Project: Recovery Requires a Community

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PROJECT PURPOSE

Situation

There are individuals in institutional settings with a behavioral health diagnosis who may be able to live sustainably in community. By assisting individuals with additional supports, it helps to enforce the Olmstead decision, but also to reduce the cost to the State of Ohio for service delivery as well as other systems who serve individuals with behavioral health diagnoses. Additionally, the program aligns with the goals of many initiatives throughout Ohio to reduce the amount of individuals in institutional settings and increase community linkages.

Hot Spots

Individuals with serious and persistent mental illness are a high-priority population for the state, as many individuals become high-cost users of services. For more, please refer to OHT's Medicaid Hot Spot Presentation, slides 13-15.

Scope of Work

On a per-person basis, resources will be transferred from Ohio Medicaid to MHA in support of individuals with serious and persistent mental illness who leave an institutional setting and move to a community setting. These resources will be used to fund specific non-Medicaid services and supports needed by that individual as he or she reestablishes community living.

High-Value Targets

- In concert with HOME Choice, 2,000 individuals will be transitioned from institutional settings into the community over three fiscal years.
 - o 500 in FY14; 700 in FY15; 800 in FY16
- The provision of Recovery resources for individuals where "gaps" in their service plans were identified that inhibited their departure from an institutional setting
- The creation of systemic programs to reduce the number of individuals placed in institutional settings.
- An increase in community sustainability as a result of new service availability.
- A reduction of overall expenditures for services and supports for the population served.

PROJECT TEAM

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Operational Staff To be determined	МНА		

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Operating Protocol

- A. **Applicability.** This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies:
 - The Ohio Department of Medicaid (ODM)
 - The Department of Mental Health and Addiction Services (MHA)

B. Purpose.

The purpose of this Operating Protocol is to implement the Recovery Requires a Community Program and to document the responsibilities of the participating state agencies in tasks related to funding, minimum personnel, workflow, and data sharing. Additional clarity related to operational components will be informed by a process facilitated by staff from LEAN Ohio.

This Operating Protocol constitutes agreement by the Directors of the participating state agencies with the funding, personnel, workflow, and data sharing responsibilities specified herein.

C. Funding Responsibilities.

1. The funding sources identified for the time period specified in the table below are committed to the Recovery Requires a Community Program.

Operating Protocol Funding Table for: Recovery Requires a Community

Time Period: 7/1/2013-6/30/2014

						Description of How
				CFDA	Will Funds Be	Funds Will Be
Agency	Fund Source-Fund	Fund Source-ALI	Amount	No.	Sub-Granted?	Transacted
MCD	GRF	600525 (Health care	-3,300,000			Funds will be transferred from MCD to MHA via
		Medicaid/State)		n/a		ISTV
МНА	GRF	Fund 1490 (Sale of Goods and Services)	+3,300,000	n/a		ISTV deposited into rotary fund.
МНА	GRF	Fund 1490 (Sale of Goods and Services)	-3,300,000	n/a		Appropriation transferred from MHA rotary to appropriation item and rotary reduced
МНА	GRF	335609 (Community Operating/Planning)	+3,300,000	n/a	Yes	Appropriation increased due to transfer from rotary.

- 2. If the table above indicates any federal funds are to be sub-granted to lower level sub-recipients, the agency issuing the sub-grant will be responsible for communicating federal and state compliance requirements governing program funding. Such requirements include, but are not limited to, 45 CFR 92, OMB Circular A-133 and cost principles outlined within 2 CFR 220, 2 CFR 225 or 2 CFR 230 as applicable to the sub-recipient.
- **D. Personnel.** Personnel identified for the time period specified in the table below are committed to components of Recovery Requires a Community.

Recovery Requires a Community will operate with both policy and operational staffs in order to both help people successfully utilize Recovery Requires a Community resources, as well as develop new programs meant to further the intent and spirit of Recovery Requires a Community, HOME Choice, and other system reform programs.

- a. The **Policy Staff** will direct the Recovery Requires a Community program, and make administrative decisions regarding funding, fiscal transfer, and evaluation. Policy staff assists in adjudicating appeals, and acts as the main point of contact for the *Recovery* program to other stakeholders. Additionally, the policy staff acts as the main policy lead for MHA regarding system initiatives within the spirit and scope of Recovery Requires a Community, and assists with technical assistance and training for Recovery Requires a Community.
- b. The Operations Staff will act as the main point of contact for service providers as well as HOME Choice regarding the operational aspects of utilizing Recovery Requires a Community resources. The operations staff act as the chief intake officers for applications, and work with ADAMH Boards to ensure completeness. The operations staff also operates as a main point of contact for compliance and reporting. The operations staff report to policy staff lead.

MHA is the primary agency for Recovery Requires a Community, with the lead Recovery Requires a Community policy staff member operating as the director. MHA Operational Staff for Recovery Requires a Community report to the Recovery Requires a Community director. The director of Recovery Requires a Community will be in regular contact with HOME Choice policy and operational staff to ensure HOME Choice participants are utilizing Recovery Requires a Community Resources efficiently and effectively.

E. Workflow. Key workflow process transactions for Recovery Requires a Community initiative are described below.

The *Recovery* Program is meant to provide resources for individuals with serious and persistent mental illness who are in an institutional setting and desire to live in the community. These resources are meant to act as a way to "fill the gap" when no other resources can meet the need of the individual. Funding for the program is allocated from the average cost differential between living in an institutional setting and community living. The money then is moved from Medicaid into MHA's budget as a non-Medicaid resource. The process to receive funding is intended to allow for the maximum amount of eligible individuals to apply, but at the same time encourage ADAMH boards and service providers to utilize every other available resource before using *Recovery*. Not only does it mean that local resources are utilized properly, but it also requires greater communication and teamwork on the part of many of the most important service providers. The subsequent pages detail the process from the point of application to moving to a community setting.

c. ADAMH/Recovery Estimates

At the beginning of every fiscal year, starting with the inception of the program, MHA *Recovery* staff will contact ADAMH boards to estimate the amount of individuals who may, at maximum, be served via *Recovery*. These estimates will be derived from previous HOME Choice participants who have transitioned into the community and have circumstances that threatened their ability to remain in the community, or are Applied, Approved, and Not Enrolled. The ADAMH board will then provide an estimate of the programmatic and financial resources that will be dedicated to these individuals. This acts as one of the bases for determining the amount of resources allocated to an individual via *Recovery*, and it is expected that ADAMH boards will utilize all other available resources before accessing *Recovery* funding.

d. Already identified Applied, Approved, Not Enrolled to begin Recovery
As of May 1, 2013, there were 150 individuals with serious and persistent mental
illness in facilities across Ohio that were Applied, Approved, Not Enrolled with
identified barriers that cannot be covered by current resources. Recovery will
begin by working with the applicable ADAMH boards and current HOME Choice
Transition Coordinators to determine appropriate use of Recovery funding.

e. Pre-Recovery Application

i. HOME Choice Applicant

Individuals can enter into the *Recovery* Program through multiple paths. The majority, however, will enter after participating with HOME Choice. Individuals will fill out an application to HOME Choice and submit that to the HOME Choice Operations, who will process the paperwork and send the file onto the Pre-Transition Case Manager (PTCM).

ii. Pre-Transition Case Management

Once a consumer has been approved by the HOME Choice Operations and the PTCM has agreed to work with the consumer, he or she will make initial contact with the facility and the consumer (and guardian if applicable). The PTCM will gather information about the individual, including a "Community Readiness Tool" that will ask specific questions about needs in community. Based on assessment, dialogue, observations, and any other information that may be shared by a consumer or staff, the PTCM will make an informed recommendation about what the consumer may need and their community living potential.

iii. Identification of Mental Health Service Needs

A PTCM may recognize through observation that an individual could potentially have a MH diagnosis. At that point, the PTCM will make initial contact with the ADAMH Board, communicating that an individual with potential mental health needs is in a facility and may utilize *Recovery*. The board will identify providers for the individual to select from, and the provider will work with the discharge planning team to determine the needs of the individual.

iv. Identification of Transition Coordinator

If a PTCM believes that there is any kind of mental health need to be addressed, he or she should consider it when aiding the consumer in their selection of Transition Coordinator (TC) and other providers. For someone who will likely utilize *Recovery* resources, selecting a TC who that is also a Community Mental Health Center (CMHC) allows for more streamlined service provision and increased expertise in serving individuals with Mental Health needs. However, it is ultimately the individual's decision who he or she decides as the Transition Coordinator.

v. Deciding on Waiver Necessity

A PTCM will also note, along with potential MH needs, if there are indications that may qualify an individual for waiver services. While most individuals who qualify for *Recovery* would not meet the level of care for a waiver, in the cases where an individual may be dually diagnosed with another disability, waiver services would be an integral component of an individual's service array.

vi. <u>Discharge Meetings with MH involvement</u>

After the PTCM has made his or her recommendations, he or she will coordinate a discharge planning team. In order to utilize *Recovery* resources, a representative from the ADAMH board will be required to attend these meetings. The meetings will also include the participant (and guardian if applicable) and the facility Social Worker, as well as other identified providers to discuss disposition, discharge options, and gaps in service. Additionally, a diagnostic assessment by a Behavioral Health clinician should occur to provide more detail about an individual's needs.

vii. Qualified Residence Decision

The Money Follows the Person program designates certain housing placements as "Qualified Residences". The requirements include:

- A home owned or leased by the individual or the individual's family member;
- An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control; and
- A residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside.

As part of the discharge planning process, the team will determine what the best housing placement should be based on assessments, observations, and feedback from the participant. If the individual's housing selection is a qualified residence, the individual can continue utilizing HOME Choice services. However, if it is not a qualified residence, HOME Choice is required to disenroll the individual from

the program. The individual can then utilize *Recovery* as a Non-HOME Choice applicant.

f. Non-HOME Choice Applicant

The *Recovery* program is meant to serve any individual with a mental health diagnosis with barriers that cannot be met by traditional Medicaid and non-Medicaid resources, irrespective of using HOME Choice. While it's expected that most individuals will utilize HOME Choice, individuals that do not meet the qualifications (in a facility at least 90 days, be Medicaid eligible, meet an institutional level of care), can access funding. These individuals would connect directly with a Community Mental Health Center and proceed through the discharge planning process without HOME Choice.

The Ohio Access Success Project (Success Project), administered by the Ohio Department of Medicaid, expands Ohio's capacity to serve long-term care consumers in the community by identifying individuals living in a nursing facility who wish to live in a community-based setting and who can do so with linkages to community services and supports.

Funded through a combination of federal grant funds and state funds, the project provides qualified nursing home residents with assistance in making plans for relocation from the nursing facility to community based settings; assistance with linking to needed supports and services, such as housing, transportation, financial assistance programs and supportive services; and one-time funding to assist with relocation expenses.

To be eligible for Access Success an adult must:

- Be a resident in a nursing home;
- Be eligible for Medicaid;
- Need the care that is provided in a nursing home; and
- Have care needs that can be provided in the community at no more than 80 percent of the average Medicaid cost of care in a nursing home.

In the case of an emergency, where discharge into a state of homelessness is imminent, the ADAMH board may contact *Recovery* staff immediately to discuss emergency assistance to ensure that homelessness is avoided.

Individuals accessing emergency funding are required to meet population eligibly criteria before requesting funding.

II. Recovery Application

a. Applicant

For the process of receiving *Recovery* funding to begin, a completed application must be submitted to the *Recovery* office at MHA on behalf of the individual participant. The ADAMH board is the only entity that may submit an application to MHA. However, the board may establish a designee to perform information collection.

i. Filling out the application

The following information must be completed in its entirety in order for an application to be accepted for *Recovery*:

- Participant Information, including Medicaid ID number and Social Security number
- Providers of record, including contact emails and phone numbers
- If applicable, a list of all HOME Choice services designated for the individual at the time of application. Applicants will be asked to describe the barriers that these services will address.
- A list of all Medicaid State Plan services received by the participant, including Mental Health Services. Applicants will be asked to describe the barriers that these services will address.
- If applicable, a list of Home and Community-Based Service
 Waiver services received by the participant. Applicants will be asked to describe the barriers that these services will address.
- A list of all Board Levy and General Revenue Fund services received by the participant. Applicants will be asked to describe the barriers that these services will address.
- A list of the activities that are being requested through
 Recovery. For each activity, documentation will be required to
 demonstrate that other resources have been attempted and
 have not been sufficient to serve the individual in community.

This application should be emailed to the *Recovery* office in a secured fashion.

ii. Service allocation as means to determine eligibility

Recovery operates as a funder of last resort for non-Medicaid services. In order for an individual to receive Recovery funding, it must be clear to MHA that all available Medicaid services have been determined, and that all attempts to utilize non-Medicaid local, state, and federal resources have been exhausted, including GRF and Levy ADAMH resources. MHA and Recovery staff will provide up-to-date guides for ADAMH boards and other agencies to use as they develop a service and support plan for an individual.

iii. Eligible Activities

At the inception of the program, there are six major Eligible Activity categories, along with an "Other" category. As the program continues its development, more eligible activity categories may be created:

- Housing, including subsidy, home furnishing, and homelessness mitigation;
- Home Modification for safety and accessibility;
- Arrears, including back utility payment and back rent payment;
- Supplemental Independent Living Assistance, including the extension of HOME Choice supplemental and demonstration services; and
- Non-Medical Transportation.

The *Recovery* program allows for a broad amount of activities that can ensure sustainability in the community, and emphasizes focusing on the person and his or her needs, and not regulatory burden.

In order to maintain cost controls, however, *Recovery* will use a moving average and standard deviation to determine when a request for money requires additional documentation. Applications that are above three standard deviations from the mean will be asked to provide additional documentation explaining why the additional expense is required.

Until a sufficient amount of applications have been submitted, *Recovery* will use the benchmark mean of \$3,200 with a standard deviation of \$250.

iv. Recovery Review Team

As applications are submitted to the *Recovery* program, they will be reviewed for completeness, which may include determining if current resources have been appropriately leveraged. If the application is incomplete, *Recovery* staff will work with the ADAMH board to ensure the application has been amended.

If the application is complete, a team consisting of staff from the *Recovery* program, MHA's fiscal, clinical, evaluation staff, staff from the HOME Choice program, as well as Subject Matter Experts from each eligible activity, will review the applications that have been submitted in the previous month to determine eligibility. This review team will test applications to ensure clinical appropriateness, as well as fiscal soundness. If the review team agrees on an application, it will then be approved for funding.

v. Allocation of funding to ADAMH Board

Funding will be allocated to the ADAMH board on a monthly basis for each individual at the end of the month, starting with the month the application is approved by the review team. This amount will for the amount needed until the end of the next fiscal year. In the case of an emergency, money will be forward to the board as soon as it is feasible.

b. Appeal Process

If an ADAMH Board or its providers believe that the decision rendered was inaccurate, they may choose to have the application reviewed again the next month. The application will be required to have additional documentation supporting the Board's appeal, as well as a document outlining the Board's arguments. The Board may appeal up to three (3) times per fiscal year per individual.

c. Revisions to Application

Should circumstances change for an individual, his or her application to *Recovery* may be amended at any time. Revisions will be reviewed monthly,

except in the case of an emergency, at which point the revision will be reviewed immediately.

d. Annual Recertification

At the end of each fiscal year, every ADAMH Board with a *Recovery* individual will be required to reapply for *Recovery* funding. If there are no changes, the ADAMH Board may provide a cover letter on top of the application stating that there is no change to the individual's needs.

F. Data Sharing.

1. Data sources and elements to be shared are still under discussion between MHA and ODM staff. Current options and related data elements are described below and include MITS and BAIR, and the soon to be developed integrated data system thorough OHT meant to share data between multiple sister agencies.

Operating Protocols Data Sharing Table for: Recovery Requires a Community

Time Period: 7/1/2013-6/30/2014

			Is Data Protected		
			Health	Description of Data Sharing	
Agency	Data Source	Description of Data Elements	Information?	Procedures	
		Ability to access eligibility,		MCD will provide MHA staff	
	MITS	enrollment and utilization data and		with appropriate MITS and	
OMA		reports for individuals enrolled in		MITS-subsystem access	
		Recovery Require A Community.	Yes	through the online application	
		Access to/review of file generated		MCD will provide MHA staff	
OMA		for draws for Medicaid claims.		with appropriate system	
			Yes	access	
OMA	CRISe	Ability to view individual eligibility	Yes	MCD will provide MHA staff	
		and enrollment data		with appropriate CRISe access	
	DSS, BIAR, HOME	All reporting functionality related to		MCD will provide MHA staff	
	Choice Database,	individuals utilizing Recovery		with appropriate access to the	
	Quality of Life Survey	Requires a Community. Including		relevant system.	
ОМА	Instrument,	any data including identifying			
	Community	information: name, SSN, dob,			
	Readiness Tool and	address, county of origin; guardian			
	other relevant data	information including name,			
	systems.	address, date of guardianship, etc.;	Yes		
	,	eligibility information including type	. 55		

Ohio Health and Human Services Cabinet PROJECT MANAGEMENT TEMPLATE

of Medicaid coverage (MBIWD, etc.),		
dates, base financial information,		
expected patient liability, level of		
care date, diagnosis, service		
utilization, related expenditure data,		
and responses on survey		
instruments.		

2. If a participating agency reasonably determines that its protected health information shared with another agency has been maintained, used or disclosed in violation of state or federal law, the agency may cease sharing access to the information until the matter is satisfactorily resolved among the agencies and the Governor's Office of Health Transformation.