



Helping Ohioans Move, Expanding Choice
Ohio's "Money Follows the Person" Demonstration Project
CFDA #93.791

Facts and Frequently Asked Questions (FAQs)

Background of the Money Follows the Person Grant

- In January of 2007, Ohio was one of 31 states to receive funding for the "**Money Follows the Person**" (MFP) demonstration project enacted by Congress as part of the Federal Deficit Reduction Act (DRA) of 2005. Ohio, the fourth largest grantee, could receive up to \$100,645,125 in federal matching funds over five years.
- The funds are to be used to relocate up to **2,231 elderly people and persons with disabilities** from institutions to home and community-based settings *and* help Ohio balance its long-term services and supports system.
- The following **four objectives** for the demonstration project are outlined in the Deficit Reduction Act (DRA) of 2005:
 - Increase the use of home and community-based, rather than institutional, long-term care services;
 - Eliminate barriers or mechanisms, whether in the State law, the State Medicaid plan, the State budget, or otherwise, which prevent or restrict the flexible use of Medicaid funds to enable Medicaid-eligible individuals to receive support for appropriate and necessary long-term services in the settings of their choice;
 - Increase the ability of the State Medicaid program to assure continued provision of home and community-based long-term care services to eligible individuals who choose to transition from an institution to a community setting; and
 - Ensure that procedures are in place to provide quality assurance for eligible individuals receiving Medicaid home and community-based long-term care services and to provide for continuous quality improvement in such services.

The HOME Choice Transition Program is Open for Enrollment

When did the HOME Choice Transition Program begin accepting applications?

HOME Choice is accepting applications effective October 20, 2008.



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What are the HOME Choice eligibility requirements?

The participant must:

1. Have lived in a nursing facility, ICF/MR or hospital for at least six months.
2. Have an institutional level of care (skilled, intermediate, or ICF/MR)
3. Be Medicaid eligible for at least 30 days prior to discharge from the institutional setting
4. Relocate to a qualified residence.

What is a qualified residence?

- A home owned or leased by the consumer or family member
- An individually leased and lockable apartment rented by the consumer or family member
- A community-based residential setting with no more than four unrelated persons.

What are HOME Choice's services and supports?

They are supports that build upon existing infrastructure. Think of HOME Choice as a "wrap-around" program. A person gets services through an existing home and community based waiver program and/or Medicaid state plan and for a 365 day period, they may get some "extra" services available through HOME Choice.

HOME Choice participation has three distinct periods:

Pre-Transition Period (period of time where activities occur prior to moving to the community)

Demonstration Period (begins the date of discharge and runs 365 calendar days)

Post-Demonstration Period (begins day 366 after discharge from the facility)

The "extra" services may include:

- Independent Living Skills Training
- Community Support Coaching
- HOME Choice Nursing Services
- Social Work/Counseling
- Nutritional Consultation
- Community Transition Services
- Transition Coordination
- Communication Aids
- Service Animals



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If I am interested in HOME Choice, where can I apply?

Potential participants must submit **an application** to the Ohio Department of Job and Family Services (ODJFS) HOME Choice Intake and Care Coordination Unit. The application can be found by visiting <http://www.jfs.ohio.gov/ohp/consumers/homechoice.stm>. A potential participant may also request the application via e-mail at mfp@jfs.ohio.gov or by making a phone call at 1-888-221-1560.

Upon receipt of an application, the HOME Choice Intake and Care Coordination Unit will mail the potential participant a packet of information containing the following:

- Application (if not already complete)
- Informed Consent Form
- Qualified Residence Information
- Due Process Rights
- Fact Sheet on HOME Choice
- HOME Choice Brochure
- HOME Choice Relocation Transition Workbook
- HOME Choice Guide to Employment

If I know a person who might benefit from the HOME Choice Transition Program, what can I do to help?

You can complete and send ODJFS a HOME Choice **application form**, which results in a "referral." A referral can be initiated from various sources: consumers' families, nursing facilities, or a transition coordinating entity such as Centers for Independent Living, County Boards of MRDD, Long-Term Care Ombudsmen, and the Brain Injury Association of Ohio.

What do I do if I want to be a provider of the "extra" services available through HOME Choice?

ODJFS is accepting applications from potential providers. Providers interested in any of the following HOME Choice provider types must submit an application with all required documentation per Ohio Administrative Code Rule 5101:3-31-05. The application as well as fact sheets on each provider type are available at <http://www.jfs.ohio.gov/ohp/consumers/homechoice.stm>. Providers without internet access may call 1-888-221-1560 for information.

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|-------------------------------------|--------------------------------|
| *Independent Living Skills Training | *Community Support Coaching |
| *HOME Choice Nursing Services | *Social Work/Counseling |
| *Nutritional Consultation | *Community Transition Services |
| *Communication Aids | *Service Animals |



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Providers of transition coordination are limited to Centers for Independent Living, County Boards of MRDD, Long Term Care Ombudsmen and the Brain Injury Association of Ohio network. The transition coordination application is available upon request through e-mail at mfp@jfs.ohio.gov or by phone at 1-888-221-1560.

Ohio's Operational Protocol

What is the Operational Protocol?

It is **the plan developed to meet the four objectives** (described in the background section) outlined in the Deficit Reduction Act of 2005, which requires approval by CMS. CMS approved the Operational Protocol on June 30, 2008.

CMS required **two phases to Operational Protocol development**. Ohio is now in Phase Two.

- **Phase One: Pre-implementation:** The State formally engages all stakeholders as required by section 6071(c)(1) of the DRA, finalizes the design for the demonstration, and plans for the operational changes necessary to further the delivery of long term services and supports.
- **Phase Two: Implementation:** Once the Operational Protocol has been approved by CMS, a grantee will be permitted to claim the enhanced match rate for home and community-based (HCB) services for demonstration participants transitioned from institutional settings into the community for 12 months post transition. The enhanced match must then be *reinvested* into long term services and supports system reform.

What is the enhanced match?

The enhanced Federal Medical Assistance Percentage (FMAP) rate is approximately 20% in addition to the approximate 60% regular FMAP to equal approximately 80%. Amended Substitute House Bill Number 562 sets forth the new MFP fund for all enhanced FMAP for reinvestment into system reform:

Amended Substitute House Bill Number 562
SECTION 751.20. MONEY FOLLOWS THE PERSON ENHANCED REIMBURSEMENT FUND
The Money Follows the Person Enhanced Reimbursement Fund is hereby created in the state treasury. The federal payments made to the state under subsection (e) of section 6071 of the "Deficit Reduction Act of 2005," Pub. L. No. 109-171, shall be deposited into the Fund. The Department of Job and Family Services shall use money deposited into the fund for system reform activities related to the Money Follows the Person demonstration project.



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How did Ohio build the HOME Choice Operational Protocol?

In January 2007, ODJFS initiated a broad-based stakeholder group called the Planning and Advisory Group (PAG) representing the elderly, persons with physical disabilities, mental illness, mental retardation/developmental disabilities (MRDD), drug and alcohol addiction, traumatic brain injury, adults and children and consisted of advocates, providers, state agencies, persons with disabilities and representatives of local service delivery systems.

The PAG provided stakeholder representatives to multiple workgroups, which were formed to address components of the Operational Protocol: Balancing, Services and Self-Direction, Operations, Housing, Workforce Development, and Consumer Outreach and Identification. Each workgroup had from 25 to 100 members and met an average of 10 times between January 2007 and February 2008.

One of the PAG's first tasks was to develop a vision and values to meet the four objectives of the demonstration project and to guide the work it was to undertake.

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.



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Operational Protocol Highlights
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The Operational Protocol is a “living” document open for revision at any time during the demonstration to meet Ohio’s changing climate.

- It has two core goals – helping Ohioans leave institutional settings through the HOME Choice Transition Program *and* balancing Ohio’s system of long-term services and supports.
- The Operational Protocol was built to **“wrap around” existing delivery systems**, to even the “playing field” for Ohioans in need of long-term services and supports and to provide a foundation for balance in the structure of Ohio’s system. CMS defines “balance” as a shift from institutional expenditures to community expenditures. The Planning and Advisory Group chose to define “balance” as “choice” rather than “balance” as an “expenditure shift”. A system built on choice is a system that is flexible, responsive, effective and cost efficient.
- The Operational Protocol **references the important work** coming out of the Unified Long Term Care Budget (ULTCB) initiative, the Futures Report, and the Transformation State Incentive Grant (TSIG). The implementation phase of HOME Choice will connect to a broad-based stakeholder group for input with the creation of a HOME Choice Consumer Council led through the Ohio Olmstead Task Force.
- The Operational Protocol focuses on all Ohioans who are elderly or have disabilities, regardless of age, in need of long-term services and supports across **multiple service delivery systems**. Partnerships exist with the Ohio departments of Mental Retardation/Developmental Disabilities, Aging, Mental Health, Drug and Alcohol Addiction Services, Development, Health, Transportation, and Budget and Management; the Ohio Housing Finance Agency and the Rehabilitation Services Commission. The Operational Protocol includes 18 preliminary balancing strategies with benchmarks in the following areas:
 - HOME Choice transition program enrollment targets over the demonstration program
 - Increased expenditures in community options over the demonstration project



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- Distribution of home and community-based waiver service expenditures relative to nursing facility and ICF/MR facility expenditures
- Time required for transition of HOME Choice participants from an institutional to a community residence during each year of the demonstration project
- Number of HOME Choice participants under age 65 expressing an interest in employment
- Measuring the impact of credentialing within the MR/DD delivery system and the impact of new development strategies (career lattice or pathways model concept and a health care and direct service workforce center) on the ability to grow and sustain workforce capacity across delivery systems.
- The Operational Protocol provides an **opportunity to partner** with organizations such as Centers for Independent Living, the Long-Term Care (LTC) Ombudsmen Program, the Ohio Brain Injury Association Network, the County Boards of MR/DD as well as mental health providers in the coordination of services throughout the demonstration project, which will provide an opportunity to identify “successes” and “gaps” in Ohio’s long-term service delivery system.
- The MFP grant provides opportunity to “test” new policies through the demonstration period. Ohio’s Operational Protocol includes multiple “testing” opportunities such as:
 - ODJFS-led care management of HOME Choice participants using state plan-only services
 - Study of the barriers to choice through data collection of key information on housing, workforce, and service delivery
 - New services such as transition coordination, independent living skills training, and community support coach
 - Testing of basic data collection through Medicaid Information Technology System (MITS) for HOME Choice participants from multiple service delivery systems
 - Testing the possibility to “deem” providers of other service delivery systems
 - Enhanced quality strategies to include implementation of a national Quality of Life survey to study the impact of transition
 - Increased self-direction starting with goods and services and a statewide financial management service



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- The Operational Protocol includes extensive **housing recommendations** to include using the HOME Choice transition program to study and better understand barriers to housing, educating key partners (e.g., Public Housing Authorities), increasing advocacy for policy change through the education of persons with disabilities and collaboration with the Ohio Housing Finance Agency and Ohio Department of Development, developing Local Housing and Services Cooperatives (LHSCs), and continuing the work on policies affecting the elderly and persons with disabilities through the Interagency Council on Homelessness and Affordable Housing.
- The Operational Protocol also includes extensive **workforce recommendations** including but not limited to:
 - The development of a career lattice model which will allow direct service workers to have career options that include work-based learning models as well as upward and lateral mobility.
 - The Ohio PATHS Credentialing Program.

For More Information

Visit the website at <http://www.jfs.ohio.gov/ohp/infodata/mfpgrant/info.stm>
(webpage for technical aspects of the grant)

<http://www.jfs.ohio.gov/ohp/consumers/homechoice.stm>
(webpage for consumers, providers, case managers, transition coordinators)

or e-mail at mfp@jfs.ohio.gov

or call 1-888-221-1560.