

Proposed MFP Quality Oversight Strategy

Three Components

I. **Benchmarks** – Will use benchmarks to measure progress in rebalancing. The benchmarks that were initially proposed include: (1) An increase in the # of individuals enrolled in waivers; (2) An increase in total Medicaid spending for waiver and state plan services; (3) An increase in the number of individuals transitioned from institutions to HCBS settings; (4) A decrease in the number of Medicaid enrollees residing in NFs and ICF/MRs; (5) An increase in the # of NF or ICF/MR beds that are closed; (6) Enactment of statutory or administrative code rules changes supporting rebalancing.

II. **On-Site Reviews By ODJFS Field Staff**

A. *Routine Oversight Activities:*

Participants in the MFP project will be subject to the routine oversight processes for the consumers on any of the waiver programs. Oversight reviews are completed on the waiver programs by ODJFS BCA and are focused on compliance with waiver assurances, provider certification standards, quality of care, as well as program administration.

B. *MFP Quality and Demonstration Services Review:*

ODJFS field staff will collect information about the quality of the care received by the MFP participants at the mid-point of their MFP program. Reviews at midpoint in demonstration will be completed between months 5 and 10 in the program.

Issues to be assessed in the quality reviews may include, but are not limited to:

Physical Well-being: Are the consumers health care needs met; routine medical appointments, assessments, and/or care as needed; overall health condition is the same or better than prior to community placement; access to adequate health care providers; the consumer is free from pressure ulcers, infections, burns, and fractures; the consumer receives medications as prescribed. ADL and IADL needs of the consumer are being addressed.

Environment: Length of time to obtain adequate housing; characteristics of the home (i.e. type of housing, living with others and whom, adaptations made/needed); consumer's perspective of the housing options and how those fit/do not fit with his/her perspective of quality of life; all appropriate adaptations, modifications, and assistive technologies obtained as needed; the home environment is appropriate for the characteristics and physical needs of the consumer.

Social Integration: Consumer satisfaction with community and peer integration; extent to which paid providers and informal care givers provide support to access community activities and resources

Care Coordination: Consumer satisfaction with: the shift from transition coordination services to case management services, if a change of provider occurred; the quality of the transition coordination services and choice in the planning process (midpoint of the

demonstration only); the current case management services; the types and degree of support from waiver services. Evaluation of the service plan: type and amount of informal care giving planned; types, amounts, and funding sources for services; and degree of intervention required.

Providers: Consumer satisfaction with the quality of care provided; assessment of the service provider selection process and length of time to identify the service providers; adequacy of the provider pool and quality of the care; frequency of staff turnover.

Employment: types of activities and work opportunities in which the consumer engages, if pursued; if not pursued, what impacts that decision.

Transition readiness: Assessment of activities completed to help prepare the consumer for community living.

Demonstration Services: Assessment of the adequacy of peer support services, community transition services, and any other demonstration services not generally available on the waiver in which the individual is enrolled; types of services and funding sources identified to address any gaps upon the termination of the demonstration services.

Reviewer evaluation: are consumer needs are being met and all needs are planned/addressed? What factors exist that are making community placement a success? What risk factors exist that might lead to community placement failure? Is the consumer healthy and safe in the community?

III. Evaluation of MFP Program –

A post evaluation will be conducted to assess consumer satisfaction with the program, as well as to evaluate the successes and potential gaps in the overall long-term care service options available in Ohio.

Listed below are the **proposed measures of success**:

- % of individuals who were determined to be ready for transfer
- % of individuals who had a readiness level of 3 (i.e., they were determined to be ready and housing and supports are available) who were transitioned to the community within so many days.
- Average length of time on program
- % of MFP consumers who had a preventable hospitalization
- % of MFP consumers who had an ED visit (an alternative would be to calculate the rate of ED admissions)
- % of consumers on the program who returned to the institution
- % of consumers on the program who had an inpatient stay of 30 or more days

Will compare expenditures and utilization patterns across the following time periods: One year before program, during the 365 days of the program, and one year following the program. Will look to see if the following factors are predictive of success in the program:

- Which waiver the consumer is on
- County
- Age
- Gender
- Principal diagnosis
- Number of case managers the consumer has
- Characteristics of organization providing services, such as whether a contractor is used to locate and secure housing.
- Level of community and family support
- Type of home (e.g., group home versus leased apartment)
- Type and mix of services received
- Type of provider(s) who rendered services

Data Sources:

Consumer specific information from assessment and level of care evaluation processes

Consumer specific information from on-site reviews

Claims and encounter information will be available.

IV. MATHEMATICA EVALUATION

The national MFP evaluation is requiring data sets be available on a quarterly basis for all MFP participants. A quality of life survey tool has been developed and is presently to be implemented at three intervals: pre-transition, one year post discharge, and two years post discharge. There are continued discussions around how this can be done in Ohio. The suggested methods of implementation include hiring a contractor, having transition coordinators complete the survey pre-transition, and having case managers/SSAs complete the survey during redeterminations.