

Ohio Department of Mental Retardation and Developmental Disabilities

John Martin, Director



Medicaid Development & Administration

QUARTERLY REPORT
April 1, 2009 – June 30, 2009

Medicaid Development and Administration
Patrick Stephan, Deputy Director

2009 MDA Quarterly Report

April 1, 2009 through June 30, 2009

Good Day:

It is the goal of the Division of Medicaid Development and Administration (MDA) to lead ODMRDD and its partners/stakeholders in the development and implementation of a more manageable and accessible Medicaid Service system. This is in an effort to strengthen the voice and control of individuals served and enhance their quality of life. In order to do this, it has become apparent that better communication with the field is a must; the compilation of data for analysis and reporting purposes has become one of our primary focuses as we move forward. In an effort to pull together the information that is available from various sources, we are submitting this quarterly report to the field.

Additionally, we have implemented a centralized and standardized process for the timely distribution of all field correspondence from the Division. All communications will be sent to all stakeholders by Angelia Morgan on behalf of Tracy Cloud-Thomas, Jane Black, or myself. In an effort to reduce the reliance on paper and to ensure expedient communications, we continue to progress towards electronic imaging. This is a Department-wide initiative and we hope to bring the county boards along with us on this journey.

As you read through the Quarterly Report, you will find that it is broken down into four sections, which are the Divisional Priority Objectives for MDA in FY 2009:

- I. Implement Futures Recommendations of the Access & Care Management, Services Management, and Empowering People Subgroups**
- II. Simplification of existing Individual Options waiver system**
- III. Improvement in operational flow with core work processes through the identification of crucial operating data and other related analysis**
- IV. Lead in the development, renewal, and/or amendments of Ohio MRDD Medicaid waiver programs**

Finally, as part of our continued goal for quality assurance, there will be Quality Performance Measures throughout the report. We will continue to monitor our work to ensure we are providing the best quality services.

The data that is captured in this report is from our internal systems. At this time, we recognize that it is possible that the reports and charts used have some limitations; however, we do believe our data to be accurate

Sincerely,



Medicaid Development and Administration



**Medicaid Development &
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**Implementation of Futures
Recommendations: Access & Care
Management, Services Management,
& Empowering People Subgroups**



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Waiting List

Action Statement:

Lead development of Waiting List Statute/Rule overhaul

- a. Develop and distribute interpretation to the field of local measures to be taken as a result of the passage of House Bill (HB) 405
- b. Develop a detailed proposal containing a statewide strategy to revise and better manage waiting lists
- c. Outline and pursue steps towards implementation of a revised waiting list strategy

Quarterly Update:

- Due to the signing into law of Substitute House Bill (HB) 405, service substitution lists and long term service planning registries are being eliminated. As a result of this, a memo was sent to the field on July 24, 2008, which discussed what this means in terms of the waiting list. This action item was completed July 24, 2008.
- Jane Black and Angel Morgan from the Division of Medicaid Development and Administration continue to work with the Waiting List Workgroup on the implementation of the Futures deliverables. This workgroup completed a final draft of the statute and the service priority register, which were vetted with stakeholders in June 2009. A significant amount of feedback was received. Internal consideration regarding this feedback will be given before any additional discussions with stakeholders take place. Future updates will be available at <http://mrdd.ohio.gov/medicaid/waitinglist.htm>.
- The Division of Community Services, under the Project Management Leadership of Leslie Minnich, and in collaboration with IT, continues to develop the new Individual Data System (IDS) which will replace the IIF system. Waiting list will be “housed” under IDS and all existing data will be converted into this new web-based application once IDS goes live.

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Number of Unique Individuals on Waiting Lists:

• As of June 30, 2009, there are approximately 12,800 unique individuals waiting for an IO Waiver only. There are approximately 1,380 unique individuals waiting for a Level 1 Waiver only. There are another 12,949 unique individuals waiting for both Level 1 and IO waivers. *It is important to note that there are also 4,586 who are waiting on an IO and currently have a Level 1 Waiver. These individuals are not reflected in the numbers above or in the chart, as they are receiving waiver services.*

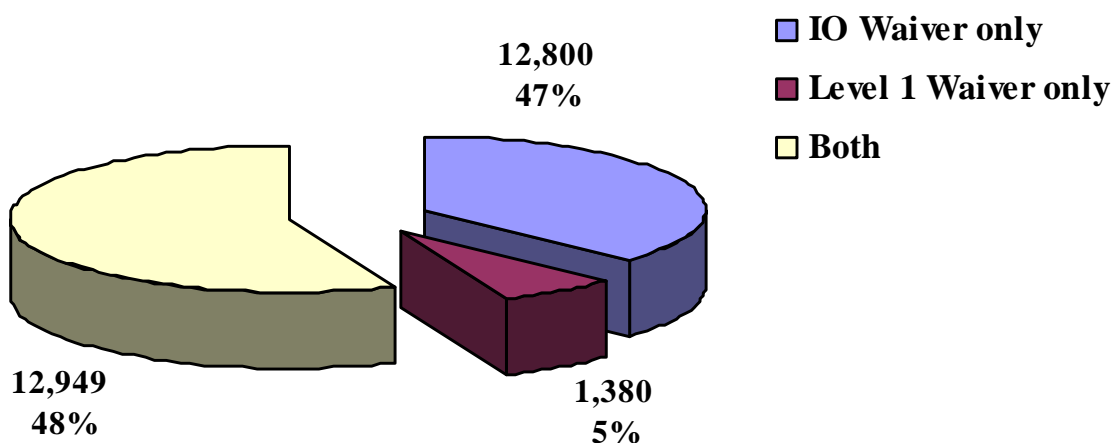
Note: There are an additional 1,885 individuals who are currently receiving IO Waiver services and are listed as also waiting for a Level One Waiver. The Department is working to ensure this data is correct.

Quality Performance Measure (As reflected in the IO Waiver):

Waiting list count: This measure gives an unduplicated count, by waiver, of individuals on the waiting list.

**Unduplicated count means that each individual is only counted once per waiver, even if they are waiting in more than one county.*

27,129 Individuals receiving no waiver services on Waiver Waiting List (6/30/09)





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Standardized ISP

Action Statement:

Develop standards of practice around assessments and service planning that support self-directed planning, self-determination, and person-centered thinking skills

- a. Conduct analysis of Job & Family Services (JFS)' Atlantes Individual Service Plan (ISP) system, and issue a written report containing a comparative analysis of Ohio's needs and the ability of Atlantes to accomplish such needs. The report shall include implications and recommendations.
- b. Development of a statewide ISP template to interface with future Information Technology (IT) systems, and pilot the proposed ISP template in a group of counties
- c. Map out strategy for implementation of a statewide ISP template, and assist with overall strategies related to MRDD Futures Recommendations 1, 2, and 4

Quarterly Update:

- The Department is no longer proceeding with work for JFS' Atlantes Individual Service Plan (ISP) system. We have decided to go in a different direction.
- MDA is working closely with IT, other DMR staff, and stakeholders in the development of an Online ISP. In late June we began the Agile process (the same as is being used to develop the Cost Projection Tool [CPT]). During the next quarter the Project Charter, Business Scope and Work Plan will be finalized and User Stories will be gathered. The Online ISP will be housed within IDS and will eventually interface with CPT.
- We anticipate the Online ISP will be available for pilot in January 2010.

Pre-Admission Screening Resident Review (PASRR)

Action Statement:

Increase emphasis placed on providing age-appropriate services for the sub-population of persons with MRDD over 55

- a. Identify the sub-population and create an action plan to meet the needs, with potential regional solutions and model service programs
- b. Assure reimbursement systems support integrated home and community-based services

Quarterly Update:

- EMMA and the Inter-Agency Front Door Stakeholder workgroup continues to focus on the broader topic of PASRR as reflected later in this report.



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Self-Determination

Action Statement:

Expand implementation of self-determination principles for waiver services

- a. Examine feasibility of incorporating principles and elements (including the use of person-centered planning, individual budgeting, financial management services, an independent support broker, and employer/budget authority) in ODMRDD's current Home and Community Based (HCBS) waivers
- b. Conduct a pilot that promotes self-directed services, such as person-centered planning, individual budgeting, use of a Fiscal intermediary/Management Services (FMS), and an independent service broker

Quarterly Update:

- MDA is evaluating the feasibility of incorporating these principles into an existing ODMRDD-administered waiver.
- The New Futures Waiver for children with intensive behavioral needs will be self-directed.
- We will consider the possibility of other self-directed waivers in 2010 and beyond.



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**Simplification of existing Individual
Options waiver system**



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Prior Authorization

Action Statement:

Streamline and simplify processes and procedures surrounding Prior Authorization (PA)

- a. Revise and/or develop internal PA procedures for division staff to utilize during case reviews
- b. Develop and launch PA web portal application to interact with other MRDD IT systems and to produce meaningful data for analysis
- c. Work collaboratively with Job & Family Services (JFS) to improve interactions and clarify respective expectations
- d. Clarify division position on "Prior" timelines and case scenarios from the field
- e. Examine potential revision to PA rule

Quarterly Update:

- PA reviewers continue to meet weekly to assure consistency and to address problems. Templates for questions have been developed for common areas of concern, e.g. late Prior Authorization requests.
- The PA manager and select PA staff have been meeting with IT staff and have attended iterations of the CPT instrument in order to clarify PA stories as well as the process for program developers.
- JFS and department staff discuss current cases frequently. Department staff work with counties as needed to facilitate county participation in fact gathering and as needed, Hearings.
- A PA workshop was provided at the County Board conference and at the Hamilton County Board in order to address and stress key important elements related to the PA process. Timeliness of the PA submissions continues to be emphasized.
- The CPT development process may result in changes in the PA rule; this will be determined as the development of CPT continues.

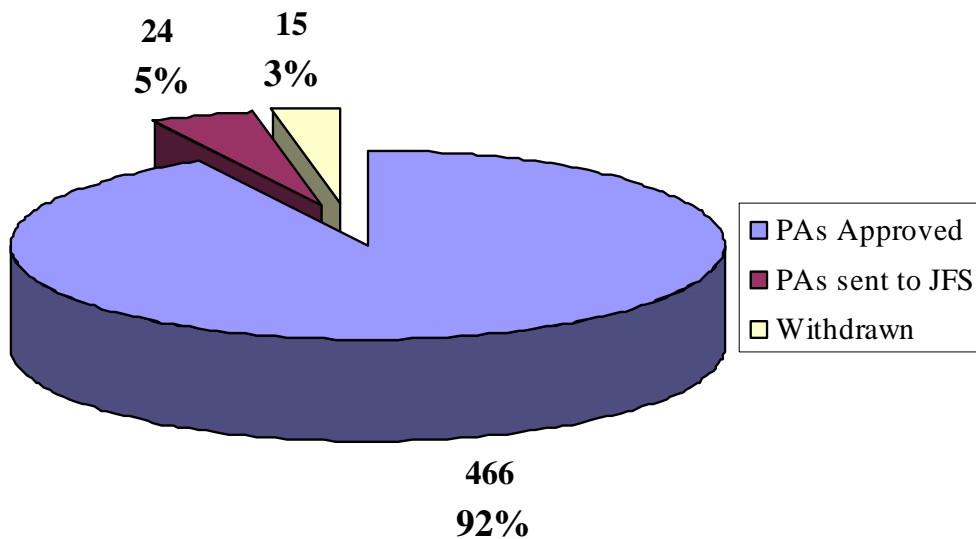
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Prior Authorization:

There have been 490 PAs requested from April 1, 2009 – June 30, 2009, and of these, 466 have been approved and 24 have been sent to JFS. 18 of these were Martin Waiver Submissions. The number of approved PA's compared to the total number of individuals enrolled on the IO waiver is 3.1%

Quarterly Prior Authorizations



Top Five Counties Approved for PAs

<u>County</u>	<u>Total PAs</u>
Franklin	296
Cuyahoga	188
Hamilton	118
Summit	87
Montgomery	57


*This represents a 12-month rolling period

Top Five % of counties with Approved PAs compared total # enrolled

<u>County</u>	<u>PAs to enrollment</u>
Ashtabula	45.6%
Coshocton	35.3%
Meigs	30.0%
Scioto	27.7%
Fayette	27.5%

*This represents a 12-month rolling period.

18 counties had 0 PAs approved during the last 12 months.



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CPT

Action Statement:

Launch Cost Projection Tool System

- a. Develop an on-line narrative Cost Projection Tool (CPT) to replace the numerous county-specific cost projection tools
- b. Ensure system has connectivity to PAWS, PA web-portal, and Daily Rate Application (DRA) applications and contains a simplified utilization review reporting system
- c. Ensure system takes into account feedback from applicable stakeholders that builds on the strength of existing applications, and contains a pilot-testing timeframe and a phase-in approach to ensure long-term system integrity.

Quarterly Update:

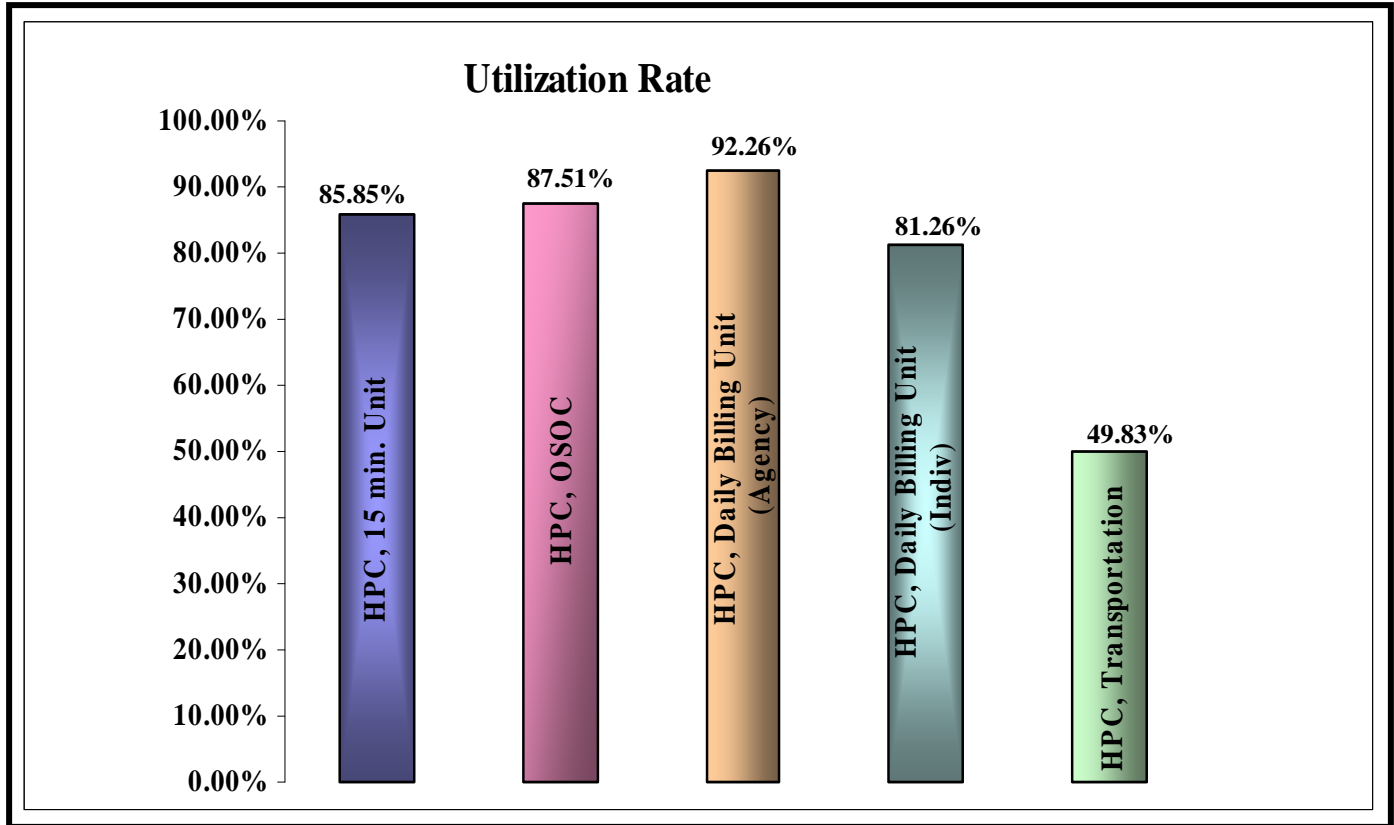
- The Department continues to make progress on CPT development. In the last quarter, we have added functionality to many of the elements of the CPT (i.e. unscheduled services; Adult Day Services and Non-Medical Transportation; Adult Foster Care. A major accomplishment is the development of the cost projection summary, which is near final.
- The PAWS analysis was completed and the department has decided on an approach to CPT & PAWS integration. System design of the prior authorization application is also underway.
- We continue to hold monthly iteration reviews to share CPT development with stakeholder groups. In addition, we held a special CPT review to accommodate additional county board staff who have not had the opportunity to review the system development to-date. We published a CPT article in Pipeline which reaches a broader audience than typically attends the iteration reviews.

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DRA/HPC:

Chart 1 indicates the utilization, i.e. the amount of claims compared to the amount authorized in PAWS, per billing unit.



➤ The overall average Hourly Rate from April 1 – June 30, 2009 was \$19.71.

Facts about the Daily Billing Rates for the Quarter:

Average Daily Billing Rate: **\$156.65**

Median Daily Billing Rate: **\$143.69**

% of Claims over 403.98 per day: **0.49%**

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Hearings

Action Statement:

Simplify, streamline and build a more concise approach to Medicaid hearings

- a. Conduct analyses of current Medicaid Hearing Protocol, including outlining boundaries and implications on the division, and recommend potential solutions or changes if warranted
- b. Complete Medicaid State Hearings Report and include a fact-based analysis on the state of structure or processes if warranted based on data analysis
- c. Provide technical assistance and training to the field with the appeal process

Quarterly Update:

- The Medicaid State Hearings report for FY08 was completed and distributed for review.
- Technical assistance and training to the field (and other divisions with the department, other agencies, interested individuals, etc.) are on-going activities on a case specific basis. It is anticipated that Medicaid state hearing regional training seminars will be offered this summer.
- The new Hearings web page was launched in June. This can be viewed at <http://mrdd.ohio.gov/medicaid/hearings.htm>

Quality Performance Measure (As reflected in the IO Waiver):

Hearings That Were Overruled: This measure calculates the percent of resolved hearings that were overruled.

21% of all hearings in CY09 were found in favor of the agency (county board, state, or JFS).

7% of all hearings in CY09 were found in favor of the individual.

Appeal Breakdown:

- This is not specific to IO or Level 1

2 Appeals	Sustained	7%
6 Appeals	Overruled	21%
13 Appeals	Withdrawn	45%
14 Appeals	Dismissed	48%
1	Abandoned	3%
7	No decision	24%

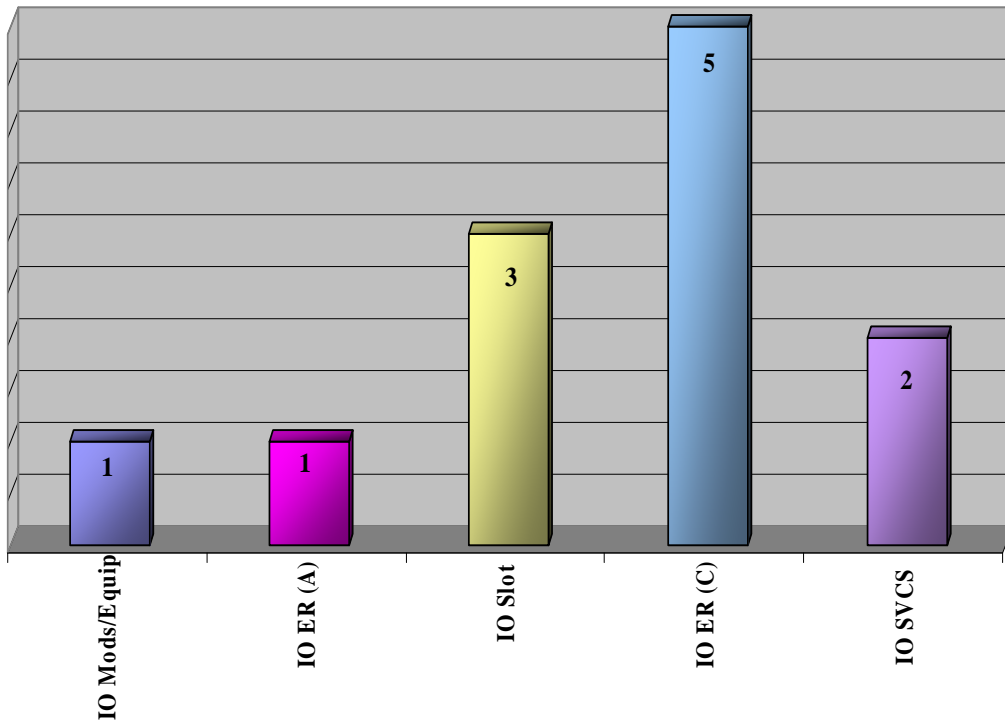
Total: 29 Appeals

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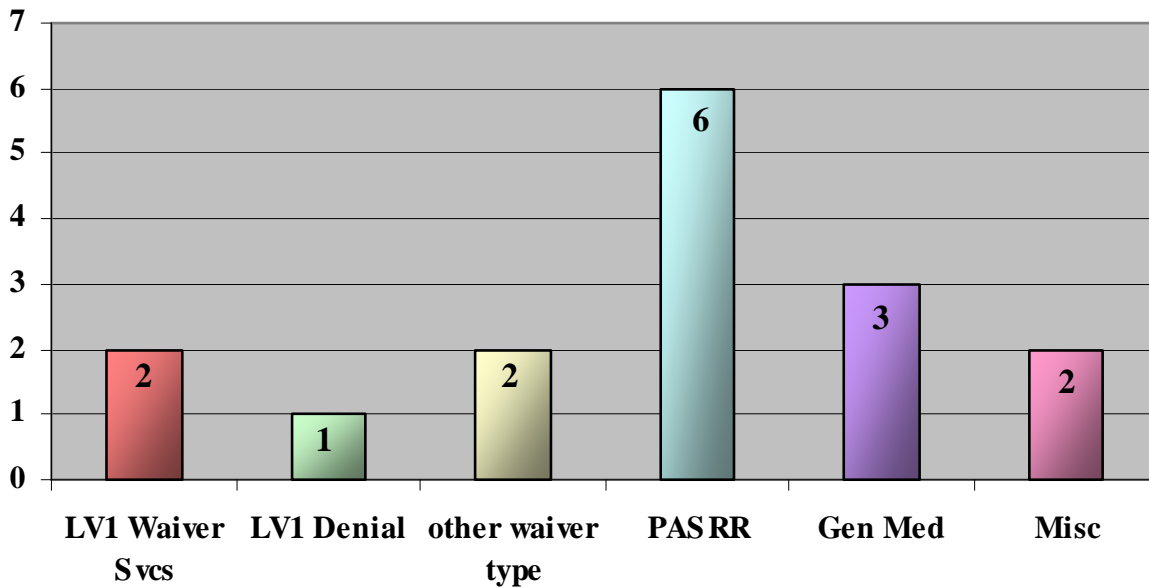
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Medicaid Hearings by category:

Individual Options Waiver Case Types



Other Waiver Case Types





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Waiver Eligibility

Action Statement:

Based on sound data analyses and policy consideration, streamline and solidify existing rules, processes and procedures within the Medicaid Waiver System. Areas to be addressed minimally include:

- a. Waiver Eligibility and Level of Care (LOC) expectations, including Notification of Individual Change in Status (NICS) processes
- b. Functions and responsibilities related to the daily billing unit (DBU), Daily Rate Applications (DRA) and claims exceeding \$403.98
- c. Waiver Management System: Preliminary Implementation Component Tool (PICT) and waiver capacity expectations with IO, Level 1 and Martin v. Strickland settlement - funded waivers
- d. Service Planning and Medicaid Functional responsibilities of stakeholders

Quarterly Update:

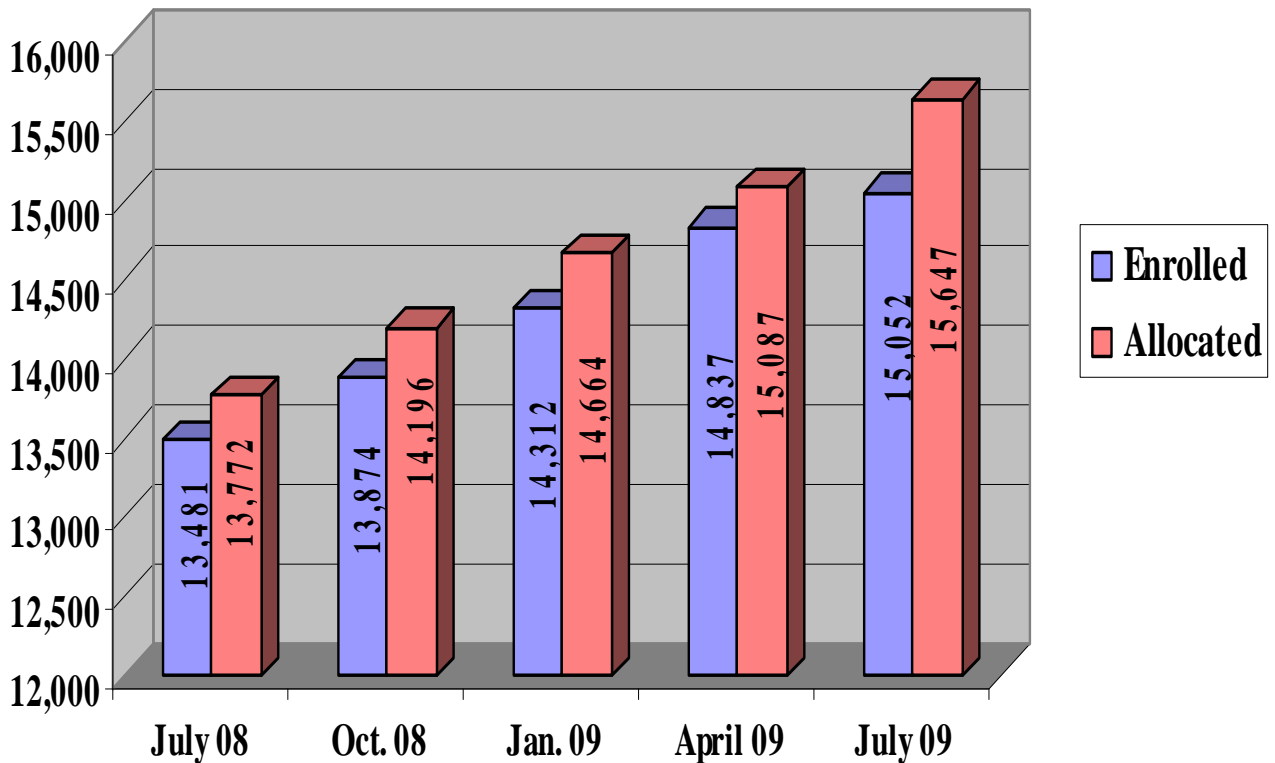
- MDA Operations conducted two training sessions for Region 5 and Region 6 SSA directors to instruct them on the use of the new COGNOS Waiver Management System reports. MDA also implemented a new efficiency process regarding Redetermination Significant Change, eliminating the need to change LOC dates with submission of required assessments at ages 6 and 16.
- In May, MDA distributed a memo to the field outlining the new policy and procedure for claims with daily billing units which exceed \$403.98. In June, MDA staff conducted six training sessions across the state to review the policy outlined in the memo, and to train providers on the DRA enhancements that support the new procedure. The new policy is effective July 1, 2009, and the newly enhanced DRA will go into production on July 2nd.
- During the next quarter, MDA will communicate to the field a new function that will be available in PICT that will enable county boards to enter the number of waivers they intend to request for allocation during the coming year(s). Once this is launched we will make additional minor modifications to the existing PICT based on this data being entered. Watch for this communication and instructions this summer. This will provide valuable data for county boards and the department for planning purposes for waivers in Ohio.

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Quality Performance Measure (As reflected in the IO Waiver):

Waiver Slot Management: This measure calculates the percent of budgeted waiver slots that were filled as of the last day of the quarter.

IO Waiver Allocation vs. Enrollment FY09

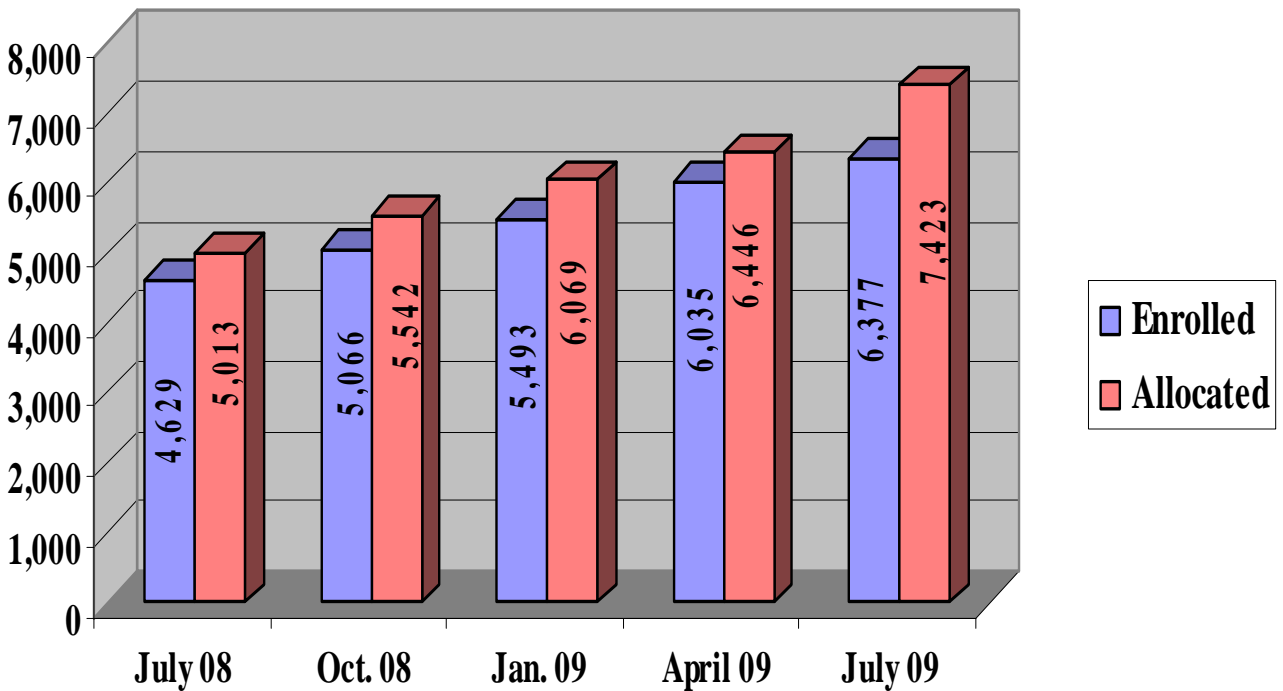


- There were 1,571 individuals newly enrolled on the IO waiver during FY09
- Total Capacity for the IO Waiver through February 28, 2014 is: 17,500
- There were 215 individuals newly enrolled on the IO waiver from April – June 2009

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Level I Waiver Allocation vs. Enrollment FY09



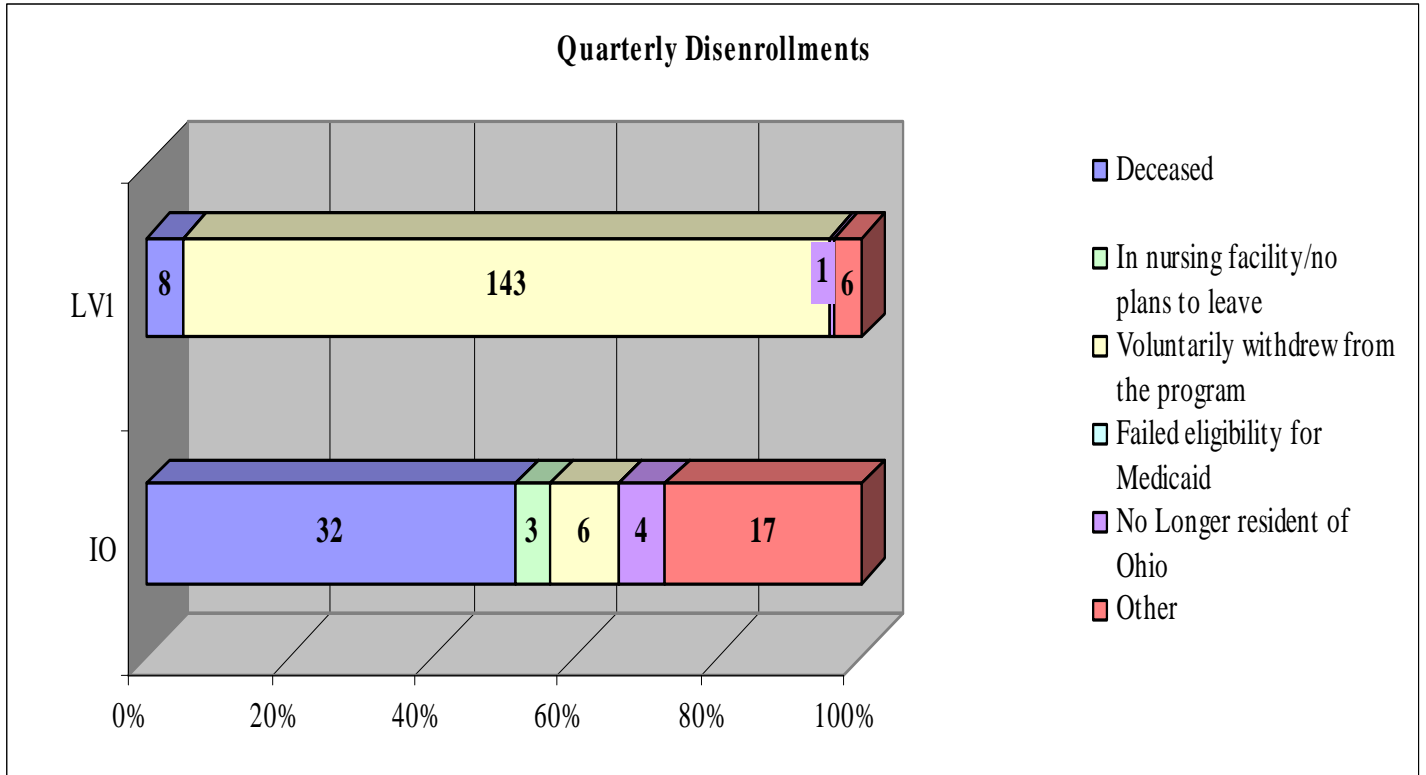
- There were 1,748 individuals newly enrolled on the Level One waiver during FY09
- Total Capacity for the Level One Waivers Waiver through June 30, 2011 is: 13,000
- There were 342 individuals newly enrolled on the Level One waiver from April – June 2009

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Quality Performance Measure (As reflected in the IO Waiver):

Disenrollments by Reason: This measure provides information regarding why individuals were disenrolled.



Quality Performance Measure (As reflected in the IO Waiver):

Disenrollment Rate: **4.0%** for IO Waivers.

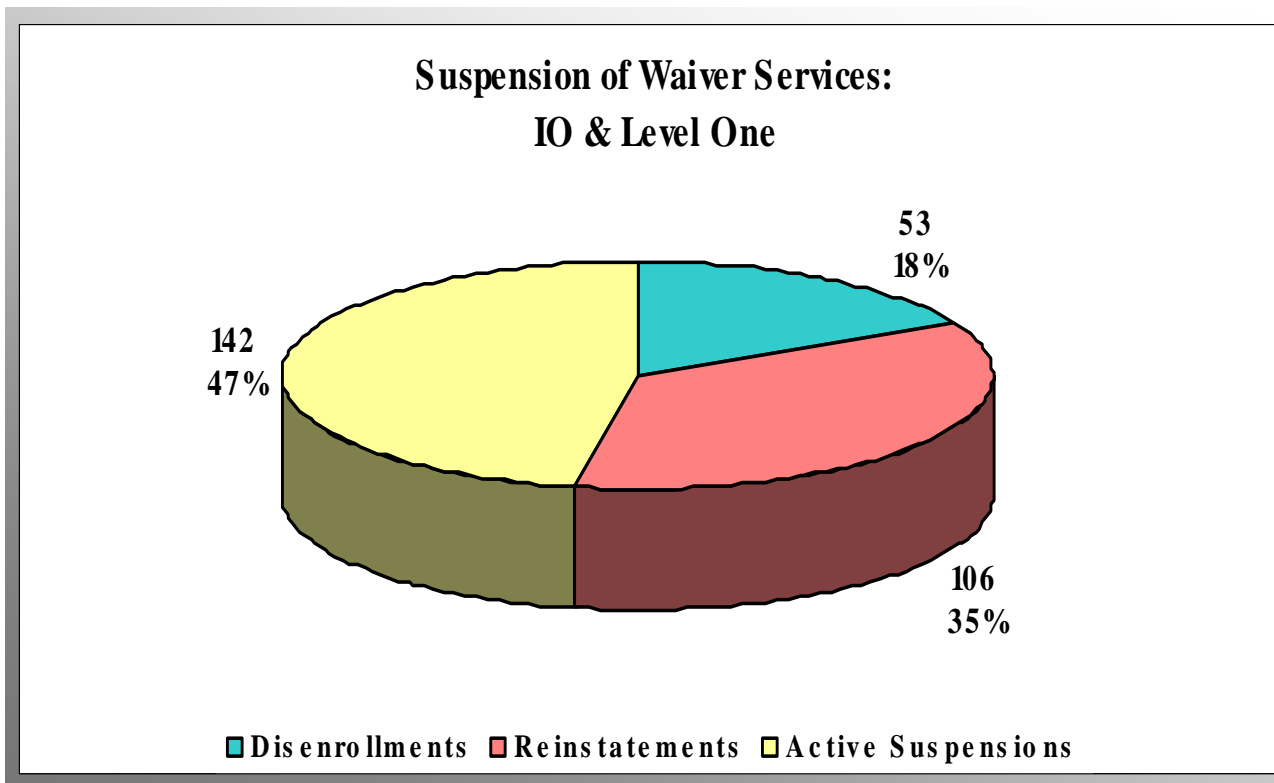
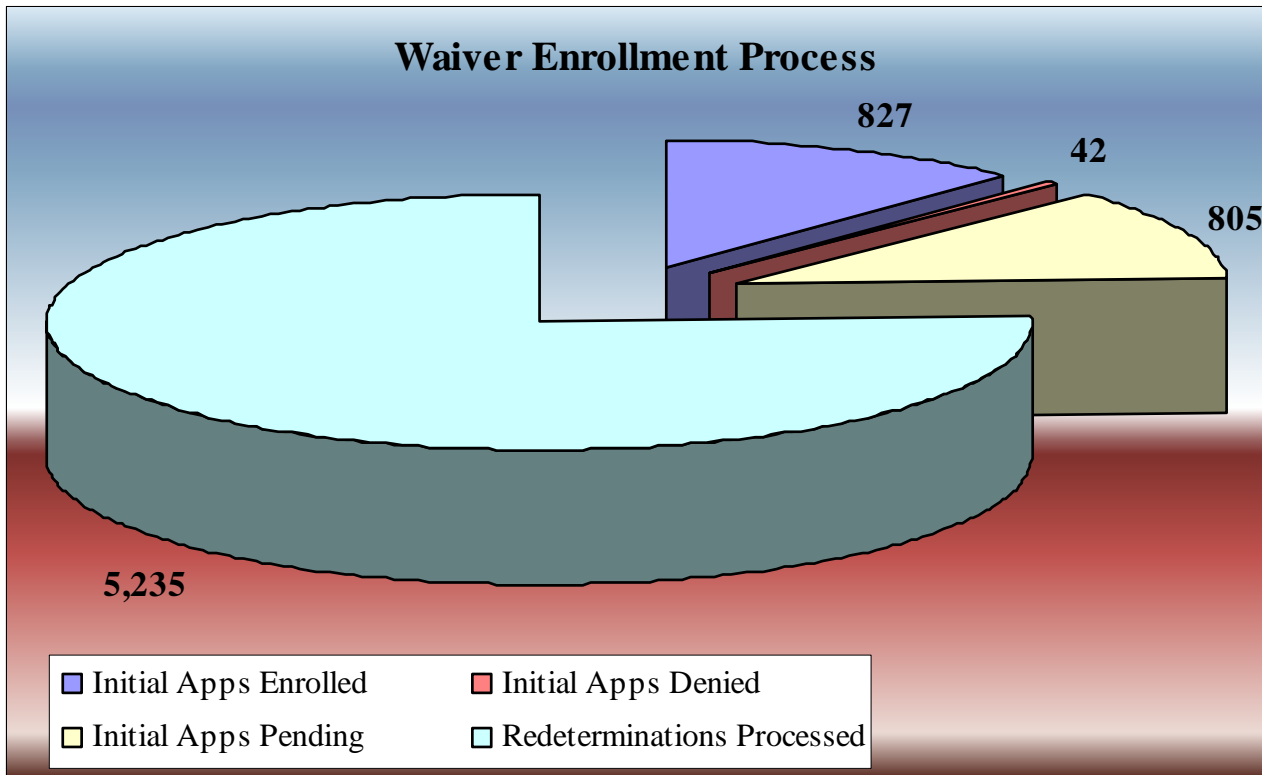
*23.9% for Level 1

	Deceased	In nursing facility/no plans to leave	Voluntarily withdrew from the program	Failed eligibility for Medicaid	No Longer resident of Ohio	Other
IO	32	3	6	0	4	17
LV1	8	0	143	0	1	6
Total	40	3	149	0	5	23

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Waiver Processing:

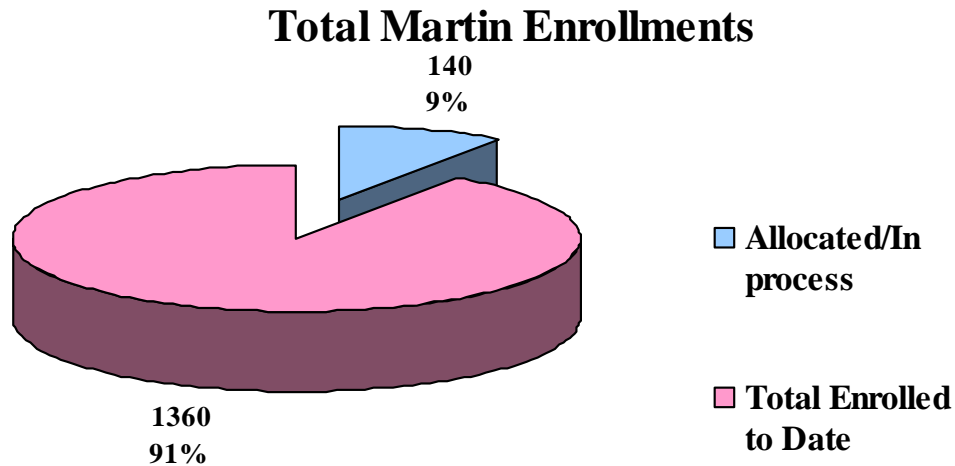


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Martin Enrollment:

Martin Waiver Allocations by Category indicates 1,500 individuals identified for potential enrollment through this reporting period. At the time of allocation, 77 individuals lived in Developmental Centers (DC), 240 lived in community based Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) operated privately and by MRDD boards, 87 lived in nursing facilities, and 1,096 lived in non-institutional settings, including their natural homes.



**Out of 1500 total Martin Waivers Available*

Total Allocated (by Martin category)		2007 Waiver Apps Allocated	2008 Waiver Apps Allocated	2009 Waiver Apps Allocated	Approved for Delayed Enrollment
DC	77	6	57	13	1
ICFMR	240	38	114	87	1
NF	87	17	39	29	2
REG.	1096	168	541	386	1
Total	1,500	229	751	515	5



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**Improvement of operational flow
with core work processes through
the identification of crucial
operating data and other related
analysis.**



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Divisional Communications

Action Statement:

Improve and create a more consistent approach to divisional communications

- a. Implement a centralized and standardized process for timely distribution of all MDA field communications
- b. Solicit input from field experts on priority subject matter topics
- c. Enact open lines of communication with DMR divisions, JFS and various stakeholders
- d. Assist where practical in trainings, webinars and direct 1:1 communication
- e. Continue implementation and progress towards electronic imaging, reducing reliance on paper

Quarterly Update:

- Management Analyst Supervisor Terri Smith has been working with IT and representatives from other DMR divisions in order establish a plan that will allow ODMRDD to go to a paperless system. It is the intent of ODMRDD to be able to assist the county boards in making this digital journey with us.
- The Adult Family Care, (lead by Tracy Cloud Thomas), Remote Monitoring (lead by Chris Miller), and Out of Home Respite (lead by Jane Black) workgroups continue to work towards the development of new services for the IO Waiver.
- ODMRDD continues to work towards the implementation of an electronic imaging system.

Recent Accomplishments:

- Work continues around some fiscal sustainability concepts as suggested by the field through the Director's "listening sessions".
- Administrative guidance on sharing services was distributed to the field on June 1, 2009.



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Data Indicators

Action Statement:

Identify core divisional data indicators and a methodology to consistently measure and evaluate future progress

- a. Prior Authorization
- b. Waiver Eligibility and Level of Care
- c. Waiting List (*reflected on pages 4- 5*)
- d. Medicaid State Hearings (*reflected on pages 13 – 14*)
- e. ODMRDD Waiver Allocations/Capacity Management (IO, L1, Martin) (*reflected on pages 16-20*)
- f. Waiver financial indicators and service trends (DRA, etc.)
- g. PASRR, Home Choice, etc.

Quarterly Update:

- COGNOS reporting is allowing the Department to capture vast amounts of information. We currently have the capability to pull data regarding Prior Authorization and break it into a number of variables. The same application allows information surrounding the DRA to be readily available.
- The new WMS2 system went live January 8, 2009. Reports for WMS are accessible through COGNOS. We are also hoping to include information regarding case hearings in WMS2 in the future so that we will be able to capture this data as well.
 - Reporting capabilities for Waiver Eligibility and Level of Care are now available through COGNOS reports. PASRR reporting will be forthcoming.
- There are currently 138 individuals enrolled on HOME Choice, with 37 additional applications currently pending.

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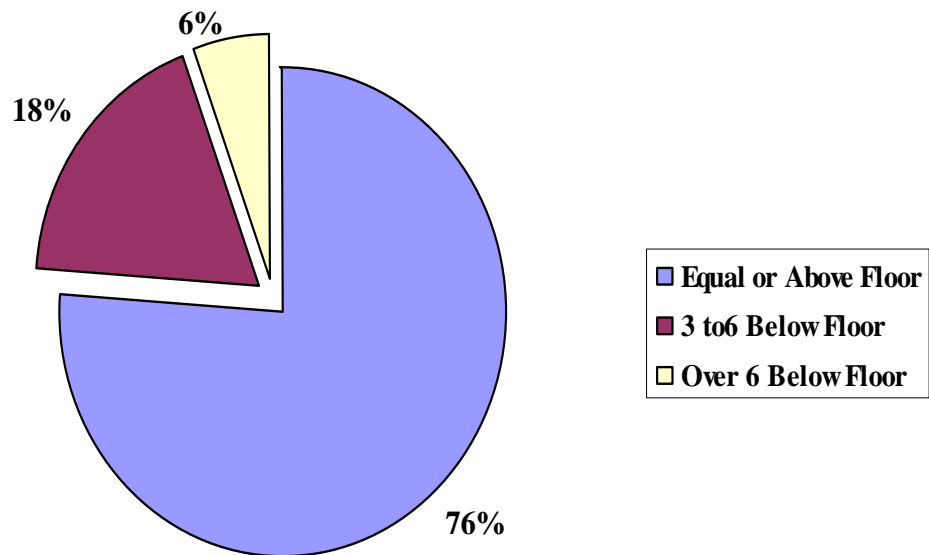
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The Medicaid Waiver Component or Medicaid Floor:

The Division maintains the list of 12,752 Individual Options waivers and 5,147 Level One waivers that make up the Medicaid Waiver Component, commonly known as the *Waiver Floor*, per ORC 5126.0512. According to the rule, it is required that counties make as many requests for individuals to be enrolled as is necessary to maintain their share of the waiver floor.

On June 30, 2009, there were 15,052 individuals enrolled on the Individual Options and 6,377 on the Level One waivers. After adjusting for exclusion of Martin Waivers and including waiver applications that were in process, it was determined that sixty-seven (67) counties were either even with the Waiver Floor or had enrollments in excess of the floor. Sixteen (16) counties were below the waiver floor by three to six individuals, and five (5) counties were below the waiver floor by more than 6 individuals. See the table below.

88 Counties IO Waiver Status Compared to Waiver Floor-- 6/30/09





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Pre-Admission Screening and Resident Review (PASRR)

Action Statement:

Evaluate the PASRR process, rule review and training needs

- a. Expand the implementation and development of the PASRR Tracking System
- b. Work in collaboration with multiple agencies on rule changes, data analysis and potential system overhaul
- c. Offer external trainings on the PASRR process

Quarterly Update:

- The new ODMRDD, ODJFS and ODMH PASRR rules are scheduled for filing in July. Public Hearings will be scheduled and the JCARR review will be in August or September, with an effective rule date set for October. A comprehensive training plan will be developed this summer.
- Our first four PASRR reports are available in COGNOS, and MDA has been working with IT on some data clean-up issues. The main purpose of these reports is for data analysis and tracking; however, we believe the scope of these reports may have broader use. We intend to grant access to these reports to county boards and COGS in the future.
- PASRR resources continue to be available on the department's website, including the PowerPoint presentation from the Ohio County Board Association Conference. We are working on identifying additional resources for posting during the coming months.
- PASRR reviewers continue to provide technical assistance to County Boards, hospitals, nursing facilities and PASSPORT administrative agencies.



**Medicaid Development &
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**Lead in the development, renewal
and/or amendments of Ohio's
MRDD Medicaid Waiver Programs**



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Waiver Development

Action Statement:

Assist in leading the development of new self-directed waiver designed to serve Children with Intensive Behavioral Needs

- a. Work in conjunction with other Divisions and MDA staff to submit a new waiver application to CMS
- b. Operationalize the new flexible supports self directed waiver

Quarterly Update:

- ODMRDD engaged in a conference call with JFS and CMS on the New Futures Waiver on May 5, 2009. Overall, the comments from CMS were positive, with CMS complimenting ODMRDD on how well the concept paper was written.
- We are hoping to submit a draft waiver application in late 2009. The New Futures Waiver Concept Paper, as originally submitted to CMS, is now available at the Department's website at: <http://www.mrdd.ohio.gov/futures/NewFuturesWaiverFeedback.htm>.

IO Waiver Amendment

Action Statement:

Submit Amendment for the Individual Options Waiver

Engage in cooperative discussions with JFS, Department Staff, and stakeholders to determine appropriate revisions to the IO Waiver and submit as appropriate

Quarterly Update:

- Workgroups have begun meeting on the new services that ODMRDD will be requesting an amendment to the IO waiver for: Adult Family Care; Out of Home Respite; and Remote Monitoring. Timeframe for these workgroups to have a product is late 2009.