

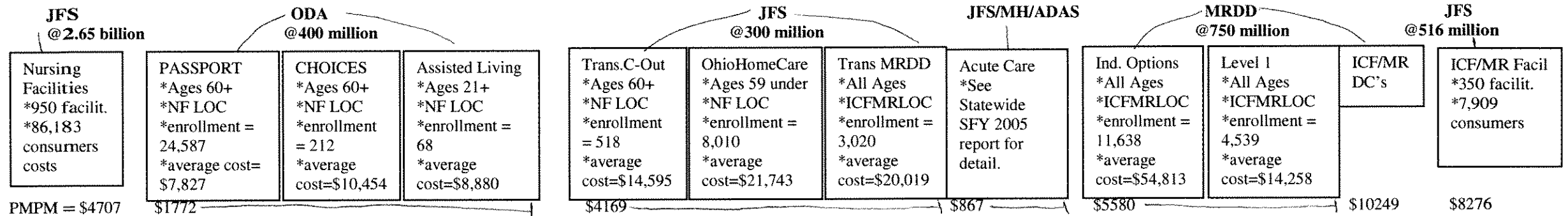
Goal “Rebalancing” - Money Follows the Person Demonstration Grant
Redesigning Ohio’s long term services and supports system – building a continuum of care

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“As-Is” State:

- Inflexible system of care (unable to move across systems)
- Siloed service delivery
- Unbalanced resources
- Only partially consumer controlled (consumers drive community care, providers drive institutional care)
- Multiple entry points to care
- Fragmented services and supports for the most complex care needs
- Limited data on functional eligibility

- Competition for Ohio’s limited resources and the need for a future vision
- Multiple provider qualifications/certification processes
- Need to improve service planning to assure efficiencies
- Current system links institutional care to community care (federal link)
- Due to limited community resources, consumers often go to institutional care
- Continued debate over what “setting” consumers want
- Need to refine community waiting list management



Possible “To Be” State:

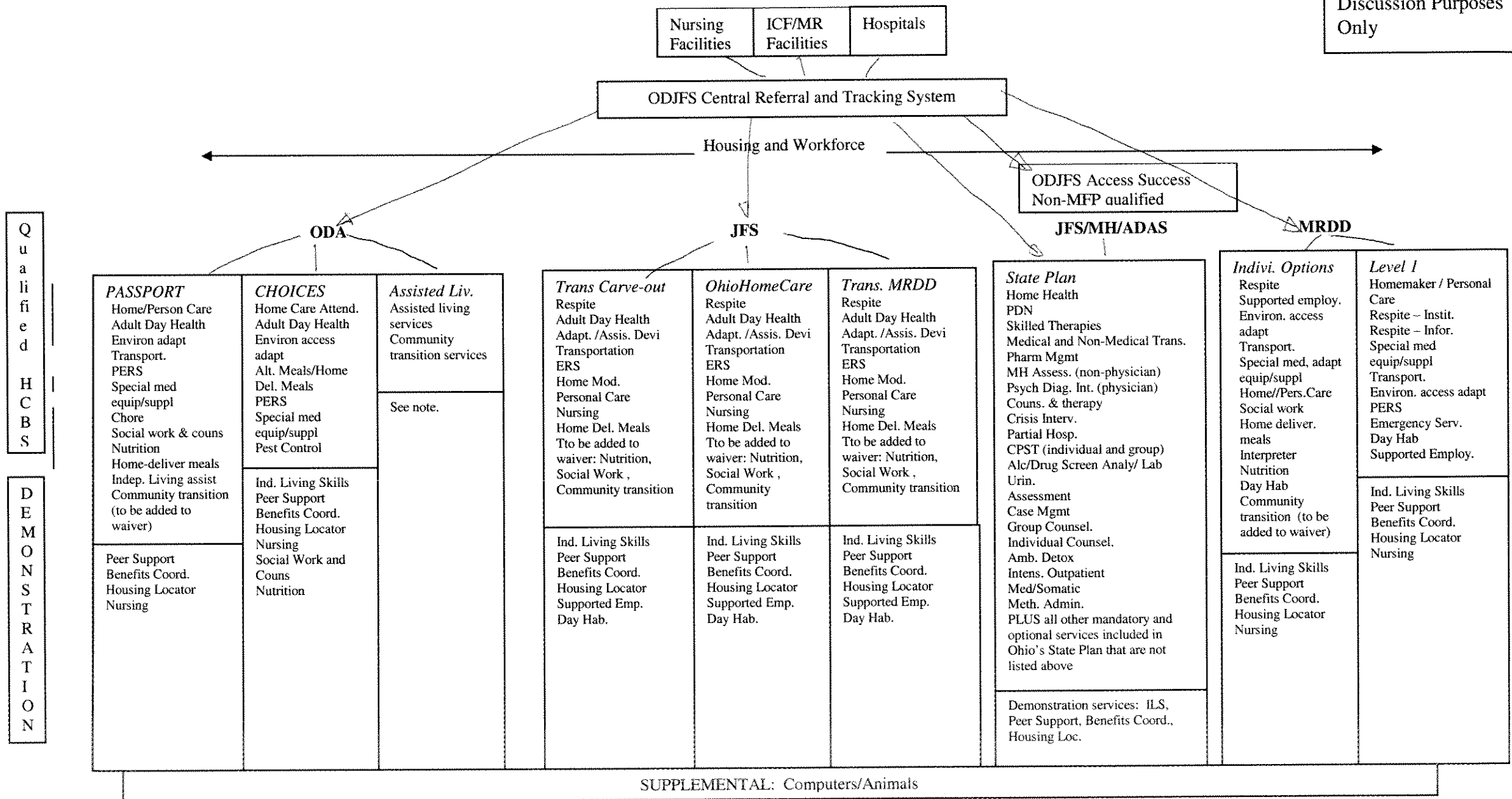
Build a continuum of care:

- ◆ That values partnership among state agencies, local entities, providers, advocacy organizations and consumers.
- ◆ That is flexible and easy to navigate
- ◆ That is responsive to the changing needs of consumers
- ◆ That is responsible to taxpayers and efficient to spread resources across more consumers
- ◆ That is consumer driven
- ◆ That covers the needs of all consumers regardless of complexity
- ◆ That improves access so that consumers are served in settings that can meet health and welfare in a manner that is driven by consumer choice and cost effective to Ohio taxpayers
- ◆ That maximizes provider resources and quality of care by breaking down the current siloed delivery system
- ◆ That provides a mechanism to funnel the current system into a single point of entry that can be managed with greater reliability, assessment of need (versus diagnosis or group) and operated with choice/cost-efficiency
- ◆ That minimizes the impact of the current federal regulation tying institutional care to community care
- ◆ Where acute care needs are addressed via “card services” and long term needs are addressed via care management
- ◆ That provides clarity, training, and technical assistance to case managers responsible for the service planning of acute and long term services and supports
- ◆ That recognizes the value of structured and unstructured settings and the history behind today’s current system – Respect toward the choices of all consumers to receive care in settings they choose (a grandparented system of care is critical to success)
- ◆ That slowly changes to the desired state driven by market forces
- ◆ That includes an IT system to track and trend eligibility (front door) and service utilization to aide decision making based on evidenced based practice, improved consumer access and increased flexibility

Note:
 *Enrollment based on December 2006 data. Average Waiver costs per person based on SFY 2007. NF and ICFMR enrollment based on SFY 2005.
 **Total expenditures based on SFY 2006.
 ***Per Member Per Month (PMPM) from Total Expenditures SFY 2005 – ABD portion

Goal "Transition"– Money Follows the Person Demonstration Grant
Opportunity for consumers to move into community settings – Transition and Community Integration

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Note: Demonstration and Supplemental Services end after 12 months for the date starting upon entry into placement to day 365. Day 366 forward, individual reverts to only qualified HCBS. Enhanced match available for the 12 month period for only qualified and demonstration services. Ohio's enhanced FMAP for FY07 is 79.83 and the regular FMAP is 59.66. The role of assisted living is still unknown and requires additional conversation with CMS.

**Money Follows the Person
Pre-Implementation Workplan and Timeline**

	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08
Grant Activities	Grant Awarded 1/9/07	Acceptance Letter 2/2/07											
Budget		Budget to CMS 2/9/07	State Budget Introduced	Monitor Budget development	Monitor Budget development	Monitor Budget development	State budget passed	Review budget assumptions	Develop Project Budget	Develop Project Budget	Submit Budet with Protocol		
Planning		Timeline to CMS 2/9/07	Workgroup workplans	Monitor workplan	Monitor workplan	Monitor workplan	Monitor workplan	Revise workplan per protocol draft	Years 2-5 workplan				
Project Director	Project Director PD Developed	Post/hire Project Director	Post/hire Project Director										
Work Groups		Sub-groups kick-off meetings	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting	Workgroups meeting
Inter-Agency		Interagency collaboration discussion	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration	Ongoing Interagency collaboration
Stakeholder Involvement	Stakeholder Kick-off 1/18/07	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting	Monthly Stakeholder Meeting
Protocol Development	Operational Protocal Received	Identify Worgroup tasks for protocol	Identify Benchmarks	Identify Benchmark Measures	Outline Case studies	Assure Workgroup products meet protocol requirements	Assure Workgroup products meet protocol requirements	Workgroup items complete for protocol	Drafting Protocol	Drafting Protocol	Submission of Protocol to CMS	RAI and Input from CMS	Protocol Approval
Waiver Changes							Identify waiver needs from workgroups	Identify waiver needs from workgroups	Development of Waiver Amends if needed	Development of Waiver Amends if needed	Development of Waiver Amends if needed		Submit needed Waiver amendments
Law Changes							Identify Law change needs from workgroups	Identify Law change needs from workgroups	Development of Law Changes if needed	Development of Law Changes if needed	Development of Law Changes if needed		Seek needed Law amendments
Rule Changes							Identify Rule change needs from workgroups	Identify Rule change needs from workgroups	Development of rules changes as needed	Development of rules changes as needed	Development of rules changes as needed		File needed Rule Changes
State Plan Changes							Identify State Plan Change needs from Workgroups	Identify State Plan Change needs from Workgroups					Submit needed State Plan amendments
IT Support				Identify MIS needs	Develop MIS Requirements	Develop MIS Requirements	Develop MIS Requirements	Develop MIS Requirements	Request MIS changes	MIS Development	MIS Development	MIS Development	MIS Development
Website		Website Development	Website Deployment	Website updated	Website updated	Website updated	Website updated	Website updated	Website updated	Website updated	Website updated	Website updated	Website updated

**Money Follows the Person
Pre-Implementation Workplan and Timeline**

Communications		Develop Communitcations Plan	Develop Communications Plan										
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TOTAL EXPENDITURES SFY 2005

By Aid Category, Delivery System, and Category of Service

Category of Service	Aged, Blind or Disabled										Total Expenditures by Category of Service
	ICF/MR Home		Nursing Facility	Living in Community	Waiver Programs			Covered Families and Children			
	Public	Private			ODJFS	PASSPORT	Mental Retardation	HMO	Fee For Service		
Nursing Home	\$ 4.84	\$ 17.72	\$ 3,633.14	\$ 18.82	\$ 16.47	\$ 23.53	\$ 2.99	\$ 0.01	\$ 0.10	\$ 3,717.63	
ICF & MR (PUBLIC)	\$ 8,520.79	\$ 67.97	\$ 43.94	\$ 2.14	\$ -	\$ -	\$ 0.73	\$ 0.00	\$ 0.01	\$ 8,635.59	
ICF & MR (PRIVATE)	\$ 92.28	\$ 6,251.64	\$ 33.32	\$ 2.28	\$ 0.03	\$ -	\$ 1.00	\$ -	\$ 0.02	\$ 6,380.57	
Inpatient	\$ 35.92	\$ 100.82	\$ 156.46	\$ 212.04	\$ 311.71	\$ 112.13	\$ 52.52	\$ 0.42	\$ 61.06	\$ 1,043.09	
Hospital Outpatient	\$ 41.36	\$ 61.91	\$ 27.90	\$ 84.27	\$ 96.68	\$ 46.83	\$ 38.90	\$ 0.08	\$ 35.16	\$ 435.08	
Physician	\$ 23.76	\$ 42.14	\$ 47.81	\$ 74.48	\$ 81.14	\$ 62.16	\$ 31.20	\$ 0.09	\$ 32.90	\$ 395.66	
Federally Qualified Health Center	\$ 0.22	\$ 0.50	\$ 0.31	\$ 1.97	\$ 1.19	\$ 0.52	\$ 0.62	\$ 0.98	\$ 2.44	\$ 8.75	
Clinic	\$ 0.38	\$ 0.67	\$ 10.14	\$ 12.49	\$ 20.63	\$ 13.90	\$ 3.46	\$ 0.00	\$ 1.52	\$ 63.39	
Dental	\$ 10.24	\$ 10.89	\$ 7.20	\$ 9.34	\$ 7.53	\$ 6.38	\$ 12.31	\$ 0.01	\$ 9.39	\$ 73.28	
Drug	\$ 516.09	\$ 512.83	\$ 467.51	\$ 294.22	\$ 534.26	\$ 408.51	\$ 407.67	\$ 0.02	\$ 43.14	\$ 3,184.24	
HMO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ -	\$ -	\$ 0.00	
Community Mental Health	\$ 2.86	\$ 5.55	\$ 8.47	\$ 56.50	\$ 24.49	\$ 12.42	\$ 31.91	\$ 9.80	\$ 15.23	\$ 167.24	
Alcohol and Drug Addiction Services	\$ -	\$ -	\$ 0.32	\$ 4.92	\$ 0.87	\$ 0.12	\$ 0.18	\$ 1.93	\$ 3.31	\$ 11.66	
MR/DD HABILITATION	\$ 926.23	\$ 1,107.98	\$ 13.27	\$ 10.93	\$ 149.33	\$ 0.51	\$ 1,163.73	\$ 4.39	\$ 4.56	\$ 3,380.94	
Community Based Waiver Services	\$ 41.16	\$ 22.80	\$ 20.06	\$ 8.71	\$ 1,659.01	\$ 925.10	\$ 3,726.02	\$ 0.00	\$ 0.05	\$ 6,602.91	
Other Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Home Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Advance Practice Nurse	\$ 0.17	\$ 2.66	\$ 3.50	\$ 27.85	\$ 140.34	\$ 64.25	\$ 36.64	\$ 0.00	\$ 1.44	\$ 276.86	
Physiological Lab	\$ 0.05	\$ 0.20	\$ 1.33	\$ 0.49	\$ 0.63	\$ 0.27	\$ 0.17	\$ 0.00	\$ 0.83	\$ 3.97	
Independent Lab	\$ 0.10	\$ 0.08	\$ 0.16	\$ 0.70	\$ 0.66	\$ 0.38	\$ 0.14	\$ 0.00	\$ 0.20	\$ 2.42	
Family Planning	\$ 2.93	\$ 4.96	\$ 4.98	\$ 2.05	\$ 2.51	\$ 0.95	\$ 1.24	\$ 0.00	\$ 1.30	\$ 20.92	
Supplies and Medical Equipment	\$ 19.67	\$ 43.42	\$ 44.43	\$ 19.46	\$ 168.86	\$ 56.05	\$ 38.08	\$ 0.00	\$ 2.30	\$ 392.27	
Eyeglasses	\$ 0.35	\$ 0.47	\$ 0.76	\$ 0.62	\$ 0.50	\$ 0.75	\$ 0.64	\$ 0.00	\$ 0.41	\$ 4.49	
Ambulance	\$ 2.88	\$ 7.26	\$ 18.47	\$ 4.71	\$ 17.48	\$ 9.54	\$ 2.23	\$ 0.00	\$ 0.95	\$ 63.51	
Ambulette	\$ 0.62	\$ 4.44	\$ 14.60	\$ 4.89	\$ 28.47	\$ 20.48	\$ 2.74	\$ 0.00	\$ 0.04	\$ 76.27	
Ambulatory Surgical Services	\$ 0.32	\$ 0.45	\$ 0.46	\$ 1.43	\$ 0.81	\$ 1.15	\$ 0.50	\$ 0.00	\$ 0.69	\$ 5.81	
Private Duty Nursing	\$ 0.60	\$ 1.13	\$ 0.32	\$ 0.77	\$ 0.65	\$ 0.24	\$ 0.28	\$ 0.00	\$ 0.69	\$ 4.67	
CRNA or Anesthesiology Assistant	\$ 0.01	\$ 0.08	\$ 0.01	\$ 0.30	\$ 0.82	\$ 0.28	\$ 0.27	\$ -	\$ 0.13	\$ 1.91	
Physical Therapy	\$ 4.91	\$ 4.83	\$ 4.48	\$ 2.84	\$ 2.95	\$ 3.51	\$ 4.34	\$ 0.00	\$ 1.51	\$ 29.36	
Speech Therapy	\$ -	\$ 0.01	\$ 0.00	\$ 0.06	\$ 0.02	\$ 0.00	\$ 0.10	\$ 0.00	\$ 0.14	\$ 0.33	
Chiropractor/Podiatrist/Optomtrist	\$ -	\$ 1.66	\$ 0.27	\$ 3.00	\$ 695.51	\$ 0.26	\$ 19.02	\$ -	\$ 1.81	\$ 721.53	
Hospice	\$ -	\$ 0.21	\$ 130.69	\$ 4.41	\$ 2.78	\$ 1.61	\$ 0.05	\$ 0.01	\$ 0.05	\$ 139.81	
Nursing Home Therapies	\$ 0.03	\$ 0.22	\$ 13.08	\$ 0.65	\$ 0.73	\$ 0.35	\$ 0.11	\$ 0.00	\$ 0.01	\$ 15.19	
Total Expenditures by Delivery Systems	\$ 10,248.77	\$ 8,275.71	\$ 4,707.38	\$ 867.36	\$ 4,169.07	\$ 1,772.18	\$ 5,579.77	\$ 17.76	\$ 221.36	\$ 35,859.37	

Nursing Home = SNF + ICF/MR

Clinic Services = Clinic Services + Outpatient Health Services + Rural Health Services

Mental Health Clinic Services = MH Clinic Services + MH Outpatient Health Services + MH Rural Health Services + MH FQHC Services

MR/DD Habilitation = Mental Retardation + MR Support Services

Community Mental Health = Mental Health Services + MH Support Services

Community Based Waiver Services = Core Services Wvr Recipient + PACE Program + Waivered Services + PASSPORT Waiver III + OBRA MR/DD Waiver + Home Care Facilitator Svcs.