

Single Waiver Stakeholder Group

As part of the Affordable Care Act (ACA), we are seeing many initiatives that encourage the use of more Home and Community Based Services as an alternative to institutionalization. And the latest dawning in Ohio's is a CMS initiative that provides States with strong financial incentives to stimulate greater access to non-institutionally based long-term services and supports through a program called the State Balancing Incentive Payment Program, commonly referred to as the Balancing Incentive Payment Program or BIPP. The financial incentives to States come in the form of increases in the FMAP for non-institutional long term services and supports (LTSS). In order to qualify, States are required to undergo structural changes in the framework of their LTSS including: a no wrong-door single entry point for all LTSS, conflict free case management services, and a standardized assessment instrument. For those members following these continuing re-balancing efforts in Ohio, you will begin to notice common themes emerging around care management and a standardized assessment instrument which are key themes we will see in the next phase of the NF Level of Care initiative and the soon-to-be Duals Project. In preparation for opportunities within the ACA, HB 153 (Ohio's biennial budget bill) authorized a number of things including the creation of a new person-centered Home and Community Based Services (HCBS) single waiver that will serve all people with a NF-based level of care. As we all know, Ohio currently has a handful of different waivers, each with their own unique assessment protocols, eligibility requirements and service packages. This week, the second meeting of the Single Waiver Workgroup was held to begin discussions around some high level concepts that will need to be addressed as Ohio moves forward with a single waiver. These high level concepts will be presented in a White Paper to CMS to help gather input and direction before the waiver application is actually filed. While there was general

discussion around some items like the integration of nursing and personal care services, transportation (the advantages and disadvantages of having it as part of personal care), and respite services, the most challenging discussion point centered around the issue of conflict free case management. The BIPP appears to imply that case management cannot be done by the actual providers of the HCBS service--like we currently see with PASSPORT whereby the assessment, care plan and delivery of service is all done through the Area Agencies on Aging. Ohio indicated that they wish to separate the screening and assessment function from the case management function and bid out case management so that each region in Ohio has at least two options for consumers.