

Executive Summary -August 31, 2012
Ohio's Proposed Integrated Care Delivery System Waiver
for Single Waiver Stakeholder Group Meeting

Ohio's vision for the Integrated Care Delivery System (ICDS) is to create a fully-integrated system of care that provides comprehensive services to Medicare-Medicaid enrollees across the continuum of Medicare and Medicaid benefits. It includes long-term services and supports (LTSS) as), facilitated by the creation of a 1915(b)/(c) ICDS Waiver, which will enable people to maximize their independence and live in settings of their choice.

Purpose of Proposed 1915(b)/(c) Waiver

The Ohio Department of Job and Family Services (ODJFS) will submit a 1915(c) application to create the new ICDS Waiver. The waiver will be effective March 1, 2013, with enrollment to commence April 1, 2013. Among other things, the ICDS Waiver will:

- Permit Ohio to provide home and community-based services (HCBS) that are not otherwise available through the Medicaid state plan to individuals who are eligible for the ICDS demonstration and require a nursing facility (NF) level of care (LOC).**

- Waive §1902(a)(1) of the Social Security Act (statewideness) in order to furnish Medicaid HCBS only to those individuals who reside in the following counties: Fulton, Lucas, Ottawa, Wood, Lorain, Cuyahoga, Lake, Geauga, Medina, Summit, Portage, Stark, Wayne, Trumbull, Mahoning, Columbiana, Union, Delaware, Franklin, Pickaway, Madison, Clark, Green, Montgomery, Butler, Warren, Clinton, Hamilton and Clermont.**

- Provide for self-direction of selected HCBS.**

- Assure continuity of care by offering a service package that is consistent with the services available in Ohio's five NF-based LOC waivers (i.e., the PASSPORT, Choices and Assisted Living waivers administered by the Ohio Department of Aging (ODA) and the Ohio Home Care and Transitions II Aging Carve-Out waivers administered by ODJFS).**

The 1915(c) ICDS Waiver application will be submitted concurrently with a 1915(b) waiver application that seeks to waive §1915(b)(1) (mandated

enrollment to managed care) and §1915(b)(4) (selective contracting/limit number of providers).

Ohio estimates that approximately 37,000 unduplicated individuals will participate in the ICDS Waiver in Year 1, most of whom will transfer from one of Ohio's five NF-based waivers. That number is expected to climb to approximately 41,700 in Year 3 of the demonstration. There will be no limitation on the number of individuals who may be served in the waiver at any one August 31, 2012 2 time in a given year, nor will capacity be reserved in any way. The waiver will be open only to those individuals who are eligible for participation in the ICDS demonstration.

Public Input

Ohio has been working with stakeholders on the development of the ICDS demonstration since January 2011. In doing so, the State has conducted numerous activities to solicit input and has considered stakeholders' concerns and expectations in making key decisions. Ohio will continue to engage with and incorporate feedback from stakeholders during the implementation and operational phases of the ICDS demonstration, including the ICDS 1915 c waiver.

2. Transition Plan

Ohio is sensitive to the magnitude of the proposed changes and is committed to implementing the ICDS Waiver in a manner that allows for the safe transition of individuals, emphasizing continuity of care, and minimizing service disruption. Initial enrollment on the ICDS Waiver will be phased-in over three months beginning in April 2013 and coinciding with the phase-in of the ICDS demonstration.

In order to effectively implement the ICDS demonstration and transition existing waiver individuals into the new waiver, the ICDS plans will be required to adhere to specific transition requirements. Each individual participating in the ICDS Waiver will bring his or her own pool of providers to the plan upon transition into the ICDS demonstration. Individuals can initiate a change in waiver service provider at any time:

- Waiver personal care assistance, nursing, respite, enhanced community living, adult day services, social work/counseling and independent living skills providers will be maintained for 365 days unless a change is required.**

- All other waiver service providers will be maintained for 90 days.**

During the transition period, change from an existing provider can occur in the following circumstances:

- **The individual requests a change,**
- **The provider gives appropriate notice of intent to discontinue services to an individual, or**
- **Provider performance issues are identified that affect an individual's health and welfare.**

Prior to the conclusion of the individual's transition period, the individual will meet with his or her waiver service coordinator and other transdisciplinary care team members to discuss any required changes in services or providers. If a change in provider is required, the individual will be provided information regarding the panel of providers available through the ICDS plan. Upon provider selection, an individualized transition plan will be developed and integrated into the care plan. August 31, 2012

3 Transition Plan

for Individuals Transferring from a NF-based Waiver to the ICDS

Waiver

Transition Requirements

Physician

Waiver Participants

90-day transition for individuals identified for high-risk care management;

365 days for all others

Pharmacy

90-day transition

Medicaid Durable Medical Equipment (DME)

Must honor prior authorizations (PA) when item has not been delivered and must review ongoing PAs for medical necessity

Scheduled Surgeries

Must honor specified provider

Chemotherapy/Radiation

Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider

Organ, Bone Marrow, Hematopoietic Stem Cell Transplant

Must honor specified provider

Medicaid Vision and Dental

Must honor PAs when item has not been delivered

**Home Health
Private Duty Nursing (PDN)**

Maintain service at current level, with current providers and at current Medicaid reimbursement rates.

**Changes may not occur unless:
A significant change occurs as defined in OAC 5101:3-45-01 ; or
Individual expresses a desire to self-direct services; or
After 365 days.**

Waiver Services (Direct Care)

- **Personal Care Assistance**
- **Waiver Nursing**
- **Home Care Attendant**
- **Respite**
- **Enhanced Community Living**
- **Adult Day Services**
- **Social Work/Counseling**
- **Independent Living Skills Training**

Maintain service at current level, with current providers and at current Medicaid reimbursement rates.

**Changes may not occur unless:
A significant change occurs as defined in OAC 5101:3-45-01; or
Individual expresses a desire to self-direct services; or
After 365 days.**

Waiver Services (All Other)

Maintain service at current level for 365 days and existing service provider for 90 days. Plan initiated change in service provider can occur only