

# Medicaid Long-Term Services & Supports

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# 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)

## 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)

## 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

- MyCare Waiver 32,069
- Ohio Home Care 7,227
- Assisted Living 3,389
- PASSPORT 18,774
- Individual Options 23,887
- Level One 15,573
- SELF 2,002
- PACE 575
- SRSP 16,099

## 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**

Breakdown by Age	
Over 65	72,586
45-64	43,662
Under 45	20,745
	136,993

Breakdown by Race and Ethnicity	
White	74,930
All other race/ethnicity groups	62,063
	136,993

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

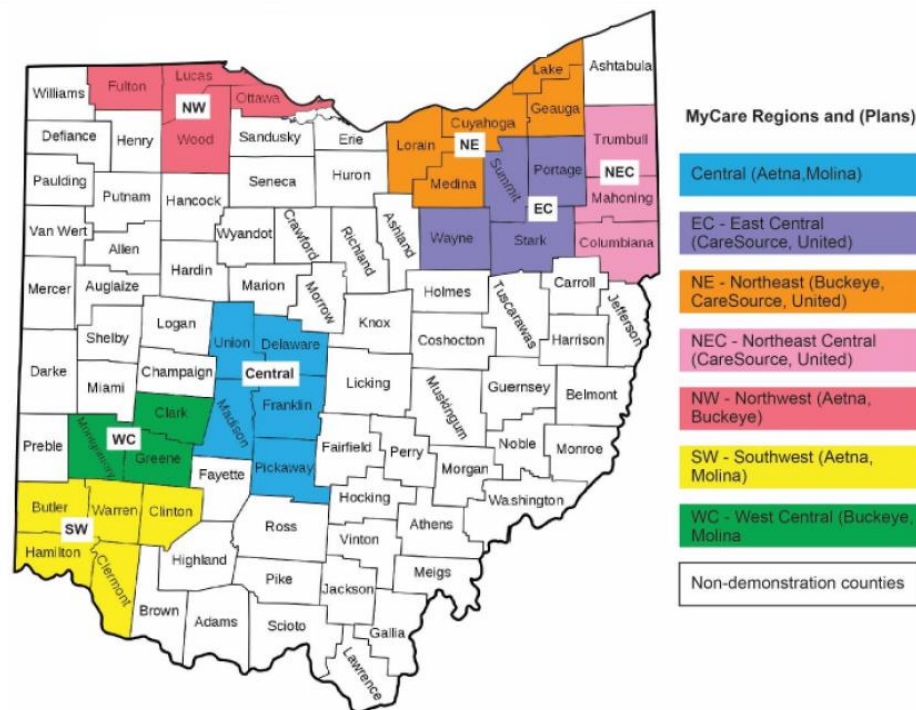
Dual eligible
Full dual eligible
• Enrolled in MyCare

258,149
201,030
68%

Total MyCare Individuals by Age					
Under 45 yrs.		45-64 yrs.		65 yrs. & Over	
268	2%	2,956	17%	14,326	82%
1,025	4%	6,794	24%	20,816	73%
19,452	21%	33,912	37%	37,444	41%
20,745	15%	43,662	32%	72,586	53%

**Figure 7A. Individuals with any BH Condition Served by MyCare<sup>1</sup> (7/2022)**

MyCare Group	Total Population	Percent with a current BH Condition			
		All Years	Under 45 yrs.	45-64 yrs.	65 yrs. & Over
NF Residents	17,550	90%	90%	91%	90%
MyCare Waiver	28,635	58%	65%	66%	56%
Community Well	90,808	46%	55%	55%	32%
	136,993	54%			
		Percent with an Identified BH Condition			
NF Residents	17,550	95%	94%	97%	95%
MyCare Waiver	28,635	77%	81%	85%	75%
Community Well	90,808	64%	74%	74%	50%
	136,993	71%			



**Figure 2. My Care Regions and MMP/AAA Responsibility**

MyCare Region	Counties	Area Agency Aging (AAA)	My Care Plans
NW	Fulton, Lucas, Wood, Ottawa	4	Aetna & Buckeye
NE	Lorain, Cuyahoga, Medina, Geauga, Lake	10a	Buckeye, CareSource & United Health Care (UHC)
E Central	Summit, Portage, Stark Wayne	10b	CareSource & UHC
NE Central	Trumbull, Mahoning, Columbiana	11	CareSource & UHC
W Central	Montgomery, Greene, Clark	2	Buckeye & Molina
SW	Butler, Warren, Clinton, Clermont, Hamilton	1	Aetna & Molina
Central	Union, Madison, Franklin, Delaware, Pickaway	6	Aetna & Molina
Non MyCare		3, 5, 7, 8, 9	

## 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:

AARP of Ohio	Arc of Ohio
Breaking Silences	Ohio Family Health Information Center
OCALI	Ohio Self Determination Association
Ohio Statewide Independent Living Council	National Alliance on Mental Illness Ohio
Ohio Association of AAAs	Academy of Senior Health Sciences
Ohio Council for Home Care & Hospice	Leading Age
Ohio Heath Care Association	Ohio Assisted Living Association
The Ohio Council of Behavioral Health and Family Service Providers	Ohio Adult Day Healthcare Association
Current Ohio D-SNP Plans	Ohio Association of Health Plans
General public, consumers & families	PACE Representatives



## Stakeholder Process (continued)

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<sup>ii</sup>. 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



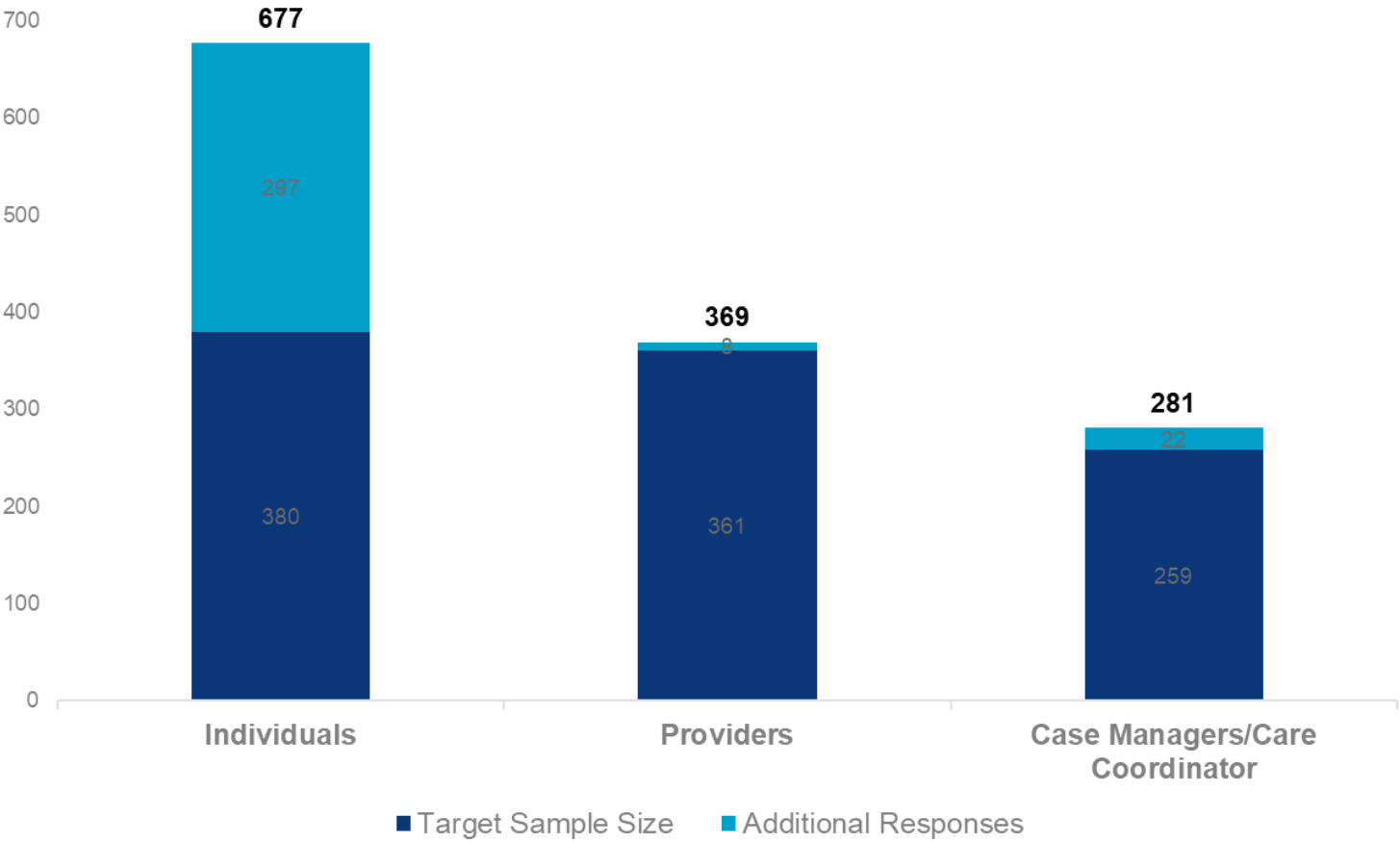
Goal - obtain their perspective on provider staffing, training and retention needs, any barriers they face.



Results will help inform broader provider expansion strategies



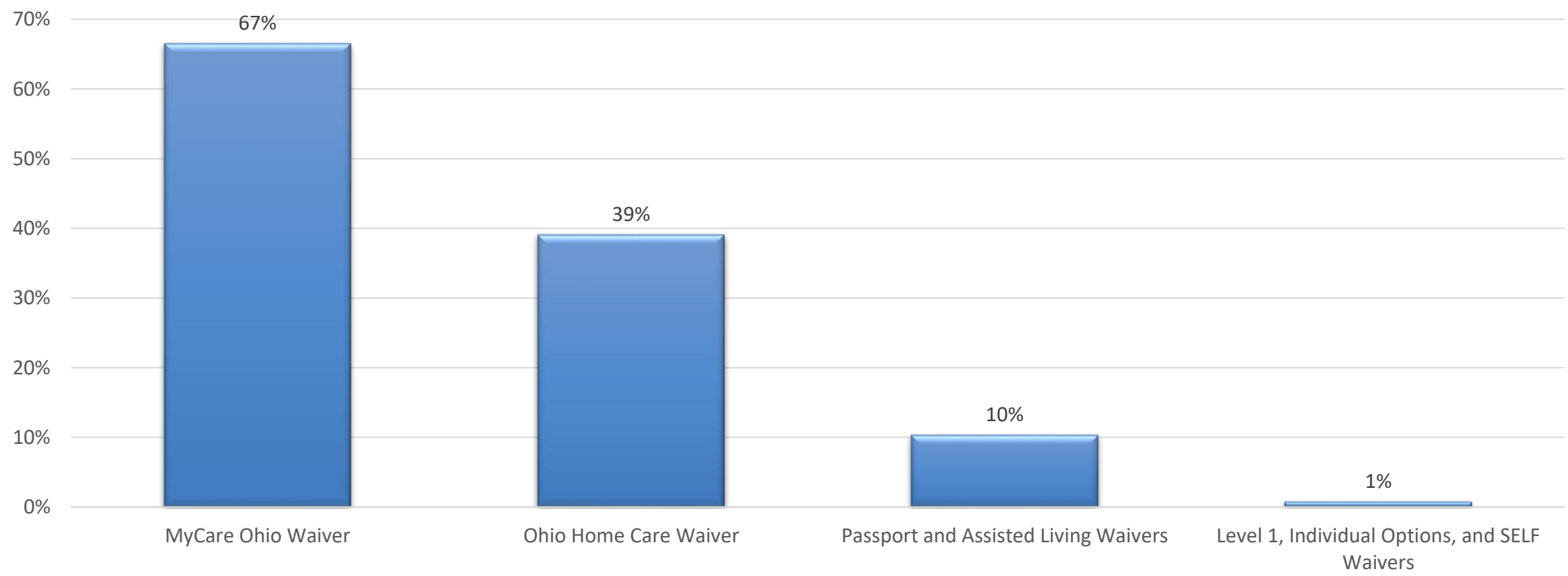
# Survey Participants



# Case Manager/Coordinator Survey

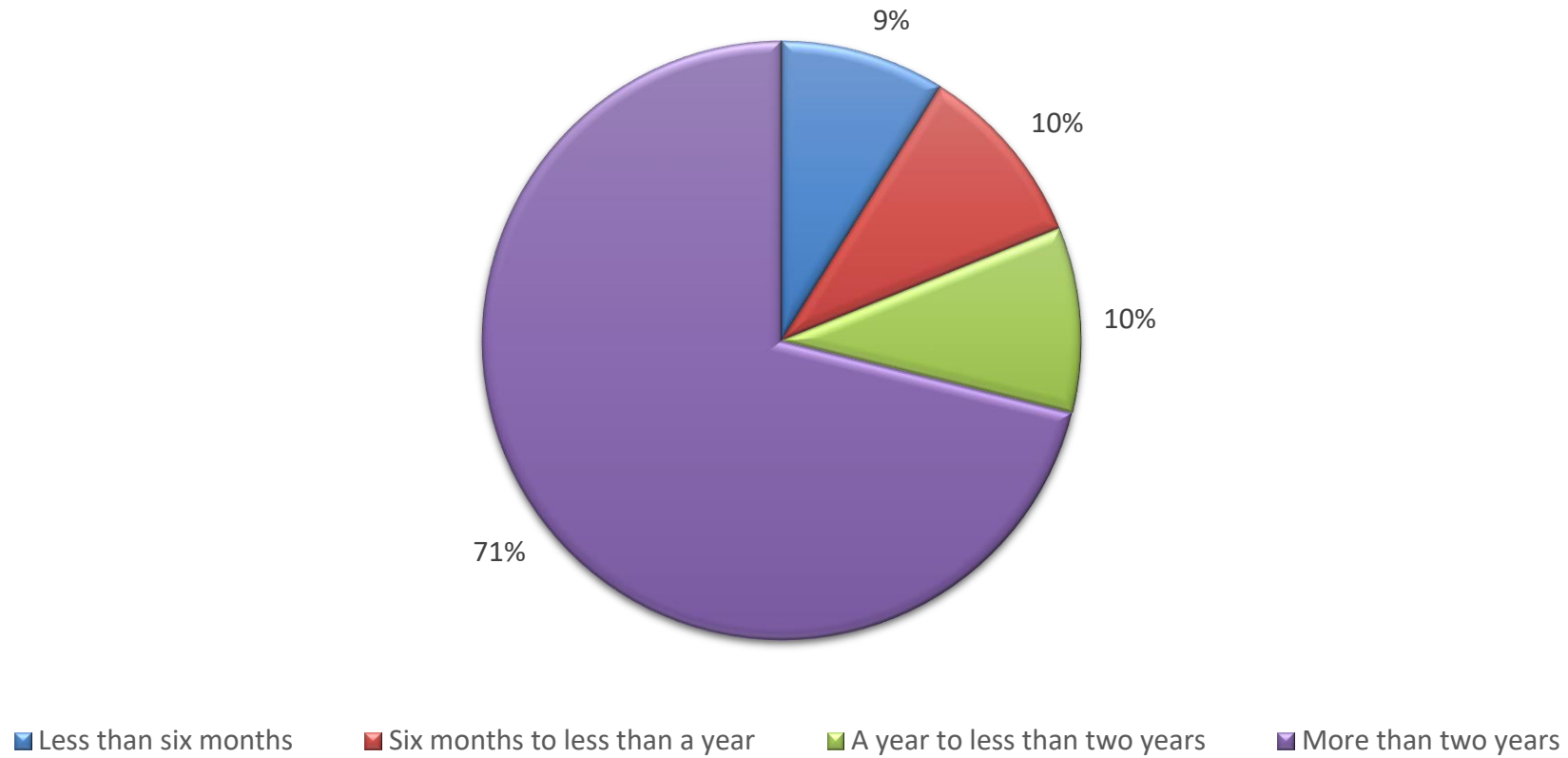
# Program Type

Case Manager Breakdown by Waiver Program



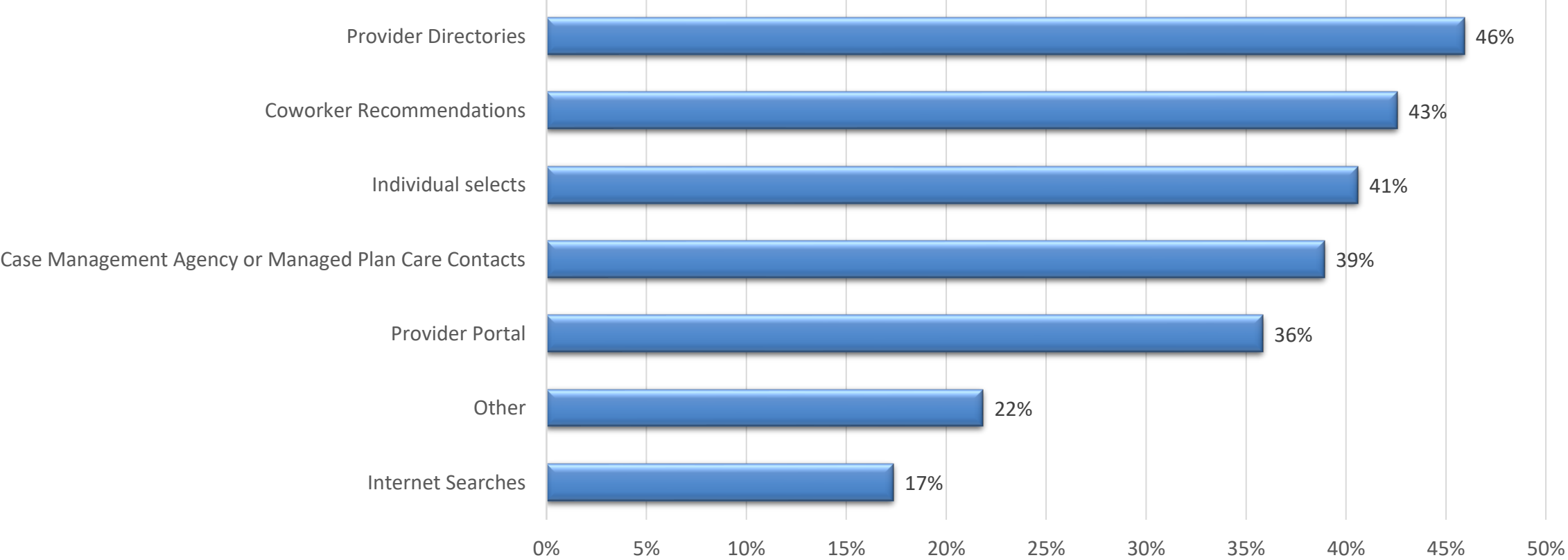
# Case Manager Experience Level

Case Manager Level of Experience



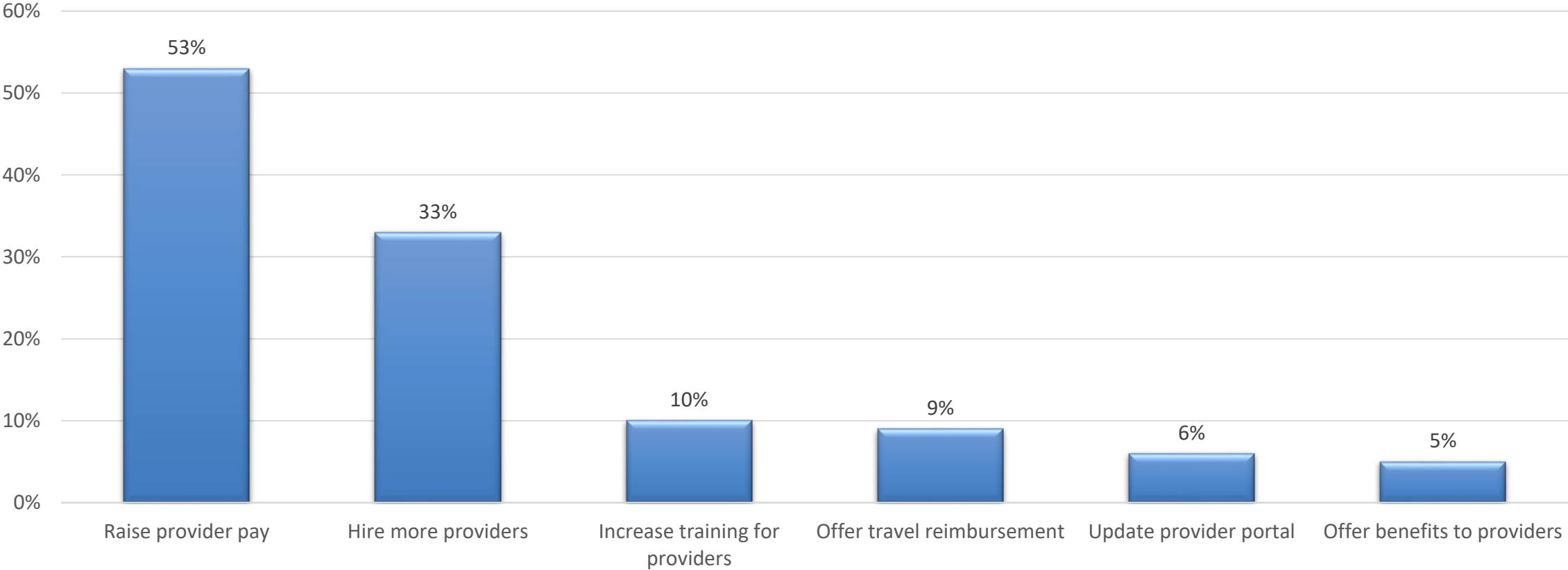
# Case Manager Preferences

Case Manager Preferences for Finding Providers

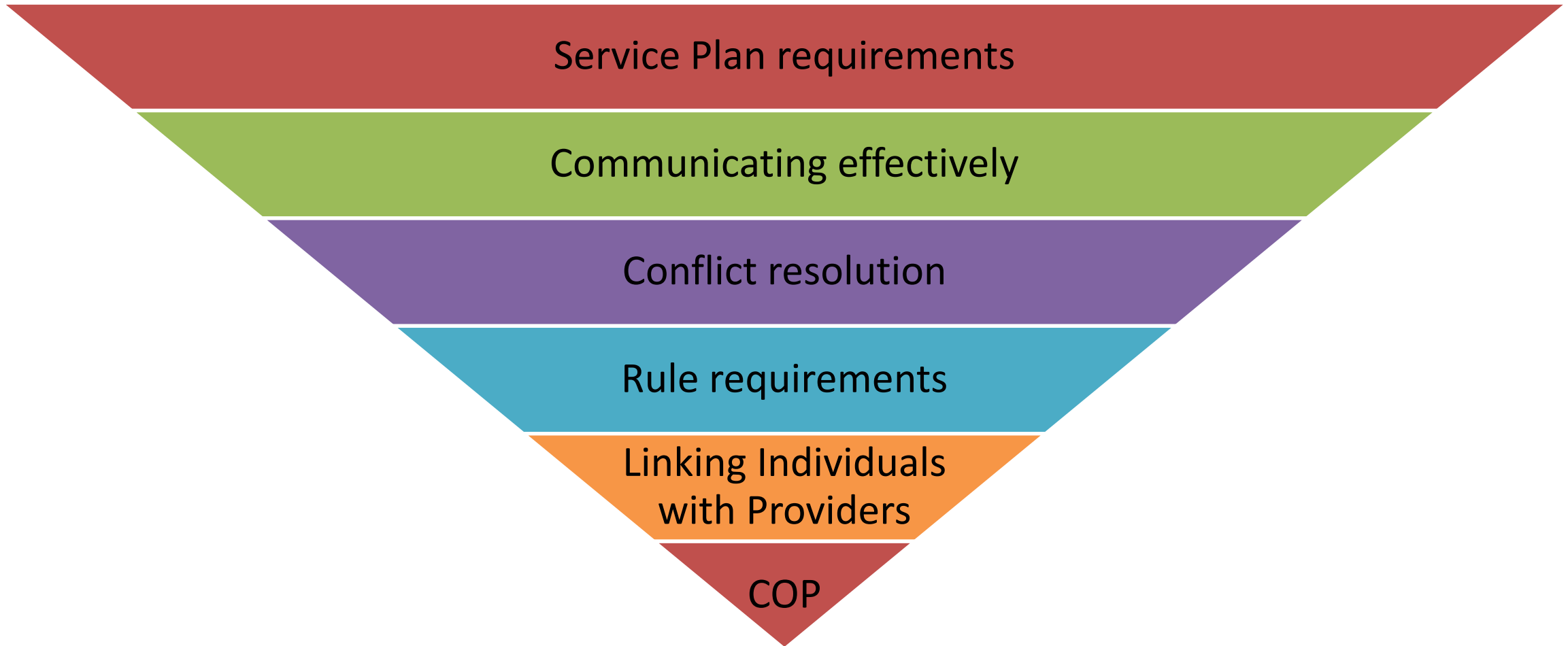


# Case Manager Feedback

Ways to strengthen HCBS Provider Network



## Case Manager Suggested Provider Training Topics

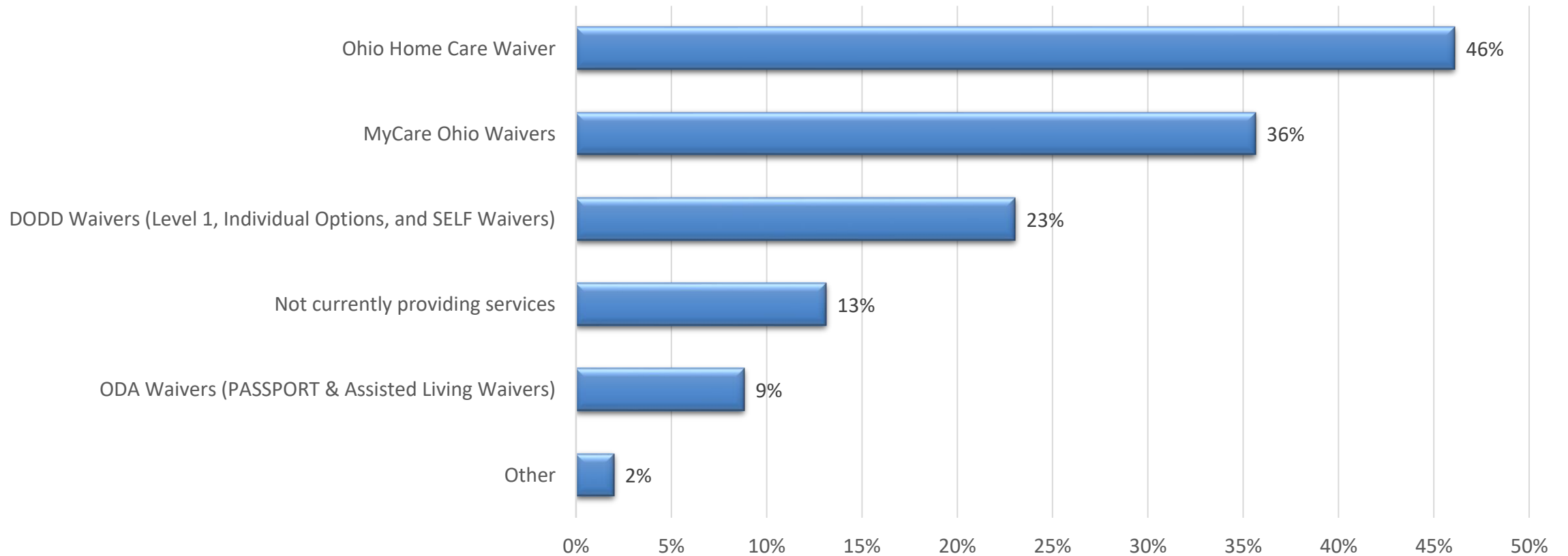


# Provider Survey



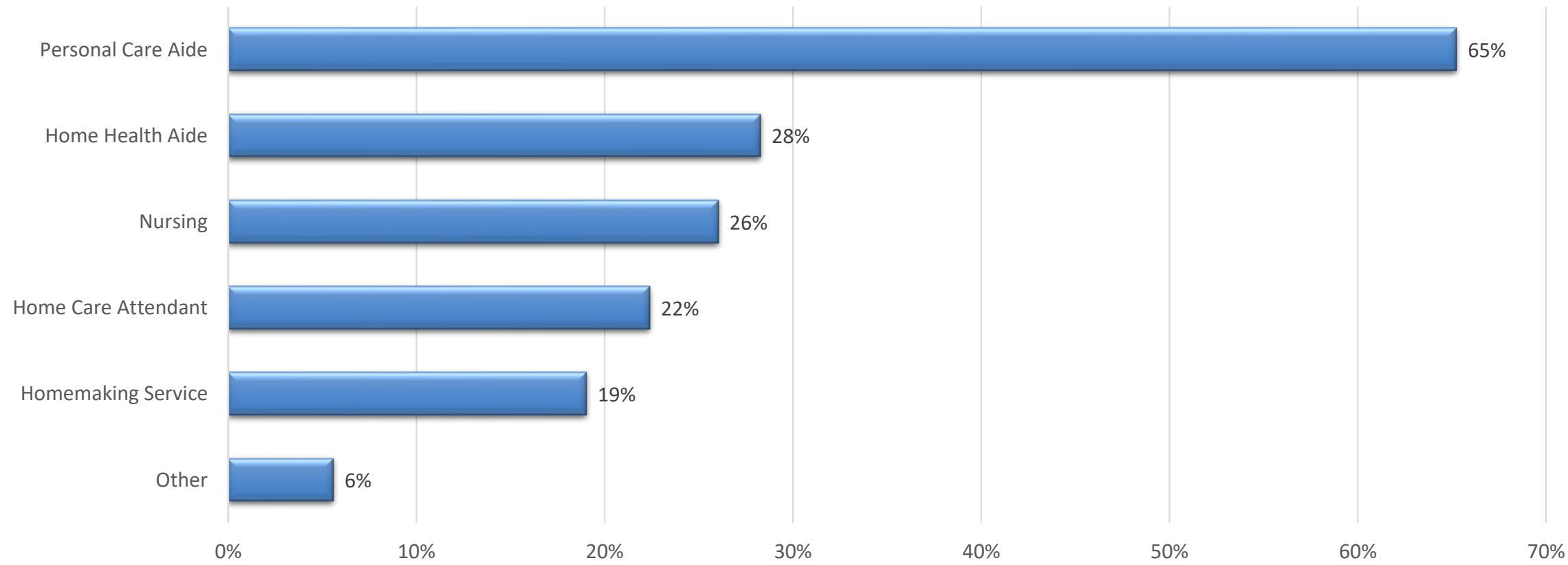
# Program Type

## Provider Breakdown by Waiver Program

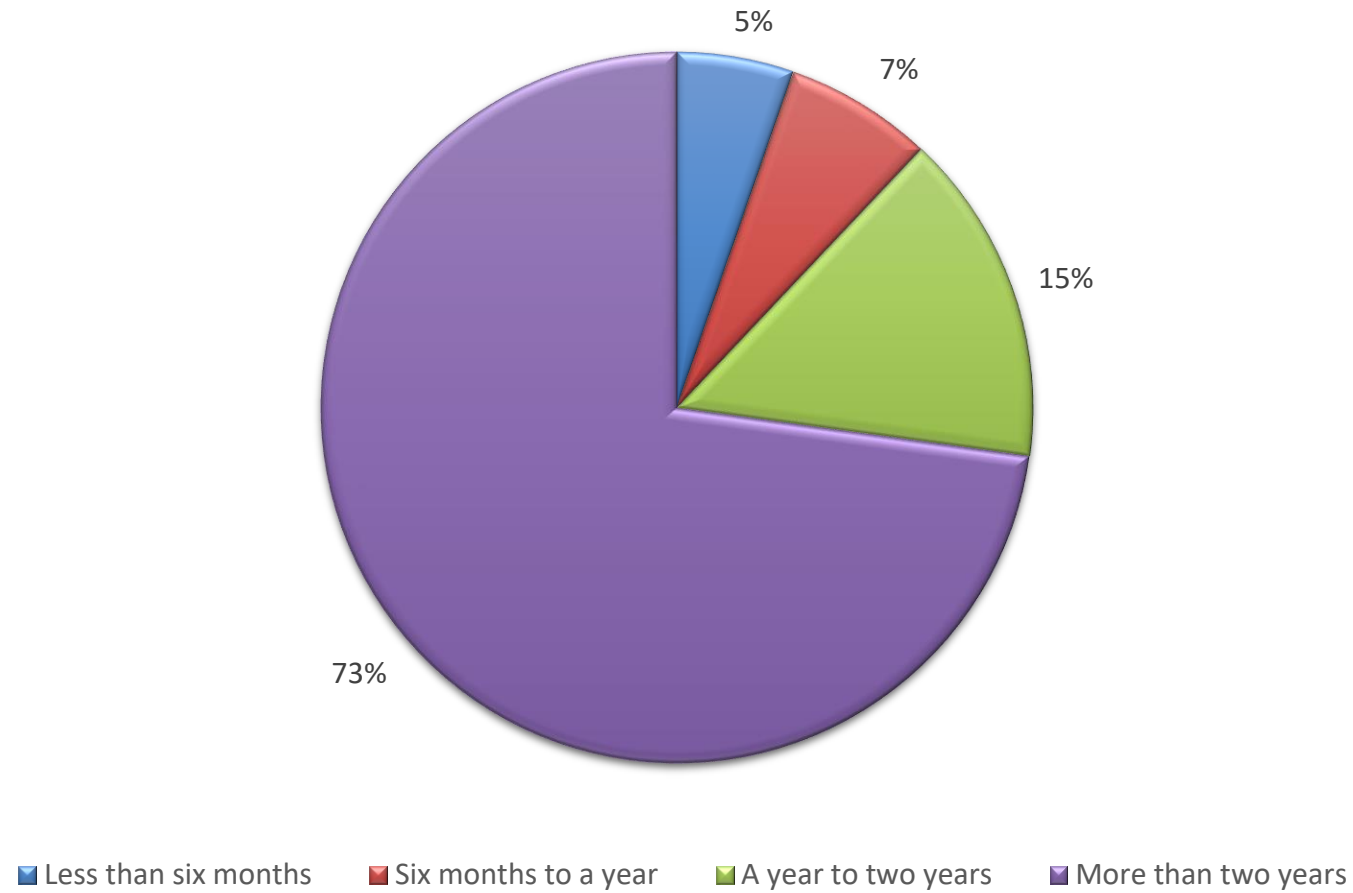


# Provider Service Type

Breakdown of Provider Services



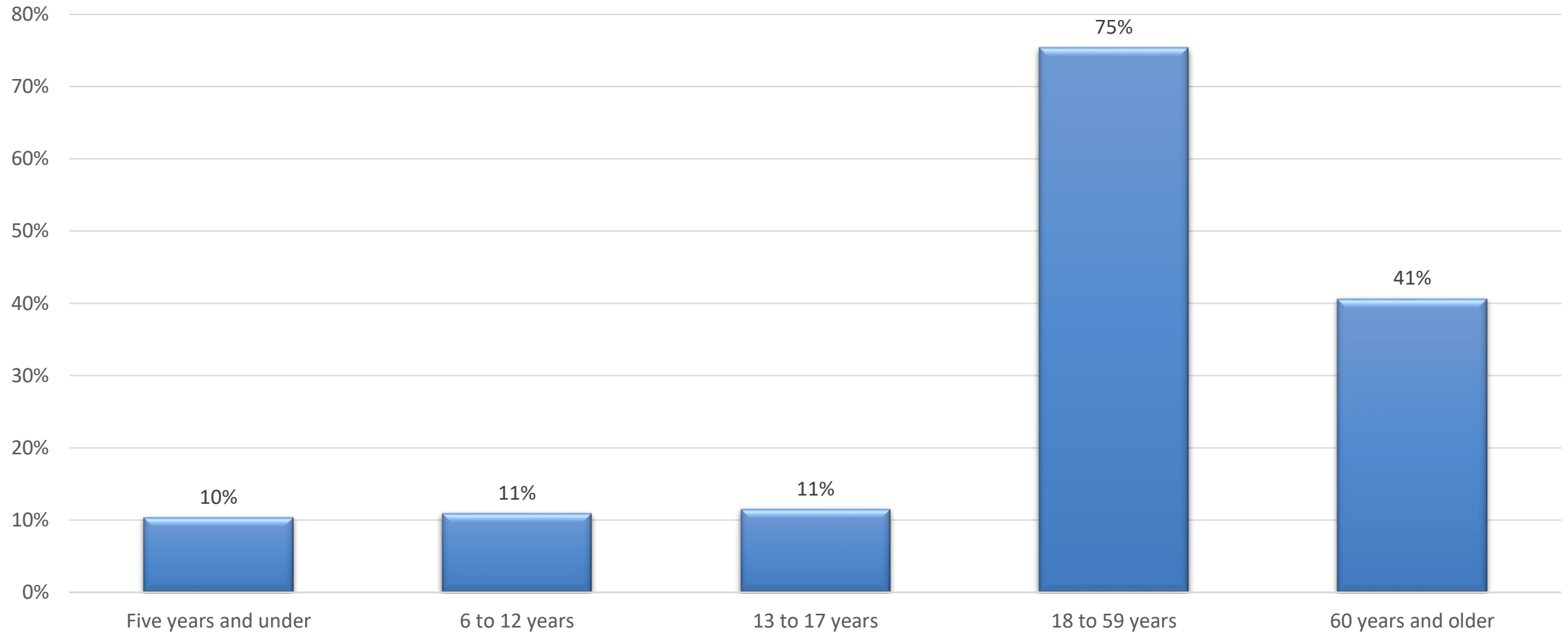
## Provider Experience Level



# Provider Geographic Distribution

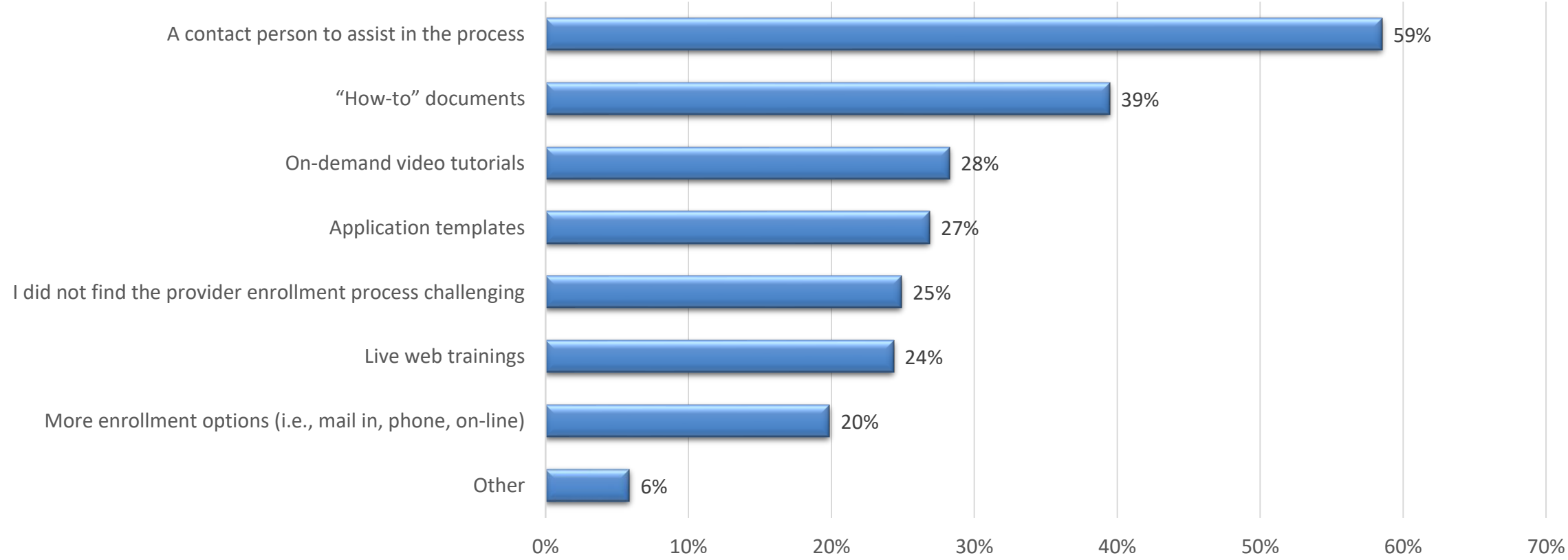
- Respondents were asked which counties they provide services in. 78 of 88 counties were represented in the data.
- Cuyahoga County was the most serviced among the counties with 56 providers reporting that they provide services there. The following ten counties received no responses:
  - » Clinton County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

## Client Age



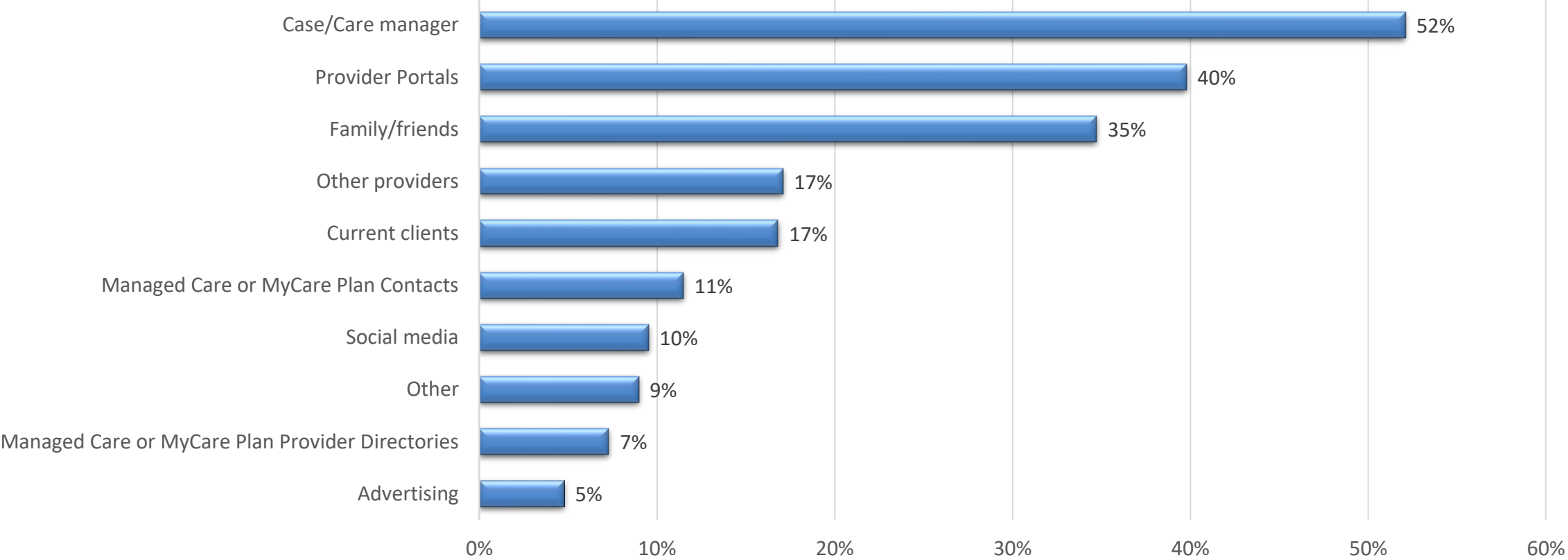
# Provider Enrollment Process

## Methods for Improving Ease of Provider Enrollment Process



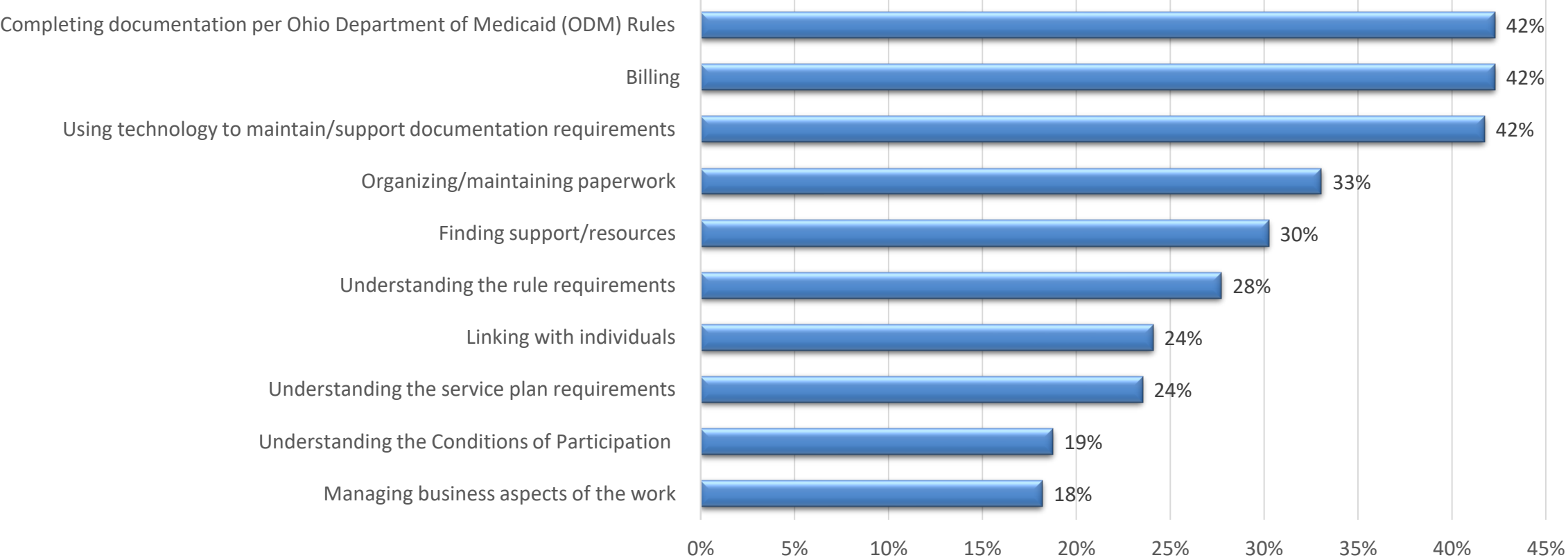
# Provider Referral Source

Provider Methods for Identifying Individuals



# Provider Identified Training

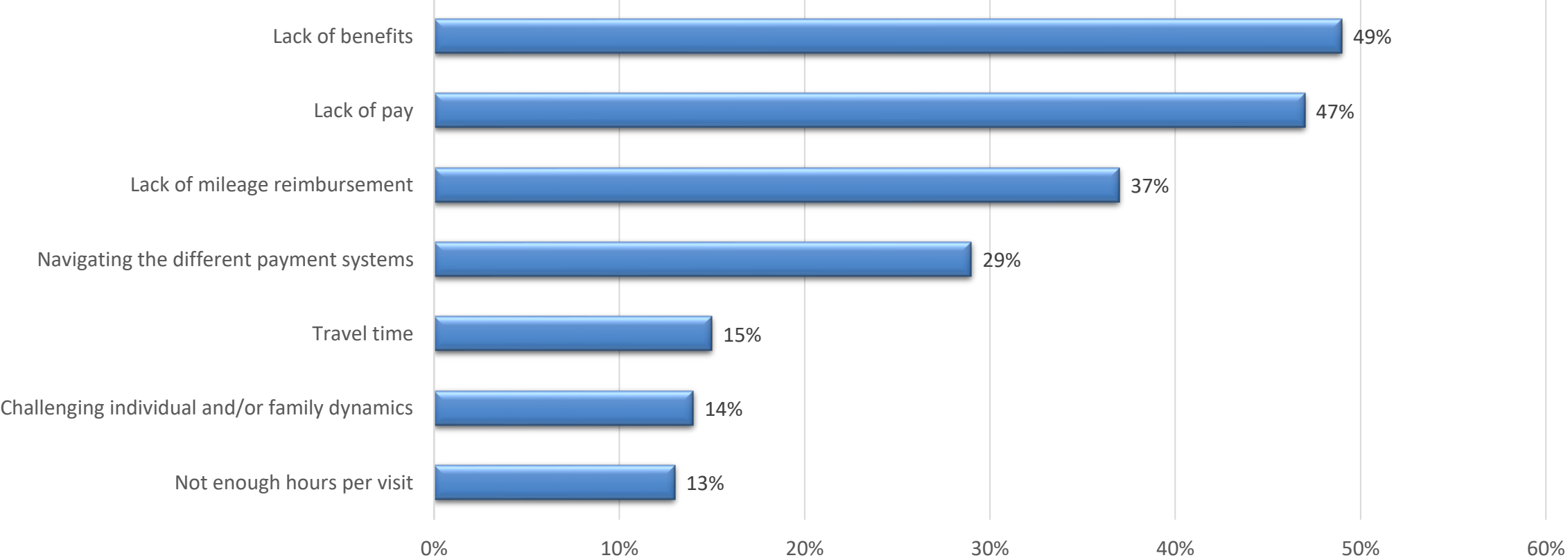
## Provider Training Needs





# Provider Challenges

Top Provider Challenges



# 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.”*

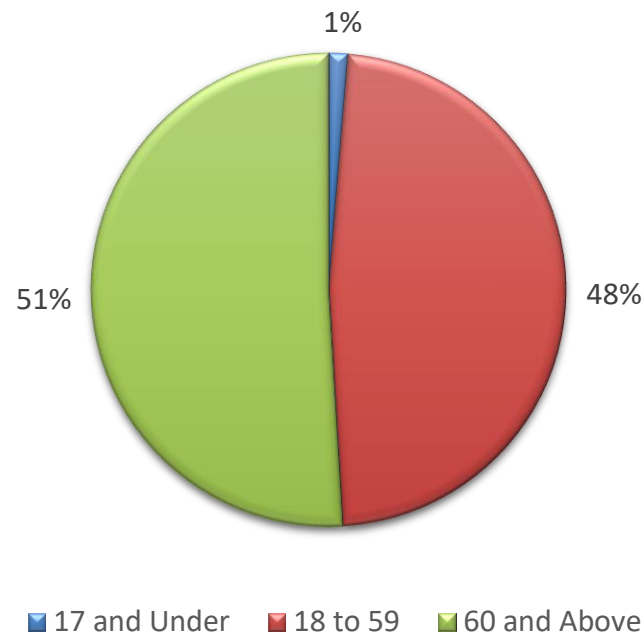
*“Because You are alone throughout the process there is no one there to appreciate your work or help with support to let you know what the requirements are to fulfill the process.”*

# 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.

**Age of Surveyed Individuals**

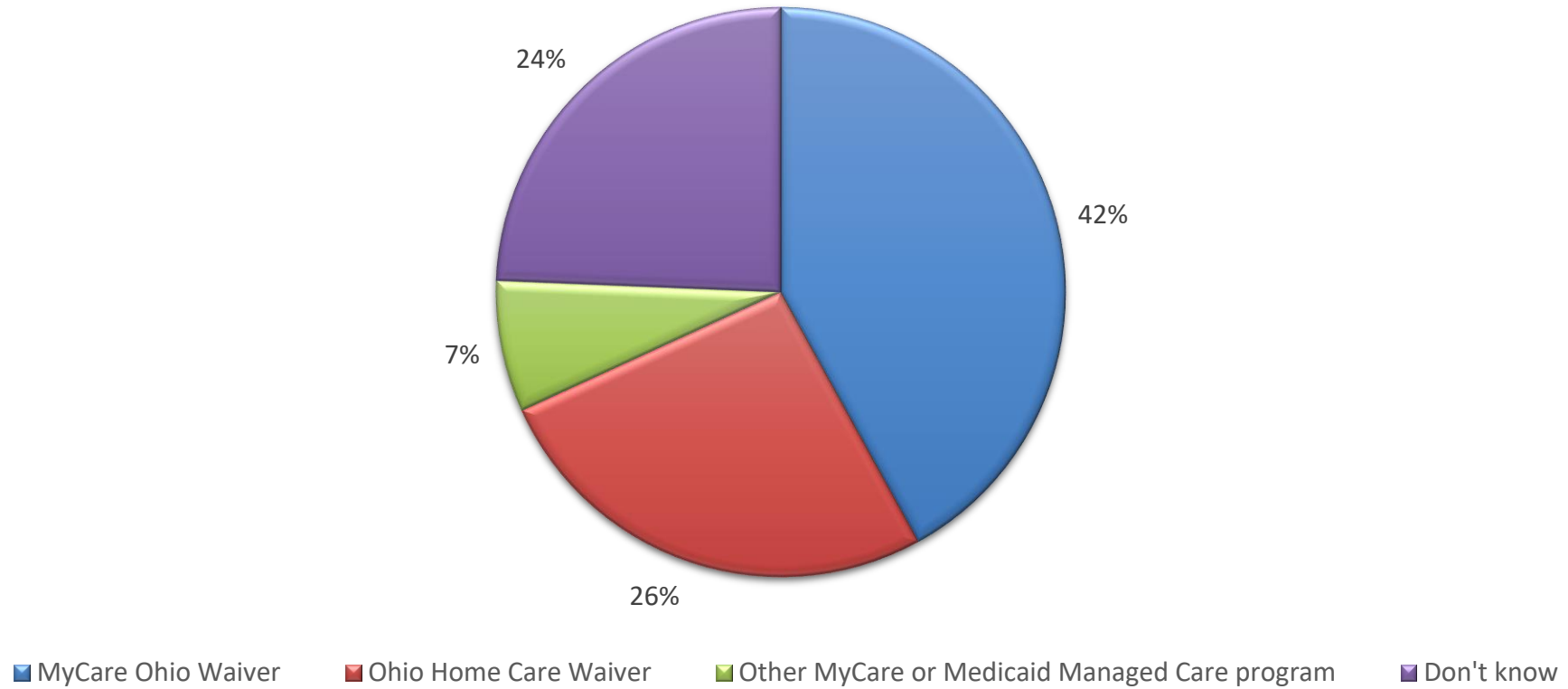


## Counties with no Individual Responses

- 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

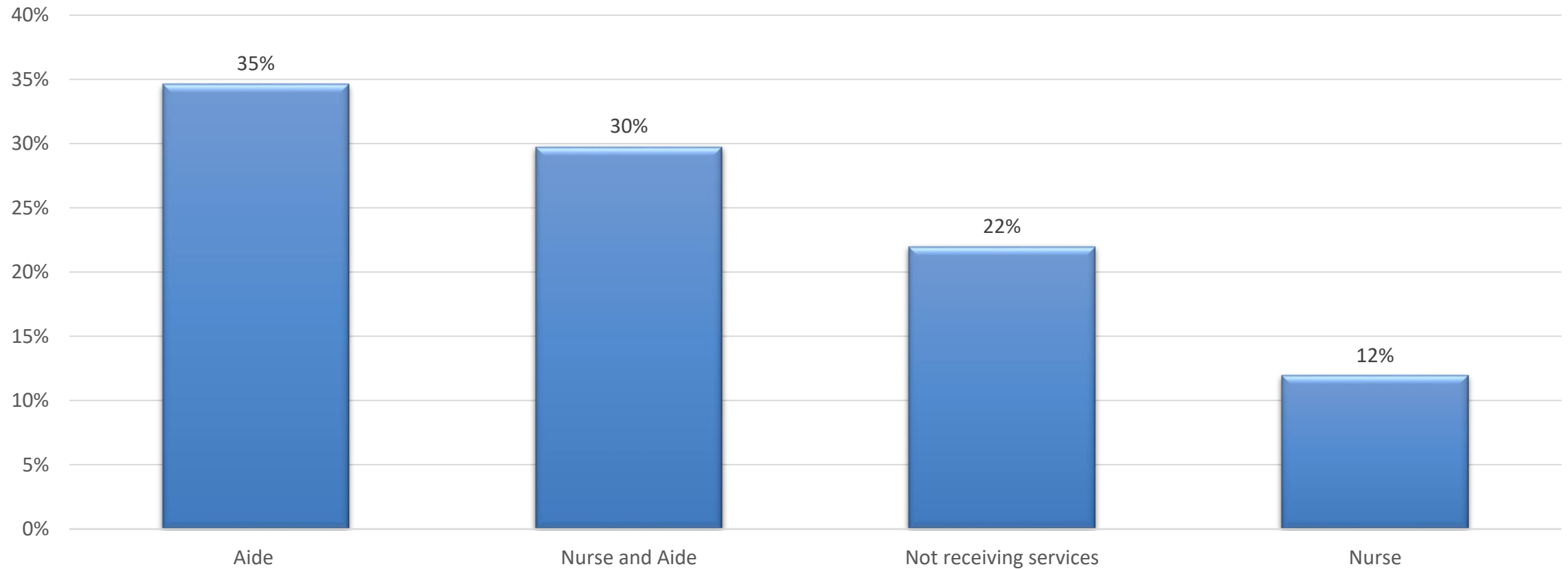
# Program Type

Waiver Program Distribution of Individuals



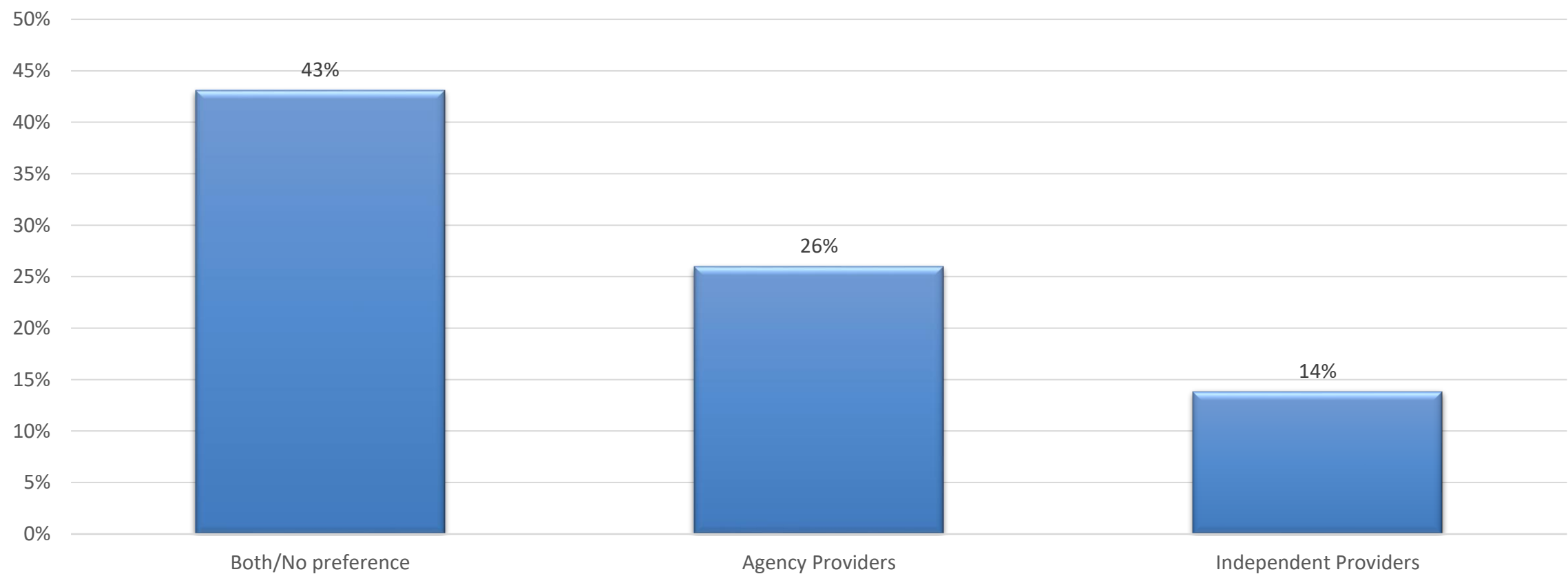
# Care Discipline

Services Received by Individuals



# Provider Type

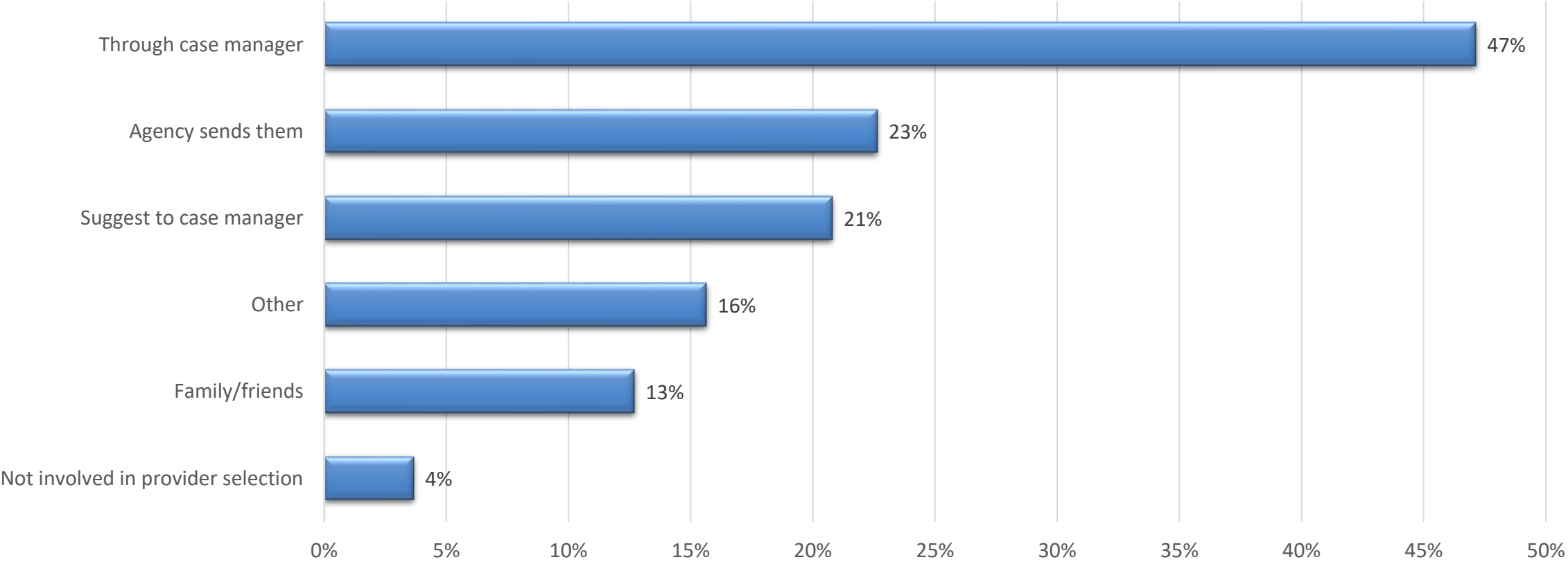
Individual Preferred Provider Types





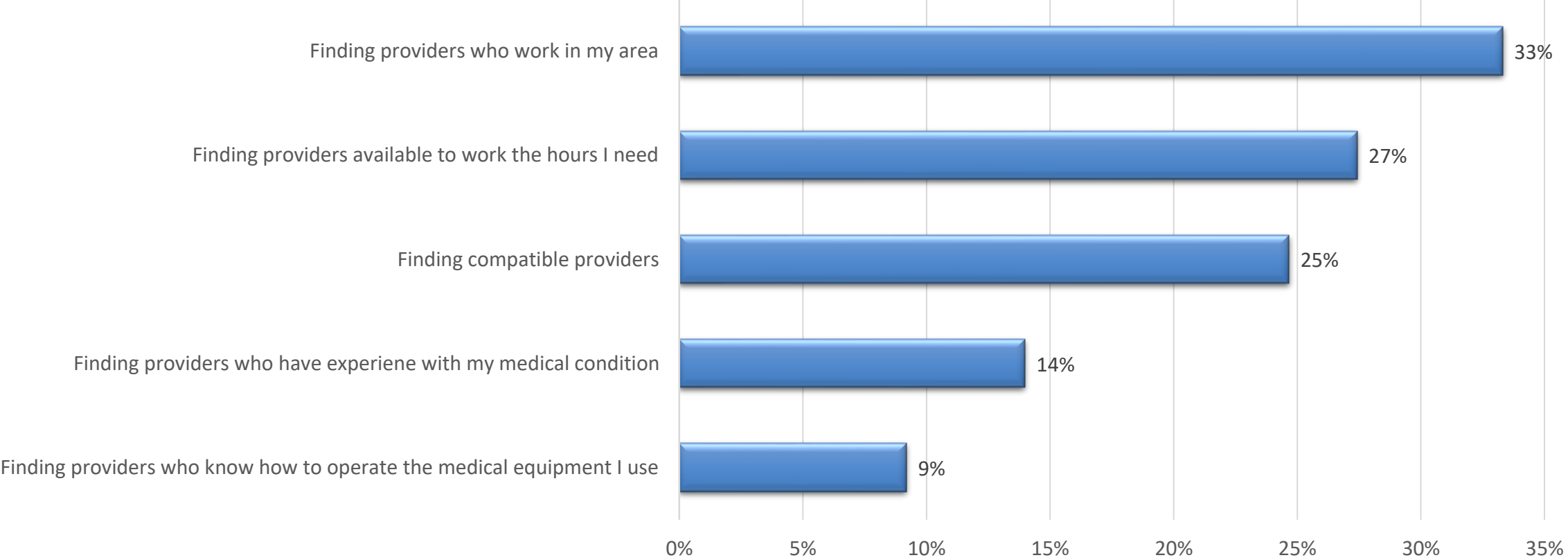
# How Individuals Locate a Provider

Individual Methods for Finding Providers



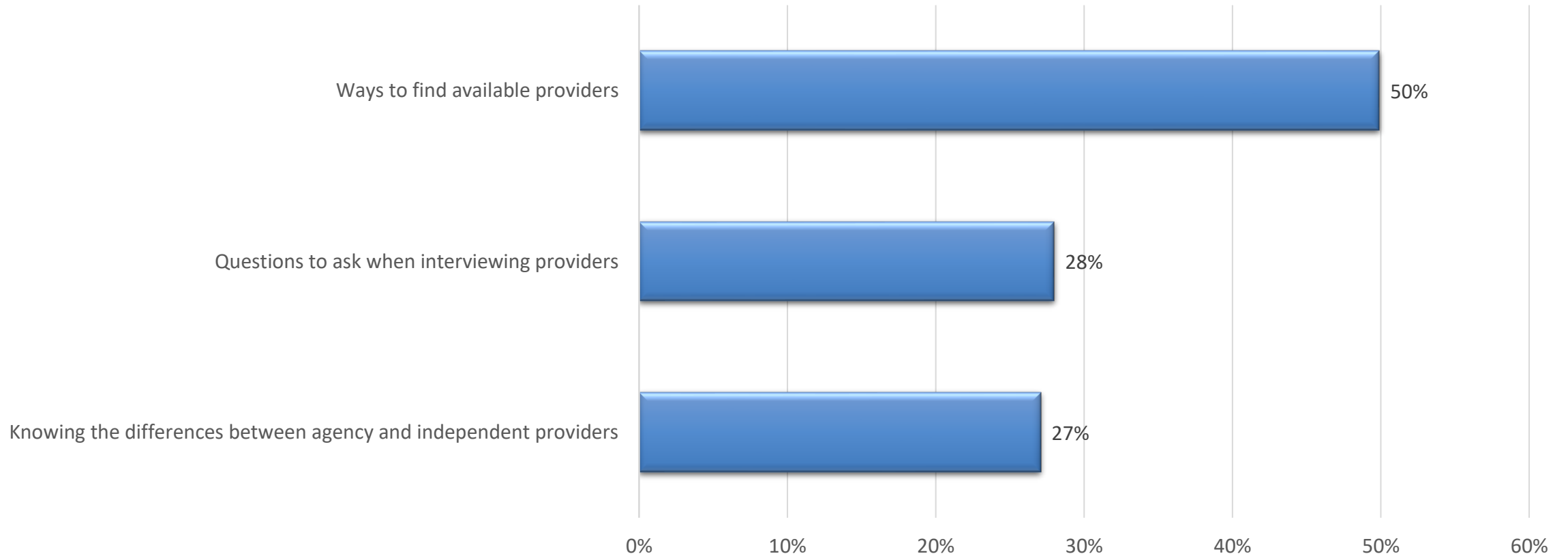
# Individual Feedback

## Top Challenges of Locating a Provider



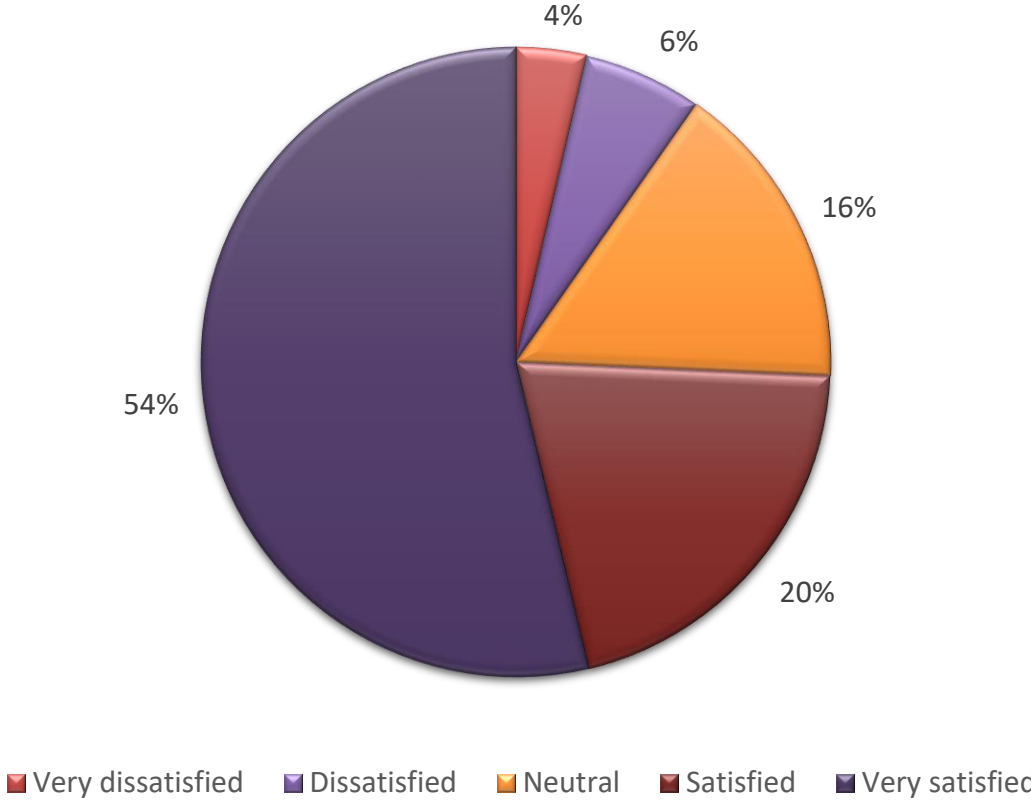
# Individual Feedback

## Top Resources for Helping Individuals Locate Providers



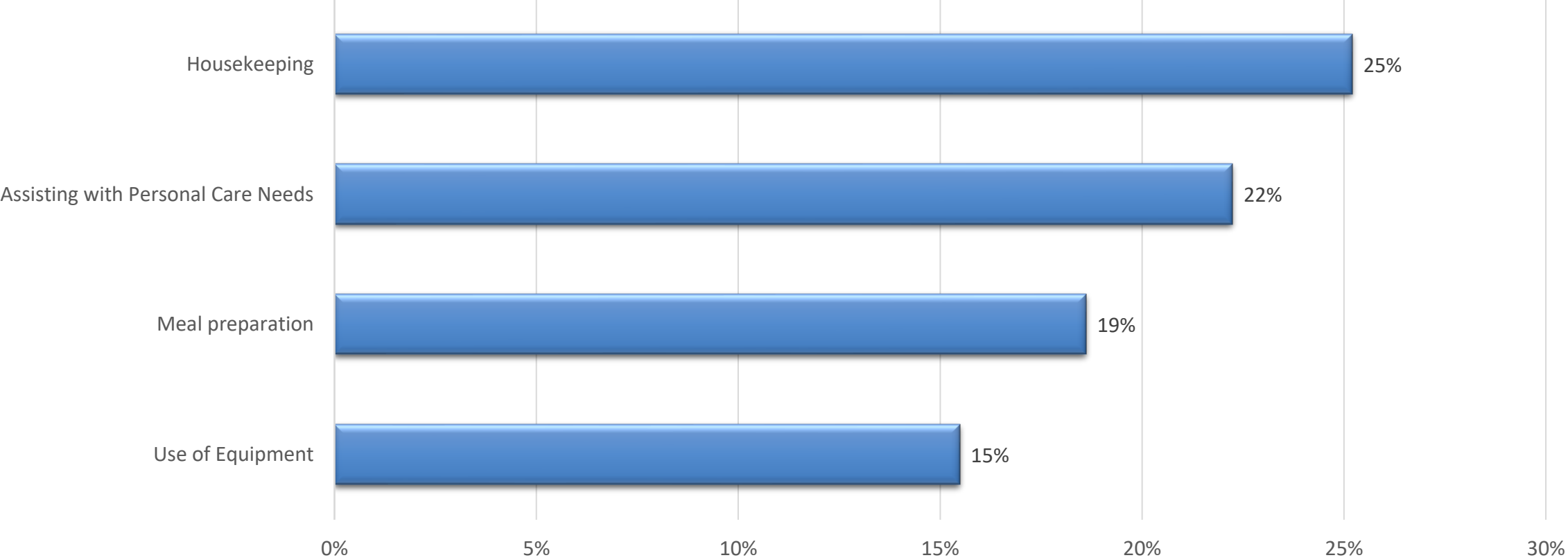
# Individual Feedback

Individual Satisfaction With Providers



# Individual Feedback

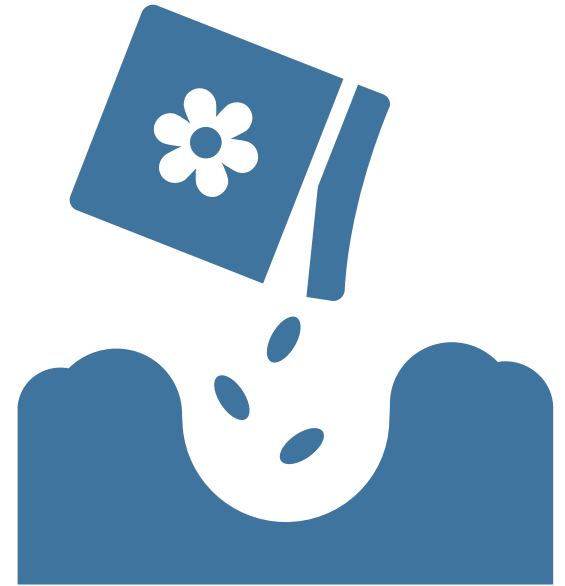
Needed Areas of Training for Providers



# **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