

Ohio

Department of
Job and Family Services

Ted Strickland, Governor
Douglas E. Lumpkin, Director

Session 3: 1:00 to 3:00

Welcome and Introductions

Overview of transition coordination role

Overview of case management role

Interface between the two roles

Highlighting “The Ability Center” Best Practice

Successes and Challenges

Solutions Underway

Open Dialogue

HOME
Choice

Helping Ohioans Move, Expanding Choice
Ohio’s Money Follows the Person (MFP)
Demonstration Project
CFDA # 93.791



HOME Choice Transition Program

Who are the case managers?

- Area Agencies on Aging for the PASSPORT, Choices and Assisted Living Waivers
- Carestar for the Ohio Home Care Waiver, Transitions MRDD and the Carve-out
- County Boards of MRDD for the Individual Options and Level 1 Waivers
- ODJFS State Staff for State Plan

HOME Choice Transition Program

Who are the transition coordinators?

- Centers for Independent Living
- Brain Injury Association of Ohio
- Long Term Care Ombudsmen Program
- County Boards of MR/DD and Councils of Government created under Chapter 167 of the Ohio Revised Code
- ODMH designated MH agencies
- ODJFS designated agencies

Case Manager/Transitions Coordinator Chart HCBS Waiver Programs

IO, Level 1—Operating agency is ODMR/DD. Targeted Case Management is provided by 88 County Boards of MR/DD. Transition Coordination is provided by case managers.

Targeted Case Manager Role	Home Choice Transition Coordinator
Completes waiver assessment of level of care as well as other waiver eligibility- Recommends waiver as qualified HCBS program	Assists with completion of consumer workbook if needed.
Determines HOME Choice eligibility and submits eligibility checklist to ODJFS Intake Unit.	Participates in team meetings as scheduled by the case manager.
Reviews information about HOME Choice, rights and responsibilities and obtains informed consent	Participates in discharge planning from institutional setting. Assists with the development of a transition plan.
Verifies guardianship status if needed	Assists with securing housing. Verifies housing meets definition of qualified residence. If qualified residence is licensed facility verifies appropriate licensure. Verifies type of subsidy if participant moving to subsidized unit.
Educates consumer and/or guardian about Qualified, Demonstration and Supplemental services. Provides education regarding HOME Choice self-direction activities.	Assists with securing benefits.
Assists with linkage to transition coordination	Assists with linkage to employment options if participant interest indicated.
Organizes team meetings which include the transition coordinator to develop the service plan	Assists consumer in determining most effective use of HOME Choice Goods and Services funds. As directed by the consumer, assists the consumer with the purchase of goods and services. Coordinates payment of goods and services through the FMS.
Develops the service plan (which includes qualified, demonstration, and supplemental services) and coordinates service provision for qualified services (waiver/state plan service delivery), HOME Choice demonstration and supplemental services.	Assists the consumer in locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer.
Notifies ODJFS Intake Unit of changes in participant status once demonstration period begins	
Completes the HOME Choice Enrollment Form and forwards to the ODJFS Intake and Care Coordination Unit	
Works with HOME Choice demonstration and supplemental service providers in understanding responsibilities under HOME Choice including information on how to work with the HOME Choice fiscal intermediary	
Explains waiver system protection from harm measures to participant and family	
Connects participant to necessary assessment if indications of TBI, MH, Alcohol or other drug abuse are noted.	
Provides on going monitoring during demonstration period.	

*** Could be the same person in the MR/DD service delivery system.**

PASSPORT—Operating agency is ODA. Administrative Case Management is provided by 13 regional PASSPORT Administrative Agencies. Transition Coordination is provided by regional Long-Term Care Ombudsman Program or Center for Independent Living.

Waiver Administrative Case Manager Role	Home Choice Transition Coordinator Role
Completes waiver assessment of level of care as well as other waiver eligibility- Recommends waiver as qualified HCBS program	Assists with completion of consumer workbook if needed.
Determines HOME Choice eligibility and submits eligibility checklist to ODJFS Intake Unit.	Participates in team meetings as scheduled by the case manager.
Reviews information about HOME Choice, rights and responsibilities and obtains informed consent	Participates in discharge planning from institutional setting. Assists with the development of a transition plan.
Verifies guardianship status if needed	Assists with securing housing. Verifies housing meets definition of qualified residence. If qualified residence is licensed facility verifies appropriate licensure. Verifies type of subsidy if participant moving to subsidized unit.
Educates consumer and/or guardian about Qualified, Demonstration and Supplemental services. Provides education regarding HOME Choice self-direction activities.	Assists with securing benefits.
Assists with linkage to transition coordination	Assists with linkage to employment options if participant interest indicated.
Organizes team meetings which include the transition coordinator to develop the service plan and participates in discharge planning from institutional setting.	Assists consumer in determining most effective use of HOME Choice Goods and Services funds. As directed by the consumer, assists the consumer with the purchase of goods and services. Coordinates payment of goods and services through the FMS.
Develops the service plan (which includes qualified, demonstration, and supplemental services) and coordinates service provision for qualified services (waiver/state plan service delivery), HOME Choice demonstration and supplemental services.	Assists the consumer in locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer
Notifies ODJFS Intake Unit of changes in participant status once demonstration period begins	
Completes the HOME Choice Enrollment Form and forwards to the ODJFS Intake and Care Coordination Unit	
Works with HOME Choice demonstration and supplemental service providers in understanding responsibilities under HOME Choice including information on how to work with the HOME Choice fiscal intermediary	
Explains waiver system protection from harm measures to participant and family	
Connects participant to necessary assessment if indications of TBI, MH, Alcohol or other drug abuse are noted.	
Provides on going monitoring during demonstration period.	

OHCW, TMRDD, TCO—Operating Agency is ODJFS. Administrative Case Management is provided by one contracted statewide case management agency. Transition Coordination is provided by Centers for Independent Living and regional Long Term Care Ombudsman Program.

Waiver Administrative Case Manager Role	Home Choice Transition Coordinator Role
Completes waiver assessment of level of care as well as other waiver eligibility- Recommends waiver as qualified HCBS program	Assists with completion of consumer workbook if needed.
Determines HOME Choice eligibility and submits eligibility checklist to ODJFS Intake Unit.	Participates in team meetings as scheduled by the case manager.
Reviews information about HOME Choice, rights and responsibilities and obtains informed consent	Participates in discharge planning from institutional setting. Assists with the development of a transition plan.
Verifies guardianship status if needed	Assists with securing housing. Verifies housing meets definition of qualified residence. If qualified residence is licensed facility verifies appropriate licensure. Verifies type of subsidy if participant moving to subsidized unit.
Educates consumer and/or guardian about Qualified, Demonstration and Supplemental services. Provides education regarding HOME Choice self-direction activities.	Assists with securing benefits.
Assists with linkage to transition coordination	Assists with linkage to employment options if participant interest indicated.
Organizes team meetings which include the transition coordinator to develop the service plan	Assists consumer in determining most effective use of HOME Choice Goods and Services funds. As directed by the consumer, assists the consumer with the purchase of goods and services. Coordinates payment of goods and services through the FMS.
Develops the service plan (which includes qualified, demonstration, and supplemental services) and coordinates service provision for qualified services (waiver/state plan service delivery), HOME Choice demonstration and supplemental services.	Assists the consumer in locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer
Notifies ODJFS Intake Unit of changes in participant status once demonstration period begins	
Completes the HOME Choice Enrollment Form and forwards to the ODJFS Intake and Care Coordination Unit	
Works with HOME Choice demonstration and supplemental service providers in understanding responsibilities under HOME Choice including information on how to work with the HOME Choice fiscal intermediary	
Explains waiver system protection from harm measures to participant and family	
Connects participant to necessary assessment if indications of TBI, MH, Alcohol or other drug abuse are noted.	
Provides on going monitoring during demonstration period.	

State Plan Community Mental Health Services

ODMH is Administrative Agency. Administrative Case Management is provided by ODJFS staff. Transition Coordination is provided by ODMH or designee, or Centers for Independent Living.

ODJFS Case Manager Duties	Home Choice Transition Coordinator Duties
Receives referral from ODMH and determines HOME Choice eligibility. Recommends state plan as qualified HCBS program.	Assists with completion of consumer workbook if needed.
Reviews information about HOME Choice, rights and responsibilities and obtains informed consent	Participates in team meetings as scheduled by the case manager.
Verifies guardianship status if needed	Participates in discharge planning from institutional setting. Assists with the development of a transition plan.
Assists with linkage to transition coordination.	Assists with securing housing. Verifies housing meets definition of qualified residence. If qualified residence is licensed facility verifies appropriate licensure. Verifies type of subsidy if participant moving to subsidized unit.
Educates consumer and/or guardian about Qualified, Demonstration and Supplemental services. Provides education regarding HOME Choice self-direction activities.	Assists with linkage to employment options if participant interest indicated.
Explains state plan protection from harm measures to participant and family.	Assists with securing benefits.
Develops the service plan (which includes qualified, demonstration, and supplemental services) and coordinates service provision for qualified services (waiver/state plan service delivery), HOME Choice demonstration and supplemental services.	Assists consumer in determining most effective use of HOME Choice Goods and Services funds. As directed by the consumer, assists the consumer with the purchase of goods and services. Coordinates payment of goods and services through the FMS.
Works with HOME Choice demonstration and supplemental service providers in understanding responsibilities under HOME Choice including information on how to work with the HOME Choice fiscal intermediary.	If needed and appropriate, assists the consumer is linking with a Managed Care Plan Member Selection Specialist.
Organizes team meetings to develop the service plan	Assists the consumer in locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer
Provides on going monitoring during demonstration period.	

State Plan Health Services

ODJFS is Administrative Agency. Administrative Case Management is provided by ODJFS staff. Transition Coordination is provided by Centers for Independent Living or Regional Long Term Care Ombudsman Program.

Waiver Case Manager or TCM Duties	ODJFS Case Manager Duties	Home Choice Transition Coordinator Duties
Completes waiver assessment of level of care as well as other waiver eligibility- Recommends state plan as qualified HCBS program. Refers to State Plan Case Manager	Determines HOME Choice eligibility.	Assists with completion of consumer workbook if needed.
	Reviews information about HOME Choice, rights and responsibilities and obtains informed consent.	Participates in team meetings as scheduled by the case manager.
	Verifies guardianship status if needed.	Participates in discharge planning from institutional setting. Assists with the development of a transition plan
	Assists with linkage to transition coordination.	Assists with securing housing. Verifies housing meets definition of qualified residence. If qualified residence is licensed facility verifies appropriate licensure. Verifies type of subsidy if participant moving to subsidized unit.
	Educates consumer and/or guardian about Qualified, Demonstration and Supplemental services. Provides education regarding HOME Choice self-direction activities	Assists with linkage to employment options if participant interest indicated.
	Organizes team meetings to develop the service plan.	Assists with securing benefits.
	Develops the service plan (which includes qualified, demonstration, and supplemental services) and coordinates service provision for qualified services (waiver/state plan service delivery), HOME Choice demonstration and supplemental services.	Assists consumer in determining most effective use of HOME Choice Goods and Services funds. As directed by the consumer, assists the consumer with the purchase of goods and services. Coordinates payment of goods and services through the FMS.
	Explains state plan protection from harm measures to participant and family	If needed and appropriate, assists the consumer is linking with a Managed Care Plan Member Selection Specialist.
	Connects participant to necessary assessment if indications of TBI, MH, Alcohol or other drug abuse are noted	Assists the consumer in locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer
	Works with HOME Choice demonstration and supplemental service providers in understanding responsibilities under HOME Choice including information on how to work with the HOME Choice fiscal intermediary.	
	Provides on going monitoring during demonstration period.	

**Transition Coordination/Case Management
Challenges and Solutions
July 2009**

Challenge(s)	Solution(s)
Discharge Planning	<ol style="list-style-type: none"> 1. Develop a discharge planning toolkit 2. Spread the "Ability Center" database statewide 3. Training and Outreach 4. Other??
Participants with "no income"	<ol style="list-style-type: none"> 1. Develop a relationship with federal SSA. 2. Build an interface to expedite SSI determinations, if possible 3. Other??
Nursing Facility Awareness of the program	<ol style="list-style-type: none"> 1. Insert HOME Choice information into Nursing Facility Association Newsletters 2. Prepare a letter and Q&A specific to nursing facilities – disseminate via transition coordinators – provide the transition coordinators with talking points 3. Access naturally occurring opportunities for training 4. Other??
Mental Health Coordination	<ol style="list-style-type: none"> 1. Develop a protocol for transition coordinators following state work between ODJFS and ODMH 2. Other??
Food Stamp and Waiver timing	<ol style="list-style-type: none"> 1. Review current OAC rules to determine if changes could be made to expedite or "place at the top" the food stamp process for participants 2. Continue with Carestar tool to help with the flow of paperwork necessary to move waiver enrollment along 3. Other??

<p>Access to HOME Choice Community Integration Services</p>	<ol style="list-style-type: none"> 1. Continue to analyze service utilization 2. Conduct outreach to case managers/transition coordinators 3. Check on status of need through Q of L survey process 4. Other??
<p>Waiver Home Modification Funds – how to “ready the home” when funds are not available until discharge</p>	<ol style="list-style-type: none"> 1. ?????
<p>Temporary stipend of SSI check to maintain home while in rehab and how to handle discharge</p> <p>and</p> <p>“quick” change of payee so that SSI funds move to community and not remain with NF too long.</p>	<ol style="list-style-type: none"> 1. ????? (ODJFS comment regarding the first part of challenge: This has come up before – it is a budget issue, in part.) <ol style="list-style-type: none"> 1. ????