

medicaid and the uninsured

February 2011

Case Study: Ohio's Money Follows the Person Demonstration (HOME Choice)

Introduction

Ohio was one of 17 states to receive federal funding for the Money Follows the Person (MFP) rebalancing demonstration in January 2007. The state was awarded up to \$100 million in enhanced federal matching funds in order to transition roughly 2,200 seniors and people with disabilities from institutions to home and community-based settings and to help Ohio balance its long-term services and support system.¹ Prior to establishing a MFP demonstration Ohio had several Real Choice Systems Change grants in place that were geared toward transitioning people out of institutional settings, yet these programs were often targeted to specific populations, i.e. the elderly, individuals with developmental disabilities, or those with mental health issues. According to state officials, MFP marked the first opportunity to connect the dots and look at the long-term care system as a whole, across disabilities.

The **Money Follows the Person (MFP)** demonstration program is a Medicaid initiative designed to reduce reliance on institutional services and develop community-based long-term services and supports options. MFP was first authorized in the DRA of 2005 and then extended under the Affordable Care Act of 2010. MFP provides 365 days of enhanced federal funding to states to transition Medicaid individuals living in institutions back to the community. Medicaid beneficiaries must be residing in an institutional setting for at least 90 days to be eligible. Currently 29 states and DC have operational MFP programs.

This brief reports on a case study of Ohio's MFP demonstration (known as HOME Choice) that was conducted in November 2010. It describes key features of the program and highlights early program experiences. For this case study, we interviewed staff within the Ohio Department of Job and Family Services who were knowledgeable about HOME Choice. We supplemented interview data with background information obtained from earlier Kaiser Commission on Medicaid and the Uninsured MFP surveys conducted in June 2008 and July 2010, as well as from state websites and press reports. This brief is part of a series that will examine different MFP programs across the states.

Program Features

Ohio's MFP program, "HOME Choice" and is managed by the Ohio Department of Job and Family Services, the State Medicaid Agency. Ten people currently work for the MFP program in Ohio, including specialists in each of the following areas: outreach, enrollment, housing, population specific community living administrators (four individuals), data, and balancing long-term services and supports within the state. Recognizing the importance of safe, affordable housing to a successful transition, Ohio is one of six states that employ a housing specialist within its Medicaid agency to help build partnerships with state public housing officials.²

State officials described the HOME Choice program as a "wrap around" to the existing state Medicaid program meaning that participants enroll in one of the state's home and community-based services (HCBS) waivers or receive services through Medicaid with HOME Choice demonstration services as a "wrap-around" for the first 365 days to assure continuity of care and integration back into community living. Demonstration services include:

- Independent Living Skills Training,
- Community Support Coaching,
- HOME Choice Nursing Services,
- Social Work/Counseling,
- Nutrition Consultation,
- Community Transition Services,
- Transition Coordination,
- Communication Aids,
- Service Animals,
- Respite,
- Emergency Rental and Utility Assistance,
- Community Living Specialist, and
- Care Management.

State officials described HOME Choice as a cross-disability program aimed at equalizing the service provision across settings. For example, if an HCBS waiver offers social work/counseling services, then the HOME Choice program does not allow access to the same demonstration service. However, if a HCBS waiver does not offer social work/counseling, then the MFP participant can access the service. Further, the program deems providers of existing HCBS waivers to participate in HOME Choice to ease administrative burden resulting from the fragmentation of the current delivery system.

Nearly all MFP programs promote self-direction (or consumer direction) of services. Self-direction refers to various initiatives that give individual beneficiaries control over where, when, and how certain long-term services are provided. Currently, the only part of the HOME Choice program that is self-directed is the \$2,000 for community transition services.

Outreach and Enrollment. Referrals to HOME Choice can come from any source via the completion of an “Interest Form” (attached to brochure) and/or the HOME Choice Application. They come from nursing homes, long-term care ombudsmen, centers for independent living, and individuals themselves. Upon receipt of the application, the HOME Choice intake and care coordination unit assigns a case manager to determine HOME Choice eligibility. Case managers are usually nurses or social workers who inform consumers about the array of services available to them. If found eligible, the Medicaid beneficiary is pre-approved for HOME Choice and the case manager works with the consumer to choose a transition coordinator. The transition coordinator then works with the case manager to assist the consumer in discharge planning activities. Transition coordinators help specifically with finding housing or apartments and with setting up the home with furniture or and arranging utilities. For consumers who are interested in working, they link them to employment options. Transition coordination ends when the consumer moves to a community setting and once the consumer moves, their 365 day demonstration period begins.

Transition Progress

Since Ohio began enrolling MFP participants in October 2008, almost 900 individuals have been transitioned back to the community and another 626 individuals are in the process of transitioning (Figure 1). Initially, the state set a goal of transitioning 2,231 people by 2011 but like most states, that target was not achievable for several reasons. The original enrollment projection assumed an earlier program start date that did not occur due to IT system and administrative delays. HOME Choice also experienced lower than expected transition within the elderly category due to the six month residency requirement. When MFP was initially created in the Deficit Reduction Act of 2005, eligible participants were those individuals who had been residing in institutions for at least six months to two years. With the passage of health reform and the extension of the MFP program through 2016, individuals that reside in an institution for more than 90 consecutive days (not counting days of short-term rehabilitation under Medicare) are now eligible to participate.³

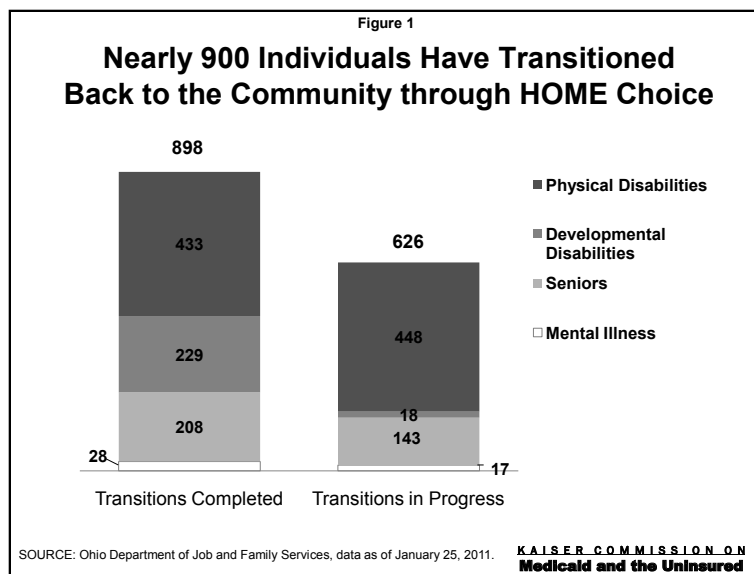


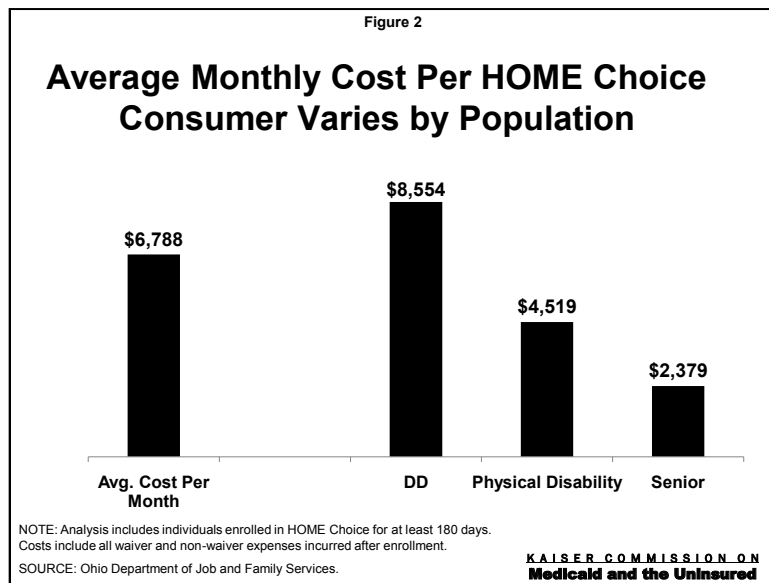
Table 1. shows the total number of HOME Choice transitions by population group, as of January 2011. People with physical disabilities, individuals with developmental disabilities and seniors are the target groups most likely to be transitioned. Included in the 898 individuals transitioned are about 514 dual eligibles and 34 children. In the future, Ohio hopes to focus more efforts on transitioning the mental health population and children. About 7 percent of HOME Choice consumers have been reinstitutionalized either to a hospital, nursing home, ICF-MR, or institution for mental disease.

TABLE 1. HOME Choice Transitions by Population Group

	Number of Transitions Completed	Number of Transitions in Progress	Number of Participants Reinstitutionalized
Seniors	208	143	29
People with Physical Disabilities	433	448	30
People with Developmental Disabilities	229	18	1
People with Mental Illness	28	17	3
Total	898	626	63

Note: Data as of January 25, 2011.

On average a HOME Choice consumer costs \$6,778 per month when moving home (Figure 2). Individuals with developmental disabilities cost the most to transition (\$8,554) followed by people with physical disabilities (\$4,519) and seniors (\$2,379). One reason individuals with developmental disabilities have a high per capita cost is because these individuals have high needs and often transition from ICF/MR facilities – a more costly setting compared to a nursing home. These average costs are on par with costs for HCBS waiver expenditures across the state.



Most HOME Choice consumers transition to apartments but vouchers for apartments are hard to find. Many individuals with developmental disabilities have transitioned to four-unrelated-person group homes but many more beds are in demand for this transition population. Transitions for those with mental health issues and physical disabilities are often the most

delayed due to a lack of affordable, accessible housing. Most elderly individuals that transition are going home to family or moving into senior housing.

Key Partnerships

Recognizing affordable, accessible housing as an essential component to a successful transition, Ohio is using MFP funds to collaborate with the following organizations:

- **Public Housing Authority:** Ohio received national recognition from the US Department of Housing and Urban Development (HUD) in July 2010 for its partnerships with public housing authorities resulting in the ability to connect vouchers to HOME Choice participants.⁴ Partnerships like this are an integral part of the HOME Choice program as they help increase housing options for persons with disabilities looking to return to the community.
- **Ohio Housing Finance Agency:** The Ohio Medicaid agency has partnered with the Ohio Housing Finance Agency to fund specific initiatives under MFP. One example is the development of a web-based permanent supportive housing Medicaid Toolkit (<http://www.pshmedicaidtoolkit.ohio.gov/default.htm>).
- **Ohio Centers for Independent Living:** Ohio is in the process of developing local housing and services cooperatives (LHSC) through sub-grants to Ohio Centers for Independent Living funded through MFP. The LHSCs are expected to begin work in 2011 to develop and expand disability advocacy efforts on a regional basis across the state by building on existing efforts and encouraging formation of new cooperatives in areas of Ohio where they do not exist. The LHSCs will begin their work by building cooperatives to better address back-up planning, build an inventory and “loan” system for temporary home modifications and assistive devices, build a transportation brokerage, and focus on leveraging housing at local levels.
- **Consumer Advisory Council:** Ohio is using MFP balancing funds to finance the development of a HOME Choice Consumer Advisory Council. The funds are used to support travel and necessary aide expenditures for advisory members to participate in local, state and federal dialogue on issues impacting the long term services and supports system in Ohio. The purpose of their participation in these meetings is to give consumers a voice in policy decisions impacting people with disabilities. The Council was formed through an interagency agreement with the Ohio Developmental Disabilities Council and the Ohio Olmstead Task Force. It is made up of 16 members from various disability backgrounds.

Data and Evaluation

State officials are working to obtain more accurate data on the average length of time it takes to transition HOME Choice consumers and reinstitutionalization rates. The average length of time to complete a transition is roughly 134 days but that can vary greatly depending on population and individual circumstances. State officials reported that people with developmental disabilities, while the most expensive population to move, are often the fastest to transition because of their well-connected support and advocacy system. For example, some individuals with

developmental disabilities have been in the pipeline for years to move to the community and HOME Choice provided the vehicle to do so. Additionally, the developmental disability system in Ohio has invested a great deal of resources and money into housing which also helps speed transition. On the other hand, some individuals may be in the pipeline to move for months but ultimately decide not to transition which skews the data. In regard to reinstitutionalization, CMS recently changed reporting requirements and states must now report any reinstitutionalization over 30 days.

CMS requires states to file quarterly reports each year. CMS has contracted with Mathematica Policy Research (MPR) to perform data analysis on the MFP program. MPR's evaluation of MFP is designed to assess the effects of the transition program moving individuals back to the community as well as states' progress in rebalancing their long-term care delivery systems using enhanced matching funds generated by these transitions.⁵ In addition to the national level evaluation, Ohio is using MFP funding to partner with Miami University of Ohio to develop a web-based state profile of HOME Choice performance to balance the long-term services and supports system. This research will examine different indicators measuring system reform including: number of people served, and how and where the dollars are spent. Another partnership with Ohio State University is designed to study employment trends and to develop a career lattice for direct support professionals.

Recent changes to the Minimum Data Set (MDS), a federally mandated clinical assessment completed by nursing facilities, will help identify potential HOME Choice consumers. Section Q of the MDS has always focused on a resident's desire to move back into the community and MDS 3.0 updates section Q to include additional questions related to community placement. The Section Q changes went into effect on October 1, 2010. Ohio is developing policy and operations to implement Section Q changes and has connected Section Q changes with the HOME Choice Transition Program and with Pre-Admission Screening and Resident Review processes.⁶

Outlook

State officials expect the volume of referrals to HOME Choice to increase due to expanded outreach and implementation of MDS 3.0. The goals of the program going forward are to expand housing options such as increased permanent supportive housing opportunities and vouchers through local public housing authorities. State officials also hope to expedite SSI/SSDI benefits so that Ohioans have adequate income to afford community living, develop partnerships at the local level to increase housing and service collaboration, and modify access point (preadmission screening/resident review, functional eligibility, information and referral) policy to assure continuity and reduce the cycle of institutionalization. Finally, with the extension of the MFP demonstration through 2016 and new options to expand Medicaid home and community-based services included in health reform, there will be opportunities for Ohio and other states to expand the number transitions so that more people can be served in community-based settings.

This brief was prepared by Molly O'Malley Watts, consultant to the Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation. We would like to thank Erika Robbins, Susan McKinley and other members of the Ohio Department of Job and Family Services who contributed to the content and review of this brief.

¹ Ohio Department of Job and Family Services, Money Follows the Person (MFP) Demonstration: Overview/Fact Sheet, http://jfs.ohio.gov/ohp/infodata/mfpgrant/library/mfp_factsheet.pdf

² Molly O'Malley Watts, Money Follows the Person: A 2010 Snapshot, Kaiser Commission on Medicaid and the Uninsured, February 2011.

³ Kaiser Commission on Medicaid and the Uninsured, Medicaid Long-Term Services and Supports: Key Changes in the Health Reform Law, June 2010, <http://www.kff.org/healthreform/8079.cfm>.

⁴ Ohio Department of Job and Family Services, Home Choice Program Earns National Recognition, press release August 6, 2010, <http://jfs.ohio.gov/OHP/infodata/MFPGrant/library/HOME%20Choice%20Award%20080610.pdf>

⁵ <http://www.mathematica-mpr.com/Health/moneyfollowsperson.asp>

⁶ HOME Choice Bulletin, Summer 2010, Volume 2, Issue 3.
<http://jfs.ohio.gov/OHP/consumers/docs/HOME%20Choice%20Newsletter%20-%20Summer%202010%2CV%20%2CIssue%203.pdf>

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