

Ohio Association of County
Boards of Developmental
Disabilities Spring
Conference
May 20/21 2010

Part I: Medicaid: Ohio & the future

Part II: Medicaid: Ohio current endeavors

MEDICAID Then & Now

PART I Priority Work (Moving Forward)

- **What are other states doing?**
- **Three Waivers to meet Ohio's needs**
- **System efficiencies & Compliance**
- **Cost Effective Service Delivery Models**

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2010 Priority Work

- Increase use of cost effective models
- Heighten Review of Range 9 & Prior Authorizations Process
- Upgrade and integrate IT infrastructure
- New Services to IO Waiver
- Increase Federal Revenue
- Develop a new waiver
- Data Analysis

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Comparisons to other states:

Areas of Work many states are focusing on:

- Individual resource allocation, individualized budgeting
- Budget deficits, service delivery models and related work on payment rates
- Family Member / Guardian Provider (current issues and maximizing)

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Comparisons to other states:

Areas of Work many states are focusing on: (continued)

- Self Directed Waivers

Waivers with self-direction – budget authority or employer authority (or both) are seemingly the only types of waiver being approved these days.

- Managed care approaches: 1915(b)(c) combination waivers (States use the 1915(b) authority to limit freedom of choice & statewideness , and 1915(c) authority to target eligibility for the program and provide home and community-based services. By doing this, states can provide long-term care services in a managed care environment or use a limited pool of providers).

Enrollment into managed care, Uses a "central broker", uses cost savings to provide additional services, limits number of providers for services

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3 Waivers to meet Ohio's Need

Individual Options, Level One & the Flexible Supports Waiver

- IO Amendment: Submitted to ODJFS
- Final Draft Rules
- Timeline for Services to be available
- Adult Family Living, Remote Monitoring, Respite, Emergency Response
- Un-Related Guardians, Freedom of Choice, CPT Language

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3 Waivers to meet Ohio's Need

Individual Options, Level One & the Flexible Supports Waiver

- Level 1 Renewal / Amendment:
- Waiver Capacity is not an issue
- Can we amend the Level 1 to better meet our needs?
- Should we discuss additional services for the waiver?
- Do the cost limitations suffice over the long-term?
- End of CY 11, the Level One Waiver must minimally be renewed

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3 Waivers to meet Ohio's Need

Individual Options, Level One & the Flexible Supports Waiver

Flexible Supports Waiver: (New)

- Self-Directed, Mid-Level Waiver
- Administered locally by County Boards of DD
- ICFMR Level of Care
- Proposed Cap for Waiver Services: \$25,000 for children, \$40,000 for adults
- SSA role anticipated to stay largely the same; families would have an option to purchase Support Brokerage as a service
- 100 slots for the waiver would be state funded for children with intensive needs. Additional slots would be based on County Board request/need

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3 Waivers to meet Ohio's Need

Family Supports Waiver:

- Functional Behavioral Assessment
- Psychosocial Services
- Community Inclusion
- Respite (all)
- Participant/Family Stability Assistance
- Remote Monitoring
- Participant-Directed Goods and Services
- Adult Day Waiver Services
- Support Brokerage

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System Efficiencies & Compliance:

Medicaid Services System (Cost Projection Tool)

- Performance Issues & Rule Updates
- CMS Mandate

Other “System / Process” Work moving forward:

- Provider Portal (Data requirements per CMS)
- Enhanced IDS & WMS
- Streamlining our manual processes (Prior Authorization, etc)
- Continued simplification of our internal processes (IE: Help Desk)

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HCBS Fiscal Sustainability:

Cost Effective Service Delivery Models

- Adult Foster Care / Adult Family Living
- Individual Cost Caps
- Examine the effectiveness of assessment tools
- Rate methodology: is there a better way?

Our service delivery model greatly impacts our ability to reduce waiting lists and improve staff retention

*Encourage folks to read the Fiscal Plan for HCBS Waiver Services as submitted to ODJFS
12/31/09*

Medicaid Eligibility and Waiver Enrollment



Department of
Developmental Disabilities

Medicaid and Waiver Enrollment Update

- Medicaid Eligibility and Benefits Update
- Waiver Processing and Backlog Update
- Forms Revisions (effective June 1, 2010)
- WMS Project

Medicaid Eligibility and Waiver Enrollment

Medicaid Eligibility and Benefit Changes

- Effective October 1, 2009: a face to face interview is no longer required for **Medicaid Redetermination**.
- ODJFS has a online benefits application under development.
- The Money Follows the Person (MFP) Grant was extended through 2016.
- The MFP required number of institutional days was reduced to 90 (with some exceptions.)
- Effective January 1, 2010: The reimbursement amount for each adult incontinent garment was reduced by 10%. The quantity limit for incontinence garments for adults was reduced from 300 a month to 200 a month.

Medicaid Eligibility and Waiver Enrollment

Waiver Processing Timelines: Initial Applications

Year	Avg. Days from Enrollment to LOC Eff. Date	Avg. Days Pending Medicaid
2008	-23	50
2009	-27	45
2010	-12* *The average was 3 days in April 2010!	26

Medicaid Eligibility and Waiver Enrollment

Waiver Processing Timelines: Redetermination

Year	Avg. Days from Enrollment to LOC Eff. Date	Avg. Days Pending Medicaid
2008	14	14
2009	21	13
2010	33	8

Medicaid Eligibility and Waiver Enrollment

Waiver Processing: Backlog

Report Run Date	Pending Redets Due within 16 Days	Pending Initial Applications
November 2009	1109	919
May 2010	130	550

Medicaid Eligibility | Department of Developmental Disabilities

Form Changes Effective June 1, 2010

CRIS-E Case # and Date of Medicaid Application were added to the LOC form.

Why?

- 1) Compliance:** Medicaid application is required prior to waiver application by Ohio Administrative Code rule 5101:3-3-15.3.
- 2) Accountability:** Ability to track and hold JFS accountable for 60 day eligibility determinations.
- 3) Faster Processing:** We currently have applications pending for long periods of time with no Medicaid eligibility. It takes time to continuously track status and follow up with county boards and JFS when there is no record of a Medicaid application. The new policy will help us focus on those cases in which enrollment is possible.

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Form Changes Effective June 1, 2010

How will it work?

- If applications are submitted without the CRIS-E Case # and date, a 20-day notice will be sent to the County Board of DD.
- Pending numbers are okay.
- Submitting a copy of the 2399 form is highly recommended.
- County Boards can become authorized representatives to obtain Medicaid case information.

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NICS Form Changes Effective June 1, 2010

NICS Form: Part 2 Disenrollment

- “Voluntary Disenrollment” should only be selected when the client/guardian no longer wants waiver services.
- “Other” should be selected when individuals move out of state or are residents of a nursing facility or ICF/MR.
- When disenrollment is recommended, additional information should be provided on the form or in an e-mail to provide justification in case of an appeal. (i.e. The individual’s health or safety cannot be assured on this waiver because...)

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WMS Project

- **Iteration 1 – Go Live 6/5/10**
 - WMS Fixes and Enhancements (internal users)
- **Iteration 2 – TBD July**
 - County Board “Write” Access
 - Patient Liability – Anytime Access to Reports
 - Pended Waiver Screens (502 Denial)
- **Iteration 3 – TBD July**
 - State printing
 - Letter Queue for County Board

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WMS Project: Patient Liability (PL) Changes Coming Soon

- A new patient liability screen (updated daily!) will hold the following information:
 - The amount of PL and effective dates
 - Medicaid Buy-In for Workers with Disabilities (MBIWD) enrollment and effective dates
 - provider responsible for PL and effective dates
 - Running history will be available
- County Boards will have the following responsibilities:
 - Enter and maintain PL provider
 - Access PL COGNOS reports
 - Update the county board PL contact in the contact database (via DODD website).

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WMS Project: Next Steps and County Board Participation:

- Pilot Participants: Franklin, Cuyahoga, Hamilton County and MEORC
- Participate in training (available via webinar).
- DODD WMS Communications (coming soon):
 - Will inform counties of the WMS changes, effective dates and training schedule.
 - Will instruct county boards on how to obtain access to WMS through the security affidavit process.
 - Will instruct counties on how to update PL and waiver contact info through the contact database.

Medicaid Eligibility **Ohio** | Department of Developmental Disabilities and Waiver Enrollment

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DODD Website for Electronic Forms:

<http://dodd.ohio.gov/medicaid/enrollment.htm>

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