



Illinois State Long Term Care Ombudsman Program
Limited Comparison Study of LTCOPs
Participation in Money Follows the Person
Demonstration Projects

Prepared by

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Executive Summary

The National Ombudsman Resource Center (NORC) on behalf of the Illinois (IL) Long Term Care Ombudsman Program (LTCOP) conducted a limited, comparison survey and study of the role of LTCO programs in MFP demonstration projects in the states of Georgia (GA), Illinois (IL), New Jersey (NJ), Ohio (OH), and Oklahoma (OK). Nationwide fourteen (14) state LTCOPs¹ participate in the MFP project. They receive reimbursement from state and/or Medicaid funds. For purposes of this study, GA and OH LTCOPs were chosen because of their longevity in the participation in the MFP project and their similarities to the geographic size and population of IL. The states of NJ and OK were chosen as models of state LTCOPs focusing solely on the MFP responsibilities of outreach, long term care facility (LTCF) and resident education, community education, and referrals to the MFP transition coordinating agencies.

Interviews with state LTCO staff were conducted and materials relevant to MFP were collected. This document contains synopses of the GA, NJ, OH and OK LTCOPs participation in their respective state MFP demonstration projects. In some states MFP is known by other program names and is referenced by their states' preferred name. States' LTCOP MFP materials, policies, training documents, budgets, and measures/data are listed in the appendix and are made available on a thumb drive due to the length and number of documents.

¹ NORC 2012 Query to State LTCOPs

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Recommendations

Currently, the LTCOP is providing outreach/education/referral services for the IL MFP using \$275,000 appropriated state funds. The allocation of the \$275,000 among the area agencies on aging (AAA) and regional LTCOPs is based on the intra-state funding formula using the number of long term care facilities (LTCF) and LTCF beds.

The State LTCOP staff has shared their concerns regarding the allocation of MFP funds, contract deliverables, and performance expectations of regional LTCOPs. Several recommendations with options are provided for consideration by the Office of the State Long Term Care Ombudsman Program (LTCOP). The options are not presented in order of suggested preference for one model or the other.

Contracting and Allocation Options

- Make participation in the MFP activities (outreach/education/referral services) optional for the regional LTCOPs (OH model). Those regional LTCOPs volunteering to participate will be more motivated to accomplish the work. Statewide MFP outreach/education/referral services will still be achieved because other agencies and contractors have an obligation to do similar activities.
- Require all regional LTCOPs to do a minimum amount of MFP activities (GA model). Allocate a minimum base amount of funding to each regional LTCOP. Specify in the contract what the funds may be used for such as LTCO salaries and mileage reimbursement. Include contract language that the funds may not be supplanted for other budgeted LTCO funds. Mandate a specific number of activities to be accomplished per LTCF in the state fiscal year (SFY) (OK model). Example: minimal funding for minimal work may dictate that the programs provide two educational MFP events for each LTCF in the SFY.
- Retain a portion of MFP funds and allocate them to those regional LTCOPs that achieve pre-determined higher MFP goals. This option provides an incentive for regional LTCOPs to do more MFP activities and to be rewarded. Contract language would specify what additional activities beyond the minimum must be achieved and at what point (e.g. as the fourth (4th) quarter of the SFY the additional funds will be granted).
- Retain a percentage of MFP funds at the state LTCOP for specific activities such as MFP training and development of MFP related publicity materials (NJ model).
- If it is allowable with state funds, consider developing and implementing a Fee-For-Service model for LTCO MFP activities (GA, OH, OK Medicaid reimbursement models). In this scenario, AAAs/LTCOPs would bill for services rendered and be reimbursed retroactively. In GA and OH, the regional LTCOPs contract directly with the state Medicaid agency as vendors. In OK the AAA/LTCOPs use a Fee-For-Service model invoicing the state unit on aging (SUA). The OK SUA then invoices the state Medicaid agency.

Data

Data requirements should be stated in the contract language for MFP activities. Timely and consistent entry of MFP data into Ombudsmanager is always important but especially if any of the options are chosen which provide additional funding for higher performance goals.

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- Detail MFP activity categories in Ombudsmanager. Align MFP activity categories with contract language.
- Two options for aligning data with reimbursement options
 - If the option is chosen to reward those programs doing additional, pre-determined MFP activities, by the completion of the 3rd quarter seventy-five percent (75%) of the required activities should be accomplished. The regional LTCOPs achieving the 75% mark by the 3rd quarter would receive the additional allocation during 4th quarter. The regional LTCOPs not achieving the 75% mark by the 3rd quarter would not receive the additional allocation in the 4th quarter. The remaining funds retained at the state level would be allocated to the programs meeting the goals as stated in the contracts.

Medicaid Funding

State Medicaid agencies apply to the U.S. DHHS CMS to be a part of the Money Follows the Person (MFP) demonstration program. MFP administrative funds are reimbursed 100% (federal funds) by CMS. MFP administrative funds generally may be used for the following activities: information sharing to potential Medicaid enrollees, referrals, consultation, advocacy to assist potential Medicaid enrollees, tracking and reporting, and identification and reporting of suspected Medicaid fraud. MFP consumer services are funded at an agreed upon federal and state matching ratio. For example, the federal government may cover 75% of direct consumer services and state governments may provide the remaining 25% costs of direct consumer services.

In the comparison states (GA, NJ, OH and OK) the LTCOPs in agreement with their respective states' Medicaid agencies are using MFP administrative monies (100% federal funds) to fund the LTCOPs work in MFP outreach, education, consultation, referral, and advocacy for potential Medicaid recipients. In the states of GA and OH, the LTCOPs are also doing MFP Fee-for-Service activities such as Consumer Transition Services and Advocacy Services for MFP approved Medicaid consumers. The GA and OH Medicaid agencies provide the state match for the MFP consumers' direct services. The regional Ombudsman programs in GA and OH become approved Medicaid vendors and bill the state Medicaid agency directly for reimbursement for MFP transition and/or advocacy services.

In the CMCS Informational Bulletin dated June 18, 2013, Director Cindy Mann clarified to Medicaid State Directors the approval for Medicaid administrative funding availability for Long Term Care Ombudsman Program expenditures. Please note the distinction between MFP administrative funds (100% federal) and "regular" Medicaid administrative funds matching rate of 50/50.

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Future Development of the LTCOP role with IL MFP Project

The State of Illinois is in the process of developing a Home Care Ombudsman Service and Managed Care Ombudsman service. These recommendations focus on the MFP project development possibilities which for some state LTCOPs has included Home Care Ombudsman services.

- Negotiate with Illinois Department of Healthcare and Family Services (HFS) to allocate a percentage of Medicaid administrative funds to be used by the State LTCOP to coordinate, train, and provide quality assurance oversight of the regional LTCOPs' MFP activities (GA and NJ models).
- Consider allocating MFP Medicaid administrative funds to the regional Ombudsman programs based on the numbers of certified Medicaid skilled nursing facilities and/or certified Medicaid beds in each region.
- Collaborate with IL HFS to allow regional LTCOPs to become Medicaid vendors approved to provide Fee-For-Service, Home Ombudsman Services to consumers who have transferred from LTCFs to home and community via MFP project (GA and OH models). MFP consumers should have a choice of Home Ombudsman/Advocate Services. It is not unusual in many states that the choice for Home Ombudsman/Advocate Services is with the LTCOP and the Independent Living Centers (ILC).
- Work in partnership with HFC to allow the regional LTCOPs to become Medicaid vendors approved to provide Fee-For-Service Transition Services for MFP consumers (GA and OH models).
- Any combination of these additional LTCOP responsibilities could be done over an agreed period of time; phased-in; and/or negotiated with specific regional LTCOPs (GA and OH models).
- Advice/Recommendations from other State LTCOPs include (1) do not narrow the scope of approved expenditures to one category (OK model); (2) negotiate staff time and expenses incurred by State LTCOP staff in training and quality assurance functions (OH model); and (3) prepare AAAs and subcontractors for the Fee-For-Service Medicaid reimbursement system (GA model).

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<u>MFP</u>	State Office Budget	State Office Staff	Education Outreach Referral	Transition Services	Home Ombudsman Services	Medicaid Fee For Service	Medicaid Admin Allocated	State Funds	Notes
Georgia	yes	1 FTE	yes	No	yes	Yes. Max. of \$1,800 per consumer	Yes. \$161,200 for state office. \$12,400 for each regional LTCOP (13)	no	State-wide impl. of Home Ombudsm Services 7/13
New Jersey	yes	3 FTE and 1 PT	yes	No	no	no	Yes. \$665k annually	no	Resp. for a media, publicity, 1 800#
Ohio	no	no	no	Yes	yes	Yes. Max. of \$6,000 per consumer	no	no	Home Ombudsm services start 7/13
Oklahoma	no	no	yes	No	no	no	Yes. \$60k annually for mileage only	no	Grant not renewed y for SFY'13
Illinois	no	no	yes	No	no	no	no	Yes. \$275k annually.	

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Georgia LTCOP MFP

The Georgia (GA) Office of the Long Term Care Ombudsman Program (LTCOP) began participating in the Money Follows the Person (MFP) program as *Home Care Ombudsmen (HCO)* in September, 2008 in three large geographical regions of the state. LTC Ombudsmen serve as HC Ombudsmen for MFP participants, providing regular contacts for the participants' health and safety as well as adjustment in the community. The HCO service is available to the participants for the 365 days of their participation in the MFP program. HC Ombudsmen advocate for MFP participants while they are waiting for discharge

from the facility and after transition to the community. The HCO contact the participants monthly, either in person or by phone. The HCO must have an in-person meeting with the participant during the first 30 days post transition, during the sixth month, and before the eleventh month.

The MFP program's community education efforts, outreach activities, and Section Q assistance is available through the regional LTCOPs *statewide*.

Beginning July 2013, LTCOP HCO advocacy services will be available throughout the state. In addition, some of the Independent Living Centers' staff will be trained to be HCO. Participants in the MFP program will have a choice of advocacy organizations beginning July 1, 2013.

Budget

The Office of the State LTCOP receives \$161,200 budgeted MFP funds annually. These funds are primarily used for one full time staff person to coordinate the HCO services, provide training to HCOs and to pay for the expenses of the training. Twelve of the thirteen (13) regional LTCOP receives \$11,273 each calendar year and the largest, urban regional LTCOP receives \$24,800. With these funds, the regional LTCOPs provide: education about MFP, information and assistance with Minimum Data Set Section Q issues, complaint resolution, and advocacy for each resident's right to receive care in the least restrictive setting possible. Total funds allocated for the LTCOP HCO services are \$326,048.00 annually. The total MFP budget does not include the fee for service reimbursement.

The three regional LTCOPs which provide HCO services to participants (once the participant moves to the community) bill the Department of Community Health, Division of Medicaid on a fee-for-service basis per participant. They may bill at an hourly rate of \$150 billable in quarter hour (.25) increments. Each MFP participant is limited to \$1,800.00 dollars of HCO services during their 365 days of MFP participation. MFP participants are permitted to use more than one hour of HCO services in a month. If the participant uses up their budgeted \$1,800, the participant must request additional funds if the participant needs more HCO services- The approved proposal for the years 2012 through 2016 provided that the money for LTCOP MFP HCO services will increase 10% each year.

Data

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Electronic data on HCO work and activities while the participant is still in the facility and once the participant moves to the community has been available through the Aging Information Management System (AIMS) since January, 2012. Data are collected on the following: Consultations; Outreach activities; Referrals; Attendance at resident council meetings; Routine visits; Technical assistance; and Post transition assistance. Of the entire menu of MFP program services, the HC ombudsmen are used the most. The hypothesis is that LTC residents have a level of trust with LTCO that the participant wants to continue in the community.

Georgia LTCOP MFP data, along with a quality review by the Georgia State University Health Policy Center, is included in the Appendix. The graph below depicts the gradual roll-out of HCO advocacy services for MFP participants in three regions of the state.

MFP Contact post Transitions from FY09 through FY12

<i>Total # Served in the Community</i>	<i>Count</i>
FY09	25
FY10	320
FY11	844
FY12	819
Total	2008

Training

The Office of the State LTCOP hosts the MFP training for Home Care Ombudsmen, inviting state staff with Aging Disability Resource Connections (ADRC), Medicaid Home and Community Based Services (HCBS), MFP, Adult Protective Services, Senior Medicare Patrol, the State Health Insurance Counseling Program and others. The training includes two days of classroom training and quarterly webinar training. On-line LTCO training for the MFP program is being developed. Class room training may take place twice annually in the near future. The training and Medicaid policy manual is available in Appendix.

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The New Jersey Ombudsman Office for the Institutionalized Elderly (NJ OOIE)'s role in the state's Money Follows the Person (MFP) project, *I Choose Home- NJ* includes:

Educating residents and their families about community care options;

Informing and educating nursing facility staff about the MFP Demonstration Project;

Re-educating nursing facility staff about the SNF/NF MDS 3.0 Section Q Assessment Tool and ensuring proper follow-ups are conducted;

Referring potential ICH-NJ candidates to the Assistant Project Director for assessment and possible transition; and Educating the larger community about the availability and advisability of community-based options.

State Partners

I Choose Home NJ is a collaboration between two agencies and several divisions of state government, including: Office of the Ombudsman for the Institutionalized Elderly and the Department of Human Services' Division of Developmental Disabilities, Division of Disability Services, and Division of Aging Services.

OOIE/*I Choose Home NJ* Staff

1 Director of Outreach and Advocacy
4 Outreach and Advocacy Coordinators
1 Administrative Support Specialist

OOIE *I Choose Home NJ* staff are fully dedicated to the MFP project. If they observe or are told of a complaint by a resident that is unrelated to transition/ICH, the Outreach and Advocacy Coordinators (OAC) document the concern and refer it to the Long Term Care Ombudsman (LTCO) for investigation/advocacy follow up.

Marketing Materials

Effective July 1, 2013, the program website will be www.ichoosehome.nj.gov<<http://www.ichoosehome.nj.gov>. Marketing materials are being developed for print, radio, and television media. Collateral materials such as pens, pads, and magnets are also being produced for public outreach.

The marketing flyer for the program is in the Appendix.

Contacts/Communication

A dedicated 1-800 number routes people seeking more information about *I Choose Home NJ* directly to support staff. The website will also feature a page for consumers to submit inquiries to the program.

Training Activities

Social workers in facilities are being training about the program and eligibility criteria. Outreach Coordinators are visiting each facility in their catchment area (approximately 90 facilities) twice annually. For every facility visit, the Coordinator makes an appointment with the social worker, asking

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that the facility Administrator and Director of Nursing also be present. Staff has also begun reaching out to hospital social workers to spread the message about *I Choose Home* before patients are transferred to a nursing facility.

Ombudsman Volunteer Advocates

All OOIE Volunteer Advocates (approximately 200) are trained on the program and continue to receive training at each quarterly meeting. Volunteers are asked to identify residents in assigned facilities who may be interested in and appear eligible for the program. Volunteers are also asked to distribute information about ICH-NJ in their facility.

Outreach Activities/Events

Outreach events have largely focused on exhibiting and presenting at large professional organization conferences/events/symposia. Outreach efforts are being expanded to more community-based events. Staff is coordinating with Aging Disability Resource Centers (ADRCs) in each county and partnering with local groups and faith based organizations for outreach events.

Budget

MFP Statewide Outreach and Advocacy Supervisor	\$75,425	100%	\$75,425
MFP Statewide Outreach and Advocacy Specialist (4) (OOIE)	\$65,476.00	100%	\$261,904.00
MFP Support Staff (OOIE)	\$29,465.00	100%	\$29,465.00
MFP Marketing Expert (OOIE)	\$85,000	20%	\$17,000

The annual operating budget for the OOIE MFP *I Choose Home NJ* is \$592,000, which covers the cost of salaries, fringe, travel, conferences and supplies for OOIE/ICHNJ staff. Additional start-up funding is available to implement a marketing plan which includes website development, production of a public service announcement, printing of marketing materials and collateral items, and advertising. The project has approval to operate through 2016 and is funded through 2020.

Goals/Measures

Goals are tied to numbers of referrals and transitions from facilities to the community. Additional measures include: numbers of community/education events; numbers of media promotions; and attendance/presentations at industry conferences. The OOIE *I Choose Home* portion of the MFP project began in 2013. Measures will be refined as part of their continuous quality improvement process.

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The Ohio Office of the State Long Term Care Ombudsman Program (OH LTCOP) has been an active partner in the Home Choice (MFP) program. The twelve regional LTCOPs have a choice as to whether or not they do the Medicaid reimbursed fee-for-service Home Choice work. Nine of the twelve LTCOPs agreed to participate in Home Choice.

The Ohio State LTCOP does not receive any administrative funds to assist in managing the regional LTCOP's responsibilities in the Home Choice program. However the state LTCOP does do the quality assurance work relevant to reviewing the work of Home Choice LTCOP records. The MFP work of informing, educating, and assisting residents in leaving a long term care facility (LTCF) is considered a "regular" part of LTCO work in Ohio. According to Beverley Laubert, State LTCO, the state LTCOP may in the near future begin to get Medicaid MFP administrative funds.

Each participating regional LTCOP has an agreement with the OH Medicaid agency to provide transitional coordination services. Examples of other contractors approved to do MFP transitional work are State Independent Living Centers (SILC), Easter Seals, and Catholic Social Services. An example of the Ohio Department of Medicaid, Ohio Home Choice Demonstration Program, Transition Coordination Application and Time Limited Agreement is in the Appendix .

LTCOP Home Choice Responsibilities and Reimbursement

The Home Choice consumer may choose their transition agency and coordinator. The regional LTCOP has the option to accept or refuse to be a consumer's transition coordinator. If the LTCOP chooses to be the consumer's transition coordinator, the following work and billable actions take place:

- Upon the LTCOP's acceptance of a Home Choice referral the local program is reimbursed \$3,000.00.
- The LTCO transition coordinator assists with discharge plans and determining a transition plan. Once the consumer has signed a housing contract, the LTCOP bills Medicaid for \$1,000.00
- As a part of the transition plan, the consumer receives \$2,000 to purchase home goods and services. If the consumer needs assisting in shopping the LTCO, volunteers, or paid "helpers" assist with these tasks. Once the consumer is in their new home, the LTCOP may invoice Medicaid for \$1,000.00.
- Beginning July, 2013, the LTCOP will have a fourth deliverable to assist Home Choice consumers in post transition services. The LTCOP will make five contacts in ninety days with the consumer. Two of those five contacts must be in person. This deliverable is billable for \$1,000.00.

Budget

Between August, 2009 and November, 2010, the participating LTCOP regional programs earned a total of more than \$2.7 million in Home Choice revenues. The Ohio LTCOP budget "snapshot" for the Home Choice program is in the Appendix .

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LTC Ombudsmen's Experience as a Transition Coordinator

It is very important for LTCO to know and be trained in the work of being a Transition Coordinator and Advocate. The Ohio Area Agency on Aging (AAA) #7 Regional LTCOP developed a PowerPoint as a training tool on the work of Home Care Transition Coordination Service. A copy of the presentation may be found in the Appendix.

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The State of Oklahoma (OK) calls their MFP project “ Living Choice.” The OK Office of the State Long Term Care Ombudsman Program (LTCOP) had a contract with the OK Aging Disability Resource Center (ADRC) to provide education and information about Living Choice to long term care facilities (LTCF), residents of LTCFs, families, and the general public. The contract was for SFY 2011-2012. The LTCO are required to visit each Medicaid certified LTCF once a year to discuss Living Choice.

Budget

The OK LTCOP received a total of \$60,000 annually for mileage expenses only. The Area Agencies on Aging (AAA) contractors for the LTCOPs invoiced the State Unit on Aging (SUA) for the mileage incurred for LTCO doing Living Choice activities. The SUA invoiced the OK Health Authority (Medicaid) for the money and then in-turn reimbursed the AAAs. The initial thought for allocating the money for mileage was that Oklahoma is very rural and is a large geographical state. For various reasons the budgeted amount of \$60,000 was not spent in the SFY 2011 and 2012. The LTCOP is using carry-over funds with verbal approval from the OK Health Authority. Discussions are under way for a re-negotiated contract with approval for expenditures other than just mileage. The LTCOP would like to have approval for expenditures such as: (1) actual time spent doing education and information sharing, (2) per diem for Living Choice training of LTCO, and (3) mileage.

Training

LTCO supervisors were trained twice a year in in-person meetings about Living Choice. Volunteer Ombudsmen were also trained on Living Choice. Mileage to training events was reimbursed.

Data

Living Choice activities are recorded in Ombudsmanager. Billing claims are matched against recorded Living Choice activities in Ombudsmanager. During the approved twenty-four (24) months period, the LTCOP conducted 2,141 Living Choice education and information sharing activities.

Lessons Learned

The OK LTCOP recommends not limiting reimbursement to mileage expenses only. Other recommendations include: (1) limiting in-direct expenses charged by the AAAs, and (2) simplifying the invoicing and payment processes.

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1. Copy of the June 18, 2013 CMCS Informational Bulletin on the subject of Medicaid Administrative Funding Availability for Long Term Care Ombudsman Program Expenditures
2. Georgia MFP – brochure, policies and procedures, services and rates, case notes, flow chart, and MFP data
3. New Jersey MFP – brochure
4. Ohio – transition coordination application, PowerPoint training on Home Choice Transitional Coordination Services, budget, and Lessons Learned