OKLAHOMA MONEY FOLLOWS THE PERSON DEMONSTRATION

Living Choice Training
2017

Oklahoma HealthCare Authority

Presentation Overview

- Part I: MFP/Living Choice Background
- Part II: MFP Operational Processes
- Part III: Transition Coordination Activities

Oklahoma Health Care Authority

Part I: MFP Demonstration Background

Money Follows the Person (MFP)

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Created from the 2005 Deficit Reduction Act:

- Rebalance and restructure state's long-term care systems
- Transition qualified members from the institution back into the community
- Centers for Medicare & Medicaid Services (CMS) awards the grant
- 44 states currently operate a MFP program

Oklahoma
HealthCare
Authority

Oklahoma's MFP Program

- Oklahoma received the MFP Demonstration grant award in 2007
- Began transitioning members in 2009
- "Living Choice Project" is Oklahoma's project title for MFP (***MFP and Living Choice are used interchangeably)***
- Provides Oklahomans more options to manage their health care needs in the comfort of their own home.
- To date, Oklahoma has transitioned more than **750** members.

MFP Staffing Plan

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MFP Traditional

- MFP project director
- Three research analysts
- One housing specialist
- Four MFP nursing staff

MFP Tribal Initiative

- Project manager
- Two tribal liaisons

Populations Served

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Persons with Intellectual Disabilities	Persons with Physical Disabilities	Older Persons
• ***Note: The last transition for this population occurred in July 2015***	• Ages 19-64	• Ages 65 and older

MFP Eligibility Requirements

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- One day of stay paid by Medicaid.
- Reside in an institution for **90** consecutive days.

Services at a Glance

Oklahoma HealthCare Authority

- Personal care
- Skilled nursing
- Case management
- Adult day services
- Transportation
- Home-delivered meals
- Self-direction
- Transition funds available for housing needs
  - **A one time allotment of up to $2,400.00**

Demonstration Period

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Member will spend **365** days in the MFP Demonstration

On day **366**…

ADvantage Waiver

-Physically disabled (19-64)

-Older persons (65+)

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Part II: MFP Operational Processes

MFP Transition Process

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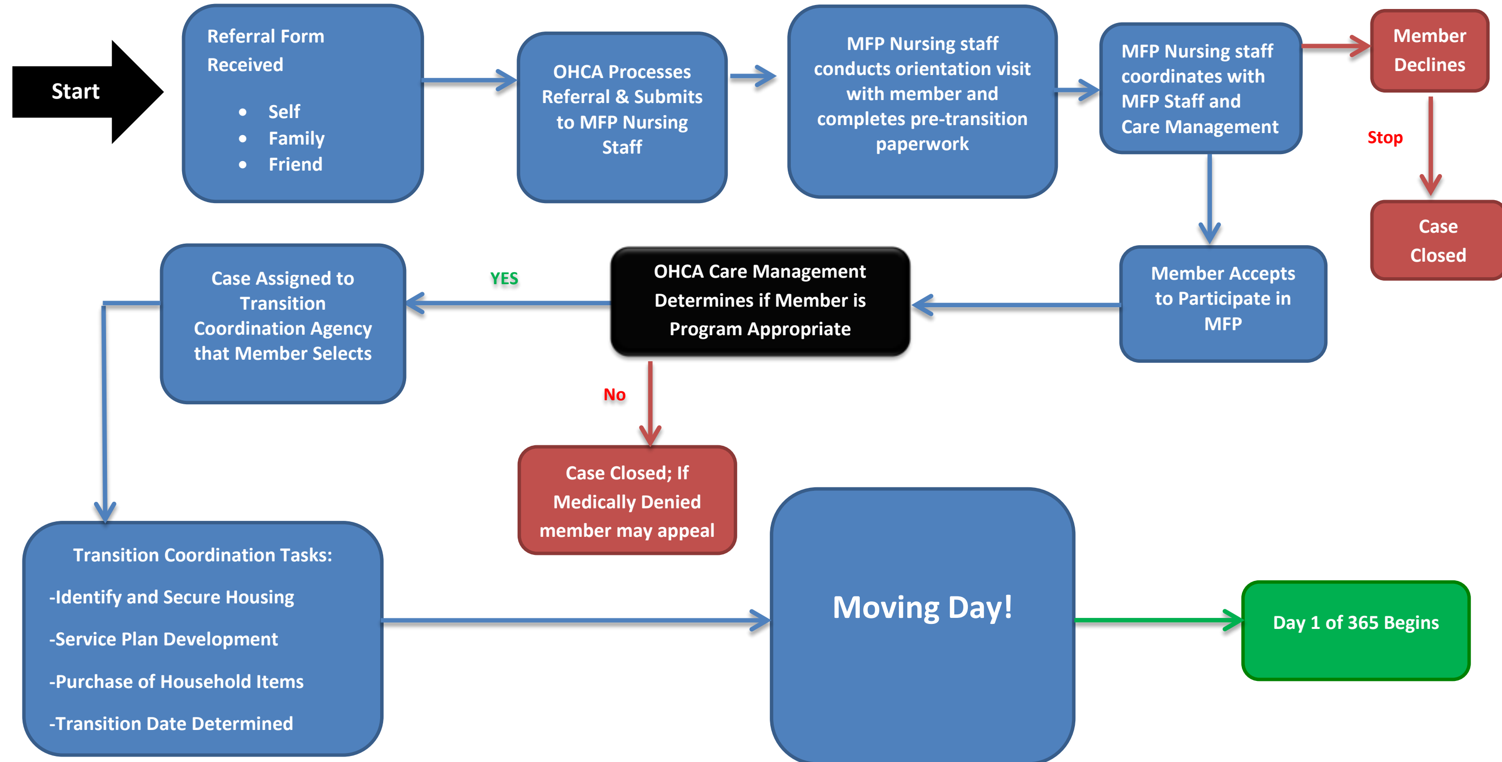

Referral Process

Oklahoma Health Care Authority

A referral form can be completed by anyone via phone, fax or on the Living Choice website.

- Phone: 1-888-287-2443
- Fax: 405-530-7265
- Website: www.oklivingchoice.org

Pre-Transition Paperwork

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- All Pre-transition paperwork is completed by MFP nursing staff at the member orientation visit
- Pre-transition paperwork consists of:
  1. Consents and rights
  2. Release of information
  3. UCAT Part I and III Assessment
     - UCAT Assessment is valid for **6 months**

Clinical Review

Oklahoma HealthCare Authority

- OHCA clinical staff will review UCAT Assessments
- OHCA clinical staff determines if a member is medically approved for community transition
  - **Remember: OHCA has final administrative oversight and determines whether or not a member can safely transition into the community!!**

Clinical Review, Cont.

Oklahoma Health Care Authority

- The OHCA Behavioral Health Unit is also involved in the review process

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Medical Denials

- If a member is medically denied, the member may choose to appeal.
- If the member chooses not to appeal, s/he must wait ***one year*** to reapply for the MFP/Living Choice Project (from the date of medical denial).

Medically-Approved Cases

Oklahoma HealthCare Authority

- If a member is medically approved to continue through the transition process, OHCA MFP staff will coordinate with the selected transition coordination agency to work with the member.
- Please note: A member has ***six months (180 days)*** to transition to the community.

Part III: Transition Coordination Activities

Transition Coordination Activities

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- Obtain necessary documentation (Birth certificate, drivers' license, etc.)
- Identify and secure housing
  - MFP housing unit
- Complete programmatic forms
- Service plan development

Transition Coordination Activities

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- Purchase of household items (up to a $2,400.00, one-time allotment)
- Determine transition date
- Pre-transition meeting

LIVING CHOICE
Essential Household Items

Items going into kitchen trash can:

- Broom with dustpan
- Mop
- Mop bucket
- 12 pack of toilet paper
- Box/roll of 13 gallon trash bags
- Toilet brush w/holder
- AM/FM radio/ digital alarm clock
- Phone (flip or princess style)
- Dish liquid
- Dishwasher powder/tablets
- Bath soap (6/8 pack bars)
- Shampoo
- Pine cleaner
- Scouring sponge
- Fabric softener sheets
- Leftover containers (package of various sizes)
- 12 count shower curtain rings

Items in laundry basket:

- Laundry detergent
- Four pack 60w light bulb
- Small bathroom trash can
- Box/roll of 8 gallon trash bags
- Kleenex, Puffs, Store brand 3-pack tissues
- 25 piece kitchen set

Items in large Ziploc bag:

- 2 hand towels
- 2 bath towels
- 7 wash cloths
- 7 piece kitchen set (kitchen towels, potholders, mitt)
- 1 vinyl shower curtain
- 1 pillow
- 1 twin or full sheet set
- 1 twin or full comforter
- 1 6-pack paper towels
- Package of kitchen towels

Items already in separate boxes:

- 7 piece cookware set
- Set of dishes that includes silverware and glasses

Part IV: Community Service Plan

www.okhca.org/LTC

LONG TERM CARE ADMINSTRATION

☒ Living Choice ☐ Medically Fragile

COMMUNITY SERVICE PLAN

☒ New ☐ Reassessment

Participant Name	Boomer	Sooner	O	SoonerCare ID	123456789
	Last	*First*	*M.I.*		

A. HOUSING INFORMATION

Housing Supplements (Check all that apply):

- ☐ Low-Income Housing Tax Credits
- ☐ HOME Dollars
- ☐ CDBG Funds
- ☒ Housing Choice Vouchers
- ☐ Housing Trust Funds
- ☐ Section 811
- ☐ 202 Funds
- ☐ USDA Rural Housing Funds
- ☐ Veteran's Affairs Housing Funds
- ☐ Funds for Home Modifications
- ☐ Funds for Assistive Technology related to Housing
- ☐ Other ______________________
- ☐ Not Applicable

Living Arrangements:

Will Participant live with family?

- ☐ Yes
- ☐ No

Housing Type:

- ☐ Home – owned by Participant
- ☐ Home – owned by family member
- ☒ Apartment – not assisted living
- ☐ Apartment – assisted living
- ☐ Group home of no more than 4 people

Participant/Legal Representative Initials______________

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COMMUNITY SERVICE PLAN

C. SERVICES AND GOALS - #1

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program
							Put Appropriate Amount for the Payer Source						
T1016	Case Mgt	Case Management Agency	300	Y	300	$ 14.25							$ 4,275.00

GOAL #1

Expected Outcome	Action Steps	Monitoring of Expected Outcome
Sooner is managing his/her health, environment and safety needs. Sooner wants to direct all assistance to maintain a safe & supportive environment and maximize his/her quality of life.	TCCM will visit monthly, at a minimum, to monitor Sooner's community service plan (csp) and goals to determine the need for change in services, level of assistance, supplies or education. TCCM will amend the csp as needed. TCCM will collaborate with all team members, through the use of IDT meeting to address changes in Sooner's health and social status	HOW will outcome be monitored? Home Visits HOW OFTEN will monitoring occur? Monthly and PN HOW LONG will monitoring continue? ☒ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #2

SERVICE/ SUPPORT

Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program
							Put Appropriate Amount for the Payer Source						
t1019	Personal Care	Home Health Agency	56	W	2912	$ 3.92							$ 11,415.04

GOAL #2

Expected Outcome	Action Steps	Monitoring of Expected Outcome
See Supplemental Goal and Outcome	See Supplemental Goal and Outcome	HOW will outcome be monitored? Home Visits HOW OFTEN will monitoring occur? Monthly HOW LONG will monitoring continue? ☒ Plan Year ☐ Until Expected Outcome is met

Participant/Legal Representative Initials______________

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LONG TERM CARE ADMINISTRATION

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Supplemental Community Service Plan Goals & Outcomes

Participant Name	Boomer	Sooner	O	123456789
	Last	First	M.I.	SoonerCare ID

Challenges	Strengths
Insulin dependent	Able to express needs
Hx of Falls	Strong informal support system in place
Dialysis 3x a week	Alert
	Wants to direct own care

ANTICIPATED OUTCOMES	ACTION STEPS
Goal # 2 Boomer is managing his/her personal care and homemaking needs with assistance He/she is directing all aspects of his/her ADLs and IADLS He/she is clean, groomed and free of odors and home is clean. Sooner has SoonerRide to keep his/her medical appointments and transportation through informal support for socialization	A) Sooner will have assistance with homemaking and choirs either through PCA services through (Home Heath Agency) or through Self-Directed Services B) PCA will assist Sooner 14 hours a week with the following: 1. Personal Care - 3 hours/wk: Sooner will perform as much of his/her own personal care as he/she is able and PCA will provide transfer assistance, safety supervision and assist Sooner with reaching areas that he/she is unable to safely reach. PCA will clean and sanitize bathroom following personal care. 2. General homemaking - 2 hours/wk: PCA to dust, sweep, mop and vacuum living areas and bedroom and take out trash. 3. Meal/prep - 3 hours/wk: PCA to prepare meals for member, clean and sanitize kitchen and wash dishes following meal prep. Clean out refrigerator weekly. Wipe out and sanitize microwave and clean coffee pot. 4. Laundry - 2 hours/wk: PCA to sort, wash, dry, fold and put away linens and clothing. PCA will change bed linens weekly. 5. Shopping and Errands - 2 hours/wk: PCA to assist Sooner with preparing a list, shop for items, bring back & put away.

COMMUNITY SERVICE PLAN

SERVICES AND GOALS - #3

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
	Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program
	T1002	RN Eval	Home Health Agency	15	Y	15	$ 13.50							$ 202.50

GOAL #3	Expected Outcome	Action Steps	Monitoring of Expected Outcome
	Managing chronic health problem Has all needed medications and supplies PCA supervision in place	Taking all medications and keeping all medical appointments SN monitoring as authorized to oversee PCA	HOW will outcome be monitored? Home visits for skilled assessment HOW OFTEN will monitoring occur? Every six (6) months HOW LONG will monitoring continue? ☒ Plan Year ☐ Until Expected Outcome is met

SERVICES AND GOALS - #4

SERVICE/ SUPPORT								Put Appropriate Amount for the Payer Source						
	Service Code	Type of Service	Service Provider	# of Units	Freq.	Units/ Year	Rate/ Unit	Informal	Private Pay	Other	Medicare	State Plan	Self Care	Program
	W1111	Medications	Pharmacy Provider	3	M	36	$ 76.40							$ 2,750.40

GOAL #4	Expected Outcome	Action Steps	Monitoring of Expected Outcome
	Sooner has all medications prescribed and is taking them with assistance of informal support, SN and/or caregivers	Living Choice will pay for all approved medications after Medicaid state plan Home Health Skilled Nurse will administer medications as prescribed	HOW will outcome be monitored? MAR in home HOW OFTEN will monitoring occur? Daily HOW LONG will monitoring continue? ☒ Plan Year ☐ Until Expected Outcome is met

Participant/Legal Representative Initials_____________

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LONG TERM CARE ADMINISTRATION

[■] Living Choice   [ ] Medically Fragile

COMMUNITY SERVICE BACK-UP PLAN

Participant Name	Boomer	Sooner	O	SoonerCare ID #	123456789
	Last	*First*	*M.I.*		

REQUIRED DOMAINS				
NOTE: Disaster-preparedness is not addressed in this document – See Disaster Preparedness Plan for actions related to disaster planning.				
List Specific Risks	**Tier I** Formal Support	**Tier II** Informal Support	**Tier III** Back-Up Support	**Tier IV** Extreme Emergency
Direct Care Assistance Potential for risk of injury and illness if Personal Care needs not met and home kept clean & free from clutter	Home Health Agency - (123) 456-7890 Staffing Coordinator - (123) 456-7890 Case Management Agency - (123) 456-7890	Family or Friends Sooner Son - (123) 456-7890 Sooner Daughter - (123) 456-7890 Sooner's Friend (Cowboy) - (123) 456-7890	PCP (123) 456-7890 After Hours: On call # Case Management Agency (123) 456-7890 After Hours: On Call #	[■] 911 [ ] Other
Critical Health - Supportive Services Potential for deterioration of health & function if skilled nurse not available for health monitoring & medication management	PCP Information goes here: Case Management Agency - (123) 456-7890	Family or Friends Sooner Son - (123) 456-7890 Sooner Daughter - (123) 456-7890 Sooner's Friend (Cowboy) - (123) 456-7890	PCP (123) 456-7890 After Hours: On call # Case Management Agency (123) 456-7890 After Hours: On Call #	[■] 911 [ ] Other

Participant/Legal Representative Initials_______________

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OKHCA Revised 10-27-2015

LONG TERM CARE ADMINISTRATION
COMMUNITY SERVICE BACK-UP PLAN

REQUIRED DOMAINS				
NOTE: Disaster-preparedness is not addressed in this document – See Disaster Preparedness Plan for actions related to disaster planning.				
List Specific Risks	**Tier I** Formal Support	**Tier II** Informal Support	**Tier III** Back-Up Support	**Tier IV** Extreme Emergency
Equipment – Maintenance Options Potential risk for injury if equipment malfunctions or breaks	All DME Providers goes here: Name and Phone #'s	Family or Friends Sooner Son - (123) 456-7890 Sooner Daughter - (123) 456-7890 Sooner's Friend (Cowboy) - (123) 456-7890	Case Management Agency (123) 456-7890 After Hours: On Call #	☒ 911 ☐ Other
Transportation Potential risk for isolation and deterioration of health if transportation is not available to physician appointments or socialization activities	SoonerRide or any other transit system in that area	Family or Friends Sooner Son - (123) 456-7890 Sooner Daughter - (123) 456-7890 Sooner's Friend (Cowboy) - (123) 456-7890	Case Management Agency (123) 456-7890 After Hours: On Call #	☒ 911 ☐ Other

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Part V: Alternative Funds

Alternative Funds

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- Payments made to providers for time spent working with a member, but for various reasons the member was unable to transition into the community

Alternative Funds, Cont.

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- A member has six months to transition into the community. If s/he is unable to transition, the provider closes out the rate of payment:
  - $14.25 (Standard)
  - $20.40 (Very rural)

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Part VI: Critical Incidences

LONG TERM CARE ADMINISTRATION

☒ Living Choice ☐ Medically Fragile

CRITICAL INCIDENT REPORT: EVALUATION

Participant Name	Boomer	Sooner	O	SoonerCare ID	123456789
	Last	First	MI		
Name of Person Reporting	Case Manager/Home Health Provider/Support System				

A. CRITICAL INCIDENT LEVELS AND EVENTS

Critical Incident Level	INCIDENT Please check box that describes incident.	Reporting Time Lines	Follow-Up Requirements
Level I – Urgent	☐ Sexual abuse ☐ Lost or missing person ☐ Questionable, unexpected or preventable death ☐ Suicide attempt ☒ Neglect* ☐ Physical abuse* ☐ Exploitation*	Within 1 working day	***Investigation Required.*** Report on investigation required.
Level II – Serious	☐ Involvement with the criminal justice system ☐ Restraint use ☐ Medication error with adverse effects ☐ Falls with injury	Within 2 working days	Evaluation required. ***May require investigation.*** If investigated, report on investigation required.
Level III – Significant	☐ Verbal abuse* ☐ Hospitalizations ☐ Emergency room visits	Within 2 working days	Evaluation required. ***May require investigation.*** If investigated, report on investigation required.

*** OKDHS/APS is the lead investigative authority in the event of critical events regarding abuse, neglect or exploitation.**

B. DETAILS OF INCIDENT

Date and Time of Incident:	03/23/2017	Date Agency Aware of Incident:	03/24/2017
Witnesses to Incident: Neighbor/Friend		Location of Incident:	Okie Apartments

Description of Incident: Brief Description

Action Taken and Outcome: As an agency, what actions were taken and what was the outcome

Did the Incident result in a change in the agency's Continuous Quality Improvement Plan? ☐ Yes ☒ No
If 'Yes' – has the change been implemented? Please comment:

Agency Investigation Required? ☐ No ☒ Yes ****If Yes: <u>Submit Critical Incident Investigation Report</u>**

Who was notified about this incident? ☒ Supervisor/TC/CM ☐ APS ☐ Other (list)
☐ OKHCA or Designee ☐ Law Enforcement ☒ Legal Guardian

C. SUPERVISORY REVIEW

Agency Supervisor has reviewed Critical Incident Report Evaluation: ☒ Yes ☐ No

Date Critical Incident Report Evaluation was reviewed? 03/24/2017 TC/CM Supervisor Signature:

Was Critical Incident a result of Back Up Plan failure? ☐ Yes ☒ No

LONG TERM CARE ADMINISTRATION

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CRITICAL INCIDENT REPORT: INVESTIGATION

Participant Name	Boomer	Sooner	O	SoonerCare ID	123456789
	Last	*First*	*MI*		
Name of Person Reporting	Case Manager/Home Health Provider/Support System				

A. CRITICAL INCIDENT

(Describe Critical Incident)

Detailed Information as best as you can

B. EVIDENCE COLLECTED

(Describe evidence collected – Types of evidence include: testimonial; documentary; demonstrative, and physical)

Statements and/or Tangible evidence

C. ASSESSMENT OF EVIDENCE

(What is the root cause of the Critical Incident?)

Was this preventable?

D. C ONCLUSIONS AND RECOMMENDATIONS

(What are your conclusions? What are your recommendations to resolve this issue and assure the Participant's future health and welfare?)

What did you conclude and what did you implement to avoid future risks

E. QUALITY IMPROVEMENT IMPLICATIONS

(How will the conclusions and recommendations from Section D enhance your organization's continuous quality improvement system?)

How will you strengthen your current strategy to further prevent this incident from happening again

F. SUPERVISORY REVIEW

TC/CM Supervisor has reviewed Critical Incident Report Investigation: ☒ Yes ☐ No

Date Critical Incident Report Investigation was reviewed? 03/24/201ˈ TC/CM Supervisor Signature:

Comments: For the Case Manager's Supervisor use

Living Choice Member Stories

Oklahoma HealthCare Authority

Living Choice Member Success Stories

Questions

Oklahoma HealthCare Authority