


Ted Strickland
Governor



Helen E. Jones-Kelley, J.D.
Director

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To: Interested Parties
From:  Erika C. Robbins, Assistant Deputy Director
Office of Ohio Health Plans (OHP)
Re: MFP Planning and Advisory Group Meeting
Date: May 25, 2007

MFP Planning and Advisory Group Meeting

Date: June 1, 2007

Time: 2:00 to 4:00 pm

**Location: Lazarus Building, 50 W. Town Street, Columbus 43215
Conference Room C621A**

Please join us for a presentation by Robert Mollica, Ed.D, Senior Program Director, National Academy for State Health Policy (NASHP). Attached is the agenda for the meeting. The presentation is informal. Group participants are encouraged to ask questions throughout the presentation. The objective of the meeting is to have:

- information on what it means to create a balanced system.
- greater understanding of the national trends on spending, choice, and barriers to housing and workforce and
- possible strategies to address balancing and break down barriers in Ohio's system.

We should use what we learn to add value to the work already underway in each of the workgroups, to gain greater appreciation of the complexity of this initiative, and to support what is needed to meet our draft vision - Ohioans who need long-term services and support . . . *get the services and supports they need in the settings they want from the people they want, and if their needs change, the services and supports change to match the needs.*

I have also attached a flyer on the Legislative Breakfast Briefing scheduled for June 13th and an updated fact sheet. We encourage you to attend the event to show your support for both the MFP and Unified LTC Budget initiatives.

We look forward to seeing you next week! If you have any questions, feel free to e-mail or call me at robbie@odjfs.state.oh.us or 614-752-3738 (please note new phone number).

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Balancing and Money Follows the Person in Ohio

Robert Mollica

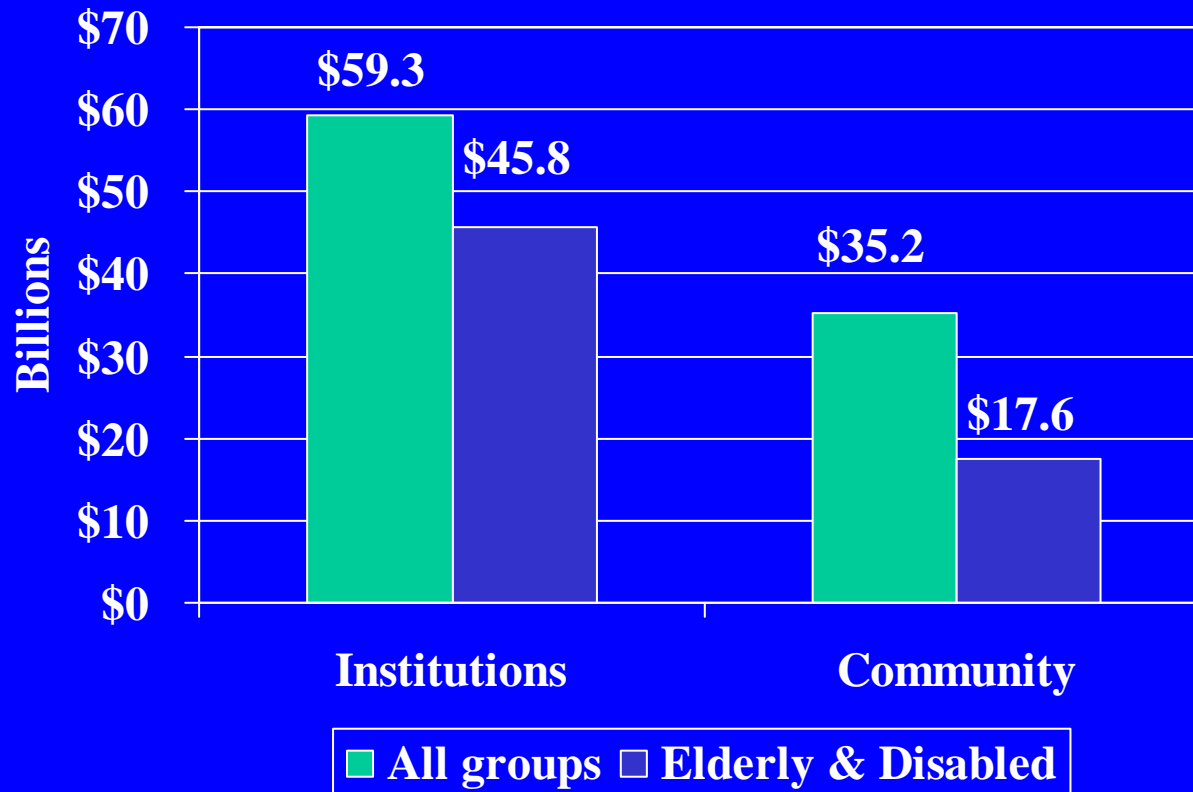
June 2007

NATIONAL ACADEMY
for STATE HEALTH POLICY

Overview

- System goals
 - Offer consumers choice
 - Balance institution and HCBS spending
 - Cost effective use of government funds
- Long term care spending trends
- Hallmarks of comprehensive systems

FY 2005 Spending balance



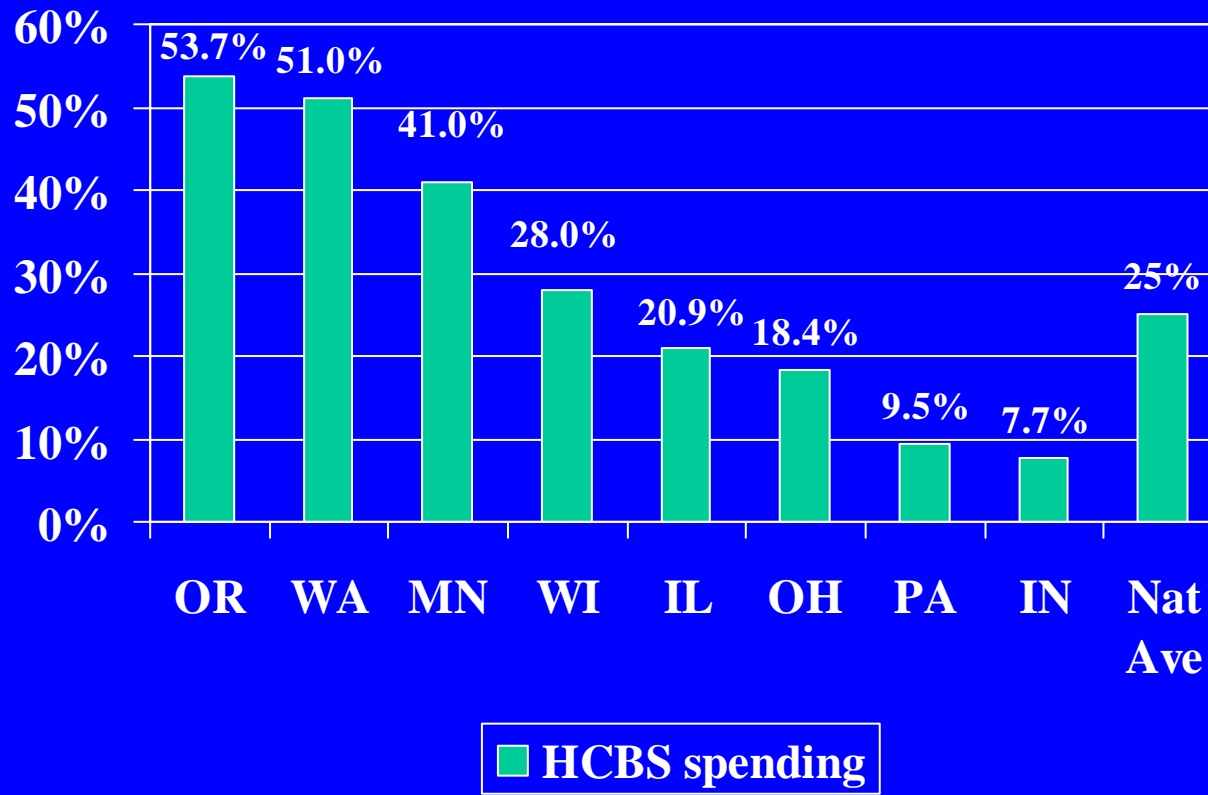
Institutions = nursing homes and ICF-MRs

Source: Medstat

Selected States

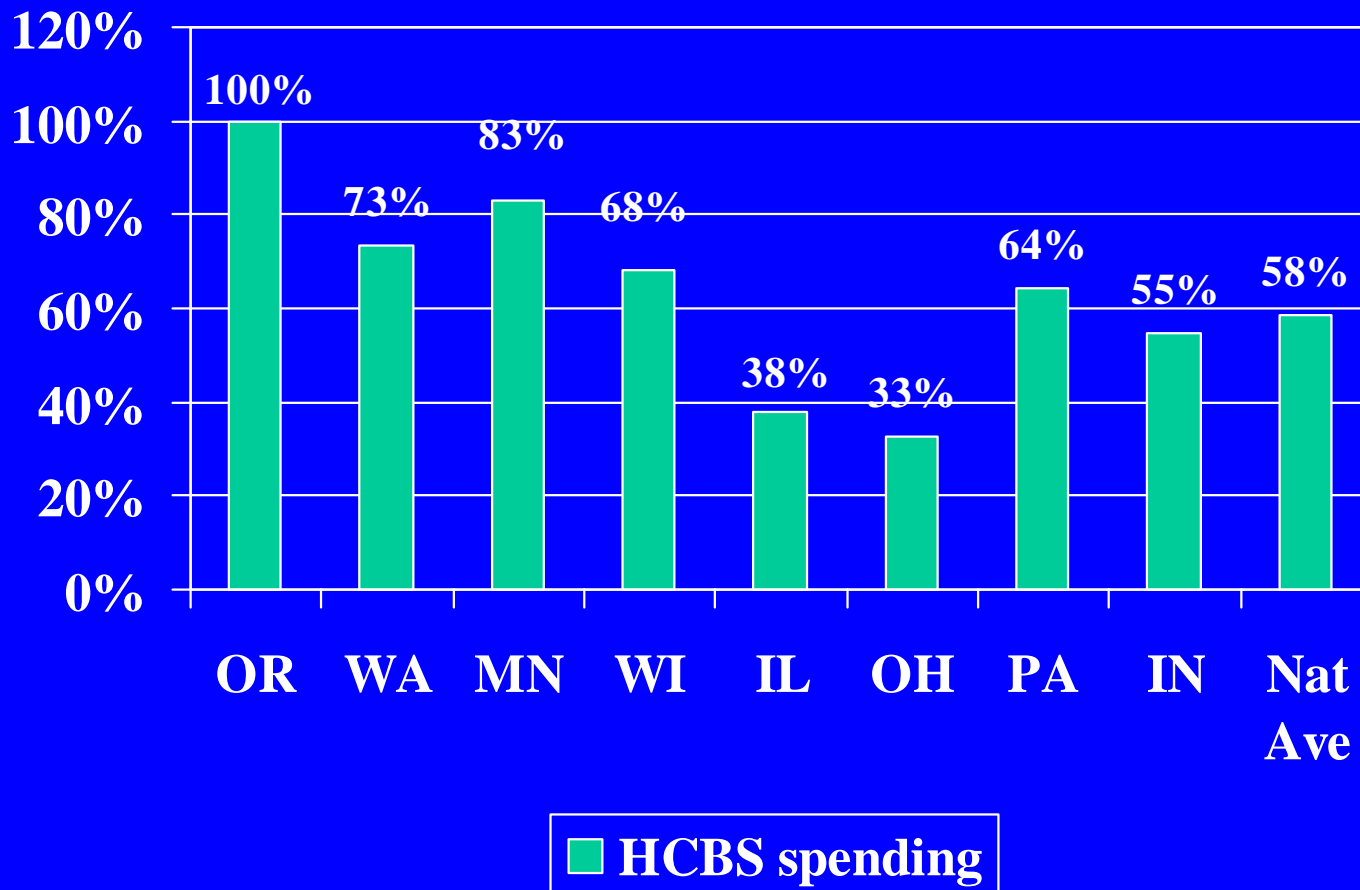
FY 2005

(Elders and adults with disabilities)

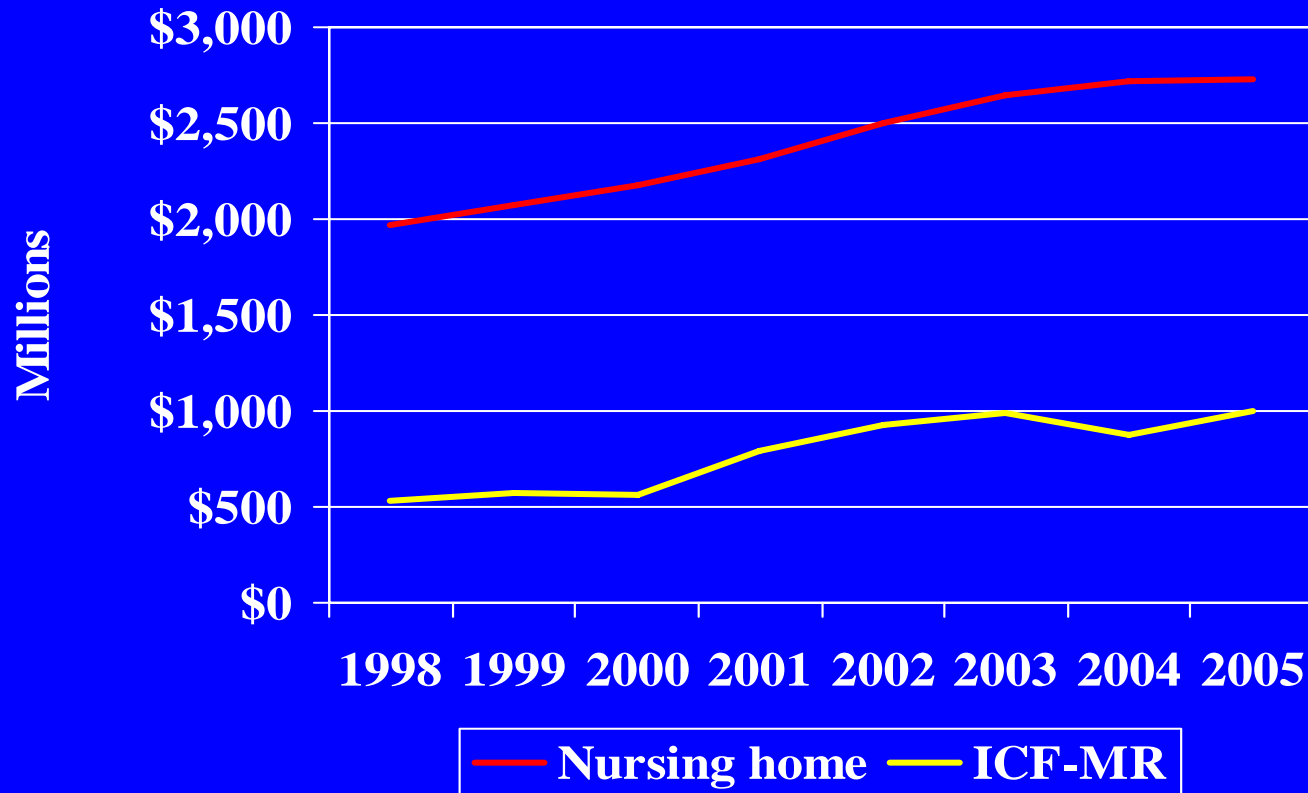


Source: Medstat

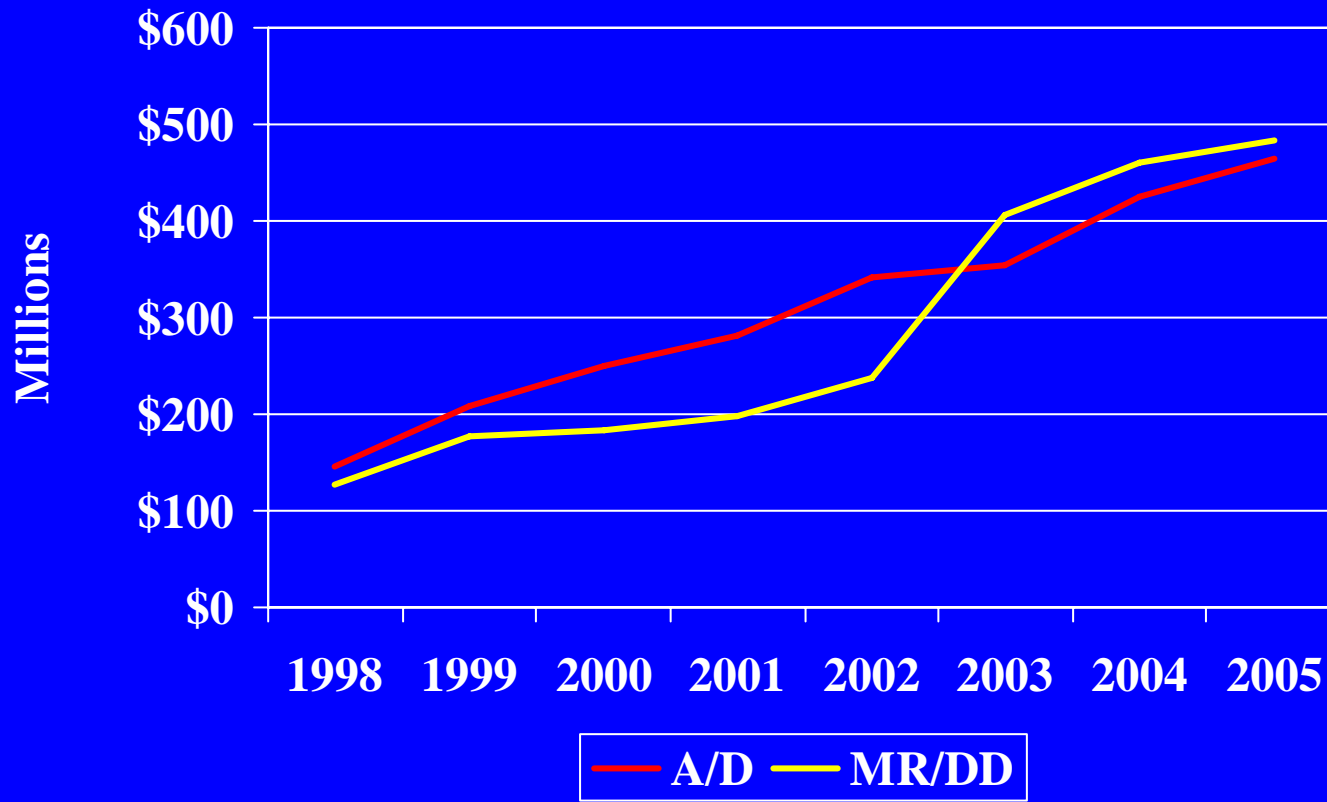
Individuals with MR/DD



Ohio institutional spending

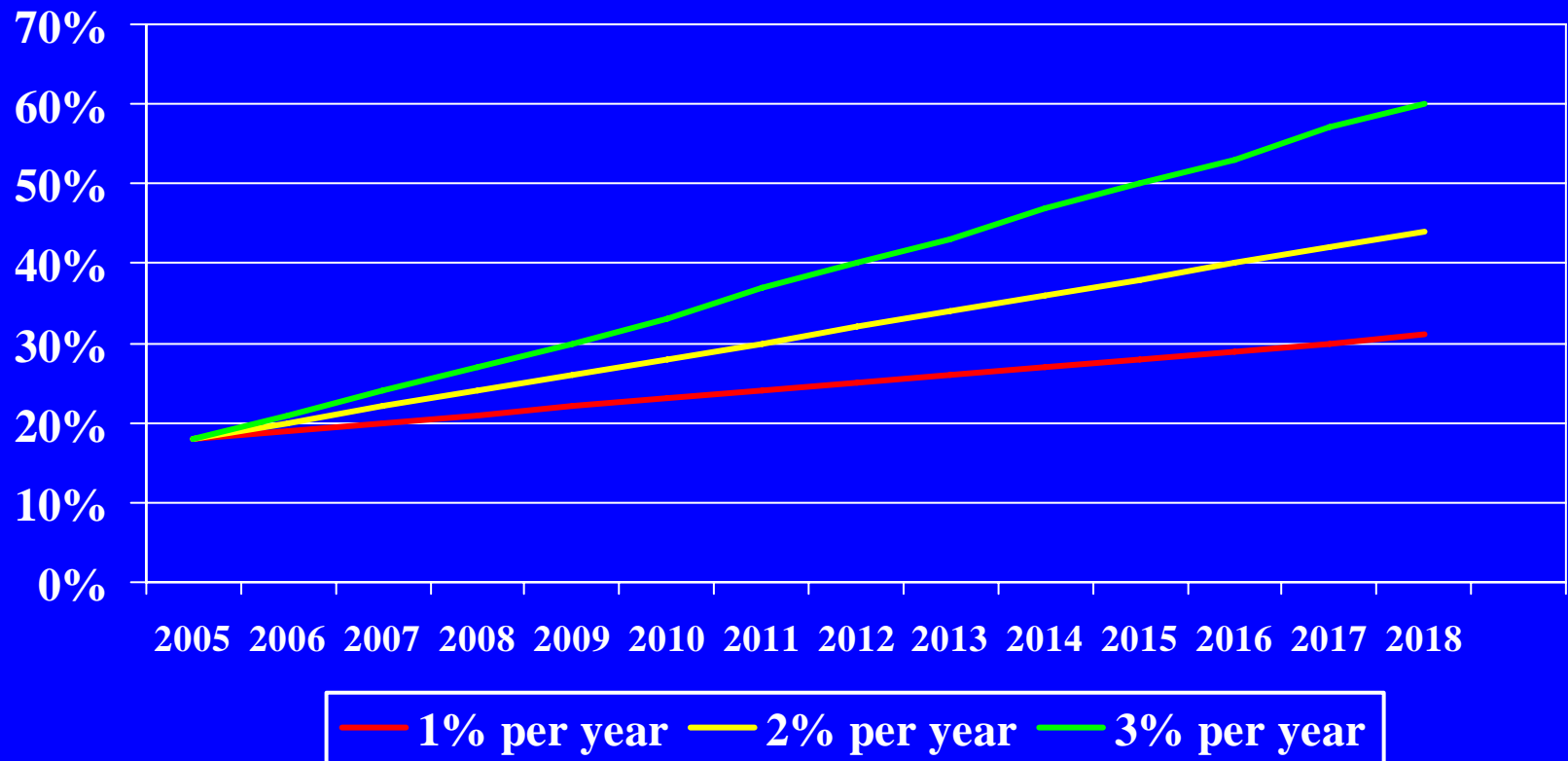


Ohio waiver spending



Source: Medstat

Improving the balance: How long will it take (A/D)?



MFP – More than transition

- Increase use of HCBS
- Eliminate barriers that restrict flexible use of funds
 - Budget, statutory, Medicaid state plan
- Ensure procedures in place to provide quality assurance

Benchmarks

- Number of transitions
- Qualified expenditures
- Percentage increase in HCBS
- Number of Medicaid days – institutions/HCBS
- Rates for use of information and assistance services
- Rates for screening, identification & assessment of candidates for transition

Benchmarks...

- Progress toward flexible financing strategies
- Increase in available supportive services
- Increases in the workforce
- Increase in self-directed services
- Increased use of transition coordinators
- Improvement in QA system

Key features of transition programs

- Dedicated transition coordinators
- Links to community services
- Maintenance exemption to establish a home
- Transition services
- Rent subsidies from savings in state share

Key features...

- Working with housing agencies
 - Housing liaison
- Housing registries

Philosophy - Oregon

- The Legislative Assembly finds and declares that, older citizens of this state are entitled to enjoy their later years in health, honor, dignity, and disabled citizens are entitled to live lives of maximum freedom and independence.

Washington....

- Individuals should receive services that encourage individual dignity, autonomy, and development of their fullest human potential.
- a broad array of services that support persons at home or in the community whenever practicable and
- ... promote individual autonomy, dignity, and choice.

Washington

-establish a balanced range of health, social and supportive services
- “to the extent of available funding, expand cost effective options for home and community services for consumers”

Balancing strategies

- Consolidated organization structure (OR, VT, WA)
- Single long term care budget (OR, MD, WA)
- Access – PA Community Choices
- Global budget and home care entitlement (VT)
- Options counseling

PA: Community Choices

- Access to assessment 24/7
- Services within 12 to 72 hours
- Reduce financial application (12 to 5 pages) and functional assessment (27 to 5 pages)
- Disregard \$6,000 in assets
- Self-declaration of income and assets
- Presumptive eligibility

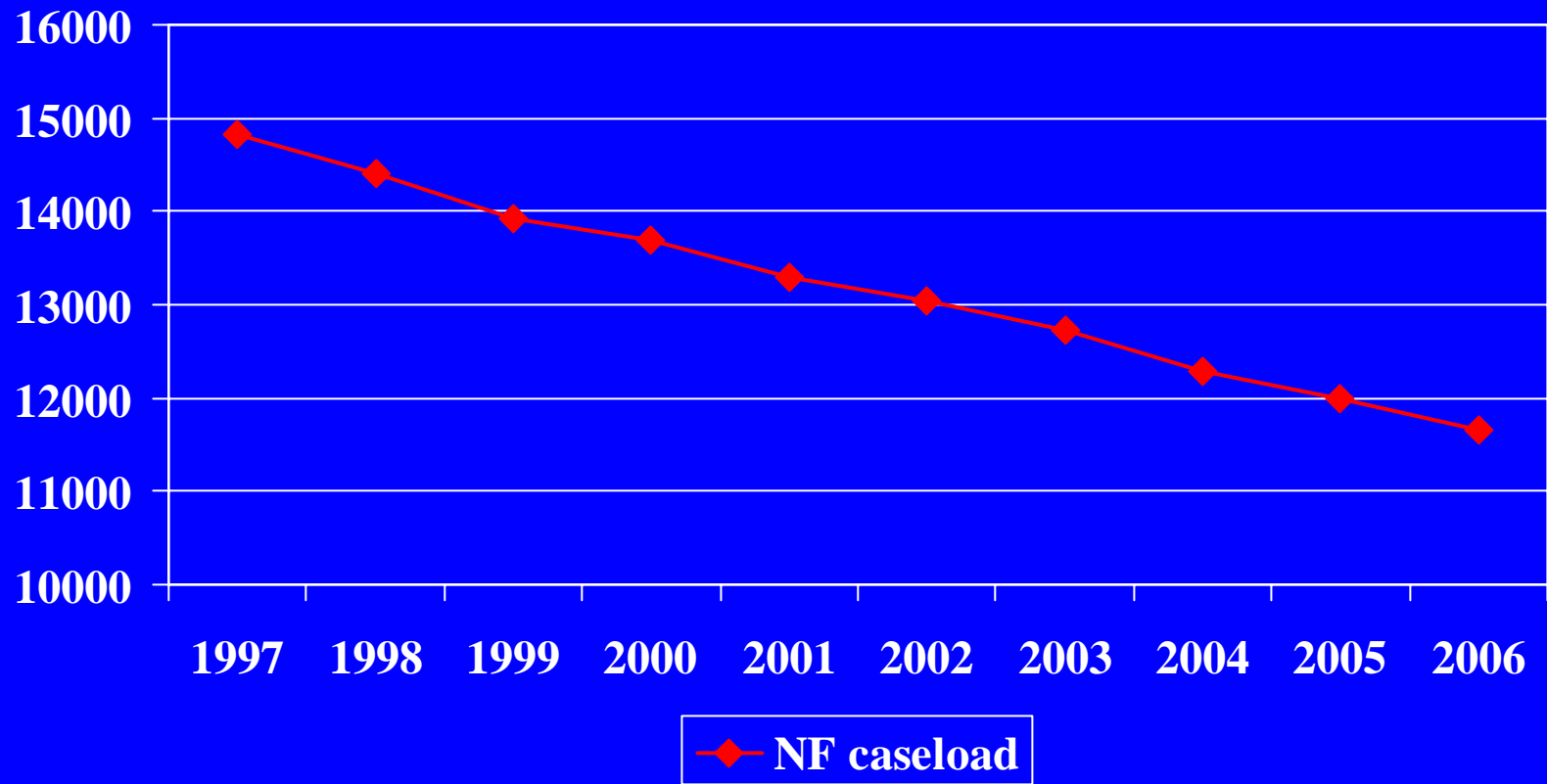
Washington: Legislative direction

- State funded chore services since 1970s
- 1980s budget crises lead to greater reliance on Medicaid LTC benefit
- 1983 COPES Medicaid Waiver Program (Advantage)
- 1989 Medicaid Personal Care Program
- 1993 legislature approves funding to relocate 750 nursing home clients to HCBS

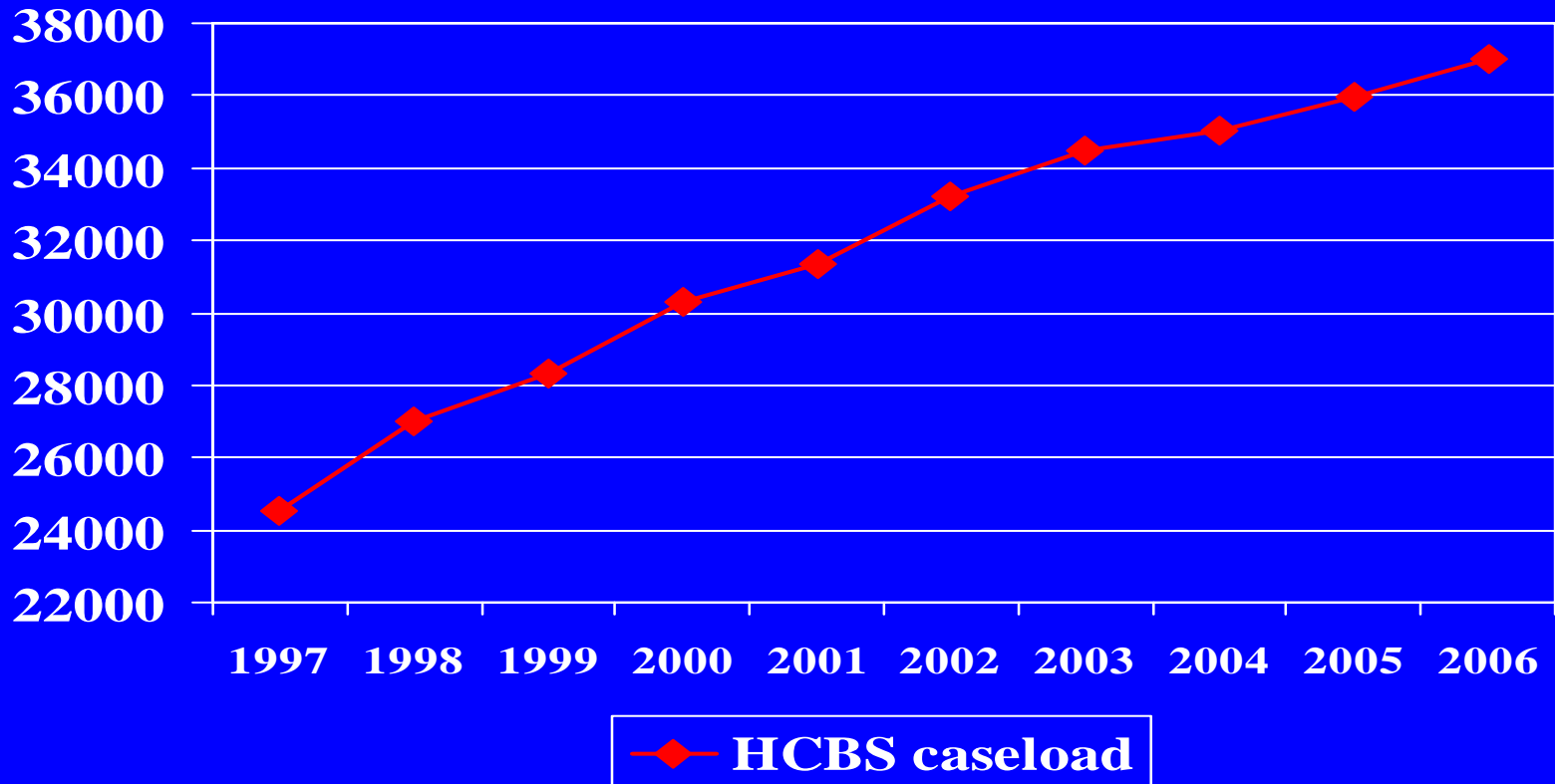
Legislative direction...

- 95-97 budget reduces NH caseload by 1,600 clients
- NH “bed need” assessment includes availability of home/community care
- Budget structure consolidated with significant management flexibility
- Caseload Forecasting Council projects NH & HCBS trends
- NH caseload is falling while HCBS absorbs growth in service demand

Washington: NF caseload trends

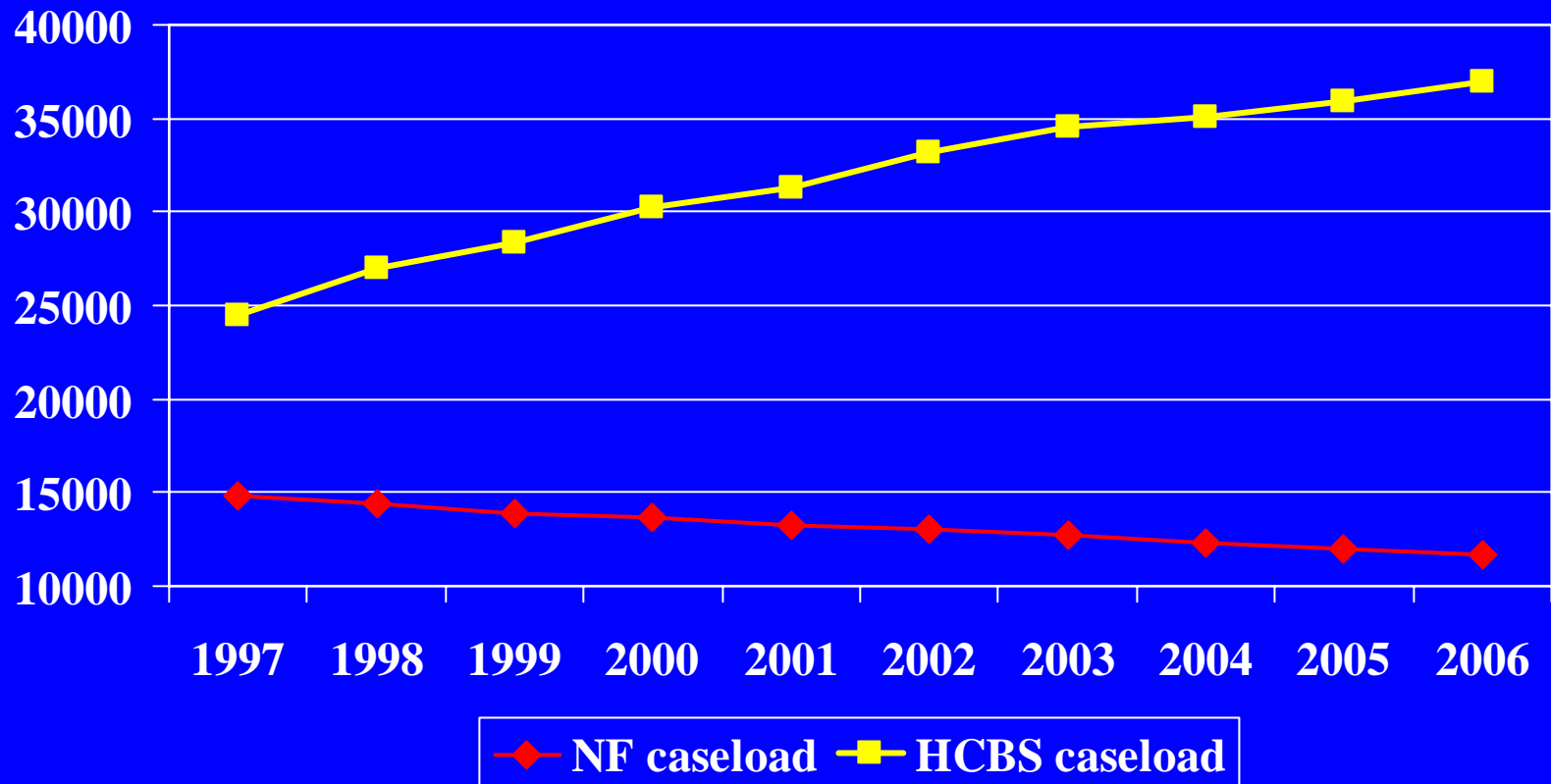


Washington: HCBS trends



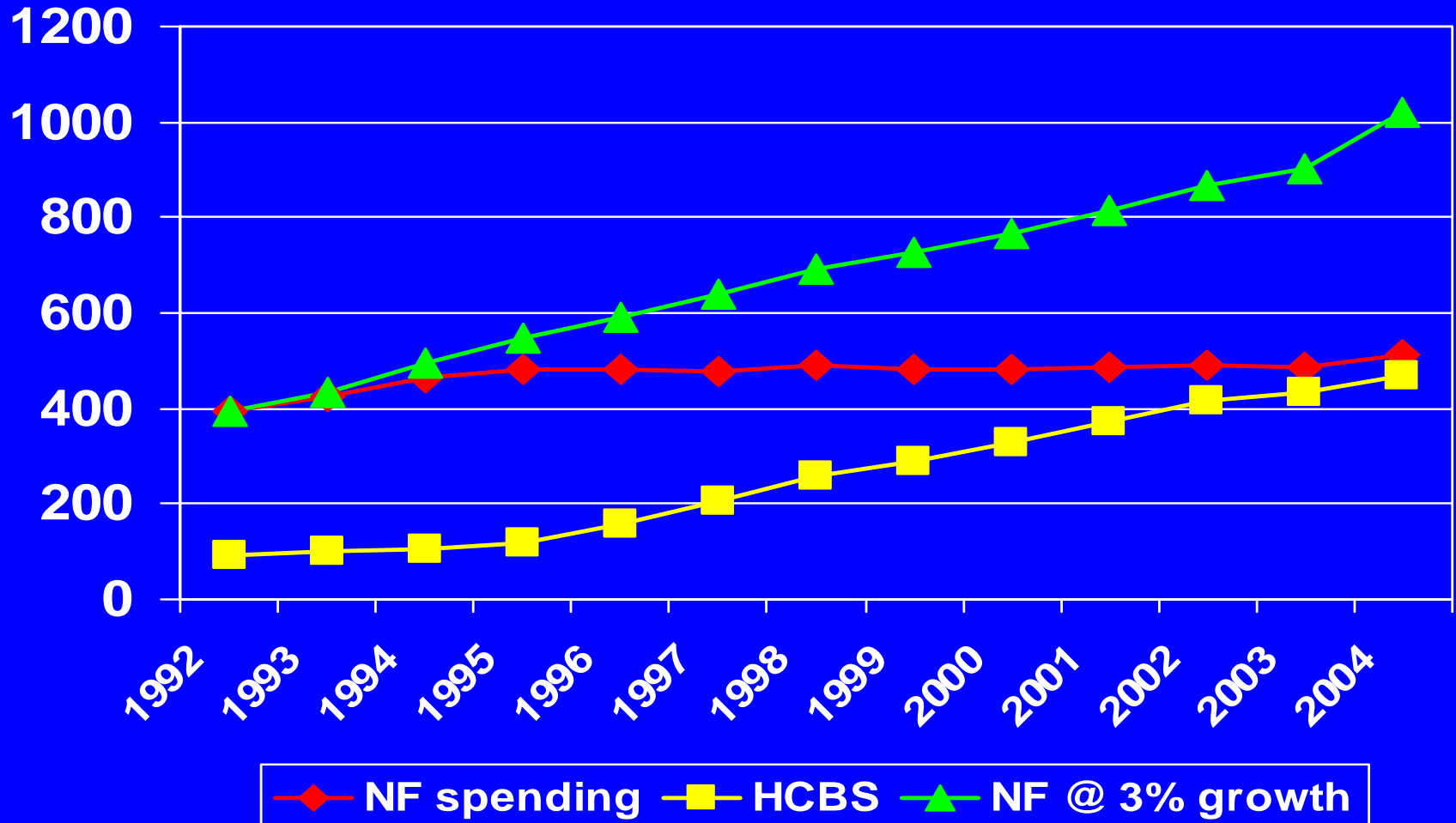
Figures for July each year

Washington: combined caseload trends



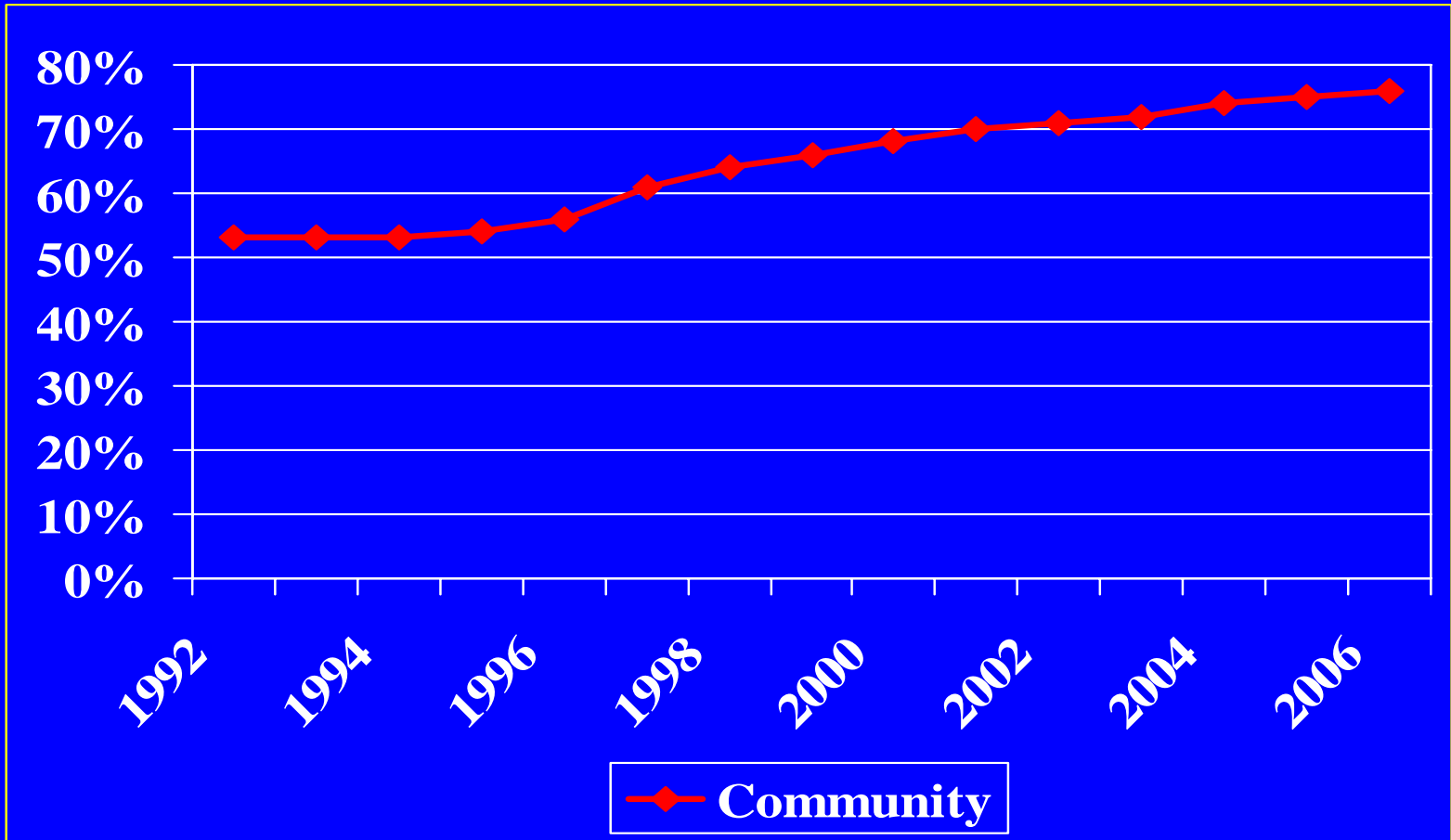
Figures for July each year

Washington LTC Spending trends (millions)

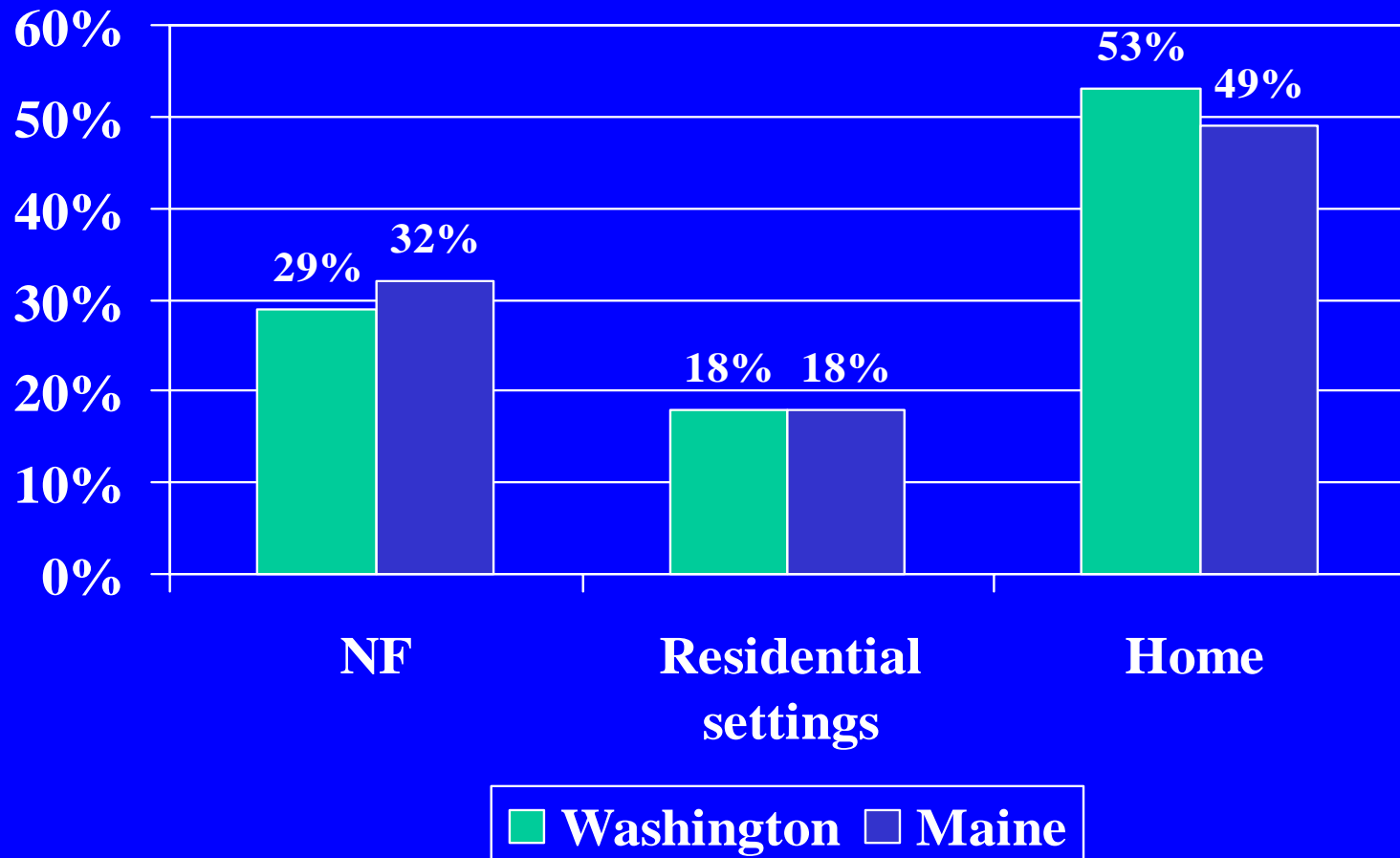


Based on data from the Washington Aging and Disability Services Administration

WA Percent served in the community



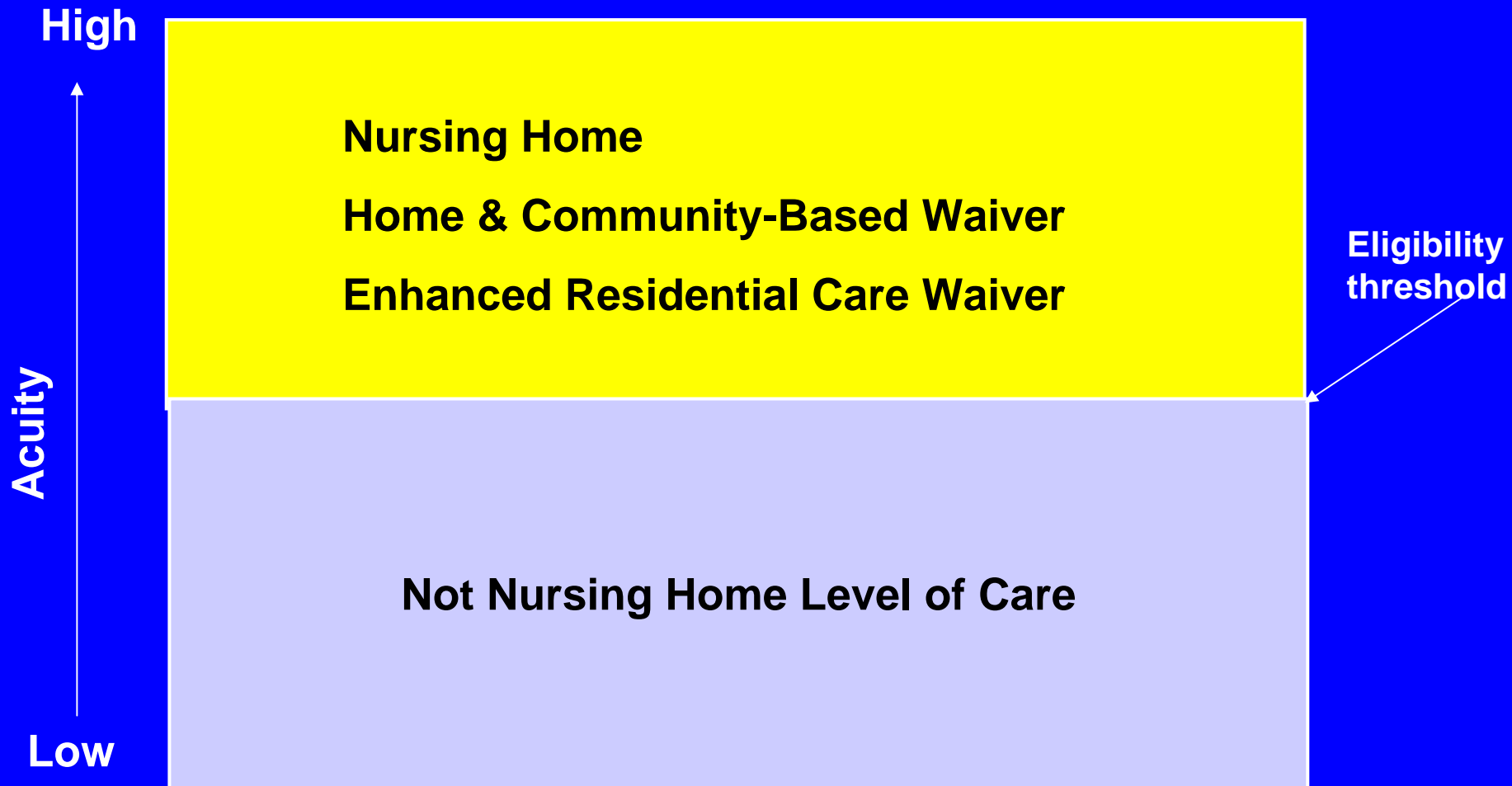
Caseload by setting



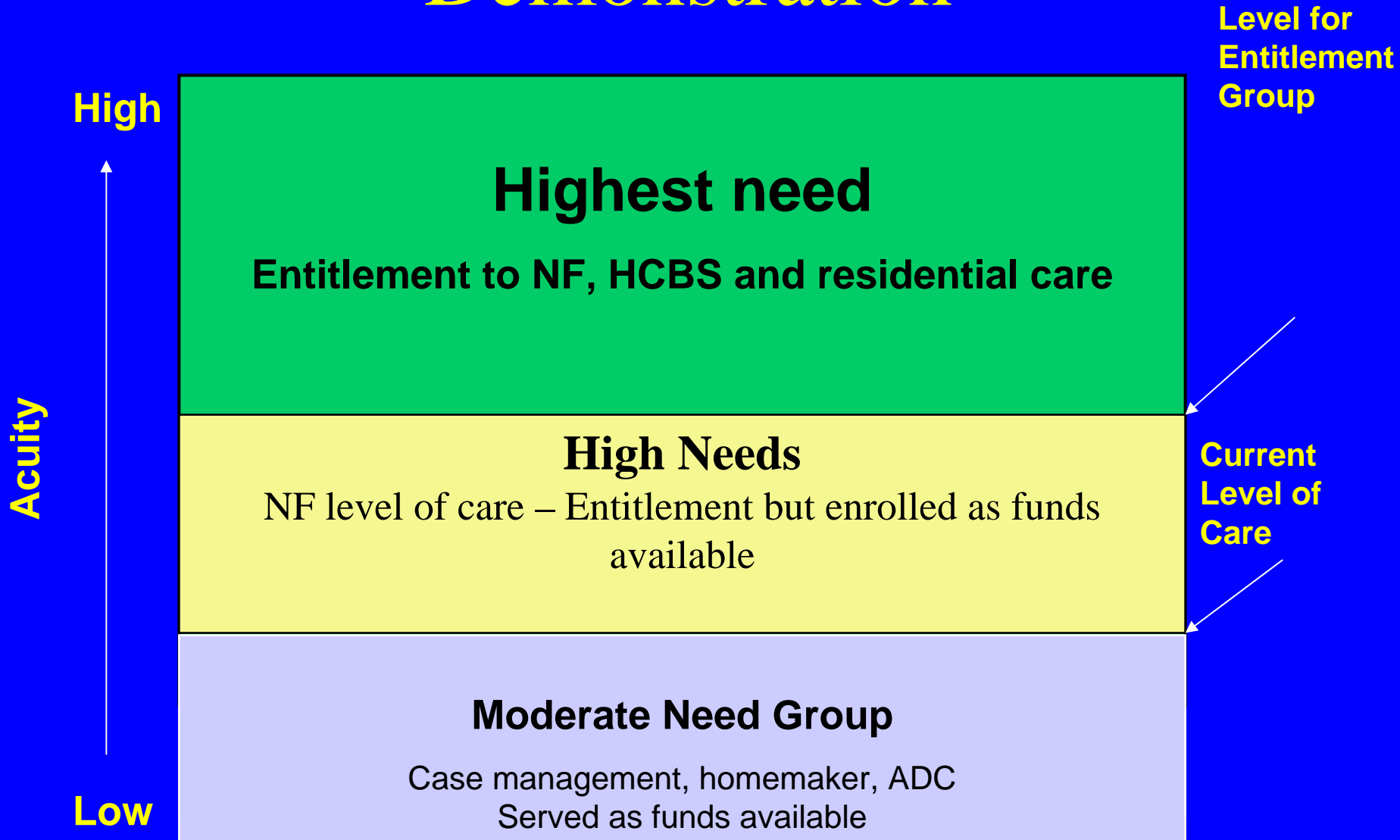
VT: Choices for Care Demo

- Offer more choice
- Serve more people
- Manage costs
- Create better balance
- Emphasize prevention (moderate needs group)

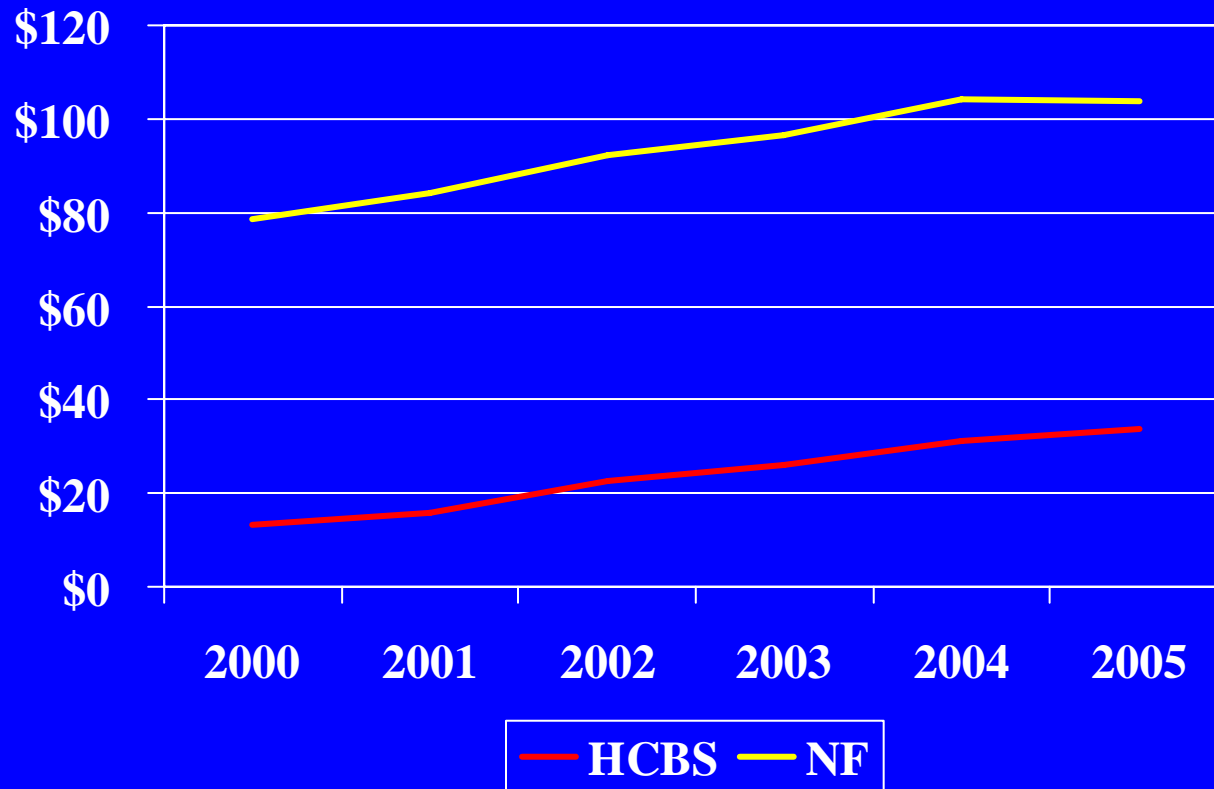
Vermont - Previous system



Demonstration



Vermont spending trends



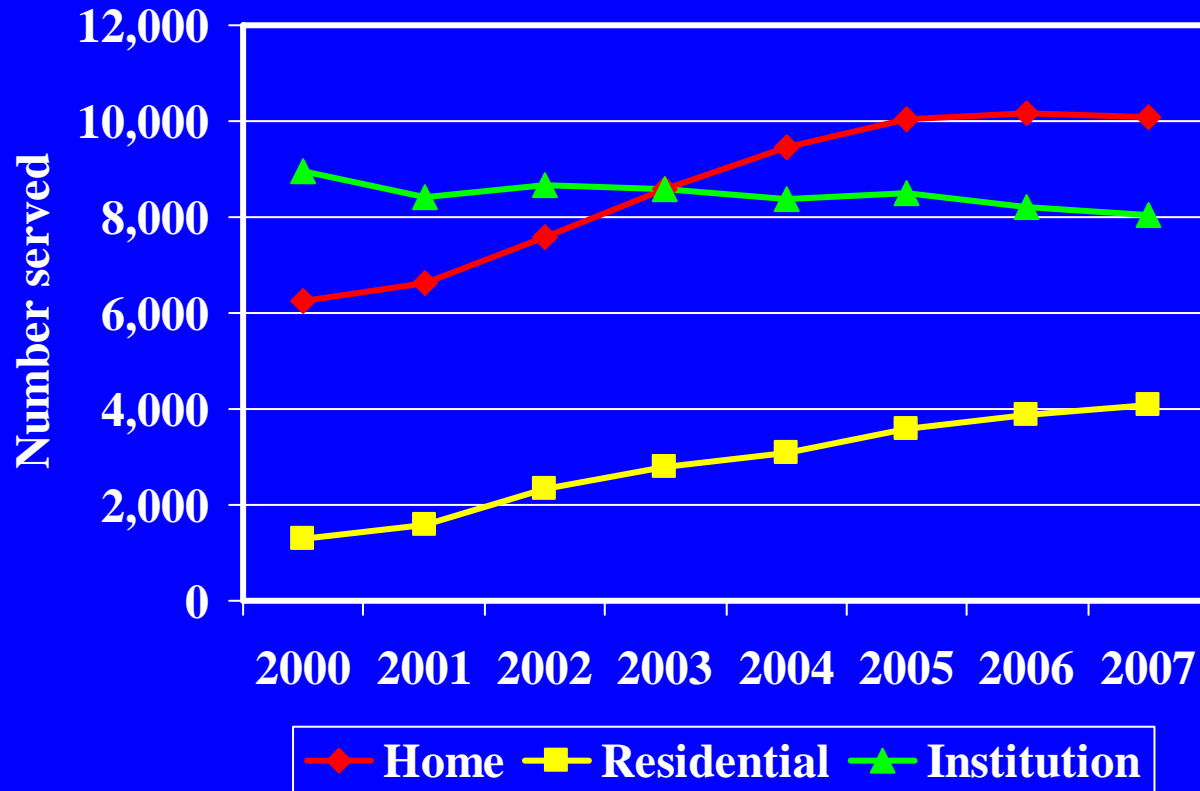
Vermont: Early data

	9/2005	9/2006	Change
Nursing home	2,286	2,131	-7%
HCBS	1,207	1,343	12%
Moderate needs	NA	509	NA
Waiting list	207	65	-69%

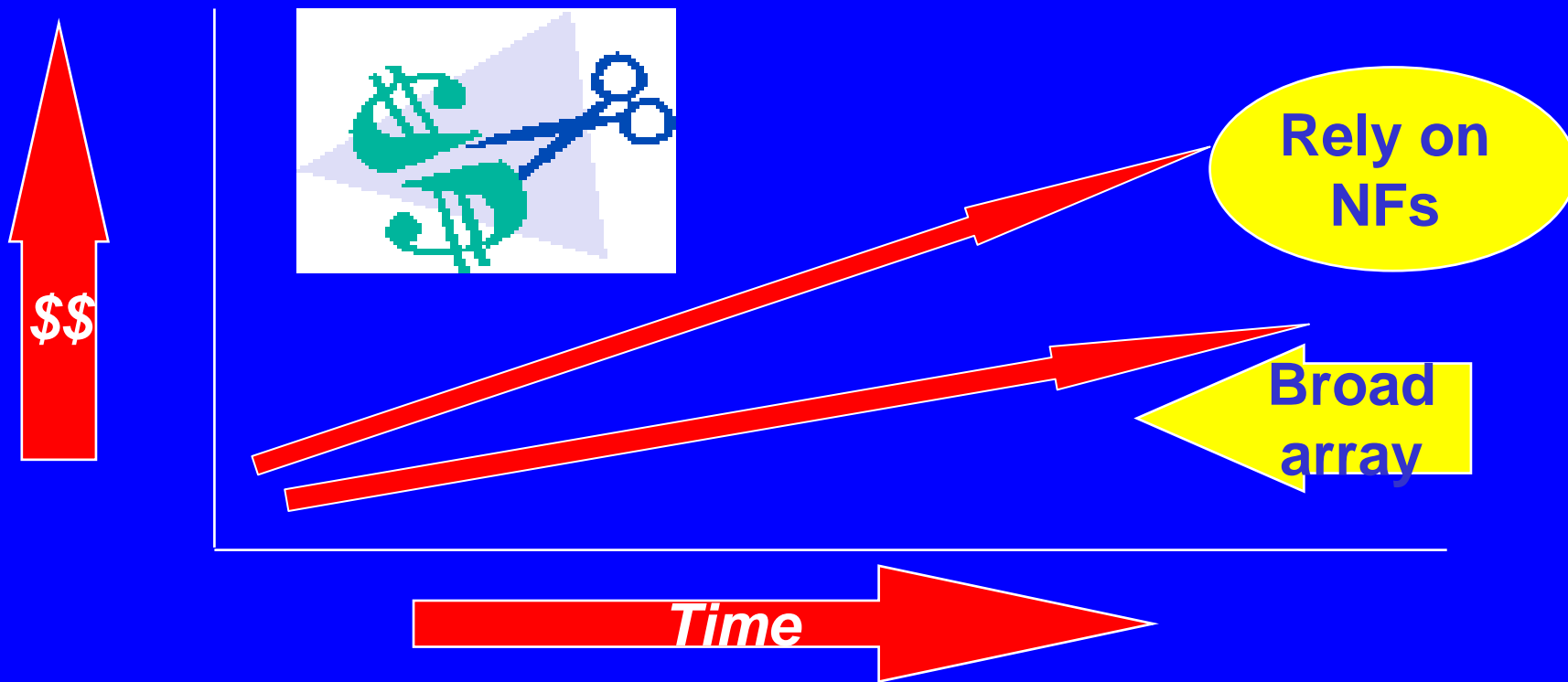
Vermont: Early data

	9/2005	9/2006	3/2007	Change
Nursing home	2,286	2,131	2,086	- 8%
HCBS	1,207	1,343	1,468	21%
Moderate needs	NA	509	506	--
Waiting list	207	65	0	- 100%

Arizona LTC System



Goal: change trend line through choice





**Members of the General Assembly
are invited to a**

Breakfast Briefing

On the

***Money Follows the Person Demonstration Project
and
Unified Long-Term Care Budget***

To hear information and updates about Ohio's Money Follows the Person Demonstration Grant and its relation to the Unified Long-Term Care Budget

June 13, 2007

8:30 am – 9:30 am

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

Speakers include:

- **Cristal A. Thomas**, State Medicaid Director, Ohio Department of Job and Family Services
- **Barbara Riley**, Director, Ohio Department of Aging
- **Erika Robbins**, Assistant Deputy Director, Office of Ohio Health Plans, Ohio Department of Job and Family Services

Agenda

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>Assistant 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>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 	Erika Robbins and Barbara Riley

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>