



Issues Driving Change in Ohio's DD System

What's the issue?	Who does it affect?	Who's driving it?	What are we doing?	What's the timeline?
<p>New CMS Rule A new rule from the Center for Medicare & Medicaid Services (CMS) says that federal Medicaid funds can no longer be used to pay for waiver services that are offered in or adjacent to institutions or settings that have the effect of isolating people.</p>	<p>Anyone who is receiving residential and non-residential waiver services administered by DODD, and the Ohio Departments of Aging and Medicaid</p>	<p>The Center for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, Medicaid and the Children's Health Insurance Program</p>	<p>The CMS rule is a federal regulation with which the state must comply. DODD convened a CMS Transition Plan Committee comprised of stakeholders from across the DD system to identify which settings currently are not in compliance, and develop recommendations for how to bring them into compliance. The Ohio Departments of Aging and Medicaid also went through this process. The plans were submitted to the Office of Health Transformation (OHT), who combined them into one plan for the state. OHT managed the public comment process, and will submit the final plan to CMS.</p>	<p>March 17, 2014: Rule became effective Dec. 15-Jan. 30: Draft plan was available for public comment period March 17, 2015: Plan due to CMS – changes implemented after CMS approves plan March 17, 2019: States must be in compliance</p>
<p>Conflict of Interest Provision Guidance from CMS that says the same organization can't provide both case management and services because it isn't in the best interest of the individuals being served.</p>	<p>County Boards and Providers who offer both case management and services Individuals served by those organizations</p>	<p>CMS</p>	<p>DODD is working with CMS and stakeholders to resolve the issue outside of the Transition Plan. Our goal is to develop a plan to submit to CMS that will not disrupt the services individuals already receive.</p>	<p>2015: Plan due to CMS – changes implemented after CMS approves plan</p>
<p>Letter from DRO Disability Rights Ohio (DRO) DRO believes Ohio is violating the Americans with Disabilities Act and the Olmstead decision because the system favors segregation and institutional placement – while the state has made progress, it's not been quick enough. DRO requested the state make specific changes to avoid litigation.</p>	<p>Individuals living in Intermediate Care Facilities and Developmental Centers Individuals working in workshops and facility-based day settings</p>	<p>Disability Rights Ohio (DRO), a non-profit agency that advocates for the rights of Ohioans with disabilities</p>	<p>Leaders from DODD, the Ohio Department of Medicaid, and the Office of Health Transformation are in negotiations with DRO.</p>	<p>Conversations are ongoing – a timeline for any changes hasn't been set.</p>

What's the issue?	Who does it affect?	Who's driving it?	What are we doing?	What's the timeline?
<p>Strategic Planning Leadership Group (SPLG)</p> <p>A group of stakeholders was convened to help set strategic direction and improve the overall service system. A cross-functional group was selected to represent the interests and opinions of all stakeholder groups.</p>	<p>Everyone served by and working in Ohio's DD system</p>	<p>DODD</p>	<p>The SPLG developed a set of recommendations to provide to DODD leadership. DODD will implement some or all recommendations as they are able.</p>	<p>Late 2013: Group was convened Late 2014: Final recommendations submitted to DODD leadership</p>
<p>Transition to an Agency-only Model (Elimination of Independent Providers)</p> <p>The Ohio Department of Medicaid (ODM) will eliminate the independent service provider option to improve administrative oversight, decrease fraud and abuse, and improve health outcomes.</p> <p>These providers will be able to continue providing Medicaid-funded HCBS waiver services if they seek employment through a home health agency, or if they provide services to an individual who is using a self-directed option where the recipient is the employer of record; this includes services provided under the Self Empowered Life Funding (SELF) Waiver.</p>	<p>Individuals on the Individual Options (IO), Level 1, and Transitions DD (TDD) Waivers working with independent providers Independent providers offering services under the IO, Level 1, and TDD waivers</p>	<p>FY2016-17 Executive Budget</p>	<p>DODD, County Boards and ODM will work with individuals and families, and providers to make the transition to the agency-only model as smooth as possible.</p>	<p>July 2016: ODM will not take any new independent service providers July 2016-June 2019: Current independent providers for IO, Level 1, and TDD waivers will not have their certification renewed when their certification expires. July 2019: ODM will only accept claims submitted through home health agencies</p>