



MDA Division Operating Plan: FISCAL YEAR 2014 **Deputy Director: Patrick Stephan**

The Operating Plan for the Division of Medicaid Development & Administration is intended to support the agency values, mission and vision and priority work recommendations, by providing a roadmap for upcoming months, and a future strategy for improvement based on quality performance data. It aligns with the Department's Strategic Priorities for 2013/2014.

DODD Mission Statement:

The mission of the Ohio Department of Developmental Disabilities is *continuous improvement* of the quality of life for Ohio's citizens with developmental disabilities and their families.

MDA Division Goal:

The goal of the Division of Medicaid Development and Administration is to lead DODD and its partners/stakeholders in the development and implementation of a more manageable and accessible Medicaid Service system in an effort to strengthen the voice and controls of individuals served and enhance their quality of life.

Priority Objectives:

1. Implement Medicaid strategic priority work initiatives
2. Pursue Medicaid simplification and communication initiatives as resources allow
3. Improve operational processes by measuring crucial data points and conducting related analysis

(Data reported shall be done so in accordance with Ohio's Waiver Assurances and in collaboration with the ODM Quality Steering Committee and other divisions where appropriate)

Priority Objective 1: Medicaid strategic priority work initiatives

1. Implement policy and operational changes in the ICF-IID program to move it towards the vision outlined in the White Paper. *Debbie Jenkins*
 - a. Continue work on reimbursement methodology to better incentive smaller settings and serving those with highest needs.
 - b. Assist providers in the creation of downsizing or conversion plans.

- c. Determine next steps in the ICF reimbursement work addressing quality incentives and certified public expenditure approach for public ICF's.
 - d. Finalize rules for Pediatric Ventilator Outlier.
 - e. Streamline operational activities to be consistent with HCBS operations whenever possible (ex. IAF, LOC, etc.).
 - f. Continue work on the IAF to better understand the needs of the individuals currently residing in ICF/IIDs.
 - g. Work with IT on a feasible approach to IAF Phase II system improvements.
 - h. Develop and implement process for IAF exception reviews.
2. Initiate process for amendment of IO Waiver Lori Horvath
 - a. Add new components to the waiver including: Community Integration add-on.
 - b. Incorporate duration limits for direct care staff hours as agreed upon.
 - c. Incorporate Employment First changes into the waiver as agreed upon with Stakeholders.
 - d. Evaluate the need for nursing services for the waiver.
 - e. Develop quality standards for waiver providers and determine incentives for achievement.
3. Coordinate renewal of the IO Waiver Chris Miller
 - a. Request extension of Federal waiver year from CMS to move IO to align with State Fiscal Year.
 - b. Work with ODM on submission requirements & timeframes of evidence package and renewal.
 - c. Compile evidence showing DODD meets all Federal requirements to operate waiver.
 - d. Coordinate with other DODD divisions to update narrative sections in the IO Waiver application.
4. Develop long-term strategy for the Transitions DD Waiver and submit amendment to CMS by July, 2014. Lori Horvath
 - a. Consider service and rate changes for waiver enhancements.
 - b. Continue to evaluate the relevance of TDD within the DD service delivery system and to either facilitate improvements in the waiver operation or develop a process to migrate individuals to other waivers.
 - c. Work with IT and ODM on necessary TDD related system improvements, including availability of utilization reports.
 - d. Create and submit Evidence Package to CMS showing TDD meets all Federal waiver assurances.
5. Revise the ICF Level of Care rules to consolidate our approach to ICF/IID, waivers and County Board Eligibility Lori Horvath
 - a. Finalize the LOC determination process and criteria tool.
 - b. Assist with efforts to validate the LOC tool.
 - c. Train County Boards on the new LOC tool and process.

- d. Assist County Boards with their process rules consistent with the new LOC tool for waivers.
 - e. Work with IT on a feasible approach to an on-line LOC tool accessible to all.
6. Evaluate the Waiver Reimbursement Pilot and Develop a Final Report with Recommendations Debbie Hoffine
- a. Collect and analyze data pertaining to administrative costs.
 - b. Collect and analyze data pertaining to customer satisfaction and outcomes.
 - c. Incorporate an outcome-based approach to service and planning.
 - d. Track the cost differences between the current reimbursement and the pilot rate reimbursement and incorporate the utilization of grant purchases.
 - e. Collaborate in the development of a final report with recommendations.
7. Participate in *imagine* design and application development Debbie Hoffine
- a. Participate in RVCC Centers of Excellence in the five main topic areas of Introduction & Eligibility, Discovery, Planning, Resource Management, and Listening & Learning.
 - b. Coordinate across DODD to facilitate subject matter expert involvement.
 - c. Provide input into the IMAGINE application development process.
 - d. Participate in the development of training materials and application roll-out to the field.

<p>Priority Objective 2: Pursue Medicaid simplification and communication initiatives as resources allow</p>

1. Implement training strategies to improve stakeholder understanding on various Medicaid topics
- a. Webinar and regional approach to MBS/ billing and documentation training. Karhoff
 - b. Webinar training on WMS/Waiver Administration. Richardson
 - c. On-going waiver training to ICF/IID providers to ease conversion to waiver process. Jenkins, etc
 - d. Webinar series on PCW and Provider Search Tool. Morgan
 - e. Continue IAF training for new ICF staff who will complete IAF assessments. Jenkins
 - f. SELF Waiver & Support Broker trainings and webinars. Miller
 - g. Issue MSS technical guide to County Boards and providers, update as needed. Donley
 - h. Provide training including rule interpretations to the Bureau of State Hearings on various waiver-related policy issues - on DODD's initiative or upon request- e.g., interplay between state plan and waiver services in context of TDD waiver. Kleiman
 - i. Provide technical assistance to boards, MDA staff, and external stakeholders on various hearing-related issues – both process and policy-related. Kleiman

2. Ensure efficient and appropriate Support Center Management strategy. Jaimey Karhoff
 - a. Provide regular training Support Center staff.
 - b. Ensure appropriate coverage schedule is established.
 - c. Arrange for phone system additions with ODM as needed.
3. Work with ODM to simplify and streamline TDD budget authorization process. Lori Horvath
 - a. Streamline budget review process for budgets that remain the same as the previous year.
 - b. Establish mechanisms or access to necessary systems for timely adjustments of cost of care.
 - c. Implement County Board state plan authorization responsibility.
 - d. Review the functionality of the TDD cost calculator tool and modify, as necessary.
4. Work with the DODD and ODM staff to implement strategic changes. Marc Kleiman
 - a. Finalize policy approach to evaluate settings for the delivery of HCBS consistent with federal law and CMS policy in order to maximize employment first initiatives and adult day program options that take place in the most community integrated environments.
 - b. Simplify ODM Interagency Agreement to conform to new OHT Operating Protocols.
 - c. Implement strategies to improve the coordination of state plan and/or waiver funding for the purchase of medically necessary durable medical equipment and supplies.
 - d. Develop and coordinate strategies with the Bureau of State Hearings and external stakeholders (e.g., ODMH; ODA) to streamline and improve the hearing process for appeals involving the DODD system. Kleiman
5. Develop improved Waiting List strategy to better meet needs of individuals which includes improved data viability. Richardson
 - a. Ensure completion of family survey in collaboration with GRC and DD Council.
 - b. Compile data and analyze results.
 - c. Evaluate report recommendations from the stakeholder committee.
 - d. Assist with the development of an implementation strategy preceding the final report recommendations.
6. Consider SELF Waiver refinements Chris Miller
 - a. Develop procedures/protocols to work with FMS vendor.
 - b. Assist with the promotion of new SELF waiver service providers.
 - c. Work with stakeholders on waiver enrollment obstacles including service rates and provider certification.
 - d. Create and submit Evidence Package to CMS showing SELF Waiver meets all Federal waiver assurances.

7. Report on ongoing updates to the MDA online applications Brian Harrigan

- a. Report on any updates to the MDA online applications due to routine maintenance and bug fixes
- b. Report on any work needed on the MDA online applications as a result of Rule Changes, Waiver Amendments, and/or Policy Changes.

Medicaid Performance Data: (Overall Lead on data collection: Charlie Flowers)

Priority Objective 3: Improve operational processes by measuring crucial data points and conducting related analysis

Threshold: Minimum acceptable

Goal: Target to obtain

External Operations

ICF/IID Jenkins

1. Average # of days to process non-extension renovation requests. Goal: 2 Weeks
2. Number of ICF beds converted to waivers. Goal: 500 - 600 beds converted by 2018
3. Number of individuals participating in an approved ICF downsizing and conversion initiative. Goal: 1,000 – 1,200 by 2018
4. Number of individuals receiving the pediatric vent outlier.

PASRR Jenkins

1. Number of individuals who had a PASRR.
2. Total number of individuals served living in a nursing facility.
3. Hospital exemption forms received for individuals moving from hospital admission to a NF admission.
4. Percentage of PASRR cases whose turnaround times are within the guideline established in rule. Goal: 98%

Medicaid Hearings Kleiman

1. Monitor and report overall statewide hearings breakdown by case type, by county.
2. Percentage of resolved hearings that were sustained or overruled.
3. Number of appeals that were withdrawn as a consequence of a successful resolution of the issues in county conference or in *collaboration with DODD* prior to the hearing.

Timeliness of County Boards enrolling services in PAWS Morgan & Flowers

1. Statewide percent of PAWS enrollment for all individuals with waivers on the last day of the quarter. Goal: All counties above 90%
2. Report by county of the number and percent of individuals with current PAWS on the last day of the quarter.
3. Monitor and report time between PAWS Enrollment and Plan Begin Date.
Threshold: 15 days

Internal Operations

Waiver Tracking and Processing *Richardson*

1. Percentage of initial waivers enrolled within 90 days of DODD's assessment date.
Threshold: 100%
2. Number of IO, Level One, SELF and TDD waiver enrollments including average number of days from application receipt date to waiver enrollment date. *Threshold: 30 days*
3. Number of IO, Level One, SELF and TDD redeterminations including average number of days from receipt date to annual redetermination completion. *Threshold: 5 days*
4. Number of suspensions of Medicaid waiver payments and average length of suspensions.
5. Identify the percent of current waivers enrolled with no waiver services authorized after 90 days from enrollment date. (Flowers)
Goal: Initially, the goal is to develop the tools to identify the percent—not yet available.

Level of Care (LOC), Enrollments and Disenrollments

1. Number of LOC's for ICFs processed and average # of days it took to process those requests. (Jenkins) *Threshold: 10 business days*
2. Number of LOCs performed and denied for each waiver. (Richardson & Horvath)
3. Number of new waiver enrollments quarterly, by waiver type for all waivers. (Richardson)
4. Percent of initial applications Denied or withdrawn by waiver. (Richardson)
5. Waiver disenrollments including the disenrollment reasons by waiver. (Richardson)

Provider Certification *Morgan*

1. Average length of time it takes to approve a Certification request after completed packet has been received. *Threshold: 15 days*
2. Number of new provider certification requests per quarter.
3. Number of new providers certified and renewed per quarter.
4. Total number of enrolled (TDD) and certified (IO, Level 1, and SELF) Waiver Providers at the end of the quarter.
5. Number of County Board Certifications completed broken out by category.
6. Providers denied certification by reason.

Adult Acuity Instrument Reviews

1. Percentage of AAI Grouping Administrative Review requests approved and denied. (Donley)

Prior Authorization *Jeanne Gregory-Kaepfner*

1. Percentage of IO Waiver Recipients requesting and approved for prior authorization.
2. Monitor and report the average overage amounts for prior authorization.
3. Monitor and report the PA processing time to assure consistency with the rule.
Threshold: 14 Days
4. Record number of PA requests within 10% over ODDP ceiling.

TDD Budgets Jeanne Gregory-Kaepfner

1. Monitor and report on the number of TDD annual requests and budget adjustments reviewed, authorized, partially authorized and denied.
2. Monitor and report on number of budgets exceeding the previous year's authorization by more than 2%.
3. Monitor and report on the number of home modification and adaptive equipment requests are received.
4. Monitor and report on DODD's processing time average per request.
Goal: 10 business days

Claims Services & Support Center Jaimey Karhoff

1. Monitor support center to ensure acceptable abandoned call ratios. Threshold: 8%
2. Monitor and report number of calls per category via the support center.
3. Average turn-around time to close footprints tickets by category.
Goal: less than 10 business days
4. Percent of claims approved by county based on DODD and ODM Quarterly claims disposition.
5. Monitor and report DODD and ODM claim denial category and frequency.

Waiver Capacity & Service Utilization Flowers

1. Total number of IO, LV1, SELF, TDD, and ICF/IID enrollees.
2. Monitor and report unduplicated count, figures and demographic data for HCBS Waiting List.
3. Monitor and report statewide utilization rates for all waivers and services.
4. Provide detail for a highlighted waiver service each quarter, e.g. Remote Monitoring.