

# MRDD System Issues Today and Tomorrow

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County Superintendents and Board Representatives

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# MRDD System Issues Today and Tomorrow

- ▶ Departmental Updates
- ▶ Community Services
- ▶ MRDD Futures Implementation
- ▶ Medicaid Administration
- ▶ This Biennium and Beyond
- ▶ Funding Partners Strategy
- ▶ Participant Discussion

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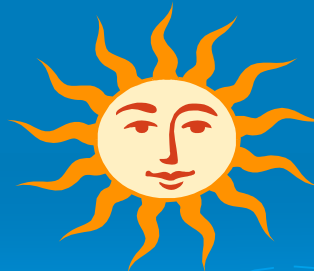
Email: [Michael.Rench@dmr.state.oh.us](mailto:Michael.Rench@dmr.state.oh.us)

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## Status of Accreditation

### ► Accreditation Reviews

- 17 reviews  
have  
occurred  
since July  
2007



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## Award Comparison

Award Years	# Counties 06-07	# Counties 07-08
1	0	0
2	1	1
3	7	6
4	15	3
5	5	5
In Process	1	14
Total	29	29

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## Accreditation - Areas of Concern

- ▶ **Behavior Support**
  - Informed consent
  - Human Rights Committee approval
  - Status reports
- ▶ **Service Planning**
  - Assessments
  - Revisions
  - Consent
- ▶ **Personnel**
  - Background checks
  - Annual training
- ▶ **Early Intervention**
  - Service delivery
  - documentation
- ▶ **MUI**
  - Reporting timelines

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## Accreditation Positives

- ▶ Great collaboration between Early Intervention and Help Me Grow in many counties
- ▶ Community networking
- ▶ Creative programming
- ▶ Improved results due to the use of self-review

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## Accreditation Positives

- ▶ Supporting individuals to be successful in employment
- ▶ Supporting individuals to own their own businesses



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## New Approach

- ▶ Focus on systemic issues
- ▶ Focus on outcomes
- ▶ Self-review tools are the same as the review tools
- ▶ Technical assistance incorporated into the accreditation process

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## New Approach



- ▶ ODMRDD picks up the file information during the advance team visit
- ▶ File review is completed in the office prior to the onsite visit

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## New Approach

- ▶ A preliminary draft report is sent to the county board prior to the onsite visit identifying preliminary findings
- ▶ ODMRDD participates onsite in programming activities, meet individuals, families and staff

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## Futures Study Recommendation - National Core Indicators

- ▶ Focus on desired outcomes
- ▶ Valid and reliable
- ▶ Currently used in 27 other states
- ▶ Allow Ohio to compare its performance with other states
- ▶ Align with CMS HCBS Quality Framework
- ▶ Support strategic system planning

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## What Can We Do With National Core Indicators Data?

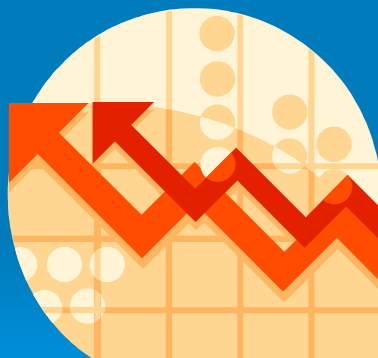
- ▶ Measure system performance
- ▶ Make improvements that better support individuals with disabilities and their families
- ▶ Enable Ohio to learn about the strengths and weaknesses of the MRDD service delivery system
- ▶ Craft plans to improve quality



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## National Core Indicators Can Assist Us To...

- ▶ Evaluate numerous cause and effect conditions
  - Relationship between funding and quality outcomes
  - Perceived effect on quality of life
- ▶ Provide feedback on Futures Study Committee recommendations



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## What We've Done To Date

- ▶ Ohio is the 28<sup>th</sup> state to join NCI
- ▶ Paid (NASDDDS) annual fee
- ▶ Issued a Request for Proposal (RFP) to Implement the Consumer and Family Surveys
- ▶ Reviewed 4 applicants
- ▶ Selected The Center for Marketing & Opinion Research (CMOR)

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## What's Next For NCI...

- ▶ Develop a work plan with CMOR for implementation July 1, 2008 – June 30, 2009
- ▶ Work with Human Services Research Institute (HSRI) – Val Bradley and colleagues
  - Expert guidance
  - Technical assistance
  - Data analysis
  - Reporting



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## Futures Recommendations – Next Steps

- ▶ Establishment of six project teams
- ▶ Identification of internal and external team members
- ▶ Outline of work steps, objectives, and products
- ▶ Development of timelines for outcomes and products

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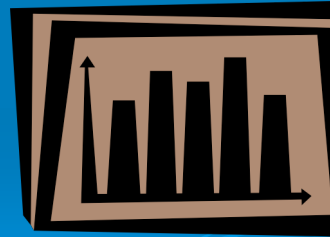
## How We Will Do The Work

- ▶ Project-based
- ▶ Content experts used to inform and analyze
- ▶ Communication strategies will be used to
  - Minimize the number of meetings
  - Keep Department staff and constituent representatives informed

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## 31 Futures Recommendations

- ▶ **Work distributed among six project teams**
- ▶ **Developed around themes**



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## Futures Teams

- ▶ **Access and Care Management**
  - **Patrick Stephan - Lead**
    - Waiting Lists
    - Individual Service Planning
    - Service and Support Administration
- ▶ **Delivery System Management**
  - **Kate Haller - Lead**
    - Quality
    - Planning Capacity
    - Developing Capacity

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## Futures Teams

### ▶ Empowering People

- Lisa Walsh - Lead
  - Choice
  - Control
  - Family Support

### ▶ Services Management

- Michael Rench - Lead
  - Covered Services
  - Service Packages Design



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## Futures Teams



### ▶ Strategic Implementation

- Becky Phillips - Lead
  - Policy
  - Strategy

### ▶ Decision Support

- Ann Rengert - Lead
  - Data/Fiscal/Legal Analysis

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## General Observations from my first 30 days...

- ▶ Individuals served are the priority
- ▶ We really ARE all in this together!
- ▶ Commitment to improving the system
- ▶ An effort to learn from past mistakes and bridge communication gaps
- ▶ Inclusionary leadership
- ▶ Fiscal sustainability
- ▶ Accountability

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## MDA Staff Roles

To answer some questions about staff roles in MDA, let me tell you about who does what.

Feel free to call any of us – whoever you always work with or make a new contact!

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## MDA Staff Roles

**Jane Black:** Waiver Unit Manager: 614-387-0578

- Waiver eligibility and LOC issues, PASSR, Martin Waivers, and the Waiver Management System.

**Charlie Flowers:** Prior Authorization Unit Manager: 614-466-5990

- Technical Assistance and case-specific questions related to Prior Authorization system and possible improvement suggestions. Questions related to statewide Autism issues.

**Sara Sherman:** Policy Lead: 614-752-9177

- Waiver transition questions, on-site/on-call, Medicaid Buy-In, policy or rule issues surrounding Prior Authorization, DRA, Day Array, on-site/on-call questions.

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## MDA Staff Roles

**Mark Kleiman:** Policy Staff: 614-752-8891

- Medicaid Hearing issues, due process, questions related to the Adult Foster Care rule, and other general Medicaid rule questions.

**Chris Miller:** Policy Staff: 614-644-5519

- Questions on Home Choice Program (Money Follows the Person), general rules issues associated with Medicaid, IO and Level 1 waivers, and self-determination

**Mark Smith:** Medicaid Staff: 614-466-4174

- Technical systems issues related to the DRA, 20/20 (or other cost-projection tools), Adult Day Array, PICT – Slots, Waiver Allocation (capacity and floors), ODDP

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## 2008 Priorities

**Priorities for the MDA Division throughout the remainder of Calendar Year 2008:**

- ▶ Assist with implementation of Futures recommendations as previously discussed
- ▶ Finalize waiver reimbursement transition and assist in resolving any technical issues related to the June 30 deadline
- ▶ Timely enrollment of the Martin-Settlement IO Waivers

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## 2008 Priorities

- ▶ Maximization of waiver capacity: Level 1 and IO
- ▶ Efficient and consistent communications to the field
- ▶ Improve technical assistance responsiveness with ad-hoc field questions
- ▶ Simplification of current IO system...

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## 2008 Priorities

### Simplification of current IO System:

- ▶ The **IO Simplification Task Force** has been created to develop strategies to improve the existing IO Waiver System. The basic premise is to simplify and create more efficient processes, while ensuring integrity and without having to ask for an IO Waiver Amendment
- ▶ The task force, which will have state, county, and provider representatives will be examining a number of different strategies to ease administrative burden and make the system more manageable, while potentially achieving some cost savings. The task force will be listening intently to the field on possible simplification suggestions.

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## 2008 Priorities

### Simplification of current IO System:

- ▶ Areas which may be examined by the task force include: field-communication strategies, a more consistent Level of Care determination process, an effective service utilization management system for counties and providers, and a general examination into SSA functions and current waiver-related responsibilities.
- ▶ In addition, and in cooperation with the task force: two internal ODMRDD project teams have been designated to examine and improve the existing **Prior Authorization System/Process** and to develop a **Web-Based Cost Calculation System**.

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## 2008 Priorities

### Simplification of current IO System:

- ▶ The Prior Authorization Project Team goal will be to streamline and simplify internal processes which place unnecessary administrative burdens on the field, create more concrete guidelines for counties around PA, and potentially revise the existing Prior Authorization rule (if that becomes a viable, necessary, and supported option).

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## 2008 Priorities

### Simplification of current IO System:

- ▶ The Web-based Cost Calculation Project goal is to create an internet-based system which would eventually replace the 20/20 (or similar tools). The hope is that this system would populate the DRA, and ideally communicate and work in conjunction with the PAWS/MBS system. Links to other web-based systems will also be explored thoroughly.
- ▶ Both project teams will use the IO Simplification Task Force as both a sounding board and a resource for input and suggestions.

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## Medicaid Buy-In for Workers with Disabilities (MBI-WD)

### Myth Buster #1

- ▶ MBI-WD is not for waiver recipients.

Waiver recipients can sign up for  
**MBI-WD TODAY.**

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## Myth Buster #2

- ▶ MBI-WD will make someone lose waiver services.

If someone was already a waiver recipient, accessing MBI-WD would ***not*** automatically cause a loss of waiver benefits.

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## Myth Buster #3

- ▶ MBI-WD is a jobs access program.

MBI-WD is a job continuation program. If you don't currently have a job when you try to sign up for MBI-WD, you won't be enrolled.

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## Upcoming Important Events for MBI-WD Training

- ▶ June 4: ODJFS has trainings for CDJFS offices
- ▶ July 9: ODMRDD (SITA) videoconference
- ▶ The Arc training on MBI-WD: in connection with the Cerebral Palsy Association of Ohio
  - 7 regional trainings in August and September

[http://www.thearcofohio.org/index.php?option=com\\_events&Itemid=50](http://www.thearcofohio.org/index.php?option=com_events&Itemid=50)

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## Where can I find more Information on MBI-WD?

- ▶ ODJFS website: application process/forms  
<http://jfs.ohio.gov/OHP/mbiwd.stm>
- ▶ Ohio DD Council:  
<http://ddc.ohio.gov/Pub/DDSpring08.pdf>
- ▶ Ohio Legal Rights:  
<http://olrs.ohio.gov/asp/medicaidbuyin.asp>

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## Questions?

Leslie Paull ([Leslie.Paull@dmr.state.oh.us](mailto:Leslie.Paull@dmr.state.oh.us))

Sara Sherman ([Sara.Sherman@dmr.state.oh.us](mailto:Sara.Sherman@dmr.state.oh.us))

Mark Smith ([Mark.Smith@dmr.state.oh.us](mailto:Mark.Smith@dmr.state.oh.us))

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## Children's Medicaid Buy-In (CBI)

### Eligibility:

- ▶ Children under 19 years of age
- ▶ US Citizen or Ohio Resident
- ▶ Family household income < 300% FPL
- ▶ Child must have been uninsured for the previous 6 months

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## CBI

Child must meet at least one of the following criteria:

- ▶ Unable to obtain insurance coverage due to pre-existing condition
- ▶ Lost the only available insurance coverage because exhausted lifetime benefit limits
- ▶ Cost of the only available insurance is > than 2x's the premium of CBI
- ▶ Child participates in BCMH at ODH

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## Federal Poverty Level Guidelines

Family Size	Annual Income
2	\$ 42,000
3	\$ 52,800
4	\$ 63,600
5	\$ 74,000
Based on 300% FPL for 2008	

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## What is covered?

The following medically necessary services:

- ▶ Physician office visits and immunizations
- ▶ Inpatient and outpatient hospital services
- ▶ Emergency room and urgent care services
- ▶ Rx drugs based on limited formulary
- ▶ Mental health and substance abuse services
- ▶ Ancillary services, including DME, Home Health, Lab Work, Radiology, and Ambulance
- ▶ Limited nursing home care
- ▶ Case management

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## Who is the provider?

Services are provided in Ohio by CareSource, a managed care plan, that has a network of health care providers throughout the state.

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## How much does it cost?

- ▶ Families with qualifying children will pay monthly premiums.
- ▶ Premium costs are based on household size and income.

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## Monthly Premium Costs

Household Size	Household Annual Income	Household Annual Income	Household Annual Income
2	\$42,000-\$55,999	\$56,000-\$69,999	\$70,000+
3	\$52,800-\$70,399	\$70,400-\$87,999	\$88,000+
4	\$63,600-\$84,799	\$84,800-\$105,999	\$106,000+
5	\$74,400-\$99,199	\$99,200-\$123,999	\$124,000+
Monthly Premium per Child	\$252.58	\$378.87	\$505.16

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## How to Apply

- ▶ Apply beginning April 1, 2008—apply via Internet
- ▶ Parents or guardians can apply for the child—if they live in the same household
- ▶ Once a secure account is created—household information must be entered
- ▶ The system will calculate the cost of CBI and will provide enrollment information

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## Contact Information

[www.jfs.ohio.gov/ohp/cbi](http://www.jfs.ohio.gov/ohp/cbi)

<http://jfs.ohio.gov/OHP/tao/toolkit.stm>

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## **Policy Environment**

**We're Having an Election: Impacts  
at CMS on Policy, Process,  
Pressures**

- ▶ **CMS Individual Options Waiver Review**
- ▶ **Targeted Case Management**
- ▶ **Bias against public sector providers/managers**

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## Policy Environment

- ▶ **MRDD Futures, Executive Medicaid Management Agency (EMMA), Consolidation Exploration Team, Unified Long-Term Care Budget**
- ▶ **CMS Bush Administration policy eleventh hour policy changes**

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## Financial Environment

- ▶ **Growth in National Health Expenditure (NHE) is expected to remain steady at 6.7% in 2007 and average 6.7% per year over the projection period (2006-2017).**
- ▶ **The health share of GDP is projected to reach 16.3% in 2007 and 19.5% by 2017.**
- ▶ **Medicare spending is projected to grow 6.5% in 2007 and average 7.4% per year over the projection period.**
- ▶ **Medicaid spending is projected to grow 8.9% in 2007 and average 7.9% per year over the projection period.**

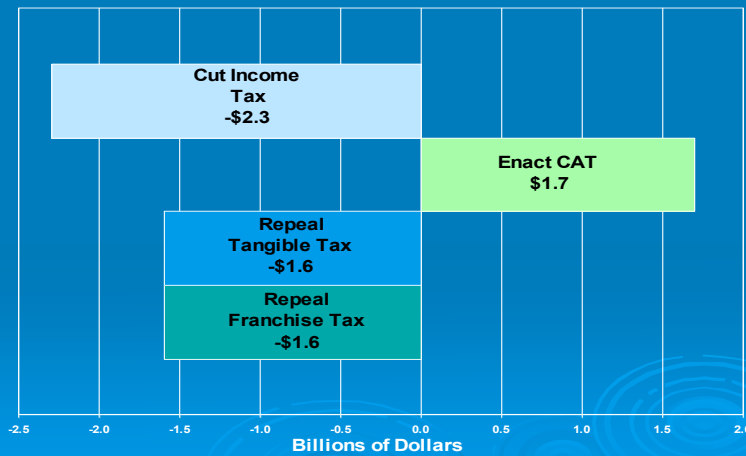
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# Financial Environment

- ▶ Actions are being taken to eliminate a \$733 million hole in the current state budget through executive action and a budget corrective bill
- ▶ Elimination of up to 2,700 state jobs through attrition, layoffs and early retirements, closing two state mental hospitals, and starting a state-run video Keno game through the Ohio Lottery Commission

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## \$3.9 Billion Annual Tax Relief From Long-Term Reforms (FY 2010)



Ohio Department of Taxation

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## Ohio Tax Reforms Phased-In Over 5 Years

- ▶ Time for business to adjust to tax based on receipts rather than investments and profits
- ▶ Time for state government to adjust budget to constrained revenue growth

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## In Budget Corrections Bill

- ▶ Through March, there were 17,965 individuals enrolled on Medicaid waivers, an increase of 7.5% from the previous year.
- ▶ Medicaid Waivers: Authorized the Department of Mental Retardation and Development Disabilities to spend an additional \$27 million this fiscal year, and an extra \$34 million in the year beginning July 1, for Medicaid home and community-based waiver services. The money represents federal reimbursement for services provided.

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# Funding Partners Strategy

## OACBMRDD

- ✓ **Robert Milliken**, President - Stark County
- ✓ **Lizabeth Doss**, Board Member - Brown County
- ✓ **Dave Dohnal**, Immediate Past President - Summit County
- ✓ **Dan Ohler**, Executive Director

## OSCBMRDD

- ✓ **Mary Ann Chamberlain**, President/Region 5, Washington County
- ✓ **Karen Mayer**, Vice President/Region 2, Miami County
- ✓ **Cheryl Phipps**, Immediate Past President/Region 3, Hamilton County
- ✓ **Jerry Plassenthal**, Region 1, Erie County
- ✓ **Rick Marriott**, Region 4, Ross County
- ✓ **Dr. Terry Ryan**, Region 6, Cuyahoga County

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# Getting to the Strategy

- ▶ We reviewed data
- ▶ We set goals:
  - **Predictable**
  - **Simple**
  - **Accountable**
  - **Person Centered**
  - **Flexible**
  - **Evolution not Revolution**
  - **Serves more people**
  - **Flexibility might be more valuable than spending**
  - **Administrative changes not statutory changes**

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## Strategy

- ▶ **Develop new flexible family support waiver option with individual cost cap**
- ▶ **Begin phased capping of enrollment on Individual Options waiver**
- ▶ **Fully utilize existing and add more Level One slots to draw down federal funding**
- ▶ **Enable existing waiver recipients to choose new waiver at re-determination**
- ▶ **Analyze cost report data to request increase in Targeted Case Management rate**

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## Strategy

- ▶ **Simplify Individual Options waiver within current CMS framework**
- ▶ **ODMRDD to no longer certify county board staff**
- ▶ **Implement efficiencies across waiver programs and administrative activities among state agencies, including using the Medicaid Information Technology System (MITS) to support multiple agencies and their needs**
- ▶ **Identify best practices for administrative efficiencies among county boards**

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## Strategy

- ▶ Improve utilization, acuity, and capacity management in Developmental Centers
- ▶ Explore reducing ODJFS portion of 1.5% fee paid by county boards on future waiver services
- ▶ Review Homemaker/Personal Care statewide rates for potential outlier issues/possible savings
- ▶ Develop alternative method to fund expensive waivers in small counties

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## Getting out of Medicaid

- ▶ Our Medicaid System needs to be “statewide” and acceptable to CMS
- ▶ A Medicaid program would exist in every county – the question is who would run it, The state? Another County Board? A private entity?
- ▶ Maintenance of current effort would be expected
- ▶ A better option could be to continue to evolve and improve the Medicaid program into something that works statewide

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# Discussion

- ▶ Perspectives of county board representatives
- ▶ Administration perspectives
- ▶ Participant perspectives
- ▶ Next steps

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