

Project: Balancing Incentive Program (BIP)
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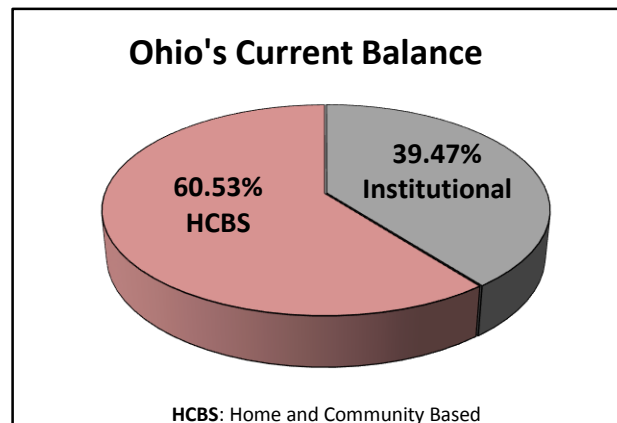
PROJECT PURPOSE

Situation

There are individuals in institutional settings who may be able to live sustainably in the community. When Governor Kasich took office, Ohio was spending more of its Medicaid budget on high-cost nursing homes and other institutions rather than community and home-based services. The Governor's Office of Health Transformation is working to "rebalance" Medicaid spending toward less expensive home and community-based long-term services and supports. The ultimate goal is for Ohio seniors and individuals with disabilities to live with dignity in the setting they prefer. Assisting individuals with additional home and community-based services and supports reduces costs for the State of Ohio. Additionally, the Balancing Incentive Program's operating requirements align with many of the reform initiatives proposed in Ohio to reduce the amount of individuals in institutional settings and increase community linkages.

Hot Spots

Seniors and individuals with disabilities are high-priority populations for the state of Ohio as, without the proper resources, many of these individuals become high-cost users of long-term care services. For more information, please refer to [OHT's Medicaid Hotspot Presentation](#) (slides 5 & 7).



BIP states must achieve a benchmark of 50% of total Medicaid LTSS expenditures on community-based (non-institutional) services by September 30, 2015. **As of December 2014, Ohio's balance is 60.53% home and community-based services and 39.47% institutional services.**

Scope of Work

Authorized by §10202 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), the Balancing Incentive Program (BIP) provides financial incentives to States to offer community-based long-term services and supports as an alternative to institutional care. The program provides increased Federal Medical Assistance Percentages (FMAP) to states that spend less than 50% of long-term care dollars on services provided in home and community-based settings. Ohio is receiving a two percent increase in FMAP through September 30, 2015

To qualify for these funds, Ohio has committed to increasing the share of expenditures for community-based long-term services and supports so that it equals or exceeds the expenditures for institutional

long-term services and supports prior to the end of the BIP period. States must also implement three structural changes in their systems of community-based long-term services and supports: (1) a No Wrong Door/Single Entry Point (NWD/SEP) eligibility determination and enrollment system, (2) Core Standardized Assessment Instruments, (3) and conflict-free case management.

High-Value Targets

- Provide more people with the opportunity to receive care outside of institutional settings
- Help Ohio further their balancing efforts between institutional and community-based care to increase funding for non-institutional, home and community-based services and supports to 50% of the long-term services and supports budget
- Create tools to facilitate person-centered assessment and care-planning that improve system performance and efficiency
- Enhance quality measurement and oversight

Project Team

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|------------------|------------|--------------|--|
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OPERATING PROTOCOL

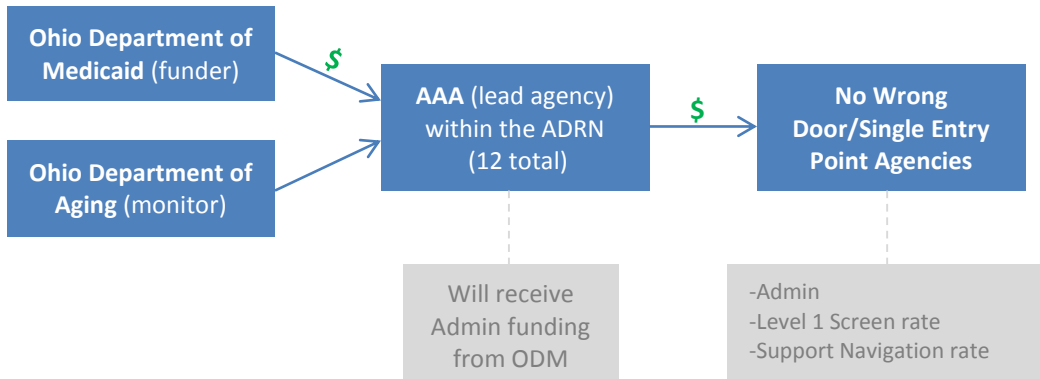
- I. **Applicability** - This Operating Protocol is developed pursuant to O.R.C. Sections 191.01-191.06 and is applicable to following state agencies:
 - The Ohio Department of Medicaid (ODM)
 - The Ohio Department of Aging (ODA)
 - The Ohio Department of Mental Health and Addiction Services (MHAS)
 - The Ohio Department of Developmental Disabilities (DODD)

- II. **Purpose** - The purpose of this operating protocol is to set forth the roles and responsibilities of each identified party in the development, implementation, operation and evaluation of the Balancing Incentive Program (BIP) as relates to the delivery of long-term home and community-based services and supports to individuals of all ages with long-term service and support needs, developmental disabilities and behavioral health needs.

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

III. Funding Responsibilities

- a. The funding responsibilities for the Balancing Incentive Program will be outlined in the three-way agreement between ODM, ODA, and the Area Agencies on Aging (AAAs). This agreement will be amended to reflect the necessary requirements of the AAAs in regards to their responsibilities as the lead agency accountable for contracting with the SEP agencies in their area. Both state and federal funding will be dispersed from ODM to the AAAs who will then contract with the SEP agencies to distribute the money for administration, support navigation, and Level 1 screening. ODM has \$10 million in state share and \$10 million in federal share available for this program, for a total of \$20 million dollars. The following diagram illustrates the aforementioned responsibilities:



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.

IV. Personnel- Personnel identified for the time period specified in the table below are committed to the Balancing Incentive Program.

Operating Protocol Personnel Table for: Balancing Incentive Program
Time Period: 10/23/2014 – 9/30/2015

| Agency | Staff Name | Position | FTE Value | Functions Performed |
|--------|------------|----------|-----------|---------------------|
| N/A | N/A | N/A | N/A | N/A |

V. Workflow- Key workflow process transactions for the Balancing Incentive Program are described below.

The Balancing Incentive Program (BIP) provides states with additional enhanced federal funding for the improvement of access to home and community-based long-term services and supports. The subsequent paragraphs detail the process from the point of initial inquiry to moving to a community-based setting.

1. **Initial System Overview** – When building Ohio’s regional Aging and Disability Resource Networks (ADRN), the State embraced a “no wrong door” philosophy. Consistent with the NWD/SEP design under BIP, the State recognizes that individuals may seek access to long-term services and supports (LTSS) in different ways or through different organizations depending on their needs. For these reasons, Ohio’s ADRN will serve as the No Wrong

Door/Single Entry Point system under the BIP program requirements. There are currently 12 ADRNs that serve the state of Ohio. ADRN members are not required to serve as a Single Entry Point Agency, but all Single Entry Point Agencies are required to be a part of the ADRN.

- 2. NWD/SEP agency, 1-800 #, or website** – When BIP is fully implemented in Ohio, the State will provide individuals and their families with multiple, universal, entry points into the long-term care system. These entry points include multiple in-person agencies that are a part of the NWD/SEP network, a statewide toll-free number, and an interactive website. Ohio’s regional ADRNs will serve as the regional leads for the State’s NWD/SEP network of agencies. All of the resources listed above will provide or include information on both financial and programmatic eligibility criteria and services offered.

- 3. Level 1 Screen** – In order for individuals to access information and obtain referrals under the BIP program, they will need to go through one of the three primary tracts (SEP network, toll-free number, or the website). No matter which option is chosen, the individual requesting information or assistance will participate in a person-centered Level 1 screen to identify needs, collect preliminary financial and functional data, and receive appropriate referrals. This Level 1 Screen will be developed in collaboration with stakeholders and will be an Ohio specific tool. If a person seeks assistance through the toll-free number, they will be automatically connected to a SEP in his/her area. Individuals using the toll-free number will be connected to an operator if there are any functions that the individual is unable to perform. The individual will then complete the Level 1 person-centered screening via the telephone with trained staff at the SEP. If an individual seeks assistance or information through the state-wide website, they will have the opportunity to access and complete the web-based, person-centered Level 1 screening tool online to help identify their needs. After completion, the information submitted will be transferred to a local SEP for further processing. Finally, any individual is able to receive information and assistance in-person at any SEP agency. Regardless of need or age, an individual will be able to participate in the person-centered Level 1 screen to identify their needs.

Whether an individual has contacted the toll-free number, the website, or a participating NWD/SEP, the screen they participate in will yield the same recommendations and offer the same referral options.

Potential outcomes of a Level 1 screen include referral to a community-based service or referral for a more comprehensive functional assessment that will establish level of care and LTSS needs. Only those applicants who are considered potentially eligible after the completion of the Level 1 Screen will receive the comprehensive Level 2 assessment.

- 4. Screening and Support Navigation** – Regardless of how the Level 1 screening was completed (in-person, via the web site or over the phone support navigation will be available to individuals who need additional support. The support navigators who provide support and assistance as needed throughout the screening and assessment process. The amount of support will vary depending upon the needs of the individual and will vary from computer-based referral/next steps to ADRN staff working directly with the individual or their family.

5. **Found potentially eligible** – Depending on the outcome of the Level 1 Screen, a referral to a Level 2 assessment may be appropriate. For individuals whose Level 1 Screen has identified an LTSS need, the SEP is expected to send a referral for assessment to the appropriate assessment agency if seeking comprehensive assessment of need, or offer a support navigator’s assistance to help contact the agency(ies) administering the identified community-based LTSS programs that may meet the need.
6. **Level 2 Functional Eligibility + Financial Eligibility Assessments** - When the individual is linked with the appropriate agency(ies), a Level 2 assessment may be necessary to determine program eligibility. The Level 2 assessments will be completed by the agency that is currently tasked with determining programmatic eligibility for Medicaid LTSS. The Level 2 assessment is a more comprehensive and complete picture of the individual’s abilities and needs, and is a streamlined eligibility and enrollment process. The functional assessment must be completed in person and by designated personnel who have completed the required standardized training. The financial eligibility assessment will be as automated as possible, and where feasible, the data will be pulled from existing data sources. The Level 2 assessment will be completed using an ODM-approved and BIP-compliant statewide assessment tool that is being created.
7. **Final Eligibility Determinations** – A system will be created that links financial and functional data systems together in order to determine if an individual is eligible for LTSS.
8. **Coordinate the Enrollment in Services** – After determinations are made, the Level 2 entity will provide options counseling to help individuals choose among the programs for which they are determined eligible for. NWD/SEPs will also support the individual and their family through the process of enrolling in the programs or services.

If at any point during the process an individual is determined to be financially ineligible for Medicaid, or ineligible for LTSS programming, they will be linked or referred to other community services by the support navigator for the SEP agency.

VI. Data Sharing

Data for the Balancing Incentive Program will be housed within ODM’s new comprehensive assessment and case management system, LOTISS (Linking Ohioans to Independence, Services and Supports). LOTISS will have interfaces with Ohio Benefits and MITS (Medicaid Information Technology System) in order to acquire all of the necessary information about the consumer. Staff members from the Department of Aging will have access to LOTISS because the level of care determination process will be located within the LOTISS IT system. The DODD system will have a unique interface with Ohio Benefits, and therefore will not interface with the LOTISS system.

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.