Medicaid Long-Term Services & Supports

Jesse Wyatt
Bureau Chief, LTSS
Ohio Department of Medicaid
Agenda

I. Introduction

II. Medicaid Long-Term Services & Supports
   a. Nursing Facilities
   b. Intermediate Care Facilities
   c. Home & Community Based Service Waivers
   d. Other State Plan Supports & Self-Direction

III. MyCare

IV. Workforce Related Activities
   a. Survey
   b. Additional Items
Introduction

• Background
• Goals
Nursing Facilities

- Ohio Administrative Code (OAC)
- Rate Setting
- Pre-Admission Screening & Resident Review (PASRR)
  - All Nursing Facility admits
  - Ensure the needs for residents can be met
- Nursing Facility Level of Care (NF LOC)
• (1) The individual's needs for long-term services and supports (LTSS), as defined in rule 5101:3-3-05 of the Administrative Code, exceed the criteria for the protective level of care, as described in paragraph (B)(3) of rule 5101:3-3-06 of the Administrative Code.

• (2) The individual's LTSS needs are less than the criteria for the skilled level of care, as described in paragraph (D)(4) of this rule.

• (3) The individual's LTSS needs do not meet the criteria for the ICF-MR-based level of care, as defined in rule 5101:3-3-05 of the Administrative Code.

• (4) The individual has a need for a minimum of one of the following:
  • (a) Assistance, as defined in rule 5101:3-3-05 of the Administrative Code, with the completion of a minimum of two activities of daily living (ADL), as defined in rule 5101:3-3-05 of the Administrative Code and as described in paragraph (C) of this rule;
  • (b) Assistance with the completion of a minimum of one ADL as described in paragraph (C) of this rule, and assistance with medication administration, as defined in rule 5101:3-3-05 of the Administrative Code;
  • (c) A minimum of one skilled nursing service or skilled rehabilitation service, as defined in rule 5101:3-3-05 of the Administrative Code; or
  • (d) Twenty-four hour support, as defined in rule 5101:3-3-05 of the Administrative Code, in order to prevent harm due to a cognitive impairment, as diagnosed by a physician or other licensed health professional acting within his or her applicable scope of practice, as defined by law.
Intermediate Care Facilities for Individuals with an Intellectual or Developmental Disability

- Partnership with the Ohio Department of Developmental Disabilities
- OAC
- Developmental Disabilities Level of Care (DD LOC)
C) Criteria for developmental disabilities level of care

(1) For an individual birth through age nine, the criteria for a developmental disabilities level of care is met when:

(a) The individual has a substantial developmental delay or specific congenital or acquired condition other than an impairment caused solely by mental illness; and

(b) In the absence of individually planned supports, the individual has a high probability of having substantial functional limitations in at least three areas of major life activities set forth in paragraphs (C)(2)(b)(i) to (C)(2)(b)(vii) of this rule later in life.

(2) For an individual age ten and older, the criteria for a developmental disabilities level of care is met when:

(a) The individual has been diagnosed with a severe, chronic disability that:

(i) Is attributable to a mental or physical impairment or combination of mental and physical impairments, other than an impairment caused solely by mental illness;

(ii) Is manifested before the individual is age twenty-two; and

(iii) Is likely to continue indefinitely.

(b) The condition described in paragraph (C)(2)(a) of this rule results in substantial functional limitations in at least three of the following areas of major life activities, as determined through use of the developmental disabilities level of care assessment:

(i) Self-care;

(ii) Receptive and expressive communication;

(iii) Learning;

(iv) Mobility;

(v) Self-direction;

(vi) Capacity for independent living; or

(vii) Economic self-sufficiency.

(c) The condition described in paragraph (C)(2)(a) of this rule reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance of lifelong or extended duration that are individually planned and coordinated.
Home & Community Based Services

• Home & Community Based Services (HCBS) in general
• Waivers in Ohio
  » MyCare includes a waiver component
  » Ohio Home Care
  » PASSPORT
  » Assisted Living
  » Level 1
  » Individual Options (IO)
  » Self Empowered Life Funding (SELF)
• Ohio Department of Aging
• Ohio Department of Developmental Disabilities
## Monthly Enrollment July 2022

<table>
<thead>
<tr>
<th>Service</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MyCare Waiver</td>
<td>32,069</td>
</tr>
<tr>
<td>Ohio Home Care</td>
<td>7,227</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>3,389</td>
</tr>
<tr>
<td>PASSPORT</td>
<td>18,774</td>
</tr>
<tr>
<td>Individual Options</td>
<td>23,887</td>
</tr>
<tr>
<td>Level One</td>
<td>15,573</td>
</tr>
<tr>
<td>SELF</td>
<td>2,002</td>
</tr>
<tr>
<td>PACE</td>
<td>575</td>
</tr>
<tr>
<td>SRSP</td>
<td>16,099</td>
</tr>
</tbody>
</table>
State Plan

• Home Health
• Private Duty Nursing
• Hospice
• Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)
• Targeted Case Management
• Nursing Facility
• Intermediate Care Facilities
• Program of All-Inclusive Care for the Elderly (PACE)
• Specialized Recovery Services Program (SRSP)
Self-Direction

• Purposes
• Improve Awareness and Process
MyCare
Dual eligible  258,149
Full dual eligible  201,030
- Enrolled in MyCare  68%

Breakdown by Age
- Over 65  72,586
- 45-64  43,662
- Under 45  20,745
- Enrolled in MyCare  68%

Breakdown by Race and Ethnicity
- White  74,930
- All other race/ethnicity groups  62,063
- Enrolled in MyCare  68%

Breakdown by Type of Member
- Community-Well  90,808
- LTSS Waiver  28,635
- LTSS NF (≥ 100 days LOS)  17,550
- Total  136,993

Total MyCare Individuals by Age
- Under 45 yrs.  268 (2%)
- 45-64 yrs.  2,956 (17%)
- 65 yrs. & Over  14,326 (82%)

Figure 7A. Individuals with any BH Condition Served by MyCare1 (7/2022)

<table>
<thead>
<tr>
<th>MyCare Group</th>
<th>Total Population</th>
<th>All Years</th>
<th>Under 45 yrs.</th>
<th>45-64 yrs.</th>
<th>65 yrs. &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF Residents</td>
<td>17,550</td>
<td>90%</td>
<td>90%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>MyCare Waiver</td>
<td>28,635</td>
<td>58%</td>
<td>65%</td>
<td>66%</td>
<td>56%</td>
</tr>
<tr>
<td>Community Well</td>
<td>90,808</td>
<td>46%</td>
<td>55%</td>
<td>55%</td>
<td>32%</td>
</tr>
<tr>
<td>136,993</td>
<td>54%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent with a current BH Condition

Percent with an identified BH Condition

<table>
<thead>
<tr>
<th>MyCare Group</th>
<th>Total Population</th>
<th>All Years</th>
<th>Under 45 yrs.</th>
<th>45-64 yrs.</th>
<th>65 yrs. &amp; Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>NF Residents</td>
<td>17,550</td>
<td>95%</td>
<td>94%</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>MyCare Waiver</td>
<td>28,635</td>
<td>77%</td>
<td>81%</td>
<td>85%</td>
<td>75%</td>
</tr>
<tr>
<td>Community Well</td>
<td>90,808</td>
<td>64%</td>
<td>74%</td>
<td>74%</td>
<td>50%</td>
</tr>
<tr>
<td>136,993</td>
<td>71%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 2. My Care Regions and MMP/AAA Responsibility

<table>
<thead>
<tr>
<th>MyCare Region</th>
<th>Counties</th>
<th>Area Agency Aging (AAA)</th>
<th>My Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW</td>
<td>Fulton, Lucas, Wood, Ottawa</td>
<td>4</td>
<td>Aetna &amp; Buckeye</td>
</tr>
<tr>
<td>NE</td>
<td>Lorain, Cuyahoga, Medina, Geauga, Lake</td>
<td>10a</td>
<td>Buckeye, CareSource &amp; United Health Care (UHC)</td>
</tr>
<tr>
<td>E Central</td>
<td>Summit, Portage, Stark Wayne</td>
<td>10b</td>
<td>CareSource &amp; UHC</td>
</tr>
<tr>
<td>NE Central</td>
<td>Trumbull, Mahoning, Columbiana</td>
<td>11</td>
<td>CareSource &amp; UHC</td>
</tr>
<tr>
<td>W Central</td>
<td>Montgomery, Greene, Clark</td>
<td>2</td>
<td>Buckeye &amp; Molina</td>
</tr>
<tr>
<td>SW</td>
<td>Butler, Warren, Clinton, Clermont, Hamilton</td>
<td>1</td>
<td>Aetna &amp; Molina</td>
</tr>
<tr>
<td>Central</td>
<td>Union, Madison, Franklin, Delaware, Pickaway</td>
<td>6</td>
<td>Aetna &amp; Molina</td>
</tr>
<tr>
<td>Non MyCare</td>
<td></td>
<td>3, 5, 7, 8, 9</td>
<td></td>
</tr>
</tbody>
</table>
Required elements of the Conversion Plan*

1. Conduct a stakeholder engagement process
2. Maximize integration attained through MyCare and convert to integrated D–SNPs, aligning with the Next Generation managed care requirements.
3. Sustain dedicated ombudsman support without federal grant funding.
4. Specific policy and/or operational steps required for the conversion.

*With the submission of a 10/1 plan, Ohio has until no later than 12/31/2025 to transition
# Stakeholder Process

1. The stakeholder process will begin in September 2022, with informal meetings with stakeholders to gather ideas for the formal input and advisory process.

2. A workgroup will be created to meet on a more frequent basis & provide input into the design and implementation of the Conversion Charter and final program design. ODM and sister agencies, ODA, ODI, DODD, and ODMHAS will collaborate and meet as needed.

3. ODM will publicly post the 10/1 Conversion Charter submitted to CMS for external feedback for at least a 60-day period.

4. In Oct. & Nov. ODM will hold several formal stakeholder meetings with stakeholder groups including consumers, family members, providers, managed care plans, and others:

<table>
<thead>
<tr>
<th>AARP of Ohio</th>
<th>Arc of Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breaking Silences</td>
<td>Ohio Family Health Information Center</td>
</tr>
<tr>
<td>OCALI</td>
<td>Ohio Self Determination Association</td>
</tr>
<tr>
<td>Ohio Statewide Independent Living Council</td>
<td>National Alliance on Mental Illness Ohio</td>
</tr>
<tr>
<td>Ohio Association of AAAs</td>
<td>Academy of Senior Health Sciences</td>
</tr>
<tr>
<td>Ohio Council for Home Care &amp; Hospice</td>
<td>Leading Age</td>
</tr>
<tr>
<td>Ohio Health Care Association</td>
<td>Ohio Assisted Living Association</td>
</tr>
<tr>
<td>The Ohio Council of Behavioral Health and Family Service Providers</td>
<td>Ohio Adult Day Healthcare Association</td>
</tr>
<tr>
<td>Current Ohio D-SNP Plans</td>
<td>Ohio Association of Health Plans</td>
</tr>
<tr>
<td>General public, consumers &amp; families</td>
<td>PACE Representatives</td>
</tr>
</tbody>
</table>
1. The process for initial and ongoing input will be similar to the process being utilized for the development of the Next Generation Managed Care program that began in 2019 and continues today with stages of implementation underway.

2. In Jan. 2023, ODM will hold a second round of meetings with external stakeholders to continue these conversations and receive continued feedback on the transition plan. ODM’s budget will be considered by the General Assembly beginning in February 2023. We anticipate that MyCare will be a topic for consideration.

3. Second half of 2023, ODM will hold a series of stakeholder meetings to give updates and get input. These meetings will continue until the transition to the new program.

4. Subsequent work will include the various issues identified on slides #10 & 11. A more precise set of steps and timelines will be developed after receiving stakeholder input.

5. The effective date for the new program will be no later than January 1, 2026. ODM will continue the external stakeholder process through the first quarter following transition, if not longer.
The Starting Point for Discussion with Stakeholders

The starting point for discussion with stakeholders is as follows. We propose to transition the current MyCare program to a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) model with fully aligned enrollment in a companion Medicaid managed care plan (MMC) subject to the Next Generation program requirements, in the same geographic territories as they exist in MyCare today, serving individuals 21 years of age and older. The benefit package will remain the same, recognizing that each of the MMPs provides value added benefits. The choice to opt in or opt out of Medicare managed care will remain. Self-direction will be streamlined, making it amenable to greater use by individuals. Care coordination has a variety of issues that will be discussed, and modifications considered. For example, the large number of younger individuals who have significant mental health needs, while benefiting from the integration of their care, may require changes to the care coordination model to meet their needs.

With the expiration of Ohio’s demonstration authority, CMS promulgated a new rule that informs what Ohio can do to continue offering integrated care to individuals who are dually eligible and must navigate both Medicare and Medicaid, and gives additional time to Ohio, if needed, to transition the MyCare program in a thoughtful and seamless manner. The FAI demonstration will end no later than December 31, 2025.
Operational & Policy Considerations and Pain Points

Operational & Policy Considerations

- Geography: Stay with the same 29 counties, expand statewide or somewhere in between.
- Application of the Next Generation Managed Care program requirements to the new MyCare program and conditions for the SMAC
- Enhancements to the ombudsman role
- Expansion of consumer self-direction, including streamlining the processes to enroll direct care providers and increase consumer budget authority
- Default enrollment to increase the opportunity for improving coordination of care
- The roles of the MMP and the AAA in carrying out the responsibilities of “waiver service coordination” and “care management”
- Selection of new plans
- Coordination with PACE
- Current D-SNPs operating in Ohio
- System changes and business processes to implement exclusive alignment

Pain Points

- Improving the availability of information through the enrollment broker to facilitate the individual’s decision making; the enrollment broker making contact with the individual and maintaining a list of active providers.
- Timelines for authorization requirements
- Transportation- add the Next Generation requirements to improve transportation access.
- Alignment/resolution of confusion between waiver rules
- Developing value-based arrangements with nursing facilities
4. Transition to Next Generation Managed Care Requirements

Next Gen changes that are particularly relevant to MyCare

- Person centered care
- Reducing burden on providers and streamlining the overall consumer and provider experience
- Use of new OMES modulars, including transparency, accountability, central clearinghouse for prior authorizations. (SPBM, FI, PNM, Centralized Credentialing)
- Coordination of Care
- Network Adequacy and Delegation/Sub-Delegation Relationships
- Individuals with Significant Behavioral Health Needs
- Provider Appeals
- Non-Emergency Transportation (NEMT)
Workforce Engagement Survey Results
Introduction

• Money Follows the Persons Demonstration Grant
• Focused on Workforce Related Activities
• Survey
• Additional Items
Workforce Engagement Survey Results
Overview

Comprised of 3 questionnaires - individuals, providers, case managers/care coordinators

Goal - obtain their perspective on provider staffing, training and retention needs, any barriers they face.

Results will help inform broader provider expansion strategies
Survey Participants

- Individuals: 380 (Target) + 297 (Additional) = 677
- Providers: 381 (Target) + 369 = 750
- Case Managers/Care Coordinator: 259 (Additional) + 281 = 540

Legend:
- Black: Target Sample Size
- Light Blue: Additional Responses
Case Manager/Coordinator Survey
Program Type

Case Manager Breakdown by Waiver Program

- **MyCare Ohio Waiver**: 67%
- **Ohio Home Care Waiver**: 39%
- **Passport and Assisted Living Waivers**: 10%
- **Level 1, Individual Options, and SELF Waivers**: 1%
Case Manager Experience Level

Case Manager Level of Experience

- Less than six months: 71%
- Six months to less than a year: 10%
- A year to less than two years: 10%
- More than two years: 9%
Case Manager Preferences

Case Manager Preferences for Finding Providers

- Provider Directories: 46%
- Coworker Recommendations: 43%
- Individual selects: 41%
- Case Management Agency or Managed Plan Care Contacts: 39%
- Provider Portal: 36%
- Other: 22%
- Internet Searches: 17%
Case Manager Feedback

Ways to strengthen HCBS Provider Network

- Raise provider pay: 53%
- Hire more providers: 33%
- Increase training for providers: 10%
- Offer travel reimbursement: 9%
- Update provider portal: 6%
- Offer benefits to providers: 5%
Case Manager Suggested Provider Training Topics

- Service Plan requirements
- Communicating effectively
- Conflict resolution
- Rule requirements
- Linking Individuals with Providers
- COP
Provider Survey
Program Type

Provider Breakdown by Waiver Program

- Ohio Home Care Waiver: 46%
- MyCare Ohio Waivers: 36%
- DODD Waivers (Level 1, Individual Options, and SELF Waivers): 23%
- Not currently providing services: 13%
- ODA Waivers (PASSPORT & Assisted Living Waivers): 9%
- Other: 2%
Provider Service Type

Breakdown of Provider Services

- Personal Care Aide: 65%
- Home Health Aide: 28%
- Nursing: 26%
- Home Care Attendant: 22%
- Homemaking Service: 19%
- Other: 6%
Provider Experience Level

- Less than six months: 15%
- Six months to a year: 7%
- A year to two years: 7%
- More than two years: 5%

Total: 73%
Provider Geographic Distribution

• Respondents were asked which counties they provide services in. 78 of 88 counties were represented in the data.
• Cuyahoga County was the most serviced among the counties with 56 providers reporting that they provide services there. The following ten counties received no responses:
  » Clinton County
  » Crawford County
  » Darke County
  » Gallia County
  » Hardin County
  » Harrison County
  » Hocking County
  » Holmes County
  » Jackson County
  » Jefferson County
Client Age

- Five years and under: 10%
- 6 to 12 years: 11%
- 13 to 17 years: 11%
- 18 to 59 years: 75%
- 60 years and older: 41%
Provider Enrollment Process

Methods for Improving Ease of Provider Enrollment Process

- A contact person to assist in the process: 59%
- “How-to” documents: 39%
- On-demand video tutorials: 28%
- Application templates: 27%
- I did not find the provider enrollment process challenging: 25%
- Live web trainings: 24%
- More enrollment options (i.e., mail in, phone, on-line): 20%
- Other: 6%
Provider Referral Source

Provider Methods for Identifying Individuals

- Case/Care manager: 52%
- Provider Portals: 40%
- Family/friends: 35%
- Other providers: 17%
- Current clients: 17%
- Managed Care or MyCare Plan Contacts: 11%
- Social media: 10%
- Other: 9%
- Managed Care or MyCare Plan Provider Directories: 7%
- Advertising: 5%
## Provider Identified Training

### Provider Training Needs

<table>
<thead>
<tr>
<th>Training Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing documentation per Ohio Department of Medicaid (ODM) Rules</td>
<td>42%</td>
</tr>
<tr>
<td>Billing</td>
<td>42%</td>
</tr>
<tr>
<td>Using technology to maintain/support documentation requirements</td>
<td>42%</td>
</tr>
<tr>
<td>Organizing/maintaining paperwork</td>
<td>33%</td>
</tr>
<tr>
<td>Finding support/resources</td>
<td>30%</td>
</tr>
<tr>
<td>Understanding the rule requirements</td>
<td>28%</td>
</tr>
<tr>
<td>Linking with individuals</td>
<td>24%</td>
</tr>
<tr>
<td>Understanding the service plan requirements</td>
<td>24%</td>
</tr>
<tr>
<td>Understanding the Conditions of Participation</td>
<td>19%</td>
</tr>
<tr>
<td>Managing business aspects of the work</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Ohio Department of Medicaid**
Provider Challenges

Top Provider Challenges

- Lack of benefits: 49%
- Lack of pay: 47%
- Lack of mileage reimbursement: 37%
- Navigating the different payment systems: 29%
- Travel time: 15%
- Challenging individual and/or family dynamics: 14%
- Not enough hours per visit: 13%
Provider Challenges

• When asked if they feel valued as a provider, 48% stated they feel valued or very valued however, 22% of respondents disagreed or strongly disagreed with the question.

“Providers work extremely hard in all aspects of a client’s life and are not recognized for anything. I’ve been a provider for over 10 years and no recognition at all”

“No health insurance offered. I should be able to opt into getting insurance! If I could get insurance I could work more for the waiver and not my full-time job as well just for benefits for my family.”

“Because You are alone throughout the process there is no one there to appreciate your work or help with support to let you know what the requirements are to fulfill the process.”
Individual Survey
Individual Characteristics

• The ages of the responding individuals were almost evenly split between the 18 to 59 and 60 and above age groups. One percent of the survey respondents reported their age as 17 and under.

• More than a third of respondents live in Franklin (14%), Cuyahoga (11%), and Hamilton Counties (10%). Twenty-three counties received no responses.
Counties with no Individual Responses

- Auglaize County
- Belmont County
- Brown County
- Hardin County
- Harrison County
- Henry County
- Hocking County
- Holmes County
- Huron County
- Jefferson County
- Logan County
- Meigs County
- Monroe County
- Morgan County
- Noble County
- Ottawa County
- Paulding County
- Preble County
- Putnam County
- Van Wert County
- Vinton County
- Washington County
- Wyandot County
Program Type

Waiver Program Distribution of Individuals

- MyCare Ohio Waiver: 42%
- Ohio Home Care Waiver: 24%
- Other MyCare or Medicaid Managed Care program: 26%
- Don’t know: 7%

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Care Discipline

Services Received by Individuals

- Aide: 35%
- Nurse and Aide: 30%
- Not receiving services: 22%
- Nurse: 12%
Provider Type

Individual Preferred Provider Types

- Both/No preference: 43%
- Agency Providers: 26%
- Independent Providers: 14%
How Individuals Locate a Provider

### Individual Methods for Finding Providers

- **Through case manager**: 47%
- **Agency sends them**: 23%
- **Suggest to case manager**: 21%
- **Other**: 16%
- **Family/friends**: 13%
- **Not involved in provider selection**: 4%
Individual Feedback

Top Challenges of Locating a Provider

- Finding providers who work in my area: 33%
- Finding providers available to work the hours I need: 27%
- Finding compatible providers: 25%
- Finding providers who have experience with my medical condition: 14%
- Finding providers who know how to operate the medical equipment I use: 9%
Individual Feedback

Top Resources for Helping Individuals Locate Providers

- Ways to find available providers: 50%
- Questions to ask when interviewing providers: 28%
- Knowing the differences between agency and independent providers: 27%
Individual Feedback

Individual Satisfaction With Providers

- Very dissatisfied: 4%
- Dissatisfied: 6%
- Neutral: 16%
- Satisfied: 20%
- Very satisfied: 54%

Legend:
- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied
Individual Feedback

Needed Areas of Training for Providers

- Housekeeping: 25%
- Assisting with Personal Care Needs: 22%
- Meal preparation: 19%
- Use of Equipment: 15%
Provider Engagement Work Continuing
Provider Engagement Action Steps

• Outreach tasks underway:
  » Member Focus Groups are being established
    • Co-facilitated by ODM and PCG
  » Emergency recruitment protocol is being developed
    • Coordinated by ODM with links through WSC or care manager
  » Provider training tools are being developed
    • Provider enrollment
    • Documentation and record keeping
    • CEUs
  » Recruitment efforts for independent and agency providers are in development
    • Informational sessions
    • Stakeholder engagement
    • Outreach to potential new providers, as well as inactive providers
  » Matching tools to connect members to providers is in development
Outreach in Communities with Provider Shortages

• Outreach in communities with provider shortages is a priority
• Leveraging work already being done to identify areas with service needs across ODM-administered waivers
• Use of unstaffed hours reports to assist this effort
• May be used to help identify members with emergency recruitment needs
Questions