Ohio Association of Area Agencies on Aging

Ohio Department of Medicaid (ODM)

October 20, 2021

Overview of today's panel presentation

- Medicaid managed care procurement

- Managed care & HCBS updates

- OhioRise

- HOME Choice

Ohio | Department of Medicaid

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
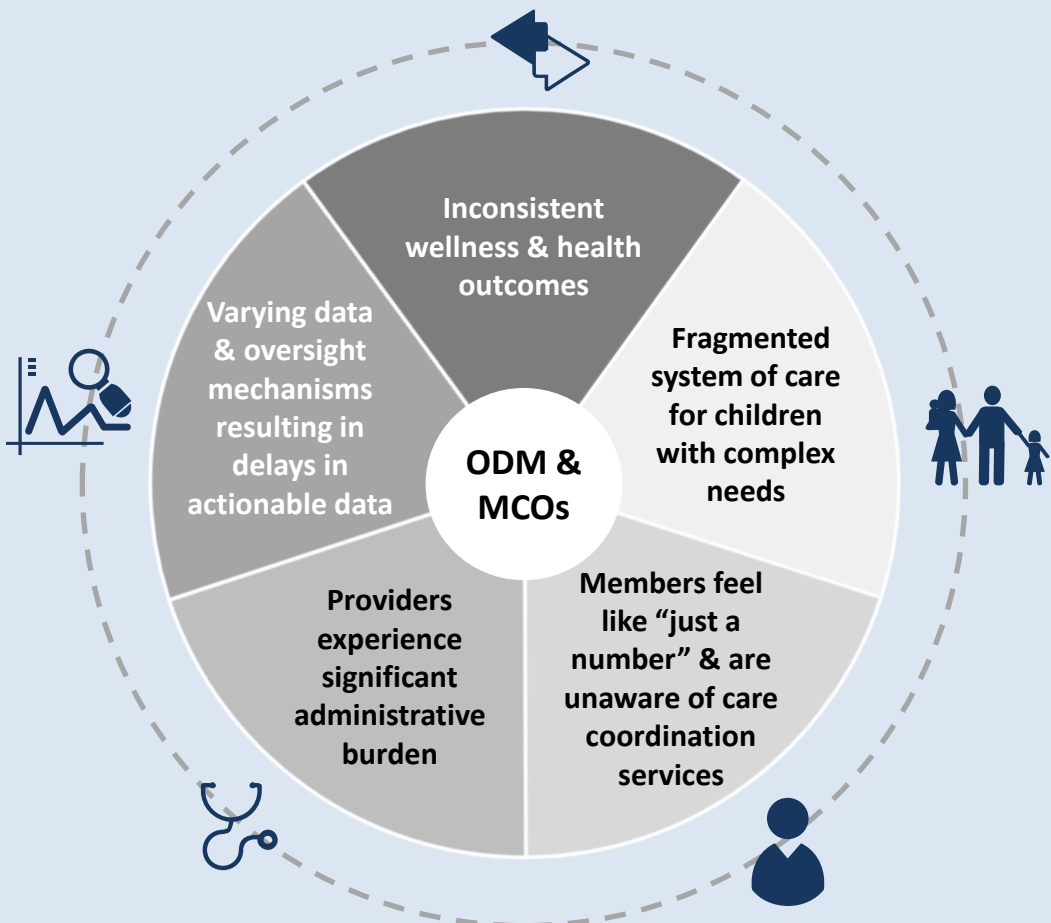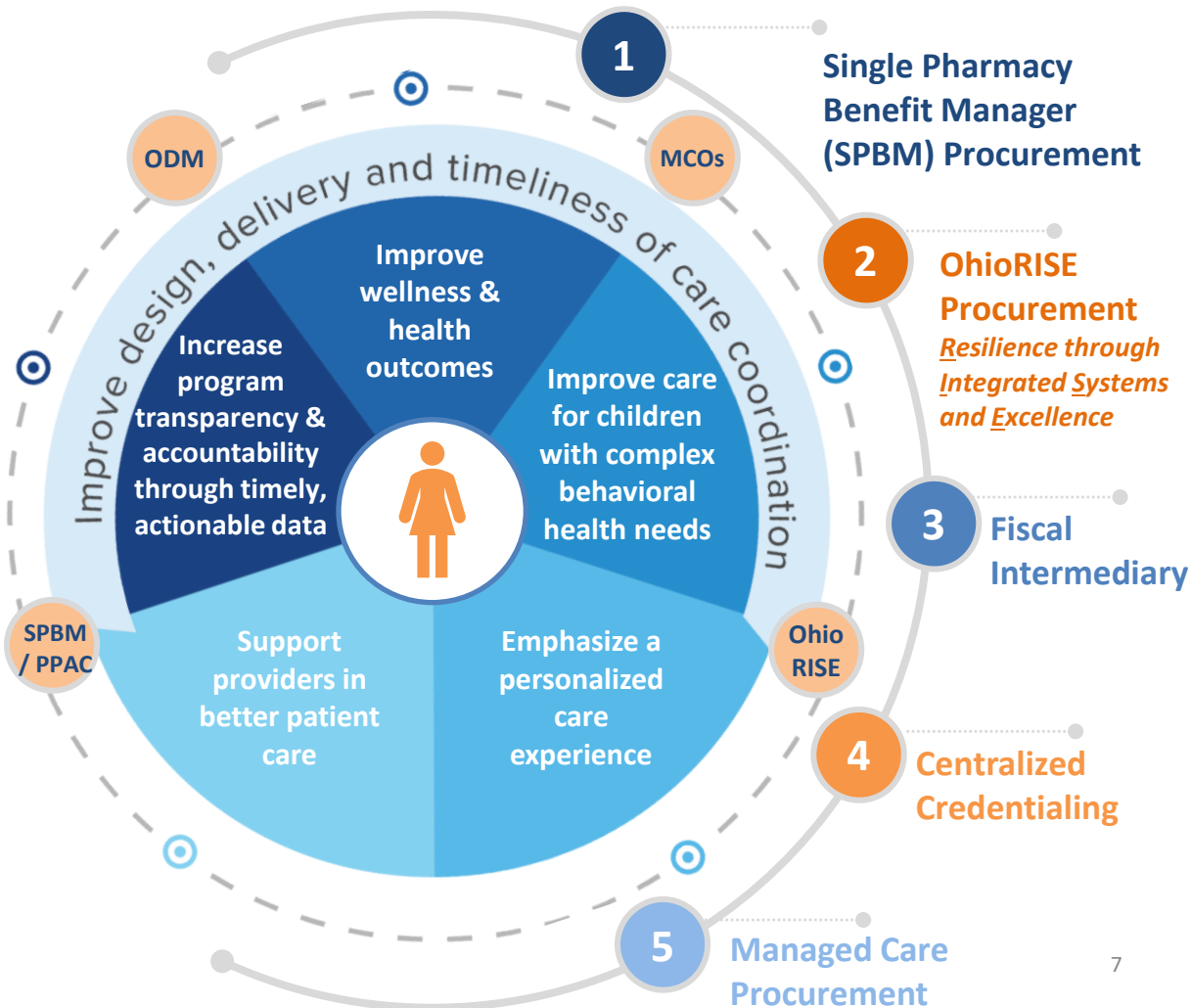
Today's Ohio Medicaid Managed Care Program

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.

- Inconsistent wellness & health outcomes
- Fragmented system of care for children with complex needs
- Members feel like "just a number" & are unaware of care coordination services
- Providers experience significant administrative burden
- Varying data & oversight mechanisms resulting in delays in actionable data

ODM & MCOs

"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.

Improve design, delivery and timeliness of care coordination

ODM — MCOs — SPBM / PPAC — Ohio RISE

- Improve wellness & health outcomes
- Improve care for children with complex behavioral health needs
- Emphasize a personalized care experience
- Support providers in better patient care
- Increase program transparency & accountability through timely, actionable data

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

7

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
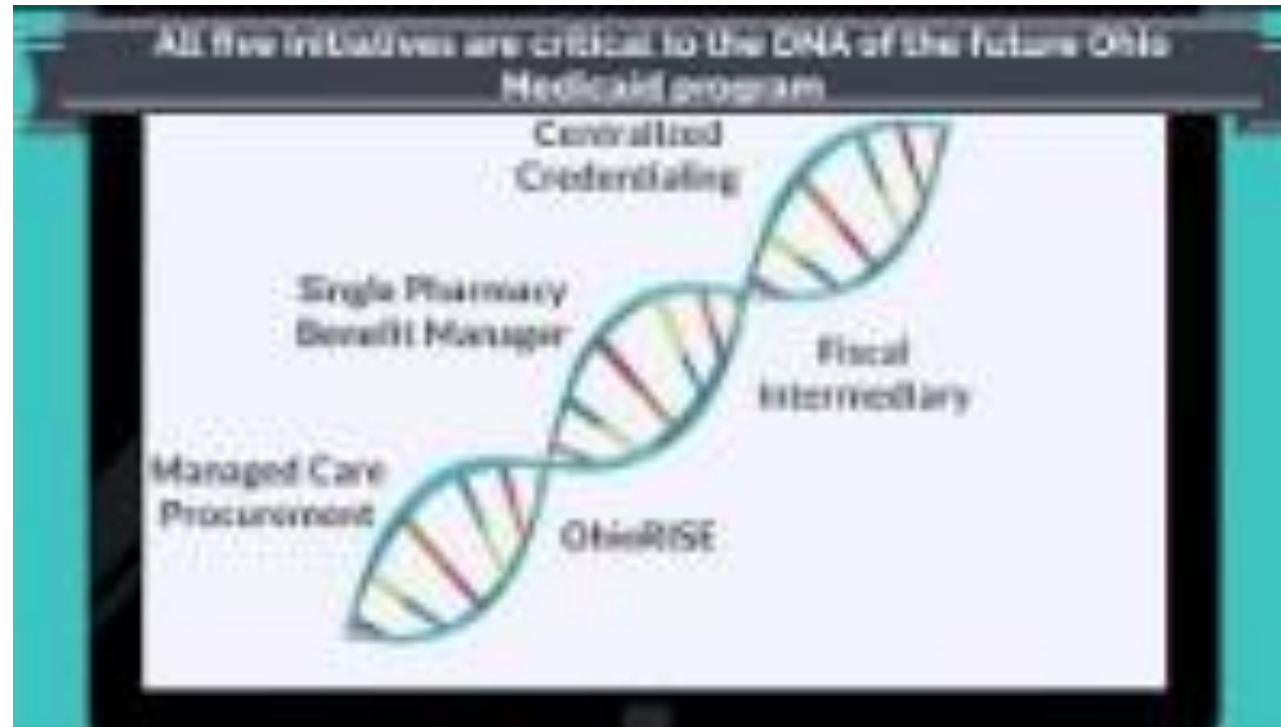
Medicaid Managed Care

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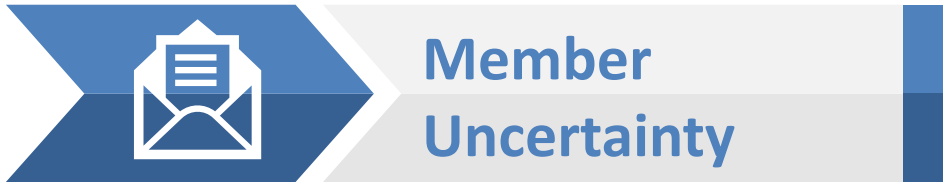
Allows for time to execute a comprehensive communications campaign to assist members through transition enrollment with the next generation managed care plans, address potential impacts of the Unwinding and meet CMS guidance for annual open enrollment.

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

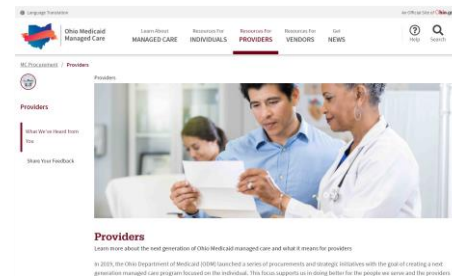❑ As we approach go-live: Comprehensive member transition enrollment communications and continued listening sessions
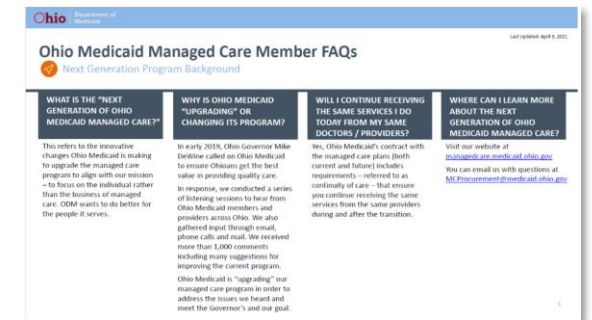
Provider Engagement & Communications

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
- ✓ MCProcurement@medicaid.ohio.gov mailbox
- ❑ As we approach go-live: Trainings / webinars and videos

Ohio Department of Medicaid
ODM 2022 Press
May 26, 2021

In This Issue:
- OhioRISE Stakeholder Engagement: Advisory Council & Workgroups
- Announcing the Community-Based Credentialing Committee Members
- Connect With Us

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

2nd **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 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

3rd **Auto Assignments – Continuity with Doctor & Health Care Providers**

- ✓ **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
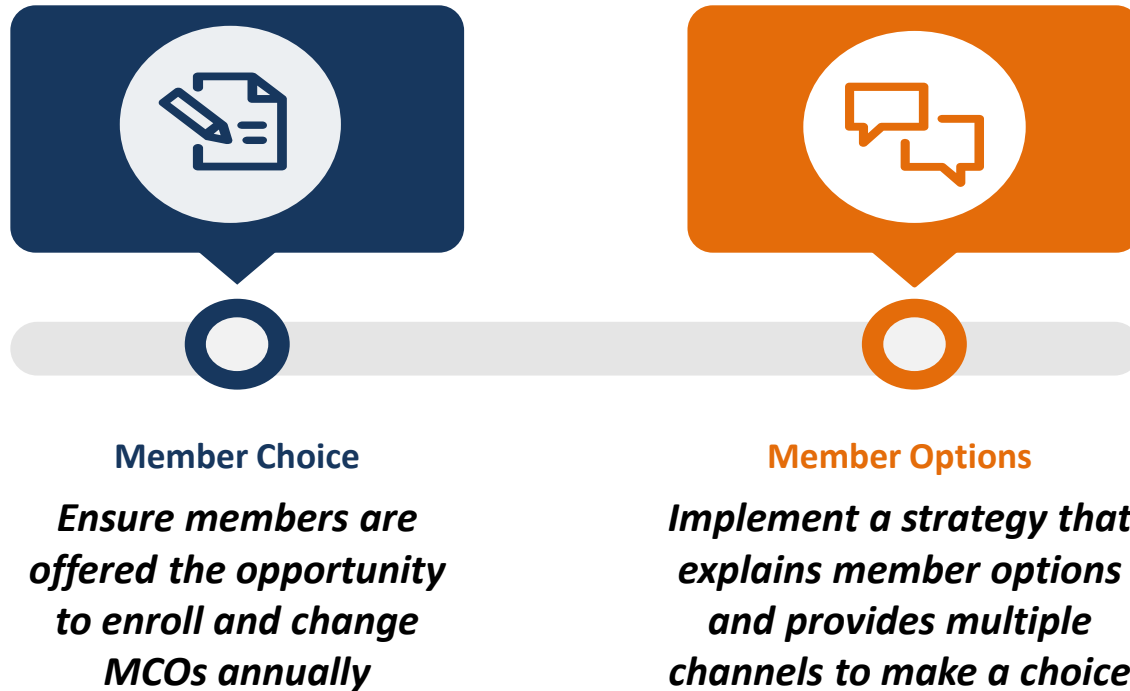
4ᵗʰ **Last Step – Quality Based Assignment**

✓ **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
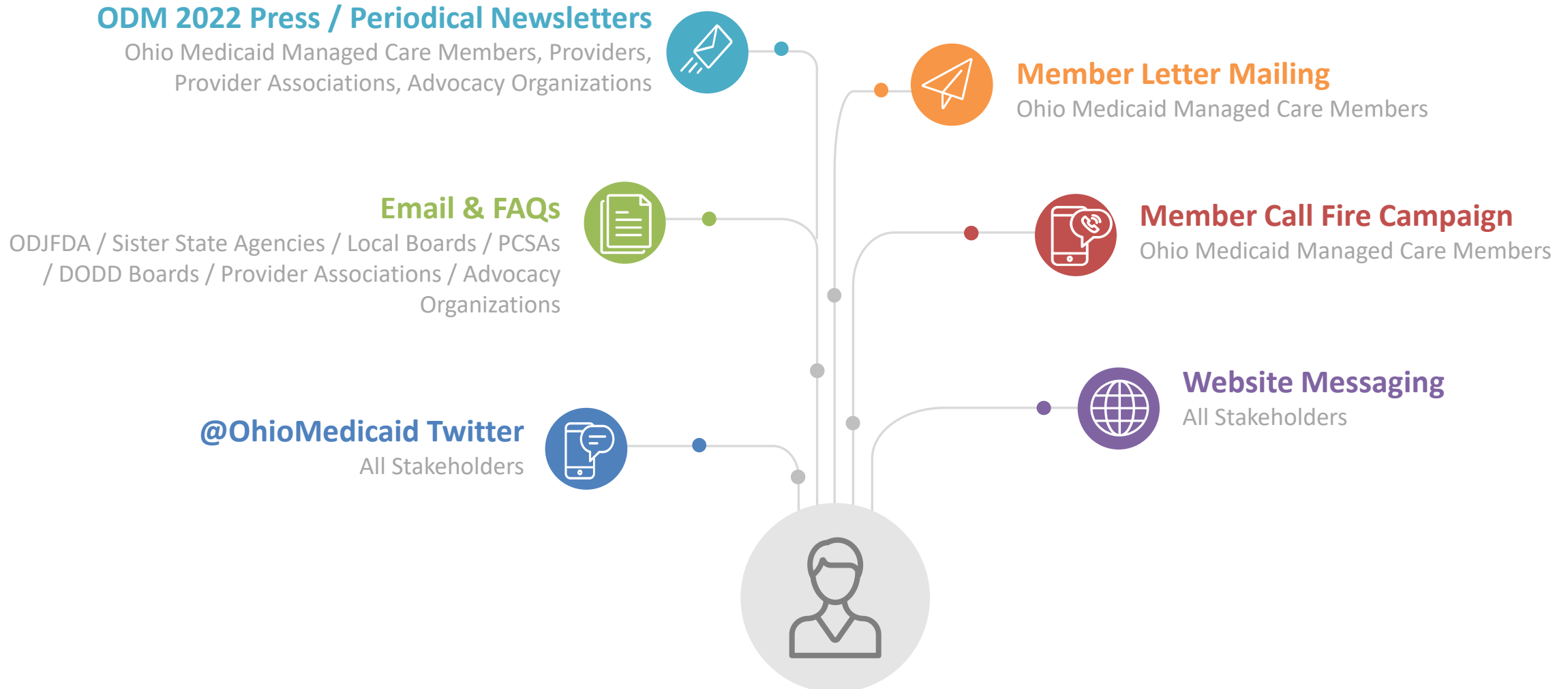# December 2021

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
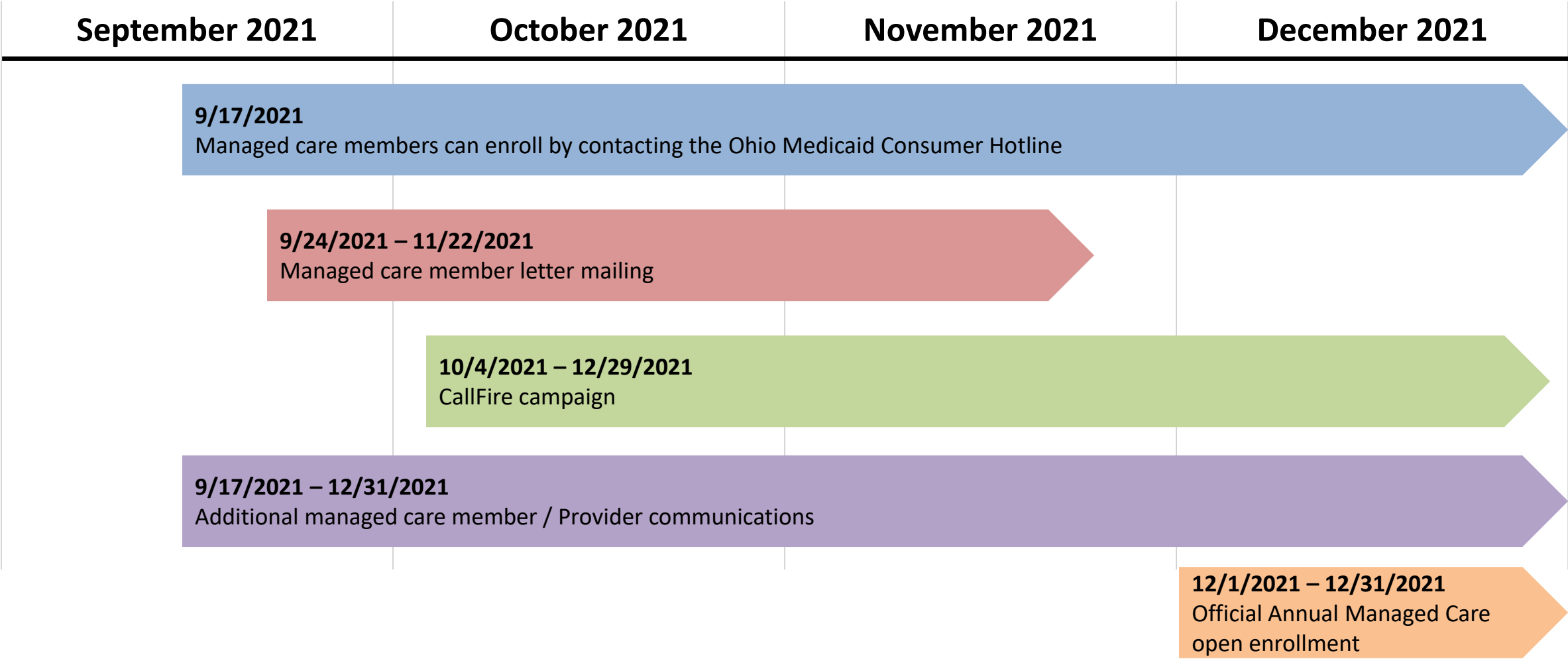
Member Goals

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

Member Letter Mailing
Ohio Medicaid Managed Care Members

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

Member Call Fire Campaign
Ohio Medicaid Managed Care Members

Website Messaging
All Stakeholders

@OhioMedicaid Twitter
All Stakeholders

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

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

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.

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.

Unwinding

After the PHE Ends
The state will need to **process the backlog** of pending COVID-related eligibility and enrollment actions & undo the flexibilities.

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.

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

Focus on the **INDIVIDUAL** rather than the business of managed care

We want to do better for the people we serve

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

Ohio | Department of Medicaid

Managed Care Provider Agreement Changes/ Requirements

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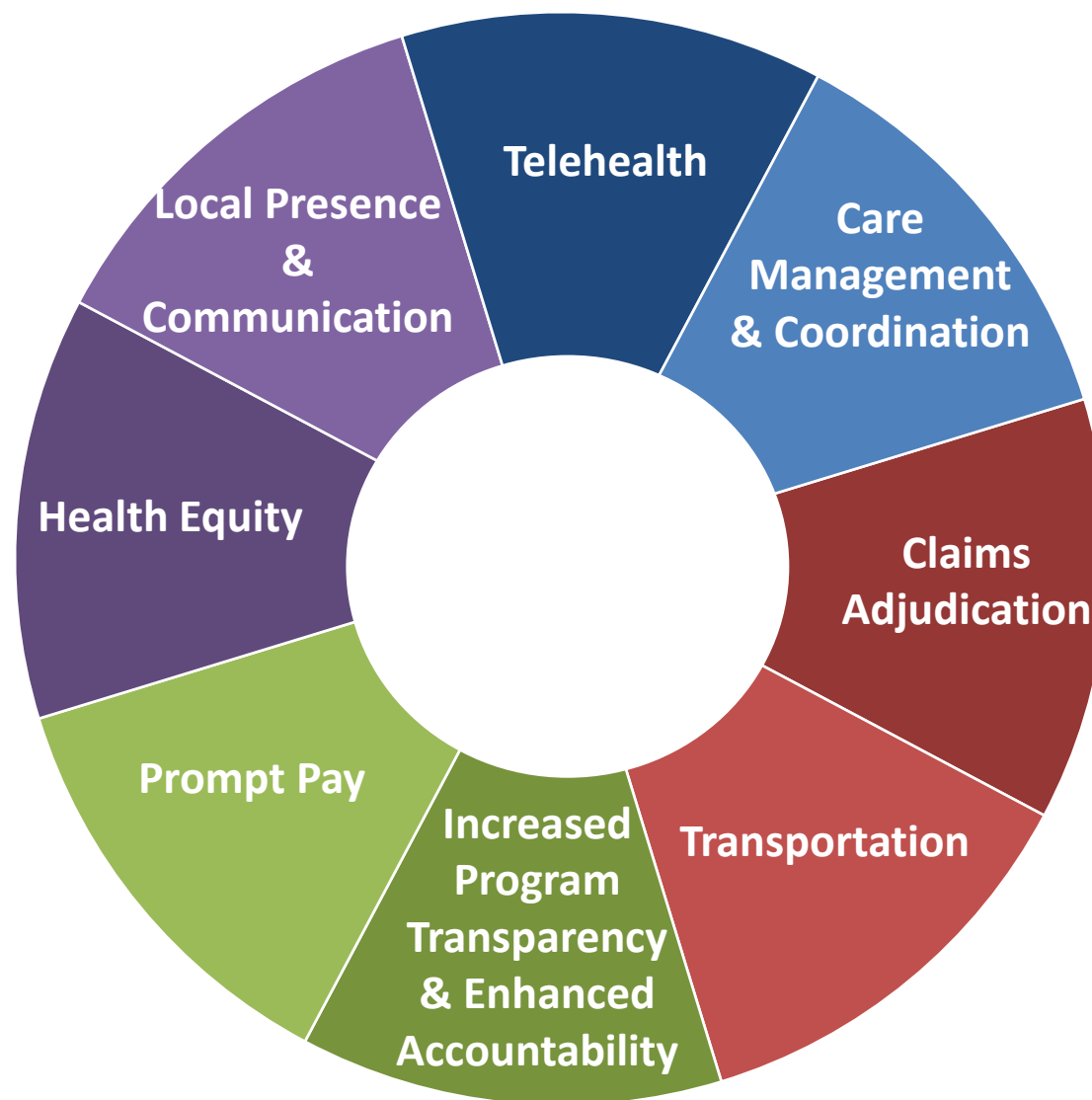
MyCare Ohio Update

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

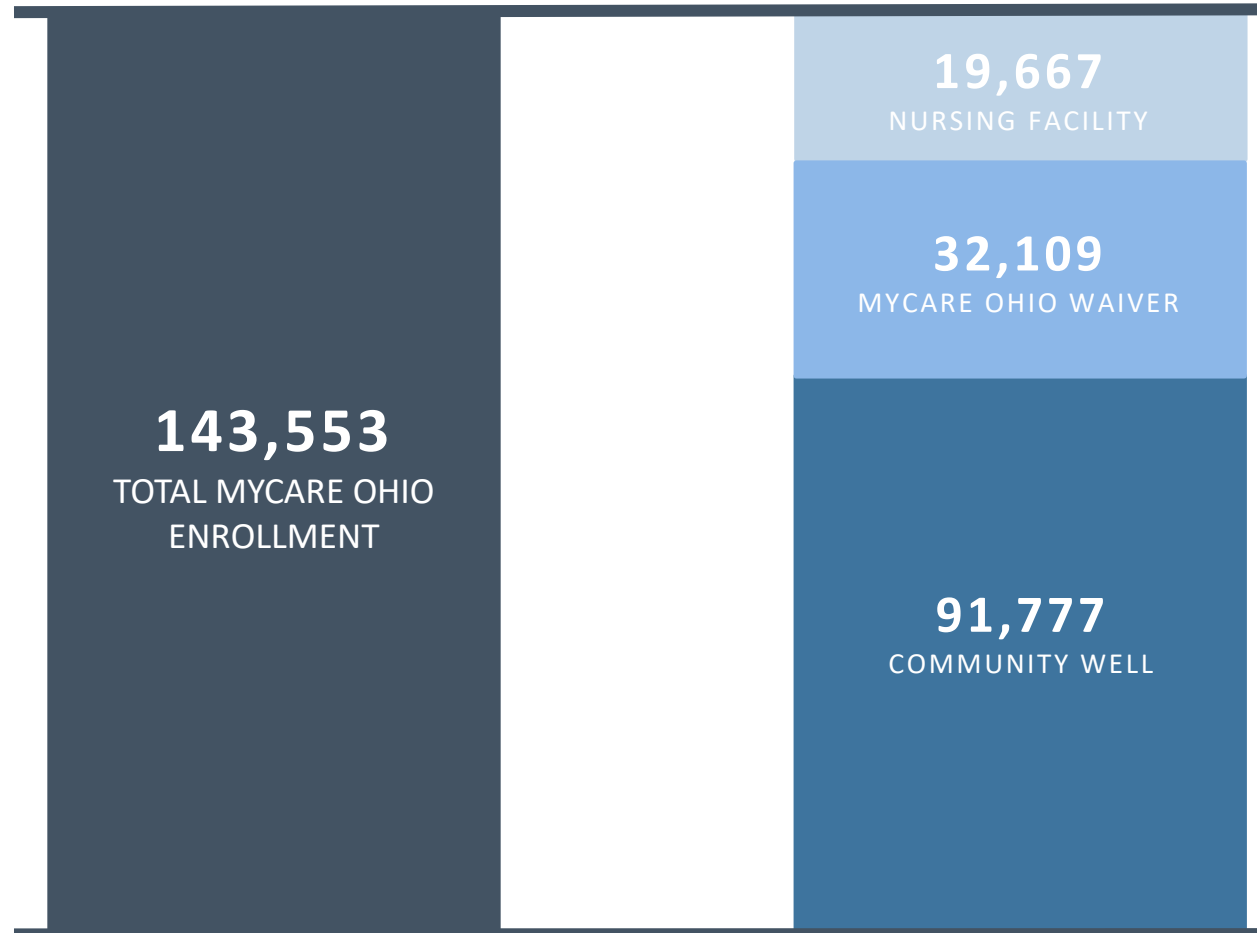| REGION	MYCARE PLANS
NORTHWEST	AETNA BUCKEYE
NORTHEAST	BUCKEYE CARESOURCE UNITED
EAST CENTRAL	CARESOURCE UNITED
NORTHEAST CENTRAL	CARESOURCE UNITED
WEST CENTRAL	BUCKEYE MOLINA
SOUTHWEST	AETNA MOLINA
CENTRAL	AETNA MOLINA
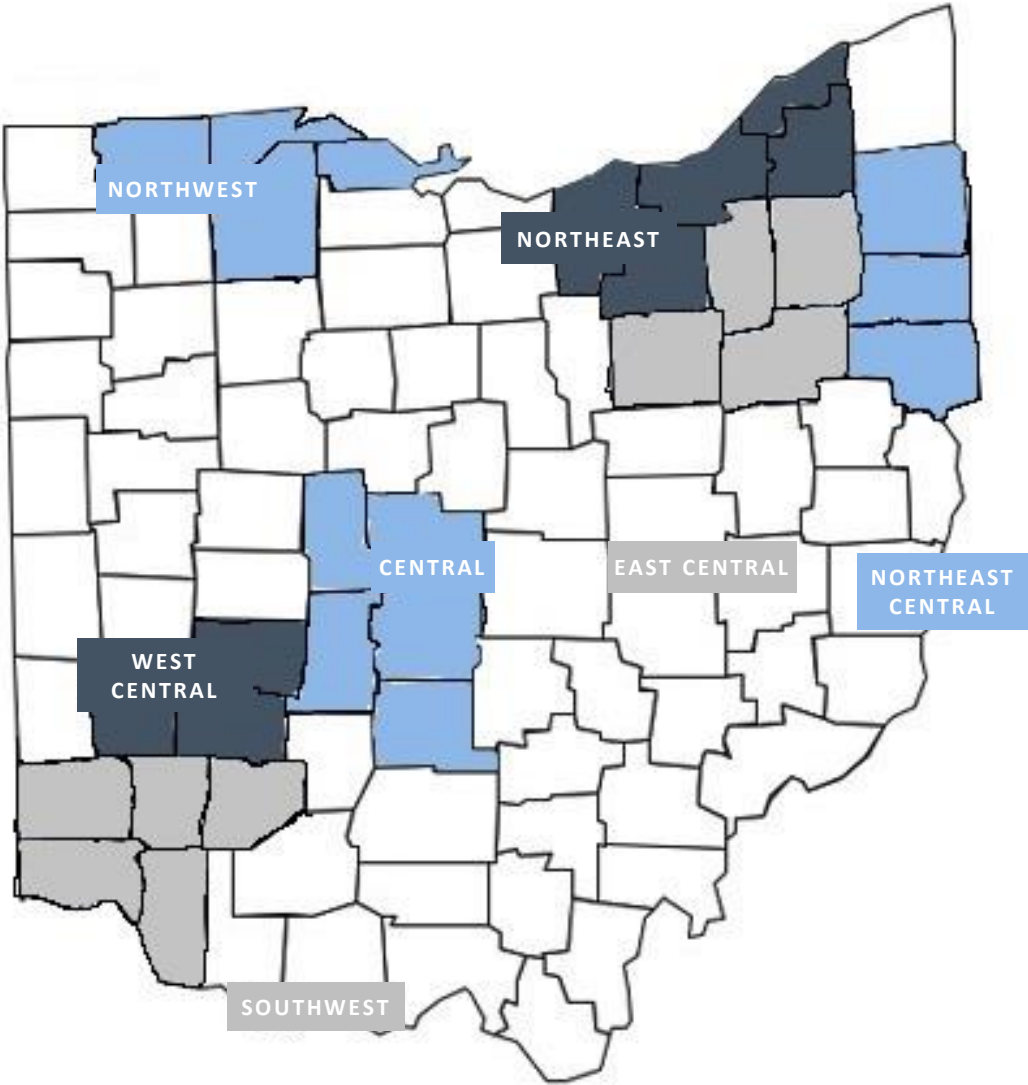
- AAAs serve as WSC coordinator for members age 60 and old, and also serve as the care manager for waiver members of all ages for plans Aetna and CareSource.

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

MyCare Ohio Enrollment for Sept. 2021

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

EXAMPLES

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%

Percent by placement setting & age
(note: only 3 greatest placement settings included)

= Relative Care
= Foster Care
= Congregate Care
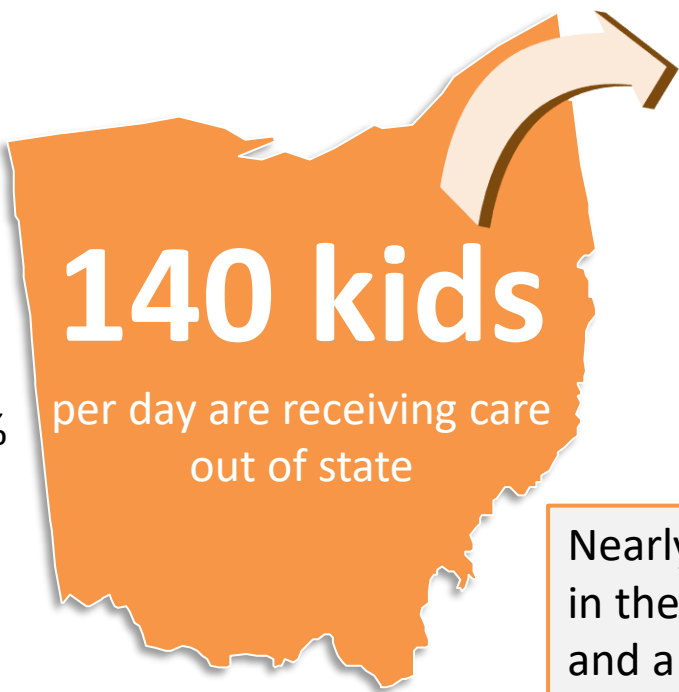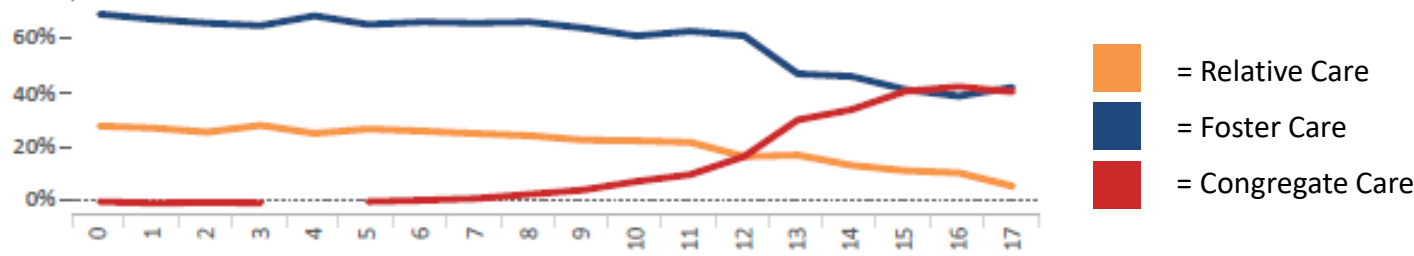
140 kids per day are receiving care out of state

Nearly **700 children** in the past 4 years and a **200% increase** in kids **for this year** compared to 2016
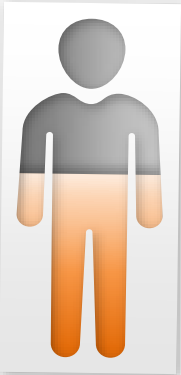
58% of children on a **Developmental Disabilities (DD) waiver** are taking behavioral health pharmaceuticals
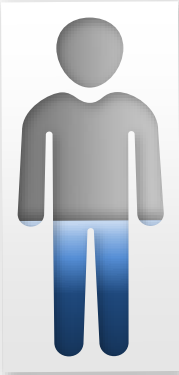
38% of youth in the Medicaid have **families** with a history of Opioid Use Disorders (OUD), Substance Use Disorders (SUD), and/or Serious Emotional Disturbances (SED) primary diagnosis

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

Out-of-Home Services

Intensive In-Community Services
- Intensive Care Coord.
- In-home therapies
- Crisis Intervention

Lower Intensity Services
- Outpatient counseling
- Medication management
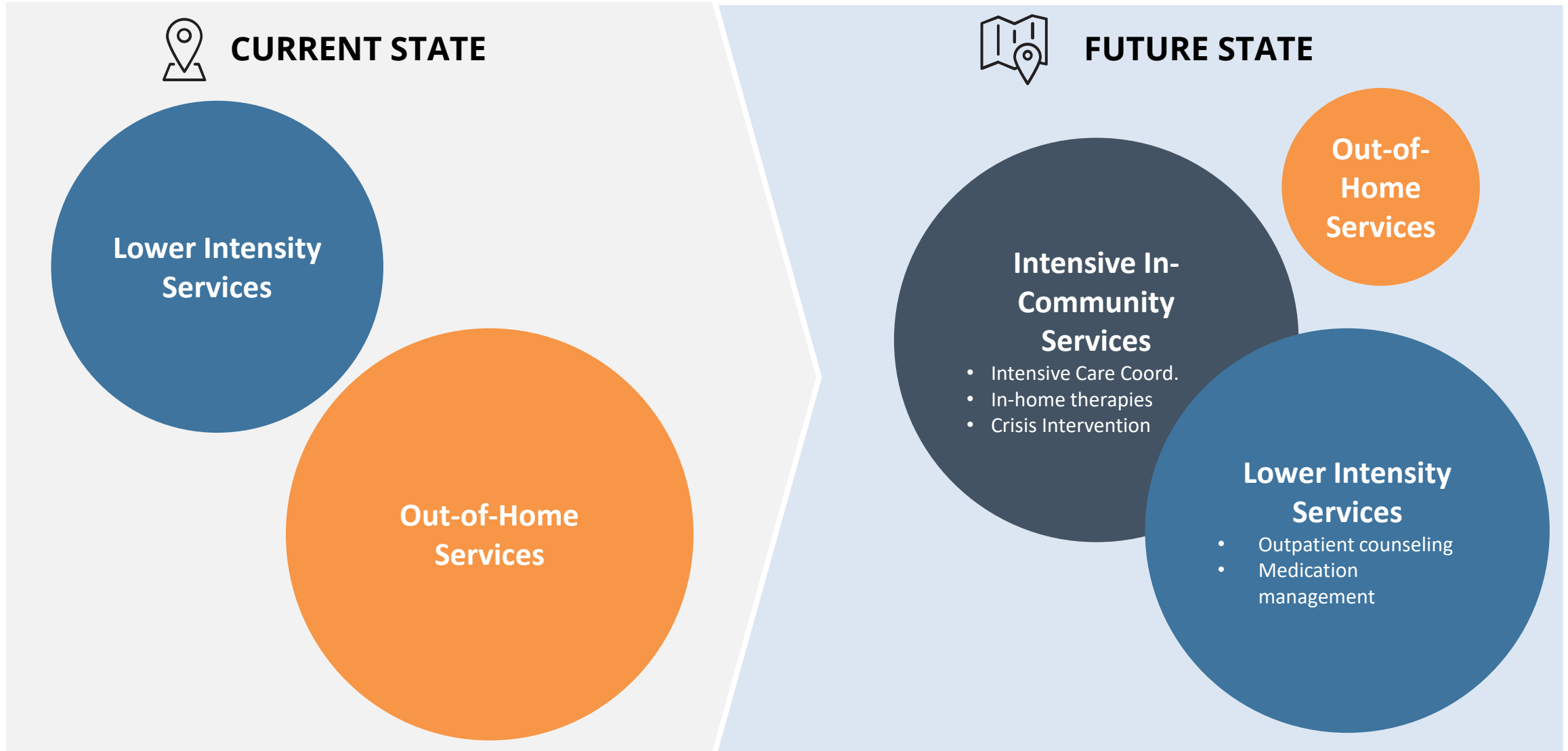
Key Features of OhioRISE

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
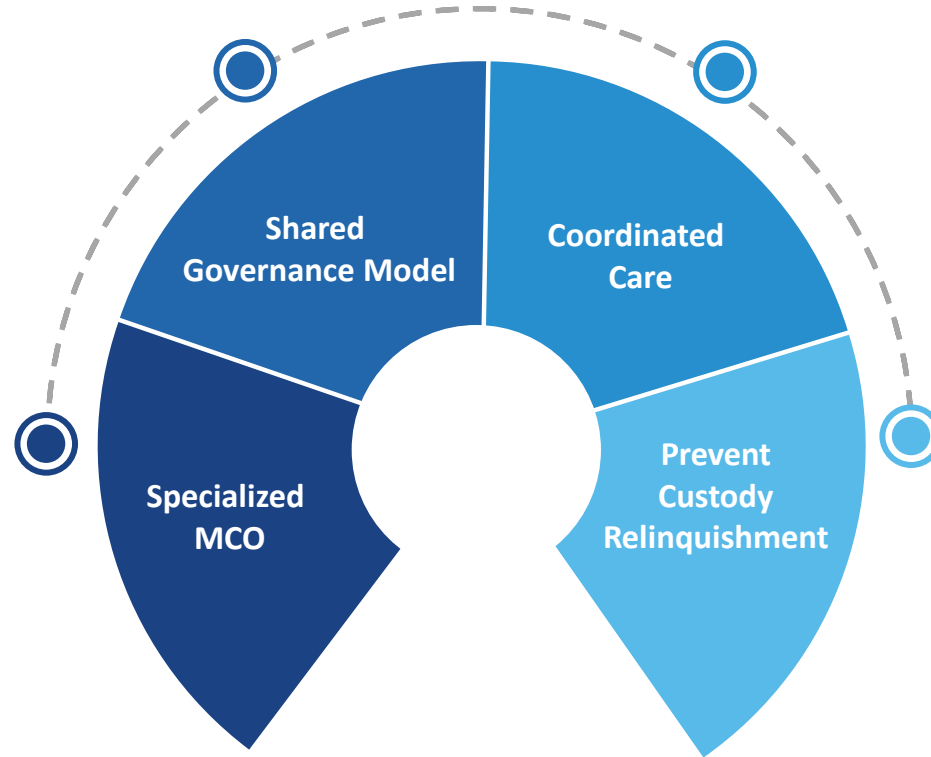
Coordinated and Integrated Care and Services

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

Shared Governance Model

Coordinated Care

Specialized MCO

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

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)

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

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)

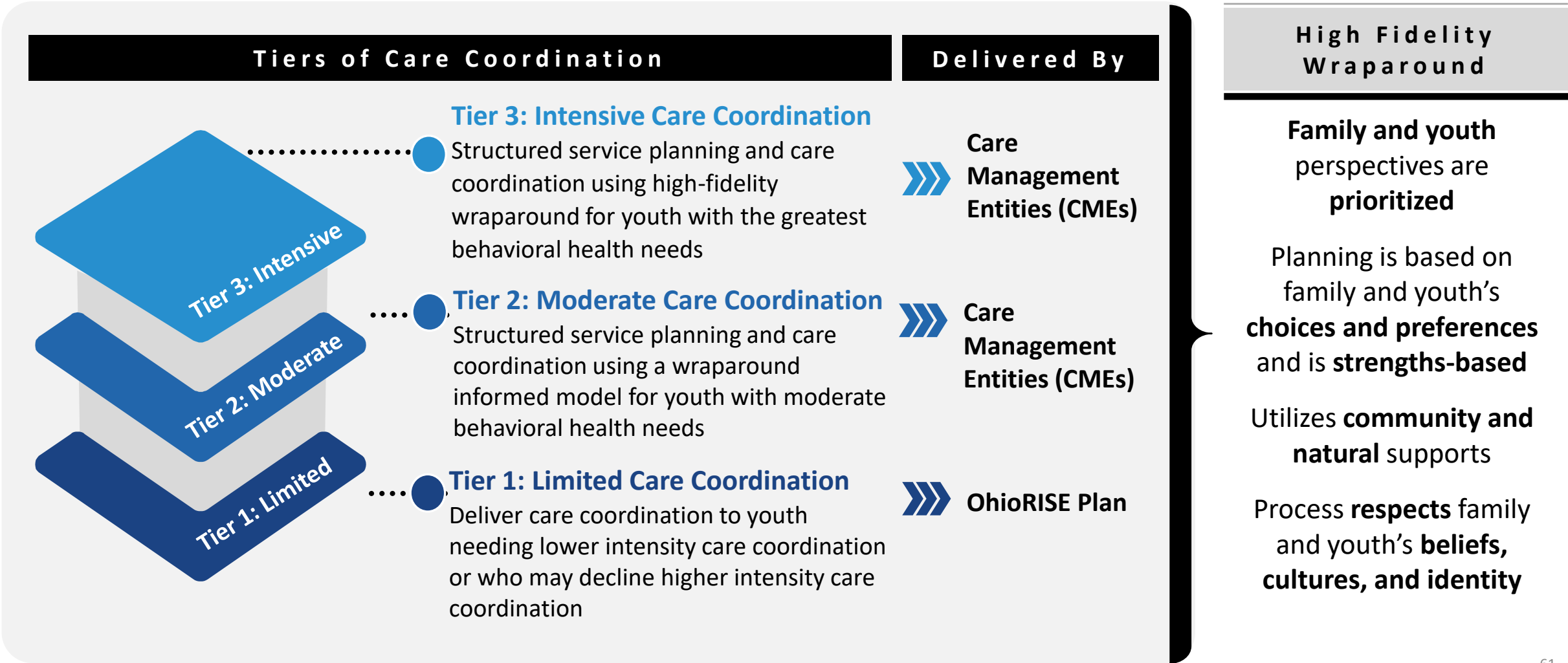Includes core items to determine eligibility, tier of care coordination, QRTP LOC, recommendations for care

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

Tiers of Care Coordination

Tier 3: Intensive | **Tier 2: Moderate** | **Tier 1: Limited**

Tier 3: Intensive Care Coordination
Structured service planning and care coordination using high-fidelity wraparound for youth with the greatest behavioral health needs

Delivered By
Care Management Entities (CMEs)

Tier 2: Moderate Care Coordination
Structured service planning and care coordination using a wraparound informed model for youth with moderate behavioral health needs

Delivered By
Care Management Entities (CMEs)

Tier 1: Limited Care Coordination
Deliver care coordination to youth needing lower intensity care coordination or who may decline higher intensity care coordination

Delivered By
OhioRISE Plan

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

Care Management Entity (CME)   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.
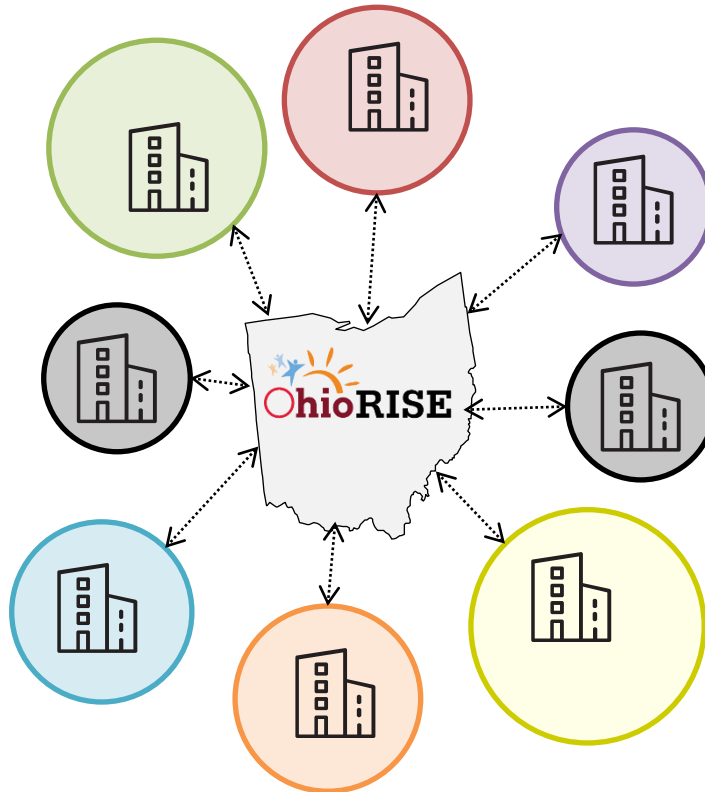
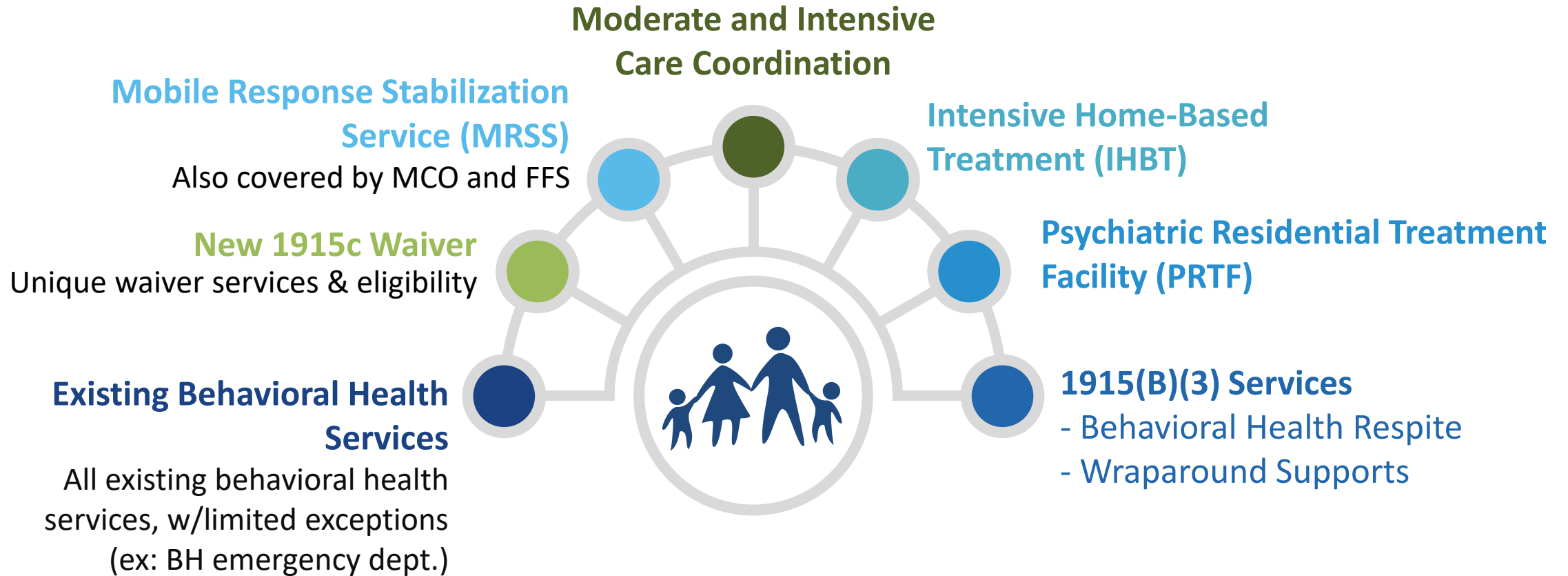**Developing a network allows us to concentrate our efforts:**
- Alignment of resources and supports ensures we can develop a strong network that can meet the needs of the children and caregivers we will serve.
- Focused efforts help improve experience and processes when interacting with other system partners
- Create a platform for robust community resource development

New and Enhanced OhioRISE Services

OhioRISE New & Enhanced Services
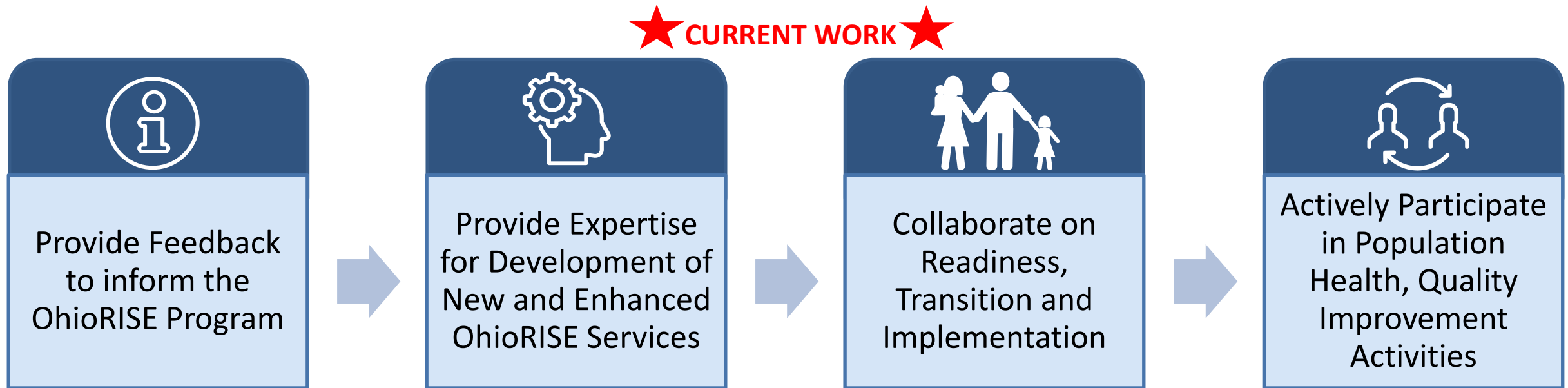
Moderate and Intensive Care Coordination

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

Intensive Home-Based Treatment (IHBT)

New 1915c Waiver
Unique waiver services & eligibility

Psychiatric Residential Treatment Facility (PRTF)

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

1915(B)(3) Services
- Behavioral Health Respite
- Wraparound Supports

Stakeholder Engagement

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

Winter 2021	Spring 2021	Summer 2021	Fall 2021	Winter 2021	Spring 2022	Summer 2022

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

Summer 2021 & BEYOND
Implementation and Operations Workgroups

Future Advisory Council Meeting Dates Coming

JANUARY 2021 & BEYOND
Advisory Council Committee

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

Ohio | Department of Medicaid

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?

- Self
- Family or guardian
- Facility staff
- Care managers
- Community Living Specialists
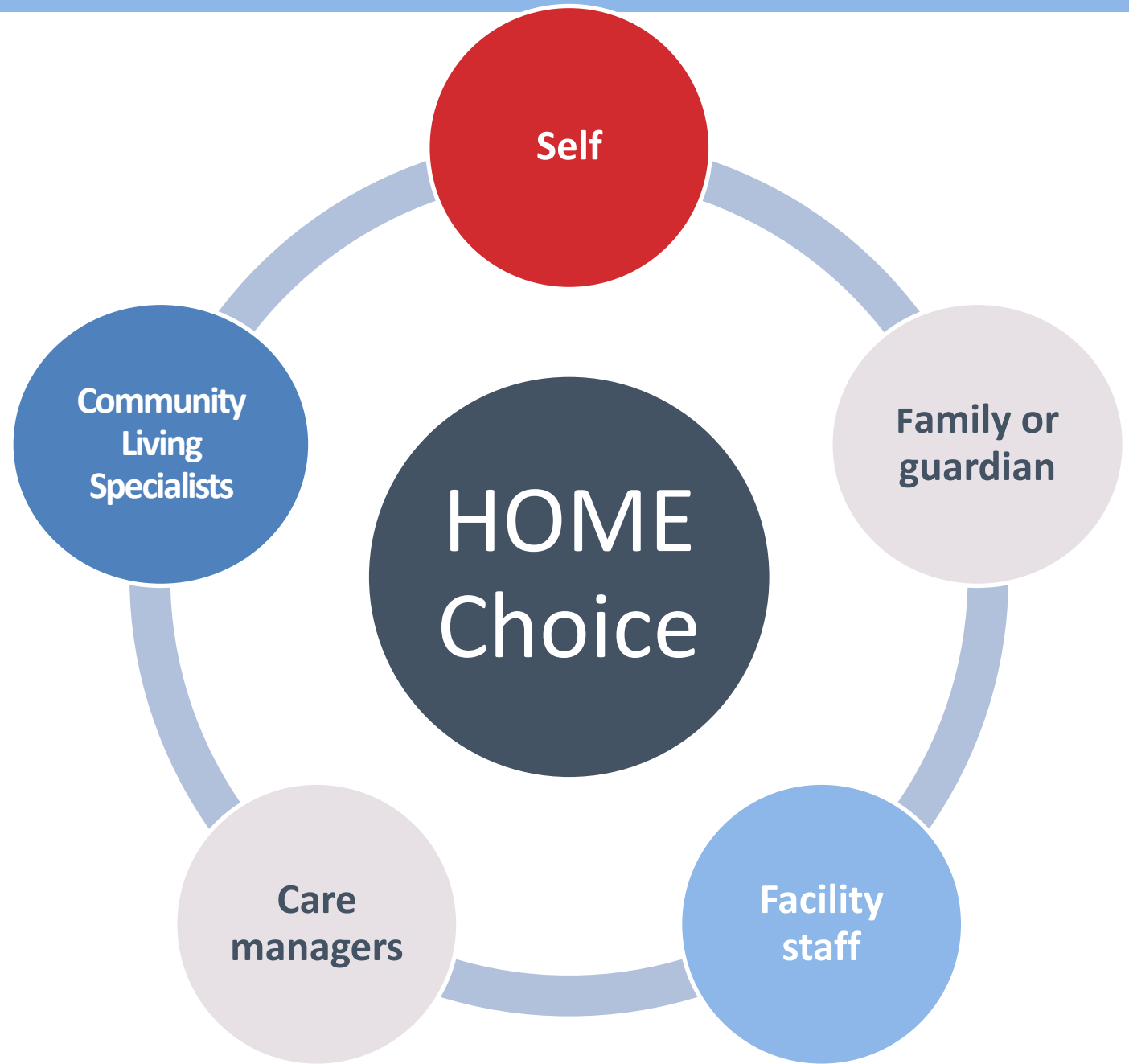
HOME Choice

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

OHIO DEPARTMENT OF MEDICAID

WAIVER COMMUNITY TRANSITION SERVICES AUTHORIZATION TEMPLATE

☐ Final Copy   ☐ Receipts Attached

Last Name	First Name	Social Security Number	Medicaid ID Number	Provider ID Number

ODM Program/Agency	ODA Program/Agency	TC Agency or CTS Provider Name	
ODM MyCare Waiver	Choose One		

Program/Agency Representative (PRINT)	TC or CTS Provider Contact	TC or CTS Provider Phone Number

Final Signature Approval by Program/Agency Representative	Program/Agency Representative Phone Number

Date of Request	Necessary and Allowable Expense Requested	Estimated Cost	Approved or Denied	Approvals Initials	Date Approved	Program/Agency Representative Comments	Date of Purchase	Actual Cost
	Rental Application Fee	$ 50.00	Choose One					
	Utility Deposit / Connection	$ 150.00	Choose One					
	Choose One		Choose One					
	Choose One		Choose One					
	Choose One		Choose One					
	Choose One		Choose One					
	Choose One		Choose One					