

ADDENDUM

to

State of Ohio

Office of Medical Assistance

Proposal to the Centers for Medicare and Medicaid Services

Demonstration to Develop an Integrated Care Delivery System

The Centers for Medicare & Medicaid Services (CMS) would like additional information from the State of Ohio Office of Medical Assistance (OMA) about how its proposed Demonstration would meet the standards and conditions that CMS will require of all states seeking to be considered for participation in the Demonstration.

- *Page 12 of Ohio's proposal indicates that Ohio's comprehensive behavioral health approach will be built on a Health Home model. Please clarify the state's intent to continue the SPMI Health Home for Medicare-Medicaid beneficiaries.*

Response:

OMA received CMS approval of its State Plan Amendment to implement Health Home services for persons with serious and persistent mental illness (SPMI) in Adams, Butler, Lawrence, Lucas, and Scioto counties, effective October 1, 2012. OMA intends to implement Health Home services for persons with SPMI in the remaining 83 counties by summer 2013. CMS does not allow Medicare-Medicaid beneficiaries who qualify for Health Home services to be excluded from receiving Health Home services. Therefore, individuals enrolled in the Integrated Care Delivery System (ICDS) will also be eligible to receive Health Home services in the counties where there is overlap.

- *When does the state expect to expand the Medicaid Health Home option to physical health services and how will this affect the Demonstration?*

Response:

OMA expects the Multiple Chronic Condition (MCC) Health Home option to be implemented 12 months after SPMI Health Homes (October of 2013). ICDS individuals who qualify for the MCC Health Home option, and are not currently receiving services from an SPMI Health Home, will also be eligible to receive Health Home services in counties where there is overlap.

- *Where a Health Home SPA is in effect, is the state proposing to carve out Health Home services or will these services be integrated in the plan? How will the delivery of Health Home services be coordinated with care management through the health plan?*

Response:

Health Home services will not be carved out from the Demonstration. Ohio's Health Home model uses providers at the practice-site level to deliver Health Home services and will require health plans to support the Health Home by partnering with them. ICDS Plans will contract with a Health Home for the provision and payment of Health Home services. Demonstration enrollees who qualify for Health Home services will have a choice to receive comprehensive care management services through their ICDS Plan or from a Health Home. In either case, the ICDS Plan will be required to work with the Health Home to ensure that all the services to which beneficiaries are eligible are coordinated across providers. ICDS Plans and the Health Home will ensure there are no gaps or duplication in services provided to Enrollees. Behavioral health services will be a part of the ICDS Plan's comprehensive benefit package.

The ICDS Plans will perform additional duties that support the SPMI Health Home and the delivery of Health Home services such as providing service utilization, referral, and transition of care information.

- *In addition to the Health Home model discussed above, please describe how ICDS Plans will meet the unique needs of enrollees with serious and persistent mental illness.*

Response:

ICDS is a fully integrated model delivering all Medicaid- and Medicare-covered services such that individuals will experience their coverage, including behavioral health benefits, as part of a single, integrated care program. The ICDS Plans will be required to provide comprehensive care management services to persons with SPMI as outlined in the proposal on pages 10-11. If an approved Health Home is established in one of the service areas, and an individual opts to receive Health Home services, then the Health Home will be responsible for providing comprehensive care management of the person's needs, including behavioral, physical, long term care, and social needs. ICDS Plans will be required to partner with the Health Home to support the delivery of comprehensive care management services.

OMA and the Ohio Department of Mental Health worked collaboratively on the design and implementation of SPMI Health Homes to promote consistency in expectations for: comprehensive care management service delivery; integration of physical and behavioral health; and improving health outcomes, as appropriate, across Medicaid initiatives. In addition, performance measures which focus on the delivery of services to the SPMI population were included in the CMS-approved Health Homes state plan amendment.

- *Page 14 says that the patient centered medical home model is the foundation of the Health Home initiative and will better coordinate medical and behavioral health care. How does the state expect these medical homes to be involved in integrating other services, like LTSS (involvement with PASSPORT?)?*

Response:

The Health Home will build on the traditional medical home models to build linkages to other community and social supports, and to enhance coordination of medical care, behavioral health care, and long-term services and supports, in keeping with the needs of persons with chronic illnesses. This whole-person philosophy is fundamental to a Health Home model of service delivery. OMA expects Health Homes to build on the expertise and experience of medical home models, when appropriate, to deliver Health Home services.

Acknowledging that multiple entities may need to collaborate in order to effectively manage an individual's comprehensive range of needs, the state will require that the ICDS Plan and the SPMI Health Home establish a partnership in this Demonstration. Individuals who opt to receive care management from the Health Home will have all of their behavioral, physical, social and long term care needs coordinated by the Health Home. For individuals who receive 1915(c) home and community based services, and also choose to receive care management from the Health Home, the ICDS plan's waiver service coordinator will be a member of the Health Home team. The waiver service plan will be integrated to the plan of care developed by the Health Home.

The ICDS Plan will contract with a Health Home for the provision and payment of Health Home services. The ICDS Plan and the SPMI Health Home will ensure there are no gaps or duplication in services provided to the ICDS individual by developing policies and procedures that clearly delineate the responsibilities of the SPMI Health Home and the ICDS Plan in providing Health Home services and supports, respectively.

- *On page 20 of the proposal, the state notes that it is "considering" a single fiscal agent for self directed services. Please discuss any other options under consideration and when will a final decision be made on the structure required for self direction. Will there also be a support brokerage service to assist individuals in self direction? Will all LTSS currently included in waivers be eligible for self direction? If so, will the state be proposing provider qualifications for services that currently are only provided by agency providers?*

Response:

All individuals receiving community based long term care services and supports will have the opportunity to explore directing their own services. Self direction will include both employer and budget authority, consistent with the terms of the 1915(c) waiver. Ohio plans to use one statewide fiscal management services entity to assist with these activities.

- *Page 9 of the proposal refers to carving out habilitation services by excluding them. Please explain the State's request to carve out habilitation services. Are these services currently provided through HCBS waivers in the State? Please confirm the State does not intend to carve out any other benefits.*

Response:

The provision of habilitation services is limited to those waivers administered by Department of Developmental Disabilities, and individuals receiving habilitative services through these waivers will not be enrolled into the ICDS. Medicare-Medicaid eligible beneficiaries who have intellectual/developmental disabilities may choose to opt into the Demonstration and enroll in an ICDS Plan, but would be choosing to opt out of waivers that cover habilitative services in order to enroll in the ICDS. Educational materials will clarify to all participants that habilitative services are not available under the Demonstration.

School-based services for children under age 21 will be carved out under the Demonstration. These services are required because of Early, Periodic Screening Diagnosis and Treatment rules. However, given the limited number of beneficiaries eligible for these services, they will be carved out.

- *Please describe how administrative barriers for beneficiaries will be reduced through ICDS (e.g. multiple cards, overlapping benefits).*

Response:

Administrative barriers will be reduced by streamlining several activities under the Demonstration. A single ICDS Plan identification card will be sent to enrollees prior to the effective enrollment date, eliminating the need to carry a traditional Medicare card or Medicare Advantage plan card as well as a Medicaid monthly card. Providers will send one claim to the ICDS Plan, eliminating crossover payment and primary and secondary billing. Each ICDS Plan will maintain a Member Services line to help beneficiaries find contracted providers; care management and nurse advice can also be obtained through the Member Services number on the back of the ID card. The Plan's provider network eliminates the individual's need to identify Medicare Advantage and Medicaid contracted providers to assure complete claims payment. An integrated comprehensive care management process will better prepare traditional medical providers to address long term care service needs and educate long term care service providers about the individual's medical care needs. The individual will have one place to express concerns and issues regarding all of his/her care.

- *Please confirm that ICDS Plans will pay all claims attributable to the transition period, whether those claims are from providers inside or outside of the ICDS network. Please also confirm the State does not intend to adjust the rates to account for these claims.*

Response:

The State is proposing to require ICDS Plans to pay all claims during the transition period per the rules as outlined in Appendix D of the original proposal. Plans will pay FFS rates, except in cases where a contractual agreement exists for rates that exceed the State rate, or by other agreement with the provider.

- *Appendix D describes provider transition requirements. Please describe more clearly whether all current LTSS providers will be included in the transition plan, and if not, the type of transition plans to new providers that are proposed.*

Response:

The Appendix D column labeled Waiver Services- Direct Care specifies the 1-year-with-exceptions transition requirement, which includes maintaining the current provider for the entire year. The column labeled Waiver Services- All other specifies a 90-day transition with the existing provider, until a plan of care is in place which directs a transition to a contracted provider. If the ICDS Plan intends to make a change to the provider after 90 days of enrollment, a home visit is required to assure that the care need is observed and that new providers are selected that can meet the individual's unique service needs.

- *Please provide detail on how the Transition Requirements in Appendix D will be operationalized.*

Response:

Enrollment materials and ICDS Plan member materials will provide information describing the transition period. ICDS Plans will authorize non-contracted providers and/or develop single-case agreements to support the requirements. For the initial 90-day period of enrollment during which large numbers of transition claims may be received, they may elect to lift the in-network edit and pay eligible claims for some period.

- *Please provide more clarification around the LTSS transition requirements? For example, would non-high risk beneficiaries enrolled in the Demonstration have up to 365 days to continue to access physician services under Medicare FFS? Does the State anticipate having provider network issues under the Demonstration that would necessitate the need for these transition periods?*

Response:

The Appendix D transition periods describe the period during which the ICDS Plan is required to purchase care from non-contracted providers for all enrollees transitioning from the FFS program. The requirements are for specified services, including LTSS. Upon enrollment in the ICDS Plan, all service risk is assigned to the plan. The transition periods described respond to stakeholder and enrollee concerns shared during the state's information-gathering efforts, as well as provide an assurance that a complete assessment is completed prior to requiring the use of contracted providers.

- *Please explain the reason for the 365-day transition period. Please explain the rationale for having high-risk beneficiaries transition in 90 days but all others 365 days?*

Response:

The 365-day transition period is intended to provide a period of stability, connected to both the service and service provider, for those individuals who will be transitioning into the ICDS. Ohio will require that ICDS Plans complete assessments for all enrollees. For those that are identified as high risk, plans will be required to expedite transition to ensure that individuals' care and treatment are being monitored closely. The longer time period of 365 days was determined by stakeholders to allow for transition from primary and long-term care providers.

- *Please describe the transition approach for individuals currently enrolled in a SNP or other MA plan.*

Response:

Passive enrollment will occur for individuals in SNPs or any other MA plan. To promote continuity of care, Ohio will use an auto-assignment process that uses the prior MA or SNP plan to re-assign enrollment to the same corporate family. Ohio also intends to use claims information to enroll individuals in plans that contract with their existing FFS providers.

- *Please provide additional information on the proposed role of the Area Agencies on Aging and clarify how services will be coordinated for individuals in PASSPORT. Also, please provide detail on care coordination services for individuals under age 65 in ICDS. Will individuals be able to continue their existing relationships with LTSS case managers?*

Response:

The Area Agencies on Aging will be the default provider of coordination services for individuals over the age of 60. ICDS Plans will be required to contract with Area Agencies on Aging for waiver service coordination for individuals over the age of 60. Additionally, ICDS Plans may contract with other entities to provide this service.

Individuals will choose from among the waiver service coordination providers that ICDS Plan contracts with.

ICDS Plans may directly provide waiver service coordination for individuals under age 60 or may provide this by contract with a waiver service coordination entity. Ohio is aware of the need to address the care coordination needs of beneficiaries under age 60. There is no existing statewide case management entity for individuals under 60; Ohio will require plans to contract with entities that can provide the services. ICDS Plans may also choose to contract with Area Agencies on Aging to the extent that they may have the expertise to serve individuals in their geographical area under age 60.

- *The proposal states that “Subsequent appeals will be filed according to procedures of the program having jurisdiction over the benefit.” Please clarify that the State intends to pursue an integrated grievance and appeal approach, in addition to that noted on page 21 of the proposal.*

Response:

The State held several meetings with stakeholders on appeals in the ICDS. They have also consulted with CMS and the Commonwealth of Massachusetts on their approach. The result of these consultations is reflected in the appeal approach as outlined in the MOU.

- *Please confirm that the State agrees to provide: any data related to the expenditures and benefits that may impact the population during the three year demonstration. Also, please confirm that the state will provide data necessary to develop and analyze rate and payment information during the demonstration period.*

Response:

The State agrees to provide any data necessary to ensure the success of the demonstration.

- *Page 7 references a 90 day lock in period for ICDS enrollees. Please affirm that there will be no lock-in.*

Response:

The State affirms that beneficiaries can opt of the demonstration at any time and there will be no lock-in period for ICDS enrollees.