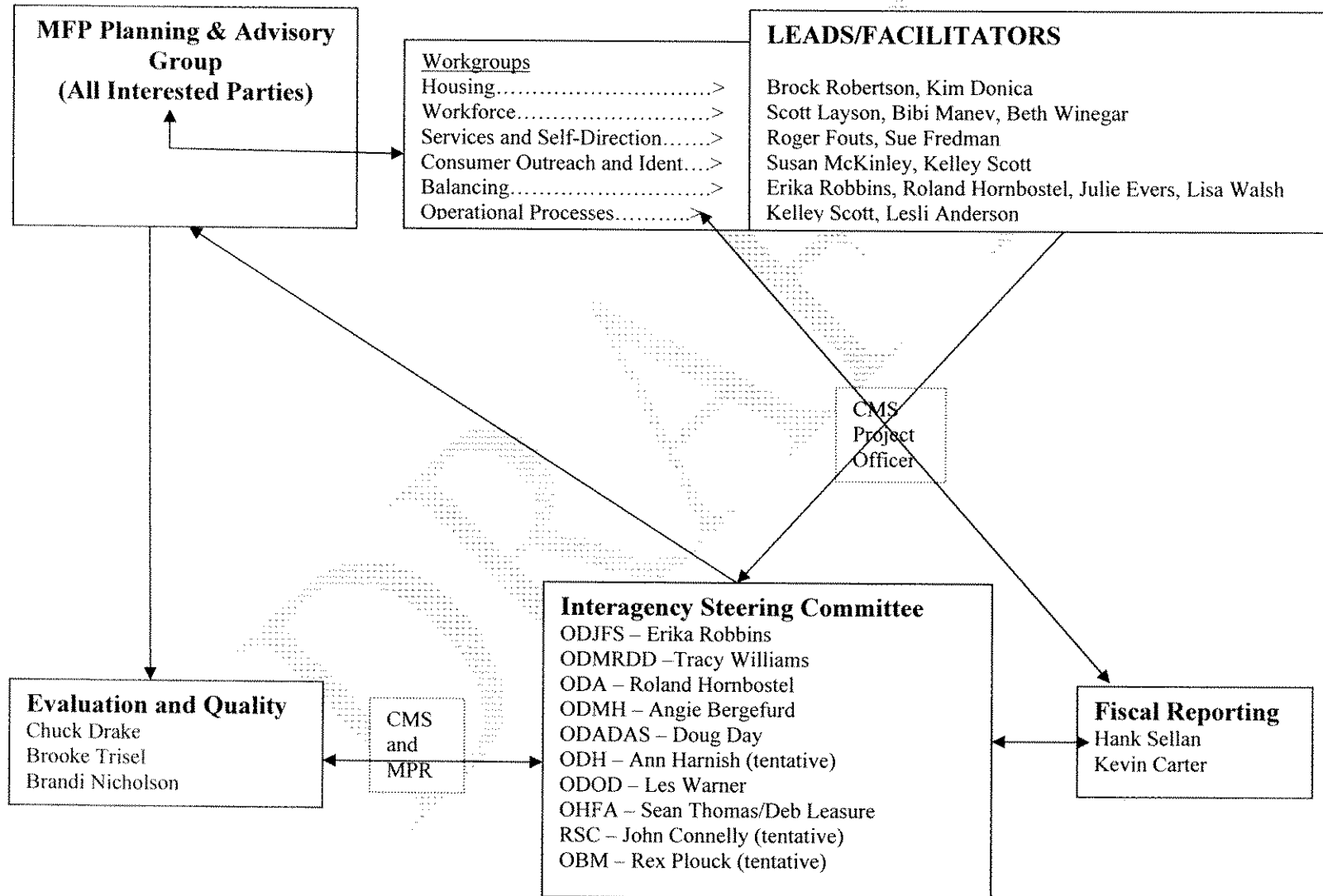
Why are states interesting in a unified budgeting approach?

Unified budgets promote **flexibility** (if you will, the “money precedes the person”) and **transparency** (policymakers are better able to determine how much is spent on long-term services and supports and what will be needed in the future).

How will we know if we have succeeded?

With a unified budget, there should be no waiting list for any particular service or setting, but success will be dependent on our ability to work collegially to develop a unified long-term care **strategy**. Within this strategy, the unified budget is but one tool among many that will be needed.

Ohio's Money Follows the Person Project Organization



MFP Project Organization Narrative

Frequency of Group Meetings

Planning and Advisory Group = at least monthly (Tentative dates: 6/1, 6/29, 7/30, 8/31, 9/17)

Workgroups = as determined by individual group schedules

Workgroup Leads = at least bi-weekly

Interagency Steering Committee = at least bi-weekly

Interagency Steering Committee calls with CMS Project Officer = at least monthly (tentative)

Summary of Group Description

The Planning and Advisory Group is responsible for 1.) the design of required MFP operational protocols from work produced by the MFP Workgroups, 2.) finalizing recommendations made by the MFP Workgroups, 3.) staffing the following MFP Workgroups: *Housing, Workforce, Services and Self-Direction, Consumer Outreach and Identification, Balancing, Operational Processes* and 4.) coordinating activities and documentation with the ODJFS Office of Ohio Health Plans to meet CMS requirements.

The MFP Workgroups operate in accordance with their individual charters. These groups are responsible for providing detail for the operational protocol including short and long term recommendations in support of the MFP mission, vision, and values.

The Interagency Steering Committee is responsible for 1.) developing a communication strategy for informing cabinet-level directors, the Governor's Office, legislators, and other governmental stakeholders about the progress of Ohio's MFP demonstration, 2.) identifying subject matter experts for the MFP Planning & Advisory Group and participants for Workgroups, 3.) coordinating activities and documentation with the ODJFS Office of Ohio Health Plans to meet CMS requirements, 4.) mediating and supporting the MFP Planning & Advisory Group as needed, 5.) assuring coordination of MFP operations and 6.) reviewing workgroup recommendations, making decisions, and approving the operational protocol.

The fiscal reporting group is comprised of staff within the ODJFS Office of Ohio Health Plans. These staff work with the ODJFS fiscal office to assure reporting per CMS guidelines. This group works in support of the operational processes workgroup.

The evaluation and quality group is comprised of staff within the ODJFS Office of Ohio Health Plans. These staff work with the Interagency Steering Committee (with input from interested parties of the Planning and Advisory Group) to define Ohio's benchmarks, contribute to the quality framework of Ohio's operational protocol, and interface with the CMS national evaluator (Mathematica Policy Research).

Development of the Operational Protocol

The MFP Project Director is responsible for the operational protocol.

Workgroup recommendations will be developed using a short term and long term approach – recommendations starting January 2008 through the remainder of the biennium and recommendations into FY10/11, 12/13, 14/15, 16/17 and on, as needed.

Workgroup recommendations will be presented to the Planning and Advisory Group for refinement. The MFP workplan envisions that the **first round** of draft recommendations will be presented to the Planning and Advisory Group **in July (tentative date 7/30/07)**. The Interagency Steering Committee will then review and amend recommendations. The recommendations will be presented to the Planning and Advisory Group for a **second round in August (tentative date 8/31/07)**. The Interagency Steering Committee, based on the second round feedback, will review, amend and approve recommendations for inclusion into the operational protocol.

A **draft operational protocol** will be shared with all members of the Planning and Advisory Group, Interagency Steering Committee and others **in September (target date: 9/17/07 with comments due tentatively 10/1/07)**. The operational protocol will be amended based on feedback, approved by the Interagency Steering Committee and **submitted to CMS by 11/1/07**.

Money Follows the Person Demonstration Project

Mission

(edited excerpt from the CMS grant announcement)

- Transition individuals from institutions who want to live in the community.
- Balance the long-term services and support system to a person-centered, needs-based system that offers **choice** of where individuals live and receive high-quality services and supports.
- Balance long-term services and support system funding.
- Promote a quality management strategy for the long-term services and support system.

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.*

Values

- Ohioans benefit from the U.S. Supreme Court's 1999 *Olmstead* decision that is a catalyst for people with disabilities to have increased **choice** and **integration** into community.
- Ohioans have personal responsibility in making decisions about their lives, including having the "dignity of risk."
- Ohioans have high quality and flexible *choices* in services, settings, and caregivers. Their informal support systems (family, friends, and personal advocates) are integrated into services and supports.
- Ohioans are served by a cost-efficient and responsive long-term services and support system. Barriers and silos are gone.
- Ohioans experience seamless access to, and administration of, services.
- Ohioans are part of the community – however they define that community.
- Ohioans benefit from the state's investment into workforce development and innovation in services and supports.

The Mission, Vision and Values Statements were developed in collaboration by members of the Money Follows the Person Planning and Advisory Group, which is comprised of advocacy groups, stakeholders, and representatives from state and county agencies.

Money Follows the Person (MFP) Demonstration Project

Overview

Ohio was one of 17 states to receive funding for the “Money Follows the Person” demonstration project (awarded in January 2007) enacted by Congress as part of the Federal Deficit Reduction Act of 2005. Ohio will receive up to \$100 million in enhanced federal matching funds over five years. These funds are to be used to relocate approximately 2,200 seniors and persons with disabilities from institutions to home and community-based settings, and to help Ohio balance the long term service and support structure.

Total funding from the Centers for Medicare and Medicaid (CMS) to all states was \$888 million. Ohio’s award was the third largest following only Texas and California.

Purpose of Money Follows the Person (MFP) Grant and Its Connection to Ohio’s Unified Long-Term Care Budget

- The intrinsic goal of “money following a person” is contingent on Ohio “balancing” its Medicaid expenditures between institutions and home and community based settings. In this way, the Money Follows the Person demonstration project is closely linked with the Unified Long-Term Care budget.
- Both initiatives support the vision of individual choice of where a person lives and receives services, transitioning consumers who want to live in the community, and implementing a system that ensures the provision and improvement of person-centered and quality services in both home and community-based settings.
- Together, these initiatives will lay the foundation for balancing Ohio’s long-term care system in SFY 2008-2009 with cost savings likely to follow in the next biennia.

Congress and CMS required state MFP proposals to:

- Propose a system of Medicaid home and community-based care that is sustainable after the demonstration period and that is conducted in conjunction with an existing (or approved) home and community-based services (HCBS) program to allow continuity of Medicaid coverage for eligible consumers.
- Allow MFP participants to be eligible for participation if they have lived in a qualified in-patient facility (hospital, nursing facility (NF), intermediate care facility for mental retardation (ICF-MR) for a minimum of six months
- Transition MFP participants to a qualified residence (home, individually leased and lockable apartment, community-based residential setting with no more than four unrelated persons).
- Receive enhanced federal medical assistance percentage (FMAP) of just under 80% for 12 months for qualified HCBS for each person transitioned from institution to community during the demonstration period.
- Enhance Medicaid home and community based services offered to MFP participants during the demonstration period.
- Participate in a national qualitative and quantitative evaluation conducted by CMS.

Money Follows the Person (MFP) Demonstration Project

Summary of Ohio's Proposal

Ohio proposes to use the CMS grant for Money Follows the Person to take the *Ohio Access Success Plan* (a project assisting nursing facility residents to move back to the community) to the next level – both as a resource to further expand existing home and community-based service (HCBS) options for elders and people with disabilities and as a way to overcome barriers – to truly “balance” Ohio’s long-term service delivery system.

MFP will add “fuel” and a coordinating function to Ohio’s existing HCBS system. In addition, because MFP will be targeted only to people leaving institutional settings, Ohio’s MFP will create a distinct set of “post-institutional” services that will smooth the way for people who are moving to a home setting from an institution. These services will be finite as people adjust to living in their own homes and transition to individualized service packages established either through an existing HCBS waiver or Ohio Medicaid’s state plan benefit plus other services and supports that are not funded via Medicaid.

Key Elements of Ohio's Proposal

- Address the needs of multiple populations in a phased-in approach over the five-year demonstration period. By the end of the demonstration, Ohio estimates 2200 people will be relocated from an institutional setting to a home setting.
- Promote consumer-direction of services.
- Use existing HCBS options such as Medicaid waiver programs, state plan Medicaid benefits, and Medicaid waiver initiatives. In addition, enhance the services offered through the use of finite demonstration services (see next bullet point)
- Identify and incorporate **existing services** (waiver services and state plan services); **demonstration services** (independent living skills education, peer support, benefits coordination, housing locator service, respite care, day habilitation, supported employment, social work and counseling, nutrition counseling, nursing), and **supplemental demonstration services** (service animals, home computers) into the project.
- Incorporate a referral and tracking system to track MFP participation and data.
- Create a council consisting of consumers and families, advocates, provider organizations and state staff to help plan and advise with implementing Ohio’s MFP demonstration project.
- Establish workgroups to identify issues, develop recommendations, and design processes and protocols to implement Ohio’s MFP demonstration project.
- Incorporate quality management into all aspects of the operational protocol and demonstration.

For more information, contact Mary Haller, ODJFS Office of Ohio Health Plans, 614-466-4443 or hallem@odjfs.state.oh.us or visit the Money Follows the Person internet Web site at: <http://jfs.ohio.gov/OHP/infodata/MFPGGrant/info.stm>

The Money Follows the Person Planning and Advisory Group Members

Revised 06/01/			
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The Money Follows the Person Planning and Advisory Group Members

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