Overview of today’s panel presentation

• Medicaid managed care procurement

• Managed care & HCBS updates

• OhioRise

• HOME Choice
Medicaid Managed Care Procurement

Jim Tassie, Deputy Director—Project Management and Procurement Implementation
Ohio Association of Area Agencies on Aging

Agenda

1. Next Generation of Ohio Medicaid Managed Care
2. How does enrollment in a managed care plan normally work?
3. 2021 Managed Care Annual Open Enrollment
4. Unwinding from the Public Health Emergency
Next Generation of Ohio Medicaid Managed Care
Ohio’s Next Generation Medicaid Program

Mission Statement

Focus on the INDIVIDUAL rather than the business of managed care

We want to do better for the people we serve
Today’s Ohio Medicaid Managed Care Program

Members are impacted by business decisions that don’t always take their needs or circumstances into consideration. Providers are not always treated as partners in patient care. We want to do better for the people we serve.

“Next Generation” of Managed Care in Ohio

The focus is on the individual with strong coordination and partnership among MCOs, vendors & ODM to support specialization in addressing critical needs.

1. Single Pharmacy Benefit Manager (SPBM) Procurement
2. OhioRISE Procurement Resilience through Integrated Systems and Excellence
3. Fiscal Intermediary
4. Centralized Credentialing
5. Managed Care Procurement
DNA of the Next Generation Ohio Medicaid Managed Care Program

Each strategic initiative is needed to realize the full “genetic makeup” of the future program
Medicaid Managed Care

Improve design, delivery and timeliness of care coordination

Goals of Ohio’s Future Managed Care Program

- Improve Wellness and Health Outcomes
- Emphasize a Personalized Care Experience
- Support Providers in Better Patient Care
- Improve Care for Children and Adults with Complex Needs
- Increase Program Transparency and Accountability
Next Generation Go-Live: Why July 1, 2022?

This timeline provides time to educate and support millions of Medicaid members and thousands of providers as they transition to the next generation program.

- **Member Uncertainty**: Allows for time to execute a comprehensive communications campaign to assist members through transition enrollment with the next generation managed care plans, address potential impacts of the Unwinding and meet CMS guidance for annual open enrollment.

- **Provider Impact**: Increases our ability to work closely with vendors, providers and state agency partners to develop and deploy training to assist providers in adapting to new and improved systems and processes. Will allow lead time to build up OhioRISE workforce; collaboration, training and hiring.

- **Complex Systems**: Takes into consideration the complexity of the systems and operational improvements being implemented. Will allow additional time to bring OhioRISE services/supports on line to support counties’ Family First Prevention Services Act (FFPSA) implementation starting Oct. 1, 2021.

- **External Factors**: The persistence of the COVID-19 pandemic had an unforeseen impact on Medicaid enrollments, services, programs, and provider communities. This public health emergency has caused a compressed timeframe to assess and redetermine the eligibility for citizens who are enrolled in the program today.
Member Engagement & Communications
Next Generation Medicaid Managed Care

Focusing on the INDIVIDUAL rather than the business of managed care
We began by soliciting input and suggestions from members and providers

Requests for Information
Through two RFIs, we...
Received over 1,000 pieces of feedback from providers, members & advocates
Partnered with 36 community organizations to host listening sessions in 13 communities representing a diversity of members and geographies
Met with more than 50 providers and provider associations

The voice of our members is at the core of our vision and design for the next generation Ohio Medicaid program

✓ Virtual presentations to advocacy groups, community organizations and County JFS partners
✓ Micro Videos
✓ Next Generation Managed Care Website – dedicated “Resources for Members” section
✓ Member FAQs
✓ ODM 2022 Periodical Newsletter
✓ MCProcurement@medicaid.ohio.gov mailbox

❑ As we approach go-live: Comprehensive member transition enrollment communications and continued listening sessions
Provider Engagement & Communications
Next Generation Medicaid Managed Care

Ongoing engagement and communications with providers, provider associations and advocates has remained an important component of ODM’s next generation strategic initiative work

✓ Virtual presentations to provider associations and organizations
✓ Micro Videos
✓ Next Generation Managed Care Website – dedicated “Resources for Providers” section
✓ ODM 2022 Press Newsletter
✓ Provider FAQs
✓ Direct emails to communicate “just in time” information
✓ MCPProcurement@medicaid.ohio.gov mailbox

❑ As we approach go-live: Trainings / webinars and videos

Communications Related to Provider Network & MCE Contracting

ODM is directing providers to contact each MCE directly for questions regarding contracting.

As member transition enrollment approaches, ODM’s ability to provide members with access to up-to-date MCO provider directories will be critical to supporting member choice & continuity of care.
How do people choose or get assigned to an MCO?
MCO Assignment Algorithm

1st Always honor the member’s CHOICE
Next: Assignments for Continuity of Care

Serving the member by ensuring family cohesion and continuity of care

Auto Assignments – Continuity with Family

✓ Deemed newborns – Newborns are assigned to the same plan as their mother.

✓ Addition to a family/household – Individuals who are added to a case with other individuals who are currently enrolled in a plan are assigned to the same plan.

✓ Re-enrollments – Individuals who were previously enrolled in managed care, disenrolled, and regain eligibility within 3 months are assigned to their previous plan.
Next: Assignments for Continuity of Care (continued)
Serving the member by ensuring family cohesion and continuity of care

✓ A provider utilization file is created daily, including fee-for-service and managed care data; and numerous types of health care hospitals, doctors and other providers and specialties.

✓ Comprehensive Primary Care prioritized.

✓ The doctors and health care providers utilized by the member is compared to the MCO’s network to match to a plan with the member’s providers in network.

Example of Provider Access
82% of all providers had contracts with 4 of current 5 MCOs
13% of all providers had contracts with only 1 of current MCOs.
Next: Assignments for Continuity of Care (continued)

Serving the member by ensuring family cohesion and continuity of care

4th Last Step – Quality Based Assignment

✓ This is the final step in the assignment process and captures any individuals that did not choose or could not be assigned through earlier steps; uses various quality measures.
ODM Member Annual Open Enrollment
December 2021
Annual Open Enrollment Goals and Process

- Ohio Medicaid notification and annual enrollment period will occur between September-December 2021
- Ohio Medicaid members can change MCO with no cause during the annual enrollment period regardless of the option chosen

Member Goals

**Member Choice**
*Ensure members are offered the opportunity to enroll and change MCOs annually*

**Member Options**
*Implement a strategy that explains member options and provides multiple channels to make a choice*
Communications to Members and Providers
2021 Managed Care Annual Open Enrollment

ODM 2022 Press / Periodical Newsletters
Ohio Medicaid Managed Care Members, Providers, Provider Associations, Advocacy Organizations

Email & FAQs
ODJFDA / Sister State Agencies / Local Boards / PCSAs / DODD Boards / Provider Associations / Advocacy Organizations

@OhioMedicaid Twitter
All Stakeholders

Member Letter Mailing
Ohio Medicaid Managed Care Members

Member Call Fire Campaign
Ohio Medicaid Managed Care Members

Website Messaging
All Stakeholders
# Open Enrollment Timeline

## 2021 Managed Care Annual Open Enrollment

<table>
<thead>
<tr>
<th>September 2021</th>
<th>October 2021</th>
<th>November 2021</th>
<th>December 2021</th>
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<tbody>
<tr>
<td><strong>9/17/2021</strong></td>
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<tr>
<td>Managed care members can enroll by contacting the Ohio Medicaid Consumer Hotline</td>
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<td><strong>9/24/2021 – 11/22/2021</strong></td>
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<tr>
<td>Managed care member letter mailing</td>
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<tr>
<td><strong>10/4/2021 – 12/29/2021</strong></td>
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<tr>
<td>CallFire campaign</td>
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<tr>
<td><strong>9/17/2021 – 12/31/2021</strong></td>
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<tr>
<td>Additional managed care member / Provider communications</td>
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<tr>
<td><strong>12/1/2021 – 12/31/2021</strong></td>
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<tr>
<td>Official Annual Managed Care open enrollment</td>
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</tbody>
</table>
Annual Open Enrollment Process

Members can enroll through contacting the Ohio Medicaid Consumer Hotline or by making changes on the Hotline Member Portal beginning in September. Member choice becomes effective beginning of the next month.

**If members do not choose to change, stay with current MCO**

If the member does not choose, they'll receive a letter confirming final MCO, which they can change for 90 days.
MCO Role

2021 Managed Care Annual Open Enrollment

MCOs should continue to provide the highest quality of care to our members

ODM will take the lead for all communications related to Open Enrollment
- MCOs will not be sending out marketing materials to members
- This applies to MyCare plans as well

ODM will give MCOs a banner for their websites

**REMEMBER:** All member and marketing materials must be submitted to ODM for review and approval
Unwinding COVID-19 Public Health Emergency (PHE) Declaration
Federal Public Health Emergency: Enhanced FMAP, Flexibilities and Conditions

Increase in Federal Medical Assistance Percentages (FMAP)
Effective January 1, 2020, states may claim a 6.2 percentage point increase in FMAP if they meet certain requirements.

Temporary Authorities to Sunset
Temporary authorities adopted by states to respond to the PHE are scheduled to automatically sunset upon termination of the PHE or another specified date.

Additional Corona Relief and American Rescue Plan Act (ARPA) Funding
Ohio Medicaid directly provided approx. $475m in additional funding to hospitals and other Medicaid providers.

After the PHE Ends
The state will need to process the backlog of pending COVID-related eligibility and enrollment actions & undo the flexibilities.
PHE Ending: Unwinding
2021 Managed Care Annual Open Enrollment

- **Restart eligibility determinations**, approx. 2 million individuals served by Medicaid.

- Feds will provide **60 days notice** before end of PHE.

- Plan & working process being finalized now for CDJFS/ODJFS/ODM to **work together**.

---

We know that any confusion or questions causes people to call the counties for answers or ask their providers. We need your help.
- Also, must reverse all 1135, Appendix K waivers and other pandemic flexibilities
- We are working with OHA, other stakeholder associations to keep them appraised and get their input.
Questions/Resources
Resources

01  Ohio Medicaid Consumer Hotline Website at www.ohiomh.com

02  Next Generation of Ohio Medicaid Website at managedcare.medicaid.ohio.gov

03  ODM 2022 Press & ODM 2022 Periodical Newsletters
    Email MCProcurement@medicaid.ohio.gov to sign up
Managed care updates

Roxanne Richardson, Deputy Director of Managed Care
Karla Warren, Integrated Care Manager
DNA of the Next Generation Ohio Medicaid Managed Care Program
Each strategic initiative is needed to realize the full “genetic makeup” of the future program
Managed Care Provider Agreement Changes/ Requirements

The new Managed Care Provider Agreement Requirements have been grouped into eight different themes.

- Telehealth
- Care Management & Coordination
- Claims Adjudication
- Transportation
- Increased Program Transparency & Enhanced Accountability
- Prompt Pay
- Health Equity
- Local Presence & Communication
MyCare Ohio Update
MyCare Ohio Duals Demonstration

- Not impacted by procurement

- There are approximately 143,000 individuals enrolled in MyCare Ohio

- Medicare participation is optional.
  - Medicaid participation is NOT optional

- About 59 percent of MyCare Ohio enrollees elect for their plan to coordinate both Medicare and Medicaid benefits, one of the highest “opt-in rates” among dual programs in the country

- MyCare has significant CMS involvement

- Two programs in one – opt-in and opt-out
  - CMS view: opt-in (MyCare is their second largest duals demo)
MyCare Ohio Regions

<table>
<thead>
<tr>
<th>REGION</th>
<th>MYCARE PLANS</th>
</tr>
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<tbody>
<tr>
<td>NORTHWEST</td>
<td>AETNA BUCKEYE</td>
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<tr>
<td>NORTHEAST</td>
<td>BUCKEYE CARESOURCE UNITED</td>
</tr>
<tr>
<td>EAST CENTRAL</td>
<td>CARESOURCE UNITED</td>
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<tr>
<td>NORTHEAST CENTRAL</td>
<td>CARESOURCE UNITED</td>
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<tr>
<td>WEST CENTRAL</td>
<td>BUCKEYE MOLINA</td>
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<tr>
<td>SOUTHWEST</td>
<td>AETNA MOLINA</td>
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<tr>
<td>CENTRAL</td>
<td>AETNA MOLINA</td>
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</tbody>
</table>

AAAs serve as WSC coordinator for members age 60 and old, and also serve as the care manager for waiver members of all ages for plans Aetna and CareSource.
MyCare Open Enrollment

• Ohio Medicaid notification and annual enrollment period will occur between September-December 2021

• ODM will send annual letters to opt-out members

• Plans are allowed to do general marketing efforts, other than send letters

• Opt-in members don’t have an annual open enrollment because they can change plans monthly

• For more information: https://www.ohiomh.com/
MyCare Ohio Enrollment

143,553
TOTAL MYCARE OHIO ENROLLMENT

19,667
NURSING FACILITY

32,109
MYCARE OHIO WAIVER

91,777
COMMUNITY WELL
What is MyCare Ohio trying to Achieve?

• Goals of MyCare Ohio:
  » One point of accountability and contact for enrollees
  » Person-centered care, seamless across services and care settings
  » Easy to navigate for enrollees and providers
  » Focus on wellness, prevention and coordination of services
  » Integrated approach to care coordination to integrate services into one benefit package

Every member has a care manager.
MyCare Ohio Next Steps

• The current end date for the 3-way MyCare contract (ODM, MCOs and CMS) is December 2022.

• Last year, ODM tasked the Government Resource Center (GRC) and Scripps Gerontology at Miami University with studying the MyCare program. We are awaiting an in-depth evaluation from their work that will provide us with insight about what is working and what is not within the program. This will be one of the pieces we will use to inform our decision making.

• CMS is also analyzing the program and we anticipate their next evaluation will be published soon. This evaluation will cover program years 2019, 2020 and 2021.

• A larger policy conversation will need to take place in the near future as we determine where we want to go with our LTSS policy as a state.
Current WSC Case Mgmt Guidance
Current WSC case management guidelines

- ODM and ODA anticipate in-person visits to resume in a phased approach

- Goal = all individuals to have an in-person visit/assessment completed no later than 6 mo. after PHE ends

- Case mgmt agencies (incl. plans) submitted a transition plan to resume in-person visits to their respective oversight agency (ODA or ODM)

- Plan must include timeframes, staffing capabilities and prioritization strategies

- When determining scheduling, CMAs should consider prioritizing individuals with intense needs, health and safety concerns and individuals enrolled during or after March 2020.

- Phase 1 Fall 2021, with Phase 2 beginning at the conclusion of the PHE.
How to approach return to in-person visits

• Phase One fall 2021
  ❖ New Enrollees:
    ▪ LOC Assessment: in-person
    ▪ ANSA Assessment: in-person
    ▪ Initial CM Assessment: in-person
    ▪ Contact Visits: Offer in-person as staffing allows
  ❖ Existing Enrollees
    ▪ Annual LOC Assessment (MyCare): in-person
    ▪ ANSA Assessment: in-person
    ▪ Individual newly enrolled post March 2020 (has not had an in-person visit): in-person
    ▪ Annual Reassessment: in-person as staffing allows
    ▪ Significant Change Event: in-person as staffing allows
    ▪ Contact Visits: in-person as staffing allows

• Phase Two beginning once Federal Health Emergency ends
  ▪ All Enrollees: visits and assessments to resume in-person
Link to Current WSC Case Mgmt Guidance

• [Link to Current WSC Case Mgmt Guidance](https://medicaid.ohio.gov/wps/wcm/connect/gov/3b9edff7-ddd6-4301-8608-8754aab6c806/CaseManagementEmergencyProtocol.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_K9I401S01H7F40QBNJU3SO1F56-3b9edff7-ddd6-4301-8608-8754aab6c806-nO4lfpb)
Medicaid Rate Increases
Nov 1 Medicaid Rate Increases

• As a result of HB 110, Ohio’s biennium budget for state FY 2022 and 2023, ODM, ODA and DODD are increasing numerous rates for Medicaid services, incl. several HCBS services.

• Rates are anticipated to be effective 11/1/2021.
Ohio Home Care Rate Increases

- 6.1%: waiver nursing, personal care and home care attendant;
- 10.76% standard home delivered meals service; and
- 25% increase will apply to adult day.
- OAC 5160-46-06 and 5160-46-06.1 rules enumerate the above rate changes.
- Anticipated effective date of 11/1/2021.
PASSPORT Rate Increases

- 6.1%: waiver nursing, personal care, homemaker and home care attendant;
- 10.76% standard home delivered meals service; and
- 25% increase will apply to adult day.

- OAC 5160-1-06.1 and 5160-46-06 rules enumerate the above rate changes.
- Anticipated effective date of 11/1/2021.
Assisted Living Rate Increases

• 6.1% three tiers of the assisted living service;

• OAC 5160-1-06.5 rules enumerate the above rate changes; and

• Anticipated effective date of 11/1/2021.
MyCare Ohio Waiver

• Plans’ contracts for these waiver services are based on the FFS rates and therefore will be applicable to MyCare Ohio waiver providers.
State Plan Rate Increases

- 6.1% home health services (OT, PT and speech), private duty nursing and RN assessment and consultation services.

- Anticipated effective date of 11/1/2021.
Additional Resources
Updates are shared via the below resources

Social Media
Follow us on Twitter
@OhioMedicaid

Online
Next Generation Medicaid Website
managedcare.medicaid.ohio.gov

Newsletter & Email
Opt-in to receive the ODM 2022 Press monthly newsletter
Email us at MCProcurement@medicaid.ohio.gov with questions or to be added to the newsletter distro list
OhioRISE Overview

October 20, 2021

Marisa Weisel, Deputy Director of Strategic Initiatives
Marisa.Weisel@Medicaid.Ohio.gov

Kelly Smith, OhioRISE External Affairs
Kelly.Smith@Medicaid.Ohio.gov
The Current MSY System in Ohio

13% of children in the child welfare system are in **congregate care** and...

...for **kids over age 15**, this number **increases** to over 40%

140 kids per day are receiving care out of state

58% of children on a **Developmental Disabilities (DD) waiver** are taking behavioral health pharmaceuticals

38% of youth in the Medicaid have **families** with a history of Opioid Use Disorders (OUD), Substance Use Disorders (SUD), and/or **Serious Emotional Disturbances (SED)** primary diagnosis

Nearly 700 children in the past 4 years and a **200% increase** in kids **for this year** compared to 2016
What Does the Evidence Tell Ohio?

1. Kids with the most complex multi-system needs require a very different type of care coordination.
   • Studies show that intensive community-based care coordination that is driven by kids and their families can have a significant impact on inpatient and ED use, moves between homes, etc.

2. Kids with the most complex multi-system needs require a different service array to stabilize them in their families.
   • Mobile crisis response, intensive home-based treatments, out of home care when clinically appropriate
Resilience through Integrated Systems and Excellence

Creating Opportunity for Every Ohio Kid

We are united in our passion and commitment to ensuring that all of our children lead meaningful, fulfilling lives.
We Need to Build Significant Capacity to Shift the System

**CURRENT STATE**
- Lower Intensity Services
- Out-of-Home Services

**FUTURE STATE**
- Intensive In-Community Services
  - Intensive Care Coord.
  - In-home therapies
  - Crisis Intervention
- Lower Intensity Services
  - Outpatient counseling
  - Medication management
- Out-of-Home Services
Key Features of OhioRISE

**Shared Governance Model**
OhioRISE features *multi-agency governance* to drive towards improving cross-system outcomes – we all serve many of the same kids and families.

**Specialized MCO**
ODM will procure a special type of managed care plan – a *prepaid inpatient health plan (PIHP)* – to ensure financial incentives and risk sharing are in place to drive appropriate use of high-quality behavioral health services.

**Coordinated and Integrated Care and Services**
OhioRISE *brings together* local entities, schools, providers, health plans, & families as a part of our approach for improving care for enrolled youth.

**Prevent Custody Relinquishment**
OhioRISE will utilize a new *1915c waiver* to target the most in need and vulnerable families and children to prevent custody relinquishment.
Eligibility and Enrollment and CANS Assessment
Eligibility for OhioRISE

Children must meet all of the criteria below

Medicaid Eligible

Fee for Service or managed care
May also have an existing 1915(c) waiver – Intellectual/Developmental Disability or Ohio Home Care

Age 0-20 at time of enrollment

ODM anticipates OhioRISE will enroll 50,000 to 60,000 children and youth by the end of the first year.

Require Significant and Intensive Behavioral Health Treatment

• Meet Functional Needs Criteria as assessed by the Child and Adolescent Needs and Strengths (CANS); or
• An inpatient in a hospital for Mental Illness or Substance Use Disorder; or
• An inpatient in a Psychiatric Residential Treatment Facility (PRTF)
What is a CANS Assessment?

The **Child and Adolescent Needs and Strengths (CANS)** is a functional assessment tool that:

- Assesses both child and family needs and strengths
- Provides decision support to identify appropriate approaches
- Used to make OhioRISE eligibility determinations
- Used to support OhioRISE care planning
- QRTP level of care

**There are two types of CANS assessments:**

*Brief CANS*

- Used as an ‘initial’ assessment.....

*Comprehensive CANS*

- ..... Used for ‘ongoing’ assessments – expands items in Brief CANS to improve care planning and coordination (Could be used at time of initial assessment if preferred by assessor)
- Includes core items to determine eligibility, tier of care coordination, QRTP LOC, recommendations for care
- Additional modules are triggered by responses on specific items, such as sexually problematic behavior, runaway, adjustment to trauma
Care Coordination and Care Management Entities
Care Coordination is Guided by High Fidelity Wraparound Principles

<table>
<thead>
<tr>
<th>Tiers of Care Coordination</th>
<th>Delivered By</th>
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<tbody>
<tr>
<td>Tier 3: Intensive Care Coordination</td>
<td>Care Management Entities (CMEs)</td>
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<tr>
<td>Structured service planning and care coordination using high-fidelity wraparound for youth with the greatest behavioral health needs</td>
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<tr>
<td>Tier 2: Moderate Care Coordination</td>
<td>Care Management Entities (CMEs)</td>
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<tr>
<td>Structured service planning and care coordination using a wraparound informed model for youth with moderate behavioral health needs</td>
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<tr>
<td>Tier 1: Limited Care Coordination</td>
<td>OhioRISE Plan</td>
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<tr>
<td>Deliver care coordination to youth needing lower intensity care coordination or who may decline higher intensity care coordination</td>
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High Fidelity Wraparound

- Family and youth perspectives are prioritized
- Planning is based on family and youth’s choices and preferences and is strengths-based
- Utilizes community and natural supports
- Process respects family and youth’s beliefs, cultures, and identity
What is a Care Management Entity (CME)?

A Care Management Entity (CME) is a community-based organization that serves as the “locus of accountability” for delivering the Wraparound Model for a catchment (geographic) area of Ohio to serve children and youth enrolled in OhioRISE.

CMEs’ Primary Responsibilities:

• Care Coordination: provide wraparound-driven care coordination services to OhioRISE enrollees living in the catchment area
• Community Resource Development: ground and grow the System of Care within the CME’s catchment area
Why are we building a “network” of CMEs?

A network approach is critical to achieve our intended outcomes for the system

Children, families, and other system partners need a locus of accountability – a “go-to” place to help families, providers, and other community partners navigate a complex and often confusing multi-system environment.

Developing a network allows us to concentrate our efforts:

- Alignment of resources and supports ensures we can develop a strong network that can meet the needs of the children and caregivers we will serve.
- Focused efforts help improve experience and processes when interacting with other system partners.
- Create a platform for robust community resource development.
New and Enhanced OhioRISE Services
OhioRISE New & Enhanced Services

Mobile Response Stabilization Service (MRSS)
Also covered by MCO and FFS

New 1915c Waiver
Unique waiver services & eligibility

Existing Behavioral Health Services
All existing behavioral health services, w/limited exceptions (ex: BH emergency dept.)

Moderate and Intensive Care Coordination

Intensive Home-Based Treatment (IHBT)

Psychiatric Residential Treatment Facility (PRTF)

1915(B)(3) Services
- Behavioral Health Respite
- Wraparound Supports
Stakeholder Engagement
Stakeholder Input Through Program Phases

- **Provide Feedback to inform the OhioRISE Program**
- **Provide Expertise for Development of New and Enhanced OhioRISE Services**
- **Collaborate on Readiness, Transition and Implementation**
- **Actively Participate in Population Health, Quality Improvement Activities**

Communicate with individuals we serve and our shared community partners
Provide ongoing feedback to OhioRISE Governance Network, collaborate, and learn across systems
OhioRISE’s Advisory Council and Workgroups

What We’ve Accomplished to Date*

33
Advisory Council (AC) and Workgroup Meetings facilitated since January

70-100+
Average number of attendees in every AC and Workgroup meeting

12
Rules sent for public comment (more rules to be shared)

500+
Comments received on OHR service rules from the AC and Workgroup members

What’s Next

- Continue CANS training
- Commence Implementation and Operations Workgroups

*From January 1, 2021 – September 27, 2021
OhioRISE Stakeholder Timeline

**SUMMER 2021**
Rule Clearance Process

**WINTER 2021**
Final Rule Filings for OhioRISE Program & New Services

**JULY 1, 2022**
OhioRISE Go Live

**JANUARY – JUNE 2021**
MRSS, PRTF, IHBT, and CCC Workgroups

**Summer 2021 & BEYOND**
Implementation and Operations Workgroups

**JANUARY 2021 & BEYOND**
Advisory Council Committee

*Future Advisory Council Meeting Dates Coming*
HOME Choice

Carol Schenck, HOME Choice ODM
Program assists adults who want to move from long-term care facilities into the home- and community-based setting of their choice

- Money Follows the Person, federal grant
- Began transitioning individuals in 2008
- Over 14,822 individuals served to date
Eligibility Requirements

- Medicaid enrollee
- Long-term care facility resident for several months
- Personal income can sustain community living
- Meets assessment criteria that establishes a need for the program
- Level of care needs can be adequately met in a community setting
Program Participation

• Pre-transition enrollment period is up to **180-days**
  » Individuals may re-apply and re-enroll if they are unable to transition during that period

• **30-days** post-transition follow up
  » After the 30-day post transition period, individuals are no longer eligible for the program.
Transition Coordination

• HOME Choice Transition Coordinator (TC) collaborates with the program enroll to create a plan to the return to the community
• TC assists in multiple areas including locating housing & setting up a household
• TC delivers CTS
• Service available during HOME Choice enrollment period
Services

Community Transition Services

• Provides up to $2000 to establish community-based living.

• Includes, but are not limited to: security deposits, rental expenses required to obtain a lease, essential household and personal care items, deposits for utilities, moving expenses, pre-transition transportation and more

• Available for waiver and non-waiver individuals
Who Can Refer An Individual to HOME Choice?
HOME Choice Program Processes

Application

• Online application at: https://homechoice.medicaid.ohio.gov/
• Reviewed and processed by HOME Choice Intake staff

Assessment

• Completed by HOME Choice assessors
• Community Living Administrators review assessment, additional information, determine program enrollment

Program Enrollment

• Transition Coordinator is assigned
HOME Choice Program Processes

**Pre-Transition**
- Develop a transition plan & budget
- Locate housing
- Discharge planning meetings
- Establish household

**Transition**
- Final household set up
- Return to community living

**Post-Transition**
- 30-day follow up by TC
- Additional CTS requests made as needed
<table>
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<tr>
<th>Date of Request</th>
<th>Necessary and Allowable Expense Requested</th>
<th>Estimated Cost</th>
<th>Approved or Denied</th>
<th>Approvals Initials</th>
<th>Date Approved</th>
<th>Program/Agency Representative Comments</th>
<th>Date of Purchase</th>
<th>Actual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental Application Fee</td>
<td>-</td>
<td>$50.00</td>
<td>Choose One</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Utility Deposit / Connection</td>
<td>-</td>
<td>$150.00</td>
<td>Choose One</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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